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Psychedelic Assisted Psychotherapy: Equity Through Contextual Frameworks

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Psychedelic Assisted Psychotherapy: Equity Through Contextual Frameworks

Abstract

Psychedelic assisted psychotherapy (PAP) is a psychotherapeutic modality in which the non-ordinary states of consciousness that result from the consumption of psychedelic medicines are utilized to facilitate therapeutic healing. A wide range of cultures have used a variety of these psychotropic substances as medicines since ancient times, and there has been a resurgence of interest in their beneficial properties across many disciplines including psychology. Given that there are extra dimensions of vulnerability in using these medicines therapeutically, increased attention needs to be given to diversity, equity, and inclusion across psychedelic research and clinical practices. This paper focuses on how internal and external non-drug factors (set and setting) as well as systemic factors, are potential avenues to both increase the potential benefits and reduce the potential harms of PAP. Beginning with a literature review of PAP, cultural humility, liberation psychology, and culturally responsive behaviorism, I set the foundation for how these contextual frameworks can be integrated with PAP. Ultimately, I highlight how this novel combination of approaches can engender greater equity in PAP for diverse populations.

Document Type

Doctoral Research Paper

Degree Name

Psy.D.

Department

Graduate School of Professional Psychology

First Advisor

Carrie Landin

Second Advisor

Jennifer Tippett

Third Advisor

Erica Adkins

Keywords

Multicultural issues, Liberation psychology, Cultural humility, Contextual frameworks, Psychedelic assisted psychotherapy

Subject Categories

Clinical Psychology | Multicultural Psychology | Other Psychology | Psychology | Social and Behavioral Sciences

Publication Statement

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A DOCTORAL PAPER
PRESENTED TO THE FACULTY OF THE
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
OFFICE OF GRADUATE EDUCATION
UNIVERSITY OF DENVER

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE
DOCTOR OF PSYCHOLOGY

BY
Emanuel Hermosillo
April 17th, 2023

APPROVED:

Carrie Landin, PsyD

Jennifer Tippett, PsyD

Erica Adkins, PhD

Marcela Ot'alora, MA, MFA, LPC

Psychedelic Assisted Psychotherapy: Equity Through Contextual Frameworks

Psychedelics. Entheogens. Hallucinogens. Sacred Teachers. There are many psychotropic substances that fall within these classifications that have been known to a wide range of cultures since ancient times (Godlaski, 2011). As accurate it is to say that Columbus “discovered” America, it has been “discovered” through modern biomedical research that psychedelics can be effective at ameliorating symptoms across a plethora of psychological disorders (Tupper et al., 2015). It cannot be denied that research into psychedelics and their beneficial effects has been useful, however the question lies in useful for whom? Williams and Labate (2020) highlight that diversity, equity, and access in psychedelics in its most recent wave of research has been significantly lacking from the participant to the organizational level. Throughout this paper I will examine how definitions of set and setting can be expanded to include aspects of context that are typically glossed over. Then I will highlight the instances where diversity of thought, personhood, emotional experience, and perspective has been acknowledged in psychedelic science. Finally, I will provide potential avenues of growth for psychedelic science to recontextualize it’s reach both systemically and therapeutically.

Set and setting: Expanding context

The concept of set and setting is based on the interaction between a person’s (mind)set and the setting in which they consume psychedelics. How these variables inform the course of the psychedelic experience has been utilized within many indigenous cultures for millennia, and was first acknowledged in the field of psychology when Timothy Leary presented on the subject matter in 1961 (Hartogsohn, 2017). The idea of set and setting as internal and external non-drug factors, respectively, has been a useful tool in conceptualizing which variables to influence within the psychedelic experience in the service of increasing meaningful outcomes through

creating a brave space and safe container for the person consuming the psychedelic medicine. Although this has been useful as a framework for framing the psychedelic experience so far, there is still much more to explore in the interplay of one's contextual history and the environment. Rather than examining one's set or psychology as if it is in a vacuum, we can instead consider how we as humans are perpetually infused with our cultural history, which informs our psychedelic experiences. Similarly, the environment in which we are extends beyond the immediate physical setting and includes the language in which we use to perceive our experiences, the societal messaging regarding these experiences, and the culture of the immediate environment. The separation of these processes as dualistic is a common way of looking at psychological phenomena in Western biomedical systems but need not be the only interpretation of the experience. Alternatively, we can conceptualize the experience between internal and external processes as inherently intertwined in more of a monistic process where they are impossible to be separated from the contexts in which they are formed. Applying the concept of monism to the field of psychedelic science, we can examine the incorporation of the nonverbal physiological effects of the drugs which is framed by how we make meaning of the experience through the lens of our contextual history (Feinberg, 2018).

Incorporating biological bases for behavior into the conversation regarding set is another level of analysis that informs a person's context of experience. The field of ethnopsychopharmacology investigates how environmental factors such as lifestyle behaviors, diet, and beliefs, rather than genetics, can influence responses to psychotropic medications (Fogg et al., 2021). This moves beyond the potentially problematic and essentialist claim that certain ethnoracial identities have specific characteristics based in their genetic makeup and into the realm of focusing instead on how lived experiences modify expression of genes through

epigenetics. This is an important consideration in the analysis of set as it adds needed data to the nuanced equation of context.

Beyond the molecular there are a variety of aspects to how our many identities, experiences, biological factors, and historical factors influence us. This includes the dynamics of our histories, such as race and ethnicity, gender and sexuality, religion and culture, etc. It is in that intersection of our experience that makes up our humanity and provides grist for the mill in the exploration of what it means to be well. This is a nuanced dive into one's contextual history as we strive to move beyond the essentialist notions that identity make up our experiences, as is done in harmful stereotyping, and instead uses the available data inherent in intersecting identities as primers to inform possible directions of therapeutic work. One specific reason these psychosocial factors should be considered in psychedelic experiences is that they can influence differences in mental health, internal dynamics regarding identity and status, and motivations going into the experience (Neitzke-Spruill, 2019). Another influential factor is the interaction of spirituality and psychedelics given the prevalence of mystical-type experiences when consuming these medicines. Given the high rates of religiosity in many historically marginalized communities, nuanced care should be considered when spiritual meaning-making is brought into the integration process of psychedelic experiences in therapeutic settings (Ortiz et al., 2021) to avoid potentially harming the participant by invalidating their experience.

One's cultural context plays not only a role in how the practice of psychedelic experiences are perceived but also in the meaning that is made throughout the practice. Winkelman & Fortier (2019) explore how there are similarities in shamanic practices across cultures leading to the idea of some prototypical aspects of meaning-making in the experience, but also point out nuances in how social influences and cultural beliefs can alter the

understanding of the experience. Similarities in the understanding of experience extends beyond cultural prototypes and can include biological bases such as entoptic phenomena in the psychedelic experience that can manifest as geometric patterns in visual hallucinations (Dupuis, 2021). Dupuis (2021) goes on to describe a “socialization of hallucinations” in which the client’s historical context interact with the psychedelic experience through how the person’s expectations and attention combine with their emotional experience to make meaning of the symbolic content that occurs during the experience.

So far, I have been approaching how psychedelics interact with the historical contexts of a person under the assumption that they have already entered into a state of willingness to engage with psychedelics. Before we even get to that point there are systemic factors at play that may preclude one from considering psychedelic medicine as a valid therapeutic tool. With public perceptions of drug use and the coinciding stigma within black, indigenous, and people of color (BIPOC) communities, as well as the fear of incarceration, addiction, or adverse health effects, it reasonably follows that drugs have historically not been seen as a method to explore oneself and are rather something to be avoided (Rigg & Lawental, 2018; Williams et al., 2021). Furthermore, the concept of playing into the stereotype of drug-seeking can potentially influence how some BIPOC folks may feel disincentivized from using psychedelics even if legal (Williams, 2018). Stigma regarding psychedelic assisted psychotherapy is not limited to the drugs themselves as it often extends to the general concept of seeking therapy for mental health (Eylem et al., 2020), mental health providers, and the medical system itself. This stigma regarding the White medical establishment comes twofold: from other BIPOC folks within the community stigmatizing engagement with the system (Williams, 2018b) as well as distrust of the medical system itself. This fear of harm may be rooted in historical ethical violations based in prejudice such as explicit

harm done through the Tuskegee syphilis experiment in Black communities (Centers for Disease Control and Prevention, 2021), forced sterilization of Native American women (Lawrence, 2000) and Puerto Rican women (Andrews, 2017), homosexuality as psychopathological diagnosis (Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2011) and many other injustices. This is not only a general phenomenon in research, and has been played out specifically in early psychedelic studies through specific harms against marginalized groups (Strauss et al., 2021). The harms are not limited to explicitly prejudiced motivations and can be implicit systemic discriminations seen in health disparities across various communities (Baciu et al., 2017). With the appropriate fear and mistrust of the medical system the question that arises is not why should folks with historically marginalized identities come to trust the system but how can the system gain that trust? These many stigmatizing aspects that are present in how we currently approach psychedelic assisted psychotherapy can influence the person's set in bringing forth anxieties that can negatively influence the course of their treatment. This is founded in the converse idea that trust through the therapeutic working alliance is essential to healing in both traditional psychotherapy (Wampold, 2015) and in psychedelic assisted psychotherapy (Murphy et al., 2022).

This section is by no means an exhaustive list of all the contextual variables that come about internally and externally for those who consume psychedelic medicines, rather is meant as a highlight of the importance of how diverse context can be in informing set and setting. In addition to studying the contexts which influence psychedelic therapeutic processes, there has been much more research in recent years looking at how diversity, equity, and inclusion can be

integrated with treatment through psychedelic assisted psychotherapy. The following section will review how these efforts can influence the field moving forward.

Diversity, equity, and inclusion in psychedelic therapy

As with most other mainstream studies into psychological interventions, studies into psychedelic assisted therapy have largely not focused on the cultural backgrounds of participants and instead has focused on establishing efficacy of the intervention. Although this has led to many studies establishing the efficacy of psychedelics for a wide variety of psychological disorders such as anxiety disorders, substance use disorders, depressive disorders, and post-traumatic stress disorder (PTSD; Tupper et al., 2015), a lack of a diverse population sample has resulted in establishing said efficacy under specific parameters. For example, inclusivity across many studies in psychedelic science until 2018 have not been reflective of diverse populations as 82.3% of participants identified as non-Hispanic White (Michaels et al., 2018). Furthermore, Michaels et al. (2018) highlight how cultural variations in psychopathology are often not accounted for in developing guidelines for treatment and diagnostic criteria within psychedelic research. This extends beyond studies into the established protocol and guidelines level where the inclusion of cultural humility practices is also limited (Guss, 2020; Mithoefer, 2017; Phelps, 2017). Without integration of culturally adaptive language and interventions this implies that these guidelines for treatment developed primarily with White participants apply to all without any modifications to reflect the diversity of their intersecting identities. This continues the problematic trend in research that White, cis-gender, and heterosexual identities are the standard and all others are not.

Rather than continuing these discriminatory practices, there has been a movement in the field to explore how psychedelics could be used to benefit all rather than a select few privileged

groups and identities. Even if current psychedelic knowledge bases were applied *carte blanche* to all groups, Williams and Labate (2020) argue that the resource intensive nature of current psychedelic medicine can increase barriers to access for those with marginalized identities. This immediate obstacle in accessibility reinforces the notion that diversity, equity, and inclusion should be ingrained within research at its inception to help build a solid foundation of equity rather than as an afterthought.

In studying the application of psychedelic medicine in marginalized groups, a particular area of interest has been how it can help with race-based trauma. Williams et al. (2018a) defines racial trauma as “a traumatic response to race-related experiences that are collectively characterized as racism, including acts of prejudice, discrimination, or violence against a subordinate racial group based on attitudes of superiority held by the dominant group.” Given that PTSD has been an area of interest for psychedelic assisted psychotherapy, particularly with the use of MDMA (Ot’alora et al., 2018), racial trauma is a logical follow-up target.

Unfortunately, diagnostic criteria for PTSD are limited to specific traumatic instances which leaves out trauma responses from racial discrimination so expanding criteria to include racial trauma is a first step at determining if psychedelic therapies can be effective at ameliorating symptoms related to racial trauma. In studies that have expanded inclusion criteria to incorporate PTSD related to racial trauma, psychedelic medicines have been shown as effective sources of healing for people of color in North America (Williams et al., 2020), specifically Asians in North America (Ching et al., 2022), as well as specifically utilizing Ketamine as the pharmacological agent (Halstead et al, 2021).

Although research focusing primarily on efficacy of psychedelic assisted therapy for diverse participants is limited, there is more conceptual research on possible methods of

intervention. At the diagnostic level, expanding the criteria for PTSD to include racial trauma could be a helpful conceptual foundation for the clinician. At the pedagogical level, integration of training regarding racism and cultural humility (Halstead et al., 2021) as well as how privilege and oppression in particular influence the participant's experiences that inherently come into the psychedelic therapy space (Smith et al., 2021) have been recommended as other possible ways to engage with culture in psychedelic therapy.

At the physical level, setting is a fundamental part of the psychedelic experience that can be adapted to fit what is comfortable for the participant. One of the most salient pieces of the physical environment is the therapy team that engages with the client. Expanding the requirements or site preference of a male-female co-therapist dyads can increase inclusivity by moving beyond heteronormative practices (Wagner et al., 2019). This creates a more inclusive setting not only for participants but also for therapists who may not ascribe to the gender binary. Fortunately, the recent Phase III Trials for MDMA-Assisted Therapy for PTSD have moved away from requiring male/female co-therapy teams (Multidisciplinary Association for Psychedelic Studies, 2021). In addition to the persons that are present, modifying the physical space of the psychedelic trip to include items that reflect the client's background, or giving them the chance to provide input into how the setting is designed for their session could help the participant feel more at ease (Noorani, 2021; Williams et al., 2020a). However, this should be done in a collaborative way that reflects the participant's wishes rather than a staff member's imposition about what they think would be appropriate for the client which risks harmful stereotyping and appropriation (Fogg et al., 2021). It is understandable that completely redesigning clinics is not feasible, however, allowing for collaboration in bringing in artwork, décor, pictures, etc. could be a cost-effective way to be responsive to participant's own

backgrounds. Furthermore, during the dosing sessions, collaborating with the client in picking music that is meaningful for them rather than a choice of conventional playlists, such as classical music, could have positive impacts. For example, playing Western classical with the assumption that it holds a unique benefit has been more an artefact of established precedent rather than supported by data (Strickland et al., 2020). Individualizing music playlists could potentially have a higher emotional valence for the person and connect with experiences that a generic playlist may not. In addition to music, how language is used throughout the psychedelic sessions could be improved to be culturally responsive to the participant's background (Michaels et al., 2018). For example, removing stigmatizing words and spending more time in psychoeducation (Williams et al., 2020a) for the participants could potentially reduce some of the anxiety that comes from aforementioned fears of the biomedical system and ingesting psychotropic medicines.

Additionally, flexible and pragmatic approaches to therapy have been hypothesized to be promising ways of improving psychedelic assisted therapy outcomes. For example, utilizing Functional Analytic Therapy (FAP; Halstead et al., 2021; Tsai et al., 2009; Williams et al., 2020a) or Mindfulness-Based Cognitive Therapy (MBCT; Halstead et al., 2021) interventions informed by cultural humility could be positive adaptations. More specifically, in line with cultural humility practices, Eriacho (2020) highlights certain factors within therapy with Native American clients that could be applicable to psychedelic therapy such as integrating insights into the client's spirituality, community structures, and traditional healing practices into the treatment plan. Overall, adapting the structure as needed is also recommended to maximize the reach of clients who historically have not been able to fit the resource demands of individualized therapy. For example, Ortiz et al. (2022) recommend reduction of the number and length of sessions to

meet client schedules as well as scheduling appointments outside of normal business hours. This allows clients who need childcare, struggle with consistent transportation, or work in industries where time off is not standard, to match therapy to their schedule rather than meeting the therapist's schedule. Furthermore, in meeting clients who approach healing through more community driven modalities, group therapy utilizing ayahuasca has also been found to be a promising method of reaching multiple people in a culturally responsive format (Thomas et al., 2013).

In addition to the previous framework-level therapeutic changes, others have investigated possible changes at the intervention level that may be beneficial. For example, including interventions that work primarily on psychological flexibility, such as pulling from Acceptance and Commitment Therapy (ACT; Hayes et al., 1999), could build off of evidence that has shown psychological flexibility to be a potential mediator between psychedelic drugs and therapeutic outcomes for racial trauma symptoms (Davis et al., 2021). Another example in line with ACT principles is utilizing behavioral activation in concordance with one's values such as through community service in the integration phase of psychedelic assisted psychotherapy (Adusei, 2018).

Psychological assessment is yet another tool that could be utilized as a therapeutic intervention and data gathering tool. As aforementioned, Davis et al. (2021) explored psychological flexibility as a therapeutic outcome mediator which could be assessed with the Acceptance and Action Questionnaire – II (Bond et al., 2011). Another method that has been hypothesized to use as an adjunct to psychedelic assisted therapy is the UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS; Williams et al., 2018b). Although originally a semi-structured interview, Williams et al. (2020a) explore how a modified version of this assessment

can be used as a starting point for clinicians to integrate the client's historical context and particularly experiences of racial trauma into the therapeutic space. Ethnocultural genograms are yet another possible assessment tool that could be potentially used in psychedelic therapy to explore client dynamics related to identity, culture, and familial systems (Halstead et al., 2021). These assessment tools could be helpful in preparation phase of psychedelic assisted therapy to aid in conceptualization and definition of treatment goals.

In addition to finding ways to increase diversity, equity, and inclusion in the way psychedelic medicine is approached today, an often underappreciated source of knowledge is through the indigenous groups that have been using psychedelic medicines in their healing practices for thousands of years (Hartogsohn, 2017). Acknowledging the various indigenous practices across the world and history regarding psychedelic medicine can help us collaborate with a foundation of knowledge that is robust in its own epistemology (Fotiou, 2019). Understanding that differences in indigenous practices is as rich as the differences across their overarching cultures, we can take some more well-known concepts and consider them for psychedelic medicine of the global North and West. For instance, dietary restrictions (*dietas*) and purgative plants are incorporated in the preparation phase of psychedelic rituals and songs (*icaros*) are sung throughout the psychedelic journeys themselves (Fotiou, 2019). The *dietas* can be seen as exercises in discipline and mindfulness in addition to a way for the participant to set intentionality for the experience. Although vomiting is often seen as an "adverse event" that has negative impacts on outcomes in treatment in our biomedical systems, there are some indigenous groups who see the vomiting as an essential part of the experience (Schenberg & Gerber 2022). Perhaps the inclusion of purgative plants and *dieta* throughout the preparation phase introduce another shift in thinking towards acceptance that changes the emotional valence of the

experience from negative to something that is seen as spiritual in nature instead or promotes overall psychological flexibility of experience. One way to address a participant's concern around vomiting would be to include psychoeducation around the meaning of the timing of vomiting. If a participant vomits shortly after ingestion, it could be due to the substance itself interacting with the participant's gastrointestinal system, however, later in the psychedelic experience may be part of their healing journey. Not all participants need to come to terms with vomiting moving forward but continuing the conversation as to why these things are looked at negatively within one's culture versus the flexibility to be seen as a neutral or positive aspect of the experience may lead to improved experiences. Perhaps the purgative process can be illuminating for all who engage in that critical curiosity, researcher/clinician and participant alike. This leans into not imposing our own concepts on indigenous traditions but collaborating at the community level to have this be a co-development of ideas rather than implicitly submitting Western psychological concepts as superior to indigenous knowledge and practices (Feinberg, 2018). For example, the use of ritual in the consumption of the psychedelic medicine that has been used as a part of indigenous ceremonies rather than more medical intravenous administration can invite a level of sacredness to the experience that respects the historical contexts of these therapeutic practices.

Although there are many generations of evidence for the therapeutic use of psychedelic through the psychedelic rituals guided by shamans, *curanderos*, and spiritual leaders, there is support that these ceremonial traditions guided by shamans including the *icaros*, purges, sacramental atmosphere, and communal contexts outside of the conventional therapy clinic or research lab can help with cognitive reappraisals to the psychotherapeutic benefit of the participants (Weiss et al., 2021). This is not to say that this one study validates all previous

indigenous knowledge, which implies the problematic idea that these knowledge sources are only valid once studied from a biomedical framework. Instead, I use this as more of a bridge of collaboration between these differences in approach. Furthermore, the roots of psychedelics in religious ceremonies across world cultures and history is not only confined to groups we consider to be indigenous in current times. Godlaski (2011) has explored the histories of using psychedelic medicines in spiritual practices across a majority of ancient cultures. Even the etymology of the term “psychedelic,” deriving from the Greek to mean manifesting of the soul/mind, places the emphasis on the individual. Comparing this with term “entheogen” deriving from the Greek to mean bringing forth the god within (Godlaski, 2011), placing the act of consuming the substance as an interplay between the individual and something beyond them showcases the fundamental difference in perspective in the use of these psychoactive substances.

Ultimately, a fundamental reason for considerations of these contextual variables is that stakes in psychedelic therapy are much higher than in classical psychotherapy.

Neuropharmacologically, the psychedelic experience is unique in that there is a “neuroplastic period” (Barrett et al., 2020) in which we can use the therapeutic space to make as much positive change as possible. This stresses that we use a thorough contextual analysis to maximize using that time frame of neuroplasticity wisely. Conversely, this also aims at minimizing the potential for harm to clients as they are particularly vulnerable in the psychedelic state. When under the influence of psychedelic medicines, taking care with trauma regarding marginalized identities, abuses of power, and the power differential in therapy are held to a higher ethical standard (Dawson, 2019; Williams et al., 2020b).

Restructuring the set and setting of psychedelic science itself

Research into psychedelic medicine in the global North and West has followed a similar pattern to other fields of study in that it has often been an insular epistemological approach founded within the biomedical framework that is most familiar to academia. This comes with it systemic discrimination and a lack of diversity in identities which in turn informs a lack of different perspectives. Encouraging diversity throughout all aspects of research could have beneficial effects on outcomes of results, treatment guidelines, and overall systems. Buchanan (2019) devised 13 steps for access and inclusion in psychedelic science in which she highlights diversity not as an act to be siloed to specific events but infused throughout systems and especially in positions of power. To take this idea seriously would require investing in diversity, equity and inclusion as outlined by Buchanan (2019) which can be done via creating scholarships and volunteer programs for those with limited means, paying people fairly for their work and time, and evaluating the organization itself in the efficacy of its efforts via external means such as consultation or internally through data collection and surveys. Making these systemic changes requires financial and time investment as well as a critical curiosity in how collaboration among distinct groups and disciplines can bring about an expansion of our ontological and epistemological foundations to inform the pedagogical and praxis levels of psychedelic science.

At the core of science and how we understand what *is* in the universe, we have biases regarding how to approach ontology framed by our cultural history. I will not venture to try to prove one ontology over another, however, I find it necessary to critique the implicit assumption that the ontological foundation of biomedical science is fact. For instance, rather than viewing how indigenous groups may understand human relationships with nature as “myths” and “beliefs,” we could instead critically engage with those ideas as legitimate possibilities (Cameron, 2014). Similarly, the epistemological foundations of our biomedical framework in

how we approach what is valid science is not the end all be all of practical knowledge. The purpose of this metaphysical reflection of how being and knowing influence psychedelic medicine is to be aware of the tension that comes from these differing understandings of the phenomena of psychedelics. By siloing ourselves in an echo chamber that promotes one “right” perspective we lose out on the curiosity that engenders growth which may interfere with the desired cross-cultural collaboration. There is already a precedent within psychology of how to put ontological systems aside to serve the pursuit of knowledge. Within behavioral theory, the concept of behavioral pragmatism does away with trying to establish ontological parameters and instead focuses on how to use concepts pragmatically (Barnes-Holmes, 2005). This diversity of thought ultimately would allow more flexibility in our collective approach to understanding psychedelics and their effects.

In this psychedelic renaissance that is currently flourishing, we are at a point where we are building on the experiences of countless generations of rituals and practices while applying our ways of thinking. This can be seen as an erasure of ontologies and epistemologies (Feinberg, 2018) which is an injustice that is missing the context in which this knowledge was founded. It is difficult to separate the way in which we think from the way in which we do, however Santos (2018) calls for a “cognitive decolonization,” through a critique of biomedical training and its claims to “exclusive epistemological validity.” Schenberg and Gerber (2022) also advocate for questioning the exclusive reliance on “objective data” founded in hypothetico-deductive scientific methods that can at times disregard a person’s own interpretation of their experience.

Perhaps there are ways for us to move beyond what is seen as “objective data” to include methods that are more inductive in nature that are seen within epistemologies in other cultures. One way to do so is through intercultural translation in the field of science (Santos, 2014). This

would allow us to drive at the primary value of curiosity in science which expands questioning even the way science is done. The concepts of critical inquiry and reflexivity can be applied here in using the framework of its approach in critical theory contexts as well as its terminology to make sense of the insights gained (Ens, 2021). Furthermore, interpolitical translation is a related concept that makes room for varying epistemological foundations without losing one's identity in the process (Santos, 2018). For example, validating indigenous bases of knowledge as legitimate insights into psychedelic medicine rather than only as an “authenticating backdrop” to be used as a historical footnote (Feinberg, 2018). Furthermore, the romanticization of indigenous peoples and practices in the pursuit of knowledge continues the process of othering that strays from meaningful intercultural dialogue (Fotiou, 2016).

There is already precedent for expanding epistemological approaches through the inductive approach as a foundation for assumptions of knowledge that has been seen in behavioral approaches. This is a potential bridge between diverse ways of thinking and knowing that could benefit us all rather than through the culturally exploitative practices in past psychedelic science where we have taken indigenous practices, provided a clinical or research label for our own understanding, then touted them as our own discoveries. Translating this foundation of new perspectives into training a new generation of researchers and practitioners expands the applicability of pedagogy in psychedelic science for all. As we approach science within this meta-curious space, we encounter a flexibility and freedom that allows researchers and students to study their own communities in their own contexts rather than as they relate to the dominant White biomedical framework (Masta, 2021). This not only brings about new perspectives into the field but also allows for greater passion and meaning making to be brought into research.

Although there are limited curricula that focus on differing epistemological foundations in psychedelics, there are a few organizations that touch on diverse perspectives within psychedelic science as well as inclusivity and equity. Chacrana (Chacrana, 2022) is an extensive source of courses, trainings, and workshops looking at justice in the utilization of psychedelic medicine. The People of Color Psychedelic Collective (People of Color Psychedelic Collective, n.d.) and the Ancestor Project (Ancestor Project, n.d.) are two other organizations who also provide trainings on social justice and anti-racism in psychedelics. These examples are not the only available trainings regarding the broader cultural context in psychedelic assisted therapy but are specific to the marriage of those two topics. Although these trainings and others are in their first cohorts, there are some growing pains in tackling this work. The Multidisciplinary Association of Psychedelic Science (MAPS) underwent a training for MDMA therapy for communities of color which received criticism for playing a therapy session as a part of the training of a research participant who happened to be at the event leading to some attendees feeling “unsafe” (Smith et al., 2021) and as if a “rupture” (Carlin, 2020) occurred. This is useful information moving forward as it demonstrates the extreme care needed in working within a niche research space, the possibility for repair that occurs after a rupture, and how to (re)build trust. This is a difficult space to be in, as the impacts can be far reaching even if the trainings are well intentioned. Assuming positive intent while still examining impact can be a pragmatic way to approach these trainings as we stumble through learning leading to the healing that occurs in reparative experiences. It is hopeful that with a slew of new trainings, we eventually get to a place where there are evidence based approaches in the integration of pedagogy and social justice.

These foundations of curiosity into expanding epistemological foundations and pedagogical strategies are important, however the application of these advances in theory and training are of the utmost importance. The introduction of theory without any changes in execution is nothing more than a cognitive exercise and reduces the potential for waves to be made in the field and the communities we serve. This is the fundamental idea behind praxis in ensuring we move beyond theory to application. One example of how to enact the intercultural translation between some of the more traditional aspects of ritual and classic psychological concepts are the integration of entheogens and Gardner's model of multiple intelligences (Gardner, 2000; Tupper, 2002). Tupper (2002) describes plant teachers, such as ayahuasca, as mediators of accessing the inherent awe in connecting with "heightened capacity to appreciate [...] the cosmological enigmas that define the human condition" that he labeled as existential intelligence. This builds on Gardner's concept of existential intelligence that he defines as "concern with 'ultimate' issues." His model of multiple intelligence moves away from traditional views of intelligence to a more contextual model that reflects differing demands across environments. Although this is one example, this opens the door for how we can incorporate concepts like spirituality that have been historically seen as more in the subjective realm with concepts that have been seen as more in objective realm such as intelligence. This helps level the playing field so to speak and bridge diverse ways of thinking without putting one above the other.

Another way to diverge from the dominant biomedical framework is to include interdisciplinary methods in the study of psychedelic science. By expanding from medical, psychological, and biological bases, to include concepts from anthropological and spiritual schools of thought as well as at the community level, this allows for greater collaboration and

diversity of ideas in the development and execution of research (Earp & Yaden 2021). By approaching psychedelic experiences from a variety of perspectives we can gain further understanding into the social and contextual variables that both inform and are informed by physiological and psychopharmacological variables within the person (Dupuis, 2021; Winkelman, 2021). Although the goal is not to pit the classic clinical sciences and indigenous methodologies against each other, these interdisciplinary approaches could provide a collaborative understanding of psychedelic experiences to benefit both communities. The goal here is not to recontextualize the variety of experiences solely into the dominant white biomedical establishment which can be retraumatizing (George et al., 2019) but rather to invite in distinct ways of being and understanding in the service of providing genuine seat at the table among equals.

Contextualizing the framework for Psychedelic Assisted Psychotherapy

As I have established, there is a scarcity of literature investigating the application of culturally humility in the use of psychedelics in psychotherapy. This approach, often referred to as psychedelic assisted psychotherapy (PAP) is a psychotherapeutic modality in which the non-ordinary states of consciousness that result from the consumption of psychedelic medicines are utilized to facilitate therapeutic healing. It is generally performed in three phases: preparation through psychoeducation, psychedelic medication dosing, and finally, integration of the experience. Rather than outline specific interventions that could never match all clients, I will instead describe a few process-oriented frameworks that can be infused throughout PAP. I will provide a review of cultural humility, liberation psychology, and contextual behavioristic approaches and describe how each could be integrated into PAP.

Integrating cultural humility into PAP

Cultural humility is a process focused orientation to working with diverse clientele that emphasizes “(a) a lifelong motivation to learn from others, (b) critical self-examination of cultural awareness, (c) interpersonal respect, (d) developing mutual partnerships that address power imbalances, and (e) an other-oriented stance open to new cultural information” (Mosher et al., 2017). This can be used in adjunct to the foundations of cultural competence: awareness of the therapist’s cultural conditioning around beliefs, knowledge of other diverse worldviews, and using culturally appropriate intervention strategies (Sue and Sue, 2016). Here, cultural competence acts as a primer of starting points for the cultural humility process rather than as a strict guideline. However, cultural competence has its limits in the essentialist notion that we can eventually learn enough that we will be competent regarding all intersectionalities (Buchanan et al., 2020). Utilizing cultural humility in PAP should be an important consideration moving forward given the vulnerability and time limited nature of its beneficial effects on neuroplasticity. By focusing on the process of the therapy rather than the content, the therapeutic alliance is given priority over any a priori knowledge that the therapist may have regarding identities clients may hold. This is more of a valued action stance within therapeutic work in which there is no set goal, akin to a lifelong dedication to learning about others. Benuto et al., (2019) describe how these concepts need to be integrated into pedagogy and emphasizes combining skills-based training with understanding the “idiographic nature” of clients to come together in the process that we label as cultural humility.

There are two levels in which cultural humility occurs: at the intrapersonal level and the interpersonal level. Intrapersonally, the clinician is encouraged to work on themselves not only in the clinical sense but holistically to positively impact the therapy. This can be done through intentional self-reflection on biases and learning more about various cultural beliefs (Mosher et

al., 2017). Whether this be through didactics, readings, or conversations with others, adding in an experiential component can enhance the move from the cognitive to behavioral implementation (Hays, 2020). As for the interpersonal process, it can be applied throughout PAP from the preparation phase to the integration phase. Mosher et al. (2017) recommend four practical pieces of application for cultural humility in therapy which can also be used in PAP: “(a) engaging in critical self-examination and self-awareness, (b) building the therapeutic alliance, (c) repairing cultural ruptures, and (d) navigating value differences.” The therapist can self-reflect by exploring the function of their behavior with clients. The therapeutic alliance can be improved by building off of the gained insight to attempt to prevent any known biases from entering into the therapy that could potentially cause ruptures. For example, the most common microaggressions that occur in therapy are denying the fact that we all have biases or automatic thoughts based in stereotypes and avoiding the examination of diversity in therapy (Hook et al., 2016). Hook et al. (2016) go on to highlight that these harmful mis-steps can occur even in racially matched therapists, and at times may be even more impactful when coming from a clinician who shares identities with the client. This highlights that cultural humility is a framework that can be beneficial for all therapists. Repairing cultural ruptures returns to the essence of “humility” in that we all at times make mistakes and can take responsibility in making efforts to repair them. One way to repair ruptures is to turn our attention to the process that unfolds in therapy with curiosity rather than defending ourselves from the content that led to implications or accusations of prejudice. We must also navigate value differences as we help clients live the life that is important to them in their value set rather than imposing our own. Each of these approaches are founded on the awareness, knowledge, and skills that Sue and Sue (2016) emphasize, however are brought to the foreground as parts of the interpersonal dynamics of therapy.

Given that cultural humility is more of an orientation, it is difficult to provide specific recommendations to implement in PAP, however there are some general directions one could use. In avoiding common microaggressions we could acknowledge that our own biases come up in sessions and risk not being the “ideal” therapist in favor of being authentic with our clients as well as discussing diversity within therapy. Furthermore, Mosher et al. (2017) list out some questions the clinician can ask themselves to help in the process such as “How might this client’s—and my own— cultural background impact our interaction and our ability to meaningfully connect and work together?” and “What aspects of this client’s cultural background are important to him or her?” See Mosher et al. (2017) for further self-reflection questions and recommendations on how to incorporate cultural humility as a framework.

Integrating liberation psychology into PAP

Liberation psychology is another fitting approach for working with diverse clientele within PAP due to its foundation of contextualizing suffering within systems of oppression. Liberation psychology was originally devised as a counter to the intrapersonal and decontextualized psychic nature of pathology that has been espoused in traditional western psychology. Originally developed by Martín Baró, liberation psychology at its core is an intentional and contextualized approach to the lived experience of the poor and oppressed (Tate et al., 2013). Tate et al. (2013) describe eight tenets of liberation psychology which I will review here.

Re-orientation of psychology. This reflects the process of challenging traditional western psychology as a decontextualized approach in favor of orienting psychology to emphasize systemic oppressive forces in the contextual account of suffering. This concept addresses the idea that the etiology of psychopathology lies not within the psyche of individual

but is sociopolitical in nature and stems primarily from oppressive forces within the environment leading to an internalization process.

Recovering historical memory. Liberation psychology holds that this is a healing process in which clients are able to reclaim their histories by acknowledging that it is written from the perspective of the oppressor and investigating alternative accounts of their historical contexts.

De-ideologizing everyday experience. Recovering historical memory is brought into the present by acknowledging the “cultural stranglehold” oppressors have on the messaging around the lived experience of those with marginalized identities. This allows a deeper dive into the contextual history of the automatic thoughts and defensive reflexes that arise in clients and allow for examination of if those processes are useful for the client.

Virtues of the people. In understanding one’s own community at a deeper level, one can gain insight and scaffold off of well-established coping mechanisms as a strengths-based approach to treatment. This principle emphasizes that solutions to reducing suffering can be found within one’s own communities rather than having to only receive help from others.

Problematization. The process of “problematization” allows clients to investigate whether “problems” match their reality via definitions from their communities and lived experiences rather than as seen as through the lens of the oppressor. For example, the cultural mistrust experienced in some marginalized communities can at times be labeled as paranoia when in reality can serve as an adaptive function in keeping themselves safe (Whaley, 2001).

Concientization and Praxis. “Concientization” is focused on fostering a critical consciousness within clients to allow them to move from insight to active discovery in their lives. This goes hand in hand with “praxis” as the iterative process of theory and action.

Ultimately, by shedding light on the contextualized account of what is happening in the client's life, this empowers the client to move from insight into determining what action is possible and then taking those steps to do so. This can be done at the personal, community, or political level depending on a developmental view of where the client is (Moane, 2003). By utilizing a developmental view of clients in their ability to enact change in their lives, we can use treatment appropriately to focus the therapy on themselves, their community, or in more broad-reaching political arenas.

Transformation of the social scientist. Finally, liberation psychology emphasizes how this is not just a process that is done by the client but also the "transformation of the social scientist" is held paramount. This internal reflection on the oppressive systems that are within our lives allows us to live the practice that we encourage our clients to do. By acting with therapeutic courage to do as we discuss with our clients, we improve our ability to connect with these concepts as lived experiences rather than as philosophical musings.

The majority of these principles could be most helpful in the preparation and integration phases in PAP. By actively changing the framework of psychotherapy, conceptualizations of psychopathology, and the importance of the client's context we can engender collaborative plans for change that are in line with what could be most meaningful for the client. Throughout the psychedelic sessions these concepts will obviously still be helpful in our conceptualizations and understanding of the function underlying the interventions we use, however act as more passive guidelines to meet the client where they are.

Integrating culturally responsive behaviorism into PAP

Acceptance and Commitment Therapy (ACT) is a third wave behavioral therapy modality that has been used in PAP (Guss et al., 2020), and Functional Analytic Psychotherapy

(FAP) is another that has been recommended for use in PAP (Halstead et al., 2021; Williams et al., 2020a). Here I would like to elucidate how cultural humility and liberation psychology frameworks can be infused into the functional contextualism that underlies these behavioral modalities to improve how they are used in PAP moving forward.

ACT. ACT has theoretical roots in functional contextualism and relational frame theory which aims to explain and predict client behavior in a pragmatic and therapeutic manner. Psychopathology and psychological health can be explained via the ACT hexaflex model, which covers six dual processes (acceptance, defusion, contact with the present moment, self as context, values, committed action) that can be psychologically flexible or inflexible (Hayes et al., 2006). It has been an established approach for PAP for depression (Guss et al., 2020) as well as a framework of integrating psychological flexibility (Watts & Luoma, 2020). ACT can be made to be more culturally responsive through the integration of sociocultural factors into case conceptualization, intentional self-awareness regarding biases, and the role of language in therapy (Pasillas & Masudas, 2014). Language holds multiple roles in therapy and is particularly emphasized in behavioral approaches such as ACT. Depending on the level of fluency a client has in a language it can be used as emotional approach or avoidance behavior (i.e. using the cognitive processing requirement of translation to emotionally distance from evocative material). Furthermore, clinicians can adapt language by modifying metaphors to match cultural backgrounds. For example, when working with Latinx populations using “*dichos*” (cultural proverbs) can integrate meaning making that is more impactful than non-culturally matched sayings. Although these concepts are not necessarily exclusive to ACT, they are established ways to integrate cultural humility into a modality that is reputable in the psychedelic science space.

FAP. FAP also has theoretical roots in functional contextualism and bases its process-focused approach on stimulus control, reinforcement, and generalization. It is built on the assumption that functionally problematic behavioral response classes that show up outside of therapy will also show up in the therapy. These behaviors, known as clinically relevant behaviors (CRBs), show up as interpersonal difficulties in the therapy (CRB1s) and as improvements (CRB2s; Kanter et al., 2010). Kanter et al. (2010) details the five rules of FAP which are 1) watch for CRBs; 2) evoke CRBs; 3) contingent responding to CRBs that occur in session; 4) observe the effects of therapist behavior in relation to client CRBs; 5) enhance generalization of gains in the therapy to out of therapy contexts.

Given that FAP is focused more on functionality of behaviors rather than the topography of behaviors it lends itself well to working with diverse populations. For example, looking at concrete behaviors within their contexts rather than conceptual accounts of behaviors allows us to understand the function of the approach and/or avoidance behaviors rather than getting lost in conceptual understandings that may be culturally specific (Vandenberghe, 2008). In striving to understand the individual and cultural contingencies that shape client behaviors, FAP encourages therapists to do the same. The rationale being that the classes of therapist behaviors, therapist problem behaviors (T1s) and therapist target behaviors (T2s), are equally as important as the client behaviors in assessment and treatment (Kanter et al., 2009). This interplay between CRB1s, CRB2s, T1s and T2s make up the interpersonal dynamics that occur in therapy.

The foundation of FAP as the here-and-now process of therapy demands greater self-reflection for the therapist to acknowledge that their behaviors are informed by their sociohistorical context. In turn, this encourages therapists to move beyond rule-governed behavior that may lead to essentialist stereotyping and rigid responses to cultural topographies of

client behaviors (Vandenberghe, 2008). This is not a perfect process as therapists are human. FAP acknowledges this imperfection and encourages “humility and therapeutic love” as a foundation of the therapist-client relationship to take efforts to decrease mistakes through recognizing one’s limits and non-defensively processing therapist mistakes (Vandenberghe et al., 2010). Vandenberghe et al. (2010) detail three strategies for therapist self-awareness regarding culture to increase T2s in session: 1) focus awareness on how the therapist influences the client’s behavior and how that may be related to cultural histories brought into the space by either client or therapist; 2) critically examining one’s own enculturation; 3) cultivating an “appreciative distancing” from one’s own cultural history. One reason for examining one’s own biases is that those T1s of avoidance within the assessment phase may teach the client that discussion of their identities will be punished (Plummer, 2010). A subtle avoidance that Plummer (2010) points out in working with sexual and gender minorities is fear of coming across as homophobic or transphobic and as a result not addressing a client’s intersecting identities. This is problematic in that the therapist’s fear of being perceived as prejudiced by may lead to a stuck point in therapy rather than exploring the functions and etiology of client behaviors. Other issues that may arise are discomfort in addressing differences in the therapy dyad and failure of understanding the privileges that clinicians may hold (Miller et al., 2015).

Power and privilege are a foundational piece of the therapeutic frame that should be discussed. Terry et al., (2010) describe behavioral definitions of power and privilege that explicitly mirror feminist therapy approaches. Furthermore, this combination of frameworks parallels how liberation psychology principles could be integrated into FAP. By maintaining a firm foundation in contextualizing the client’s presenting concerns, these three approaches come together to not pathologize culturally appropriate reactions to oppressive factors within one’s

environment. One way to expand on FAP to reflect these systemic issues is to include a new class of behaviors called sociopolitical 1s and 2s (SP1s, SP2s) to describe client or therapist behaviors rooted in privilege and power (Terry et al., 2010). SP1s are problematic behaviors reinforcing or maintaining power or privilege such as microaggressions, avoidance of identity discussions, or imposition of values without exploring if they match what the client is looking for. SP2s are therapist or client improvements in reducing power and privilege.

These critical curiosities and expansion of behavioral approaches encourage the same flexibility in responding and moving away from rule-governed behaviors that we ask of our clients. Much of this modification of the core FAP processes is built on the idea that we are not changing the underlying function of the process to treat clients differently however are changing the topography and content of how we treat clients.

Rationale and recommendations for implementing contextual frameworks in PAP

Cultural humility, liberation psychology, ACT, and FAP are promising candidates for improving PAP due to the common emphasis on context. As has been established, set and setting are paramount to the healing throughout PAP and the contextual frameworks of these therapeutic approaches allow for a more thorough analysis of those contextual variables. We can do so through looking at how historical context plays out in the content of one's psychedelic journey (Dupuis, 2021), how identity factors may affect anxiety in the experience (Neitzke-Spruill, 2019), and how spirituality influences meaning making (Ortiz et al., 2021). Not only will these help the current consumers of psychedelic psychotherapy and psychedelic research by addressing the nuances of their set and setting, but will also increase equity for those whose intersecting identities are not reflected in established protocols (Guss, 2020; Mithoefer, 2017; Phelps, 2017). They have in common that they are guiding approaches rather than strict protocols and rote

scripts which complements the non-directive classes of interventions already included in PAP. Furthermore, these are process oriented frameworks that emphasize the co-creation of the therapeutic alliance which builds the trust that is essential for healing in PAP (Murphy et al., 2022). Not only do these systems enhance set and setting, but also complement PAP by expanding how conceptualize the presenting problems by acknowledging concepts like racial trauma. By using more nuanced conceptualizations we can gain deeper understanding of the function of behavior within context to help clients move forward in their environment with improved awareness of the systemic and oppressive factors. Given the complexity of the issues that may come to light when a deeper contextual analysis is done, more time could be spent in psychoeducation about what the therapeutic and psychedelic processes will entail, socialization and rationale of the therapy process, and rapport building within the working alliance (Lester et al., 2010; Williams et al., 2014). Ultimately, these frameworks help set the foundation throughout preparation and conceptualization, and continue into the intervention and integration stages of the therapy by allowing us greater insight into the participant's strengths to utilize their inner healing more effectively.

Conclusion

Psychedelic science has come a long way in the millennia it has served humanity outside of the medical establishment and will continue to do so both inside and out. The understanding of the human experience and the psychedelic experience through the lens of various cultures is the foundation of contextual frameworks that can meet people where they are. Whether the culture is based in secular medical ways of thinking, indigenous knowledges, natural, cosmological or anywhere in-between and beyond, we can welcome folks within their context with humility and curiosity. Ultimately, I wanted to write this conclusion with hope and

optimism. However, I cannot help but apply concepts from liberation psychology to the reality of the situation and highlight systemic and oppressive factors within science and psychedelic science. This continued study of psychedelics will require work to reach those who have been historically ignored. This work will require nuanced and humbling self-reflection beyond what has been typical in science. Cultural humility, liberation psychology, and contextual modalities like functional analytic psychotherapy can help in that process. This will not be perfect, and that is an expected part of our behavioral repertoire as humans. The path to providing equitable services, integrating distinct research paradigms, including diverse voices systemically, training through nuanced pedagogy, and pulling from varied epistemologies will require more of us than ever before. And we will all be better for it.

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