

A Qualitative Exploration of Relational Ethical Challenges and Practices in Psychedelic Healing

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Abstract

As both 3,4-methylenedioxymethamphetamine (MDMA)- and psilocybin-assisted psychedelic psychotherapy near U.S. Food and Drug Administration (FDA) approval and gain acceptance as efficacious clinical approaches, concerns have been raised about the likelihood of sexual violation of a client and other relational boundary transgressions. In the current study, 23 practitioners who have administered MDMA and psilocybin to clients in underground (i.e., extralegal) healing contexts were interviewed about their experiences navigating multiple relationships, nonsexual touch, and sexual boundary-setting in their work. Of these practitioners, 12 had undergone formal, graduate-level training in psychotherapy, 10 identified as female, and 13 identified as male. A phenomenological research design was used to assess what unique relational challenges they have faced in this work and what practices they have found helpful in doing so. Two sets of themes addressing these two questions were developed from the data. Descriptive themes represent the unique challenges that psychedelic practitioners have encountered in their work, and prescriptive themes are made up of the practices they have found most useful in confronting these challenges. Some

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themes are unique to psychedelic work (e.g., client nudity, the use of touch, the belief that therapists must continue to have their own psychedelic experiences), while others represent a psychedelic-specific take on standard ethical considerations (e.g., transference, supervision, staying within one's scope of competence). Discussion of these results includes implications for the training of psychedelic psychotherapists and other regulatory decisions facing the field.

Keywords

psychedelic psychotherapy, relational ethics, boundary-setting, therapist sexual abuse, touch, multiple relationships

In recent years, research into the therapeutic potential of psychedelic substances has undergone a renaissance after the cessation of such research due to legal restrictions enacted in the late 1960s (Dos Santos et al., 2016; Feduccia et al., 2018; Rucker et al., 2016). Two substances in particular, 3,4-methylenedioxymethamphetamine (MDMA) and psilocybin, have been deemed “breakthrough medicines” by the U.S. Food and Drug Administration (FDA; Feduccia et al., 2019; Saplakoglu, 2019) and are likely to gain approval as therapeutic adjuncts within the next few years (Doblin, 2019; Hartman, 2018). MDMA has shown efficacy in reducing posttraumatic stress disorder symptoms (Chabrol & Oehen, 2013; Mithoefer et al., 2011; Mithoefer et al., 2018) in a durable fashion (Mithoefer et al., 2013) and with a larger effect size than more widely used exposure-type therapies (Amoroso, & Workman, 2016). Psilocybin has shown efficacy in treating treatment-resistant obsessive-compulsive disorder (Moreno et al., 2006), end-of-life anxiety and depression secondary to a terminal cancer diagnosis (Agin-Liebes et al., 2020; Griffiths et al., 2016; Grob et al., 2011; Ross et al., 2016), major depressive disorder (Davis et al., 2020), alcohol dependence (Bogenschutz et al., 2015), and treatment-resistant depression (Carhart-Harris et al., 2016; Carhart-Harris et al., 2018). With so much empirical momentum mounting behind them, it seems inevitable that both MDMA and psilocybin will be important developments in the near future of psychotherapy.

Given the apparent therapeutic efficacy of these substances, we must now also consider how psychedelic psychotherapy will be integrated within existing models of psychotherapeutic care. A recent comment in *The Lancet Psychiatry* (Anderson et al., 2020) by several prominent psychedelic psychotherapy researchers called attention to the pressing need to develop ethical practices that address the unique therapist–client dynamics that arise in psychedelic sessions. The authors urged that “we need to develop and disseminate

rigorous ethical and practice standards that are commensurate with the novelty and breadth of the effects that these compounds can have on individuals” (Anderson et al., 2020, p. 830). Their comment joins other concerned voices that have called attention to the persistent presence of therapist sexual abuse and other relational ethical concerns in psychedelic psychotherapy, from the field’s inception to the present research renaissance (Hausfield, 2019; Passie, 2018). It gives voice to the growing recognition that psychologists’ current ethical training and guidelines may not prepare them for the unique relational risks posed by psychedelic psychotherapy (Goldhill, 2020; MacLean et al., 2018).

The current study addressed this gap in understanding by using a phenomenological research design (Creswell, 2013) to examine the experiences of psychedelic practitioners who have navigated relational ethical challenges in their work with clients in extralegal, or “underground,” healing contexts. In the past few decades, these underground practitioners have overseen thousands of sessions in which MDMA or psilocybin was given to individuals in therapeutic contexts (Ernst & Putzel, 2016; Passie, 2018; Stolaroff, 2004). The treatment approaches developed and employed by these underground guides have provided much of the basis for the MDMA and psilocybin protocols currently under FDA review (see Chabrol & Oehen, 2008; Mithoefer, 2015; Passie, 2005). It thus stands to reason that the relational ethical challenges these practitioners have faced predict those that will soon be faced by practitioners of legal psychedelic psychotherapy. Examining their experiences now, in advance of FDA approval, may help minimize future iatrogenic harm in legal, clinical settings. The central research question posed by the current study was “What experiences have underground psychedelic practitioners had in navigating relational ethical challenges, particularly around sexual boundary-setting, therapist-client touch, and non-sexual multiple relationships?”

These three specific types of boundary concerns were chosen for their particular pertinence in psychedelic psychotherapy relative to talk therapy. The sexual violation of clients has been present in the field since its earlier waves of work and research in the 1960s and 1980s (Caldwell, 1968; Passie, 2018) and has been cited as one reason for the professional and legal censure of this work (Williams, 2018). Despite the more cautious approach adopted by the current wave of psychedelic research, therapist sexual abuse has already occurred in an FDA Phase III study on MDMA-assisted psychotherapy (MAPS, 2019b). Although no data yet exists to suggest that the prevalence of this abuse is higher than that found in talk therapy (which has an estimated perpetration rate of between 7% and 12% of anonymously surveyed American psychotherapists; see Celenza, 2007, for review), several

experts in the field have suggested that the risk of transgression is indeed higher in psychedelic psychotherapy (Harlow, 2013, as cited in Passie, 2018, p. 12; Northrup, 2019; Taylor, 1995).

Therapist–client touch is a second distinguishing feature of psychedelic psychotherapy that can lead to increased relational ethical risks relative to talk therapy. Touch is widely recognized to play an important role in psychedelic work, with the “Manual for MDMA-Assisted Psychotherapy in the Treatment of Posttraumatic Stress Disorder” currently under FDA review noting that, “in MDMA-assisted psychotherapy, mindful use of touch can be an important catalyst to healing. [. . .] Withholding nurturing touch when it is indicated can be counter-therapeutic” (Mithoefer, 2015, p. 15). This exhortation echoes the perspectives of earlier pioneers in the field (Eisner, 1967; Grof, 1980; Martin, 1957) regarding the use of touch with more “traditional” psychedelics, such as psilocybin. However, Taylor (1995) reminds us that inappropriate uses of therapist–client touch may adversely affect clients, either by serving as an entrée to sexual contact or by its potential to retraumatize even in the absence of sexual intent.

One likely reason for the greater harm potential of nonsexual touch in psychedelic work is that the administration of a mind-altering substance impairs client autonomy, as they become less able to assertively set bounds on the touch if desired. This sense of control been found to be a key factor in what makes therapist–client touch feel appropriate and nonharmful to clients (Gelb, 1982). Its diminution in psychedelic work necessitates a reevaluation of consent practices in line with Principle E of the American Psychological Association’s (APA, 2017) *Ethical Guidelines*, which mandates “special safeguards” to protect the welfare of persons with impaired autonomy.

Nonsexual multiple relationships between therapists and clients present a third boundary concern that is thought to be more common in psychedelic work than in talk therapy. Fischer (2015) draws from her experience providing psychedelic group therapy to illustrate the kind of role flexibility found between therapist and client in psychedelic work:

[Psychedelic therapy] lifts barriers between therapist and client—an encounter on an equal footing develops between two people. [. . .] Our shared experiences sometimes taking us into difficult waters, brought everyone together—clients with each other and myself with my clients; we became friends. (p. 46)

The apparent innateness of this relational boundary flexibility in psychedelic work may speak to a difference between the meaning ascribed to the healing relationship in psychedelic guidework and that of Western psychotherapy.

While this difference may turn out to be valid, its disruption of the therapeutic frame may also have adverse consequences for clients if carried over into traditional Western psychotherapeutic contexts without proper consideration and examination.

Common and Distinctive Features of Psychedelic Psychotherapy and Guidework

For all FDA-reviewed psychedelic psychotherapy protocols referenced in this report, a psychedelic medicine session consists of two therapists attending to a client under the influence of a psychedelic substance for 5 to 10 hours, depending on the substance and client physiology factors. The client lies on a bed or couch and is asked to wear an eye mask and music headphones for the duration of the session. Interaction with therapists is allowed, though limited in favor of having an inner-directed experience (Johnson et al, 2008). Therapist–client verbal interactions are most often brief discussions of content that is arising internally for the client. Therapist–client touch is typically light, supportive touch (e.g., hand-holding) offered when needed to provide a sense of support or ease distress. In clinical trials to date, sessions have taken place in hospitals or private therapy offices.

Underground psychedelic work—or “guidework,” the identifier chosen by nearly all participants for their work—looks very similar with several notable differences. Although most practitioners interviewed encouraged clients to focus inwards, as in psychedelic psychotherapy, some used shamanic or bodywork techniques that solicited more therapist–client interaction. Additionally, while most participants worked in devoted, nonresidential therapy office settings, others worked in home offices, the homes of their clients, or short-term apartment rentals (e.g., through Airbnb). Of course, the most definitional distinction is that underground practitioners work without any legal or institutional permission to use the controlled substances they employ.

Ethical Status of Underground Guidework

There is no clear answer to the question of whether the illegality or any other distinctive element of underground guidework constitutes a breach of the APA’s (2017) *Ethical Principles*. Standard 1.02 (“Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority”) leaves room for law-breaking clinical work to remain ethical if one feels bound to provide it out of a sense of ethical responsibility and they do so in a way that remains “consistent with the General Principles and Ethical Standards of the Ethics

Code” (p. 4). Many participants claimed to accept the personal legal risk entailed by their work out of a deeply felt ethical responsibility to provide its benefits to their clients. And those who were familiar with the *Ethical Principles* often expressed respect for them and claimed to apply them in their work.

Additional concern could be raised around Standard 2.01 (“Boundaries of Competence”), as there is no legally recognized credentialing system in place for psychedelic guidework. However, this standard allows for practitioners in “emerging areas in which generally recognized standards for preparatory training do not yet exist” to make a good faith effort to obtain the “education, training, supervised experience, consultation, study, or professional experience” needed to protect their clients from harm. One could argue that the training that participants sought and received (see next section) reflects their efforts to do just this.

Nevertheless, even if a reasonable argument were made that the participants’ work is in violation of these or other standards of the code, the authors feel that this does not detract from the value of examining their experience of striving to uphold the ethical standards that are most relevant to this study—those pertaining to sexual relations and harmful multiple relationships. Importantly, all 23 participants agreed that having a sexual relationship with a client was ethically unacceptable. Many even stated that the APA standard of waiting two years after termination before engaging in sexual contact was insufficient and that therapists should be permanently barred from doing so. Their statements demonstrate that it is possible to break the laws of one’s jurisdiction while being attentive to the need to prevent relational harm to clients.

Method

Participants and Recruitment

Participants were recruited through the personal networks of the principal investigator. Initially, 20 participants were sought. However, since the anonymous recruitment methods provided no means for rejecting or canceling additional interview appointments, 23 interviews were conducted. Meaning saturation was reached, so no further participants were sought.

To be included in this study, one must have been at least 18 years old, have provided underground psychedelic work for a minimum of 2 years, and have served a minimum of 10 clients. All who applied to participate met these inclusion criteria. The length of time in practice had a range of 4 to 35 years

with a mean of 12.6 years. All participants indicated that they had served at least 20 clients with psychedelic work, though many responded with either an estimated range or an approximate number, which made descriptive statistics impossible.

In order to further preserve participant anonymity, the only demographic information collected in addition to age was gender and professional background due to the relevance of these variables to relational boundary transgressions in therapy (Celenza, 2007; Pope, 2001). However, 10 participants identified as female and 13 identified as male. Participants were not required to have any university-based psychotherapeutic training, though 13 did, 6 of whom were licensed. Additionally, 13 practitioners were trained in the Hakomi method, a somatic awareness-based, experiential psychotherapeutic approach that is typically taught in a 2-year, nonacademic training program (Johanson et al., 2015). Nine had training in various forms of bodywork, or therapeutic techniques that involve touching or manipulating the body as the primary locus of healing. Three participants reported training in a shamanic lineage, which involved spending a substantial amount of time apprenticing in the healing practices of an indigenous group. Two participants were certified energy workers (see Descriptive Theme 10 for description), one was a medical doctor, and one was a certified coach. All 23 participants described having received at least 1 year of formal training and/or mentorship in the therapeutic use of psychedelic substances, typically in underground contexts, in addition to their other training.

All 23 participants reported that they provided at least some one-on-one psychedelic sessions to clients as part of their practice, with this being the primary mode of working for all but one participant (P20). All participants reported that they had worked with clients who were under the influence of MDMA and psilocybin-containing mushrooms within the United States. Although in some shamanic lineages that work with psychedelics, practitioners ingest as much or more of the psychedelic being used as the client, none of the participants in this study practiced in this way when working with MDMA or mushrooms.

Interview Questions

Each interaction began with the collection of the aforementioned personal data. The interviews all began with a standardized question (“What comes to mind for you when you think of ethical relationship and boundaries in this work?”) and then drew from a set of subquestions derived from the literature discussed earlier. The interviewer ensured that each participant spoke to the three ethical domains under study. Since the current study used a

constructivist–interpretivist paradigm (Creswell, 2013), new subquestions arose as interviews were conducted.

Procedures

The recruitment protocol for the current study was drawn from the work of Dr. Kim Hewitt, who has conducted interviews with psychedelic users who required anonymity. She served as an unpaid consultant in the implementation of this protocol but was not involved in other aspects of the research. To enroll, participants visited a link provided in a recruitment email. The link brought them to a calendar where they anonymously selected a time slot in which they were to call the principal investigator for the interview. No visitors to the site, including the investigator, were able to view any identifying information of the participants who signed up. The investigator knew only to expect a call at a particular time. No identifying information was solicited from the participant during the interviews. Verbal consent to participate was solicited and recorded at the start of each conversation in line with a protocol approved by Fordham University's Institutional Review Board. All interviews were conducted by the principal investigator.

All interviews took place through calls made via the encrypted Signal communication app to best protect participant safety. Audio recordings were transcribed by the principal investigator and were subsequently deleted. The transcripts were carefully scanned for any identifying information, which was removed immediately. The average length of the interviews was 73 minutes with a range from 47 to 93 minutes. No financial compensation was provided. The interviews were conducted between March and May 2020.

Data Analysis

A phenomenology methodology (Creswell, 2013) was used for analysis, due to its capacity for generating descriptive knowledge about participants' lived experiences of ethical relationship and boundary-setting in their psychedelic work. The principal investigator went through each transcript and divided it into units of meaning that were used for analysis. The investigator returned to the transcripts and assigned a general psychological meaning to each unit. The investigator went through a third time to develop a list of themes that captured meanings that recurred across several participants.

Results

Themes identified through a phenomenological analysis of the interview transcripts are summarized in Table 1. During the analysis of the transcripts,

Table 1. Descriptive Themes and Prescriptive Themes.

Descriptive themes	Prescriptive themes
1. Requires more authenticity/ role flexibility	1. Self-awareness/attentiveness to self
2. Greater transference/ countertransference	2. Supervision/consultation
3. Embodiment, nudity, and sexual expression	3. Attentiveness to client–therapist relationship
4. Deep intimacy and connection	4. Personal therapeutic work
5. Mutual benefit in love and care	5. Therapists must have psychedelic experiences
6. Use of touch	6. Value of long-term relationships and repair
7. Greater need for skillful self- disclosure	7. Working within a community of practice
8. Greater client vulnerability/ less autonomy	8. Attunement/responsiveness around touch
9. Need for broader availability to clients	9. Two-stage consent process for touch
10. Energetic boundary concerns	10. Training and scope of competence
11. Natural pull toward multiple relationships	11. Redirecting from interpersonal to intrapersonal
12. Profound states of regression	12. Grounding in love/service
13. Client more sensitive to therapist’s material	13. Grounding in spirit/sacredness of relationship
	14. Grounding in lineage
	15. Adjudicating transgressions nonpunitively

Note. Descriptive themes refer to ethical challenges that participants reported facing in their work. Prescriptive themes refer to ethical practices that participants have found helpful in navigating ethical challenges in their work.

a natural division arose between two distinct sets of themes: descriptive themes and prescriptive themes. Descriptive themes were derived from participants’ descriptions of the aspects of providing psychedelic work that have presented the greatest ethical challenges. Prescriptive themes captured participants’ strategies for responding to these challenges, as gleaned from both their successes and failures.

Descriptive Themes

Descriptive Theme 1: Requires More Authenticity/Role Flexibility. Nearly, all participants stated their psychedelic work has required them to eschew rigid professional roles and show up in their fullness as a human for their clients, which many contrasted with the more circumscribed role they play in talk therapy.

Many spoke to the need to balance this authenticity with the importance of remaining the person who is holding the container for the work. They cited a lack of bidirectional care or complete mutuality as what distinguishes this less bounded clinical relationship from a friendship. However, they noted that clients are often less clear about this distinction and experience the practitioner as a friend, which has led to confusion when the practitioner sets a boundary and adverse consequences for the therapeutic relationship.

P2 (F): Sometimes, it can bring confusion because friendliness and ease and a space of being relaxed and authentic can make the clients feel like, “Oh she’s a friend, she’s friends with me.” And being a friend and friendly can be different. [. . .] We have a friendly rapport—meaning, I’m not hiding behind a mask. But is that a reciprocal relationship? You are not holding my process.

Descriptive Theme 2: Greater Transference/Countertransference. Many participants expressed that psychedelic work gives rise to a greater degree of transference and countertransference than talk therapy. The most common forms of transference noted were those that involved sexual desire, regressed states of boundary-testing, or “guru projections” in which the client ascribes great wisdom or power to the practitioner. Many participants noted that the strength of these phenomena may elicit equally strong countertransference from unprepared therapists, leaving them susceptible to transgressions.

P4 (F): There’s a lot of countertransference with the practitioner in [psychedelic work]. The therapist or practitioner may not be aware of the regression and that some regressed part in them might be caught in a pattern unconsciously with the client. It could be a very strong pattern, and they act out in a way that’s unethical without realizing it. It’s almost like a trance. A transference can be like a trance for both parties.

Descriptive Theme 3: Embodiment, Nudity, and Sexual Expression. According to participants, clients will often relate to their bodies in novel ways during a psychedelic session. This often takes the form of clients experiencing a surge of strong feelings or sensations in their bodies, removing some or all of their clothing, touching their bodies in a sensual or sexual way, or some combination of these phenomena. Most participants opined that this can be therapeutic for some clients and included examples of such situations. They also noted that these events have the potential to inappropriately activate the therapist’s desires. Furthermore, clients who experience themselves as more sexual or embodied in the presence of a practitioner might associate these feelings with their connection to the practitioner. When one or both of these risk factors are present, the possibility of a sexual boundary transgression is

significant. Other participants warned that clients may experience embodied sexual feelings in a covert way unbeknownst to the practitioner, and any touch or physical proximity from the practitioner may take on different meanings for the client.

P14 (M): A transgender woman that I work with who has been at war with her anatomy for her whole life, attempted to shift that relationship in a way that involved her looking at her genitals and exploring what that brought up in her when she sees her penis and testicles and how that doesn't fit with her identity. Actually being able to be naked and present with her physical anatomy brought up a lot of really useful material that was metabolized in that session, which marked a profound shift in the way that she held her transgender identity.

Descriptive Theme 4: Greater Intimacy Than Talk Therapy. Many participants used the word “intimacy” to refer to a closeness and connectedness with their clients that drew its potency from various elements of psychedelic work. These included the longer session length, more motility in the space for both parties, the provision of food to the client at the end of the session, the use of touch (see Descriptive Theme 6), the vulnerability and openness brought about by an altered state of consciousness (see Descriptive Theme 8), and some practitioners' use of a work space within their home. Many felt that this intimacy is part of what is therapeutic about psychedelic work. However, they noted that it has also led to ethical boundary challenges, often by inadvertently encouraging romantic feelings in the client.

P23 (F): Witnessing somebody in states where their inhibitions are lowered in a way creates intimacy. [. . .] I think there's more possibility [than in talk therapy] to go there, go deeper faster, because of the effects of the medicine, because the boundaries are different.

Descriptive Theme 5: Mutual Benefit in Love and Care. Many participants had experienced a bidirectional flow of love and expression of affection between them and their clients during psychedelic sessions to a degree that does not normally occur in talk therapy sessions. Many felt strongly that this love is an important part of clients' healing. Participants often noted that they themselves have also felt gratified by this mutual love. They felt that such mutual benefit is acceptable, as long as practitioners ensure that this love is free from romantic or sexual intent or complex transferences and that the practitioner does not solicit love from clients for their own benefit. Still many participants claimed that the mutual expression of love may inspire clients to try to take care of the practitioner. This can confuse clients' sense of the relational frame, which relies on a more unidirectional flow of care.

P1 (M): I don't depend on [my clients' love]. It's not what motivates me to do this work, but it is kind of a "side kick" of it. Sometimes, I too get to enjoy the love, the connection. It's fine. Beyond being a therapist and client, we are two human beings. If it's all done in a way that both sides benefit, that's great.

Descriptive Theme 6: Use of Touch. Most participants stated that touch is an essential part of their work. Others said that its omission would merely limit the types of healing that can occur. Participants spoke to the utility of various forms of touch, ranging from intensive bodywork to gentle, supportive touch, with many emphasizing that the latter is most appropriate for use by psychologists with no training in bodywork. Some participants highlighted the possibility of retraumatization through misattuned touch or the potential slippery slope from appropriate touch to sexual touch. Others focused on the potential harm done by withholding appropriate touch when a client requests it.

P22 (M): This work is definitely a type of work that requires a physical contact. I think it's possible to do it without it but not in the way that I do it. The healing work does not only include talking or witnessing, but it also includes getting involved and working with the body because a lot of the trauma is stored in the body and a lot of energetic blockages are stored in the body.

Descriptive Theme 7: Greater Client Vulnerability/Less Autonomy. Many participants felt that there are situations unique to psychedelic work that require greater self-disclosure from the therapist. Participants have often elicited trust from clients by discussing their own personal experiences of undergoing psychedelic work. Their intent was to reveal that they had been through challenging experiences like those they are asking the client to potentially undergo. Other participants have self-disclosed humanizing accounts of their own struggles to reduce the power dynamic with clients. However, they added that, as in talk therapy, poor use of self-disclosure may lead to inappropriate shifts in the dynamics of the relationship.

P4 (F): Hearing a personal account of how [my own psychedelic work] has helped me grow has helped people feel more connected and safer doing the work and entering into a lot of shadow material or challenging spaces. [. . .] There's a lot of trust involved to go through something like this. To know that the person you're working with has gone through a challenging experience with this work and come out the other side can be a pretty grounding for people.

Descriptive Theme 8: Greater Client Vulnerability/Impaired Autonomy. The pronounced vulnerability of a client in an altered state of consciousness caused by their reduced ability to act self-protectively was cited by many

participants as another risk factor. In concordance with prior literature, “ego death” was often discussed as a key contributing factor to this shift. Practitioners felt that the client’s impaired autonomy has made it necessary for them to hold firmer boundaries than usual on the client’s behalf to compensate for their inability to do so. They posited that this impaired autonomy also rendered in-session solicitations of consent impossible. Furthermore, they noted that their clients have become more suggestible in an altered state of consciousness, making them vulnerable to behavioral guidance or the imposition of exogenous ideas.

P10 (M): I think there’s more opportunity for unethical behavior because you’re putting the client in an expanded state of consciousness where they’re more vulnerable than they may be in a [talk] therapy session. I think the power dynamic is similar, but it’s amplified because of the expanded consciousness states that people are getting into.

Descriptive Theme 9: Need for Broader Availability to Clients. Several participants stated that they have made themselves available to their psychedelic clients outside of sessions in a way that went beyond what they offer to talk therapy clients. This most often took the form of checking in with them in the days after a psychedelic session via text message. Participants felt that this is warranted in psychedelic work, since it often leaves clients feeling very sensitive for days after a session. However, some found that this greater availability could either put stress on the practitioner or add confusion to the frame of the relationship.

P23 (F): In my psychotherapy practice, I would have a clear boundary around that. I would say texting is kept to scheduling and just quick, basic exchanges. Otherwise, we’ll do it in the session. But with the container of this kind of [psychedelic] work, it’s different. [. . .] It feels a bit inhuman to tell a person who’s had a deep journey and then is, in some ways, still journeying, “Sorry, we just have to wait a week until our appointed time.”

Descriptive Theme 10: Energetic Boundary Concerns. Some participants stated that psychedelic practitioners need to attend to a level of nonphysical, non-verbal “energetic” communication that happens between them and their clients. The “energy” they reference is a purported nonphysical element that makes up an individual’s “energetic body,” or organizational level of their being that parallels their physical existence. Some version of this concept is found cross-culturally in a range of religious and shamanic worldviews (Samuel, 2013) that see this energetic level of existence as a potential substrate for healing through the use of specific practices that affect it. Within

these systems, it is often thought that the energies of two individuals engaged in these practices may be exchanged or contaminated with that of the other, resulting in psychological and even physical illness. Some participants in the current study who held these views felt that, if this energetic communication is neglected, harm can be done to both practitioners and their clients. The most common form of harm discussed involved a practitioner unwittingly engaging in an inappropriate exchange of sexual energy with a client, even when no overt sexual interaction was occurring.

P20 (M): You need to keep your energy in order, you need to keep your energy safe, because you quite literally are holding the energetic container in which the healing happens and the participants open up. [. . .] It's all about the energetic space that you hold.

Descriptive Theme 11: Natural Pull Toward Multiple Relationships. Participants observed among their peers a pervasive permeability of relational boundaries such that practitioners often take on friends as clients, begin a full friendship with a client over the course of their work (which may or may not end their working relationship), or exist in community with clients. Some attributed this phenomenon to the singularity and profundity of the experiences engendered by psychedelics. In this view, clients and practitioners alike are inspired by their experiences to seek like-minded community among individuals that have had similar experiences and/or facilitate these experiences for their loved ones so that it becomes something they share. Some participants have actively worked to provide this kind of community to their clients as part of their healing. Several shared accounts of interpersonal difficulties that have arisen from being in community with clients.

P6 (F): [After a psychedelic session], maybe there's a little bit of a, "Oh, there's a we," right? The people who do this work are still a small subset of the population, and then we bring other people in to do this work and it's like now we've become a bit of a "we." There is something very subgroupy about it that lends itself to that kind of relating.

Descriptive Theme 12: Profound States of Regression. Participants spoke of clients regressing to a younger developmental stage in order to work through an earlier trauma, noting that, though regression is present in talk therapy, it is more pronounced in psychedelic work. They viewed this as presenting an ethical challenge in that regressed clients may engage in behaviors that push boundaries and invite transgressions, such as responding to a childish flirtation fantasy as if it were an instance of healthy adult attraction.

P8 (F): This work can bring up very young states of being. And it's my job to recognize that and hold and understand the transference that can be happening and in that, not take advantage of them and really honor the developmental stage that they're in and the relationship that that creates between us and really hold that.

Descriptive Theme 13: Clients More Sensitive to Therapist's Material. Some participants stated that clients under the influence of a psychedelic substance have a greater than usual capacity to sense the inner experience of the practitioner. Participants spoke of this sensitivity as something that has either been disruptive to a client's therapeutic process or challenging for a practitioner who wishes to not be so exposed.

P17 (F): I think clients, especially in expanded states can feel that shift [when a therapist gets aroused]. They can feel that. They should be able to bring their sexual essential energy and for you to be totally neutral and safe. And they can tell if you're not.

Prescriptive Themes

Prescriptive Theme 1: Self-awareness/Attentiveness to Self. When speaking about the specific practices and qualities that have helped them remain ethical with their clients, many participants spoke to the importance of various forms of self-awareness. These included attentiveness to one's intentions for touch or other interventions and attending to how one's personal needs are entering the session. To cultivate these abilities, participants suggested engaging in a regular meditative practice, adequate self-care, and getting one's needs met elsewhere. Some noted the importance of attending to one's comfort levels in the work, particularly around how they react to their clients' gender, and referring out if needed.

P18 (F): I notice an impulse to a thing, and I usually will wait to see if it happens repeatedly. I don't usually follow that impulse the first time it comes up. I note it and then I continue and then I start examining, "Is this for me? Or is this for them?"

Prescriptive Theme 2: Supervision/Consultation. Nearly all participants spoke to the importance of seeking supervision or consultation when grappling with ethical challenges. Some participants found benefit in having one's psychedelic guide or therapist also be their supervisor, as this allows for fuller exploration of how their personal material puts them at risk of transgressions. Others felt that this dual relationship may discourage vulnerability.

P7 (F): [My supervisor] was my first guide. He knows me. So, if there is something that I'm saying and he's hearing that there might be some countertransference, just something that he knows that I might be triggered by, he just says it. So, it's very helpful for me that he knows me to the depth that he knows me.

Prescriptive Theme 3: Attentiveness to Client–Therapist Relationship. Many participants found it helpful to attend to clients' expectations of the boundaries of the therapeutic relationship and any shifts that occur therein. Many have had explicit conversations with clients at the outset of psychedelic work to provide them with clear expectations about the relationship and the interventions offered by the practitioner. Many used a set of standard agreements inspired by Ann Shulgin's (1995) four rules for guidework. Others found value in discussing any background dynamics that had arisen between client and practitioner before a session to avoid enactments.

P23 (F): [Psychedelic psychotherapists should] get some training on working relationally. Like, relational psychotherapy training, honestly. Because as I've heard myself answer your questions, how I've handled things, so much of it has been from being able to notice what's happening inside of me and name it and to name the relational, what's happening between the two of us.

Prescriptive Theme 4: Personal Therapeutic Work. A very common piece of advice shared by participants was to "do your own work." This refers to a belief that practitioners should undergo their own process of healing to reduce their susceptibility to transgressions. Many specified that this should include "shadow work," a Jungian term referring to healing that integrates unconscious, disavowed psychic material, to reduce the likelihood that this material will arise unexpectedly and undermine a practitioner's self-control. The practitioner's sexuality was often cited as particularly important for them to better understand through their own therapeutic work. Additionally, the "wounded healer" archetype was evoked by many participants who felt that their early life wounding, once healed, gave them characteristics that help them remain ethical, such as a more circumspect approach to decision-making.

P16 (M): Do your own work. I think that's how you can help your clients the most. The more we go into different territories and work more with grief, with shame, with anger, rage, sexuality, Eros. The more work we've done on ourselves, the more we'll be able to support our clients through those spaces, the more we'll be able to actually be accountable, to be aware of our shadows.

Prescriptive Theme 5: Therapists Must Have Psychedelic Experiences. Most participants emphasized the importance of therapists having their own experiences with psychedelics. None spoke against this idea. Some added that the practitioner's personal work with psychedelics should be an ongoing relationship rather than a time-limited prerequisite. Many focused on the potential for harm that may arise when a practitioner does not have a personal, experiential sense of the vulnerability inherent in an altered state of consciousness.

P17 (F): [Practitioners who do not have their own experiences] might not understand as well the vulnerability and intimacy and what people are bringing up in expanded states as well as people who are brought up in their healer careers through participating in this kind of work. They understand it more in an embodied way.

Prescriptive Theme 6: Value of Long-term Relationships and Repair. Many participants discussed the ethical value of conducting psychedelic work within the container of an ongoing therapeutic relationship that allows for rupture and repair. They felt that this could minimize the relational harm resulting from boundary transgressions and may even turn them into valuable therapeutic "grist for the mill." Participants were divided about the extent of the transgression that such a relational container could support. For some, this ethos of repair also entailed a commitment to restorative justice approaches to transgressions.

P14 (M): I think I probably handled his anxiety and paranoia very skillfully in the moment [of misattuned touch that the client felt was inappropriate], and things settled down. Then we were able to revisit that and wonder what that was about. That was based on a longstanding, solid therapeutic relationship that was already in place.

Prescriptive Theme 7: Working Within a Community of Practice. Participants noted that the community of practitioners within which they work and socialize has helped them remain ethical toward clients in a variety of ways, including intensive peer support and feedback, socialization of values, greater accountability, and collective efforts at ethical betterment. They stressed that these benefits require a higher degree of relatedness than typical peer relationships.

P5 (M): Having a community like I have with my guide community is really useful to be able to have more friendly conversation that potentially wanders into territory that could be informative or supportive. So, feeling connected in

all the ways that I have so that, in my life, there's a sense of being supported, but also being accountable.

Prescriptive Theme 8: Attunement/Responsiveness Around Touch. Many participants spoke to the importance of being attuned and responsive to the client before and during touch. Some discussed the specific somatic clues they watch for, including shifts in breathing or muscle tension. At times, this attunement has compelled a practitioner to not touch a client even when the client has asked for or consented to touch. Other participants have taught self-attunement to clients so they can participate actively in determining the rightness of touch. Some shared stories exhibiting the fallibility of attunement, noting that it is not foolproof.

P11 (M): A lot of [ethical touch] is just really being well attuned with people. [...] When I work with people, I can tell when their nervous system is guarded. You should be able to tell just getting near someone that their system is starting up. I've never had a client have to tell me to stop because they say "no" long before then.

Prescriptive Theme 9: Two-Stage Consent Process for Touch. Another practice that participants reported using to ensure that touch is ethical is a two-stage process of consent. In this process, the various forms of touch that may be used in a session are discussed and agreed upon ahead of time with the client. Then, when the touch is about to be offered during a session, consent is sought again.

P1 (M): Ahead of time, before we even get into the experiential session, I ask, "is it OK if I work with your body or touch you." If not, then I will not touch them. Even if they said yes, in the journey itself, I'll ask them first, "Can I put my hand on your shoulder, your chest, your belly?"

Prescriptive Theme 10: Training and Scope of Competence. Some participants discussed the importance of staying within one's scope of competence as a means of preventing relational harm to clients. They most often focused on the harm that could occur when a practitioner uses a form of touch or a style of relating for which their training did not prepare them. Many recommended that talk therapists coming to psychedelic work seek out additional training in touch before offering it to clients. Others stressed the ethical value of getting training in energetic work to avoid harm on the level of energetic exchange (see Descriptive Theme 10).

P22 (M): But what can happen when there's physical touch, if a person has been hurt before physically, they're victims of physical abuse or sexual abuse,

and you touch them in a way that they deem inappropriate just because you don't know how to do it. You can. . . retraumatize is probably not too strong a word. [. . .] Training reduces this risk.

Prescriptive Theme 11: Redirecting from Interpersonal to Intrapersonal. Another ethical practice that participants used was that of redirecting a client's attention away from a problematic practitioner–client dynamic toward the possible ways in which this dynamic may inform their healing. Most often, this involved encouraging the client to take sexual feelings toward the practitioner and (1) attend to them in a more curious and less action-oriented way during the psychedelic session, and (2) use them as a springboard for self-insight during follow-up sessions.

P2 (F): So, my work was, “Okay, so what is the circulation of that energy in your body? What is it about me as a woman that is, for you, the kind of attractiveness that you really have for feminine space within yourself?” [. . .] And then later saying, “Okay, so now let's imagine this woman in you, in your being, the anima, being that feminine part of you.” And slowly, he was able to actually introject that feminine aspect of himself.

Prescriptive Theme 12: Grounding in Love/Service. As noted in Descriptive Theme 5, many participants have shared nonromantic, nonsexual love with clients, often seeing it as part of the healing process. Some have also cited their love for their clients as an important part of what grounds them ethically in their work. For some, this ethical grounding in love or service is what allows for the role flexibility discussed in Descriptive Theme 1 and Descriptive Theme 11.

P1 (M): An important part of my work is about love. I love my clients, I care about them. So, ethics comes from caring about and loving the other person, so you could treat them in an ethical loving way. [. . .] There's a Taoist phrase that says something like “when love disappears from the world, rules appear.” When you love someone, you're of service to them and you're caring about them and don't want to hurt them.

Prescriptive Theme 13: Grounding in Spirit/Sacredness of Relationship. Some participants have grounded their ethicality in a spiritual orientation dissuades them from doing harm. For some, this took the form of a belief in the inter-relatedness of all beings that made harming another person unacceptable—a sentiment often inspired by their own experiences with psychedelics. For others, it was a sense that the psychedelic healing relationship is a sacred one that warrants behavior that holds in the highest regard both the client's well-being and the untarnished continuation of psychedelic work in the world.

P17 (F): There has to be some orientation to how everything is connected. And, oftentimes, cultivating a spiritual practice lends to that realization, or through the [psychedelic] work, one comes to that. I think ethics is really an embodiment of values more than an adherence to rules. And spiritual practice can help you feel more connected to yourself and your values.

Prescriptive Theme 14: Grounding in a Lineage. Some participants cited their grounding in a specific lineage of psychedelic work as part of what informs their ethicality. They typically had difficulty articulating exactly how it helped, but many still felt its value strongly enough to recommend it to practitioners who might offer psychedelic work in the future.

P20 (M): [My lineage] has provided me with a framework for ethicality. [. . .] [My lineage] has a very strong foundation. And you bring the strength of that foundation, of that lineage to the ceremony. More than rules, that's what holds things in place.

Prescriptive Theme 15: Adjudicating Transgressions Nonpunitively. This final theme differs from the others in that it is reparative rather than preventative in its focus. When participants discussed the kind of response to boundary violations they would like to see, nearly all expressed a wish for an adjudicating body that would oversee the process. Several held up the ethics committees of their communities as exemplars. All but one reacted negatively to the idea of allowing existing structures, like state licensure boards, to adjudicate transgressions due to concerns about their punitive mechanisms (e.g., revoking licensure). Most participants favored restorative justice-based approaches that might instead mandate personal healing for transgressors and support their monitored return to psychedelic work. Some still reserved punitive measures for situations in which restorative approaches fail.

P12 (M): Have some sort of adjudicating body to say [. . .] you have transgressed and that we would like to help you understand this transgression and grow past it. So, it's not a punitive thing where you spent years and years and a lot of money, and now we're going to throw you out and you can't do this work anymore.

Discussion

These descriptive and prescriptive themes provide a thorough catalog of the responses given by 23 underground psychedelic practitioners when asked about their experiences of maintaining ethical relationship and boundaries with their clients. These results provide a substantive answer to the central research question of how these practitioners have navigated

ethical relationship and boundary-setting around sexual contact with clients, nonsexual multiple relationships, and therapist–client touch. They represent a first empirical contribution to discussions about the ethical challenges that psychedelic psychotherapists will face and what may be helpful in doing so.

The descriptive themes lend weight to the concerns of Anderson et al. (2020) by confirming that psychedelic work is home to ethical challenges that render existing ethical training and guidelines for psychologists (e.g., APA, 2017; MAPS, 2019a) insufficient and suggesting that the concomitant gap in training may lead to transgressions. These themes thus provide a source of information that could be fruitfully considered in the development of alternative guidelines that would better cover the ethical dimensions of psychedelic work.

One phenomenon that warrants particular attention is the presence of embodied phenomena, such as nudity and sexual expression (Descriptive Theme 3). A previous qualitative study by Belser et al. (2017) called attention to the fact that “subjectively experienced body states are not currently being assessed in clinical trials with psilocybin-assisted psychotherapy” (p. 378) despite their prevalence in study participants’ in-session experiences. The current results corroborate this statement by further demonstrating that these phenomena are likely to arise within a psychedelic session and suggesting that they require fuller consideration if therapists are to respond to them ethically.

Another topic that merits added attention is the exchange of love feelings between the therapist and client in a psychedelic session (Descriptive Theme 5). Participants’ belief that this exchange is part of how psychedelics heal runs counter to previous ethical literature, which often views such beliefs as a precursor to boundary transgressions (Celenza, 2007; Gabbard & Lester, 1995). This discrepancy indicates another area in which more nuance may be needed in the conceptualization and regulation of what is and is not acceptable in a psychedelic psychotherapy relationship.

A third topic that warrants further attention is the tendency toward the formation of psychedelic communities that cut across the therapist–client divide (Descriptive Theme 11). Many participants claimed that allowing or actively inviting clients to enter into community with them and other clients is a natural extension of psychedelic work and, if managed wisely, could contribute to therapeutic outcomes. Some suggested that this ameliorates the isolation that often accompanies mental illness and gives them an experience of acceptance and feeling welcomed “beyond what is available in [American] culture” (P16). Such alleged benefits raise the question of whether the community-based multiple relationships that have flourished in underground psychedelic work should remain anathema to licensed

psychologists, or if they are something we can get wiser about doing right, as suggested by the Feminist Therapy Institute's (1999) *Code of Ethics*.

The prescriptive themes provide a number of suggestions for how the ethical capacities of psychedelic psychotherapists can be expanded to better prepare them for these unique challenges. Some themes suggest specific practices that could be readily incorporated into training curricula, such as a two-stage model of consent for touch (Prescriptive Theme 9), attunement skills around touch (Prescriptive Theme 8), enhanced skills for working with transference (Prescriptive Theme 11), and strong relational psychotherapy skills (Prescriptive Theme 3 & Prescriptive Theme 6). Other themes spoke to the ethical potency of utilizing interpersonal resources, such as community (Prescriptive Theme 7) and supervision (Prescriptive Theme 2). Prescriptive Theme 10 provides several recommendations for extra-psychological competencies in which psychologists could profitably seek training that would help them prevent relational harm.

However, other prescriptive themes make ethical suggestions that focus less on skills and more on shaping the inner life of the practitioner. Some emphasize the importance of undergoing one's own personal therapeutic work, both generally (Prescriptive Theme 4) and with psychedelics (Prescriptive Theme 5). Prescriptive Theme 1 suggests the adoption of various forms of rigorous self-awareness. Others suggest cultivating an ethos of love, care (Prescriptive Theme 12), spirituality, sacredness (Prescriptive Theme 13), or grounding in tradition (Prescriptive Theme 14) to defend against boundary transgressions. What all of these suggestions have in common is their location of the ground of ethics within the emotional and spiritual life of the practitioner, as opposed to something that can be transmitted via didactics and regulation. This shift in focus resonates with the disparaging comments many participants made about the value of ethical guidelines in preventing harm in psychedelic work. Taken together, this personally-involved perspective presents a challenge to how psychotherapeutic ethics are currently inculcated and governed.

This inner focus is in line with prior literature on the antecedents of therapist sexual abuse, which traces its roots to elements of the therapist's personality or character structure. The best-developed taxonomies of therapist traits that predict abuse (Celenza, 2007; Gabbard & Lester, 1995; Gonsiorek & Schoener, 1987) highlight unresolved narcissistic needs as the most common of these antecedents. Taylor (1995) notes that these unresolved needs are precisely what get activated by the heightened transference dynamics of a psychedelic session, and this is what catches a therapist off-guard and leads to transgressions. The most effective way to minimize this source of relational ethical risk may thus be, not training, but insisting that the practitioner "do

their own work” (Prescriptive Theme 4) to resolve or at least increase their awareness of these unresolved needs.

Participants’ insistence that practitioners must have had their own psychedelic experiences (Prescriptive Theme 6) speaks to a long-standing conversation about the necessity of this practice (Nielson & Guss, 2018). Assertions of the importance of this practice seem to have lost steam as psychedelic psychotherapy has approached mainstream acceptance. To date, debates around this question have mostly focused on the contributions this practice may make to the efficacy of the therapy. However, these results suggest that having one’s own psychedelic experiences may also be an *ethical* imperative.

The results of the current study also point toward novel avenues of future research. The descriptive themes provide an unprecedented degree of empirical insight into the relational elements of a psychedelic session that could form the basis for hypotheses about these factors’ contributions to treatment efficacy. The prescriptive themes present ethical practices that could be further explored from clients’ points of view, which would further enhance their applicability. Some themes also raise specific, fine-grained clinical research questions, such as what determines whether a therapist’s feelings of love for a client lead to ethical integrity rather than transgressions. Psychedelic psychotherapy research has only recently begun to move past the question of basic efficacy, and the current results open doors to numerous other lines of inquiry.

One surprising finding was the lack of gender effects found across participant responses, as well as the near-complete lack of explicit mention of gender by participants. Gender differences in rates of perpetration of therapist sexual abuse are considerable (Carr & Robinson, 1990; Pope, 2001), and previous literature has found that practitioner gender plays a role in determining attitudes about touch (Holroyd & Brodsky, 1980). This lack of attention to gender may be an effect of the gender of the principal investigator (male), who conducted all interviews.

A second surprising finding was that only two participants mentioned the importance of cultural factors in relational ethics, despite their documented role in determining one’s sense of what is ethical in clinical relationships (Pedersen, 1997; Syme, 2006). This silence may reflect that the cultural homogeneity of the field of psychedelic psychotherapy (George et al., 2020; Herzberg & Butler, 2019) is also present in the underground. However, this lack of attention to cultural factors mirrors that found within the broader psychological literature on therapeutic ethics, suggesting a broader need for attending to the importance of culture in ethical questions.

A third surprise in the results of the current study was the unexpectedly small degree of difference between the perspectives of the participants who have undergone formal, APA-governed psychotherapeutic training and those

who have not. The principal investigator expected there to be a sharp divergence in perspectives, but this was not found.

One limitation of the current study is the lack of perspective from clients. A practitioner-focused approach was chosen due to the belief that each practitioner's experience could capture the experience of working with many clients, which felt appropriate for the broad, survey-oriented nature of this study. Future work would benefit from obtaining clients' perspectives on what conditions need to be met so that a therapist's behavior is received as nontransgressive.

A second limitation of the current study is the decision to not collect more extensive demographic data, which was done to protect participants' anonymity. This decision limited the authors' ability to draw conclusions related to the impact of culture, age, or other pertinent demographic factors, which limited the depth of understanding and interpretation found in the results section. However, ensuring participant safety, both real and imagined, was determined to be of high importance, and this was thus a concession that had to be made.

A third limitation stems from the possibility of there being gaps between the practice of underground psychedelic guidework and FDA-approved psychedelic psychotherapy. The results of the current study may not be considered relevant to the work of psychedelic psychotherapists, which may turn out to be too dissimilar from that of the current participants. The extent to which this limitation will prove to be a true concern is dependent on many unresolved factors within the development of psychedelic psychotherapy and is thus impossible to ascertain at this point.

Conclusion

This is the first qualitative study to explore the experiences of underground psychedelic guides navigating ethical relationship and boundary-setting in their work. The findings of the study support the contention that psychedelic psychotherapy is rife with unique ethical challenges that require self-awareness and practical approaches that go beyond the training of a conventional psychologist. This information, summarized in the descriptive and prescriptive themes, facilitates the development of enhanced training for practitioners who seek to provide this work and contributes to the drafting of ethical guidelines for clinical practice that are more germane than those currently in existence.

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References

- Agin-Liebes, G. I., Malone, T., Yalch, M. M., Mennenga, S. E., Ponté, K. L., Guss, J., Bossis, A. P., Grigsby, J., Fischer, S., & Ross, S. (2020). Long-term follow-up of psilocybin-assisted psychotherapy for psychiatric and existential distress in patients with life-threatening cancer. *Journal of Psychopharmacology*, 34(2), 155-166. <https://doi.org/10.1177/0269881119897615>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. <http://www.apa.org/ethics/code/index.aspx>
- Amoroso, T., & Workman, M. (2016). Treating posttraumatic stress disorder with MDMA-assisted psychotherapy: A preliminary meta-analysis and comparison to prolonged exposure therapy. *Journal of Psychopharmacology*, 30(7), 595-600. <https://doi.org/10.1177/0269881116642542>
- Anderson, B. T., Danforth, A. L., & Grob, C. S. (2020). Psychedelic medicine: Safety and ethical concerns. *Lancet*, 7(10), 829-830. [https://doi.org/10.1016/S2215-0366\(20\)30146-2](https://doi.org/10.1016/S2215-0366(20)30146-2)
- Belser, A. B., Agin-Liebes, G., Swift, T. C., Terrana, S., Devenot, N., Friedman, H. L., Guss, J., Bossis, A., & Ross, S. (2017). Patient experiences of psilocybin-assisted psychotherapy: An interpretative phenomenological analysis. *Journal of Humanistic Psychology*, 57(4), 354-388. <https://doi.org/10.1177/0022167817706884>
- Bogenschutz, M. P., Forcehimes, A. A., Pommy, J. A., Wilcox, C. E., Barbosa, P., & Strassman, R. J. (2015). Psilocybin-assisted treatment for alcohol dependence: A proof-of-concept study. *Journal of Psychopharmacology*, 29(3), 289-299. <https://doi.org/10.1177/02698811154565144>
- Caldwell, W. V. (1968). *LSD psychotherapy: An exploration of psychedelic and psycholytic therapy*. Grove Press.
- Carhart-Harris, R. L., Bolstridge, M., Day, C. M. J., Rucker, J., Watts, R., Erritzoe, D. E., Kaelen, M., Giribaldi, B., Bloomfield, M., Pilling, S., Rickard, J. A., Forbes, B., Feilding, A., Taylor, D., Curran, H. V., & Nutt, D. J. (2018). Psilocybin with psychological support for treatment-resistant depression: Six-month follow-up. *Psychopharmacology*, 235(2), 399-408. <https://doi.org/10.1007/s00213-017-4771-x>
- Carhart-Harris, R. L., Bolstridge, M., Rucker, J., Day, C. M. J., Erritzoe, D., Kaelen, M., Giribaldi, B., Bloomfield, M., Pilling, S., Rickard, J. A., Forbes,

- B., Feilding, A., Taylor, D., Curran, H.V., & Nutt, D. J. (2016). Psilocybin with psychological support for treatment-resistant depression: An open-label feasibility study. *Lancet Psychiatry*, 3(7), 619-627. [https://doi.org/10.1016/S2215-0366\(16\)30065-7](https://doi.org/10.1016/S2215-0366(16)30065-7)
- Carr, M., & Robinson, G. (1990). Fatal attraction: The ethical and clinical dilemma of patient-therapist sex. *Canadian Journal of Psychiatry*, 35(2), 122-127. <https://doi.org/10.1177/070674379003500203>
- Celenza, A. (2007). *Sexual boundary violations: Therapeutic, supervisory, and academic contexts*. Jason Aronson.
- Chabrol, H., & Oehen, P. (2008). MDMA-assisted psychotherapy treatment protocol, version 24. https://maps.org/research-archive/mdma/MP-2_Swiss_Protocol_24_05_08_amend4_final_web.pdf
- Chabrol, H., & Oehen, P. (2013). MDMA assisted psychotherapy found to have a large effect for chronic post-traumatic stress disorder. *Journal of Psychopharmacology*, 27(9), 865-866. <https://doi.org/10.1177/0269881113495119>
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage.
- Davis, A. K., Barrett, F. S., May, D. G., Cosimano, M. P., Sepeda, N. D., Johnson, M. W., Finan, P. H., & Griffiths, R. R. (2020). Effects of psilocybin-assisted therapy on major depressive disorder: A randomized clinical trial. *JAMA Psychiatry*, 78(5), 481-489. <https://doi.org/10.1001/jamapsychiatry.2020.3285>
- Doblin, R. (2019, October). *MDMA-assisted psychotherapy for PTSD: To Phase 3 and beyond* [Paper presentation]. 2019 Psychiatric Congress, San Diego, CA.
- Dos Santos, R. G., Osório, F. L., Crippa, J. A., Riba, J., Zuardi, A. W., & Hallak, J. E. (2016). Antidepressive, anxiolytic, and antiaddictive effects of ayahuasca, psilocybin and lysergic acid diethylamide (LSD): A systematic review of clinical trials published in the last 25 years. *Therapeutic Advances in Psychopharmacology*, 6(3), 193-213. <https://doi.org/10.1177/2045125316638008>
- Eisner, B. G. (1967). The importance of the non-verbal. In H. Abramson (Ed.), *The use of LSD in psychotherapy and alcoholism* (pp. 542-560). Bobbs-Merill Company.
- Ernst, A., & Putzel, C. (2016, February 9). Why some therapists are risking arrest to heal trauma using psychedelics. *Al Jazeera America*. <http://america.aljazeera.com/watch/shows/america-tonight/articles/2016/2/9/therapists-trauma-psychedelics-illegal.html>
- Feduccia, A. A., Holland, J., & Mithoefer, M. C. (2018). Progress and promise for the MDMA drug development program. *Psychopharmacology*, 235(2), 561-571. <https://doi.org/10.1007/s00213-017-4779-2>
- Feduccia, A. A., Jerome, L., Yazar-Klosinski, B., Emerson, A., Mithoefer, M. C., & Doblin, R. (2019). Breakthrough for trauma treatment: Safety and efficacy of MDMA-assisted psychotherapy compared to paroxetine and sertraline. *Frontiers in Psychiatry*, 10, 650. <https://doi.org/10.3389/fpsy.2019.00650>
- Feminist Therapy Institute. (1999). *Feminist therapy code of ethics*. <http://www.chrysaliscounseling.org/feminist-therapy-ii.html>

- Fischer, F. M. (2015). *Therapy with substance: Psycholytic psychotherapy in the twenty first century*. Muswell Hill Press.
- Gabbard, G. O., & Lester, E. P. (1995). *Boundaries and boundary violations in psychoanalysis*. American Psychiatric Publishing, Inc.
- Gelb, P. (1982). *The experience of nonerotic contact in traditional psychotherapy: A critical investigation of the taboo against touch* (Publication No. 8213453) [Doctoral dissertation, Boston University School of Education]. ProQuest Dissertations and Theses Global.
- George, J. R., Michaels, T. I., Sevelius, J., & Williams, M. T. (2020). The psychedelic renaissance and the limitations of a White-dominant medical framework: A call for indigenous and ethnic minority inclusion. *Journal of Psychedelic Studies*, 4(1), 4-15. <https://doi.org/10.1556/2054.2019.015>
- Goldhill, O. (2020, March 3). Psychedelic therapy has a sexual abuse problem. *Quartz*. <https://qz.com/1809184/psychedelic-therapy-has-a-sexual-abuse-problem-3/>
- Gonsiorek, J., & Schoener, G. R. (1987). Assessment and evaluation of therapists who sexually exploit clients. *Professional Practice of Psychology*, 8(2), 79-93.
- Griffiths, R. R., Johnson, M. W., Carducci, M. A., Umbricht, A., Richards, W. A., Richards, B. D., Cosimano, M. P., & Klinedinst, M. A. (2016). Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. *Journal of Psychopharmacology*, 30(12), 1181-1197. <https://doi.org/10.1177/0269881116675513>
- Grob, C. S., Danforth, A. L., Chopra, G. S., Hagerty, M., McKay, C. R., Halberstadt, A. L., & Greer, G. R. (2011). Pilot study of psilocybin treatment for anxiety in patients with advanced-stage cancer. *Archives of General Psychiatry*, 68(1), 71-78. <https://doi.org/10.1001/archgenpsychiatry.2010.116>
- Grof, S. (1980). *LSD psychotherapy*. Hunter House.
- Hartman, S. (2018, November 9). Psilocybin could be legal for therapy by 2021. *Rolling Stone*. <https://www.rollingstone.com/culture/culture-news/psilocybin-legal-therapy-mdma-753946/>
- Hausfield, R. (2019, November 21). As legal psychedelic therapy emerges, ethicists urge for more comprehensive frameworks to address sexual abuse. *Psymposia*. <https://www.psymposia.com/magazine/psychedelic-therapy-ethics-sexual-abuse/>
- Herzberg, G., & Butler, J. (2019, March 13). Blinded by the White: Addressing power and privilege in psychedelic medicine. *Chacruna*. <https://chacruna.net/blinded-by-the-white-addressing-power-and-privilege-in-psychedelic-medicine/>
- Holroyd, J. C., & Brodsky, A. (1980). Does touching patients lead to sexual intercourse? *Professional Psychology*, 11(5), 807-811. <https://doi.org/10.1037/0735-7028.11.5.807>
- Johanson, G., Weiss, H., & Monda, L. (2015). *Hakomi mindfulness-centered somatic psychotherapy: A comprehensive guide to theory and practice*. W. W. Norton.
- Johnson, M., Richards, W., & Griffiths, R. (2008). Human hallucinogen research: Guidelines for safety. *Journal of Psychopharmacology*, 22(6), 603-620. <https://doi.org/10.1177/0269881108093587>

- MacLean, K., Sita, S., Ross, L., Love, B., Mayorga, B., & Mugianis, D. (2018, February 7). *Male supremacy and psychedelic patriarchy: Oppression, repression, and abuse in ritual and research*. <https://www.youtube.com/watch?v=nmzDUK-EZqQ>
- MAPS. (2019a). MAPS MDMA-assisted psychotherapy code of ethics. *MAPS Bulletin*, 29(1), 24-27. <https://maps.org/news/bulletin/articles/436-maps-bulletin-spring-2019-vol-29,-no-1/7710-maps-mdma-assisted-psychotherapy-code-of-ethics-spring-2019>
- MAPS. (2019b, May 24). Statement: Public announcement of ethical violation by former MAPS-sponsored investigators. <https://maps.org/news/posts/7749-statement-public-announcement-of-ethical-violation-by-former-maps-sponsored-investigators>
- Martin, A. J. (1957). L.S.D. (lysergic acid diethylamide) treatment of chronic psychoneurotic patients under day-hospital conditions. *International Journal of Social Psychiatry*, 3(3), 188-195. <https://doi.org/10.1177/002076405700300304>
- Mithoefer, M. C. (2015). *A manual for MDMA-assisted psychotherapy in the treatment of post-traumatic stress disorder*. <https://www.maps.org/research-archive/mdma/MDMA-Assisted-Psychotherapy-Treatment-Manual-Version7-19Aug15-FINAL.pdf>
- Mithoefer, M. C., Mithoefer, A. T., Feduccia, A. A., Jerome, L., Wagner, M., Wymer, J., Holland, J., Hamilton, S., Yazar-Klosinski, B., Emerson, A., & Doblin, R. (2018). 3,4-Methylenedioxymethamphetamine (MDMA)-Assisted Psychotherapy for post-traumatic stress disorder in military veterans, firefighters, and police officers: A randomised, double-blind, dose-response, Phase 2 clinical trial. *Lancet Psychiatry*, 5(6), 486-497. [https://doi.org/10.1016/S2215-0366\(18\)30135-4](https://doi.org/10.1016/S2215-0366(18)30135-4)
- Mithoefer, M. C., Wagner, M., Mithoefer, A., Jerome, L., & Doblin, R. (2011). The safety and efficacy of $\pm$ 3,4-methylenedioxymethamphetamine-assisted psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: The first randomized controlled pilot study. *Journal of Psychopharmacology*, 25(4), 439-452. <https://doi.org/10.1177/02698811110378371>
- Mithoefer, M. C., Wagner, M., Mithoefer, A., Jerome, L., Martin, S., Yazar-Klosinski, B., Michel, Y., Brewerton, T., & Doblin, R. (2013). Durability of improvement in post-traumatic stress disorder symptoms and absence of harmful effects or drug dependency after 3,4-methylenedioxymethamphetamine-assisted psychotherapy: A prospective long-term follow-up study. *Journal of Psychopharmacology*, 27(1), 28-39. <https://doi.org/10.1177/0269881112456611>
- Moreno, F., Wiegand, C., Taitano, E., & Delgado, P. (2006). Safety, tolerability and efficacy of psilocybin in 9 patients with obsessive-compulsive disorder. *Journal of Clinical Psychiatry*, 67(11), 1735-1740. <https://doi.org/10.4088/JCP.v67n1110>
- Nielson, E. M., & Guss, J. (2018). The influence of therapists' first-hand experience with psychedelics on psychedelic-assisted psychotherapy research and therapist training. *Journal of Psychedelic Studies*, 2(2), 64-73. doi: 10.1556/2054.2018.009

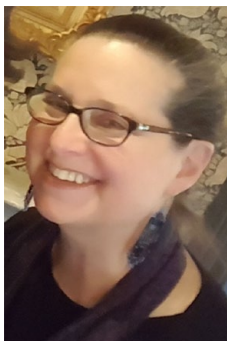
- Northrup, L. M. (2019, October). *Dynamics of sexual harm: Understanding the psychology of violation in healing relationships* [Paper presentation]. Presented at the Horizons Conference, New York.
- Passie, T. (2005). A history of the use of psilocybin in psychotherapy. In R. Metzner (Ed.), *Sacred mushroom of visions: Teonanacatl* (pp. 113-138). Park Street Press.
- Passie, T. (2018). The early use of MDMA ("ecstasy") in psychotherapy (1977-1985). *Drug Science, Policy and Law*. Advance online publication. <https://doi.org/10.1177/2050324518767442>
- Pedersen, P. B. (1997). The cultural context of the American Counseling Association code of ethics. *Journal of Counseling & Development*, 76(1), 23-28. <https://doi.org/10.1002/j.1556-6676.1997.tb02372.x>
- Pope, K. (2001). Sex between therapists and clients. In J. Worell (Ed.), *Encyclopedia of women and gender: Sex similarities and differences and the impact of society on gender* (Vol. 2, pp. 955-962). Academic Press.
- Ross, S., Bossis, A., Guss, J., Agin-Liebes, G., Malone, T., Cohen, B., Mennenga, S. E., Belser, A., Kalliontzi, K., Babb, J., Su, Z., Corby, P., & Schmidt, B. L. (2016). Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: A randomized controlled trial. *Journal of Psychopharmacology*, 30(12), 1165-1180. <https://doi.org/10.1177/0269881116675512>
- Rucker, J. J. H., Jelen, L. A., Flynn, S., Frowde, K. D., & Young, A. H. (2016). Psychedelics in the treatment of unipolar mood disorders: A systematic review. *Journal of Psychopharmacology*, 30(12), 1220-1229. <https://doi.org/10.1177/0269881116679368>
- Samuel, G. (2013). *Religion and the subtle body in Asia and the West: Between mind and body*. Routledge.
- Saplakoglu, Y. (2019, November 26). FDA calls psychedelic psilocybin a "breakthrough therapy" for severe depression. *Live Science*. <https://www.livescience.com/psilocybin-depression-breakthrough-therapy.html>
- Shulgin, A. (1995). The new psychotherapy: MDMA and the shadow. *Eleusis*, 3, 3-11. <https://bibliography.maps.org/resources/download/11954>
- Stolaroff, M. (2004). *The secret chief revealed: Conversations with a pioneer of the underground therapy movement*. MAPS Press.
- Syme, G. (2006). Fetters or freedom: Dual relationships in counselling. *International Journal for the Advancement of Counselling*, 28(1), 57-69. <https://doi.org/10.1007/s10447-005-8499-7>
- Taylor, K. (1995). *The ethics of caring: Honoring the Web of Life in our professional healing relationships*. Hanford Mead.
- Williams, M. (2018, August 24). Psychedelic psychotherapy is coming: Who will be included? *Psychology Today*. <https://www.psychologytoday.com/us/blog/culturally-speaking/201808/psychedelic-psychotherapy-is-coming-who-will-be-included>

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Margo A. Jackson, PhD, is a professor of counseling psychology in the Graduate School of Education at Fordham University, Lincoln Center campus, New York City. She is also affiliated with the doctoral program in Contemporary Learning and Interdisciplinary Research. Her scholarship and mentoring are grounded in values of social justice awareness and advocacy; multicultural and interdisciplinary perspectives; and scientist-practitioner approaches to training and practice that are holistic, strength-based, developmental, and focused on facilitating healthy human relationships. Her research, teaching, and service focus on methods to assess and constructively address hidden biases and strengths of counselors, psychologists, educators, and

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Katherine MacLean, PhD, is a scientist, mother, writer, and adventure-seeker. She has spent the past two decades studying the effects of mindfulness meditation and psychedelics, including as a lead researcher and session guide in the Johns Hopkins psilocybin trials from 2009 to 2013. Following her younger sister's untimely death from cancer, she left her faculty job, traveled the world, and settled on an organic farm, where she gave birth to her two children. In 2015, she cofounded the first professional program for psychedelic education and integration in New York City, and has led trainings and workshops

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Joseph G. Ponterotto is professor of counseling psychology and coordinator of the school counseling program in the Division of Psychological and Educational Services of the Graduate School of Education at Fordham University, Lincoln Center Campus, New York City. His primary research and teaching interests are in multicultural psychology, psychobiography, career counseling, and research methods. His most recent quantitative research has focused on continuing development of the Multicultural Personality Inventory; while recent psychobiography books have focused on former World Chess Champion Bobby Fischer (2012) and John F. Kennedy Jr. (2019; both published by Charles C Thomas, Publisher). He maintains a small private psychotherapy and career counseling practice in New York City.