

The Interconnection of Psychedelic Spirituality, Social Justice, and BIPOC Therapist Engagement in Psychedelic-Assisted Therapy: Insights from the Psychedelic Therapists Diversity Study¹

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ABSTRACT:

Clinical research has resumed and expanded over the past two decades, and psychedelic-assisted therapy (PAT) is increasingly recognized for its potential to address a number of psychological and psychiatric conditions. However, as in many areas of clinical research and care, ethnic and racial minorities are underrepresented in studies of psychedelics, hindering generalization of reported treatment outcomes and the development of culturally-informed treatment modalities. For psychedelic research to develop in a more diverse, equitable, and reciprocal way, it is critical to achieve a better representation of BIPOC communities among psychedelic researchers and therapists. Yet, little is known about current opportunities and barriers for BIPOC therapists to engage in the psychedelic space. This qualitative study explores these issues through the perspectives of 25 BIPOC therapists and researchers who participated in semi-structured interviews and/or focus groups. Ongoing stigma and

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¹ A note on terminology:

The acronym BIPOC stands for Black, Indigenous, and People of Color. The term recognizes and highlights unique experiences and challenges faced by Black and Indigenous communities while acknowledging the diverse experiences of all People of Color. The acronym emphasizes specific historical and systemic injustices endured by Black and Indigenous people and the ongoing impacts of these injustices. Inclusive language, such as the term BIPOC, recognizes the distinctiveness of different communities, but the term has limitations.

The authors acknowledge that using the term BIPOC can sometimes oversimplify or obscure the diverse identities, cultures, and experiences of the communities it seeks to represent. Each group has unique histories, challenges, and strengths not captured by a single acronym. Therefore, the term BIPOC should be used with an awareness of its limitations. Researchers in the Psychedelic Therapists Diversity study are committed to understanding and addressing the specific needs and contexts of individual communities rather than relying on umbrella terms.

misconceptions within BIPOC communities are key contributors to existing barriers identified in this study. BIPOC communities' engagement in the field may be enhanced through education and holistic integration of spirituality and social justice into research and therapy.

Introduction

This paper presents insights from the Psychedelic Therapists Diversity (PTD) study, a qualitative study conducted to understand how BIPOC therapists perceive psychedelic therapy and research. The inciting incident for this research occurred during our collaboration on a clinical trial of psilocybin-assisted therapy for depression in cancer patients.² Candace Oglesby was the only therapist of color, and the participant population included only a small number of patients of color. Recognizing she was not the only therapist who experienced challenges and barriers to entering the psychedelic therapy space, she realized that studying this experience would fill a significant research gap and could potentially support BIPOC clinicians.

Yvan Beaussant, a co-investigator of Agrawal's trial, conducted qualitative interviews with study participants a few weeks after they completed psilocybin-assisted therapy.³ One poignant response made apparent the critical role of culture and race in the therapeutic space. A 47-year-old Black woman treated for metastatic colon cancer said:

I cried the entire time. It wasn't sad or anything like that. It was a very beautiful experience. I just felt a wave of gratefulness and support. I had a group of women around me. They felt like my ancestors. They were supporting me, and they were surrounding me, it was hundreds of people, and they were supporting me. It was like they were having a celebration of me. . . My therapist [Candace] was a Black woman. It gave me another sense of reassurance there. A Black woman would understand certain things that nobody else would understand. I didn't feel like I'm the only Black person here, and these people don't understand me, and they're not going to know how to reassure me.

The interpersonal relationship is essential in psychedelic therapy. Candace created a sense of connection and safety in therapy via the patient and therapist's shared experience as Black women, which evidently contributed to this patient's healing. Her fear of cancer progression had considerably decreased, allowing her to focus on her loved ones and other meaningful aspects of her life. We wanted to research further the roles of BIPOC therapists delivering culturally informed, psychedelic-assisted therapy.

Therapists play a critical role in the delivery of any psychotherapy, including psychedelic-assisted therapy.⁴ Therapist clinicians representing minorities enhance the trust and recognition of racial traumas that shape participants' experiences, playing an important

² Manish Agrawal et al., "Psilocybin-Assisted Group Therapy in Patients with Cancer Diagnosed with a Major Depressive Disorder," *Cancer* 130, no. 7 (2024): 1137–46, <https://doi.org/10.1002/cncr.35010>.

³ Yvan Beaussant et al., "Acceptability of Psilocybin-Assisted Group Therapy in Patients with Cancer and Major Depressive Disorder: Qualitative Analysis," *Cancer* 130, no. 7 (2024): 1147–57, <https://doi.org/10.1002/cncr.35024>.

⁴ Timothy I. Michaels et al., "Inclusion of People of Color in Psychedelic-Assisted Psychotherapy: A Review of the Literature," *BMC Psychiatry* 18, no. 1 (July 31, 2018): 245, <https://doi.org/10.1186/s12888-018-1824-6>.

role in improving recruitment and outcomes.⁵ Understanding current opportunities and barriers for therapists of color to participate in psychedelic research is a critical step toward developing equitable, generalizable delivery models in this rapidly growing field. To address this critical need, we designed the PTD study, aiming at exploring opportunities and barriers for BIPOC therapists to engage this field.

The Psychedelic Renaissance

The re-emergence of interest in psychedelic plants and medicines is often called the psychedelic renaissance. In recent decades, after 60 years of psychedelic prohibition, increasing research suggests the safety and efficacy of psychedelic-assisted therapy in a clinical context.⁶ An ever-growing number of trials are emerging that use psilocybin, LSD, MDMA, Ketamine, and other psychedelic agents as adjuncts of therapy. Despite recent setbacks, including the Food and Drug Administration (FDA) declining to approve MDMA-assisted therapy for PTSD, regulations on psychedelics are rapidly evolving at the state level, and it is reasonable to think that psychedelic-assisted therapy will be an approved treatment modality within a few years. These advancements unfold within a broader societal context, as described by Schwarz-Plasch, where diverse socio-psychedelic imaginaries—ranging from biomedicalization and decriminalization to legalization and sacramental use—are actively shaping collective visions for the responsible reintegration of psychedelics into society.⁷ This dynamic interplay of cultural, legal, and scientific efforts underscores the multifaceted nature of the psychedelic renaissance.

Psychedelic therapy is not a novel concept; it has deep roots in Indigenous heritage and living traditions and must, therefore, be approached with cultural humility and equitable access, acknowledging that these practices originate in diverse and often marginalized communities.⁸ Providing psychedelic therapy with an emphasis on equity and cultural humility is essential, as it helps to avoid re-appropriating or distorting Indigenous wisdom, fosters trust and respect, and ultimately enhances therapeutic effectiveness by ensuring that interventions are responsive to the unique backgrounds and histories of those they serve. By embedding cultural humility and trauma-informed care into these interventions, we honor the full context of these practices, safeguarding their integrity while supporting historically underserved communities that have been disproportionately affected by systemic inequities.

BIPOC communities are generally under-represented in clinical practices and studies on psychedelics. Furthermore, BIPOC communities rightly distrust the medical system. Black and brown communities display disproportionate risks for conditions like post-traumatic stress disorder and depression, yet they are significantly underrepresented in psychedelic clinical trials to address these conditions.⁹ Underrepresentation is partially due to the cultural

⁵ Monnica T. Williams, Sara Reed, and Ritika Aggarwal, "Culturally informed research design issues in a study for MDMA-assisted psychotherapy for posttraumatic stress disorder," *Journal of Psychedelic Studies* 4, 1 (2020): 40-50, <https://doi.org/10.1556/2054.2019.016>.

⁶ Kristoffer A. A. Andersen et al., "Therapeutic Effects of Classic Serotonergic Psychedelics: A Systematic Review of Modern-Era Clinical Studies," *Acta Psychiatrica Scandinavica* 143, no. 2 (2021): 101-18, <https://doi.org/10.1111/acps.13249>.

⁷ See Claudia Schwarz-Plasch, "Socio-psychedelic imaginaries: envisioning and building legal psychedelic worlds in the United States," *European Journal of Futures Research* 10, no. 10 (2022), <https://doi.org/10.1186/s40309-022-00199-2>

⁸ Jamilah R. George et al., "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, no. 1 (March 1, 2020): 4-15, <https://doi.org/10.1556/2054.2019.015>.

⁹ Michaels et al., "Inclusion of People of Color in Psychedelic-Assisted Psychotherapy," 245; Williams et al., "Culturally informed research design issues in a study for MDMA-assisted psychotherapy for posttraumatic stress disorder," 40-50.

stigma toward psychedelic drugs but also due to experiences of racial discrimination and trauma that create barriers and legitimate mistrust regarding psychedelic treatment.

In the qualitative study, “Perception of Psychedelic-Assisted Therapy among Black Americans,” researchers at Emory University surveyed Black Americans and white Americans to explore views about psychedelic-assisted therapies.¹⁰ Informants were a mix of White and Black Americans, each group comprising 50 percent of those surveyed. After a short education session about psychedelic medicines and psychedelic therapy, Black Americans demonstrated more positive views than White Americans about the therapeutic potential of psychedelic therapy. Black Americans who identified for themselves a clinical need regarding mental health demonstrated particularly positive views. Emory’s study concludes that the onus to overcome resistance to psychedelic treatment and diversify psychedelic-assisted therapy is on the researchers rather than BIPOC people.

Recognizing the important takeaways from this study, we constructed the PTD as a qualitative study focusing on the experiences of practicing BIPOC therapists, examining the roles they play in psychedelic therapy and their perceptions of opportunities and barriers to engaging in this field. We completed semi-structured individual interviews with thirteen therapists and conducted focus groups with ten therapists. All participants were clinical therapists practicing in varied settings, each having differing familiarity and level of engagement with psychedelic-assisted therapy. Informants represented varied racial backgrounds: 11 therapists were African American/Black, one was Asian, and six identified with more than one race. The mean age was 43, with 10 females, six males, and two therapists who did not identify as male or female.

Psychedelic Spirituality as a Catalyst

Psychedelic spirituality is a contested term, even at a Harvard Divinity School conference on psychedelics. Puchalski et al. posited a productive definition for spirituality based on a series of conferences gathering oncologists, palliative care researchers, spiritual care researchers, philosophers, and scholars of religion: “a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred.”¹¹ In our research, we incorporate Puchalski and colleagues’ definition to note spirituality informed by psychedelic experiences as one technique of seeking “ultimate meaning, purpose, and transcendence,” and exploring or deepening “relationship to self, family, others, community, society, nature, and the significant or sacred.”

In the PTD study interviews, themes of psychedelic spirituality were often related to therapists’ interests in entering the field of psychedelic therapy. They explained that psychedelic experiences, in a therapeutic context, may generate senses of interconnectedness and unity, healing, trauma-informed awareness, and empowerment, and they emphasized how these experiences of psychedelic spirituality may relate to social justice. For example, one focus group participant said:

Why I like psychedelics, specifically, is because it addresses the person's relationship to themselves within the context of their life and experiences.

¹⁰ Sierra Carter et al., “Perceptions of Psychedelic-Assisted Therapy among Black Americans,” *Journal of Mood & Anxiety Disorders* 4 (December 1, 2023): 100023, <https://doi.org/10.1016/j.xjmad.2023.100023>.

¹¹ Christina M. Puchalski et al., “Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus,” *Journal of Palliative Medicine* 17, no. 6 (June 2014): 646, <https://doi.org/10.1089/jpm.2014.9427>.

I think that's one of the most powerful parts with psychedelics, is it gives people an opportunity to see themselves differently from what they've been told their entire lives and come to a place of trusting their inner knowing in a way that's irrefutable from external sources.

I think that that is the opportunity for BIPOC clients is to see themselves outside of the victimization that has been imposed upon them in a very deep place in their relationship to themselves and have an opportunity for them say, 'Actually, I'm not a victim. This happened historically, and I am other than the labels that have been attached to me my whole life.'

I think that's really powerful, that being able to shift that paradigm for a client and then open up opportunities for something else, anything else, whatever they decide is next. It's really exciting to me. That's what turns me on.

Psychedelic-assisted therapy potentially challenges existing paradigms, including those paradigms relating to race and spirituality, offering new perspectives that can contribute to social and personal transformation. Participants described the potential for collective liberation, suggesting a potential for psychedelic-assisted therapy to be leveraged for more than personal liberation or healing but for shared, collective freedom. Psychedelic therapy could be a path to address racial disparities and achieve social justice, a path interconnected with spiritual and psychological growth. One study participant noted this with concision:

I think there's a sense of this work being revolutionary and almost a responsibility in terms of making sure that our communities have a tool for personal liberation, individually and collectively. I think, for me, at the end of the day, the opportunity for myself, the opportunity for the client, it just starts to blur and it's our collective opportunity to really meet ourselves.

Barriers Faced by BIPOC Therapists

While participants who were familiar with psychedelic-assisted therapy described psychedelic spirituality as a critical driver of their engagement in the field, they also emphasized barriers related to their BIPOC identity. These barriers pertained to securing training, getting involved in research, or implementing psychedelic-assisted therapy in their clinical practice. Prohibitive training costs, lack of available training outside of big cities, and the kind of CV required to enroll in training were all perceived to disproportionately impede access for BIPOC therapists. They also noted that BIPOC therapists may feel unsafe being open about their involvement in this field. They face a higher risk of adverse legal or professional consequences than White therapists due to the illegal status of psychedelics and systemic bias, alongside enforcement of drug laws that have disproportionately impacted BIPOC communities. They felt psychedelic medicine is predominantly White, programs often do not have inclusive curriculum, and their participation in training programs may feel like tokenism, creating psychological burdens to engaging the field.

Participants described distrust for clinical research among BIPOC populations and consistent underrepresentation of BIPOC research participants in clinical research projects. Clinical research, they observed, is designed and implemented in a culturally exclusive manner, exacerbated by an underrepresentation of BIPOC investigators. Clinical implementation after training presents further barriers. Participants described a lack of job opportunities for clinical practice outside research; furthermore, psychedelic medicines are difficult to access. Ketamine-assisted therapy was acknowledged to be the readiest pathway for practice, for it can currently be used legally. However, they underscored that most access to psychedelic-assisted therapies is through research, making such therapy itself not widely available.

Several participants shared that they did not recognize themselves in the model proposed for psychedelic medicine that felt rooted in capitalism, individualism, and systemic

oppression. Some found this model extractive, mired in cultural appropriation, and characterized by lacking reciprocity with the cultural groups who developed psychedelic medicines and continue to maintain traditions of support for their use:

We've borrowed a modality, we've borrowed this, but we're really not even adhering to how in-depth this modality goes into... There are parts of me and parts of my culture that are being stripped, borrowed, but not really much credit is given or respected.

Integrating Psychedelic Spirituality and Social Justice

Preliminary findings reveal challenges and opportunities for integrating psychedelic medicine, spirituality, and social justice. Integration of psychedelic spirituality cannot be uncoupled from a commitment to social justice principles without bypassing the reality of racial inequalities and White supremacy; otherwise, psychedelic spirituality is another instance of spiritual bypass. Marisela B Gomez, PhD MD, explains that “spiritual bypass favors something apparently more transcendent, something beyond the mundane investigation of the suffering of all beings. This practice of not acknowledging the reality of those who experience racial and social injustices leads to spaces of non-inclusivity and marginalization of those impacted.”¹²

Systemic inequality exists in the world, including in the psychedelic space. Eradicating systems of inequality requires understanding, addressing, and challenging the root causes of social injustice, not de-emphasizing real concerns of people in a difficult world in favor of pursuits of the transcendent. Recognizing the pitfall of spiritual bypassing, psychedelic spirituality should not minimize the unique challenges faced by individuals due to their racial or ethnic backgrounds.

An intersectional perspective acknowledges and addresses the intricate interplay between various social identities, including race, gender, class, sexuality, ability, and cultural background. Bringing psychedelic spirituality into therapeutic practices must center inclusivity and diversity, striving to create spaces that are not only accessible but genuinely welcoming to individuals from all walks of life. For psychedelic clinicians and researchers, this means committing to a practice that respects, honors, and uplifts different cultural, racial, and spiritual traditions. Such an approach avoids the pitfalls of cultural appropriation and challenges existing power dynamics, ensuring that psychedelic therapies do not replicate or reinforce systemic inequities. Instead, practitioners are invited to view psychedelics as a tool for empowerment and healing that is aligned with social justice principles, cultivating a respectful space where all clients can engage with psychedelics in ways that are authentic to their own backgrounds and beliefs.

We need more co-disruptors rather than allies. Rather than using psychedelic spirituality to disengage from social justice initiatives or avoid hard conversations around systemic inequalities, individuals can utilize their psychedelic experiences to fuel a commitment to disrupt and disintegrate systems of oppression, actively and intentionally participating in efforts to address racial disparities and promote equality. One of our participants put this dynamic best:

What came to mind for me was a co-disruptor. A co-disruptor because that differentiates allyship as a costume. That's not to dismiss the efforts. Allyship on a policy level, but also from a personal level. If it presents with an agenda, then I'm less likely to want to be in connection with that brand of allyship. I think a co-disruptor,

¹² Marisela B Gomez, “Spiritual Bypass Bypasses Justice: Can We Make Buddhist Communities More Authentic?” *HuffPost*, June 13, 2016, https://www.huffpost.com/entry/spiritual-bypass-bypasses_b_10433452.

the evidence would be your hands are as dirty as mine. Are you going where I go? Are you having to repeatedly answer questions or to experience certain things, discomfort and harm just like I have? Are you experiencing closed doors? If you're a co-disruptor and the evidence is how dirty your hands are, you're able to get into the work like me.

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