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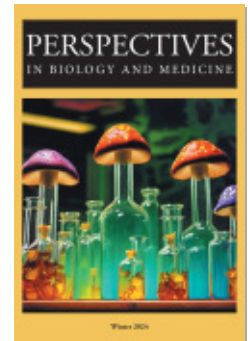
Introduction to the Special Section on Psychedelics Research and Treatment

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INTRODUCTION TO THE SPECIAL SECTION ON PSYCHEDELICS RESEARCH AND TREATMENT

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AGAINST A BACKDROP OF post-pandemic malaise, diseases of despair, and a fragmented mental health care system, psychedelics have enjoyed a resurgence of interest as powerful psychotherapeutic agents and as catalysts of personal growth. The true power of these substances—some of which are considered sacramental by Indigenous peoples—has been shrouded for half a century by cultural mythology, political propaganda, and misuse. From about 1940 to 1970, psychedelics including psilocybin and LSD were studied and used by clinicians to treat a range of psychiatric disorders from alcoholism and depression in adults to “autistic schizophrenia” in children.

In June 1971, the Nixon administration’s racist and illiberal War on Drugs inaugurated what was essentially a total ban on psychedelics. Society was robbed of half a century of scientific progress, and one can only speculate how differently our society might now function, and how many people might have been spared the trauma of mental illness and incarceration. Thankfully, it appears the time has arrived for psychedelic medicines to be decriminalized and included again in the pharmacopeia.

In June 2023, a group of psychedelic researchers, therapists, bioethicists, Indigenous scholars, and advocates met at the Banbury Conference Center at Cold Spring Harbor Laboratory. There, this interdisciplinary group discussed several pressing ethical issues in psychedelics research and treatment that continue to

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challenge the field. The aim of this meeting was to develop a bioethical framework for the use of psychedelics in mainstream medical settings. That is, how should psychedelics be employed responsibly by everyday clinicians, including psychiatrists, psychologists, social workers, and other behavioral health-care providers? This special section offers a sampling of three topics in psychedelic bioethics raised by the Banbury group, several of whom appear as coauthors.

In our first paper, Logan Neitzke-Spruill and colleagues offer an overview of explanatory models describing the therapeutic mechanisms of psychedelic substances and how each of these models generates unique ethical quandaries. Starting from molecular biology and moving to neural circuitry and networks, neurobiological models now propel contemporary scientific research into psychedelics. Knowing how these substances work on a molecular level may offer promising ways forward in the development of new molecules designed to treat serious mental illnesses and other neurologic conditions. Perhaps neuroplastic mechanisms will be harnessed to develop new therapies without necessitating a psychedelic trip—a controversial premise discussed in our third paper, by Katherine Cheung, Brian Earp, and David Yaden.

Such “neuroreductionism” risks ignoring the subjective psychological and spiritual experiences of patients that appear to be pivotal in psychedelic-assisted therapy, often described as mystical and utterly transformative. At the psychological level, these substances engender a kind of vulnerability and suggestibility requiring clear ethical standards to ensure patients’ psychological and physical safety. And so too, practitioners will need structural and cultural competency to recognize the spiritual or moral values that inspire patient reactions during and after their psychedelic experiences. Ethically informed psychedelic practitioners will have to navigate between disciplinary silos and explanatory models. One practical upshot is the open question of how best to train psychedelic practitioners who hold this broad set of competencies.

To that end, well-trained practitioners will need to be able to disclose in some way the transformative properties of psychedelics to prepare patients for their experiences. But how does one describe the ineffable? This raises the question of how or if it is possible for patients to truly consent to the transformative experience elicited by psychedelics, often described as one of the most important experiences of a person’s life. The experience might stimulate significant emotional healing, or it might be horrifying. This sounds like a problem uniquely attached to psychedelics: after all, most pharmaceuticals don’t trigger changes in one’s fundamental moral values, life choices, and commitments, nor are they intended to. Yet, Brent Kiouss, Andrew Peterson, and Amy McGuire challenge the view that the psychedelic experience is uniquely transformative and impervious to the disclosure requirements of informed consent, a bedrock of bioethics. Ultimately, the writers show how consent is possible even if the experiences are dramatically different from most medical interventions, endorsing a practical view of consent

designed to address some of the common risks and benefits of psychedelic treatments.

As mentioned above, Cheung, Earp, and Yaden discuss the possibility that something will be lost should psychedelics be stripped of their mind- or soul-manifesting properties. There is a range of potential kinds of value that the subjective psychedelic experience might help us to recognize, regardless of whether the experience leads to any therapeutic or instrumental outcome. Indeed, we often recognize and enjoy a kind of intrinsic value in our experiences of art and nature, with a wide variety of aesthetic impressions being important to the good life. It does seem as though a glance at the Sublime is worth the trip alone. The authors contemplate the value of nonmedical uses of psychedelics, perhaps within guided, legal settings—such as have been developed in Oregon—or eventually as a conventional form of recreation and creative enhancement.

Taken together, the articles in this section represent a snapshot of broader conversations that the return of psychedelics has stimulated in bioethics and the medical humanities. Psychedelics continue to challenge Western medical and scientific paradigms by pushing scientists and clinicians to consider the possibility that the rigid boundaries we perceive between mind, brain, body, behavior, spirit, nature, and society are mere hallucinations.

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