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# Perspectives of Psychotherapists Regarding Psychedelic Assisted Therapy

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## ABSTRACT

**Background:** This study explored the perspectives of trainees, recently qualified and experienced psychotherapists regarding psychedelic assisted therapy (PAT).

**Aims:** The aim was to capture meaning, concerns and opportunities of PAT and understand what it means for the field of psychotherapy and to contribute to the growing body of literature on its development and inform subsequent research.

**Material and Methods:** The study was based on qualitative research capturing the perspectives of a range of counsellors via a questionnaire, two interviews and a focus group comprised of five people, with the dataset being analysed using reflexive thematic analysis (TA; Thematic Analysis—A Practical Guide, Sage, Thousand Oaks, CA, 2022) to capture meaning, experiences and perceptions and to identify descriptive and interpretive themes.

**Results:** Themes relating to therapeutic relationship, safety, ownership and professionalisation were identified within the dataset.

**Discussion:** The findings from this study reveal a complex and multi-layered understanding of PAT, where a range of factors, such as the therapist's experience, the therapeutic relationship, safety concerns and issues of ownership and professionalisation, are all central. The themes demonstrated how counsellors are already aware of, interested in and curious about development in PAT and indicated a sense of inevitability of PAT becoming a professionalised part of the field of psychotherapy.

**Conclusion:** The study concludes that while there are understandable and relevant concerns about safety, there is also a growing body of quality research and recommendations for safe and harm reducing processes and opportunities for psychotherapy bodies to lead the way and ensure the approach of PAT is a professional one underpinned by research, harm reduction, ethical standards and a sensitivity towards its Indigenous roots.

## 1 | Introduction

The growing body of evidence supporting the benefits of psychedelic assisted therapy (PAT) in addressing mental health issues such as anxiety, depression and substance use disorders has drawn increasing attention in recent years (Hopkins 2023). PAT involves the use of substances that induce temporary alterations in consciousness, combined with

specific therapeutic approaches to help individuals translate these altered states into healing and personal growth (Greenway et al. 2020). As psychedelic substances have gained wider acceptance in clinical settings, with many US states reclassifying them (Psychedelic Alpha 2023; YouGov 2023) and calls for similar reforms in the United Kingdom (Neil, Tai, and Gigg 2022), there is a growing momentum for research and development in this area. Notably, the establishment of

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## Summary

- Implications for practice and policy
  - This study has implications from the viewpoint of public well-being and financial efficacy and may be of use to agencies that seek to support and promote the psychotherapy profession, influence decision makers, develop evidence-based training standards, promote ethical practice and that seek to demonstrate the effectiveness of therapy.
  - With psychotherapists aware of, interested in and curious about the advances in PAT, and the possibility of it becoming a professionalised part of the field of psychotherapy, there are opportunities for psychotherapy bodies to lead the way and ensure the approach of PAT is a professional one underpinned by research, harm reduction, ethical standards and a sensitivity towards its indigenous roots.
  - There would appear to be real opportunities for psychotherapy bodies that have access to the required skill set of therapists to explicitly clarify their own positionality in regard to PAT and engage with scientific and medical bodies and lead the way in this area. A multidisciplinary and capacity building approach will be needed to support the ongoing development of PAT within the field of psychotherapy. This would involve developing formal training, practice standards and the rigorous monitoring of clinical outcomes.
  - With an increasing evidence base demonstrating PAT's value and successful outcomes, further gauging the views of psychotherapists has academic value in terms of exploring what the profession understands about this area, and how prepared (or not) it is for any integration with the sector. More targeted research by psychotherapy membership/accreditation/education bodies, specifically aimed at their membership, could further explore interest, preparedness, perspectives and concerns to help better understand how they can meet and address the expected needs, concerns and opportunities in the future.

research centres and the influx of funding into psychedelic research (University of Exeter 2023; NIHR 2023; Insight Ace Analytic 2023) suggest that PAT is poised to significantly influence the psychotherapy sector.

Despite the increasing volume of studies examining the potential and outcomes of PAT (Wheeler and Dyer 2020), there remains a gap in understanding how trained psychotherapists—especially those with backgrounds in traditional therapeutic modalities, such as psychodynamic, cognitive-behavioural, humanistic and behavioural therapies—perceive and respond to the integration of psychedelics into therapeutic practice. This gap is particularly noteworthy considering the significant economic burden of mental health problems, which cost the UK economy an estimated £118 billion annually (LSE and MHF 2022). As psychotherapists play a critical role in addressing these issues, it is essential to understand their views on PAT and their preparedness to incorporate it into their practices.

For the purposes of this piece of work, mental health is defined by the World Health Organization (WHO) as 'a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community' (WHO 2024). Given the growing evidence of PAT's efficacy, it is important to explore how psychotherapists understand this approach and to what extent they are open to integrating it into their work. This research is not only of academic interest but also has broader implications for public well-being (preventing disease, prolonging life, promoting health) and financial efficacy (achieving outcomes with a focus on value for money). By examining therapists' perspectives, this study aims to contribute to the development of evidence-based training standards, promote ethical practice and support agencies working to enhance the effectiveness of psychotherapy in addressing mental health issues.

In summary, this dissertation seeks to assess the readiness of the psychotherapy profession to engage with PAT, exploring its potential integration into existing therapeutic frameworks and evaluating its implications for mental health treatment in the United Kingdom.

## 2 | Literature Review

A Google Scholar search was performed using the terms 'Psychedelics' and 'Psychotherapy' restricted to English language articles in peer-reviewed journals, published before the date of the search (November 2023). Articles were chosen based on their relevance to the topic, that captured a range of types of articles, that were published in the last 10 years and that contained some historical context or general overview of PAT. Articles that were published longer than 10 years ago, and did not contain references to 'Psychedelics' and 'Psychotherapy' in the title or abstract were filtered out. Due to the scope of this paper, it was not possible to review all relevant literature.

The author identified seven articles for the literature review, six of which were from the United States and one from the United Kingdom. The publication dates for the articles reviewed were from the years 2014, 2017, 2018, 2020 and three from 2022. The type of articles reviewed were: a double-blind, randomised, active placebo-controlled pilot study; a systematic review; a literature review; a commentary/opinion article and three narrative reviews. A total of 48 clinical trials were discussed within three of the articles, with an average sample size of 33 (Barber and Aaronson 2022; Carhart-Harris and Goodwin 2017; Wheeler and Dyer 2020).

### 2.1 | History of PAT Research

All seven papers reviewed provided some history on the development of PAT and how psychedelic substances have potentially been used to induce altered states of consciousness and assist with healing for thousands of years (Hofmann 1980) and have been used as a psychoanalysis catalyst since their discovery (Greenway et al. 2020). Altered states of consciousness can be described as 'an alteration in the informational or representational relationships

between consciousness and the world' (Revonsuo, Kallio, and Sikka 2009, p. 187). Hofmann (1980) describes psychedelics as psychoactive substances that can engender perceptual changes and altered states of consciousness. PAT refers to using these psychedelic substances 'in the context of a (time limited) sequence of therapy sessions that are structured to inform, shape and interpret the psychedelic experience'. (Nielson and Guss 2018, p. 65).

The first wave of scientific research with PAT occurred between the 1940s and 1960s when trials in the United States, Switzerland, Czechoslovakia, Canada and the United Kingdom demonstrated promising results for their use in the treatment of mental health issues. This was at a time when psychedelic substances such as LSD and psilocybin were legal and widely used in medical research with thousands of patients by psychologists and psychiatrists, as detailed by Carhart-Harris and Goodwin (2017). In the 1960s, psychedelics were classified as schedule one substances by the US Government on the grounds that they were substances of potential abuse with a lack of any accepted medical use. This effectively caused a cessation in their scientific and therapeutic use for several decades, until the early 21st century.

## 2.2 | The Impact/Evidence Base Relating to PAT

Several papers reviewed explored the evidence base from earlier studies, as well as more recent PAT trials. In their paper, Gasser et al. (2014) detail how a 1963 trial of PAT using LSD by Kast and Collins (1964) found a reduction in anxiety, depression and pain in advanced-stage cancer patients, compared to when patients received opiates. The results of 43 studies examined by Wheeler and Dyer indicated that PAT had significant outcomes in the areas of 'substance use disorders, anxiety, depression, ... posttraumatic stress disorder and obsessive-compulsive disorder' (Wheeler and Dyer 2020, p. 279).

Reiff et al. (2020) summarised the evidence base surrounding PAT for safety and efficacy in the treatment of mood and anxiety disorders, trauma and stress-related disorders, substance-related and addictive disorders as well as in end-of-life care. They found a promising evidence base for MDMA and psilocybin as breakthrough therapies in PAT, specifically for PTSD and treatment-resistant depression, while also finding that LSD and ayahuasca may have therapeutic effects (i.e., a favourable response post treatment) for treating depression, anxiety, alcohol use disorder and mood disorders (Reiff et al. 2020).

Carhart-Harris and Goodwin (2017) examined five studies showing how subjective, naturalistic/observational and population-based data 'indicated a positive association between the therapeutic use of psychoactive substances and mental health' (Carhart-Harris and Goodwin 2017, p. 2106), while Greenway et al. (2020) highlighted the effects of LSD, MDMA and Ketamine as substances that can be used to treat mental health issues and found that 'psychedelics may improve the efficacy of psychotherapy via neurochemical changes and increased environmental sensitivity' (Greenway et al. 2020, p. 1).

From the perspective of addressing the aims of psychotherapy, Wheeler and Dyer (2020) examined several studies and made the case that 'psychedelics potentially alter consciousness

(and) provide a deeper healing experience during psychotherapy sessions compared to interventions implemented during ordinary states of consciousness' (Wheeler and Dyer 2020, p. 280) and research indicates that PAT can encourage connection to self, others and nature, and an acceptance of emotions related to death for individuals with a terminal illness (Griffiths et al. 2016).

While psychedelics have shown promise in treating several mental health conditions as mentioned above, it is also important to note that there are certain mental health disorders for which they are not recommended due to potential risks, contraindications or exacerbation of symptoms. These include psychotic disorders, bipolar disorder, severe personality disorders or severe anxiety (Griffiths et al. 2016; Carhart-Harris et al. 2016).

## 3 | Methodology

### 3.1 | Research Question

This study investigates the perspectives of trainee and experienced psychotherapists regarding PAT, specifically exploring their understanding, concerns, opportunities and needs, and examining how these insights can contribute to the development and support of the psychotherapy profession.

### 3.2 | Participants

Qualified counsellors were sought through counselling agencies, the researcher's network and the supervisor's network of those who gave permission to be contacted about research topics. Seventy-two respondents who self-selected were sent a participants' pack, including a debrief and consent form with a secure link to a Qualtrics questionnaire comprised of 15 questions with a mixture of multiple choice and open-ended questions and were asked if they would like to be part of a focus group or a one-to-one interview. From this:

- One psychotherapist and one psychiatrist who have both been involved in separate legal clinical PAT trials were interviewed via Teams.
- Five qualified psychotherapists with no experience in PAT attended an in-person focus group.
- Sixty qualified psychotherapists with a mixture of some and no experience in PAT completed a Qualtrics questionnaire specified above.

### 3.3 | Design

This research is based on reflexive thematic analysis (TA; Braun and Clarke 2022), which is a qualitative method that gathers participants' experiences, perceptions and behaviours and explores the how's and why's of what people think. TA was chosen due to its flexibility for use with individuals and groups and its applicability across questionnaires, focus groups and individual interviews. A qualitative approach was

chosen as it allowed for a smaller sample size to be explored with more of a drill down focus to create a snapshot of what is lacking, needed and understood. This enabled participants to provide information that revealed meanings that may not have been captured in a strictly quantitative study. This study is underpinned by a social constructionist epistemology which theorises that as a society we make sense of our reality and create knowledge through social influence and our interactions with each other (Gergen 1985).

One-to-one interviews and questionnaires were used as they are some of the most readily used and accessible measures in social science research, with their main objective being to obtain relevant information in the most reliable and valid manner (Taherdoost 2016). A focus group was used as they are a widely recognised qualitative data collection technique for assessing norms within a group (Powell and Single 1996). A semi-structured questionnaire consisting of open and closed questions was used to explore the perspectives of respondents. These questions were also used as the basis for the one-to-one interviews and the focus group, while also allowing for free and open dialogue to best capture their perspectives and the themes inherent within. The data gathered from each of these methods was transcribed and analysed using TA to capture meanings, experiences and perceptions and to identify descriptive and interpretive themes (Braun and Clarke 2022).

NVIVO software (version 12) was used to help generate codes and themes and Braun and Clarke's guide for TA was followed to group together similar themes and explore connections. To conduct the thematic analysis, a six-step system was followed in line with the process recommended by Braun and Clarke (2022). The six steps followed were:

1. Familiarisation with the data—the researcher immersed themselves in the data gathered by reading and re-reading it.
2. Generating codes—using NVivo software, codes were generated from what the researcher designated important aspects of the data.
3. Generating themes—the researcher identified initial patterns and themes within the data.
4. Reviewing themes—themes were refined and checked against the initial data.
5. Defining and naming themes—the researcher developed a detailed scope and focus of each theme.
6. Creating the report—the findings were written up.

Using reflexive TA to analyse the data allowed consistency and flexibility to generate themes from across the data, while assuring these were rooted in the same epistemology and offered an accessible and theoretically flexible approach to analyse the qualitative data and identify and report patterns/themes. This in turn allowed for the organisation and description of rich data to capture what's 'important about the data in relation to the research question and represent some level of patterned response or meaning within the data set' (Braun and Clarke 2006, p. 82).

Regarding my own positionality and where I stand in relation to 'the other' (Merriam et al. 2001), I am a member of the population that is being researched, in that I am a qualified British Association for Counselling and Psychotherapy (BACP) counsellor. This comes with both the strengths and challenges of occupying this 'space between' and being 'both insider and outsider rather than insider or outsider' (Dwyer and Buckle 2009, p. 54). Reflexive TA, however, allowed my subjectivity to be an advantage as it foregrounds researcher subjectivity in the coding and theme development process (Braun and Clarke 2022). To support good practice in this regard, and link my personal positioning to my analytic process, I engaged in reflexivity via regular journaling, discussions with my supervisor, and allowed the resulting reflections and insights to shape the analysis (Braun and Clarke 2022).

### 3.4 | Ethics Statement

No conflict of interest is declared by the authors. Ethics approval was received through the University of East London (UEL) in line with the British Psychological Society's Code of Ethics and Conduct. All the participants received a Participant Debrief Letter and signed a consent form to participate. All identifying information was removed during transcription, with each participant being provided an anonymous label of either: FGP (Focus Group Participant) 1, 2, 3, 4, 5; INT (Interviewee) 1 or 2; or QP (Questionnaire Participant).

### 3.5 | Limitations

This study was limited by sample size and the ability to generalise is limited. A larger sample size may provide a broader range of perspectives. While this study included participants with and without experience and knowledge of PAT, it may also have been beneficial to focus on just one of these groups, and/or report separately on the perspectives of each group; however, the factor deemed most important to this research was that all participants are psychotherapists.

## 4 | Results

### 4.1 | Theme 1: 'It's an Adjunct—It's an Add-On'

This theme explores substances as an adjunct and how they are viewed as an 'add-on', with other aspects seen as equally or more important in the PAT process. This is explored under the sub-themes of: 'counsellors' personal experiences of psychedelics' and 'the therapeutic relationship is key'.

#### 4.1.1 | Subtheme: Counsellors' Personal Experiences of Psychedelics

Participants' explorations about whether anything might support them in engaging professionally with PAT had a focus around the idea of experiencing the substances for themselves:

(QP) *I would need to try them (psychedelics) myself first in a therapeutic legal setting.*

(QP) *I haven't taken any substances and wonder if I would need to in order to support it therapeutically.*

Regarding the therapist needing to personally experience psychedelics, focus group participants explored their own attitudes about this:

(FGP1) *Yeah, I would want to give it a go... being someone who practises like religion and meditation, I can kind of guess what it's like as well. So, I mean, I don't think it's an essential thing.*

While FGP1 speaks of wanting to 'give it a go', they also link to the idea of it being similar to their experience of religion and meditation, and see it as not being 'essential'.

Another of the focus group participants was also interested in experiencing them, while challenging the idea that it should be essential:

(FGP3) *I think so too (that they would try them) .... But that's also like saying you have to have experience of all other walks of life to be a therapist when you don't.*

FGP2 goes on to ask if personal experience of the substance would add something to their practice and their ability to work with a PAT client group:

(FGP2) *I want to do it because it's so new, and to me it's like when we start off with counselling, it's like how do you know what counselling is if you've never been the client? So, for me it's like how do I know what psychedelics is and what the process is if I've never done it? I personally feel like I would then be able to support the client and have a bit of a frame of reference to work from.*

INT1, who has hands-on experience of facilitating legal clinical trials in the United Kingdom, picks up on this point when they state that they feel it is important for therapists to have their own experience:

(INT1) *I think actually as therapists, if you have your personal experience of psychedelics, that can be quite helpful.... I mean obviously we have to have therapy to be therapists. I think we should have to have psychedelic therapy to be psychedelic therapists.*

INT2, who also has hands-on experience of legal clinical trials in the United Kingdom, addresses this aspect of whether it would/should be essential:

(INT2) *this is gonna be a debate in NHS Clinics of the future maybe, if for example a psychiatrist is put on the*

*attachment to a psychedelic clinic, is it gonna be part of their job description to take a psychedelic drug, well no, of course not.*

There is also an element of a later theme of safety in FGP5's extract when they explore their own thoughts about taking substances:

(FGP5) *I would want to (try them) if I were gonna practise, but I don't think I would, because it's taken me a long time to get my mind in a state which is conducive to my life and I suppose because of this spooky or sort of sinister, unpredictable associations of psychedelics for me, I would be kind of reticent.... I'm curious, but I have too many bad associations, I think.*

INT2 summarises viewpoints found across the dataset about the importance of who the counsellor is as a person, and not just focusing on their personal experience of psychedelics, and whether being a trained counsellor is essential:

(INT2) *there's one view that you don't need very experienced therapists, that you need people who are sort of kind and compassionate and their heart's in the right place and they're going to make people feel at home ....I think you also need therapists who really know about the deep psyche and are familiar with, you know, challenging psychedelic experiences and know the territory of themselves from the inside out because they've been there and witnessed it.*

#### 4.1.2 | Subtheme: The Therapeutic Relationship Is Key

The importance of the therapeutic relationship, as opposed to whether the therapist has taken a substance, is captured in FGP4's response and in the responses of questionnaire participants when they say:

(FGP4) *I probably wouldn't (try them) and that's because I have enough experiences I believe, or would have by that time, to have been in a supportive space to work with a client....if it was something that was kind of regulated where you had to do that then that just wouldn't be a modality that I would choose....it is about being able to relate, not necessarily that it is incumbent and necessarily that I must (try them).*

(QP) *I think they (substances) can be an excellent aide to the psychotherapeutic process.*

(QP) *I feel that PAT is a useful tool in therapy but does not replace the importance of therapeutic relationship.*

INT1, FGP1 and INT2 address the importance of the therapeutic relationship when exploring whether it is the drug that does all the work in PAT:

(INT1) *everything we're taught as training therapists about the therapeutic relationship ... that's still overridingly the most important thing.... it's an adjunct, it's an add on. It's not something that maybe using on its own would make a lot of difference but using it within a therapeutic environment with a therapist ... that makes sense.*

(FGP1) *it's a bit empty unless it's in a bigger context of relationship and supportiveness and an opportunity to go deeper... the more they can be kind of held in psychotherapy and build that therapeutic relationship (it can) give them some protection against what might be a really destabilising experience for them.*

(INT2) *... the things we know from all the research trials is that the relationship during which (the) psychedelic is administered is absolutely crucial and really mirrors and gives the opportunity for healing for early attachment experiences, (and) can provide a form of reparenting.*

#### 4.2 | Theme 2: 'What Is This Opening Up?' (Safety Theme)

This theme explores issues related to risk, safety and harm reduction from both the viewpoint of the client and the counsellor. While not a quantitative study, it is worth noting that the word 'safe' and derivations thereof were highest among the most used words found across the dataset, with 55 mentions. Table 1 breaks down the top 20 issues/topics found across the dataset.

There were references made throughout the dataset relating to fears about psychedelics, several of which stemmed from:

(INT2) *...the horror stories that everybody was exposed to in the 70s and 80s and 90s.*

In conjunction with these stories and associations, several participants referred to people they know who had challenging experiences with psychedelics:

(FGP5) *I have certain associations with psychedelics and, I've never taken one knowingly, but people that I do know have had very, very bad experiences that have stayed with them for decades.*

(QP) *(there are) people I have known who have been seriously adversely affected via the use of psychedelics in earlier life.*

There were also fears expressed by some participants that the most harmful thing about psychedelics is the potential that something might be 'unlocked' which alters the person completely:

**TABLE 1** | Table of issues/topics found across the dataset.

Issues/Topics found across the dataset	# of references
How PAT Works, Expectations, Understanding	66
Membership, Training, Accreditation, Education, University Role	65
Risk, Challenge to the Client Safety, Control and Harm Reduction	55
Legal and Regulatory issues and PAT	50
Personal Experience of Psychedelics	39
Access, Ownership, Control to Treatment and Drugs	29
Language and Discourse related to Psychedelics	28
Outcome and Impact of PAT	27
Funding, Money, Finances and PAT	26
Psychedelics as an Adjunct to Therapy	25
Doing PAT with or without Specific Training	25
Issues/Impact for/on Psychotherapy (Current and Foreseen)	22
People, Organisations and Sources of Information	21
Role of and Support for the Therapist	21
Clinical vs. Non-Clinical Application	19
Timeframe Assumptions and Future PAT	18
Research and Ongoing Development Innovation in PAT and Mental Health	17
In Comparison and Relation to Other States' Drugs and Treatments	17
Conditions and Issues that PAT can Impact	16

(QP) *the LSD enhanced fears that were already there in the background and brought them to the fore.*

(QP) *I can imagine how it could unlock things for clients but wonder if substances alter the true person.*

In a similar vein, participants also explored concerns they had about their own role and responsibility as therapists and fears about what it might trigger or 'open up' in a client:

(FGP1) *there's always a risk that we could, you know, accidentally... trigger a client without meaning to or something, ...there's something about the use of a drug that is slightly out of control, and ...of the client, it might*

*open up something that you're not ready to open up and that you wouldn't open up if you were more in control of your mental state.*

(FGP2) *my whole concern (is), what is this opening up? I think that's probably scared me the most, because in talking therapy or when you're talking with someone, you know it's just talking, but opening up that door, that was my concern, of what am I potentially opening up.*

These fears also applied to concerns about whether psychedelics have a neurological impact, and the potential to leave a person beyond repair and unable to 'piece themselves back together':

(FGP5) *I'm (not) privy to what... their neurological system is doing.*

(FGP3) *but it's just that fear, you don't know how far they're going ...and what if something neurological then happens. Something happens which is not such a good experience ...they come out of it a bit shell shocked or can't really piece themselves back together again or can't see the light ...there is no insight but just a ball of chaos.*

There was some expression of concern and risk regarding the control (or lack thereof) that the client and therapist may have in a situation involving substances:

(FGP5) *I feel like it's somewhat kind of less controllable or determined what a psychedelic might do to oneself or to a client.... you don't know the potency and so therefore that there's a lot of risk there.*

(FGP3) *the thing that was really concerning is the fear they experienced.... when they do experience that real fear, that is our own fears and traumas, but it's trying to control that.*

This risk was expressed strongly in the focus group where all five participants had no experience of PAT, but each expressed curiosity about exploring it safely while protecting themselves, their reputation and the client. These concerns are explored in the following extracts:

(FGP1) *I think what would make me nervous about engaging with psychedelic therapy as a therapist is that the risk is greater... it's like being very aware that this is a drug that could cause a bad trip...and that if you're kind of facilitating that, then the consequences of that could be significant. And so somehow it feels more weighty.*

(FGP5) *there's stigma, you may, if you're interested, feel reticent to even mention it in your training.*

(FGP1) *I would worry that it's somehow condoning a risky behaviour and almost encouraging a risky behaviour that then could come back if it went wrong on me as a practitioner and may have consequences for your licensing as well as your membership and stuff.*

But there was also acceptance that there may be a necessary risk, and that even therapy itself isn't always safe, as explored here by FGP5 in the focus group:

(FGP5) *I have a curiosity about this idea of safe spaces... therapy isn't safe, we can do as much as we can to create an environment... which is not detrimental or not maleficent as we should, through British association for counselling and psychotherapy (BACP) guidelines, but you can't guarantee, I don't think therapy is safe, and I would even argue it shouldn't be entirely safe.*

Another questionnaire respondent also expressed a similar viewpoint when they applied this to the area of PAT:

(QP) *I don't think I ever arrive at a satisfactory conclusion about what is safe/sustainable/a potential barrier to therapy being 'effective' while substances are being used. I think it's an inherently grey area, with a lot of subjectivity.*

### 4.3 | Theme 3: 'Will it be Monopolised and not Used in the Best Way?'

This theme explores control and ownership concerns, particularly by 'big pharma', and what might be lost in the transition/misappropriation from an indigenous to a westernised context and the role and responsibility of professional institutions in the same.

#### 4.3.1 | Subtheme: Control/Ownership Concerns

Across the dataset, participants expressed concerns about the interest from and engagement of pharmaceutical companies and about their understanding and intent in this area:

(INT2) *You know the decisions are made by financial people on the boards and they don't really understand, you know, the nuance of adding a psychotherapeutic component to a drug trial ... that's gonna be an ongoing problem.*

(FGP2) *I feel like another 'what if', for me, is pharmaceutical companies cashing in on this? Because antidepressants and anxiety habits and all of this, pharmaceuticals make a lot of money off this, and my concern is then it will go down that route.*

(INT2) *I think we have a real problem with some of the pharmaceutical companies who come at it from a, you know, a different angle.*

This also had an aspect of concern about whether it would be controlled by agencies who don't use it in the 'best way' and that something may be lost if it's in the 'wrong' hands:

(QP) *the main worry that so many are jumping on to the bandwagon purely for profit.*

(FGP2) *that's my concern, like will it be monopolised and not used in the best way it can be.*

(FGP4) *what are the hierarchies around this.... it not just being kind of something that the department of health funds and proceeds to throw some money at.*

(QP) *this sacred work can't be handed out in Boots.*

#### 4.3.2 | Subtheme: What Might Be Lost—Transition From Indigenous Roots

This idea of a 'right and wrong' aspect to control/ownership/regulation was also linked to concerns from Indigenous cultures that hold these medicines to have sacred positioning, and who are concerned about the threat to traditional Indigenous medicines and of being 'misappropriated' by a westernised/medical model (Celidwen et al. 2023):

(QP) *Over regulation and control by the medical establishment. Whilst I see the value in that process, I fear a sole focus on this model will limit access and ignore indigenous lineages... and shamanic traditions, which would not be appropriate.*

(FGP2) *I feel like when the Western world uses certain eastern and African methods, the meaning sometimes gets lost.... it's getting a bit diluted when the Western world gets hold of it.*

(QP) *psychiatry does not generally work well with spiritual concepts which it tends to see only through a lens of psychopathology.*

Alongside this, there were also explorations of the opportunity to learn from those indigenous cultures that have been using traditional medicines for a long time:

(FGP4) *indigenous people everywhere ... have been using natural and mind-altering plants that might alter the mind and spirit or consciousness.....this is not new, the planet is very large and there are very many places in the world that have been doing this for centuries and generations and we only need to look to get our lessons, you know, from there.*

(QP) *there is a need to ensure we learn from their hundreds of years experiences with respect and acknowledgment. This includes shamanic/healing/earth honouring/contemplative traditions in Britain and integrating these with modern clinical practices.*

The following extract expands on what westernised society might learn from Indigenous cultures in this regard, and captures something about the respect required to use these 'sacred' psychedelics and about how society can and should consider these aspects:

(FGP1) *In societies that this was a really integral part of their rites of passage ...my supposition is that works really well because it's in a bigger context and it has that kind of support around it and so it's a societal thing. It's a community thing and so of course it is a community thing individually because it's a collective thing and it's given time and space and nurturance.*

#### 4.3.3 | Subtheme: Professionalisation and the Role of Professional Bodies

Continuing this line of what can be learned and how, the participants also explored the role and expectations of professional institutions' involvement with PAT, with some of the most recurrent aspects within the dataset relating to guidance and training.

INT2 & FPG4 address this as a change that is coming and a need that will have to be met by mainstream institutions:

(INT2) *in the states, the MAPs training program, which has trained so many therapists was very clear about that, you know, we respect your experience and your skills but if you wanna move mainstream, you need to do mainstream training as well.... there's gonna be a huge need for training.*

(FGP4) *so, once the legal framework has been sorted out like you know the language around it changes, attitudes changes, you know. Then I think you know, absolutely the academy does need to get on it.*

Respondents also explored what support and training they would want to have in place and emphasised the importance of involvement from professionalised, recognised, accredited bodies.

(QP) *This movement is already happening informally with people, and BACP needs to catch up with that and support therapists offering preparation and integration.*

(FGP2) *I think so for me to feel confident to use this in my practice, I would have to do further CPD (continued*



*professional development) and there would have to be a qualification that I feel comfortable with that is a very recognizable body.*

*(FGP2) if something like the BACP did something or another equivalent, I'll be more willing to go on to a course like that, but if it was some another kind, of course, I'd be very cautious of it because it's an up-and-coming thing and way of working.*

A questionnaire participant highlighted the adaptation and extensiveness that may be needed for any such training, again linking this to how Indigenous cultures carry it out:

*(QP) current courses are based on classroom/online teaching with a few retreats - this is not the same as the extensive mentoring that is normal in Indigenous cultures to train to use plant medicines.*

## 5 | Discussion/Analysis

The findings from this study reveal a complex and multi-layered understanding of PAT, where a range of factors, such as the therapist's experience, the therapeutic relationship, safety concerns and issues of ownership and professionalisation, are all central.

A key theme that emerges from the data is the question of whether the effectiveness of PAT is solely dependent on the psychedelics themselves or whether other elements, such as the therapist's personal experience with psychedelics or their ability to build a strong therapeutic alliance, also play a critical role. The general feeling within the dataset suggests that therapists should have first-hand experience with the substances involved in PAT. This mirrors the broader therapeutic belief that a therapist who has undergone similar experiences (e.g., trauma or addiction) is better equipped to work with clients facing similar challenges. However, the literature presents differing perspectives on this issue. On one hand, there are concerns that a therapist's personal experience with psychedelics could compromise their objectivity, thus affecting the integrity of the therapeutic process (Kious, Schwartz, and Lewis 2023). On the other hand, the absence of such experience may lead to questions about a therapist's ability to understand the transformative potential of psychedelics (Nielson and Guss 2018). There are some understandable and necessary caveats to this, including issues of legality, and in relation to clinicians/professionals who may not wish to take psychedelics. Inducing altered states without the use of psychedelics (e.g., via breath-work practices) has been proposed as a measure that might address this, to support clinicians and patients alike (Grof and Grof 2010; Eyerman 2013). Despite these debates, there is consensus that regardless of personal experience, therapists should possess solid theoretical and practical knowledge about how psychedelics work, with particular emphasis on the critical concept of 'set and setting' (Eisner 1997; Dyck 2023).

The significance of the therapeutic relationship in PAT also emerges as a critical factor in both the efficacy and safety of the

treatment. The importance of a strong therapeutic alliance has long been established as a key predictor of therapeutic success in general psychotherapy (Horvath et al. 2011; Lambert and Barley 2001). This notion is further reinforced within the context of PAT, where research has demonstrated that the quality of the therapeutic relationship contributes significantly to improved clinical outcomes (Gramling et al. 2023; Murphy et al. 2022). The role of the therapist is not merely to administer psychedelic substances, but to guide and support the client through potentially challenging experiences, helping them make meaning of these experiences. This is captured by Watts and Luoma (2020), who describe the therapist as a 'midwife' of sorts, someone who builds trust and provides support before, during and after the psychedelic experience. This aligns with participant responses in the study, which highlight the crucial nature of the therapeutic relationship in ensuring safety and facilitating healing during the psychedelic experience.

Closely related to this theme of safety is the concern over the potential risks and adverse effects associated with PAT. Throughout the dataset, participants repeatedly emphasised the importance of safety, a theme that is echoed in the growing body of literature related to PAT (Hendricks et al. 2022; Carhart-Harris et al. 2016, 2018; Moreno et al. 2006; Carhart-Harris and Nutt 2017). While there is substantial evidence supporting the safety of PAT when administered in controlled environments, the concerns about potential risks—both immediate and long-term—remain significant. Adverse effects, such as anxiety, derealisation and social disconnection, have been reported, with some lasting well beyond the treatment itself (Evans et al. 2023). While some clients view these effects as part of the healing and integration process (Bouso et al. 2022), the need for careful monitoring and the creation of supportive, safe settings is paramount. Other concerns expressed in this area include that some research trials do not assess for adverse effects or that these are underreported (Breeksema et al. 2022; Laportalière et al. 2023) and that such data is not being collected 'systematically in a manner that allows aggregated analyses' (Rucker, Iliff, and Nutt 2018, p. 212). The idea that safety is determined by the broader context of use, including factors like the setting and the therapist's expertise, reinforces the necessity of well-designed trials and ethically grounded practices.

Another point worth noting is the perceived difference between 'drug' and 'medicine' and the role of medical, pharmaceutical, legal and political bodies in defining how and why certain drugs are validated/viewed as 'safe', including those legally available (e.g., alcohol, prescription medication) yet responsible for addiction epidemics (DeGrandpre 2006; Cicero and Ellis 2017; Stannard 2013). In this vein, a multi-criteria decision analysis into drug harms in the United Kingdom looking at actual and relative harms to self and others showed psychedelics as being much less harmful than drugs such as alcohol and tobacco (Nutt, King, and Phillips 2010). Furthermore, concerns around neuroplasticity—the brain's ability to reorganise and form new neural pathways—underscore the need for careful consideration of how psychedelics may alter brain function. This relates both to therapeutic and potential negative consequences (Calder and Hasler 2023; Grieco et al. 2022; Jefferson et al. 2023; Dwiel et al. 2022).

In addition to safety, participants also raised concerns regarding the commercialisation and professionalisation of PAT, particularly with respect to the involvement of the pharmaceutical industry. Many participants expressed unease about the potential exploitation of Indigenous cultures and traditional knowledge as psychedelics gain mainstream recognition. The concern is that the increasing involvement of pharmaceutical companies, with inherent profit motives, may lead to the commercialisation of what are sacred and culturally significant practices and medicines. This concern is compounded by the potential for cultural appropriation and the loss of the traditional context in which psychedelics have been/are being used. The importance of safeguarding these traditions is also enshrined in the United Nations Declaration on the Rights of Indigenous Peoples (2007), which affirms indigenous peoples' rights to their 'own traditional medicines and to maintain their health practices, including the conservation of their medicinal plants' (UN 2007, p. 18). Participants expressed a need for caution and responsibility when integrating Indigenous practices into Western medical systems, ensuring that the integrity of these practices is preserved and that they are not exploited solely for financial gain. Concerns also relate to applications to patent traditional medicines to develop synthetic psychedelics (Antrag 2018) and about whether it is possible to patent such pre-existing knowledge (Politi 2021). At the same time, some see the involvement of pharmaceuticals as inevitable, especially given the demand for empirical evidence and the desire for wide-spread clinical availability. This tension between the potential benefits of scientific research and the risk of cultural appropriation is a major challenge in the evolving landscape of PAT.

The developing professionalisation of PAT raises important ethical and practical concerns regarding training, regulation and access. The increasing recognition of psychedelics as a mainstream treatment option suggests that a formal system of training and certification will be necessary for therapists, as well as rigorous monitoring of clinical outcomes. This presents challenges in terms of ensuring that practitioners are adequately prepared to integrate psychedelic substances into therapeutic practice in a safe and effective manner (Mocanu et al. 2022; Madero and Alvarez 2023). While it may be possible to envision ways that 'indigenous' and 'westernised' models can work together (Noorani et al. 2023), there is concern that the formalisation of the field could replicate existing inequities in healthcare systems, particularly if traditional knowledge and practices are marginalised in favour of more Westernised, profit-driven models of care (Allen 2023; Heinrich et al. 2020). The development of an Integrated Intercultural Model, as proposed by Álvarez et al. (2023), offers a potential solution, advocating for collaboration between Indigenous and Western practitioners in a way that honours both approaches to healing, and ensuring traditional medicines do not lose their meaning when deprived of their cultural container (Celidwen et al. 2023).

This professionalisation and PAT becoming a mainstream treatment is accepted as an inevitability within the data, and is also mirrored by the public and politicians alike (Bunn 2021; Home Affairs Committee 2023), with the United Kingdom likely to follow a reciprocal approach if such treatments are approved in the United States (Limb 2023). With the therapeutic process seen as an integral part of a combined treatment approach (Gründer

et al. 2023; Mitchell et al. 2021), a multidisciplinary and capacity building approach would be needed to support any such development within the field of psychotherapy. This would involve developing formal training, practice standards and the rigorous monitoring of clinical outcomes (Mocanu et al. 2022), with the training of therapists seen as 'possibly one of the biggest challenges ahead and most likely the main limiting factor for wide-spread availability of this novel treatment in the near future' (Madero and Alvarez 2023, p. 20).

## 6 | Conclusions/Recommendations

With PAT being one of 'the only recent major pharmacologic advances in the realm of mood and anxiety disorders' (Greenway et al. 2020, p. 1) and leading academic institutes/universities establishing centres for psychedelic research, the future of PAT looks likely to continue developing and impacting on the field of psychotherapy.

This paper explored the perspectives of counsellors regarding PAT and provides a novel contribution to this area of study. The themes in this research demonstrate how counsellors are already aware of, interested in and curious about the advances in PAT, and indicates a sense of inevitability of it becoming a professionalised part of the field of psychotherapy, with the capability to transform the support and understanding of mental illness.

Along with this, there is also an emotive sense of ambiguity within the participants' language: of holding curiosity but also fear, of being excited but not really trusting that it is safe for them and, by extension, their clients. There is a potential that this ambiguity is also being mirrored within the psychotherapy profession, and despite the stated inevitability and PAT's definitive pairing with psychotherapy, there currently seems to be a lack of engagement, guidance and information from leading organisations in the field of psychotherapy in relation to PAT.

There would appear to be real opportunities for psychotherapy bodies that have access to the required skill set of therapists to explicitly clarify their own positionality in regards to PAT, and engage with scientific and medical bodies and lead the way in an area that is often the sole preserve of psychology rather than psychotherapy. While there are understandable concerns about safety, there is also a growing body of quality research and recommendations for safe and harm reducing processes. Psychotherapy bodies will need to responsibly communicate these and ensure the approach of PAT is a professional one underpinned by research, harm reduction, ethical standards and a sensitivity towards Indigenous roots, and clarify how SCoPED can be adapted to incorporate working with altered states and PAT.

To support psychotherapy bodies with this, a range of resources are already in place, including research on guidelines for mental health experts to follow (Greñ et al. 2023), and models of PAT, including the EMBARK model designed after assessment of 17 models of PAT (Brennan and Belser 2022). Many agencies are also developing frameworks and ethical guidelines, including MAPS 'Cultivating Safety in Psychedelic Therapy' and a 'Code

of Ethics for Psychedelic Psychotherapy', while in the UK, the Scottish Psychedelic Research Group is engaged in developing a peer based, ethical framework that covers regular therapy services and altered states of consciousness.

In conclusion, while there is a growing optimism surrounding the potential of PAT, this study highlights the complexity and nuance involved in its integration into therapeutic practice. The multifaceted concerns raised by participants suggest that while psychedelic substances themselves may be transformative, their therapeutic potential cannot be fully realised without a solid foundation of safety, ethical consideration and a respectful integration of diverse cultural practices. The future development of PAT may, therefore, involve balancing scientific research with cultural sensitivity, professionalisation with a commitment to holistic healing and innovation with the preservation of traditions that have long understood the therapeutic power of these substances.

## 7 | Suggestions for Further Research

More targeted research by psychotherapy membership/accreditation/education bodies, specifically aimed at their membership, could further explore interest, preparedness, perspectives and concerns to help better understand how they can meet and address the expected needs, concerns and opportunities in the future.

### Ethics Statement

This study was approved by the University of East London Ethics Committee.

### Consent

All participants in this study provided informed and written consent prior to participation.

### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

The data are available from the author upon request.

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