Yale Psychiatry

RebPsych Thursday Sessions

RebPsych 2020: Decolonizing Mental Health

The Promise and Perils of Psychedelic Therapy: Historical and Contemporary Social Justice Perspectives

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The Promise and Perils of Psychedelic Therapy: Historical and Contemporary Social Justice Perspectives
Thursday, November 19, 2020
Transcriber: CF, CM

Marco Ramos: Welcome everyone to another session and the final session in our series of RebPsych 2020, Decolonization mental health. I am Marco Ramos. I am a historian and psychologist at Yale.

I am a light brown skinned cis man in my apartment with some plants behind me. We have lived closed captioning, which is wonderful. There will be instructions posted in the chat.

I wanted to start by saying that Yale University acknowledges that indigenous peoples and nations, including Mohegan, Mashantucket Pequot, Eastern Pequot, Schaghticoke, Golden Hill Paugussett, Niantic, and the Quinnipiac and other Algonquian speaking peoples, have stewarded through generations the lands and waterways of what is now the state of Connecticut. We honor and respect the enduring relationship that exists between these peoples and nations and this land.

RebPsych aims to discuss about what the decolonization of mental health looks like today. We will post links for past transcripts and sessions. For last week, you will get a link and password to that session.

I will turn this over to the co-host to introduce this session, which I will also be a part of.

Nientara Anderson: I am a first year psychiatry student here at Yale. My pronouns are she/her/hers. I am part of the RebPsych executive committee. I am a brown skinned cities woman with shoulder length black hair sitting at my apartment with a mostly white background.

Today, we will discuss psychedelic therapy as a means for decolonization mental health. This can integrate Indigenous healing practices into psychiatry. It can heal deep seated and intergenerational traumas caused by colonial and post-colonial violence.

On the other hand, the project of expanding psychedelic therapy risks cultural appropriation and furthering capitalist inequity and corrupting the nature of the therapies they seek to provide. There are also global economic concerns.

I will read a short bio for each of our panelists before their presentations. I will give a short Q&A session afterwards.

Our first panelist is Jordan Sloshower. He is a psychiatrist and researcher at Yale University School of Medicine. His research and clinical interests focus on therapeutic applications of psychedelic substances and he is currently an investigator and therapist in two clinical trials of psilocybin-assisted therapy in the treatment of major depressive disorder. He is also a clinical investigator in MAPS’ Expanded Access Program for MDMA-assisted therapy of PTSD. His perspective is informed by prior training in medical anthropology and global health, and deep interests in ethnobotany, Buddhist philosophy, yoga, meditation, and integrative approaches to wellness.

Jordan Sloshower: It's a pleasure to be here. I think back to my time going to RebLaw and going to the talk there. You have started a wonderful series here and I'm happy to finally be a part of it. Let me share my screen.

The panel today will discuss a topic near and dear to my heart, psychedelic therapy from social justice perspectives. I hope to provide a bit of an overview of some promises and perils in this field from my perspective as a practitioner and researcher in this field, and as someone with a background in critical medical anthropology. I hope to height some interesting, exciting, and potentially problematic developments in this field. Then I will turn it over to my colleagues to further elucidate the topics I bring up.

This is a broad field of what is happening in psychedelics. This is one area of medicine and the area we will be discussing mostly this evening, to some respect. As far as therapeutically, there has been a rapid explosion in the last 10-15 years of academic interest, increasing clinical trials, etc. Last year, psilocybin and MDMA were granted FDA breakthrough status. There have been numerous startups commenting in and numerous patents being filed for. There have been some initial offerings on the public stock markets.

There has also been a flurry of activity on the municipal and state measures. A legal measure in Oregon was passed for psilocybin. I would like to talk more about some of the promises that I see from a clinical standpoint.

One of the interesting things in terms of psychedelic medicine is how many diagnoses are being looked at. You can see a list here that are being looked at for psilocybin and MDMA. Generally, this is promising, especially for the indications that have gone forward in the FDA trials. There are several other phase 2 trials especially in substance abuse disorders.

Psilocybin holds a lot of premise for those who treatments haven't worked for before. Psychedelics may be underlying some processes, whether mental or psychosocial, that drive mental suffering. That is interesting.

This has to do with a new treatment delivery model being used with these psychedelic medicines. We call this drug assisted therapy or psychedelic assisted therapy. We are embedded drug sessions in a broader context of drug therapies. With SSRIs, the context is not important. Here, the experience is important. The experiences are said to have value, including hallucinatory effects that would be considered unwanted otherwise. With the ketamine literature, the hallucinogenic effects are considered side effects.

With these variables, including not just the immediate setting, but broader sociological, equality, etc. factors need to be included. We have the potential for a more biosocial model. A limited number of dosing sessions can produce longer lasting effects with longer lasting effects.

With biosocial models, let's flip it on its head. One thing that keeps me engaged in this field and has drawn interest from other sectors of the academic and public, is the amount of paradigms and fields that merge in these psychedelic medicines. These all have something to contribute to how these compounds work and can be used therapeutically.

The real potential, in psychedelic science is the ability to weave together these knowledge seasons. As we move forward, we hope to honor each of them with reciprocity where we take Indigenous perspectives and ceremonial traditions, and how those can interact with the psychological sessions. Then we can look at how these modalities can benefit Indigenous communities here and elsewhere.

I think that's a promise of the field. I want to spend a few minutes talking about the ethical issues facing the field. These have been questions on my mind in the wake of the killing of George Floyd and COVID. These have exposed the cracks in the equality of our society and healthcare system. I want to at least briefly consider how white supremacy functions in psychedelic sciences, some issues in commercialization, and how psychedelic science can be a force for social justice.

Touching on the first question, I don't think I'm the first commentator to name the fact that there's a lack of diversity in psychedelic sciences.

I don't want to detract from the presence of others, but we need to look at roots. There was a paper published looking at recent trials and the makeup, and 82% of the national trials were white and only 2.5% were African American. I believe this translates to the researchers as well.

I have a photo of a group I founded, and you can see the trend of the demographic. I can show similar pictures from Johns Hopkins, NYU, and other researchers involved who would have a similar demographic. It's beyond the scope of this talk to go into the reasons of this, but perhaps a lesser known history of marginalized populations in past psychedelic research. We have a paper coming out. Also, the War on Drugs showing certain drugs as white people drugs, there's an amount of privilege involved in having the time and feel safe to participate.

Concerns around commercialization. I'm concerned around where the benefits will accrue as these get scaled up. How widely will they be disseminated, and where will the profits go? To communities and practitioners, a ground up approach, or will we see a Big Pharma model?

We've started to see signs of that. There are companies patenting molecules of psilocybin and this can be considered bio-piracy, which has a long history of extracting from traditional cultures and patenting it.

I worry they will prioritize profits over patients. I worry there will be cutting of corners in terms of safety and efficacy, so we need to keep an eye on what happens. We need to be innovative and think of different treatment models, but I think we also need to be wary of arguments that these psychedelic treatments don't fit neatly into the current model of care. I think we actually need to change the system to deliver these treatments optimally, according to the data that we'll hopefully continue to produce.

Lastly, these are treatments to address social ills like depression, etc. that have roots not just in the brain, but in social inequality. If the models being used to disseminate these treatments perpetuate social inequality, what are we doing?

I think there is a possibility for psychedelics to promote social justice. We need culturally attuned models of delivery, which will open up the possibility of addressing racial trauma. We need to recognize and engage in reciprocal dealings with Indigenous communities. As scientists and researchers, we can't be afraid to interface with drug policy to end the war on drugs.

Thank you. I look forward to more in the Q/A.

Nientara Anderson: To all attendees, please feel free to share about yourself, if you like, in the chat. This lets us replicate getting to know each other like we would've at the in-person conference. Only if you like.

Sara Reed is next. She's a licensed marriage and family therapist and part of providing evidence based therapies for underserved groups. She engages in ongoing advocacy work around health equity in psychedelic medicine.

Sara Reed, MS, LAMFT: Thank you so much for that introduction. Good evening, everyone. It's a pleasure to be here. I am Sara Reed. I also want to position myself in this conversation as a young Black woman from the countryside. Also, the daughter of Gerald and Joyce Reed, and a granddaughter. If not for the wisdom, strength and courage of these people, I would not be here. I am calling from Cherokee, Osage land. I live less than a mile away from the Trail of Tears park, one of the few documentations of the forced removal of the Cherokee people. This is the burial site of two chiefs who died during this.

This forced removal was known as the Trail of Tears. Indigenous people have always lived on this land and continue to today. A moment of silence for Indigenous people and their lineages. Thank you.

I often start with dedications to center my work. This is dedicated to all the Black and Indigenous folks on this call. We are survivors of a long history of theft, and genocide, and our existence is purely a miracle.

I will read a poem from Lucille Clifton: [Reading from screen]

So let's get started. We can talk about cultural sensitivity or decolonizing without talking about white supremacy [can't talk about decolonizing without white supremacy.]

These things are harmful for white people too. I'm going to highlight some white supremacy culture that shows up in therapy species. You can check out Dismantling Racism for more. Kenneth Jones and Tema Okun.

Let's look at a sense of urgency. This often manifests as a spiritual bypassing, or the tendency to involve spiritual bypassing to not work with wounds. This can look like minimizing your experience.

I had a patient I saw who used ketamine as part of their treatment where there was this tendency that they had to want to forgive the person of the trauma without having them go through the process. That sense of urgency or bypassing is a characteristic of white supremacy culture.

Reductionist is the last one I'll mention, reducing the totality of an experience to its parts. In psychedelic medicine, that happens through sensationalizing psychedelics and medicine. A lot of what is talked about in the mainstream media is the drug itself. It puts power in the drug instead of in the integration of the experience or the power of the process.

What is cultural sensitivity in psychotherapy? There are many definitions of what this is. There are debates around the differences between cultural sensitivity, competence, and humility. For the purposes of our conversation, this is what I mean by cultural sensitivity.

It's an intentional responsiveness to the way a person's biology, psychology, and environment impacts their access to treatment and outcomes in treatment. It is not stagnant.

It's also epistemic humility, an acknowledgement of the limitations providers have in knowing about a person's culture. It's also a show of the ways power and privilege impact the therapeutic dynamic. Cultural sensitivity is also a therapeutic practice.

When I hear people talking about decolonization or anti-racism work it can come from a head space. I'm calling you to be in your heart space as a practitioner and to connect with the human in front of it.

It's an active process. Providers are sensitive to the deep connection to a client's emotional experiences and deep society discourse.

To give an example of psychotherapy and social discourse, the way a Black woman presents to psychotherapy can be different than a military veteran. Cultural sensitive extends beyond race. It's really examining how symptoms present and how someone stories an experience through their own lens.

Why is culture sensitivity important in psychedelic therapy? I wrote an article about this, the MAPS bulletin, I think it was last year, and I will share that link at the end of this presentation. I wanted to highlight a few points that I mention in this paper.

Why is this important? We have to understand that when participants are interested in psychedelic medicine research, they are coming in very vulnerable states. That is something that shouldn't be taken for granted.

The folks interested in the studies have usually tried a series of treatments that have been unsuccessful. They're really hoping for something new. Again, that vulnerability shouldn't be taken for granted.

We have to understand that when participants, after they're enrolled in the study and complete these dosing sessions, are in a very raw and vulnerable state in these sessions. It's so important for therapists to be prepared for what the cultural landscape is for experiences that might manifest in these dosing sessions

If clinicians are not sensitive to the landscape of a participant's culture, they can ignore or dismiss critical information important for a participant's therapeutic process. Without culture sensitivity in psychadelic medicine, there is a good potential for harm.

So, culture sensitivity and embodied practice, what does that look like? I will share a story of what that meant for me. I am a therapist in MDMA clinical trials. I will use an example of music.

Music is selected to support emotional expanses in dosing sessions. It is recommended that the music is culturally appropriate for the participate. The dosing sessions I had with the participate I saw, I curated playlists for each of the dosing sessions. Each playlist was different. For one dosing session, I had decided, based on this participant's cultural background and his connection to religion, that I wanted to include more in the subsequent dosing sessions or playlists.

I included more chants that were specific to this participant's religion in that dosing session. It turned out that once the participate heard the chants, it connected them to childhood memories. The song was about 7 minutes long. At the end of the song, of course, it sent to the next song. The participant made a request to listen to some of that chanting on repeat.

So, I was able to go to the playlist and find an album that had these chants to really help the participant stay in this experience of some childhood traumas that were coming up for him.

For me, this experience represents cultural sensitivity because it was a live experience. There was an attunement that happened. Before this dosing session, I was tuned in to some of this participant's cultural landscape. I incorporated that not just from the therapy but to the music selections. It was really useful for them.

As I close, I will say that attuning to someone is a live and breathing thing. It's not static or something you can truly learn from a lecture. It's not something you can read online like, "here are 10 ways your to be more culturally sensitive." I think you have to do your work and be in your body to engage in a culturally sensitive practice.

It requires being present, some humility and vulnerability. You take off that expert stance as a researcher and participate as a human. To me, culture sensitivity asks how I can be of service to the human before me.

Thank you, I look forward to answering your questions or engaging in a dialogue later in this talk.

Nientara Anderson: Thank you so much. This was wonderful. Our next presenter is Dr. J. Christian Greer is a scholar of Religious Studies, who currently occupies a postdoctoral fellowship at Harvard University's Center for the Study of World Religions. His research addresses the social history of new religious movements, the formation of religious counter-cultures, and the popularization of psychedelic spirituality in the post-war era.

Christian Greer: Thank you, today I will be speaking as a historian of western esoterism. I will be repudiating some claims.

I am a historian of a part of rejected history. There was a religious or sacramental approach to psychedelic substances. It addressed itself to social justice concerns.

Psychedelic sectarians amalgamated religious, political, etc. concerns. To give an example of psychedelic sectarians, there was a group that believed virtualized orgies were the only way to achieve racial harmony. Then there was the Neo American church. There was the league of spiritual discovery, LSD, founded at Harvard by Dr. Timothy Larry and some people from the psychiatry departments at MIT.

There was the funkateers, the white panthers allied with the Black Panthers, etc. There was naturalism incorporated in the nature of interspace.

Each of these belief systems put forth by the sectarians offered an experimental framework to maximize the visionary properties of psychedelic substance.

The frameworks of these religions required the collective co participation. These organizations often had conflicting ideas of protocols. They agreed that group tripping was the way to unlock the true power of psychedelic substances.

A psychedelic believe system did not come to the forefront of acid culture until the mid 1970s.

There was a dramatic shift from group tripping. It was a political expediency escalated by the war on drugs. Let me recommend the book *High Weirdness.*

My focus is on the 80s. It has previously received no attention from scholars. During this era, the second awakening of psychedelic consciousness took place. There were references to underground research into psychedelic substances and mind expansion.

Here, I will come to my first thesis. The humanities have much to offer and contribute to the current wave of scientific research into psychedelics. The fact that scientific researchers today seem to be unaware that there has been a psychedelic renaissance 40 years ago speaks to the disjunction between the humanities and bioscience.

This disjunction opens an opportunity here these two fields can mutually assist each other. This is the case I'm making tonight. The case for collaboration is best seen in physicians, therapists, etc. today knowing more about the indigenous cultures of the ayahuasca Shamen from Perú than about the own containers created in the United States in the past 70 years.

The post war psychedelic sectarians are a lost archive like the proverbial library of Alexandria. The reason this is lost is no mystery. The drug war has marginalized this. Western esoterism focus on collective knowledge.

My job is twofold. I analyze and contrast the ritual containers that differentiate each psychedelic selecting for the other.

I secondly disclose the strategies by which the entire movement of psychedelic exploration has been rejected as an illegitimate, illicit, and possibly dangerous object of study.

As you may know, the drug war was not simply a militarized police force busting dope dealers. That is propaganda. It was a regime of truth that, alongside disproportionally imprisoning people of color, shaped the public consciousness of psychedelic substances.

The drug war was a military operation filtered through schools, popular entertainment, etc.

The drug war was a prosecution campaign and an inquisition against those who promoted the heresy of psychedelics. They tried to destroy the legacy and literature of psychedelics in medicine.

The drug war shaped what could be known and discussed publicly and in academia. The result was a farce. The tradition of research has been redacted. It ended, apparently, with the cartoonish media stereotype of the "hippie" from the 60s.

The exploration of psychedelics continued and expanded in the decades since. I want to talk about the lost archives of this. There are dozens of field guides, manuals, for inducing different types of trips.

I'm thinking of the psychedelic experience. This was put out by Ram Dass, Messner [sp?], etc. That was 1964. That includes everything up to the 2017 book Getting Higher.

It's not just manuals. There are also cartographies for different levels of consciousness, refined by Robert Anton Wilson. I'm thinking of John Lily's theory of metaprogramming the human bio computer. I'm thinking of the Potency Scale.

It's customary for advocates of psychedelic renaissance to repudiate early generations of researchers. That might be part of the hard sell today, but there's no doubt that the protocol developed by Leary is the basis of much. I recommend American Trip.

There is much to offer the current clinical protocols being used. I'm not arguing for the medication of psychedelics. I'm arguing for something exciting and valuable - the psychedelicizing of therapy. While religious tradition has accrued over the last 1/2 century, some are particularly relevant for decolonization.

Group experiences between loved ones that are led.

Framing sessions, making them extremely low cost or free.

Live music, possibly even dancing during sessions. I believe all of these customs would make a valuable contribution to the decolonization of psychedelic mental health. This might seem farfetched, but the first successful paradigm of psychedelic therapy in LA [verify.]

This offers key insights into the dark sides experienced, I'm thinking of [word] of authority and sexual exploitation of those guru’s guide, as those they guide tend to experience misplaced erotic fixations as a side effect of the trip.

Psychedelic renaissance itself is part of the drug war. It legitimizes the historical reduction of psychedelic research over the last years. How could something that never died be reborn?

So, using the term psychedelic renaissance is to suffer a hangover of the exclusion and marginalization of psychedelic research that was driven underground.

I propose a new paradigm, using post drug war epistemology to work in tandem with research. I'm reimagining this as a trans-disciplinary space based on sub altered knowledge sets.

This has the power to reshape the world we live in. I'm eager to work alongside all of you as soon as possible. Thank you.

Nientara Anderson: Thank you so much, Christian. Our next presenter is our own Marco Ramos, MD, PhD. He is a cofounder of Reb Psych and of the People's Medics of Newhaven. He's especially interested in how the health activism of the past can be used in social justice today. He looks at fighting state terror in Latin America and is being turned into a book. Welcome, Marco.

Marco Ramos, MD, PhD: I am a psychiatrist and historian at Yale. My family is from Peru. Most of my family now lives in Lima. I first heard about ayahuasca from my aunt, who studies plants, and my cousins, who would make fun of turistas who would come to do this.

But I got curios about this. Why the fuss about ayahuasca now, why is the Amazon and Yale connected?

Ayahuasca is useful here because it has a long history of decolonizing the mind. Humans linked by a bond to an ancestral past. Researchers reported tripping, transcending their experience of white Europeans in the 20th century, and tapping into other experiences.

This could save mankind, it was argued, from the horrors of colonialism. I want to turn this on its head. Psychedelics tell us much, if not more, about white people and their anxieties. It's crucial to understand the promise and peril of the psychedelic renaissance today. We have to talk about its ongoing and longstanding role in European colonization.

Before I start, when I start, I don't just mean a lack of melanin in the skin. Whiteness also flows through feelings and emotions. I understand it as a shifting relationship between bodies, their clothes, money, etc. including drugs.

Let's look at ethnobotany. Often called the discovery of ayahuasca, for Europeans at least, we have Notes of a Botanist by Richard Spruce. This inspired other researchers like Oakes Ames and Richard Schultes, to follow.

Schultes writes to Ames: I have presented to you the term treasured traditions. When we pause to think about the influence of a dominating civilization it becomes clear that subjugated or submerged peoples . . . [reading from screen]

He's talking about the dominant civilization wiping out Indigenous cultures. Did colonialism cause the disappearance of Indigenous plants? For ayahuasca, no. It was spread and did not disappear. It was spread sometimes by missionaries traveling.

To return to Ames, if the dominating civilization isn't wiping out plants, what's the point of the myth? Ames writes, unless the ethnobotanist records [reading from screen.]

This comes from anxiety that Indigenous customs are disappearing and being lost. In this book, Mohawk Interruptus....by saving what is left from encroaching imperialism. It can give us a sense of Indigenous peoples.

It can give us a sense that Indigenous peoples are despairing. Ayahuasca has spread. Indigenous peoples are banished to the past. They give scientists the right and moral imperative to salvage Indigenous plants and knowledge to keep them alive.

They don't do this for the Indigenous peoples, since they won't be here to read the texts, but for the dominant civilization.

[reading text on slide]

It's not just the physical plant the scientists want, but also the botanical knowledge. Ames sees people as ethnobotanists. He writes about Indigenous peoples as natural experimenters who experiment without knowing what these plants do.

I thought it would be nice to hear from him himself.

[Video]

[Transcriber's Summary provided]

Marco Ramos: Strangely, he argues as ethnobotany as having been around for thousands of years. He does this because he considers Indigenous people primitive ethnobotanists.

So, here are other people that went searching for generic shaman. They looked for thought uncontaminated by Euro-American thought. [reading text on slide]

For McKenna, the shaman was not a proto scientist. The shaman was anti or a-scientific. They are a flat representation of a "other" that could save western kind.

They were consumed by reflexive anxiety about their own whiteness. As McKenna says, western is locking up schizophrenics when they should worship them. Ayahuasca is a way to connect with an ancient and Indigenous humanity.

Through this viewpoint, Indigenous people are regulated to living outside of the current society. What is our current white anxiety? Psychedelics are treatments for a range of diseases that Western psychiatry has failed to cure. There is a lot of promise of money, groups, etc.

The goal of these groups, as well as the goal of recent writing is to ignite a psychedelic renaissance. In this recent paradigm, ayahuasca isn't the savior of western science, but a savior for Western psychiatry and its patients.

The anxiety is that psychiatry is too white, people of color will not have access to them, psychiatric researchers today are the contemporary manifestations of groups who have dispossessed indigenous groups of their knowledge and plans.

I think one path forward to avoid assuaging and mollifying this anxiety. This anxiety needs to be productive, so we stop doing business as usual. We need to rethink what it means to do pharmacological research. We need to think about what reparations are in order. How can we recover Indigenous and Black psychedelic histories? How can we work in a reparative mode with these groups and histories?

I look forward to hearing questions and thoughts from the audience and panelists.

Nientara Anderson: Thank you. Our final panelist is Estrella Castillo who is a first-year PhD student in the History of Science and Medicine. Throughout the past decade, she participated in social activism on matters of intersectional feminist concern–from sexual awareness and worker’s rights, to environmental racism and climate change. Her activism led her to critically engage on topics regarding human-nature relations and organization, and later to completing an honors ethnographic thesis on Peyote cactus and in Anthropology at Columbia University where she received her BA. At Yale, Estrella is focusing on questions regarding Peyote cactus ontology and futurity in the context of rising “psychedelic economies" and the environmental changes concerning the wild Peyote habitat in Mexico and the US.

Thank you for being here.

Estrella Castillo: It's nice to be here. I believe I'm sharing my screen now.

My name is Estrella, my pronouns are she/her. I am a light brown skin colored woman who is a cis woman with brown hair and I'm currently in my office.

I recognize that decolonization is a buzzword that means different things to different people. I hear someone use the term and it signals a frustration with the present paradigm by which they perceive what they are referring to. This is usually associated with settler colonialism of some sort, but not always

When we talk about decolonization, we must also talk about what it means to integrate ourselves and what it means to be decolonization. I cannot stress how important it is, for the integrity of this process, to foster trust in this community.

Therefore, I will present on various forces pulling on Peyote in the spirit of Utah Phillips and Philip Deloria. This is to situate Native Peoples and Peyote in their historical moment with the intention of clarifying our version not of where we are going but where we wish to go.

Let me situate myself. This is my family's homeland in Jalisco and Michoacán. I am a border child. I also have Indigenous ancestors from Jalisco. I have one European ancestor from Spain.

My grandfather taught me that touching the button of Peyote is enough to receive its blessings. I am of the spiritual orientation to have that experience, that some consider psychedelic, one only needs to touch the Peyote or sit near it, touching the soil.

There are many other ways to incorporate Peyote. It has been fetishized by the groups credited with incorporating Peyote ceremony.

This is where Peyote is growing. This is a botanical garden. I'm sure there are many other people. This is the former territory.

Today, Peyote is listed as vulnerable by the Union of the Conservation of Nature. We have diverse theological stories, rites, etc. There is some research on why the Mexican Peyote ceremonies were taken up in the United States. One must look beyond the countercultural movement in the 1960s for the earliest onset of pressures on the Peyote habitat, or supply as some people call it.

Peyote is from the Chihuahuan desert. By 1522, we see Peyote written into botanical books. That's about a year after the fall of the Aztec empire. The Huchol are popular for maintaining Peyote ceremonies and the survival of the 17th and 18th inquisitorial period and to the transformation of their government.

The white dots on the right are where distributors were located in 1889. This is how the Comanche first came into contact with Peyote. They went on to share it with other United States tribes clustered into Oklahoma forcefully by the annexation of Texas.

United States tribes began moving into Texas. Despite the first attempted ban in Oklahoma, the Peyote ceremony spread rapidly through the United States. The majority of Indigenous people in Oklahoma refused Peyote. This is notably from the Cherokee, Seminole, etc.

Some tribes and their white allies banded together to incorporate the Native American Church of Oklahoma in 1918 under the Freedom of Religion Constitutional clause. By the 1930s, the Peyote spread northwest. This is where new chapters of the NAC where incorporated.

This is sometimes referred to the Americanization of the Peyote ceremony and it is known as a peyotism religion.

Some departures including the movement from Mother Peyote to Grandfather Peyote, from doctoring shaman communicating with the gods to help heal sick people are worlds, to a facilitator of the ceremony to facilitate individuals seeking for prosperity and quests for power.

From dancing outdoors and connecting with the land of the peyote to sitting in quiet meditation in teepee.

White and nonwhite distributors became renowned for coveting their sources of peyote. It has also been said that distributors still have an interest in criminalizing peyote to maintain the pipeline between [word] and the NAC for profit. We need to be mindful of who's in the debates around this.

The Religious Freedom act was amended and let members of NAC have peyote use but left some people out. Peyote use is on the rise, though, in many groups.

There has been some suspicion about the NAC's appeal to pan-religious claims. We have a crisis of trust, actually. Some people say too many speaking up, some say not enough. They try to come to a democratic consensus about managing Peyote. Some people fear supply loss, the Indigenous Peyote Initiative. There are plans to use Peyote for research. IPI folks are lookout at with suspicion [background noise interference.]

It should be noted that some board members have advocated for decriminalization in Mexico and criminalization in the USA. If people are concerned about the popularity of peyote, why not look to other mescali. Is this not further fetishization of the Peyote?

Some cacti grow faster than Peyote. This is my mother's succulent nursery here. They say Peyote can be propagated and grown almost anywhere. It can be pollinated with its own flower. There are other groups we can call propogationists. They advocate for growing one’s own peyote, collecting and giving seeds, new material, new infrastructure.

I include the decriminalize nature banner here because it seems appropriate to address blockings in hyper-localized medicines and therapies.

Plantas Sagradas is up here on the left. At this panel, [the speaker] talked about popularization and adoption of the Peyote ceremony, but new groups don't have a connection to the land or the people. But it can't be separated he says, and when it is separated from the land it becomes something else.

This probes us to analyze the shifting ontologies of peyote; what is being used in ceremonies outside of ceremonies where the peyote grows? Those using it outside this land should ask themselves what is to be gained by claiming their peyote or practices are the same. One does not need to fetishize Peyote. With the further erosion of the protestant Christian strangle hold on this nation, we will see other ceremony, use, and processing as well.

So, we don't want to shame this, but to construct methodologies that don't really on the fetishization of people and plants. Finally, it appears to me that the Peyote, is a planta protagonista. It makes us accountable to each other and the land. Peyote is the only original shaman here. It mediates on our behalf the relationship of the earth and cosmos in a way that deeply enriches us. Also, all plants do this. Thank you.

If you want references for anything mentioned today, please email me.

Nientara Anderson: Thank you Estrella and all of our panelists. We have a few minutes for questions. I'm going to go to a question from earlier. Estrella, thank you for taking a shot at it.

What organizing is done to mitigate biopiracy? Are there Indigenous groups that have moved to patient the substances they've used in rituals/healing/

Estrella: With sacred plants, that is a struggle as one obstacle to scoring patients for a substance or practice is that cultural knowledge or elements can't be patented. That's been an obstacle and an injustice, to certain degrees.

Jordan Sloshower, MD MSc: We didn't think the polymorphs of psilocybin would be patented but similarly with ayahuasca, there are concerns over "pharma"huasca. Can you distill it down to a capsule, so companies can privatize knowledge?

Marco Ramos, MD, PhD: It's pharmaceutical companies that of the resources and means to seek patents and so on. Think about what it takes to have something recognized as a patent - many groups don't have those resources.

Translating the value a particular group or plant might have into a patent, as Estrella said, you lose something. It's not property. There's something in the context that's lost.

Nientara Anderson: Also thinking about who adjudicates what gets patented and what doesn't and who are the gatekeepers and researchers, shaping the final product.

Here's another question. What are some characteristics of de-fetishized use of entheogens? Hypothetically, if nothing else.

Christian Greer, PhD: The term entheogen has meaning baked into it. You can't get to this pure, objective space. I think it's going to be Messier to renegotiate social justice in that regard.

Nientara Anderson: To want something pure, to want to regress to this primordial state - the idea to de-fetishize something so it's entirely without sin, that's an interesting way to think about it.

We talked about whiteness in the research space. What about gender? Is that impacting how psychedelics are researched and used, or researched and used in a western space?

Sara Reed: With MAPS MDMA therapy call, it was done with therapists in dyads, with a man and woman in those therapeutic dyads.

A few years ago now, we challenged that. We challenged that assumption that it needs to be this man/woman dyad in order to complete the treatment for participants. That's something that immediately came to mind.

As it relates to psychedelic assisted treatments in research work, I think we need to really critically examine even the research processes and designs with these medicines.

By that, I mean is individual therapy the gold standard? Are group based models more effective? I think that's something that a lot of researchers are considering now.

I know there's a group Journey Collab doing group based models with psychedelic medicines. There's also a company, I want to say in the Bay area called ceremony Health. They use group based models for ketamine therapy. Those are a couple of things that come to mind.

Nientara Anderson: People can feel free to return to that question if they want to. I want to raise an excellent question from the chat. It says they are curious about people's thoughts and the medicalization, and I would add decriminalization aspect, where psilocybin is only being used to treat trauma and PTSD. Can this only be used for somebody with a diagnosis which as implications about access to healthcare and a western psychiatric diagnosis.

Jordan Sloshower: I would like to take a crack at that. With the Oregon bill, you do not need a diagnosis to access this. There will be a two year consultation period where they work out the specific policies. The basic platform passed is that although it will be supervised, you will not need to have a mental health diagnosis to access this. The facilitators will not need to be licensed medical providers or therapists to take the training to be a provider.

It's an interesting model. Christian, I think you mentioned your friend Eric Davis who talks about having a rich ecology in psychedelia. I like that point there. It leaves room for different models. Medical models are okay. Do they need to be the only model? No. Then you have these safe therapeutic settings. I'm in favor of broader decriminalization movements as well.

Christian Greer: To quote the name of the panel, "potentials and pitfalls" accountability is important. As psychedelics leave the clinic, who is accountable for that, especially with sexual indiscretion. I'm in favor of community policing, not the military industrial complex. I want to enter that into the conversation.

Sara Reed: As we talk about medicalization, something that comes up for me is that for some folks who are interested in these medicines and interest in healing, they might not want to go to clinics to have this treatment done.

To me, I think it's also important, as we mainstream psychedelics and go on this process of medicalization, provide community based solutions in parallel and do this from a harm reduction place. There will be folks who are interested in these medicines without insurance if insurance every covers it, or have funds to access these treatments. I think it's still important to provide information education as well as really thinking about safety for folks who want healing and want to engage in these medicines.

Nientara Anderson: Again, I know we're running a little over on time. I want to respect the panelists time, and our attendees time, so to anyone who needs to sign off, thank you for joining us. A final question that you might want to take a shot at, Estrella, we learned so much about these therapies and their Indigenous roots, and the way they have been entangled or colonized, and subject to white anxiety and white conquest and appropriation, when these therapies are offered, are they going to be offered as pure therapies?

Is there a historical context given to participants? Are they given some of this education on the history of Peyote or psilocybin? Is there an education or awareness of the historical contextualization that is part of the therapeutic process? Is it being offered up as the therapy? I would love to hear your thoughts on that.

Estrella Castillo: That's more of a hypothetical question in terms of what is being done. There is a vast array of methods that people are following all over the world.

I'm not so sure. The idea would be to socialize the history and the process. I think consent is really key here. As Santos was speaking on at that panel, there's disconnecting the medicine from the people. It also means that there isn't an acknowledgment of everything that went into getting that button into the hands of people or getting that medicine.

We've seen this done with other things, right? We've seen it with race, gender, etc. We've had that.

Marco Ramos: On that point, quickly, I think part of the issue is that these histories are still being written now. There's just now coming to be scholarly interest in these histories, unpacking them, and figuring out how to tell these histories. A lot of work needs to be done on that front before we can think about packaging it for a patient in a clinical encounter.

This is an active area where people are doing research on the intersection of colonialism and psychedelics.

Nientara Anderson: Did anyone else want to add to that topic?

Jordan Sloshower: I want to say that a future direction, possibly beyond FDA regulation and as decriminalization moves forward, potentially the decrim nature, and you see more accepted ceremonially use of psychedelics, I expect you will see a blurring between the ceremonially and therapeutic. Then, what you're asking about the histories, historical knowledge, etc. could become more relevant and present as those lines start to blur.

You start to see that in some of the ayahuasca traditions that take people with addiction and blend it in the space with the ritual.

Nientara Anderson: Thank you all. We've gone 10 minutes over. Thank you, panelists for bearing with us and sharing more of your time than initially committed. Thank you for sharing who you are in the chat. I'm sorry we couldn't get to all of your fantastic questions. We can send the chat transcript to the presenters so they can consider those questions. We will send out the session. Some panelists offered up their contacts, so thank you everybody and goodnight.

[End of Zoom meeting]