

# History of Medical Psychedelics

MCST 618 Assignment 1.1 (30 points)

Review the recorded lectures and the required readings, then complete the worksheet below. Each question should be addressed in approximately 300 words. You must cite all information that is not your own opinion and include full references for all in-text citations.

<b>Clinical Research and Psychedelic Medicines</b>	
<p>Examine the ethical challenges in communicating research findings about psychedelic medicines to the public, considering the potential for stigma, misconceptions, or over-enthusiasm.</p> <p>In 250-500 words, describe how researchers can responsibly communicate results to avoid sensationalism or misunderstanding. Consider the Research Checklist described in <a href="#">Petranker et al.</a> in your answer.</p>	<p>Media coverage of psychedelic research often oscillates between stigmatizing prohibition rhetoric and uncritical enthusiasm. Neither serves the public, but over-enthusiasm poses a particular danger. It dismisses the ethical issues embedded in psychedelic medicine and creates conditions that trap vulnerable people, especially women, in harmful situations. Kruger et al. (2025) found that 7.9% of psychedelic users reported knowing someone who experienced inappropriate sexual contact by a practitioner. Given documented barriers to disclosure, this figure likely underrepresents actual prevalence. When hype-driven messaging draws vulnerable people seeking relief into these settings, the consequences extend far beyond scientific credibility.</p> <p>Breaking this pattern requires changing both how we communicate about research and how we conduct it. The two are cyclical. Unethical research produces hype-driven communication, which generates pressure for more unethical research.</p> <p>Petranker et al. (2020) offer a Research Checklist with four transparency practices. Pre-registration requires stating hypotheses before data collection, preventing researchers from presenting post-hoc findings as predictions. Open materials allow verification of claims. Constraints on generality require researchers to explicitly state what their results do and do not apply to. Replication distinguishes genuine effects from statistical noise. These practices are necessary but not sufficient. You cannot communicate responsibly about something you have not first reckoned with honestly.</p> <p>Deeper work requires what Epstein (1999) calls mindful practice. Epstein demonstrated that Buddhist-derived mindfulness can be legitimately adapted for Western medical practice when it includes critical self-</p>

	<p>examination of biases and emotional responses. Secular mindfulness teacher Brach (2020) operationalizes this through RAIN, a framework for bringing mindfulness and compassion to difficult experiences.</p> <p>First, recognize the historical and ongoing extraction at the root of Western psychedelic medicine. María Sabina stands as one of the earliest and most significant examples of cultural and gendered appropriation, though far from the only one.</p> <p>Second, allow honest acknowledgment of how this appropriation continues to influence research today and how the field perpetuates these root harms.</p> <p>Third, investigate the actual data on who is being harmed. This means ensuring research examines this overlooked dimension of psychedelic work. In Indigenous traditions and transpersonal psychology, this is shadow work. Investigation also requires researchers and practitioners to examine how their own practices and beliefs perpetuate systemic appropriation, similar to the self-examination required in anti-racism work.</p> <p>Fourth, nurture an alternative path forward with grace and compassion. Brown (2006) found that when people lack critical awareness of systemic forces, they individualize and pathologize rather than recognizing collective patterns. Blame and shame cannot fuel ethical change because they replicate the very isolation that prevents reckoning. Compassionate understanding is the only foundation for genuine transformation.</p>
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**Cultural Context of Psychedelics**

<p><u>Question 1</u>: Discuss the importance of integrating Indigenous ethical principles into Western psychedelic research and practice.</p> <p>In 250-500 words, analyze at least one potential benefit and at least one potential challenge of acknowledging and incorporating traditional Indigenous knowledge, with a focus on the eight ethical principles outlined in <a href="#">Celidwen et</a></p>	<p>Integrating Indigenous ethical principles into Western psychedelic research and practice sounds straightforward until one examines what each system actually requires. Indigenous ethical principles are lived. They emerge from relational systems where human lives are understood as interdependent with ancestors, community, and the natural world, and where collective identity is rooted in stewardship toward all interconnected ecosystems (Celidwen et al., 2023). Western research ethics, by contrast, incentivize performance. They exist as policy statements, institutional review processes, and compliance</p>
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[al.](#), and how these can guide respectful and equitable research methodologies and practices.

frameworks. Attempting to integrate the former into the latter is like fitting a star-shaped peg into a square hole. The shape of one does not match the structure of the other.

Celidwen et al. (2023) outline eight interconnected principles derived from traditional Indigenous medicine: Reverence, Respect, Responsibility, Relevance, Regulation, Reparation, Restoration, and Reconciliation. These principles emerge from contexts where the community sustains the healer, where accountability is a community responsibility rather than a procedure outsourced to institutional hierarchies, and where knowledge is protected and passed down rather than owned by any individual or group. Western psychedelic practice operates on opposite assumptions. Practitioners sustain themselves through fees per session. Accountability is theoretically outsourced to institutional review boards and legal departments. But as ongoing litigation against prominent organizations demonstrates, these systems offer little in the way of Responsibility, Regulation, or Restoration. Current structures make it nearly impossible for these principles to be lived.

This mismatch creates conditions where organizations perform ethics publicly while causing harm privately. The EAST Institute illustrates this pattern. The organization advertised partnerships with Indigenous healers and presented at major conferences as leaders in ethical psychedelic work (MacBride, 2025). Former employees and participants have alleged that EAST extracted knowledge and labor from Indigenous practitioners without compensation and deployed spiritual concepts to justify boundary violations (Maroni, 2023). EAST leadership demonstrated sophisticated cognitive understanding of Indigenous principles. This is precisely what made the harm possible. Cognitive knowledge divorced from the capacity to live it does not produce ethical practice. It produces more sophisticated exploitation. This is why teaching principles without transforming structures is dangerous.

Recognizing this challenge points toward what genuine integration would require. Respectful and equitable

	<p>research methodologies cannot emerge from simply adding Indigenous principles to existing Western structures. The structures themselves must transform. Just as lasting change from psychedelics requires integration beyond cognition into one's default way of being, integrating Indigenous principles into research requires changing the default mode of how research and practice operate. If that transformation occurs, the eight principles can function as what Epstein (1999) calls mindful practice, a discipline and attitude of mind that guides action. Reverence, Respect, and Responsibility become aspirational practices, functioning not as a checklist to satisfy but as the foundation from which research and practice are conducted.</p>
<p><u>Question 2:</u> Reflect on the future of psychedelic medicine, considering the ethical principles derived from traditional Indigenous medicine. Consider the role of Indigenous knowledge in shaping a more holistic, ethical, and sustainable approach to the use of psychedelics in medical and therapeutic contexts. Address the following prompt in approximately 500 words.</p> <p>What steps must be taken to ensure that these principles are not only acknowledged but actively implemented in research, practice, and policy? How does the Western psychedelic movement navigate the fine line between appropriation and appreciation of Indigenous medicine?</p> <p>Propose strategies to ensure Indigenous communities are respected, recognized, and benefitted within this field, drawing on the lecture and required readings in the module, or independent research.</p>	<p>The future of psychedelic medicine depends on whether the field can move beyond appropriation toward genuine transformation. The distinction between appropriation and appreciation is often framed as intention or attribution, but the meaningful distinction lies in who actually benefits. Appreciation that does not materially benefit Indigenous communities remains extractive regardless of how respectfully the extraction is performed.</p> <p>The concrete strategies typically proposed, such as third-party oversight, credentialing bodies, and benefit-sharing agreements, may be insufficient if grafted onto a fundamentally extractive system. The field needs paradigm shift, not bureaucratic repair.</p> <p>The Western medical research economy creates perverse incentives. Investment generates IP, patents enable exclusive treatment, revenue extracts to shareholders, and pressure for growth repeats. When practitioner livelihood depends on psychedelic service delivery, the pressure to minimize risk disclosure and maximize volume becomes structural rather than individual.</p> <p>As someone named in ongoing litigation against the EAST Institute (MacBride, 2025; Maroni, 2023), I have seen how this plays out. The economic structure incentivizes profit over people, which makes harm not</p>

	<p>just possible but predictable. This is not about individual wrongdoing. It is about systems designed for extraction.</p> <p>Rather than bureaucratic patches, the field could restructure the economics of healing entirely, treating healing as shared responsibility rather than product to sell. Key components would include capped-return investment that repels extractive capital, research shared openly rather than patented, practitioner compensation divorced from volume, and ownership structures with no extraction point. These structures would direct resources toward Indigenous communities rather than away from them, honoring that psychedelic knowledge originated with Indigenous peoples (Celidwen et al., 2023).</p> <p>Economic restructuring addresses financial predation but not power-based predation. Indigenous governance traditions offer alternative accountability structures that prioritize restoration of Indigenous authority (Celidwen et al., 2023). This structural shift would place accountability with those who receive care rather than those who profit from providing it.</p> <p>The current model extracts from healing relationships and sends value outward. A stewardship model would circulate value within the system. Until the field addresses this structural misalignment, acknowledgment of Indigenous principles will remain appropriation dressed in better language.</p>
<p><b>References</b> Remember, you must include in-text citations above AND include the full references for your citations here. Everything that is not your own opinion must be appropriately cited/referenced.</p>	<p>Brach, T. (2020, January 1). RAIN: A practice of radical compassion. Tara Brach. <a href="https://www.tarabrach.com/rain-practice-radical-compassion/">https://www.tarabrach.com/rain-practice-radical-compassion/</a></p> <p>Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. <i>Families in Society</i>, 87(1), 43–52. <a href="https://doi.org/10.1606/1044-3894.3483">https://doi.org/10.1606/1044-3894.3483</a></p> <p>Celidwen, Y., Redvers, N., Githaiga, C., Calambás, J., Añaños, K., Evanjuanoy Chindoy, M., Vitale, R., Rojas, J. N., Mondragón, D., Vázquez Rosalío, Y., &amp; Sacbajá, A. (2023). Ethical principles of traditional Indigenous medicine to guide western psychedelic research and</p>

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