

December 2024 Volume: 6 Issue: 4
ISSN: 2690-0912

The Journal of *Psychedelic Psychiatry*



- On Psychedelic Experiences “Mystical” and Otherwise: A Basic Dimensional Model
- Psychedelic-Assisted Psychotherapy Policy Proposals for the Incoming Administration



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On Psychedelic Experiences “Mystical” and Otherwise: A Basic Dimensional Model

William Winter, Ph.D.

Abstract

Extraordinary psychological states occasioned by the use of psychedelic compounds—so-called “mystical experiences”—occupy a central role in contemporary psychedelic research. The prevailing assumption is that mystical experiences are fundamentally positive, can be validly measured through specialized instruments such as the Mystical Experiences Questionnaire, and that such experiences drive the beneficial outcomes documented in clinical reports. Critics of this model contend that the full range of experiences that occur during psychedelic sessions, which may also be deemed “mystical”, are not captured by this positivity bias, arguing for a fuller conceptual framework that would include such experiences as the profoundly destabilizing and dissociative states that are the hallmark of “bad trips”. This article provides a basic conceptual model that categorizes the varieties of psychedelic experience as a function of two continuous dimensions: Meaningfulness (ranging from High Meaning to Meaninglessness) and Affect (ranging from Positive to Negative Affect). The model accounts for the phenomenological differences that underpin prototypical mystical experiences, identifies key attributes of specific states, and describes dynamical processes that may emerge during a psychedelic session. Moreover, the model differentiates experiences traditionally framed as mystical from putatively non-mystical varieties as a function of the intensity of experience—thus, as a matter of degree, not of kind. Finally, the model has the potential to prepare psychedelic therapists and their clients for the range and variety of experiences that may be encountered during psychedelic sessions.

Keywords: psychedelic, mystical, adverse, spiritual, emergency, challenging, model

INTRODUCTION

Contemporary psychedelic research holds that mystical states occasioned by psychedelics are correlated with, if not causative of, positive outcomes in both patient and “healthy normal” participants^[1-6]. What remains in question, however, is what is meant—and what should be meant—by the term *mystical experience*. Critics of the prevailing model contend that *mystical experience* has been narrowly defined in positive terms and that the very structure of measurement scales, such as the Mysticism Scale^[7], and the Mystical Experiences Questionnaire^[8-9] reifies this conceptual bias. While not contesting the findings concerning the benefits of unitive mystical experiences, critics assert that this positivity bias fails to account

for the occurrence of psychedelic states that may have profoundly extraordinary or transporting qualities, and thus may be deemed “mystical”, but are not positively valenced, such as those that characterize “bad trips^[10-12]”.

The Meaning of The Term “Mystical”

While the terms *mystical* and *mysticism* do not appear in classic English translations of the Bible^[13], they do have a long history in religious literature and scholarship. Leigh Eric Schmidt traces the evolution of these terms in *The Making of Modern “Mysticism”*^[14], opening his essay with “There is hardly a more beleaguered category than ‘mysticism’ in the current academic study of religion”. Schmidt notes that the term “mystical

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theology” was employed in 17th- century English religious literature to refer to a specific approach to Christian devotional practice; the term “mysticism” as a category unto itself did not appear until the mid-18th century among English Enlightenment writers, who dismissed it as a form of fanatical excess. One writer, Henry Coventry, contrasted the “seraphic entertainments of mysticism and extasy [sp]” with the “true spirit of acceptable religion ^[14].” Coventry went on to opine—in a presciently Freudian turn—that all mysticism has its root in “disappointed love”, which “transferred from mere mortals to a spiritual and divine object and love ... is sublimated into devotion ^[14].”

More than a century later, William James, in the zeitgeist of late Transcendentalism, took a more charitable view; in a letter to William Henry Rankin in 1901, he wrote “Divinity lies all around us, but society remains too hidebound to accept that fact...The mother sea and the fountainhead of all religions lies in the mystical experiences of the individual...^[15].”

However, James’s treatment of the mystical was not exclusively of the light-filled unitive sort. His seminal work, *The Varieties of Religious Experience: A study in human nature* ^[16], developed an expanded category for the concept. He writes, “In characterizing mystic states as pantheistic, optimistic, etc., I am afraid I oversimplified the truth. I did so for expository reasons, and to keep the closer to the classic mystical tradition. The classic religious mysticism, it now must be confessed, is only a ‘privileged case’.” James explains that in addition to this “privileged case” there exists another form of mystical experience which he directly compares to psychopathology: “a *diabolical* mysticism, a sort of religious mysticism turned upside down. The same sense of ineffable importance in the smallest events, the same texts and words coming with new meanings, the same voices and visions and leadings and

missions, the same controlling by extraneous powers; only this time the emotion is pessimistic: instead of consolations we have desolations; the meanings are dreadful; and the powers are enemies to life [emphasis in the original].” This more comprehensive picture of the mystical realm, as he wrote “contains every kind of matter: ‘seraph and snake’ abide there side by side ^[16].”

The early Twentieth century saw the emergence of a definition of mysticism that retained the seraph while leaving the snake firmly behind. In her book *Practical Mysticism*, Evelyn Underhill promotes mysticism as a form of mental hygiene; contrasting it with “indolent and useless mysticism”, she invites the practical man to “a training of his latent faculties, a bracing and brightening of his languid consciousness, an emancipation from the fetters of appearance, a turning of his attention to new levels of the world”^[17]. Similarly, in his influential volume *The Religious Consciousness*, James Pratt directly contrasted his “mild” mysticism, through which one may attain “a new sense of calm and satisfaction”, with the less desirable, and more “extreme” sort as was described by James in *Varieties* ^[18].

The British philosopher William Stace entirely redacted the “diabolical” element of mystical experience from contemporary discourse in his *Mysticism and Philosophy*^[19]. Here, Stace wrote about *perennial philosophy*, which posited that the “undifferentiated unity” of mystical experience serves as the universal and foundational core of all world religions, aligning with the “privileged case” of James’s exposition. This perennial view was foregrounded in the classic mid-century works of Aldous Huxley^[20-21], and would form the basis for the positively valenced conception of “unitive consciousness” embedded in widely used psychometric instruments such as the Mysticism Scale ^[7], and the Mystical Experiences Questionnaire ^[8,9]. In the abstract of his 1975 article introducing the

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Mysticism Scale, Hood makes this connection explicit, describing it as having “32 items, four for each of 8 categories of mysticism initially conceptualized by Stace”. It is this conceptualization of the “mystical” as a positively valenced, unitive consciousness experience that has attained common currency in contemporary psychedelic research.

For the purposes of this model, the term “mystical” is used in the sense of James’s expanded definition, which in addition to the more commonly encountered meaning of “unitive consciousness”, includes the possibility of “diabolical” and dis-integrative experiences.

Adverse Effects, Challenging Experiences, and Spiritual Emergencies

As psychedelic research continues to mature, increasing attention is being paid to the adverse effects associated with psychedelic use. Partially overlapping terms used to refer to such effects include *adverse experiences* [22], *challenging experiences* [23], and *spiritual emergencies* [24, 25]. Collectively, these terms refer to a spectrum of effects, acute and chronic, ranging from mild—such as nausea and anxiety—to severe, such as dissociation, depersonalization, suicidality, and conditions requiring hospitalization [26-32, 11].

The term ‘spiritual emergency’ was originally coined by Stanislav and Christina Grof [24,25] to refer to a crisis point during the acute psychedelic experience which, while experienced as deeply challenging, provided the necessary psychological impetus for a transformative personal experience. However, the term has been used more recently to refer to a challenging experience whose ultimate effect on the experiencer is indeterminate and may or may not resolve into an emotionally healthy condition [27,11]. The use of the term in this model will be clarified in a subsequent section.

Recently published studies have documented the type and frequency of such experiences. For example, an analysis of data from the Global Ayahuasca Survey [26] reported that 55.9% of respondents experienced negative mental health effects in the weeks or months following ayahuasca consumption and that 12% sought professional help as a result. In a survey directed to individuals who had experienced significant psychological challenges following psilocybin mushroom ingestion, 39% of 1,993 respondents cited it as among their five most challenging lifetime experiences, and 11% reported putting themselves or others at risk of physical harm [23]. In a study designed to document the safety of ayahuasca practice, 27% of participants required hospitalization for up to one week [31]. See Evans et al. [32], for an overview and analysis.

The model presented below applies specifically to experiences that occur during a psychedelic session and not to adverse effects that linger beyond that, although the latter may have roots in the former. It attempts to create a conceptual framework that accounts for acute mystical experience—which may be characterized as unitive and blissful—but also for those negatively valenced which may include highly anxious, disintegrative, and dissociative states. In this model, experiences of the “mystical” sort are defined as exceptionally transporting, whether integrative or disintegrative; they are those that challenge, threaten, or transform the ontological structures of the individual psyche. In contrast to previous models [12] mystical experiences are differentiated from the “non-mystical” variety as a function of intensity of experience, thus as a matter of degree, not of kind.

A BASIC DIMENSIONAL MODEL

The model comprises four quadrants, each representing prototypical modalities of psychedelic experience. The intensity of a given

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experience is represented by distance from the intersection of the two dimensions. For example, a mildly dysphoric experience of the third quadrant (some disorientation, confusion) would be mapped near the intersection of the axes, while a very intense and disturbing experience (such as depersonalization/derealization) would be mapped toward the periphery of the quadrant. Similarly, a mild experience of positive mood and a sense of connection with others would be mapped close to the intersection of axes forming Quadrant 1.

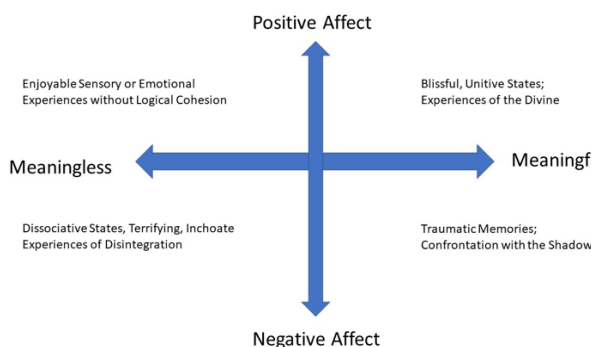


Figure 1: Four prototypical forms of mystical experience are characterized as a function of Meaning and Affect

Thus, while the primary intention of the model is to represent extraordinary mystical experiences of varying qualities, its structure is sufficiently flexible and inclusive to account for varying intensity of experience. In this model, the transition from common experiences to those of mystical quality is one of gradations of intensity with no distinct line of separation; as described above, mild experiences are of low intensity and are mapped near the intersection of the axes, while those rising to the level of the “mystical” are of greater intensity and are mapped as relative outliers. In this way, the model differentiates mystical from non-mystical experiences as a matter of degree, not of kind.

Additionally, the model draws an important distinction between the “challenging

experiences” or “spiritual emergencies” of the second quadrant which, while negative in affect, hold the promise of a higher-level personality structure through integration of the experienced contents and the meaningless, dissociative, and frightening effects of indeterminate duration represented in the third quadrant referred to here by the term “ontological destabilizations.”

A given psychedelic session may include multiple movements between the quadrants, producing what is colloquially termed a “roller coaster” experience. Moreover, there is the possibility of an enantiomorphic shift between opposing categories^[33]. In this case, a sought-after but ultimately overwhelming experience of the divine principle (as in Quadrant 1) may flip into an experience of consuming terror (as in Quadrant 3); As portrayed in Chapter 11 of the Bhagavad Gita (e.g., verses 23-25), Arjuna’s terrified reaction to the revealed omnipotence of Krishna in provides an archetypal example^[34].

A detailed treatment of each quadrant is presented in the following sections.

Quadrant 1

The upper right quadrant depicts experiences that are meaningful and positively valenced to the experiencer. As in all quadrants, less intense experiences are diagrammed near the intersection of the two dimensions. Such experiences involve a relatively gentle immersion in pleasant perceptions, ideations, and emotions that are felt to be meaningful or enriching. Experiences of higher intensity would be diagrammed at a distance from the intersection; at the most extreme, these are the experiences historically identified as mystical in nature. The quadrant of meaning and positive affect may include blissful, unitive states of love, beauty, and connection to the divine. Medium-intensity experiences would be diagrammed at an intermediate location in the quadrant. Experiences that vary

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in intensity during a session would trace dynamically across the quadrant space. For example, a psychedelic session that was initially a mildly pleasant and enjoyable experience but, as the session wore on, produced a fully unitive consciousness would be traced from the lower left portion of the quadrant to the upper right.

Quadrant 2

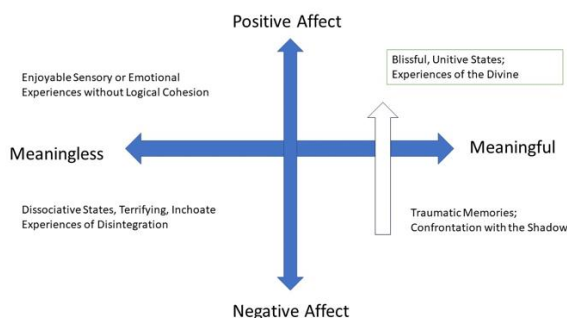


Fig. 2. Shows a transition (white arrow) from a challenging experience to higher integration of self-knowledge

The second quadrant, on the lower right, represents meaningful experiences that bear negative affect. Experiences of this sort may include recollections of trauma or personal difficulty, which, if integrated, lay the groundwork for a more holistically unified personality structure characterized by deeper self-knowledge. In Figure 2, the transition between a “challenging experience” and one of higher-level unity is depicted by the white arrow showing movement from the second to the first Quadrant in Figure 2. This experience would often exemplify the Jungian concept of psychological growth by integrating the “shadow” personality [35]. These are the “challenging experiences” or “spiritual emergencies” which, while difficult to endure, may lead to greater self-understanding and unity of personality. Very extreme experiences in this quadrant may involve immersion in terrifying scenarios or narratives or in some cases, seeming possession by—or identification with—demons or gods.

Quadrant 3

The third quadrant, on the lower left, depicts meaningless experiences of negative affect. Milder cases may include disturbing, seemingly random images or negative emotional states that lack coherence or narrative arc. Extreme experiences of this sort may involve states of profound destabilization, dissociation, and disconnection from meaning. This is the arena of James’s “diabolical” mysticism, of true ontological destabilization; it is the realm in which the *snake* has reappeared in place of the *seraph*. Such experiences may or may not, post-session, resolve into something interpretable or coherent, often presenting ongoing challenges to mental and emotional equilibrium.

This quadrant stands in direct diagrammatic opposition to Quadrant 1, suggesting the difficulty in moving to a positively integrated experience from this destabilized condition, which, if accomplished at all, may entail intermediate movements through quadrants 2 or 4. The psychological consequences attending this experience have been vividly described by Petersen [11] and Evans and Read [27]. For a minority, permanent dissociation, depersonalization, and psychosis may result; others may merge, in time, with an enriched perspective and understanding [27]. The possibility of full liberation from this condition (however arduous and protracted) is captured in literary form in Dante’s *Divine Comedy* [36] in which the protagonist journeys from the *Inferno*’s circles of hell to the heavenly realms of *Paradiso* in the final book of the trilogy.

Quadrant 4

Finally, the quadrant on the upper left, represents experiences that are positive in affect, but not necessarily growth-oriented; they may be fascinating, awe-inspiring, or even comedic sensory experiences of imagery

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(such as geometric patterns, visual effects), scent, touch, and sound that are fleeting in nature and lacking in conceptual substance or lasting import. This is the quadrant of the fun, often energizing recreational experience. They may have emotional value if such experiences are accompanied by a sense of bonding with friends who have shared the experience.

On the Matter of Ego Dissolution and Ego Inflation

The contrast between ego dissolution and ego inflation is emblematic of the paradoxical nature of psychedelic experience; both may be potentially active within a given session. Taves [12] foregrounds ego dissolution as the *sine qua non* of mystical experience. It is axiomatic that ego dissolution is central to selfless abandonment into cosmic unity (as diagrammed in Quadrant 1), but also to disintegration and dissociation (as described in Quadrant 3). As defined by Jung, *ego inflation* represents an inappropriate expansion of personality, producing an exaggerated sense of one's self-importance or, in extreme cases, identification with a historical or religious figure [37]. In keeping with this definition, Quadrant 1 maps ego inflation as identification with a divine or cosmic principle, which may produce something like a messiah complex or belief that one has become a god. Ego inflation at the intersection of Meaningfulness and Negative Affect (Quadrant 2) produces identification with one's "shadow" personality or possibly a demonic entity. Ego inflation is, by definition, meaningful to the experiencer; as such, it is represented in Quadrants 1 and 2 but not in Quadrants 3 and 4. The relationship of ego inflation to the larger model is shown below in Figure 3.

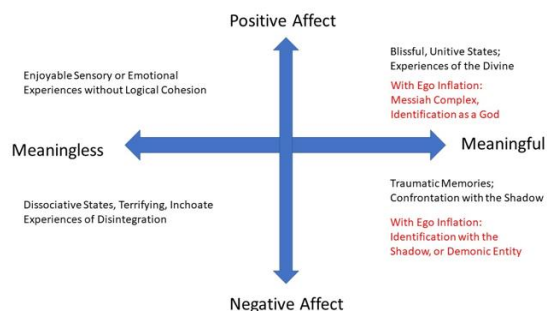


Fig. 3. Describes ego inflation as a function of Meaning, and differential effects as a function of Affect

DISCUSSION AND CONCLUSION

As Saville-Smith [38] points out, the Greek medical term *pharmakon* refers to a medicinal substance that may be a remedy or a poison, depending on the context and moment, as is the case for our modern psychedelics. The model described in this article attempts to identify, characterize, and differentiate four prototypical "pharmakonic" mystical experiences, only one of which includes the traditionally described "unitive consciousness." The other three include experiences that, while commonly encountered, have been less frequently appreciated as mystical in contemporary psychedelic literature.

Humphry Osmond, who coined the term *psychedelic*, famously characterized their effects in this quote: "To fathom hell or soar angelic, just take a pinch of psychedelic" [39], echoing James's *snake* and *seraph* formulation. The model presented here likewise depicts psychedelic experiences as embracing the angelic and the hellacious alike.

Rachel Petersen's essay in the Harvard Divinity Bulletin provides a vivid first-person account of one such alternate mystical state, the ontological destabilization described in Quadrant 3 (although she uses the term spiritual emergency). The description of her experience includes the following: "All I know is that for a moment, I opened to the possibility of being outside everything that matters, and the space between threw me

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back on myself, rendered me uncanny. Cast out, I could not find my place again in the order of things.”^[11] A collection of first-person accounts of similarly extreme experiences of dissociation, derealization, and de-personalization can be found in Evans and Read^[27] (although in many cases, the adverse events do not occur within a psychedelic session but occur subsequently, or are unrelated to a psychedelic experience). This type of experience is described as follows: “In contrast to the positive numinous experience of love and connection this can feel like a place of no-love and disconnection. Its energy can feel lifeless with powerful feelings of hopelessness and despair^[27],” a description reminiscent of James’s *diabolical* mystical experience.

These accounts are in stark contrast to the prototypical experience marked by Quadrant 2, in which painful insights into one’s own personal failings, toxic attitudes, and harmful behaviors may be recognized; this is the classic journey through a psychological reckoning that presages an emergence into a more self-aware and consolidated personality structure. This paper argues that the essential difference between this dynamic and that of Quadrant 3 (as described above) is that these challenging experiences have an authentic (albeit painful) *personal meaning* to the experiencer, and thus may be more available to integration into one’s self-understanding, whereas the ontological insurgencies described by Petersen and others, given their essential *meaninglessness*, may be more terrifyingly unassimilable.

William James listed his oft-cited defining characteristics of mystical experience in *Varieties of Religious Experience*. They are: (1) *Ineffability*—the experience defies or resists descriptive explanation; (2) *Noetic quality*—it contains an uncanny sense of higher truth; (3) *Transiency*—the experience does not last long; and (4) *Passivity*—the experience comes upon the individual

independently of direct volition^[16]. The model proposes that the extreme and high-intensity variants of all four quadrants, as described above, share these qualities and are therefore characterizable as mystical.

The importance of “set and setting” as an influence in psychedelic outcomes is now widely acknowledged and accounted for in current psychedelic research^[1,40]. In a review by Hartogsohn^[40], the basic concepts of set and setting are traced back to the mid-19th century, specifically with a group of literary notables in Paris known as the Club de Hashischins. This group, which included such luminaries as Charles Baudelaire, Alexander Dumas, and Victor Hugo, was introduced to hashish by the psychiatrist Jean Joseph Moreau, who noted that the drug could produce widely various effects, and that great care should be taken to create an environment suitably conducive to positive experiences before ingestion. Charles Baudelaire himself is quoted as saying that the effect of hashish “varies widely, in line with the temperaments and nervous susceptibility of different individuals ... even in a single individual”^[40]. In modern times, the variables of set and setting are routinely addressed in contemporary clinical research through pre-session screening and therapeutic preparation for the psychedelic event, as well as by the provision of a comfortable, living room-like environment (including a couch, displayed art, eye shades to reduce distraction, and music introduced through headphones) and, if necessary, a gentle hand-hold, or reassuring touch on the shoulder by the attending therapist^[1,40, 41].

Mosurinjoh and colleagues suggest that Aldous Huxley may have been the first to popularize the notion that psychedelics produce mystical experiences and that the outsized influence of Huxley’s 1954 classic *Doors of Perception* initiated the culturally supported expectation that psychedelics produce positively valenced states of unitive consciousness^[10]. Carhart-Harris and

colleagues propose that such a widely-held cultural expectation regarding setting will tend to produce experiences that align with it, reinforcing and extending the original premise in a “cultural feedback loop”^[42]. It is possible, however, that such cultural influences are subject to generational change. The unconscious architectures of contemporary experiencers may be as much influenced by *The Matrix* and *Inception* films, immersive video games, and even social media-based conspiracy memes. If that is the case, we may see an increase in the variety of psychedelic experiences as depicted in Quadrants 2 and 3.

Although this paper cites several studies that report on adverse or challenging experiences that persist beyond the acute psychedelic session, it is important to note that in most cases, these experiences are determined to be of limited duration and, in time, viewed as valuable and growth promoting. For example, while 39% of survey respondents rated their “worst bad trip” on psilocybin mushrooms as one of the five most challenging experiences of their life, 84% claimed they benefited from the experience; moreover, the intensity of their challenges was found to be positively correlated with enduring increases in well-being^[23]. Bouso et al^[26] reported that of the 55.9% of respondents who experienced negative mental effects following ayahuasca consumption, nearly 88% considered these experiences to be part of a “positive process of growth or integration.” In a similar vein, all of the 14 authors whose deeply destabilizing experiences were collected in Evans and Read^[27] “managed to find a frame with which to make sense of their crisis, a frame of meaning and growth rather than breakdown and physical pathology.” Finally, Schlag, et al.^[22] and Carbonaro, et al.,^[23] reported that negative outcomes in clinical studies featuring sufficiently positive and supportive “setting” and patient/therapist rapport are relatively rare.

Practical Applications of the Model

The model presented in this paper has applications in the burgeoning field of psychedelic therapy. It would be useful for therapists in training to be forewarned of the wide range of psychedelic experiences (including the variety of “mystical” ones) that their clients may encounter. Similarly, it should have value in preparing individual clients for their psychedelic sessions; reviewing the model and its descriptions (along with an explanation of the relative probabilities of the various experiential types) by the therapist or guide would be a significant addition to the informed consent process. Additionally, it may assist individuals who have suffered adverse events to process and contextualize their experiences and to alleviate the shame, guilt, or confusion that may result from “failing” to have the expected positive, therapeutic experience.

In closing: Petersen^[11] and Evans and Read^[27] specifically mention the need for an expanded vocabulary to account for the multiple varieties of mystical experience. The model presented here is an attempt to make a meaningful contribution to the description, characterization, and differentiation of these experiences.

AUTHOR INFORMATION

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Winter, W. (2024, December). On Psychedelic Experiences “Mystical” and Otherwise: A Basic Dimensional Model. *The Journal of Psychedelic Psychiatry*, 6(4).

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Psychedelic-Assisted Psychotherapy Policy Proposals for the Incoming Administration

Tyler Kjorvestad, MD

INTRODUCTION

Psychedelic drugs, once vilified and placed in the most restrictive category of controlled substances, are now experiencing a renaissance in medical research and public interest. The potential therapeutic applications of psychedelic compounds like psilocybin, MDMA, and LSD for conditions ranging from PTSD to treatment-resistant depression have been increasingly documented. With bipartisan support from both political parties and a staunch supporter of psychedelic medicine in Robert F. Kennedy Jr, who has been nominated to head the Department of Health and Human Services (HHS), there is a unique opportunity to reshape the regulatory environment surrounding these compounds. This editorial aims to dissect how a new administration might influence the approval processes, funding, and policy-making for psychedelics at the HHS, the Federal Drug Administration (FDA), the National Institute of Health (NIH), and the Drug Enforcement Agency (DEA).

Historically, the United States has had a tumultuous relationship with psychedelic substances, characterized by the War on Drugs and strict control measures. However, in the late 2010s, there was a noticeable shift. In 2017, the FDA granted breakthrough therapy status to MDMA for the treatment of PTSD, and in 2018, it did the same for psilocybin in treating depression. Under President Trump's first term, there was a perceived "benign neglect" towards psychedelics, allowing research to continue without significant interference, which has been credited with accelerating progress in the field ^[1].

POLICY FOUNDATIONS

Now, with RFK Jr poised to take the reins of HHS, there is a noted interest in expanding research into less conventional treatments, including psychedelics. Kennedy's skepticism towards traditional pharmaceuticals and advocacy for alternative therapies may create a more favorable environment for approving psychedelic treatments ^[2].

The FDA, under a new commissioner like Martin Makary, might continue or even expand its openness to innovative drug therapies, potentially leading to faster pathways for psychedelic drug approvals if clinical evidence supports their efficacy ^[3]. It is also possible that the FDA may reverse or modify its denial of Lykos' MDMA-assisted psychotherapy, which was denied in August of 2024 ^[4].

During Trump's previous administration, there was a hands-off approach to psychedelic research ^[1]. A more laissez-faire approach could lead to continued or even increased funding for studies on psychedelics led or supported by the National Institutes of Health (NIH). With effective advocacy, there may be an expansion of federal grants focused on psychedelic research, potentially encouraging more rigorous and comprehensive studies.

The administration's emphasis on deregulation and minimizing bureaucratic obstacles could help reduce the stigma surrounding the medical use of psychedelics. Public health campaigns may be initiated to educate the public about the medical benefits of these substances, shifting the narrative from a countercultural perspective to one grounded in science and medicine ^[5].

OPERATING WITHIN THE CURRENT REGULATORY FRAMEWORK:

Currently, psychedelics are classified under Schedule I, indicating no accepted medical use and a high potential for abuse. The FDA could focus on expediting the approval process for psychedelics through pathways like Breakthrough Therapy Designation, which could fast-track drugs that show substantial improvement over available therapies, especially for difficult-to-treat conditions like Obsessive Compulsive Disorder (OCD) and Anorexia Nervosa.

Encouraging more clinical research by simplifying the application process for Investigational New Drug (IND) applications for psychedelics, ensuring that protocols are both rigorous and feasible. Future psychedelic research may require a re-evaluation of the Randomized, Double-Blind, Placebo-Controlled Trial as the gold standard for IND-based research.

HHS could develop a national strategy for psychedelic therapy, including funding for research, education for healthcare providers, and public awareness campaigns about the potential benefits and risks.

Advocacy for insurance coverage or inclusion in Medicare/Medicaid for psychedelic treatments once approved, considering the cost implications and long-term health benefits.

A critical step would be reevaluating the scheduling of psychedelics. Moving substances like psilocybin or MDMA to a lower schedule (e.g., Schedule II or III) could facilitate medical use while maintaining strict controls over distribution and use.

Establishing guidelines for the production, distribution, and administration of psychedelics that ensure they are only used in medical settings with qualified professionals.

FUTURE POLICY GOALS:

Legislative Changes:

Advocate for new or amended legislation specifically addressing the use of psychedelics in therapy. This legislation could resemble the Controlled Substances Act but should be tailored for therapeutic contexts. It may include provisions for the decriminalization of psychedelics under medical supervision.

Inter-Agency Collaboration:

Establish a task force comprising members from the FDA, HHS, DEA, and possibly the NIH to oversee the integration process. This will ensure a cohesive strategy across various governmental functions.

Ethical and Safety Protocols

Implement strict ethical guidelines for psychedelic therapy. These guidelines should emphasize patient consent, therapist training, and session protocols to mitigate risks such as psychological distress or dependency.

Public and Professional Education:

Develop educational programs aimed at both the public and healthcare professionals. These programs should clarify the realities of psychedelics, address stigma, correct misinformation, and promote informed public discussions.

Longitudinal Studies:

Fund and launch long-term studies to evaluate the effectiveness, safety, and optimal therapeutic protocols for psychedelic treatments. The findings from these studies can guide ongoing policy updates.

CONCLUSION:

Under a Trump administration, the policy environment for psychedelic-assisted psychotherapy could yield a variety of outcomes, influenced by scientific evidence, public health priorities, and political will. The proposed actions aim to harness the therapeutic potential of psychedelics while prioritizing public health. Achieving this necessitates a nuanced approach to policymaking that acknowledges both the promise and the complexities of using psychedelic substances in medical settings.

If executed thoughtfully, the substantial benefits of these treatments could be realized. Faster drug approval processes could lead to quicker access for patients suffering from conditions such as severe depression, PTSD, or addiction, where current treatments often fall short. This could significantly enhance the quality of life for many individuals. In light of the growing mental health crisis, psychedelics present a promising alternative or supplement to existing therapies.

An administration that focuses on reducing regulatory barriers could expedite the implementation of these treatments, potentially saving lives and alleviating the economic burden of mental health care. This editorial advocates for a nuanced approach in which the medical community, policymakers, and the public engage in informed discussions to optimize the therapeutic landscape for psychedelics. This dialogue could take place during one of the most pivotal administrations for health policy in recent history.

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Kjorvestad, T, (2024, December). Psychedelic-Assisted Psychotherapy Policy Proposals for the Incoming Administration *The Journal of Psychedelic Psychiatry*, 6(4).

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