



RESEARCH ARTICLE

Can psychedelics turn therapists into vampires?

Ethical issues regarding personal psychedelic experience by health professionals

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ABSTRACT

As the interest in psychedelic substances grows among mental health professionals, a key issue remains unresolved: should these professionals have personal psychedelic experiences? Here we set out this dilemma with a fictional example of a therapist searching online for professional health education about psychedelics, and attempt to answer it using philosopher LA Paul's framework of transformative experiences, classically exemplified by the fictional situation of becoming a vampire. As psychedelic experiences can satisfy Paul's criteria for real transformative experiences, i.e. be both personally and epistemically transformative, the decision to have or not have a personal psychedelic experience cannot be determined by data, guidelines or standards. On one extreme, if demanding personal experiences in training courses and educational activities can be ethically harmful, proscribing them can be epistemically detrimental. Therefore, it is ultimately a personal choice that must take into consideration full autonomy regarding issues of law, epistemic ignorance, epistemic revelation, and personal transformation.

Keywords: Psychedelics, psychedelic experience, transformative experiences, LA Paul, epistemic ignorance, epistemic humility, psychedelic-assisted therapy.

"I can't tell you about it. If you can't see, then you'll just never know it. I feel sorry for you (sigh)"

LSD volunteer to psychiatrist Sidney Cohen, 1950s¹

"How would you explain dreams to a being that never sleeps?"

Maryam Jabir, volunteer at psilocybin study, 2023²

A (psycho)therapist currently interested in novel developments in her³ professional field may be intrigued, puzzled perhaps. On reading newspapers and magazine articles, she might feel wary. Psychologists taking drugs? May seem irresponsible, even if not illegal in some places for some drugs. On the other hand, she might find a variety of psychedelic-therapy training programs that include the therapists having first-hand personal experience with at least one of these substances. Drugs which, perhaps, their patients would be supposed to get in the future. But wouldn't patients get prescribed drugs precisely because they have some disease, dysfunction or disorder? Why would a therapist, unless she had the disorder herself, take the drug as well to understand its effects? And even then, should this be part of educational training? Given drugs are the remit of psychiatrists, she might wonder if psychiatric training has ever included first-hand drug-taking. On the other hand, could this in any aspect compare to psychoanalytic and psychotherapy training programs, where first-hand personal experiences are indeed part of the professional development?

On looking further, the idea of these drug therapies could start looking very shaky, especially when she stumbles across recent criticism questioning if the field is advancing through good science¹. Furthermore, and perhaps inadvertently, she could come across many different articles telling that many cultures use and have used psychedelics for centuries. These drugs have a long history, and even pre-history! And in some ways that history of uses is described and interpreted as part of religious practices (where the same compounds may be referred to as sacraments or entheogens). "But religion ain't (psycho) therapy, and treatments shouldn't be 'sacred'", she ponders.

Would she be going too far to look into neurotheology? If so, how to make sense of "drug-induced mystical experiences" featuring as topics in scientific journals²? Would she be lost in excess internet information of dubious quality, including perhaps predatory scientific publishers?

Confused at first, she might decide to consult official government sources for trustful information. Visiting the site of NIDA she would find that these drugs are also called hallucinogens. Does language difference matter? Probably yes, for here the drugs are described as associated with Persistent Psychosis and Hallucinogen Persisting Perception Disorder. Even if described as rare, these long-term effects may seem serious and scary. On the other hand, she could find that some of the same molecules were attributed "breakthrough therapy" status by the FDA. However for the DEA these compounds are classified as "Schedule I under the Controlled Substances Act, meaning that they have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision". At the DEA's webpage she would find that the effects are described as "distortions of thought associated with time and space"³. Perhaps at this point, she might find that the more she investigates, things seem to be worsening. What do these drugs really do?

She might not feel that she had an answer yet, or even good clues on how to answer her main question. And here it might feel good to remind herself of her initial question: deciding if professionals like her should consider having personal experiences with these compounds as part of their professional training to use these substances in future therapy with patients. Among so much confusing information, she might be willing to concede that there might be some prejudices in place. After all, in societies which rage a "war on drugs" for so long, discussing drugs - legal and illegal - seems to almost always become a highly inflammable adventure. Depending on her age, she might have heard about psychedelic drugs only superficially (or not at all) during her

university years. And most likely in a short part of lectures about drug abuse. Perhaps her education in the topic may have been a bit biased. After all, drugs always bring risks, of course, but there can be benefits as well, she thinks. A more precise risk-benefit analysis might help her better figure out if it would be adequate or not, desirable or detrimental, for health professionals like her to have first-hand experiences with the drugs. Even if it looks strange at first, she's still intrigued.

Given the high interest in the topic, with TV series, books and endless podcasts about it, there should be reliable sources and data about these drugs. The (good part of the) peer-reviewed scientific literature would most likely help her go rationally about this. At the least they can cautiously and reliably calculate odds, the probability of certain kinds of results, considering of course many of the factors at play. Hopefully, knowing those probabilities would allow her to rationally make her decision about the issue of having or not having first-hand psychedelic experiences, if she decides to eventually enroll in one of these trainings. Reading the news, she discovers that the FDA has rejected MDMA for PTSD treatments with psychotherapy, although many people were expressing hope that these treatments could be an alternative to others that weren't working at all. Then she read about three MDMA studies that had been retracted following the 'failures' in treatment approval, which concerned her. Still, she is intrigued by the fact that PAT is an option for treatment in other countries, like Australia. This news doesn't seem to affect the reputation of the effectiveness of substances, she thinks, but rather of researchers, organizations, and one-off unethical practices. Maybe it is precisely because it works that there are obstacles in the research and regulations, she considers despite the distrust, and continues reading about this growing field maintaining her interest by trying to explore more references and opinions related to it.

Luckily, quite a lot of evidence is available, and she could spend a long time looking into that. After all, at least since the 1960's these drugs are famous

and used, even if illegally, by thousands of people. Or would it even be millions?⁴ If she's not blocked by academic journals' paywalls, some available research with data from governmentally maintained national databases, such as the US National Survey on Drug Use and Health⁵ or data gathered by non-profits⁶ might give her hope of better addressing the odds. "Here we have something helpful" she excitedly says out loud, "Trustful academic statistical analysis with data from hundreds of thousands of users. This will help me figure out the chances of good experiences and bad experiences". And it seems from these studies that the chances of bad experiences are low after all (despite the prohibition of these drugs). "That might help explain why there are courses including first-hand personal experiences with psychedelic drugs: perhaps they figured this is safe too!". But still, even if they are to be considered safe in certain doses and forms of use, what would justify taking them as part of psychotherapy training?

After pausing (and perhaps dreaming a bit), in the next morning, she might start questioning herself again. She might be feeling strange, as if making her decision guided by the available sample population statistics can feel not really a personal decision, not entirely autonomous, of her own. What if all these people are people who like drugs in the first place, but she doesn't? What if that information is not particularly suitable to her case? What if data from those other people do not really suit her life, gender, age, ethnicity, personality, preferences, desires, mores, ethical principles and religious beliefs? How can she feel authentically choosing if she, individually, would take or not such a drug, in case she decides to start one of these therapy training programs? After all, she is very curious, with all these people talking so much and so frequently about these psychedelics. And the scientific literature and big newspapers are indeed talking - a lot - about promising results of clinical trials with psychedelics, published in highly prestigious peer-reviewed academic journals. Almost invariably pointing to promising clinical results, in a variety of conditions, mostly in psychiatry⁷. But what exactly are these studies? Academic research with

psychoactive drugs? Pharmaceutical companies' clinical trials, full of conflicts of interest? Who could she trust?

Maybe neuroscience could offer better answers, she could think. After all, psychoactive drug effects are too subjective, prone to a variety of cultural influences, good or bad, to placebo and nocebo effects, or simply beliefs and expectations. Neuroimaging might tell her what these drugs really do in the brain, and if they are safe or not. After looking into some neuroimaging papers it might seem too complicated. Luckily, for her, who is not a specialist in neuroimaging, review articles summarizing the "mechanisms of action" of psychedelics are available⁸, and she might be astonished at the detailed level of information which was pretty much unavailable just ten years ago! But the neuroanatomical language and brain images or models, or even the cellular and pharmacological terminology could still feel a bit scary. Or maybe even not essential for her decision. After all, there seems to be a gap between all that and the experience itself. Again she might feel trapped in a conundrum. Until scientists figure out someday what directly links brain activity with peoples' actually lived conscious (and/or unconscious) experiences, with their unique sensations and feelings, knowing about other people's brains under psychedelic neuroimaging might not be very helpful in her quest. What if future research contradicts the current data? And even if not, how could she ever attribute subjective value to her own potential psychedelic experience based on this scientific data? And without knowing how her experience might be, how could she really decide if and how to go about it?

If by now her interest in the therapeutic developments with psychedelics has not waned, among such a confusing state of affairs, she might consider it would be, perhaps, better to stay closer to home, searching for opinions and considerations among her mental health professional peers⁹. Are they using psychedelics? Or are they refusing it? Maybe here she could have hope again. What could the

reported effects on her peers be like? Heaven or Hell? And more importantly, she might wonder, would it be like that for her too? She might feel less lonely looking at a study showing that, among 366 psychologists surveyed in the USA, just under 25% consider that they have a very clear understanding about psychedelic assisted treatments, but almost 85% consider the topic deserves further scientific inquiry¹⁰. Lack of sufficient knowledge about the topic also appeared in interviews with a few dozen psychiatrists in Australia and New Zealand¹¹. However, among 32% of responders from 1000 members of the American Psychiatric Association, opinions seem to differ: under 30% agreed that these substances may improve psychotherapy outcomes, 42% agreed that psychedelics show promise in treating psychiatric disorders and 65% consider that psychedelics increase the risk for subsequent psychiatric disorders¹². Meanwhile, results were more mixed among counselors in the USA¹³. She might also discover that opinions are changing in the general population, with older people tending to classify these substances as more risky or dangerous than younger people¹⁴.

On exploring these issues for a while longer, she might find that prejudices and biases might be an influence among her peers. For example, one study with almost a thousand people showed that those who never took psychedelics may see researchers who admit to personal use of these drugs as a sign of less integrity and decreased research quality¹⁵. These issues could be related to stigma and prejudice towards drug use¹⁶ or historical cases such as of the (in)famous 1960s psychologist Timothy Leary¹⁷. That might explain why only 22% of 145 therapists involved in clinical trials recently participated in a survey about personal use of psychedelics¹⁸. On the other hand, an online survey with people with symptoms of depression showed that they consider personal experience with psychedelics to be a more important feature when choosing someone to guide psychedelic experiences than a cognitive behavioral therapist having received cognitive behavioral therapy as a client¹⁹, while more than 80% of more than a thousand

psychedelic users consider their own experiences as one of the best sources of information²⁰.

Frustratingly, after navigating information from her peers, she still feels undecided. This thing seems mysterious and a bit unpredictable. When she is again feeling her interest wane once again, her curiosity might be renewed and intensified after finding prestigious research from at least one reliable source, Johns Hopkins University, telling that approximately two thirds of many research participants with psilocybin over twenty years classified their drug-induced experiences as one of the top five most meaningful experiences of their entire lives, with deep feelings of love and connection²¹. Wow, that seems something quite profound and impressive. As our (psycho)therapist continues exploring, she is mostly intrigued by comparisons of the personal significance of psychedelic experiences to having a child, getting married or facing the death of a parent. What's more, psychedelic experiences influenced people's personality in the direction of more openness, prosocial attitudes and behaviors². She might also find that some studies reported that psychedelic experiences can change beliefs and metaphysical views^{22, 23}, although these conclusions were challenged²⁴.

"Here are interesting studies that look relevant for therapy training programs!", she ponders. But again, what if it would be different for her? What if out of curiosity she would be risking her sanity and mental well-being in a strange drug experience that could harm her for the rest of her life? After all, psychedelic experiences can be harmful as well, and people do report terrible challenging experiences, commonly known as "bad trips"²⁵. And users reportedly transform bad experiences into good ones through collective narrative practices²⁶. So even if the probabilities of scary experiences are much smaller than the positive ones, how can she decide about all of this? Would she have the opportunity to experience this in a safe and careful context, preventing bad trips²⁷?

Searching for more literature to resolve her doubts and questions, she read about whether personal psychedelic use during training should be required, optional, or prohibited²⁸, and understands that prohibition doesn't make much sense, but a requirement isn't justified because no studies until now showed that psychedelic therapists with psychedelic(-like) experience are better than those without. There is no evidence that therapist's experiences provide benefits to patients (or even reduce negative effects) in treatments, but she concludes that this personal experience may be valuable both professionally and personally. Considering that the risks are low, offering it as an option in training programs seems to be a legal opportunity to try it, but for her, it's still too uncertain to decide.

The dilemma our fictitious (psycho)therapist is facing is very real, and is currently presenting itself to thousands if not millions of professionals around the world. Their situation is not unlike that of a case (also fictitious) of being invited to become a vampire, presented by philosopher L.A. Paul²⁹. Even if for some humans the prospect of eternal life might seem attractive, for most people the prospect of living like a vampire can seem horrifying and disgusting. But paradoxically, vampires themselves might quite enjoy their situation and try to convince others of the wonders of becoming one. The problem, according to Paul, is how to make informed rational choices in situations akin to the fictitious case of becoming a vampire. It is challenging because one cannot know, in advance, how things will feel like and what can you discover about the world by living as a vampire that you simply cannot by living as a human.

There are some special circumstances in our real (human) lives where we are faced with this kind of particularly troubling choice. Troubling because, first, they involve subjective values which we don't know, and can't know, if not by having an experience of that kind. Therefore, until we do, we live in a kind of epistemic poverty, or ignorance, as to what the subjective values really would be like. A more

mundane example that LA Paul uses to exemplify the case is the taste of the fruit known as the durian, famous for its delicious flavor but foul smell. Until each one of us decides to taste it, or not taste it, no amount of information and reports from others can allow us to know what the taste feels like. There is something there that is only accessible by actually biting and tasting the durian, with reports and descriptions from others not being enough to replace the actual lived experience of tasting the durian. Psychedelic experiences might have similar inaccessible sensory qualities unless one tries the substance in question. The changes in how people feel their worlds, with all their senses and also with possibilities of strange synesthetic perceptions, can be inaccessible unless one has a psychedelic experience. No amount of brain imaging can tell someone how that would feel like, for her, to see things with her eyes shut, while perhaps disconnecting from the body. Or on the contrary, perhaps one might feel intense nausea. Or pleasure. Or both simultaneously. Random things, geometric things, or complex imagery which visionary artists strive to depict after their own psychedelic experiences while their bodies turn into something, well, strange. In the case of the durian, its taste is epistemically inaccessible before we actually taste it. Therefore someone must choose between tasting or not, because one can't choose if one is going to like or dislike it, until it is tried and its flavor is revealed to that person. Those kinds of situations are what L.A. Paul classifies as "epistemically transformative" experiences. Before having the experience, we live in epistemic ignorance regarding the subjective values the actual first-hand experience may reveal to us.

But fictitious situations like becoming a vampire, or real situations such as having a child, a neurotechnological device to start seeing, or cochlear implants for deaf people to start hearing or, (why not after all?) a psychedelic experience, carry much more weight than merely experiencing new sensations such as the flavor of a fruit or some colorful geometries with eyes closed. Be it the

revelation of a new flavor, vision or color perceptions, these experiences can be highly meaningful on a personal level. They can change how it feels like to be you (but do not always do so). After this kind of "personally transformative" experience, one's subjective preferences and core values might change. Therefore, if people try to choose before having the experience based on their current preferences, one cannot know what they will get into, but they also cannot know what they may miss, especially if the experience would be of a potentially intense and dramatic transformation in a personal sense, meaning it may impact what it is like to live your life in a fundamental sense.

The dilemma on how to make choices about transformative experiences reaches its apex in cases where the experience is simultaneously epistemic and personally transformative. In these cases, each one may learn something entirely new to themselves that they could not know otherwise, while at the same time they may feel the experience to radically, intensely or profoundly affect their sense of self, their worldviews and how their future will be and feel like.

In these cases, one may gain new knowledge and her preferences can simultaneously change, with the potential gain of new cognitive capacities to entertain certain ideas, thoughts, emotions and contents, allowing new understandings of life, self and world.

Therefore, data from population surveys or statistics about the frequency of pleasurable or frightening experiences after taking a psychedelic cannot suffice to inform each one's choice to have the experience or not. Because it's not only that someone doesn't know or trust the probabilities, one actually cannot assign subjective values. Approaching it this way is starting from an epistemically ignorant state, considerate of current self-preferences. But if that can change, a person can't decide beforehand if she is going to like it or not. As preferences might change, assigning values before the experience to

choose based on a change not yet lived gets at an apparently impossibility dilemma.

L. A. Paul's conclusion is that one can't rationally decide about epistemic and personally transformative experiences based on current preferences and the inaccessibility of the subjective values never experienced before, because one is in epistemic poverty related to the subjective values of that kind of personal experiences and also related to future self preferences. However, this does not imply, as recently argued, that it is impossible to make rational choices about having or not having one, or multiple, psychedelic experiences³⁰. It also does not mean that such decisions can unproblematically be done without full understanding of the situation or how the experience might feel like³¹, i.e. people can consent to ineffable experiences³² even if they are unable to anticipate how their psyche will manifest some transformation (or none). LA Paul's proposed solution on how to make "transformative choices" is that the choice one needs to make is to embrace the transformative possibility or not, considering that refusing to have it is already a choice. Instead of trying to choose if one will enjoy it or not, if it's about pleasure or pain, a good or bad trip, useful or not, or what others might think and say, what one can actually choose is whether to embrace the revelations which may come, or refusing the option.

Finally, then, our (psycho)therapist may find herself satisfied with a possible solution to the dilemma she is facing. If she approaches it with epistemic humility, she has to realize that her previous psychotherapy training and even the future new information and therapeutic skills she may gain if she engages in new training programs can not take her out of the epistemic ignorance she finds herself in, regarding some of the transformative aspects of some psychedelic experiences that she is considering to have or not have. And that epistemic ignorance and mysterious possible revelations will remain in place unless she decides to have her own psychedelic experience(s) and eventually get the revelations it

may bring, with all the epistemic and personal transformations potentially involved.

However, the transformative aspect is not a universal feature of psychedelic experiences. In other words, not all psychedelic experiences are epistemically and personally transformative. Some may bring epistemic revelations but not much personal changes, others might be the reverse, and still at other times a psychedelic experience could be more mundane and not very extraordinary. It is therefore important to consider the nuances of the possible epistemic and personal transformations, which can be considered positive or negative, i.e. as welcome or not.

Furthermore, the transformative experience is not an automatic feature of psychedelic experiences. It depends on interactional factors not amenable to precise control and predetermination, requiring an agency-first approach to identify how agents fulfill their epistemological goals³³, not only during these experiences, but before and after them. After all, taking a drug is not like being bitten by a vampire, as it won't suddenly, immediately, instantaneously and irreversibly transform you into some drastically different being. In real life, transformative experiences tend to have some kind of gradual unfolding quality over a time period.

Looking from this perspective, it may now seem reasonable for her why pioneers in psychedelic research, almost all of whom did have first-hand experiences with psychedelics, used to defend having first-hand experiences as irreplaceable in the development of professionals in this field³⁴. After all, there may really be no other way to gain epistemic access to these subjective values and revelations, aside from having a psychedelic experience, particularly of the transformative type.

However, this does not imply that everyone should do it. Given the deeply personal transformative character that these experiences can take, influencing how each person may live their lives after the transformative revelations, full autonomy should be

seriously considered fundamental. An important ethical consequence of this is that training programs should not require that people engage in these potentially transformative experiences if they are not willing to do so³⁵.

“It would be important, then, for the professional community to avoid extreme positions in this debate”, ponders our (psycho)therapist. After all, personal experiences of different kinds can serve both as an asset as well as a liability in bioethical discussions. Asset when such experiences indeed bring epistemic benefits and perspectives difficult to achieve by other means. Liability because people with certain kinds of experience can have conflicts of interest (not necessarily financial) and because experiences of some people may not be representative of others with similar experiences³⁶. Therefore, failing to accommodate and give adequate consideration to the perspectives of people with psychedelic experiences can constitute epistemic injustices^{37,38} thus impoverishing ethical and moral considerations. These kinds of injustices do happen among biomedical researchers towards indigenous experts³⁹, towards psychedelic drug users⁴⁰ and may happen with mental health professionals with personal psychedelic experiences due to stigmas and prejudices.

Therefore, a nuanced approach looking to justice, epistemic claims, and types of appeal to experience should guide collective considerations pertaining to the appropriateness or not of personal psychedelic experiences being included as part of psychedelic-assisted psychotherapy training. In the end, the transformative potential of these experiences should not be entirely dismissed, nor given full epistemic authority to the detriment of other perspectives, ethical and moral considerations.

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