



Examining the Dark Sides of Psychedelic Therapy

by Natalie Villeneuve, MSW, RSW, and David Prescott, LICSW

Introduction¹

Across the globe, there is an ever-growing sense of hope and excitement around the promise of psychedelic therapies to heal, going so far as regarding them as a potential miracle cure (George et al., 2020; Mac, 2021). Tracing back thousands of years, plant-based psychedelics have long been considered a powerful healing agent by Indigenous² communities worldwide (Nomoto, 2020). In more recent times, psychedelic medicines have been popularized within Western culture, and they are gaining traction as a revolutionary approach to alleviating trauma, in addition to treating a number of other mental health conditions.



Many prominent figures are invested in legitimizing psychedelic science, including celebrities such as Tim Ferriss, who reported that he “put aside most of his other projects to advance psychedelic medicine” (Carey, 2019, para. 3), and Elon Musk, currently the richest man in the world, who shared in a tweet stating that he has “talked to many more people who were helped by psychedelics & ketamine than SSRIs & amphetamines” (Forbes, 2022; Musk, 2022). World-renowned trauma experts such as Dr. Gabor Maté and Bessel van der Kolk promote the use of psychedelics in psychotherapy, and journalist, while author Michael Pollan brought the potential of these drugs to the forefront in his best-selling book [How to Change Your Mind](#) (Simon, 2018).

Yet, as the conversations around psychedelic therapies grow louder, there are voices that are continuously being silenced as they attempt to speak out against the harm they have experienced with the re-awakened interest in psychedelic drugs. Numerous individuals are coming forward with serious concerns about being sexually abused during their guided psychedelic experiences. In

¹ We are grateful to those survivors of abuse in psychedelic therapy who offered their ideas, feedback, and experiences on earlier drafts of this article. While most have wished to remain anonymous, they have all made this article stronger.

² Authors’ note: We use the term “Indigenous” throughout this article and wish to convey that we are using this term in its broadest sense. We recognize that there is great diversity in all Native cultures worldwide. We further wish to acknowledge that we are not ourselves part of any Indigenous culture, and that we live on the unceded lands of many nations.

response, they are being dismissed, blamed, gaslighted, and further traumatized by the individuals and institutions who fear that this will undermine the psychedelic movement.

Power Trip

An investigative podcast series, [Cover Story: Power Trip](#), delves into these stories of abuse and speaks with many individuals who have been harmed within psychedelic therapy, not only by therapists, but also by the system that is failing to respond, much less account for their actions or assist those who have been abused. Even within highly monitored clinical trials, a participant reports that she was repeatedly sexually assaulted by her therapist, Richard Yensen (who was later found to be an unregulated therapist), even while he was working alongside his wife, psychiatrist Dr. Donna Dryer, and even though these sessions were being filmed (Lindsay, 2021). These trials were sponsored by the Multidisciplinary Association for Psychedelic Research (MAPS), a leading organization in the research of psychedelic medicines. Despite the major concerns with the behaviour of these therapists that occurred under their guidance – and even further the significant ethical concerns within the research itself – MAPS’s responses continue to be appalling. The organization has not made any meaningful effort to prevent further harm.

The podcast recounts how, when host Lily Kay Ross, Ph.D., attempted to speak up about her own experiences of abuse within guided psychedelic ceremonies, she (like many others) got the message, directly and indirectly, that if she continues to bring forward these concerns she would be “single-handedly re-instigating the war on drugs and undoing decades of research” (Ross & Nickles, 2021). This was despite the recognition that Lily was only one of “hundreds of women” who had experienced sexual harm through psychedelic therapies (Ross & Nickles, 2021).

Implications

Largely ignoring the cries for help, research into psychedelics is rapidly accelerating, and discourse around the medicines’ ability to heal trauma is overshadowing the fact that not only are these therapies oftentimes failing to “cure” the participants, but they are also actively traumatizing some of those who have undertaken this treatment. With such strong enthusiasm about how powerfully healing these substances can be, proponents are proceeding with apparent tunnel vision in the advancement of psychedelic therapy, while failing to acknowledge the significant number of participants who experience further trauma as a result of the concerning and outright abusive actions that some therapists commit within these practices.

It is important to note that this is not the first time that psychedelics promised to revolutionize psychiatry. Psychedelics were popularized in the 1950s as a promising way to treat trauma, addiction, anxiety, and depression, but this research was shut down after psychedelic medicines (including MDMA, DMT/Ayahuasca, Psilocybin, LSD, and others) became associated with the 1960s counterculture. The stigma that these substances carry is, in large part, a result of the war on drugs that still holds sway today.

However, the mindset is beginning to shift as people worldwide hear about how impactful these substances can be on mental health. Globally, individuals are becoming more concerned with their mental health and finding themselves with few resources while faced with a global pandemic, the threats from climate change, war, and social unrest. It is understandable why many people are invested in the possibility of a miracle drug, a “one-stop-shop” to cure all your ills.

Before the 1950s hype around psychedelics, plant-based psychedelic medicines had been regarded as a powerful healing agent for thousands of years across non-Western cultures (Sessa, 2006). Yet, in 1955, R. Gordon Wasson, the vice president of J.P. Morgan, believed himself to be one of the “first

white men in recorded history to eat the divine mushrooms” (Wasson, 1957, para. 2) following a psychedelic journey in Mexico guided by Mazatec *curandera* Maria Sabina, a traditional healer or “medicine woman” (Kabil, 2017; Vargas, 2017).

Subsequent to his journey with Sabina, Wasson published an [article](#) outing Sabina to the Western world despite his promise not to, and the consequences devastated Sabina who was ostracized from her community, had her house burned down, and ultimately died in extreme poverty (Gerber et al., 2021; Sharma, 2021; Vargas, 2017). When Dr. Timothy Leary read the article, he traveled to Cuernavaca, Mexico to partake in a mushroom ritual that transformed his perspective of psychology. He returned to Harvard passionate about bringing psilocybin into therapy in the Western world, contributing in large part to the colonization of the psychedelic experience. Leary went on to advocate for the use of psychedelics within the general public, and his research on psychedelics became increasingly “undisciplined and unstructured” (Encyclopaedia Britannica, 2022, para. 4). One of the criticisms of Leary’s approach is that he tended to overemphasize the benefits of psychedelic therapy without discussing the potential consequences (Kabil, 2017).

It is difficult to overlook how the introduction of psychedelics to the Western world is steeped in colonialism, and the demise of research in the 1960s can be largely attributed to the overzealousness, and as a result, recklessness, within the field of psychedelics. Within the current so-called psychedelic renaissance (a term which seems to be gaining currency among those advancing psychedelics), many who understand the history of this movement will argue the importance of not repeating “the mistakes of the past” (George et al., 2020, p. 5). Yet some within this movement are driving forward, causing direct harm and/or neglecting to address it.

If we are truly committed to bringing psychedelic therapy to the mainstream and ensuring that it can be the powerful agent of healing that Indigenous cultures have known it to be for centuries, then there are many considerations that need to be talked about before we proceed any further. First, we must honour the Indigenous roots of psychedelic healing and ask ourselves, “Do we want to perpetuate the erasure of Indigenous peoples and knowledge systems or are we ready to embrace them as equal partners?” (Fotiou, 2020, p. 20). Additionally, we need to acknowledge that people are being seriously hurt within guided psychedelic experiences. Consequently, we must develop and enforce the most stringent codes of ethics and professionalism to prevent these abuses, while accepting accountability when harm does occur and always seeking to do better. From a scientific perspective, we must become attentive when people report adverse symptoms following treatment, and view this as an opportunity for learning and growth within the field. If we are claiming that psychedelics can heal trauma, then the practitioners guiding these experiences must be highly trained, regulated, and screened as experienced trauma therapists. When participants courageously step forward with claims of feeling harmed by their psychedelic guide, then we must create space for conversations of healing that focus on the participant and that require full accountability and genuine interest on the part of practitioners in how to do better. When practitioners choose to regard themselves as all-knowing and incapable of doing harm, then we must relieve them of their right to offer healing services when their actions are directly counteracting the definition of healing.

Abuse³

Before delving any deeper, it is important to contextualize some of the abuse that is occurring within psychedelic practices. This is not the case of just a single account of abuse; rather, there are multiple allegations arising from many individuals against different therapists, some of whom have been

³ Author’s note: We were privileged to interact with several individuals who experienced harm in psychedelic therapy and research while writing this article. While every individual’s story is unique and important, we cannot do justice to them all here, so we will highlight some of the general themes along with the most known cases currently within the media.

accused of various accounts of abuse (Hall, 2021b; Ross & Nickles, 2021-2022). This abuse includes ethical and boundary violations, such as encouraging emotional dependency from client to therapist, as well as non-consensual touch and even sexual abuse. Considering that sexual abuse is the most underreported crime, we expect the known allegations are just the tip of the iceberg (Allen, 2007; National Sexual Violence Resource Center, 2017).

There are numerous reasons why sexual assault survivors do not report their experiences, and these reasons are further amplified when one was abused during a mind-altering psychedelic session. For instance, many of these participants are using psychedelic therapy to heal from trauma. Traumatic experiences can shatter one's view of the world as a safe place, violate a person's understanding of healthy boundaries, and distort one's ability to trust others (Biruski et al., 2014). Within trauma therapy, a therapist's role is to help their client re-establish a sense of safety and connection within the world, which includes modeling healthy attachment and appropriate boundaries between therapist and client. In the "four Rs" approach to trauma-informed care, clinicians are taught to "resist retraumatization" when treating clients, meaning that they must take active and ongoing steps to understand trauma and to ensure that clients are not further traumatized within any aspect of their care (Goddard, 2020; Selywn & Lathan, 2020; Substance Abuse and Mental Health Services Administration, 2014). Clearly, sexually abusing a client who is seeking trauma therapy to heal from rape, as was the case for Meaghan Buisson, does not follow the principle of resisting retraumatization (Goldhill, 2020). To be blunt, Meaghan's story, which includes years of not being believed, provides an excellent example of why so many survivors do not wish to step forward: They do not perceive that the systems in place will believe or respect them, much less work to ensure justice.

There are absolutely no circumstances within a therapeutic context in which sexual contact is permissible; this is clear in every code of ethics in the helping professions. Given the power imbalance that exists between practitioners and clients, it is always the practitioner's responsibility to maintain professional boundaries while looking out for the best interest of the client. Thus, a client cannot consent to sexual contact with their therapist, and any sexual touch that occurs is therefore considered abuse (Goldhill, 2020; Province of Ontario, 1991). It is entirely the therapist's responsibility to ensure that no sexual boundaries are violated. Nonetheless, when Meaghan Buisson reported her MAPS psychedelic therapist Richard Yensen for sexual assault, Yensen did not uphold his ethical responsibility to maintain sexual boundaries when he admitted to having a sexual relationship with Buisson. He reported that it was initiated by Buisson, whom he described as a "skilled manipulator" (Lindsay, 2021, para. 16). MAPS has [publicly condemned](#) Yensen's behaviour, but they have taken little action to reconcile the harm that was done to Buisson, not to mention other clinical trial participants who have identified feeling significantly distressed and even suicidal following their MDMA clinical trial (Ross & Nickles, 2022b). While MAPS has a "two-therapist protocol" reportedly for the safety of the participants, only one of the two therapists is required to be licensed (MAPS, 2021b). Since Yensen was not a licensed therapist, there was no external regulatory body to hold him accountable for sexually abusing a client, and he has therefore been able to evade criminal charges. MAPS has deflected blame in this regard by stating that Yensen and Dryer did not act in accordance with the Code of Ethics, insinuating that there is nothing that they can do when therapists do not abide by the policies or practices.

Trauma continues to accumulate for participants when their reports of feeling harmed by psychedelic therapies are ignored or dismissed, and when they are blamed and labeled as "crazies" (Hall, 2021a, para. 22). When the institutions that are intended to protect these individuals *also* fail to respond, this feels like a "second assault" for survivors (Smith & Freyd, 2014, p. 575). In fact, known as institutional betrayal, Smith and Freyd (2013, 2014) found that when institutions fail to respond supportively to the individuals who trust and rely upon them, their symptoms of trauma worsen. Individuals who are engaging in experimental and controversial treatments bestow a deep level of trust upon the therapists who are treating them. They are also trusting the systems that support

these therapists to prioritize their best interests. After his own experience of abuse within psychedelic therapy, Will Hall (2021b) shares his [story](#) publicly and emphasizes the responsibility of therapists to protect their clients from betrayal. But instead of protecting their clients, therapists accused of abuse are using their client's vulnerabilities against them by stating that it is the client's resistance and past traumas that are causing them to question the therapist's methods, which the therapist claims are "healing" (MacBride, 2021).

Moral Disengagement

The idea that practitioners are healing participants via wayward methods of delivering psychotherapy may best be described as moral disengagement. This is the sociopsychological phenomenon in which individuals convince themselves that ethical standards do not apply to them because they presume that their harmful behaviour is serving a worthy cause, and thus they feel absolved of any responsibility (Bandura, 2016). This is certainly the stance that married couple Aharon Grossbard and Françoise Bourzat appear to maintain after several allegations of sexual abuse and ethical misconduct have been made against them. In an interview with best-selling author Michael Pollan, Grossbard admits that he does not follow the rules of psychotherapy when he hugs and touches his clients (Hall, 2021a; Pollan, 2019). In this case, Grossbard acknowledges that he is crossing a boundary which suggests that he believes that he is above the rules. Most concerning is that these are preparatory behaviors for future sexual transgressions that he can then argue are just a part of the therapy, as he has done before (Hall, 2021a). Pollan (2019) writes that psychedelic-induced mystical experiences may lead to an inflated ego, whereby some people come to believe that they have been chosen for great things. This may have been the case with Grossbard and Bourzat, both of whom continue to deny any wrongdoing despite admissions of [previous sexual transgressions](#) with other clients (they appear to still be in practice, while their daughter now purportedly runs the [Center for Consciousness Medicine](#) that they founded) (Center for Consciousness Medicine, 2021; *Lace v. Grossbard*, 2001).

After Hall (2021b) publicized his own accounts of abuse by Grossbard and Bourzat, MAPS [responded](#) by claiming to have reviewed their own practices and policies in the interest of protecting participants. Ironically, their [Code of Ethics](#) does not seem to reflect their actual practices given that they claim to "never abandon a participant" (Multidisciplinary Association for Psychedelic Studies [MAPS], 2021, p. 2), which contradicts the experiences of participants whose cries for help following their MDMA clinical trials went ignored by MAPS (Ross & Nickles, 2022a). If researchers like those at MAPS, therapists, and other leaders in this field truly have the good intentions that they claim, one would expect they would be equally committed to engaging with participants who report having been harmed in order to find ways to do better. After all, MAPS states that they "subscribe to the value of humility" and "commit to ongoing personal and professional self-reflection regarding ethics and integrity" (MAPS, 2021, p. 5). If this is true, it is puzzling that MAPS and psychedelic therapists alike would not also assist participants who were hurt by their therapists and seek to do better to prevent further harm. From a scientific perspective, it is deeply worrisome that researchers are not more attentive to results that falsify their hypothesis, highlighting bias within the research.

What Can Be Done?

Interestingly, among all the reports of sexual abuse and ethical misconduct within psychedelic therapies, the concerns being raised are not about the psychedelic substance itself, but about the therapy that is accompanying it. From our review of the relevant media, many survivors of these abuses agree that psychedelics have the potential to be a powerful healing agent, but that such a powerful substance needs to be handled with great care and responsibility. Similarly, most psychedelic therapists and guides would agree that their goal is to help people, not to further traumatize them. Yet it is also clear that the code of ethics that governs MAPS therapists, which

appears thoughtful and detailed at first glance, is not enough to prevent abuses such as those committed by Yensen and Dryer, nor to prevent other, less overt harm by therapists. Given that psychedelic therapy is still in its experimental phase, it is critical to establish safe and effective ways to include these substances within a therapeutic context.

If we can agree that a central goal of this movement is to heal trauma, then we can also agree that those who are seeking this treatment must actually be heard, understood, and respected when they point out what is helpful and what is harmful. This means that survivors are not simply regarded as outliers or collateral damage when their treatment does not work. Importantly, they should not have to engage in the level of self-advocacy that Buisson, Hall, Ross, and others have had to do to address the abuse that they experienced. We must understand that false sexual abuse allegations are rare, and therefore when survivors come forward about their experiences, that these are believed and validated (Belknap, 2010; Ferguson & Malouff, 2016; Lisak et al., 2010). Believing survivors does not equate to labeling the accused as guilty. Instead, it demonstrates support towards survivors and an agreement to take their claims seriously while collaborating on a just solution. Best practice guidelines for treating individuals who have sexually abused assert that the “rights and interests of victims and their families are of paramount consideration” (Association for the Treatment of Sexual Abusers, 2014, p. 5). While solutions should be survivor-driven, they can also support opportunities for those who have sexually harmed to take accountability. Decades of research shows that confrontation does not work to elicit behaviour change, much less responsibility-taking (Moyers et al., 2005; Resnicow, & McMaster, 2012). In fact, if cancel culture has taught us anything, it is that there is no graceful opportunity to recover from one’s worst mistakes; instead, it often seems that those who harm simply end up in different positions of authority elsewhere. When punishment, career loss, legal recourse, and ostracization are at stake, what would motivate someone to take accountability?

In the interest of returning to the Indigenous roots of plant-based healing that modern approaches emulate, there are many important lessons that can support this movement’s direction down a safe and equitable path. This article cannot possibly outline all of these lessons nor do justice to the various Indigenous cultures that have disseminated such knowledge. Accordingly, the authors believe that it is essential for Indigenous voices to be actively leading the conversations on plant-based healing, and for the mental health profession that is borrowing these practices to consider the exploitation of plant medicines that is taking place. Further conversations about decolonizing psychedelic practices are vital for us to be able to use psychedelic medicines ethically.

“Two-Eyed Seeing” was introduced by Mi’kmaq Elders, Albert and Murdena Marshall, as a guiding principle to bring together Indigenous and Western ways of knowing to benefit from the strengths of many perspectives (Wright et al., 2019). By blending psychedelic science with Indigenous ways of knowing, this field could greatly benefit, but it must be borne of a genuine desire to do so. For one, reconciliation cannot be defined by those who caused harm (which again emphasizes the need for survivor-led solutions) (Blackstock, 2009). A restorative justice approach, which has roots in Indigenous teachings, can be a powerful healing aid (Chartrand & Horn, 2016; Gaudreault, 2005; Leung, 1999). Restorative justice seeks to repair relationships and alleviate harm by including those who have caused the harm and those who have been harmed, while the community surrounds them. It is important to note that restorative justice can only be effective when enacted with utmost preparation and once the accused can acknowledge their responsibility; thus, such an approach would not be successful in the cases already mentioned above (Gaudreault, 2005; Pranis, 2014; Restorative Justice Exchange, 2022). However, if a safe space can be established to support both the victim and the accused, “circles” are a type of restorative justice used by Indigenous peoples to restore balance in a community after harm has occurred (Stevenson, 1999). To promote a safe and respectful space, circles must be led with “patience, humility, deep listening, [and] acceptance of everyone as worthy of respect” (Pranis, 2014, p.3).

There are some commonly shared insights that emerge from psychedelic experiences that actually parallel certain Indigenous belief systems, such as a deep sense that there is something greater “out there,” a greater respect of the natural world, and an understanding that all life is interrelated (Blanchard, 2020; Kimmerer, 2016). This sense of knowing in part influences the strong value of community that many Indigenous cultures share, and these values may be a powerful catalyst for change within the current psychedelic renaissance (Blanchard, 2020; Kimmerer, 2016). We all have a role to play if we want this movement to be safe and efficacious. We all agree that we wish for this field to exist free from sexual abuse. Sexual abuse in therapy is not unique to the psychedelic world, but it is especially worrisome when it occurs under the influence of mind-altering substances that purport powerful healing, as these substances increase a person’s vulnerability to bad and even dangerous therapy. Individuals who choose to engage in such healing should be protected, and those leading these healing journeys should be rigorously trained, regulated, and supervised to ensure such protection. Blackstock (2009) argues that good intentions are not enough, and that in the case of social workers, the fear of causing harm under the guise of good intentions is so great that it leads to turning a blind eye when such harm does occur. Accordingly, we must unite over the goal that all who are invested in psychedelic therapy *do* hold good intentions, and for exactly that reason we must follow through with good actions.

What’s Next?

In our opinion, it’s time for all professional credentialing bodies to review what is happening with respect to psychedelic therapy abuses and strategize in advance. The momentum surrounding these drugs continues to increase, and unless mental health professionals and the professions themselves start to include discussions about how to keep these therapies safe, we should expect more harm.

As long as money is at stake (as is the case with MAPS research), we can also expect problems to persist. When there is significant evidence demonstrating that a treatment is harmful, Botanov et al. (2022) suggest that these concerns should be reviewed and that “clinical scientists and practitioners (including those who are not users of the treatment) [should be consulted] before providing it with additional support and resources” (para. 29). Further, Botanov et al. (2022) argue that “[p]olicymakers, funders and government agencies need to be aware that some of the interventions they are fiscally supporting may be ineffective or potentially harmful” (para. 29).

Public discussion about the dangers of working with unregulated professions is also important. Individuals who style themselves as life coaches and psychedelic guides are placing themselves and others at risk unless they, too, adhere to strict codes of ethics and guidelines of practice.

More work is needed to bring survivors’ voices to the table. It is appalling that so many voices go unheard and disrespected when there is so much they could teach us about the practices that so many are researching and promulgating. An independently conducted phenomenological exploration of their experiences in psychedelic therapy/clinical trials is urgently needed to supplement the quantitative findings and better understand the dynamics at play. Further study into informed consent and the role of client autonomy in psychedelic therapy will also be welcome.

One practical approach that can help to ensure safety would be to include the client’s feedback on the process in every encounter, from start to finish. Considerable research has shown how collecting client feedback can improve outcomes and prevent harm (Prescott et al., 2017; 2022). Even this approach, however, requires good faith attempts by all involved to honor the client’s voice in treatment.

Prior to taking the field forward, extensive training of all professionals will be vital to prevent harm. This training could involve reflective practice (for example, critically reflecting on one’s own skills and

being alert to countertransference reactions) and ensuring that all professionals have ongoing supervision from professionals who are more experienced and established. One very important issue in considering training is that too many of those who have historically provided this training have themselves caused significant harm, including sexually abusing those they are training as well as treating. Notably, until everyone can recognize the harm that has already been caused by these therapies, more training will not produce any meaningful change.

Crucial to this work will be a strong value on leaving no one harmed. Referring dismissively to clients as “skilled manipulators” and having borderline personality disorders only serves to judge and rank order human beings, which is in direct opposition to all established codes of ethics, empirically sound treatment methods, and the spirit in which most psychedelic therapies—indeed, all therapies—operate. Skilled clinicians know this and can help other emerging professionals to learn it.

Conclusion

In the field of directly treating trauma, one never knows where the next innovation will come from. The authors have no stake in the outcome of psychedelic therapy research. What is clear, however, is that people are not only being harmed, but are being dismissed as outliers when they could be allies. The field of trauma therapy has much to offer to prevent vulnerable lives being cast aside. It is critical that attempts to improve psychedelic therapies be implemented not only with fidelity to the models and protocols, but with a deep respect for all clients’ experiences and without dismissing their concerns.

The authors have no financial interests to declare

References

Allen, W. D. (2007). The reporting and underreporting of rape. *Southern Economic Journal*, 73(3), 623–641. <https://doi.org/10.1002/j.2325-8012.2007.tb00793.x>

Association for the Treatment of Sexual Abusers. (2014). *ATSA practice guidelines for the assessment, treatment, and management of male adult sexual abusers*. ATSA. Beaverton, OR.

Bandura, A. (2016). *Moral disengagement: How people do harm and live with themselves*. Worth Publishers, Macmillan Learning.

Belknap, J. (2010). Rape: Too hard to report and too easy to discredit victims. *Violence Against Women*, 16(12), 1335–1344. <https://doi.org/10.1177/1077801210387749>

Biruski, D. C., Ajdukovic, D., & Stanic, A. L. (2014). When the world collapses: Changed worldview and social reconstruction in a traumatized community. *European Journal of Psychotraumatology*, 5(1), 24098. <https://doi.org/10.3402/ejpt.v5.24098>

Blackstock, C. (2009). The occasional evil of angels: learning from the experiences of Aboriginal peoples with social work. *First Peoples Child & Family Review*, 4(1), 22-31.

Blanchard, G. T. (2020). *Awakening the healing soul: Indigenous wisdom for today's world*. Center for Peace Research.

-
- Botanov, Y., Williams, A., Sakaluk, J. (2022, May 19). *Bad therapy*. Aeon. <https://aeon.co/essays/psychotherapy-is-meant-to-help-but-what-about-when-it-harms?fbclid=IwAR1Co66H9INmy6ckM7ot-IcZai1HVcQiSWf7B0VuZB5teHXOMLZSLOuOKJA>
- Carey, B. (2019, September 6). *Tim Ferriss, the man who put his money behind psychedelic medicine*. The New York Times. <https://www.nytimes.com/2019/09/06/health/ferriss-psychedelic-drugs-depression.html>
- Center for Consciousness Medicine. (2021, November 18). *Some facts about the Center for Consciousness Medicine*. The Center for Consciousness Medicine. <https://centerforcm.com/journal/the-facts-about-the-center-for-consciousness-medicine/>
- Chartrand, L., & Horn, K. (2016, October). *A report on the relationship between restorative justice and Indigenous legal traditions in Canada*. The Department of Justice Canada. <https://justice.gc.ca/eng/rp-pr/jr/rjilt-jrtja/index.html>
- Encyclopaedia Britannica (Ed.). (2022, May 27). *Timothy Leary*. Encyclopædia Britannica. <https://www.britannica.com/biography/Timothy-Leary>
- Ferguson, C. E., & Malouff, J. M. (2016). Assessing police classifications of sexual assault reports: A meta-analysis of false reporting rates. *Archives of Sexual Behavior*, 45(5), 1185–1193. <https://doi.org/10.1007/s10508-015-0666-2>
- Forbes Magazine. (2022, May 29). *Real time billionaires*. Forbes. <https://www.forbes.com/real-time-billionaires/#30ec941a3d78>
- Fotiou, E. (2020). The role of Indigenous knowledges in psychedelic science. *Journal of Psychedelic Studies*, 4(1), 16-23. <https://doi.org/10.1556/2054.2019.031>
- Gaudreault, A. (2005). *The limits of restorative justice*. Government of Canada. https://victimsweek.gc.ca/symp-colloque/past-passe/2009/presentation/arlg_1.html
- George, J. R., Michaels, T. I., Sevelius, J., & Williams, M. T. (2020). The psychedelic renaissance and the limitations of a White-dominant medical framework: A call for indigenous and ethnic minority inclusion, *Journal of Psychedelic Studies*, 4(1), 4-15. <https://doi.org/10.1556/2054.2019.015>
- Gerber, K., Flores, I. G., Ruiz, A. C., Ali, I., Ginsberg, N. L., & Schenberg, E. E. (2021). Ethical concerns about psilocybin intellectual property. *ACS Pharmacology & Translational Science*, 4(2), 573–577. <https://doi.org/10.1021/acsptsci.0c00171>
- Goldhill, O. (2020, March 3). Psychedelic therapy has a sexual abuse problem. *Quartz*. <https://qz.com/1809184/psychedelic-therapy-has-a-sexual-abuse-problem-3/>
- Goddard, A. (2020). Adverse childhood experiences and trauma-informed care. *Journal of Pediatric Health Care*, 35(2), 145–155. <https://doi.org/10.1016/j.pedhc.2020.09.001>
- Hall, W. (2021a, September 18). *Psychedelic therapy abuse: My experience with Aharon Grossbard, Francoise Bourzat... and their lawyers*. Medium. <https://medium.com/@willhall/psychedelic-therapy-abuse-my-experience-with-aharon-grossbard-francoise-bourzat-and-their-a1f0f6d06d64>

Hall, W. (2021b, September 25). *Ending the silence around psychedelic therapy abuse*. Mad In America. <https://www.madinamerica.com/2021/09/ending-silence-psychedelic-therapy-abuse/>

Kabil, A. (2017, January 6). *This Mexican medicine woman hipped America to magic mushrooms, with the help of a bank executive*. Medium. <https://timeline.com/with-the-help-of-a-bank-executive-this-mexican-medicine-woman-hipped-america-to-magic-mushrooms-c41f866bbf37>

Kimmerer, R. W. (2016). *Braiding sweetgrass*. Tantor Media, Inc.

Lace v. Grossbard (2000). Case No. CGC 00 316637. Superior Court of California, County of San Francisco, https://drive.google.com/file/d/1vE-MbxbPxjmJqAcBHaJc2EnZD_9CaA0K/view

Leung, M. (1999). *The origins of restorative justice*. https://www.cfcj-fcjc.org/sites/default/files/docs/hosted/17445-restorative_justice.pdf

Lindsay, B. (2021, March 18). *As psychedelic therapy goes mainstream, former patient warns of danger of sexual abuse*. CBC News. <https://www.cbc.ca/news/canada/british-columbia/bc-sexual-abuse-psychedelic-therapy-1.5953480>

Lisak, D., Gardinier, L., Nicksa, S. C., Cote, A. M. (2010). False allegations of sexual assault: An analysis of ten years of reported cases. *Violence Against Women*, 16(12), 1318–1334. doi:10.1177/1077801210387747

Mac, G. (2021, January 26). *The psychedelic miracle*. Rolling Stone. <https://www.rollingstone.com/culture/culture-features/the-psychedelic-miracle-128798/>

MacBride, K. (2021, November 16). *"Aharon said it was healing:" How psychedelic therapy was undermined by abuse*. Inverse. <https://www.inverse.com/mind-body/grossbard-bourzat-psychedelic-assisted-therapy-abuse>

Moyers, T. B., Miller, W. R., Hendrickson, S. M. L. (2005). How does motivational interviewing work? Therapist interpersonal skill predicts client involvement within motivational interviewing sessions. *Journal of Consulting and Clinical Psychology*, 73(4), 590–598. doi:10.1037/0022-006X.73.4.590

Musk, E. [@elonmusk]. (2022, April 30). *I've talked to many more people who were helped by psychedelics & ketamine than SSRIs & amphetamines* [Tweet]. Twitter. https://twitter.com/elonmusk/status/1520269132062625793?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1520269132062625793%7Ctwgr%5E%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Fwww.thestreet.com%2Ftechnology%2Felon-musk-says-avoid-these-drugs-at-all-costs

Multidisciplinary Association for Psychedelic Studies. (2021, January 7). *MAPS code of ethics for psychedelic psychotherapy* (Version 4). https://maps.org/wp-content/uploads/2021/10/MAPS_Psychedelic_Assisted_Psychotherapy_Code_of_Ethics_V4_7_January_2021_Final.pdf

National Sexual Violence Resource Center. (2015). *Statistics about sexual violence*. NSVRC. https://www.nsvrc.org/sites/default/files/publications_nsvrc_factsheet_media-packet_statistics-about-sexual-violence_0.pdf

Nomoto, S. (2020, June 2). *Indigenous cultures that used psychedelic plants*. TruHavn. <https://www.truhavn.com/news/indigenous-cultures-that-used-psychedelic-plants>

Pollan, M. (2019). *How to change your mind: What the new science of psychedelics teaches us about consciousness, dying, addiction, depression, and transcendence*. Penguin Books.

Pranis, K. (2014). *Circle Keeper's Handbook*. Edutopia. <https://www.edutopia.org/sites/default/files/resources/stw-glenview-circles-keeper-handbook.pdf>

Prescott, D. S., Maeschalck, C. M., & Miller, S. D. (2017). *Feedback-Informed Treatment in Clinical Practice: Reaching for Excellence*. Washington, DC: American Psychological Association.

Prescott, D. S., Maeschalck, C. M., & Miller, S. D. (2022). Feedback-Informed Treatment. In R. Fulmer (Ed.), *Counseling and psychotherapy: Theory and beyond*. San Diego, CA: Cognella.

Province of Ontario. (1991). *Regulated Health Professions Act*. Ontario. S.O. c. 18. <https://www.ontario.ca/laws/statute/91r18#BK53>

Resnicow, K., & McMaster, F. (2012). Motivational interviewing: moving from why to how with autonomy support. *The International Journal of Behavioral Nutrition and Physical Activity*, 9(19). <https://doi.org/10.1186/1479-5868-9-19>

Restorative Justice Exchange. (2022). *Three core elements of restorative justice*. Restorative Justice. <https://restorativejustice.org/what-is-restorative-justice/three-core-elements-of-restorative-justice/>

Ross, L. K. (Hosts). (2021, December 7). That's an old story (No. 2) [Audio podcast transcript]. In *Cover Story*. The Cut. <https://www.thecut.com/2021/12/cover-story-podcast-thats-an-old-story.html>

Ross, L. K., & Nickles, D. (Hosts). (2022a, March 2). Open-heart surgery (No. 6) [Audio podcast transcript]. In *Cover Story*. The Cut. <https://www.thecut.com/2022/03/cover-story-podcast-episode-7-political-science.html>

Ross, L. K., & Nickles, D. (Hosts). (2022b, March 8). Political science (No. 7) [Audio podcast transcript]. In *Cover Story*. The Cut. https://www.thecut.com/2022/03/cover-story-podcast-open-heart-surgery.html#_ga=2.244969539.739114295.1646598985-289158509.1646161363

Ross, L. K., & Nickles, D. (Hosts). (2021-2022). *Cover Story: Power Trip*. [Audio podcast]. VoxMedia. <https://podcasts.voxmedia.com/show/cover-story-power-trip>

Selwyn, C. N., & Lathan, E. (2020). Helping primary care patients heal holistically via trauma-informed care. *The Journal for Nurse Practitioners*, 17(1), 84–86. <https://doi.org/10.1016/j.nurpra.2020.06.012>

Sessa, B. (2006). From sacred plants to psychotherapy: The history and re-emergence of psychedelics in medicine. *Royal College of Psychiatrists Special Symposium on: Psychosis, Psychedelics and the Transpersonal Journey*. https://www.rcpsych.ac.uk/docs/default-source/members/sigs/spirituality-spsig/ben-sessa-from-sacred-plants-to-psychotherapy.pdf?sfvrsn=d1bd0269_2

Sharma, S. (2021, October 11). *On sacred reciprocity: Giving back to our Indigenous predecessors in the psychedelic movement*. Psychedelic Spotlight. <https://psychedelicspotlight.com/indigenous-peoples-day-sacred-reciprocity-predecessors-psychedelic-movement/>

Simon, R. (Ed.). (2018). *Psychedelics: the future of talk therapy?* Psychotherapy Networker. <https://www.psychotherapynetworker.org/magazine/toc/176/psychedelics>

Smith, C. P., & Freyd, J. J. (2013). Dangerous safe havens: Institutional betrayal exacerbates sexual trauma. *Journal of Traumatic Stress, 26*(1), 119–124. <https://doi.org/10.1002/jts.21778>

Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist, 69*(6), 575–587. <https://doi.org/10.1037/a0037564>

Stevenson, J. (1999). The circle of healing. *Native Social Work Journal, 2*(1), 8–21. <https://iaac-aeic.gc.ca/050/documents/p63928/92023E.pdf>

Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Vargas, A. S. (2017, February 23). *Meet María Sabina, the Oaxacan Curandera who brought magic mushrooms to '60s counterculture*. Remezcla. <https://remezcla.com/culture/maria-sabina-mexico-curandera-magic-mushrooms/>

Wasson, R.G. (1957, May). Seeking the Magic Mushroom. *The Psychedelic Library*. <https://www.psychedelic-library.org/lifep2.htm>

Wright, A. L., Gabel, C., Ballantyne, M., Jack, S. M., & Wahoush, O. (2019). Using Two-Eyed Seeing in research with Indigenous people: An integrative review. *International Journal of Qualitative Methods*. <https://doi.org/10.1177/160940691986969>