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**Holding Space on Shifting Ground: An Interpretative
Phenomenological Analysis into Counsellors' Journeys Through
the Psychedelic Renaissance**

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Acknowledgements

This thesis is dedicated to my parents, Maeve and Gulam Akoo, who have been an unwavering support system for me throughout my life. I am incredibly fortunate to have them as parents. They made it possible for me to take what felt like a huge, life-changing step, in moving to Edinburgh and joining this doctoral programme. They have encouraged me, consoled me and celebrated with me throughout this challenging four-year journey. So thank you both, for your love support and patience.

I hope that I have made you proud.

Lay Summary

This thesis explores how counsellors in the UK are navigating the emergence of psychedelic therapies, which combine the use of substances such as psilocybin or MDMA, with talking therapy. Five qualified counsellors, with different levels of personal experience of psychedelics, were interviewed about their experiences of this emerging and sometimes controversial field. All of them showed an interest in working with psychedelic therapies in some capacity. Each person's stories were explored in depth in order to understand the complexities of what they have been facing. Three main themes emerged; the first, was the question of whether counsellors should have their own first-hand experience of having taken psychedelics, in order to be a suitable practitioner in terms of working with psychedelic therapies. The second was the challenge of facing professional stigmas, as many people still view psychedelics as risky or taboo. Finally, the third theme was the ethical concerns that come with psychedelic therapies, such as unclear legal guidelines, the weight of responsibility placed on practitioners, and questions about cultural respect and appropriation. As part of my analysis of the participants' interviews, I used counselling theory from both the person-centred and psychodynamic approaches. By giving voice to counsellors' experiences, this thesis endeavours to add to the wider conversations about ethics, safety and professional attitudes towards psychedelic therapies in the UK.

Abstract

This thesis explores the lived experience of counsellors, as they navigate the emergence of psychedelic-assisted psychotherapies (PAPs) in the UK. Using Interpretative Phenomenological Analysis (IPA), this study examines in-depth interviews with five qualified counsellors, with varying degrees of first-hand psychedelic experience, who were all interested in working with psychedelic therapies in some capacity. Each participant shared detailed accounts of the ethical, professional and personal complexities that they have experienced along their journeys through the psychedelic renaissance. Three key themes emerged: first, the role that personal psychedelic experience plays in preparing counsellors for PAP work. Second, the impact of psychedelics and PAP-related stigmas on counsellors; and finally, a range of ethical concerns, including legal ambiguity, practitioner responsibility and cultural appropriation. This thesis has drawn upon person-centred and psychodynamic counselling theory in order to provide therapeutic context to the analysis conducted in this study. By privileging the voices of counsellors, this study contributes to on-going critical discussions on ethics, safety and the attitudes of mental health professionals about the future of PAPs in the UK.

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Introduction

Significant focus, funding and attention have gone into the research, development and criticism of PAPs. To date, there are estimated to be over a thousand published research papers on this subject, which explore a range of treatments for many different mental health conditions (Reiff et al., 2020). However, as will be seen in the literature review chapter of this thesis, despite such a large body of research existing, only a small percentage of papers focus on the views or experiences of mental health professionals on the subject of PAPs. Of the papers that do exist, an even smaller number focus on counsellors and psychotherapists. As a qualified counsellor with an interest in PAPs, I am curious as to why no one seems to be exploring the lived experiences and thoughts of those professionals who will play such an important role in the future of these therapies? My research question thus stands; How are UK counsellors navigating the current psychedelic renaissance?

In an IPA study, it is important to consider the researcher's own positionality, as their experiences inevitably shape their approach to the topic. As such, I will provide a brief reflection on how my own experiences with psychedelics have influenced my decision to pursue and conduct research in this field. As a young adult, I had a small number of psychedelic experiences which were varied in nature. One in particular, with LSD, felt deeply profound. It enabled me to show myself a level of compassion and understanding that I had not been able to achieve prior to that experience. It brought me to a place of great calm and self-acceptance, both of which were rare feelings for me at that stage of my life. I did not have any real knowledge of the concept of psychedelics as therapeutic tools; I simply knew that I had had a powerful experience doing something which I viewed as explorative and recreational.

This experience with LSD happened during my early twenties, during which time I had also begun to experience debilitating anxiety, due to on-going issues in the relationship that I was in at the time. As these issues intensified, so did my anxiety. I began experiencing panic attacks and the overwhelming loss of control that they caused, led me to become fixated on maintaining control in every other aspect of my life. This made taking any kind of substance impossible. One of the first things that I did as a result, was to eliminate anything from my life which made me feel altered in some way, such as alcohol, cannabis and caffeine. I even became scared to take basic medications such as paracetamol or ibuprofen.

Taking psychedelics now felt completely out of the question for me, despite having had such a positive experience with LSD the one time that I had taken it. It never occurred to me that I could have used psychedelics therapeutically to identify and heal the root causes of my anxiety. I had developed a rigid need for control and the idea of taking a substance which could leave me feeling completely out of control (as had been the case with one of my other psychedelic experiences with psilocybin) felt utterly terrifying to me. It was not until several years later that I started to hear about PAPs, and my first reaction upon reading some of the emerging research, was to feel a surge of hope for others. I fervently hoped that they might not have to waste years of their lives, as I felt that I had, trapped in a struggle with their mental health.

Feelings of loss for the years that I couldn't reclaim were familiar to me. Yet, as I became more immersed in psychedelic research during my undergraduate degree, that sense of loss deepened. I often wondered how different my life might have been had I have known about PAPs a decade earlier. Perhaps I could have overcome my anxiety enough to take part in a research trial, especially as the medical setting might have offered a sense of safety or reassurance. In hindsight, I now see how present my

fear of “mind-altering” substances still was. Despite the imagined opportunity and lingering regret, I didn’t attempt to join any current clinical trials. As an undergraduate counselling student, I told myself I couldn’t risk jeopardising my path if something went wrong.

Eventually, I channelled my interest in PAPs into a desire to “do my part” for the psychedelic renaissance. I felt that by adding to the body of research, I was helping to raise awareness and open up discussions about PAPs. Part of my desire for more open discussion came from my experiences in university settings of how infrequently PAPs seemed to be discussed. I also received a consistently mixed response when discussing my own research on this subject. The training counsellors around me seemed to be mostly split into two groups, with the majority of people appearing to switch off when psychedelics were mentioned. They seemed to listen with half an ear, detached from the subject, perhaps feeling that it did not concern them. The other, smaller group consisted of enthusiastic individuals who seemed to light up when given the chance to talk about psychedelics. As if, someone else broaching the subject gave them permission to express their own interest in it.

The purpose of this research is to prioritise and place focus on the lived experience of counsellors who are navigating the current psychedelic renaissance, in the hope that, like in the group settings that I experienced at university described above, doing so might act as a catalyst for opening up more honest and transparent discussion about PAPs. I wanted to hear about *how* counsellors are engaging with PAPs, *what* the drawbacks and obstacles are that they may have faced, as well as coming to understand *why* they have felt motivated to pursue working with psychedelic therapies. I was curious about the types of personal histories and professional journeys that might bring an individual to believe in or feel curious about PAPs. I also

wanted to address the shadow side of involvement with the psychedelic community, such as professional stigmatisation and gatekeeping, both of which I had witnessed myself, in order to see whether other individuals had experienced the same thing. Finally, it is my hope that this thesis will help to pave the way for greater inclusion of mental health professionals in the shaping of the future of PAPs in the UK.

For clarity, throughout this thesis PAP is understood primarily through the contemporary western medical model, in which practitioners support clients through structured preparation sessions, are present during psychedelic dosing sessions, and facilitate post-session integration work. While other models of PAP exist, some of which are discussed or practiced by the participants of this study, which include less interventional or non-clinical approaches, the framing outlined above informs how training requirements, ethical considerations, and debates around first-hand experience are explored in the chapters that follow.

It is important to acknowledge that conceptualisations of PAP are evolving rapidly and unevenly across different social and professional contexts. Over the past two decades, shifts in scientific research, media representation, commercial investment, and regulatory attention have significantly altered public and professional discourses surrounding psychedelics. These changes have been experienced in individual and nuanced ways. Researchers, clinicians, therapists, and the general public have engaged with psychedelic therapies on different timelines and with varying degrees of scepticism, enthusiasm, or caution. In light of this, the views expressed both within the reviewed literature and in the participant's interview data, should be understood as temporally situated. It is likely that counsellors' perspectives on PAPs will continue to shift as the legal, cultural, and professional landscape develops,

potentially even between the time of data collection and the completion of this research.

The body of literature on PAP is both vast and continuously expanding. While it is not possible to examine every piece of research in this review, I have endeavoured to engage with those studies and perspectives that are most relevant to the aims and context of this thesis. The literature review begins with an in-depth examination of the history, development and current state of PAPs. Following on, is an exploration of the literature surrounding each of the three core themes that emerged throughout the process of writing this thesis. Finally, the research gap which this study hopes to address, is identified and discussed.

Following the literature review is a methodology chapter, which details this study's research approach, from its philosophical underpinnings to the methods used, and how participants were recruited and interviewed. The main body of the thesis consists of three main data analysis (DA) chapters, in which I analyse the interviews that I conducted with the five participants who took part in this study. The DA chapters include excerpts of my own reflexive writing, in which I share thoughts and observations that arose during or after the interview process.

Finally, a discussion chapter allows space for a fuller exploration and synthesis of the theory and research pertaining to both the participants' interview data and the wider overarching themes which were identified throughout the course of writing this thesis. Tables and Appendices are included to provide further clarity and transparency for the reader. Tables include information such as participant demographics and the appendices show images of documents such as the recruitment information sheet and the consent form that was sent to participants, in order to allow the reader to engage

more with the academic rigour of this study without overloading the main body of the text. Throughout this thesis, the terms “counsellor,” “therapist,” and “practitioner” are used interchangeably to refer to qualified professionals who offer talking therapy. The terms, “first-hand” and “personal” are also alternated between, but both refer to self-administered use of psychedelic substances.

I have used OpenAI's ChatGPT as a secondary editing tool throughout the process of writing this thesis. I have utilised it for clarifying ideas as well as gathering feedback on the overall academic coherence of my writing and reviewing grammar. All analytical decisions, interpretations, and final written content remain my own.

Chapter One- Literature Review

A History of Psychedelics

Psychedelic compounds have been used by Indigenous peoples across the globe for thousands of years, primarily in healing rituals and spiritual ceremonies (George Michaels Sevelius & Williams, 2020). In the Americas, psychoactive substances such as N,N-DMT and mescaline are found in specific plants and even animals. Across nearly every continent, humans have consumed fungi containing psilocybin, another naturally occurring psychedelic compound (Falcon, 2025). The account that follows illustrates how these substances were interpreted, repurposed, and institutionalised within Western scientific and medical frameworks. It reflects Western epistemological priorities, meaning it is not a neutral or comprehensive account of psychedelic healing, but is a culturally situated narrative shaped by colonial, biomedical, and capitalist logics.

In the Western world, scientific interest in psychedelics is said to have begun in the early 20th century, particularly with mescaline, which was studied for its potential to mimic psychotic symptoms (Nichols & Hannes, 2021). Researchers at the time believed that understanding how mescaline functioned might provide insights into the mechanisms of psychosis (Friesen, 2022), reflecting a wider Western tendency to make sense of mental illness through the lens of medication and brain chemistry. Interest surged in the 1940s after the then chemist, Dr. Albert Hofmann, was credited as having discovered the mind-altering effects that the synthetically created compound, lysergic acid diethylamide (LSD), had on the human psyche (Hofmann, 1979). After self-experimentation, Hofmann is said to have recognised LSD's powerful

psychological effects and its potential for clinical application (Hofmann, 1980). Several different names were considered for those compounds which produced the type of effects on the psyche that LSD did, however, eventually, it was the British psychiatrist Humphrey Osmond who was said to have come up with the term “psychedelics” in 1956. He combined the greek words “ψυχή *psyché*” meaning “mind/soul” and “δηλείν *dēleín*” meaning “manifest/reveal” (Tanne, 2004). By the 1960s, over a thousand papers had been published on the therapeutic uses of LSD, particularly for psychiatric disorders (Dyck, 2005).

As psychedelic substances moved beyond the lab and into public use, recreational interest appeared to grow. In response to what was perceived as a growing drug culture, the President of the United States of America (USA), Richard Nixon, launched the so-called “war on drugs” (Crandall, 2020). This campaign introduced a wave of anti-drug propaganda and culminated in the 1970 Controlled Substances Act, which classified psychedelics as “Schedule 1” substances, meaning that they were deemed to have high abuse potential and no recognised medical use (Shorthall, 2014). Many argue that this classification was politically driven, designed in part to suppress countercultural movements (Hall, 2022). Researchers such as Ross (2020) suggest that drug classifications are shaped less by pharmacological risk, than by political and cultural concerns, producing moral distinctions between sanctioned Western medical use and criminalised non-Western or countercultural practices. Internationally, the 1961 United Nations Single Convention on Narcotic Drugs introduced standardised drug control policies, including the “ABC classification system”, which was adopted by many countries (Bewley-Taylor & Jelsma, 2012).

In contrast, the United Kingdom (UK) initially seemed to adopt a more medicalised view of addiction, regarding it as a condition which required treatment

rather than criminalisation (Stimson, 1987). However, following the UN convention, the UK also adopted the drug control frameworks which were established, relinquishing domestic regulatory autonomy (Ross, 2020). Some countries resisted this direction: for instance, the Netherlands decriminalised cannabis in 1976, challenging the emerging global consensus (de Kort, 1994).

For decades, public discourse around psychedelics appeared to remain heavily stigmatised. Yet, it would seem that the persistent advocacy of a small group of researchers and activists began to shift perceptions. One such figure was Rick Doblin, who, in the early 2000s, received regulatory approval from both the USA Food and Drug Administration (FDA) and the Spanish Ministry of Health to begin clinical trials into MDMA-assisted psychotherapy as a treatment for Post-Traumatic Stress Disorder (PTSD) (Doblin, 2002).

The results of these early studies were published nearly a decade later (Mithoefer et al., 2011; Oehen et al., 2013), contributing to a renewed wave of psychedelic research. In the past ten years, the field has grown rapidly, with studies investigating the use of psychedelics in treating depression and anxiety (Spriggs, Ketner & Carhart-Harris, 2021; Muttoni Ardissino & Christopher, 2019), psychological distress related to cancer diagnoses (Ross, 2018), substance use disorders (Peters & Olsen, 2021), and even neurodegenerative conditions such as dementia (Vann-Jones & O'Kelly, 2020).

Despite this enthusiasm, concerns have remained. Researchers have raised questions about the long-term neurological effects of psychedelics (Doss Weafer Gallo & de Wit, 2018; Schlag et al., 2022; Henríquez-Hernández et al., 2023), as well as the ethical complexities surrounding PAPs (Noorani, 2020; Malcolm & Thomas, 2022;

Barber & Dike, 2023). Noorani and Martell (2021) caution against the risk of a “bubble bursting” phenomenon, where initial optimism may not be sustained, due to methodological flaws, overgeneralised claims, or waning participant enthusiasm over time. The central research question of this thesis encompasses issues such as the one outlined by Noorani and Martell above, which is how UK counsellors are navigating the emergence of psychedelic therapies? How are they negotiating these types of uncertainties and managing client expectations around psychedelic therapies? Paying attention to the lived experiences of counsellors provides insight into how the field of psychedelic therapy is being grounded, or unsettled, amidst such fluctuating optimism. Having outlined how psychedelics came to be situated within Western medical and scientific discourse, the following section turns to contemporary neurobiological explanations of psychedelics, recognising this view as one influential framework among many, rather than a definitive account of psychedelic experience or healing.

What Are Psychedelics and How Do They Work?

Psychedelics are typically grouped into two broad categories: “Classic psychedelics”, such as LSD, psilocybin, and DMT, and “Entactogens”, such as MDMA (Heifets & Olson, 2024). Classic psychedelics primarily act on serotonin receptors- specifically, the 5-HT_{2A} subtype- causing increased neuronal excitation and widespread changes in neural connectivity (de Vos Mason & Kuypers, 2021). High concentrations of these receptors in the cerebral cortex- which is responsible for cognition and self-awareness- as well as the thalamus and visual cortex, help explain

the characteristic alterations in perception often associated with psychedelics such as visual hallucinations and sensory distortions (Yu et al., 2024).

In 2019, Carhart-Harris published a theory which formulated the actions of psychedelics on the human brain. He called this model “REBUS and the Anarchic Brain”. His theory is based on the concept that the human brain is a machine which constantly predicts what it expects to perceive in life and then tests these predictions against incoming sensory data. The REBUS model suggests that psychedelic compounds release a person from the pre-existing beliefs that we hold about the world around us and about ourselves, leaving more space and ability for us to be influenced by memories and sensory input.

Psychedelics act as a key, unlocking the mind and freeing one’s nervous system from its usual structures and patterns, allowing a disruption of cognition, mood and perception to take place (Carhart-Harris et al., 2014). Scientists last attempted to discover what the exact effects were of psychedelics on the human brain, in the 1960’s. Thanks to the technological advances made since then, we are now able to see with great clarity and accuracy what these effects are. This is done by using techniques such as “positron emission topography” (PET) and “magnetic resonance imaging” (MRI), on subjects who have taken a psychedelic compound, in order to monitor in real time, the impact on their brains (Carhart-Harris et al., 2012; Dos Santos et al., 2016).

Some of the effects observed include the de-coupling of certain brain regions, which normally remain robustly coordinated, while other regions of the brain, which are normally only loosely connected, begin to communicate more frequently and effectively (Ly et al., 2018). While some researchers, like Carhart-Harris, argue that these findings offer a clear picture of psychedelic action, others remain cautious,

highlighting the need for greater consistency across studies (Drew, 2022). However, Drew highlights that there is hope amongst researchers that a new data-sharing initiative will help to address this lack of clarity and bring a more cohesive understanding of psychedelics throughout the wider research community.

One of the most significant findings in psychedelic science is their impact on neuroplasticity. Psychedelics appear to promote structural and functional brain changes associated with learning and adaptability (Ly et al., 2018). This is particularly relevant in light of studies linking reduced neuroplasticity with various forms of mental illness, including cognitive decline, emotional dysregulation, and increased rumination (Fowler Miernicki Rudolph & Telzer, 2017; Kenaan & Alshehabi, 2025).

Conventional antidepressants also aim to enhance neuroplasticity, but often come with challenges such as delayed onset, emotional blunting, long-term dependency, and high rates of treatment resistance (Olson, 2018). In contrast, several studies show that a single dose of a psychedelic can rapidly promote neuroplastic changes within 24 to 72 hours, with sustained improvements in mental wellbeing (de Vos Mason & Kuypers, 2021; Holze et al., 2021; Siegal et al., 2024).

Moreover, while antidepressants typically require long-term usage to manage symptoms, psychedelics may provide therapeutic benefit through short-term administration, often catalysing long-lasting psychological change (Carhart-Harris et al., 2017; Carhart-Harris et al., 2021). Rather than merely stabilising mood, they appear to facilitate emotional processing, increased insight, and meaningful shifts in perspective.

In exploring the history of psychedelics alongside their neurobiological mechanisms, the last two sections of the literature review have outlined the foundations of contemporary discussions about their therapeutic potential. While such

models offer valuable insight into brain-based effects, they only represent one perspective on experiences that are also deeply psychological, relational, and meaning-laden. The two sections that follow trace the evolution of this research toward a focus on counsellors' lived experiences, before introducing the psychotherapeutic frameworks that are drawn upon to interpret psychedelic experiences and the professional dilemmas that they raise in practice.

The Evolution of my Research

This research originally began as an exploration into the therapeutic potential of psychedelics for mental health conditions and traumas that have proven resistant to conventional treatments. I was particularly interested in understanding how, for some individuals, psychedelics had enabled life-changing breakthroughs or facilitated insights that previously seemed unreachable. The earlier parts of this literature review reflect that initial focus, examining the healing potential of psychedelic compounds more broadly.

However, as my research progressed, particularly through conversations with other counsellors, it became increasingly clear that many professionals felt uncertain or conflicted about psychedelic therapies. Questions arose regarding whether personal psychedelic experience would be a requirement for delivering PAPs, how accessible or costly training would be, and when (or if) these therapies might become legally sanctioned. This atmosphere of ambiguity prompted a shift in my research focus.

I began searching for studies that examined how counsellors are navigating the emerging landscape of PAPs. However, this search revealed a notable gap. While I found three relevant studies exploring mental health professionals' attitudes toward

PAPs, none focused on the lived experiences of counsellors. The first two studies surveyed psychiatrists (Barnett et al., 2018) and psychologists (Davis et al., 2021), both of which reported mostly neutral to positive attitudes toward PAPs. Only 24.5% of psychiatrists and 17.2% of psychologists viewed psychedelics as unsafe when used under medical supervision. Both papers concluded that more research was needed, but acknowledged the therapeutic promise of psychedelics.

The third study, by Hearn Brubaker and Richardson (2022), was the only one that focused solely on counsellors. Their findings aligned with those of the earlier studies, showing generally positive attitudes and a shared belief that further research was necessary to determine the safety and efficacy of these treatments. Interestingly, this study also reported that counsellors held the most favourable attitudes toward PAPs of the three professional groups examined.

This emerging picture of professional curiosity amid uncertainty led me to refine my research focus. I chose to centre this study on the lived experiences of UK-based counsellors as they navigate the psychedelic renaissance. In doing so, I aim to foster more open, honest discussions about the concerns, challenges, and hopes that professionals hold in relation to this evolving field. By attending closely to the subjective accounts of counsellors, this study offers insight into how PAPs are being understood and negotiated at ground level by those professionals who may deliver them. In engaging with these experiences, questions of therapist presence, responsibility, and the handling of altered states came into sharper focus, necessitating engagement with established psychotherapeutic frameworks concerned with vulnerability, containment, and meaning-making in relational contexts.

Psychotherapeutic Frameworks

Psychotherapeutic theory has long grappled with experiences that involve altered states of consciousness, intensify emotional vulnerability, and which challenge the therapist's role as both witness and container (Bion, 1962). Within this tradition, person-centred and psychodynamic approaches offer well-established ways of understanding how meaning is formed, held, and negotiated within therapeutic relationships (Rogers, 1961). These two frameworks therefore provide a useful lens for interpreting both the historical debates and contemporary uncertainties surrounding psychedelic-assisted psychotherapy and theory from each school of psychotherapy will be considered throughout this thesis.

Rogers (1957) outlined the "six necessary and sufficient conditions" for therapeutic change, which he believed created the optimal environment for growth. These include the client entering the relationship in a state of incongruence and the therapist maintaining a stance of congruence. A genuine psychological contact must be established between them. In addition, the therapist should experience both empathic understanding and unconditional positive regard (UPR) toward the client, and crucially, the client must be able to perceive these attitudes.

Three of these six conditions are often highlighted as the "core conditions": empathy, congruence, and unconditional positive regard (Wilkins, 2003). Empathy involves the therapist experiencing the client's world as if it were their own, while retaining an essential "as if" quality. Congruence refers to the therapist's genuine, integrated presence, enabling an authentic reflection of experience. UPR is the therapist's warm, accepting stance toward the client, including those aspects that may be challenging or unfavourable. While Rogers' approach emphasises the relational

space and therapist authenticity, psychodynamic perspectives complement this by exploring how internal structures and unconscious processes shape both client and therapist experiences.

Central to psychodynamic theory is Freud's (1923) tripartite model of the psyche, which consists of the "Id", the "Ego", and the "Superego". Freud described the Ego's function as being a mediator between instinctual drives, moral standards, and external reality, a process referred to as ego mediation (Barnett, 2007). The Id represents our unconscious instinctual drives and desires, which are pleasure-seeking in nature and tend to seek immediate gratification. The Superego embodies internalised societal and moral rules, reflecting ideals, conscience, and the internal voice of authority. Together, these three structures interact continuously, with the Ego negotiating between the often conflicting impulses of the Id, the constraints of the Superego, and the demands of the external world. This model provides a framework for understanding how individuals manage internal conflict, make ethical decisions, and regulate behaviour in complex or challenging situations, including within therapeutic contexts.

Moving forward, Winnicott (1960) introduced the concept of the "false self" in his paper titled "Ego Distortion in Terms of True and False Self". He described the false self as a defensive structure that develops when the individual's true or authentic self is not met with sufficient love, acceptance or responsiveness in early relational environments. In these instances, the true self retreats from expression in order to protect itself from potential judgment, rejection, or persecution. What emerges in its place is a false self, a kind of adaptive façade, that aligns more closely with external expectations and environmental demands. While this adaptation may serve a

protective function, it can come at the cost of spontaneity, authenticity, and the individual's sense of aliveness.

Winnicott's notion of a facilitative environment describes the provision of a caregiving context that adapts alongside an infant's developmental needs. Doing so enables the promotion of integration and greater independence, as well as encouraging healthy ego development. This is done whilst still providing a stable base for the infant, ensuring a sense of continuity (Johns, 2005). When such an environment is absent or inconsistent, the infant may be forced to develop defensive mechanisms, such as the false self, which acts as a survival strategy, concealing the more vulnerable true self in favour of a false self, which is received more favourably by the caregiver (Davis, 2018).

Finally, Bion's theory of containment highlights the therapist's role in receiving, processing and holding a client's unassimilated unconscious material. This process allows the client to project "raw" emotional content onto the therapist, which may feel unmanageable or overwhelming to them in the moment. The therapist acts as a container, holding this content and is eventually able to offer this back to the client in a way that makes sense to them. Being a container for clients and offering them a "holding space" allows the client to process and integrate these experiences more effectively (Cartwright, 2010).

These frameworks are not presented merely as descriptive models, but as analytic tools for understanding how UK counsellors are navigating the emergence of PAPs. Person-centred theory highlights how congruence, empathy, and UPR shape counsellors' interactions with clients, while psychodynamic theory offers insight into how internal conflicts, ego mediation, and defensive structures influence counsellors'

decision-making, professional identity and ethical reasoning in this rapidly evolving and legally ambiguous field.

A History of First-Hand Experience in Psychedelic Therapy

Western interest in the clinical use of psychedelics developed rapidly following Albert Hofmann's creation of LSD and his subsequent realisation of its widespread potential (Hofmann, 1980). During this time, some clinicians and researchers believed that first-hand experience with psychedelics could meaningfully contribute to the effectiveness of those seeking to work with these substances (Forstmann & Sagioglou, 2020).

Hofmann believed that personal experience of psychedelics could offer professionals in his field essential insight. He wrote:

“Provide the doctors with direct insight, based on firsthand experience into the strange world of LSD inebriation, and make it possible for them to truly understand these phenomena in their patients, to interpret them properly, and to take full advantage of them.” (Hofmann 1980, 28)

A central focus during these years was the potential for LSD to help mental health professionals better understand the condition of “psychosis” (Friesen 2022). The psychedelic state was viewed by some as analogous to psychotic experience, and practitioners such as Hofmann hoped that experiencing this state, albeit temporarily and within controlled conditions, would cultivate greater empathy and insight toward those diagnosed with severe mental illness. He also believed that such

experiential familiarity would enable clinicians to more accurately interpret the experiences of patients participating in psychedelic-assisted sessions.

This early framing of psychedelics as comparable to psychosis differs from later accounts that emphasise the uniqueness of psychedelic experiences, often described as “psychedelic exceptionalism”, in which such states are treated as incomparable to other psychological phenomena (Cohen & Marks, 2025). Other authors, however, have continued to situate psychedelic experiences within a broader spectrum of altered or self-transcendent states, noting phenomenological overlaps with meditative and spiritual practices, as well as with intense emotional experiences such as falling in love (Yaden et al. 2017).

However, not everyone shared Hofmann’s belief in the benefits of first-hand psychedelic experience. Many researchers at the time, and since, have raised concerns that it may compromise the objectivity of those conducting psychedelic research (Mangini, 1998). This concern continues in contemporary discourse. Researchers such as Kious Schwartz and Lewis (2022), as well as Debonis Dunn and Strouse (2025), have expressed ethical reservations about whether researchers who have used psychedelics themselves can maintain “equipoise”, a core principle in clinical trial design, intended to ensure impartiality in the face of uncertainty

A key figure in western psychedelic history whose ethos aligned with Hofmann’s was Aldous Huxley, who was widely regarded as having been pivotal in bridging the fields of psychotherapy and psychedelics (Dyck, 2008). Under the supervision of psychiatrist Humphry Osmond, Huxley ingested mescaline and later documented the experience in his book “The Doors of Perception” (1954). In this book, he framed

psychedelics as *“tools for self-exploration”* (p.1811) rather than recreational escapism, suggesting that they could facilitate profound psychological insight (Hall & Farrell, 2022).

Huxley’s writings reached Carl Jung, the eminent psychotherapist, who expressed deep concern over the romanticisation of psychedelics. In a letter to a friend of his, Father Victor White, Jung voiced strong reservations about using substances as shortcuts to transformation:

“I am profoundly mistrustful of the ‘pure gifts of the Gods’. You pay very dearly for them.” (Jung 1954, 173).

Jung's warning resonates with contemporary ethical debates. His description of Huxley as a *Zauberlehrling* (a sorcerer’s apprentice) who knew how to summon but not dismiss the spirits, reflects a broader anxiety about entering altered states without sufficient grounding or training:

“That is the mistake Aldous Huxley makes: He does not know that he is in the role of the ‘Zauberlehrling,’ who learned from his master how to call the ghosts but did not know how to get rid of them again.” (Jung 1954, 173).

In the context of contemporary PAP, one might argue that counsellors entering this field without personal experience risk “calling the ghosts” without the tools to safely contain or integrate what arises. Jung stressed this point with vivid metaphor:

“It is just as if a surgeon had never learned further than to cut open his patient's belly and to leave things there. When one gets to know unconscious contents, one should know how to deal with them.” (Jung 1954, 173).

He also spoke directly to the moral responsibility borne by those working with powerful tools of transformation:

“It is really the mistake of our age. We think it is enough to discover new things, but we don’t realize that knowing more demands a corresponding development of morality.” (Jung 1953, 173).

Despite the vehemence of his messages of caution, Jung did acknowledge the potential value of experiential learning:

“I can only hope that the doctors will feed themselves thoroughly with mescaline, the alkaloid of divine grace, so that they learn for themselves its marvellous effect.” (Jung 1954, 173).

These early debates on the value and risks of first-hand experience continue to resonate today. As PAPs re-enter mainstream consciousness, the question of whether practitioners should personally engage with these substances remains ethically and professionally contested, particularly for counsellors navigating an uncertain regulatory and cultural landscape. The next section explores how contemporary counsellors are making sense of this very dilemma.

Should First-Hand Experience be a Requirement in PAP Trainings?

The emergence of a “third wave” of research into the medical potentials of psychedelics has sparked numerous discussions around the ethics, infrastructure and legal issues surrounding PAPs (Barber & Dike, 2023). Chief amongst these discussions is the issue of training requirements for those therapists wishing to deliver these treatments. Within this broader conversation lies a particularly controversial

question; Should personal psychedelic experience be a requirement for PAPs practitioners?

Debates on this subject often proceed without clarification on which model of PAP is at their centre. PAP encompasses a range of approaches, from minimally interventional models that emphasise preparation and post-session integration, to more active relational or dialogical models, in which therapists play a more active role during dosing sessions. These are important distinctions which have implications for the kinds of training, knowledge, and first-hand experience which may be considered necessary. In the context of this study, the version of PAP which is most often referred to is the western, medicalised model, in which practitioners play an active supportive role and clients engage in preparatory and integration psychotherapy sessions around a small number of supervised dosing sessions. Any mention of other forms of psychedelic therapy work are named and explained, i.e. “integration work”.

The body of western literature that exists surrounding first-hand psychedelic experience as a training requirement remains relatively small, with very few of those studies originating from the UK, limiting its relevance to UK counselling and training contexts. Most research on this subject has been conducted in the USA, with a smaller number of studies emerging from Switzerland and the Czech Republic. The following section presents the available literature in a “for” and “against” format.

The Argument For:

Aday et al. (2023) conducted a self-report survey of therapists working with PAPs, which found that the majority of participants reported personal psychedelic use. Many described their experiences with psychedelics as beneficial to their client work

due to the impact that these experiences had on their ability to empathically attune to clients and on their understanding of altered states of consciousness. This view is supported by the autoethnographic reflective account of Halberstadt (2014) a therapist who took part in a clinical research trial for MDMA-Assisted Therapy, where she reflected on how the experience enriched her therapeutic presence and deepened her appreciation of the client's journey through expanded states, offering rich phenomenological insight, as opposed to outcome-based evidence.

Similarly to the views of Aday et al., Nielson and Guss (2018) spoke about how a therapist's ability to relate to their clients can be enhanced by having had their own psychedelic experiences. They cite earlier eras of psychedelic research in which personal use was commonplace and often regarded as enhancing professional competence, reflecting professional norms that predate contemporary ethical and regulatory frameworks (Forstmann & Sagioglou, 2020).

In the USA, a company named "Brain Futures" have produced consensus-based professional guidelines for PAPs (2023), which sought to generate consensus on professional standards of practice. While they do not explicitly name first-hand experience as part of therapists' training, they emphasise the importance of therapists having a broad understanding of the physical, psychological and emotional effects of psychedelics, so that they can appropriately guide patients through psychedelic encounters. This stance places emphasis on the acquisition of knowledge, over experiential learning.

Several authors advocate for the benefits of first-hand experience of psychedelics as necessary or preferable for psychedelic therapists. Phelps (2017) wrote a research article about developing guidelines and competencies for the training

of PAPs practitioners. While she does not mention psychedelic use, she notes that those therapists who have had first-hand experience of “non-ordinary” or “altered states” of consciousness, are typically deemed to be the most suitable practitioners to deliver PAPs.

In the Czech Republic and Switzerland, researchers (Winkler & Csémy, 2014; Aicher Müller & Gasser, 2025) have conducted follow-up and current studies which have observed the effects that self-experimentations with psychedelics have on therapists’ personal and professional growth. Furthermore they also assessed therapists’ ability to empathically attune with clients and hold a deeper awareness of their own selves during therapeutic work. Both studies showed that psychedelic experiences positively impacted therapists and their professional competency. However, it is worth noting that these findings emerge from historically and culturally specific research contexts, and their applicability to more legally restrictive training environments, such as the contemporary UK counselling context, remains uncertain.

Dames et al. (2024) presented a balanced “for” and “against” discussion on this topic, in which both sides of the argument about first-hand experience of psychedelics in PAPs practitioners was considered. The conclusion of this article was that incorporating *optional* experiential elements into training, whether psychedelic or expanded states, nurtures a greater sense of professional confidence and self-assuredness in practitioners. The authors advocate for the cultivation of a culture in which self-care is better prioritised in the field of mental health work. They believe that if we do not find ways for therapists to better process the stresses of the job and address their own mental health concerns, then we risk fostering an environment in which we have *“broken people in support of broken people”* (p. 1).

Returning to Aday et al. (2023), the authors conducted a study which examined the history of experiential learning amongst psychotherapists and psychiatrists, as well as how prevalent personal psychedelic use is amongst these two groups of professionals. Their results showed that experiential learning, such as therapists attending their own therapy or supervision, was more common amongst psychotherapists than psychiatrists. Finally, they also concluded that across both professions, personal use of psychedelics was common in PAP practitioners, though the authors note that the low response rate limits the generalisability of these findings, and call for further research.

The Argument Against:

On the other side of the debate, researchers such as Emmerich and Humphries (2024) argue that requiring first-hand psychedelic experience in practitioners is not ethically justifiable. They suggest that the inclusion of this criterion in training programmes may create a culture of coercion in which professionals feel obligated to take drugs (which are still currently illegal). Furthermore, they posit that a requirement for first-hand experience may act as a barrier, dissuading those individuals from undertaking training in PAP who do not wish to take psychedelics. They suggest that trainees can acquire the skills in competency and empathy that are needed, through traditional means such as role play, supervision and vicarious learning.

Hendricks and Nichols (2023) echo this concern, noting that there is little outcome-based empirical evidence to support the claim that first-hand experience improves practitioner competency, or enhances therapeutic outcomes. They draw a comparison with the field of substance-abuse counselling, where similar debates

about lived experience have occurred, and conclude that no consensus or definitive data exists to support such requirements.

Pilecki Luoma & Nielson (2021) address the legal issues surrounding asking practitioners to take psychedelics in those countries where they are still illegal. They assert that creating training models which do so, risks putting therapists and institutions in an exposed position where they could face legal repercussions. The authors present a “harm reduction” framework for working with clients who want to incorporate psychedelics into their therapeutic journey. This framework moves towards integration work as a solution, asserting the need for clear and strict boundaries with clients. They clarify that therapists can only work with clients to process and integrate psychedelics experiences which have happened independently outside of the counselling space.

Finally, Villiger (2024) enquires as to whether first-hand psychedelic experience for PAP practitioners should be required, optional or prohibited in PAP training. The author considers various facets of personal experience, such as experience of the mental health condition being treated, as well as experience of psychotherapy. He concludes that in all instances, there are both benefits and drawbacks to having experienced something very similar to your clients, highlighting the lack of a clear evidence-based consensus within the current literature. Ultimately, like other authors, such as Tai et al. (2021), Villiger concluded that the current evidence body which supports first-hand experience is not sufficient enough to justify making it a requirement for PAPs trainees. However, he concludes that there is enough evidence to warrant the option of taking psychedelics being made available to those trainees who *wish* to have the experience.

In summary, the literature discussed in this section of the literature review reveals a tension between experiential, reflective accounts that privilege empathy and professional growth, and critiques which centred on ethical and legal concerns, highlighting issues such as coercion, risk, and evidentiary limits. Arguments in support of first-hand psychedelic experience appear to rely on self-report, autoethnographic, and historically situated accounts. Oppositional perspectives seem to draw attention to the absence of outcome data and the constraints of the existing training environments that were available at that time. In the context of this research study, most notably, little research has explored how counsellors themselves experience and navigate this debate within UK-based professional contexts, which brings me back to the central research question being asked in this thesis; How are UK counsellors navigating this debate? Furthermore, it poses other questions, such as whether the requirement for first-hand psychedelic experience already exists, however unspoken, within PAP training programmes and if so, what impact is this having on counsellors? Are counsellors who want to be involved with this field of practice feeling pressured to take psychedelics? For those professionals who have embraced psychedelic use, this choice does not come without its consequences. There is a long history of stigmatisation towards psychedelics and towards those researchers and practitioners who admit to using them personally. In the next section of this literature review, the topic of psychedelic-related “professional stigmas” is explored.

Professional Stigmas in Psychedelic Research and Practice

Despite increasing interest in, and support for, psychedelic therapies as treatments for a range of mental health conditions, stigma surrounding them, persists. In the field of psychotherapy, the impact of the current psychedelic renaissance is

evident: some practitioners are eager to engage in the research and development of PAPs, while others denounce them as “risky” or even “dangerous.” This section of the literature review addresses the second major theme of this thesis: the culture of professional stigmatisation towards PAPs in the UK. This lays the foundation for a more detailed and personal analysis of this topic in chapter five, where the lived experience of this study’s participants is explored. Stigma can manifest in various ways, including discrediting individuals or their research, questioning professional competence, and socially isolating those whose conversations about psychedelics are silenced. This social phenomenon was conceptualised by Goffman (1963) as a process through which individuals are socially discredited and marked as professionally ‘other’. The following section reviews the body of literature on this subject.

As it was already outlined earlier in the “History of Psychedelics” section, the origins of professional stigma will only be briefly revisited here. Crandall (2020) highlights the effectiveness of former U.S. President Richard Nixon’s “War On Drugs” campaign in shaping public and professional perceptions of psychedelics. Categorising psychedelic use as not only personally dangerous, but also a national threat and shifting their status from legitimate medical substances to criminalised drugs, paved the way for stigmatisation to become institutionalised at both cultural and professional levels. Authors such as Smith (2019) and Willoughby and Lombardo (2024) document the persistent efforts of dedicated members of the psychedelic research community to reframe psychedelics in terms of their therapeutic potential. However, studies such as Barnett Siu and Pope (2018) suggest that scepticism remains, with 64.9% of psychiatrists surveyed believing psychedelic use carries a risk of long-term cognitive impairment.

By contrast, Davis et al. (2021) found that only 34.6% of psychologists held this view. Yet, when both groups were asked whether psychedelics have therapeutic potential and warrant further research, the responses were similar: 80.5% of psychiatrists and 84.7% of psychologists agreed. When considering the role that stigma might have played in these results, it could be suggested that professional scepticism may operate less through outright rejection than it does through cautionary distancing. In this scenario, legitimacy might be acknowledged but accompanied by concern about risk and reputation, a pattern which is consistent with Goffman's (1963) account of stigma as a relational process rather than a fixed position.

Building on these findings, Hearn Brubaker and Richardson (2022) adapted previous studies to focus specifically on counsellors, a group largely underrepresented in psychedelic research. Their results indicated that counsellors' views on the risk of long-term cognitive impairment (32.3%) were similar to those of psychologists. Moreover, the vast majority believed in the potential benefits of psychedelics when used in a medical context, with only 14.4% disagreeing. Similarly, when asked whether integrating psychedelics into psychotherapy could improve treatment outcomes, only 14.3% disagreed. These results suggest that while mental health practitioners broadly recognise the potential benefits of psychedelics in therapy, many still harbour reservations about their safety and efficacy. The vocalisation of concern and doubt despite belief in the positive benefits of psychedelics, could be viewed as a defence against what Goffman named "courtesy stigma" which refers to the tarnishing of one's own reputation due to association with a stigmatised person or practice (Birenbaum, 1970).

One proposed solution to address these concerns is to conduct further empirical research to strengthen the evidence base for PAPs. However, this may not

satisfy critics such as Petranker Anderson and Farb (2020), who argue that psychedelic research is subject to a culture of positive researcher bias. They claim that researchers' ideological and financial investments in favourable outcomes can lead to inflated reporting or the omission of unfavourable results. Perhaps in response to these types of claims, Forstmann and Sagioglou (2020) conducted three separate studies, examining how revealing involvement with psychedelic culture or personal psychedelic use influences how a researcher's integrity is perceived.

Their results showed that self-disclosure of first-hand psychedelic use negatively affected perceptions of researchers' personal integrity, highlighting how stigma may attach not only to psychedelic substances themselves, but also to those who research them. However, their results also showed that while the *personal* integrity of the researcher was impacted by self-disclosure, it did not diminish participants' views of the validity of the researcher's findings. These findings align with Goffman's account of what occurs when a person becomes "discredited" due to a stigmatising condition becoming known. He explains that once a stigma is visible, social interactions are shaped by managing the tension created by this knowledge. Those around the stigmatised individual often respond by avoiding or diverting attention from the stigmatising trait (Scrambler, 2024). It could be suggested that this separation between personal or moral judgment and cognitive evaluation is reflected in the results of Forstmann and Sagioglou's study.

Similarly to Forstmann and Sagioglou, other studies, such as those conducted by Ross (2016) and Ross, Potter, Barratt and Aldridge (2020) examine the relationship between self-disclosure of drug use and professional stigmatisation, however, at the time of writing this thesis, there is no available research on the lived experiences of counsellors who have faced professional stigma as a result of their involvement with

psychedelics or PAPs. What is currently missing is a detailed, qualitative exploration of how such stigma affects individual practitioners, particularly how stigma is internally negotiated, managed, or resisted within professional identities, as described in classic stigma theory (Goffman, 1963). This research project seeks to address that gap, by centralising the lived experiences of counsellors who are navigating this challenging professional terrain asking *how* they are experiencing the issue of professional stigmatisation.

Ethics and Safety

The field of PAP is ethically complex and as the western world is currently in its “third wave” of psychedelic research, scrutiny has increased into the ethics and safety of legalising and delivering PAPs. This has raised questions and concerns about a variety of issues, such as substance legality, clinical safety, therapist responsibility, gatekeeping, and cultural appropriation, to name but a few. It is impossible to separate the ethical debates surrounding PAPs, from the colonial histories which accompany these substances, from their initial extraction to their transformation and medicalisation into Western treatments. The concerns surrounding safety and legality which are referred to above, therefore intersect with broader questions of cultural ownership, epistemic authority, and historical exploitation. These concerns are not an *added* or *related* consideration to PAP development but are *central* to understanding how Western therapeutic models risk reproducing colonial patterns under the guise of innovation and healing. Decolonial concerns are therefore introduced here as a necessary contextual frame, however, their experiential and ethical implications are

explored in greater depth through participants' accounts in chapter six and in the final discussion, which takes place in chapter seven.

There is an increasing amount of supporting research which shows that PAPs have the therapeutic potential to treat a number of mental health conditions, such as depression (Carhart-Harris et al., 2021), suicidal ideation (Zeifman Singhal Breslow & Weissman, 2021), PTSD (Mithoefer et al., 2011), and addiction (Bogenschutz & Johnson, 2016). However, there remain ethical uncertainties, such as the long-term efficacy of PAPs, how to manage the increased vulnerability of patients, and how to ensure that adequate frameworks and support structures are in place before making PAPs available to the public (Humphreys Stjepanović & Hall, 2025).

Therapists are currently left trying to navigate an ambiguous legal landscape, as we remain in a state of limbo where psychedelic substances are still classified as illegal, yet research trials and PAP training programmes are taking place. One potential way to support counsellors in navigating this uncertainty is by ensuring that they have a seat at the decision-making table, allowing their professional perspectives and experiential insights to inform policy, training, and regulatory developments. McGuire et al. (2024) remark that the ever-changing and uncertain landscape in the world of PAPs places significant ethical pressure on therapists who wish to work in this field, forcing them to balance professional fulfilment with legal liability. Their research suggests that in the absence of clear guidelines or frameworks, professionals may either over-rely on the protection of institutions, avoiding work with psychedelics altogether, or feel compelled to take on excessive personal risk by going “underground” with their PAP work.

There is a considerable weight of responsibility on therapists working with PAPs due to the increased client vulnerability mentioned earlier. According to Kruger et al. (2025), working with clients under the influence of psychedelics increases the likelihood of boundary violations, susceptibility, and re-traumatisation. The concerns raised by researchers such as Mocanu, Mackay, Christie and Argento (2022), raise questions as to whether the potential gains from undertaking PAPs outweigh the risks that could occur if they are delivered without robust regulation or adequately trained therapists.

Another facet of PAP development that has raised growing concerns is its commercialisation and medicalisation. Buchman and Rosenbaum (2024) assert that commercialisation risks devaluing the importance of the therapeutic alliance and achieving relational depth, as scalability becomes prioritised. Furthermore, this fiscal approach risks repeating systemic injustices. Healing practices are reframed into marketable treatments, prompting the question of what measure of therapeutic integrity will remain once PAPs have completed their transformation into Western, medicalised treatments. Noorani and Martell (2021) also highlight a culture of positive bias in psychedelic research, as professionals may be motivated by financial gain or their personal beliefs in the benefits of PAPs. While the latter is not an ignoble motivation, it may still compromise research integrity if authors publish inflated effect sizes or withhold unfavourable data (Cheung Ehrenkranz & Yaden, 2025).

The current legal status of psychedelics in the UK makes practising psychotherapy that incorporates psychedelic use illegal. As a result, therapists who feel strongly about the benefits of PAPs have chosen either to work underground or to find alternative methods of offering their clients a space to process psychedelic experiences. Pilecki Luoma and Nielson (2021) explain that operating in such a legal

landscape can leave therapists facing ethical dilemmas regarding legal liability and confidentiality. Furthermore, Gorman et al. (2021) note that due to clients' heightened vulnerability after psychedelic experiences, therapists need to provide greater support in helping clients process and integrate what they have experienced. This places an additional strain on practitioners, increasing the need for comprehensive training, not only in the technical aspects of delivering PAPs, but also in trauma-informed care and ethical discernment.

These same legal and ethical tensions can be felt in the context of research and indeed, were felt in this study. In exploring participants' accounts of psychedelic use, particular ethical considerations needed to be made given that participants were discussing illegal substance use. Participants were invited to reflect on personal psychedelic experiences and, in some cases, on professional positions that could carry legal or professional risk. This necessitated careful attention to issues of confidentiality, anonymity, and participant safety.

It is therefore important to acknowledge that the legal status of psychedelics may have shaped how participants articulated their experiences and views. The use of disclaimers, hedging language, and distinctions between personal and professional positions, which can be seen across several accounts, may be understood not only as relational processes, but also as having been influenced by ethically responses. In this sense, the ethical conditions of the research context are intertwined with the meanings participants constructed and shared.

As noted earlier in this chapter, psychedelic healing rituals have undergone a transformation into what is now recognised as the Western medical model of PAPs. However, many, such as George et al. (2020) and Prioleau and Panjwani (2025),

question the ethics of “borrowing” a cultural concept without any form of reciprocation. Before the third wave of psychedelic research began in earnest, and certainly since it gained traction, Westerners have sought out indigenous and native communities to access traditional psychedelic healing. Vidriales and Ovies (2018) describe the impact that Western demand for psychedelic healing can have on small indigenous or native communities. They explain that this form of tourism is often not recognised or supported by local governments, leaving communities without the funding or infrastructure to support the influx of Western tourists. The result can be an unsustainable situation that eventually collapses, leaving the communities worse off than before. Psychedelic tourism can also lead to exploitation of both tourists and locals, as illustrated by Reas (2015) in her comparison with “orphan tourism” in Southeast Asia, where cases of child trafficking and tourist exploitation arose from local attempts to profit from a tourism boom.

Copes et al. (2025) conducted a study to understand the views or justifications of those accused of appropriating Native American culture. In the USA, it has emerged that some white, non-Native individuals have joined Native American churches solely to take part in peyote ceremonies legally. The study concluded that most participants responded to accusations of CA in one of two ways: either by denying its existence, (claiming that plants cannot be “owned”), or by acknowledging the issue, but framing themselves as allies of indigenous people, committed to respecting and upholding their traditions and rituals.

Regardless of how honourable Westerners may feel that their intentions are, there is a long history of Western exploitation and appropriation other peoples’ cultures. Judging by the current evidence, there is a danger of history repeating itself, as ethnic minority groups remain underrepresented in research trials. Some, such as

Tupper (2022) and Smith (2012), have called for the decolonisation of PAP frameworks and for greater inclusion of indigenous voices. The importance of ensuring that history does not repeat itself is underscored by the literature review conducted by Strauss, de la Salle, Slosower and Williams (2022), which highlights a disturbing chapter in psychedelic research history. Their review found that during the first wave of psychedelic research, people of colour were recruited from prisons and mental health institutions and administered psychedelic compounds, often without informed consent, resulting in physical pain and psychological trauma in some cases. This troubling history underscores a persistent culture of marginalising vulnerable populations in psychedelic research.

In summary, the literature shows that although PAPs hold considerable promise as treatments for a variety of mental health conditions, avoiding the repetition of patterns of discrimination, CA and exploitation requires proper acknowledgement of the origins of psychedelic healing. Furthermore, PAP frameworks must adopt decolonised approaches that ensure fair representation and leadership from indigenous voices.

The following section will present the research gap which was uncovered through the process of the literature review, drawing attention to the unresolved questions and underexplored areas in the current body of knowledge, and will subsequently clarify and reinforce the aims and intentions of this study.

The Research Gap

This literature review highlights a clear gap in existing research on PAPs: the views, experiences, and concerns of UK counsellors remain largely absent. While

research has examined clinical outcomes, ethical frameworks, and the perspectives of researchers and clinicians, little is known about how counsellors navigate the practical, moral, and professional challenges of engaging with PAPs. There is a particular lack of exploration into how counsellors' personal experiences, professional training, and the broader social and regulatory context shape their engagement with these therapies.

Although not the central focus of this thesis, it is also important to note that counsellors' perspectives are shaped by the professional and educational contexts in which they operate. Historically, western counselling training programmes have rarely included education on psychedelics or PAPs, and emerging PAP-specific training programmes vary in their positions on experiential learning, harm, and the role of first-hand psychedelic experience. Counsellors' encounters with PAPs occur at different points in their careers and against the backdrop of rapidly changing social, professional, and regulatory landscapes. These contextual factors contribute to the complexity of integrating PAPs into counselling practice, yet remain under-explored in current literature.

The lack of research into UK counsellors' perspectives raises a broader question: how can counsellors be meaningfully involved in shaping the development of PAPs within professional, policy, and training contexts? This gap underlines the need for studies that place counsellors' voices at the centre, fostering discussion, curiosity, and engagement, and ensuring that practitioners have a seat at the table in shaping this emerging field.

Chapter Two- Methodology

Methodology and Rationale

This study was conducted using the qualitative research methodology “Interpretative Phenomenological Analysis” (IPA), developed by Jonathan Smith in the 1990s. Over the past decade, this methodology has become increasingly popular among psychedelic researchers seeking to explore specific aspects of subjective experience, due to its idiographic, experience-centred approach. My research follows this shift, using IPA to examine the lived experiences of therapists within the evolving psychedelic field.

IPA can be understood as a synthesis of three philosophical traditions: Phenomenology, Hermeneutics, and Idiography (Eatough & Smith, 2017). Smith’s development of the method was also influenced by the works of philosophers such as Merleau-Ponty and Sartre, which will be discussed in due course. To fully understand this methodology, it is first necessary to consider its philosophical foundations. I will therefore begin with a brief overview of each of the three traditions mentioned above, followed by a fuller explanation of what IPA is, how it is applied in practice, how research quality is measured and assessed and why I ultimately came to choose this methodology over others.

Phenomenology

Phenomenology is the philosophical study of human existence and experience (Woodruff-Smith, 2018). It was developed by the philosopher Edmund Husserl, who sought to explore the nuances of consciousness by describing the lived experiences

of humans in a direct and presuppositionless manner (Moran, 2000). Later in his career, Husserl focused on a more specific branch of phenomenology, which he termed transcendental phenomenology. This approach was later drawn upon by Smith in his development of IPA.

Zahavi (2019) describes transcendental phenomenology as being concerned more with the *how* rather than the *what* of objects. He explains that the way an object appears to its perceiver is influenced by various factors, such as the nature of the object itself and the context within which it is perceived. He also outlines a key technique within Husserl's approach, known as "bracketing" or *epoché*, which involves suspending judgement about the world in order to access phenomena in a manner that is purer and less biased.

Hermeneutics

In the 1920s, one of Husserl's students, Martin Heidegger, made a significant departure from his mentor's approach of transcendental phenomenology, instead developing what would become known as *hermeneutic* or *existential* phenomenology (McDonnell, 2018). Whereas Husserl had focused on the description of lived experiences, Heidegger shifted his emphasis towards interpretation, honing in on the human experience of "being in the world" (Giorgi, 2005). The word "hermeneutic" originates from the ancient Greek verb "hermēneuein", meaning "to translate, explain, or interpret" (Online Etymology Dictionary, 2023). It was often associated with the ancient Greek messenger Hermes, who was considered the "interpreter" of the gods (Grau, 2013).

Unlike Husserl, who believed that the key to exploring phenomena successfully was to “bracket” one’s own experiences in order to remain neutral and unbiased, Heidegger argued that human interpretations are inevitably shaped by the social, historical, and linguistic contexts in which we live (Zaborowski, 2011). One of Heidegger’s own students, Hans-Georg Gadamer, expanded on this belief, positing that we come to understanding through encounters with others, and that it is through these contextualised interactions that meaning is formed (Gadamer, 1989).

According to Pietkiewicz and Smith (2014), the fusion of transcendental and hermeneutic phenomenology within IPA allows for an approach that is both descriptive, (in its concern with how things come to be the way they are) and interpretative (in its acknowledgement that there is no such thing as an uninterpreted phenomenon). As mentioned earlier, Smith also incorporated the philosophical tenets of others such as Merleau-Ponty, Sartre, Schleiermacher, and Gadamer, meaning that a range of factors are considered when analysing participants, including existential meaning and the social, political, and historical contexts within which the participant is in constant interaction.

Idiography

The final philosophical branch to be discussed is “Idiography,” which can be attributed to Wilhelm Windelband, who had a specific interest in that which is *particular* as opposed to that which is general (Lamiell, 2014). Windelband wanted to move away from what he called the “nomothetic” approach to empirical knowledge, often seen in traditional phenomenology, which prioritises identifying repetitions of phenomena in order to establish general laws. He moved instead towards the “idiographic” approach, which values “depth over breadth” as a way of uncovering the particularity of a

phenomenon (Blackstone, 2012). This quality has become a key characteristic of IPA due to its ability to produce more nuanced insight into people's individual lived experiences (Finlay, 2011).

Each of the philosophies outlined above were drawn upon during the creation of IPA, serving as cornerstones for this qualitative methodology. I will now provide a fuller overview of what IPA *is* and what is aimed to *do* in a research context.

IPA

According to Smith, Flowers, and Larkin (2009, 1), "*IPA is a qualitative research approach committed to the examination of how people make sense of their major life experiences*". They go on to say that "*IPA shares the view that human beings are sense-making creatures, and therefore the stories which participants provide will reflect their attempts to make sense of their experience*" (2009, 4). As such, IPA is seen by many researchers and admirers of the approach as the most "participant-oriented" qualitative research method; a research approach that shows respect and sensitivity to the lived experiences of research participants (Alase, 2017).

Smith categorises some of the key features of IPA as: experience, idiography, interpretation and developing interpretative layers. As mentioned previously, IPA prizes the subjectivity of first-hand experience within its own personal social and historical context. This methodology allows the individual to explore what feels both immediate and significant to them as they explore their lifeworld (Smith, 2009). The focus on "particularity," drawn from the principles of idiography discussed earlier, means that emphasis is placed on conducting detailed analyses that are case-specific, to facilitate the discovery of personal insights as well as identifying common themes. As such, Smith advises that IPA studies typically benefit from focusing on a smaller number of

cases, reminding us that human phenomena is complex in nature and as such, focus should be placed on quality over quantity. Interpretation is done in a dynamic, non-linear way, using a method called “double hermeneutics” which is described below.

This approach to data analysis aligns with Heidegger’s view that interpretation of experience is an exploration undertaken by both researcher and participant (Smith, 2016). Conducting a double hermeneutic in IPA means that the researcher employs a double layer of interpretation. Not only are they interpreting the interview data itself, but they are also interpreting the way participants make sense of their own experience, which will inevitably be influenced by their positionality in the world (Smith Flowers & Larkin, 2022). For example, the researcher might consider how the participant’s gender, culture, sexual orientation, or age might impact the way that they interpret their experiences. The researcher might also consider how their own presence and presentation affect participants’ responses in interviews. By taking this approach, the researcher ensures that both the participant’s experience and the researcher’s interpretation of that experience are considered in the data analysis (Pietkiewicz & Smith, 2014).

IPA encourages researchers to move between different levels of meaning in participants’ accounts to develop deeper layers of interpretation. This is done through an iterative process of using both empathy and curiosity to achieve a greater depth of understanding about the participant’s data (Smith & Osborn, 2008). To reach a more nuanced interpretation, the researcher needs to balance comprehending the meaning of their participant’s experiences while also being willing to critically question them. This approach allows deeper psychological insights to be achieved, which remain rooted in the participant’s own experiences.

In IPA studies, the researcher aims to use thoughtfully worded, open questions in an interview setting, which is typically semi-structured. A “successful” IPA study is one that has “given voice” to the principal concerns and claims of participants. Beyond this, it is important for the researcher to have made sense of the participant’s offerings by providing a thoughtful interpretation of their material, which feels authentically grounded in the participant’s accounts. The researcher must also extend beyond their interpretation at times, through the application of psychological or philosophical concepts (Harper & Thompson, 2011).

Before selecting IPA as my final methodology, I had explored other research approaches to determine which would best align with the aims of this study. The following section outlines two alternative methods that were considered but ultimately not chosen, along with the rationale for their initial appeal and the reasons why they were deemed less suitable for this research. By reflecting on these alternatives, I aim to demonstrate how the final methodological decisions were guided by the research questions and the emphasis on capturing in-depth, personal experiences.

Alternative Methods Considered

Thematic Analysis-

Developed by Victoria Braun and Virginia Clarke (2006), Thematic analysis (TA) is a method through which patterns of meaning can be identified analysed and interpreted (Braun & Clarke, 2016). Unlike traditional methodologies which are typically bound by frameworks and theoretically informed, TA is a technique, or tool rather than a methodology in itself and thus can be used across a wide range of different research paradigms (Nowell, Norris, White & Moules, 2017). The creators of this technique posit that it is a useful method for examining the perspectives of

different participants, allowing the researcher to identify similarities and differences, as well as generating unanticipated insights (King, 2004).

These attributes, alongside its paradigmatic flexibility and its more accessible approach to analysis, led me to consider this approach as a strong candidate for my methodological approach, however, IPA goes much deeper in its analysis of each data set, before broader thematic orientations begins to develop (Braun & Clarke, 2021). While in many ways, the epistemological breadth of TA is a strength, in the context of this research project, it would not provide me with the necessary framework needed to fully engage with the phenomenological, relational and interpretative dimensions central to this study (Braun & Clarke, 2021; Terry et al., 2017).

In comparison to TA, IPA makes a philosophical commitment to honour the individual's lived experience, through coming to understand the way that it is interpreted by the participants themselves. Through working closely with the particularities that exist within each participant, a process of joint meaning-making can occur (Smith Flowers & Larkin, 2022).

Grounded Theory-

Grounded Theory (GT) was originally developed by Barney Glaser and Anselm Strauss in 1967 in response to their desire to close the gap between "theory" and "method" within the field of social research (Glaser, 2016). Their initial approach involved the iterative collection and analysis of "concepts", which allowed them to begin forming categories and eventually theoretical frameworks. Moving away from forms of data collection which had often previously been conjectural in nature, Glaser and Strauss wanted to ensure that concepts that were recorded had fit and relevance, or in other words, were "grounded". As this method developed, its trademark features

became; iterative comparison, theoretical sampling, and the on-going organisation of data into core categories that demonstrate variation within the broader research field (Bryant & Charmaz, 2007).

This approach is commonly used by those researchers who are exploring more unknown areas and who are looking to discover new theoretical insights. Although the psychedelic renaissance has been building in momentum and developing again for the last couple of decades now, it is still, in many ways, in its youth, in terms of the distance that is still to be covered in order to move PAPs from a small scale private sector movement, to a nationwide, accessible treatment. Because of this sense of there still being plenty of areas with concern to the future of PAPs which feel unknown to the majority of the UK's population, I considered grounded theory as a potential methodology for my research. I considered whether GT would allow for the discovery of patterns and themes in the ways in which counsellors are integrating psychedelic work into their professional identities, and how this might be useful in helping to shape currently emerging professional training programmes or frameworks. However, there were a couple of factors which acted as barriers to me choosing this methodology.

Firstly, the emphasis placed by GT on theoretical abstraction and conceptual development did not ultimately feel compatible with what I wanted to achieve with this research. My goal in conducting this study was to open up avenues of conversation amongst therapists about a subject which is still highly stigmatised, through creating a platform for the lived experiences of individuals, like themselves, to be heard. I wanted my participants to have a space where they could make sense of their own embodied experiences of navigating the tensions that exist within the field of psychotherapy towards the subject of psychedelics and within the field of psychedelic research itself. IPA appeared to be a more suitable methodology in achieving these

aims due to its privileging of individuals' lived experiences and its idiographic focus of achieving depth and breadth of knowledge by celebrating the particularities of each individual participant.

Secondly, it is recommended by Glaser and Strauss that researchers delay engaging in the literature review process for their topic in order to take a "blank slate" approach their study and minimise the risk of biases or assumptions influencing the emergence of theories from their data (Braun & Clarke, 2013). Having already written an undergraduate dissertation several years ago on MDMA-Assisted therapy as a treatment for PTSD, I had already spent a significant amount of time heavily reading studies and literature on PAPs as well as the history of psychedelics and the various legal and ethical issues surrounding this subject, I did not feel that I was approaching this research study with a "blank slate" or from a totally unbiased position, as will be seen in the "researcher positionality" section of this methodology chapter.

Finally, as a researcher who is also a psychotherapist, I feel that the interpretative nature of IPA and the focus that it places on the individual, aligns best with the principles of person-centred and psychodynamic counselling theory, which believe in using the therapeutic relationship as a safe container, or vehicle, through which a client, or individual, can explore their inner world and process unconscious material.

Philosophical Foundations

According to Larkin and Thompson (2011), IPA research is aligned with an interpretative phenomenological epistemology, which means that focus is placed on the way that knowledge is co-created by people and the world around them as they encounter it and make sense of it. Several assumptions are held when entering the

research process: Firstly, that in order to understand the world, one must understand experience. Secondly, that researchers are exploring the experiences of people who are constantly in relation to a multiplicity of worlds that are relational, linguistic, cultural, and physical in nature. Thirdly, because of the nuanced nature of participants' lived experiences, it is necessary to adopt an idiographic approach focusing on the *particular* in order to facilitate detailed accounts. Fourth, the assumption is that as researchers, we are not simply reporting participants' accounts, but instead, we use the interview space as a place to engage in subjective meaning-making. Fifth, as researchers, we must work reflexively, considering our own experiences and assumptions in order to better engage with others' experiences. Finally, the researcher must accept that interpretation cannot be escaped at any stage. We can only reflect on the role that we have played in forming our interpretations and honour our commitment to remaining grounded in our participants' experiencing.

Throughout the years that I have been involved in psychedelic research, it has become apparent to me that it is not only difficult but perhaps impossible to separate one's beliefs about and understanding of psychedelics from the social and political discourses and influences pertaining to this subject. As such, this research is situated within a social constructivist paradigm. From this ontological perspective, reality is viewed as a construct brought about by human activity (Kukla, 2000). It maintains that reality is not something that can be discovered; it is, in fact, a social invention.

In line with the approach to knowledge posited by Heidegger, which was mentioned earlier, a social constructivist ontology places focus on the roles that social and cultural influences play in the construction of knowledge (Moskalewicz, 2021). From a social constructivist perspective, learning is viewed as a social process.

Humans are believed to create meaning as a result of their interactions with one another and with the world around them (Kim, 2001).

Reflexivity

Reflexivity is a process that is understood and described in many different ways by researchers. Some, such as Palaganas, Sanchez, Molintas and Caricativo (2017) describe it as an iterative and empowering process that allows researchers to acknowledge how they are personally impacted or changed by their work, and how their own influences will affect their work in turn. Others, such as Serra-Undurraga (2019) describe it as a way of relating, which produces insight. One author, Finlay (2002, 209), describes reflexivity as a “swamp” full of “muddy ambiguity”, which researchers navigate as they attempt to make sense of their own experiences as well as their collaborations with participants. Finally, Dodgson (2019), highlights the benefits of reflexivity for readers too. She asserts that when researchers engage in reflexive writing, they provide insight for readers into the contextual intersecting relationships that exist between researcher and participants. Dodgson posits that this style of writing helps strengthen the credibility of the research findings and deepens the reader’s understanding of the work.

My own reflexive writing is interwoven throughout the data analysis and discussion chapters of this thesis, in the hope of providing readers with what Dodgson describes above. For my own introspective purposes, I kept a personal journal, which I wrote in immediately after each interview with the five participants who took part in this study, in order to capture my authentic, real-time responses to each person (see Appendix D). This practice also helped me move beyond simply interpreting

participants' data, encouraging me to remain curious about how I experienced and interpreted participants' offerings and behaviours during our interviews.

Positionality

My positionality within this research is influenced by five main perspectives. The first is that I am a qualified counsellor, meaning that I am a "practitioner-researcher." My involvement in the field of counselling and psychotherapy means that I bring some degree of inside knowledge into the therapeutic context of this research. This fosters an empathetic understanding of participants' experiences as counsellors, but also necessitates greater levels of reflexivity due to the potential for over-identification with participants.

The second is my personal opinion on PAPs. I have historically experimented with a range of different psychedelics and experienced both positive and negative effects during that time. However, the most positive experience I had, which was with LSD, was significant and impactful enough that it left me with a sustained belief in the potential therapeutic benefits of psychedelics, despite not having taken them in many years. This belief could have impacted how I heard and interpreted participants' interview data.

The third perspective to consider is my theoretical orientation as a counsellor. I am an integrative practitioner trained in person-centred and psychodynamic counselling; therefore, my interpretation of participants' interview data will be influenced by these theoretical perspectives.

The fourth perspective is that I am female. There are times in my reflections where I note and explore observations on how gender impacts participants' presentation and mentality in our interviews, and inevitably I will be approaching this topic from a female perspective, which may differ from how a person of another gender might view the same interactions.

Lastly, I am a British person of mixed Indian and Irish heritage. There are sections of this thesis that explore cultural appropriation and the concept of decolonising future research. My writing on these topics has been impacted, in part, by my cultural background, which consists of two countries that have been subject to British oppression and colonisation.

Chapter Three- Data Collection

In keeping with the interpretivist and idiographic foundations of this study, the data collection process was conducted to facilitate rich and detailed accounts of each participant's lived experiences. To foster the co-construction of meaning-making, the principles of IPA guided the data collection process, with priority given to providing a safe, contained space in which participants could make sense of their own experiences. The following sections detail the processes of identifying, recruiting, and engaging participants, as well as descriptions of how the interviews were formatted and conducted. That is followed by an explanation of how the interview data was collected and analysed. I will also provide details of the measures taken to ensure the quality of the IPA research conducted, as well as how ethical considerations were addressed.

Design

Five qualified counsellors were recruited and each person was interviewed in a one-to-one format. Given the wide geographical spread of participants across the UK, interviews were conducted online, using Microsoft Teams and in one instance where this was not possible, Zoom. This was a deliberate methodological choice to ensure consistency across interviews and to support accessibility and participant comfort. While online interviews may limit access to some embodied cues, this format nonetheless allowed for the development of rapport and the collection of rich, detailed accounts aligned with IPA principles. All interviews were semi-structured and were analysed using an IPA methodology.

Sampling/Recruitment

In line with IPA research, I aimed to select a homogenous sample of participants, which involved developing inclusion and exclusion criteria (Alase, 2017). Participants were required to be UK residents to ensure their individual experiences could be analysed in the context of the psychedelic renaissance as it unfolds within the UK. I also specified that participants needed to be qualified counsellors actively working with clients in some capacity.

The decision not to include trainee counsellors in this study can be understood in light of the fact that they are still in the process of orienting themselves to, and aligning with, various therapeutic modalities and models (Folkes-Skinner Elliot & Wheeler, 2010). While trainee counsellors may encounter similar challenges in navigating the psychedelic renaissance, qualified counsellors have likely had greater opportunity to develop a stable professional identity through time and experience (Skovholt & Rønnestad, 2003). I contend that this professional grounding is essential for effectively navigating the ethical and relational complexities inherent in the psychedelic renaissance.

In their guide on conducting IPA research, Smith, Flowers, and Larkin emphasise the importance of participants being able to articulate their experiences in depth (Smith Flowers & Larkin, 2009). As IPA relies on detailed and reflective accounts, a shared language was necessary to support nuanced exploration of participants' meaning-making during interviews. As I only speak English, interviews were conducted in this language, with proficiency included as an inclusion criterion to support meaningful dialogue and depth of exploration.

In one interview, it became apparent early on that a participant's fluency in English differed from that of the other participants. This influenced the flow of the conversation, which at times became slower and required more frequent clarification, making it more difficult to pursue certain lines of inquiry in the same depth as in other interviews.

From a critical perspective, this difficulty is understood not as a limitation of the participant, but as a consequence of the study's reliance on English as the sole language of inquiry. This reflects both my own linguistic position and wider norms within academic research, where English often functions as the dominant medium through which knowledge is produced (Zeng & Yang, 2024). Acknowledging this highlights an important ethical and methodological tension, particularly in relation to whose experiences are most easily accessed and represented within qualitative research.

To locate suitable participants, I used convenience and snowball sampling (Naderifar Goli & Ghaljaie, 2017). I sent a recruitment email via the administrative lead of my doctoral programme to all counselling and psychotherapy cohorts who would have passed the point of qualification. This email included a brief invitation from me to read the attached participant information sheet (see Appendix A), which gave a detailed description of my research and contact information. My thesis supervisor also sent my recruitment email to all members of the "Scottish Psychedelics Research Group" (SPRG).

Additionally, I contacted the manager of a counselling centre where I had volunteered in the past and requested that they distribute my recruitment email to all qualified counsellors there. However, the manager was reluctant to send an email and asked me to provide a recruitment flyer instead, which she said that she would place

in the counsellors' room at the centre. Finally, a member of my university doctoral research group mentioned a friend who was a qualified counsellor with a keen interest in psychedelics and who would be willing to participate. I reached out to this person around the same time that I sent my recruitment emails, introducing myself and sending over the participant information sheet.

What resulted from these efforts was an initial flurry of responses, all from SPRG members. I received five emails within two days, which filled me with hope that this level of response would continue across the various avenues I had explored. However, in reality, days stretched to weeks without a single response from any University of Edinburgh students, or to the flyer posted at the counselling centre mentioned.

I was shocked by this turn of events, given the initial interest, and felt quite deflated. This feeling turned to worry as weeks passed, and as I entered the second month since starting recruitment, my worry became concern. I decided to broaden my recruitment efforts by contacting the manager of the counselling centre where I was conducting my private practice at the time. The centre's managers run various training programmes and CPD events, so I felt that there was a good chance that people attending these events would see my recruitment flyer if it was posted on the communal notice board. After obtaining permission, I placed the flyer there, however, it took a further two weeks before I received any responses. In total, it took nearly two months of staggered recruiting/interviewing in order to reach a total of five participants. I had initially hoped to interview more people, before narrowing down which data I wanted to include, but given the challenges that I faced in finding participants, I decided to conclude my data collection after having conducted five interviews.

Data Collection

During the data collection process, a procedural oversight occurred in relation to the timing of written consent for one participant (who will be introduced as “Yanshu” in the participant introductions following this section). Although email and verbal consent were obtained prior to the interview, the formal written consent form was not sent until immediately after the interview had concluded. This oversight was identified and acknowledged at the end of the interview, at which point the participant reiterated their willingness to take part and indicated that they would complete and return the consent form. Unfortunately, despite multiple subsequent attempts to re-establish contact, no written consent was received.

This raised an important ethical dilemma regarding the use of Yanshu’s data. Having consulted at length with my supervisors, the decision to retain Yanshu’s data was made with careful consideration of the participant’s initial and reiterated consent, the absence of a request for withdrawal, and the ethical risks associated with both exclusion and inclusion. This experience prompted deeper reflexive engagement with the limits of procedural ethics and the relational dimensions of consent in qualitative research.

In regards to Yanshu’s non-return of the demographics form, I had initially located this data within tentative assumptions regarding gender and ethnicity, based on how they were understood during the interview process and in anticipation that these details would later be confirmed or revised by the participant. When this did not occur, despite multiple attempts to re-establish contact, I was required to reflect on how interpretation might proceed ethically in the absence of explicit demographic consent.

One alternative approach would have been to omit demographic descriptors altogether and to rely solely on the phenomenological material of the interview itself. While this may have reduced the risk of misrepresentation or epistemic imposition, I feel that it would have also limited opportunities to reflect on how social positioning and marginalisation might intersect with Yanshu's account. The approach ultimately taken does not fully resolve this tension; rather, it renders visible the interpretative limits and ethical complexities involved in negotiating autonomy, reflexivity, and meaning-making within IPA research.

Participants

As mentioned, five participants took part in this study. They were all qualified counsellors. I will now provide a brief introductory paragraph for each participant, addressing them by a pseudonym which I assigned to them, in order to ensure anonymity. In line with IPA's idiographic commitment to honouring that which is particular or individual about each of us as humans, I have included demographic information about each participant to situate their experiences within both their personal and broader social, cultural, and professional contexts.

However, before presenting each participant individually, it is useful to provide some contextual information about the group as a whole. Participants varied in terms of counselling training and engagement with psychedelic-assisted practices. One participant was currently undertaking a full-time PAP training programme with experiential elements, while others had no formal PAP training and engaged with psychedelics primarily through personal exploration, self-directed learning, or educational workshops. These differences provide useful context for interpreting the

reflections presented in each individual biography, without implying that training or exposure is a central focus of the study.

Nationality, relational orientation and gender identity were included specifically because these aspects of identity can shape therapists' perspectives, professional boundaries, and experiences of emerging practices such as PAP. Participant disclosure was treated with care: for example, one participant, Adam, initially stated that he was only comfortable sharing minimal personal information. Yet, after having taken part in our interview, he chose to provide more personal details on the demographics form than he had initially indicated that he might. This highlighted the importance of respecting participant agency and recognising that disclosure can shift over time.

Dan–

Dan is a heterosexual, white British male, between the ages of 40–50. He qualified as a counsellor in 2021 and is currently undertaking a psychedelic training programme in the UK. Dan has his own private counselling practice where he sees adult clients. He has also recently entered into underground psychedelic work, beginning to offer a small number of carefully selected clients the opportunity to engage in PAP. Dan's interest in psychedelics began when he was a teenager, during which time he experimented with them and immersed himself in related literature. After a hiatus from personal psychedelic use, which lasted nearly ten years, his passion was reignited in recent years as he encountered new literature on the current progress of PAP, which encouraged him to pursue specialist training in that field. Dan appeared to have acquired and developed his knowledge of psychedelics independently. He did not comment on whether his counselling training programme had included any education on psychedelics.

Rowan–

Rowan is a pansexual, non-binary person between the ages of 40–50. They chose not to disclose their country of origin. Rowan is a qualified counsellor working in private practice while completing a degree in existential psychotherapy. They did not comment on whether their counselling training programme included any education on psychedelics, however they described their own personal relationship with psychedelics as having begun in their thirties, when curiosity led them to try them. They had the opportunity to undertake psychedelic integration work with their own therapist, who also had personal experience with psychedelics, and described this as tremendously helpful. Rowan was a member of a UK psychedelic institution for a period of time, but became disenchanted with the environment and some of their peers, due to a perceived focus on commodification and a lack of respect for the cultural origins of psychedelic healing. Since leaving the institute, Rowan has continued on with traditional counselling work but hopes to work as part of a team offering PAP in the future when it becomes legalised.

Adam–

Adam is a gay male between the ages of 40–50 from Eastern Europe (participant did not wish to disclose specific country of origin). He is a qualified counsellor currently working in a mental health support role. Adam's interest in psychedelics began in his teenage years, during which period he used them regularly. However, upon entering the mental health field, he felt that it was important to separate this part of himself from his professional identity, setting a boundary to refrain from psychedelic use whilst working in this sector. Adam has attended psychedelic retreats and ceremonies which he found to be potent spiritual experiences. He pursued psychedelic training

programmes in the UK but found the costs prohibitive and eventually became disillusioned with what he perceived as an elitist community.

Desmond-

Desmond is a heterosexual British male between the ages of 40–50. He is a qualified counsellor, currently in the final stages of a counselling training programme. Desmond first discovered psychedelics as a young adult during a personal mental health crisis. A stranger told him about the potential healing properties of psychedelics during a chance encounter, which prompted Desmond to take drastic action. He made a life-changing decision to travel alone to South America, where he lived for a year amongst an indigenous tribe and participated in regular psychedelic ceremonies. While there is no doubt from his accounts, as to the profound effect that this experience had on him, Desmond remains unsure whether he wants to work with PAP in a Western medical setting.

Yanshu-

As was discussed in the data collection above, I did not receive demographic information from Yanshu. Therefore, in presenting Yanshu's account, minimal demographic descriptors are offered tentatively, which reflect how Yanshu was understood and presented during the interview itself. Any further writing about Yanshu will now reflect these assumptions (i.e. gendered pronouns), as will be acknowledged regularly throughout the thesis. Yanshu presented as an East Asian female and appeared to be between 20–30 years old. She is a qualified counsellor currently undertaking doctoral training in psychotherapy. Yanshu described having limited first-hand experience with psychedelics and expressed curiosity and optimism regarding their therapeutic potential. Since relocating to the UK, she has attended educational

psychedelic workshops and indicated interest in undertaking formal training as a psychedelic-assisted psychotherapy practitioner in the future.

Interview Process

Due to the varying geographical locations of participants within the UK, it was necessary to conduct several of the interviews online, so I opted to conduct all interviews using this format to ensure continuity. I began all interviews with a few minutes of rapport-building, during which time we introduced ourselves and exchanged pleasantries before I gave participants an overview of what to expect from the interview process. I also reminded them of the approximate duration (between 60–90 minutes) and that they had the right to pause or terminate the interview at any time without needing to provide an explanation. Because many participants were in their own homes, I encouraged them to let me know if they needed to pause for practical reasons.

Once I had covered these “housekeeping” elements, I asked participants how they were feeling upon entering the interview space. This question was designed to demonstrate empathic interest in their wellbeing and to encourage a “self-reflective” mindset. All participants had been informed via the information sheet during recruitment that interviews would be recorded. For four out of five interviewees, this was sufficient warning. However, one participant arrived with high concerns about anonymity and required roughly fifteen minutes of continued reassurance before feeling comfortable enough for me to begin recording. This experience is discussed in more detail in the fourth chapter, which focuses on professional stigmas surrounding

PAPs, as it provided valuable insight into the fears that professionals can have about being associated with psychedelics.

In line with Pietkiewicz and Smith's (2014) guide on using IPA in qualitative research, my interviews followed a semi-structured format. I endeavoured to keep my questions as open as possible, focusing on participants' experiences and understandings of particular sub-topics. My aim was to focus on "first tier" questions, encouraging participants to explore their thoughts on the topic at hand. However, given IPA's emphasis on idiography, I took a more open approach to data collection, hoping to generate richer, more detailed descriptions of participants' lived experiences by giving them space to follow their thoughts where they led naturally.

As such, although I composed an "interview guide" (see Appendix E), this was treated as a flexible reference tool, allowing me to deviate if the interview organically moved in different directions. I had to maintain a balance between flexibility and participant-led exploration while ensuring the interview remained relevant to the research questions (Eatough & Smith, 2017). The interview guide was formulated based on my knowledge of existing literature on psychedelics and PAPs, as well as identified gaps, namely the lived experiences of professionals navigating the on-going psychedelic renaissance.

As the interview came to a close, I ended with a "check-in" asking participants how they were feeling. This was well received and appeared to offer a valued space for reflection on the interview experience and its emotional impact. During this time, I informed participants about what to expect going forward, explaining that I would conduct as many interviews as possible before selecting which would be included in my thesis, clarifying that there was no guarantee their data would be used. I also

offered a de-briefing session in case the interview triggered difficult emotions. Finally, I asked whether participants had any questions and took time to answer anything that they raised.

Ethical Considerations

As a student at the University of Edinburgh, I have conducted this research in adherence to the university's "Research Ethics Policy" (University of Edinburgh, 2022) which outlines five key principles essential for ethical research. I will address each principle in turn, reflecting on how I upheld them throughout this study.

Beneficence and Non-Maleficence

My motivation for this research was twofold. Firstly, I aimed to benefit the wider counselling community by fostering greater dialogue around PAPs. I hoped that this thesis would prompt reflection and discussion, drawing attention to issues such as professional stigmas and gatekeeping that may inhibit open conversations about the future of PAPs for practitioners. Secondly, I wanted the research to be personally beneficial to participants by providing a reflective space during interviews where counsellors could process their thoughts and feelings about their roles or experiences within the psychedelic renaissance.

Ensuring no harm came to participants was a priority. I achieved this by providing clear information about the research topic and what participation would involve. I encouraged potential participants to carefully consider in advance what they were comfortable sharing, so they could mentally prepare and set boundaries on disclosure. Considerations of non-maleficence informed participant selection, the

framing of interview questions, and the decision to offer optional post-interview debriefing sessions.

Integrity, Openness, and Transparency

From the beginning of recruitment, I maintained transparency with participants regarding the research purpose, methodology, and data use by means of an information sheet (see Appendix A). Participants were also sent a consent form (see Appendix B) outlining their rights, emphasising voluntary participation, and detailing data handling procedures in line with university policies. Throughout the study, I ensured honest representation of participants' experiences, through clearly labelling direct quotations and through consistently using interpretative words and phrases such as "perhaps" or "it is possible to suggest".

Dignity and Respect

Respecting participants' dignity was fundamental to this research. Interviews were conducted sensitively in a way that supported individual autonomy and comfort, avoiding overly intrusive questioning and taking a participant-led approach that allowed participants to control the depth and extent of what they chose to disclose. Anonymity and confidentiality were emphasised throughout, and participants were reminded that they could decline to answer any questions or share any information they did not wish to provide.

Responsibility and Accountability

I held myself to high standards of accountability throughout the research. Before recruitment, I obtained ethical approval through the University of Edinburgh's ethics review process. I committed to conducting the research ethically and professionally, adhering to university policies. I carefully reviewed the university's data

management guidance and GDPR compliance resources. All recordings and transcripts were securely stored in encrypted, password-protected files accessible only to me. Participants were anonymised with pseudonyms and given opportunities to reflect on their demographic disclosures post-interview. Following university guidance, all data will be securely stored in the university's "data vault" for a minimum of three years. Regular monthly meetings with my appointed thesis supervisor allowed me to discuss and resolve any ethical or practical challenges encountered, helping maintain rigorous standards throughout.

Equality Diversity and Inclusion

This research honoured equality and diversity by operating inclusively. Participants were selected solely based on inclusion criteria, without discrimination on the basis of gender, age, race, sexual orientation, or other factors. I aimed to create a welcoming interview environment that supported a broad range of perspectives and experiences, enabling participants to voice opinions freely and without judgment. The idiographic focus of IPA further reinforced the celebration of difference by prioritising the particularities of each participant's lived experience.

Analysis Framework

When determining the best way to analyse the data from my interviews, I turned to Nizza Farr and Smith's guide to "Achieving Excellence in IPA" (2021), Larkin and Thompson's chapter on "IPA in Mental Health and Psychotherapy Research" (2011), and Pietkiewicz and Smith's "Practical Guide to Using IPA in Qualitative Research Psychology" (2014). While these sources provided a valuable framework for my analysis, the authors all emphasise the importance of maintaining a healthy flexibility

in analytic development. Smith, Flowers, and Larkin (2022, 75) describe the IPA data analysis process as undertaking a “*common set of processes and principles*,” such as “*moving from the descriptive to the interpretative*” and making a “*commitment to an understanding of the participant’s point of view*”, while also maintaining one’s own psychological focus on personal meaning-making.

Because all of my interviews were conducted online, I was able to use the transcript features available on both Microsoft Teams and Zoom, which create live transcripts in real time during interviews. After completing each interview, I replayed the recording to assess transcript accuracy and corrected any errors. I then conducted the main data analysis using NVivo, a qualitative data analysis software widely accepted in academic research and endorsed by my university for doctoral studies. Using NVivo, I organised and coded my interview transcripts through a line-by-line analysis, which allowed me to identify themes iteratively. Once a theme was identified, I created a “code” or folder for it, and all subsequent statements fitting that theme were highlighted and assigned accordingly (see Appendix F). This iterative process involved repeatedly reading and re-reading transcripts as new themes emerged. NVivo also enabled me to maintain a transparent audit trail of analytic decisions.

Eventually, I identified twenty-three themes (see Appendix F). It was not feasible to analyse and discuss all of these within the scope of this thesis; however, I was able to recognise the most commonly discussed themes among the five participants. This observation was corroborated by NVivo’s statistics, which showed not only how many participants spoke about individual themes but also the extent to which they spoke about them. As was outlined briefly in the introduction to this thesis, this allowed me to narrow my analytical focus to three superordinate themes, each comprising of between three and five subordinate themes (see Table 2).

While some IPA guides recommend an initial process of “memo writing,” recording moment-to-moment interpretations, thoughts, and reactions in transcript margins, I adopted a different approach better suited to my writing style. I engaged in a layered, iterative drafting process: rather than annotating transcripts’ margins, I used first drafts of each chapter to capture initial reflections and interpretations. Subsequent drafts deepened my reflection and interpretation, identifying convergences and divergences in the data. Most cases involved a third draft to polish and refine the writing, further integrating relevant counselling theory. This evolving writing process enabled me to remain closely connected to my participants’ experiences while progressing rigorously in interpretation.

Quality

In 2011, Jonathan Smith produced the first guide dedicated to evaluating the quality of IPA research (Smith, 2011a; Smith, 2011b). Initially, papers were judged only as either “acceptable” or “unacceptable”, a distinction intended to help reviewers decide whether a study warranted publication. However, Smith also hoped the guide would serve as a practical tool for researchers aiming to refine their practice. To this end, he introduced three additional criteria that allowed studies not only to avoid being “unacceptable”, but to achieve recognition as “good”, thereby establishing a higher benchmark for quality in IPA research.

Building on Smith’s original framework, Nizza Farr and Smith (2021) expanded the criteria by identifying four key indicators that signify “good” quality IPA research. These include constructing a compelling, unfolding narrative that ensures the analysis is coherent and persuasive, developing a vigorous experiential and existential account

to deepen analytical insight, closely reading participants' words to draw meaningful interpretations from their lived experiences, and attending carefully to both convergence and divergence by exploring individual idiographic details alongside patterns of similarity and difference across participants.

Analysis Process

A comprehensive IPA analysis of the interview data identified three superordinate themes: "Can you Guide What you Have Not Experienced?", "Counsellors in the Closet" and "From Demonising to Idealising". Each of these contains between three and five subordinate themes (see Table Two). Between three and five participants contributed to each subordinate theme. The following three data analysis chapters primarily consist of my interpretations of the interview data, supported by direct quotes from the participants' interviews, which serve to bridge the gap between the reader and the lived experiences shared by participants during the interviews. These quotations are presented in italics and followed by the participant's name. For example:

"I'm suspicious...[of]...what's going on with the more...formalised western medicalised approach..." (Adam).

In this example, ellipses are used to indicate where words have been removed in order to improve readability. Most often this involves the omission of repeated words or filler language, though in some cases it reflects the removal of potentially identifying details or the joining together of two excerpts to present a more complete idea. Square brackets, on the other hand, are used to insert clarifying words that are absent in the participant's original speech, helping to make the quotation more comprehensible. At

times, the analysis also includes reflections from myself, which represent the process of double hermeneutics, an additional layer of interpretation which was introduced in the methodology section of this thesis. As an integrative counsellor trained in both person-centred and psychodynamic approaches, I have drawn upon theories from both traditions in my analysis. As outlined in the literature review, while I engaged with a broad range of counselling theories, I frequently returned to a core set of concepts that seemed particularly apt in illuminating the experiences and behaviours of the participants. These include Rogers's concept of the "Core Conditions" (1957), Winnicott's concepts of "True selves" and "False selves" (2016) as well as "Facilitative Environments" (1990) and finally, Bion's notion of "Containment" (year) and his "Theory of Thinking" (1985).

Chapter Four- Can You Guide A Journey That You Haven't Taken?

This superordinate theme is a continuation of the debate that was introduced in the literature review on whether first-hand experience of psychedelics should be a requirement for PAP practitioners. As was also mentioned, debates surrounding this topic are shaped by wider historical, professional, and institutional contexts. The participants in this study undertook their counselling or PAP training at different points in time, during which considerably varied discourses dominated. During some periods professional silence and pathologisation were the norm. In more recent years, a cautious academic legitimisation has begun to emerge. Acknowledging these temporal differences is important, as they provide useful context surrounding what may have been framed as ethical, credible, or permissible within their professional formation participants' awareness of psychedelics, but also . Situating participants' accounts in this way strengthens the interpretative validity of the analysis, allowing their views to be understood as contextually embedded meaning-making processes rather than fixed positions. This chapter has been broken down into three subordinate themes which emerged throughout the data analysis process; "Empathy vs Experience", "Somatic Knowledge vs Theoretical Knowledge" and "Is Experience Necessary in Integration Work?". I will now explore the views and experiences shared by all five participants on each of these subordinate themes.

Empathy vs Experience

This subordinate theme focuses on the arguments "for" and "against" the need for first-hand psychedelic experience in practitioners wishing to work with PAPs. Some participants were strongly in favour of the necessity for personal experience, sharing

reasons that were ethical, somatic and existential in nature. However, others presented more measured arguments, positing that the provision of empathy from the counsellor should be enough for them to successfully facilitate this form of therapy.

When I asked my first interview participant, Dan, whether he thought that personal experience of psychedelics was necessary for those wishing to deliver PAPs, he started off with a more absolutist stance, stating *“I don’t believe it’s ethical for someone to be..” (Dan)*, however he trailed off, as if thinking for a second, then quickly changed his approach, continuing on with:

“There’s kind of various ways of thinking about this. One level of it is that you know the experience yourself. That you’ve.. swam in those territories? I guess the other side of it is actually..well, what is the healing? What is sitting with someone? In some ways, having your own personal practice..in expanded states is maybe even part of where the healing happens, ‘cause if we’re already open to these layers of consciousness that our clients are opening up to..[it’s] about how we meet them there. What’s been happening more recently with my client work [is] a lot more synchronicity. A lot more instances of telepathy” (Dan).

There was an apparent shift from Dan’s initial ethical stance to a more reflective one, which could be suggestive of an internal process of “ego mediation” (Bion, 1962), where Dan’s “superego” pushes for a more fixed moral stance but this desire is mitigated by his “ego’s” ability to tolerate ambiguity (Hartmann, 1958). Following on, Dan’s use of the phrase *“swam in those territories”* evoked imagery within me of immersion into an environment that is both compelling and potentially hazardous. His metaphor brings to mind the mixture of beauty and danger

associated with natural bodies of water, where safety is not guaranteed and must be negotiated through direct engagement, rather than theoretical knowledge alone.

Dan appeared to move forward towards broader, relational questions when he asked “*what is the healing?*” and “*what is sitting with someone?*”. From a person-centred perspective, this shift could be understood as a return to the foundations of therapeutic presence, where healing is located not in the therapist’s life experience, but in the quality of attunement and openness brought to the encounter (Rogers, 1957).

As the only participant who was undertaking PAP training, I considered the impact that this may have had on Dan’s approach to my question. His casual use of terms such “*altered states*” and his openness in speaking about non-ordinary phenomena such as “*telepathy*” could suggest that his views are shaped not only by personal experience, but by exposure to a contemporary training environment that increasingly encourages and legitimises discussions surrounding such subjects.

The process of ego mediation discussed above also presented itself in another participant, Adam’s, answer to the chapter question. He responded:

“I will say [in] my own personal experience, I don't know how professional this is, but I feel like it's..important for them [therapists] to have it [psychedelic experience]. I personally feel that to be able to..know what the person is going through, because the experience is so different and ineffable often and visceral and the change of, you know, the perception of reality is so profound, that I don't think it can be explained just by reading about it” (Adam).

Adam’s process of ego mediation appears to manifest differently to Dan’s. His disclaimer “*I don't know how professional this is*” demonstrates his superego’s

awareness of professional expectations that temper the expression of his personal opinions. While Adam clearly privileges experiential knowledge, describing psychedelic experience as “*ineffable*” and “*visceral*”, his ego appears to regulate how firmly this view is stated, softening his superego’s authority, rather than openly questioning it, as Dan does. Adam’s need to explicitly distinguish between his personal and professional views could also be an internalisation of the professional norms that were encouraged throughout his counsellor training undertaken around a decade ago, when psychedelics were largely excluded from mainstream academic and professional discourse.

In contrast to Dan’s movement towards relational openness, Adam appears comfortable allowing his superego’s view to be expressed, as long as there is a clear distinction made between his personal and professional opinions.

In comparison, despite having initially presented a more measured view on this debate initially, Dan appeared to grow more comfortable with voicing definitive views as our interview went on:

“I don't see how anyone could..you know, work with psychedelics without having their own personal experience of it...I personally see that as vital for doing the work” (Dan).

The question of “*how anyone could*”, paired with his earlier statement about how it would not be “*ethical*” to work with PAPs without having personally experienced psychedelics, seems to question the morality of therapists who would want to step into the world of PAPs without having first acquired the proper experiential knowledge. There was a noticeable difference in the tone used when Dan said “*I personally*” than when Adam had said “*my personal opinion*”. Dan’s words felt like an assertion of his

professional opinion to me, whereas Adam's words felt like a disclaimer, almost lessening the weight of his words by putting them down to being merely his own opinion.

Another participant, Desmond, also felt strongly about the necessity for personal experience of psychedelic use.. Similarly to Dan in his first quote, Desmond began with a strong statement of opinion but then continued on to offer a more flexible view:

"I mean the immediate voice in my head is saying yes, I think you should absolutely have had the experiences of these psychedelics...[however, I] don't imagine it's absolutely necessary to have had multiple deep experiences...I would lean towards, at the very least, a baseline experience of these [psychedelics], like, know what it is that you're giving to the person, because these are powerful, powerful medicines" (Desmond).

Desmond's initial reaction to my question seemed intuitive, as can be seen in his use of the phrase *"the immediate voice in my head"*. His preliminary tone of certainty made me think, as it had with Dan, about the presence of his superego. In this instance, it seems to have presented as an experiential authority, holding firm beliefs about the importance of embodied knowledge as a pathway to therapeutic competence. Again, similarly to Dan, having made his initial assertion, Desmond's ego seemed to moderate him, resulting in a more accommodating and nuanced view in his subsequent offering. Desmond's shift from a confident, experience-led statement, to a more nuanced stance may reflect his effort to balance the experiential authority (possibly gained through his immersion in indigenous South American psychedelic practices), with the pluralistic, non-directive values emphasised in contemporary UK

counselling training, particularly around openness, as can be seen in his use of the phrases *“I don’t imagine”* and *“lean towards”* and also tolerance for difference and respect for individual choice, which he seems to address with *“I don’t imagine it’s absolutely necessary”*.

You can see from looking at this quote as a whole, how Desmond holds both the *ideal*, in which he advocates strongly for psychedelic experience, and the *practical*, where he understands that for many, psychedelics are not something that they would wish to do. Finally, in suggesting that counsellors have a *“baseline”* of experience, Desmond speaks to a need for counsellors to have an *embodied* empathy as opposed to a cognitive one. Stepping into the role of experiential authority, Desmond gives his final words of warning that psychedelics are not simply a novel addition to therapy, but are *“medicines”* and *“powerful, powerful”* ones at that.

The same tension discussed above, between the ideal and the practical seemed to present itself in another participant, Rowan’s, answer to the chapter question:

“I think it’s important..[psychedelic experience] but not strictly necessary..It would be nice from my point of view, and essential, that psychedelic-assisted therapy would take place with a team of different people.. I think that it would be ideal if someone in the team had experience [of psychedelic use] also, to try and understand bodily what a client might be experiencing” (Rowan).

Similar to Desmond, Rowan’s phrasing suggests an effort to acknowledge both personal preferences and broader professional or ethical considerations, a style of articulation that could be influenced in part by their recent and ongoing engagement in UK counselling training. The contrast between Rowan’s use of the words *“nice”* and

“*essential*” demonstrates a move from their personal preferences to what they seem to feel is an ethical imperative, to share or spread out the responsibility and accountability when delivering PAPs. Rowan’s assertion that it would be “*ideal*” if someone who had psychedelic experience was present in PAPs in order to “*understand bodily what a client might be experiencing*” seems to reference the somatic, embodied nature of psychedelic experiences. It also suggests that to only have a cognitive or theoretical understanding of what the client was going through during a psychedelic experience, would not be sufficient, setting this type of therapy apart from traditional therapy, where a therapist is not expected to have experienced what their clients are wishing to explore and process.

Like Dan Desmond and Rowan, the final participant to be discussed, Yanshu, seemed to weigh up the necessity for psychedelic experience. She began by stating:

“On one hand..because that experience is really special..if someone doesn't have that experience, I don't think they can really understand how it [psychedelics] affects the brain. On the other hand..I think a therapist doesn't really need to experience everything..their client experience” (Yanshu).

Like the other participants, Yanshu appears to speak from personal experience when she describes psychedelic experiences as “*really special*”. Her experiential knowledge appears to inform her conclusion that, without first-hand experience, a person cannot “*really understand*” how a psychedelic compound “*affects the brain*”. In the second half of her quote, Yanshu signals a perspective long valued in the world of psychotherapy and consistent with principles emphasised in traditional UK counselling training; that a strong therapeutic relationship is enough to facilitate empathic attunement between client and counsellor, without needing shared experiences.

Yanshu reinforces this traditional stance, by providing examples of where she feels that counsellors are able to support their clients in processing through experiences that they may not have had themselves:

“For example if..I don’t have a baby..I can [still]..offer therapy for a mother. Or if I’m single, I’m still able to offer therapy to people who [are] in [a] relationship..If the therapist has enough..empathy, it should be okay” (Yanshu).

In making this point, Yanshu touches upon a core tension within the field of psychedelic research, which is the debate between “empathy vs experience” (Emmerich & Humphries, 2023). Traditionalists argue that the provision of empathy has always been deemed as sufficient, and that it is not ethical to require therapists to take a drug in order to be able to deliver therapeutic interventions. Meanwhile, some psychedelic users put forward the aforementioned argument of psychedelic exceptionalism, citing this as one of the reasons that PAPs cannot be approached in the same way as traditional therapy. This issue will be spoken about in more detail in the discussion chapter at the end of the thesis.

Despite having made the argument for empathy being sufficient enough to equip therapists in supporting a client through a psychedelic experience, Yanshu ultimately returned to her reverence of psychedelics and her evaluation of them as unique:

“Because that is a really, really special and unique experience..I’m not sure if [the] therap[ist] will have that.. same empathy as they [would] have [if they] have this [psychedelic] experience” (Yanshu).

Reflecting on the participants as a whole, each person came into their training at very different points in relation to the emergence of PAP, with some having trained

long before PAPs entered mainstream professional discourse and others training more recently, during a time where there has been growing academic and public interest in psychedelics. I noticed that there did not appear to be a clear link between when or how participants trained and whether they viewed psychedelic experience as necessary. Instead, training seemed to have more influence on how participants spoke about their views, often softening, qualifying, or contextualising them, rather than shaping the views themselves. There did however, appear to be a link between participants having personal experience of psychedelics and them supporting the view of psychedelic exceptionalism, rendering first-hand experience as vital. When considering this potential link, I found myself feeling frustrated by the fact that I had not managed to recruit any participants for this study who did not have psychedelic experience, as this would have provided a useful comparative perspective.

When it came to interviewing my participants about this theme, I felt aware of the presence of my own biases. They were based on my experience of feeling like an outsider in the world of psychedelics, as someone who did not fit into either expert, or novice group, in relation to my level of first-hand experience. My belief in the potential healing benefits of PAPs had motivated me to undertake research in this field at undergraduate level, but I was often filled with a sense of imposter syndrome. I have always been particularly prone to sudden attacks of feeling inadequate or out of my depth when I read the work of authors and researchers who would be considered as experts in the field of psychedelics. Most of these people have decades of psychedelic experience and this sometimes makes me question what I am doing conducting research in this field, given that I haven't taken psychedelics in over ten years now.

Despite having the first-hand experience that participants were seeming to deem as necessary in order to be suitable to deliver PAPs, my personal experiences

of imposter syndrome make me identify more with those practitioners who the participants were inadvertently labelling as “not suitable”. At the time, I believed that I was successfully using Husserl’s aforementioned concept of “bracketing”, (a technique also commonly used in counselling), to acknowledge and contain my emotional response of defensiveness. However, in hindsight, I acknowledge that my emotional response will have impacted my presentation, as well as my questions and responses, which in turn, will have impacted the dynamics at play as I discussed this topic with each of my interviewees.

Indeed, there was a moment in my discussions with Dan on this subject, when I responded to his views, citing the “empathy vs experience” argument and asking him what his thoughts were on it. He responded in a slightly defensive way, as if I had challenged him. I reflected afterwards that I had felt a sudden shift in the atmosphere in the interview space in this moment, from us being together in conversation, to instead being on opposing sides of a debate. I had not consciously intended to position myself in opposition to him and had not been aware that my tone sounded challenging at all. Yet, based purely on his reaction, it is possible that this was how I came across to him.

Somatic Knowledge vs Theoretical Knowledge

This subordinate theme contemplates the concept of language being inadequate in its ability to convey the immensity and complexity of the psychedelic experience. Participants explored their opinions on why this inadequacy renders theoretical learning or understanding of psychedelic experiences, as insufficient for potential PAP practitioners. For some participants, the barrier caused by language has even led to feelings of social isolation. When asked to elaborate on why he felt that

first-hand psychedelic experience is so necessary for PAPs practitioners, Desmond tilted his head to one side, looking into the distance as if there was a process of focusing, or connecting with how he felt and he began by saying:

“Maybe what is a sprinkling of truth, is how profoundly difficult it is for anyone who hasn’t had these experiences to just even begin to understand” (Desmond).

It felt clear from the inclusion of the word “*maybe*” and his description of it as “*a sprinkling of truth*” that there was a desire in Desmond, to be gentle in his offering. His use of the phrase “*profoundly difficult*” suggests a weight to his emotional reasoning and I sensed an isolation and frustration in him in this moment. He seemed to be describing a phenomenological boundary, surrounding language, which was inherently limiting when trying to discuss altered states of consciousness with others.

Furthermore, there is a stark contrast between his use of the phrases “*a sprinkling of truth*” and “*profoundly difficult*” which could be indicative of a process of internal conflict within Desmond. The following quote describes Desmond’s experiences of being in group settings with his professional peers and how he has felt a sense of being separate somehow, a feeling which is exacerbated by the lack of reciprocation when he tries to discuss the topic of psychedelics, which is something that he has a passionate interest in:

“I quite often find that I’m maybe the only one in the room with these experiences.. I sort of observe the surroundings that I’m in and..the discussion isn’t there” (Desmond).

The phrase “*quite often*” speaks of repeated experiences, which have resulted in a feeling of being othered or alone in Desmond, which is reflected when he says that he is “*the only one*” who has had the type of experiences that he has. His choice

of words when he said *“the discussion isn’t there”* left me uncertain (as maybe Desmond was in those moments), as to why he was not met by his peers? Was it due to the presence of a deeper, collective repression of “taboo” subjects such as psychedelics? Or perhaps it was simply that none of Desmond’s peers have taken psychedelics, and therefore did not feel that they had much to contribute towards a discussion about them? Like Desmond, I was left without an answer.

A resulting hyperawareness seems to have developed in Desmond, and his phrase *“I sort of observe the surroundings”* conjured up images of survival in my mind. Desmond seems to have had to remain vigilant, in order to avoid rejection and remain an accepted member of his training group. There was also something childlike in the hesitation of his words *“I sort of”*, which made me think of a young uncertain boy, observing and assessing the other children, trying to understand what behaviour is desirable and what is not.

Like Desmond, Adam also addressed the limitations of language and the barrier that this can create between experience and theoretical understanding:

“The [psychedelic] experience is so different and ineffable often, and visceral and the change of, you know, the perception of reality is so profound, that I don’t think it can be explained just by reading about it” (Adam).

Adam’s description of the psychedelic experience as *“ineffable” “visceral”* and *“profound”* elevates it beyond being something which can be conveyed by language. This concept of something which is felt and yet cannot be communicated with words, is referred to in counselling theory, as “The Felt Sense” (Winhall, 2021). Eugene Gendlin (1993), who developed the concept, described it as *“Distinctly..there, something with a life of its own, that we attend to directly” (p.21)*. He goes on to explain

that *“If we attend to our bodies, in the middle of the body it comes, and then, it is in an odd sort of space of its own”* (p.21), which, from a psychodynamic perspective would align with Bion’s “Theory of Thinking” (1962), which describes two categories of experience, those which are “symbolised” and processed (thoughts) and those which are “unsymbolised” and remain raw (emotions).

If one were to apply Bion’s theory to Adam’s previous quote, his words *“I don’t think it can be explained just by reading about it”* would be viewed as a description of something that is “unsymbolised” and felt in the body. This theory is further confirmed in Adam’s next quote where he tries to better explain how a person processes their psychedelic experiences, *“It’s even like, more.. somatic gut level understanding”*. He continues to build on this description in the following quote:

“A lot..of people who are like trying to explain what they go through, say that they’re lost..for words and the words are only approximations but they don’t necessarily convey the full scope [of] the experience” (Adam).

The phrase *“lost for words”* truly encapsulates the inadequacy of language in explaining the profundity of the psychedelic experience, further emphasised by the description of words as *“only approximations”*.

Dan echoed Adam’s feelings of words being insufficient, when he attempted to elaborate on *why* he feels that experience is so necessary for PAP practitioners:

“I’m struggling to find the words because I’m starting to get into territories where words don’t really seem to capture it that well, like something to do with the energy that is in the space” (Dan).

Finally, Desmond used the following analogy to try to explain how impossible it can be to articulate that which is experienced under the influence of psychedelic compounds, such as DMT:

“It's like going to grab a homosapien from 200,000 years ago, sticking them in the middle of London, grabbing them again, and taking them back, and then saying, ‘tell your mates what you saw’. They don't even have a concept of, you know, what buses are..So the description with the language isn't there” (Desmond).

The process of interviewing Dan, Desmond and Adam about this topic was intriguing, as it came with certain challenges. I do not personally agree with their assertions that psychedelic experiences are so unique that they cannot be described adequately using language and I had to consciously bracket off my own emotional reactions to the opinions and views shared by the participants as the interview unfolded. Over the years, I have shared stories of my own small number of psychedelic experiences and have found it quite possible to describe them in great detail. Just like explaining any experience that the listener has not been through themselves, I used language to describe emotions, images, physical sensations and thoughts.

I am an avid reader of fantasy literature and I believe that if an author can use language to transport me to fictional worlds and other time periods which are often occupied by species or cultures that I could not have otherwise conceived of, then I am unsure as to why so many psychedelic users seem to feel that language cannot do the same for the psychedelic experience.

Is Experience Necessary In Integration Work?

In the final subordinate theme of this chapter, the participants discussed their views on whether it is necessary for counsellors who are undertaking “integration work”, to have first-hand experience of psychedelics. According to Bathje Majeski & Kudowor (2022), integration work involves a trusted individual aiding someone in the retention of beneficial aspects of the psychedelic experience and helping them to work through their experience by providing support and facilitation as they make sense of their experiences and the resultant emotional impacts. Unlike PAP which is distinctly different in terms of setting and structure, integration work appears to closely follow the format of traditional therapy. Clients bring an unprocessed, or unintegrated experience, albeit a psychedelic one in the instance of integration work, to therapy, where a counsellor provides a safe and supportive space in which the client can process and explore the meaning of said experience, as well as its emotional impact.

Participants made clear distinctions between integration work and PAP, suggesting that in the case of the former, the same level of formal training or psychedelic experience is not necessary. Rowan demonstrated this differentiation in the following quote:

“I think it's uh..[desirable] that the practitioner has experience themselves of psychedelics. But that's psychedelic-assisted therapy, which is different” (Rowan).

Their use of the word “desirable” demonstrates a positive view of psychedelic experience in counsellors, however they display a nuanced view of the role that counsellors might play in the world of PAP when they distinguish between what qualities are needed in those delivering psychedelic therapies and those doing integration work.

A similar view was expressed by Adam who prioritised the presence of relational skills over expert training for those counsellors doing integration work with clients:

“The integration work.. kind of you know, listening to a person, asking questions and helping them processing, integrate themselves in a safe container, I think it can be done without these kind of trainings that you're talking about” (Adam).

Adam describes some of the core competencies of therapeutic work with his emphasis on *“listening”*, *“helping them processing”* and providing a *“safe container”*, suggesting that he views integration work as the same, or similar to traditional therapy in terms of what is required from the counsellor.

Adam’s view was echoed by Rowan who drew upon their own personal experiences, *“My therapist doesn't take psychedelics, but is still able to support me when I talk about the experiences I had with psychedelics.” (Rowan)* and although the following quote from Yanshu was cited earlier in this chapter, it is repeated here as it seems to speak directly to this question also:

“I think a therapist doesn't really need to experience everything they use on their client..For example..I don't have a baby, but still I can..offer therapy for a mother” (Yanshu).

Just as Rowan’s therapist was able to successfully support them in processing their psychedelic experiences, Yanshu seemed to make a statement of her own value as a professional in her choice to use *“I”* statements and her insistence that she can *“still”* offer therapy, despite not having experienced the same phenomenon as her client.

Finally, Dan stood apart from the other three participants, in that he was the only person to mention the concept of *“expanded states”* which is described by some

as a state in which you are fully aware of yourself and yet are isolated from the minutia of experience (Jovanov, 2011). In this kind of mental state, it is typical to lose sense of your physical body as well as human constructs such as time and space (Vieten et al., 2018; Paoletti & Ben-Soussan, 2020). Dan asserts below that it is not training or experience of a particular substance which makes a practitioner an adept therapist, but rather it is the therapist's ability to meet their client's inner world with genuine experiential attunement:

"I think in some ways that having your own, not necessarily even past experience with psychedelics, but your own personal practise in expanded states, is maybe even part of where the healing happens? 'Cause if we're already open to these layers of consciousness that our clients are opening up to..It's it's something about how we meet them there" (Dan).

There seemed to be a careful process from Dan of moulding or shaping his thoughts as they came, "feeling them out" as he verbalised them, which you can see in his consideration *"I think in some ways"* and his self-correction of something that had not yet been vocalised in the phrase *"not necessarily even"* and the way in which he formed the end of his first sentence as a question *"where the healing happens?"*. His use of the words *"open"* and *"opening"* emphasise the value that he places on receptivity, presence and shared experience. There was something slightly vulnerable in Dan's willingness to share his raw, unprocessed thoughts with me, almost as if he was inviting *me* to be open to his own *"layers of consciousness"* so that I might meet *him* there.

Conclusion

Overall, this superordinate theme indicates that participants with personal psychedelic experience often framed such experiences as profound, spiritually significant, and formative for self-concept. This framing shaped how they evaluated practitioner readiness, with many describing theoretical knowledge alone as insufficient preparation for delivering psychedelic-assisted psychotherapy (PAP). Participants also differentiated between PAP delivery and integration work, typically describing less need for first-hand psychedelic experience in the latter. Finally, participants repeatedly emphasised the limits of language in conveying psychedelic experience, suggesting a phenomenological barrier to purely verbal or conceptual understanding.

The first subordinate theme highlighted a divergence in participants' ethical positioning: some framed personal experience as an ethical or existential necessity for PAP practice, while others emphasised the sufficiency of empathy and the provision of a safe, non-judgemental therapeutic space. The second subordinate theme developed participants' accounts of why theoretical learning can feel inadequate when experiences are described as ineffable, visceral, and difficult to translate into words. The third subordinate theme clarified how participants distinguished integration work from PAP, most commonly viewing integration as closer to conventional therapeutic practice and therefore less dependent on experiential "specialism." Taken together, these findings foreground a central tension between valuing lived experience as therapeutically meaningful and recognising the practical and professional complexity of formalising it as a requirement. This tension also connects to questions of identity, risk, and belonging, which are explored in the next chapter through participants' experiences of professional stigma in relation to psychedelics and PAP.

Chapter Five- Counsellors In The Closet

The Western stigmatisation of psychedelics has been widely documented and can be traced back well before the twentieth century. In the context of European colonisation, the medicinal and spiritual use of psychoactive plants by Indigenous peoples was frequently interpreted as “witchcraft” or “sinful” and in some cases, was met with violent suppression (Johnstad, 2023). We are now in what is being described as the “third wave” of psychedelic research and the “psychedelic renaissance” (Smith, 2019), with some countries having already legalised psychedelic-assisted psychotherapies (PAPs) in controlled settings. Still, many questions remain unanswered, including how professionals are adapting to these shifts, whether they feel safe to voice their opinions on PAPs, the extent to which stigma persists, and how accessible reliable information about PAPs has become for practitioners.

It is within this ongoing climate of stigma, partial legitimisation, and professional risk that the chapter title “Counsellors in the Closet” is situated. The phrase draws on language used within the drug policy and psychedelic advocacy communities, which itself is informed by earlier social justice movements, particularly the gay rights movement, where the act of “coming out” has been central to challenging marginalisation and secrecy (Jabbour, 2014). Within psychedelic discourse, this metaphor has been used to describe the fear individuals experience when disclosing the personal or professional significance of psychedelics to employers, regulators, or colleagues. In adopting this terminology, the chapter does not seek to equate experiences of sexual identity with those of psychedelic use or interest, but rather to highlight a shared structural dynamic of concealment shaped by perceived professional, legal, and social consequences. The metaphor is therefore used to frame

participants' accounts of silence, self-censorship, and careful disclosure as counsellors navigate a professional landscape in which psychedelics remain both increasingly visible and deeply contested.

For all five interview participants, there was a shared experience of having to bracket off the part of themselves that has a relationship with psychedelics when in professional settings. This seemed to create an internal conflict in each of them as they wrestled with both their desire to be their authentic selves but also the need to maintain professional legitimacy. This duality can best be described using Winnicott's concept of "true selves" and "false selves" (Winnicott, 2016). In hiding away their true selves whilst in professional settings, participants were able to maintain an acceptable professional façade (or false self), thereby avoiding stigmatisation and professional repercussions that may arise from showing an interest in something which is still currently illegal. I will now explore the lived experience of all five participants in turn, highlighting similarities and differences where they exist.

Living Between True & False Selves

The first participant to be discussed in this section is Adam, who demonstrated high levels of guardedness and concern for his anonymisation throughout the interview process. He entered the interview with a strong emphasis on control and anonymity, making the specific request that I withhold almost all identifying information about him, particularly his country of origin. Adam stated that he was only comfortable with me sharing that he is male and that he is working as a mental health practitioner in the UK.

A considerable amount of time was spent providing reassurance and revisiting the interview process before Adam was eventually comfortable enough to allow the

session recording to begin. However, after the interview had concluded, and when I later reached out to participants to request demographic information, Adam showed a willingness to share one or two additional personal details. This shift appeared to emerge relationally, possibly reflecting a growing sense of trust in both the interview process and in my handling of his concerns.

It feels important to foreground this process, as it represents the clearest example I have encountered of a participant expressing deep concern about the potential professional repercussions of revealing one's experience with, or interest in, psychedelics

The first question that I asked Adam upon commencing our interview was whether he would be willing to tell me a little bit about himself as a professional. He seemed willing to initially, beginning to describe his training background but quickly stopped short saying:

"Maybe, I don't know how much I want this to be in 'cause that gets a bit identifiable" (Adam).

The uncertain nature of Adam's statement can be seen in his use of the word "maybe" and his phrasing "don't know how much" and he voiced his concern in a slightly apologetic tone, with a quick laugh, which seemed to communicate a level of apology, most likely due to the frequency of his censorship, which was very high during the beginning section of the interview. He moved his hands up and down in a "weighing up" gesture as he spoke, as if he was weighing up the potential costs and benefits of sharing information more openly.

Adam's use of the word "identifiable" made me think of a criminal, trying to remain hidden from the law. I wondered whether this was how Adam felt at times, as

though he was hiding in order to keep himself protected and safe from those who would see his involvement with psychedelics as inappropriate or unsuitable for a mental health professional? Through a psychodynamic lens, it might be suggested that Adam's superego was acting as his own internal authority figure, policing what he does or does not share with others, making sure that he remains safe by only sharing certain parts of himself to those who he encounters in his professional life (Barnett, 2007). Goffman (1963) would describe this process of concealment as "passing", which describes the ways in which individuals hide aspects of themselves in order to fit in or avoid judgement.

Due to Adam's guarded presentation in our interview and his apparent need for secrecy surrounding his involvement with psychedelics, I began to form certain assumptions about what his early experiences with psychedelics must have been like. I imagined that they would have been minimal whilst in his home country, believing that the need for secrecy, when living under his parents' roof as a teenager, would have been even greater. Therefore I was quite surprised when Adam shared the following:

"I have used psychedelics for many years.. I was like I don't know, teenager basically, in my home country" (Adam).

I noted my surprise and the assumptions about his home country that fed into it, which will be explored in more depth in the discussion chapter at the end of this thesis. Adam's clarification that he had been using psychedelics for "*many years*" began to reveal a clearer picture of what an important role in his life they had played. Adam continued to share some of his personal history, this time with expanded states, rather than psychedelics:

“I work with a spiritual teacher for.. maybe 20 years..I still meet her online every week” (Adam).

Again, I noticed how taken aback I was. Something about Adam’s guarded presentation and his level of worry about being anonymised led me to make assumptions about his personality, which clashed with the idea of a calm, “zen” person who engaged in regular meditative practices. His long-term commitment to the practice of meditation seems to demonstrate his deep connection to expanded states. Furthermore, the fact that he has remained in practice with the same teacher for such a significant amount of time speaks to the positivity of that connection. I wondered what this relationship had symbolised for Adam over the years. Did this teacher provide Adam with what Winnicott (1990) would describe as a facilitating environment, where he could safely allow his true self to emerge? If this was the only space in his life where he had felt able to do this, it would certainly be a powerful enough motivator to remain committed to that specific teacher and practice for twenty years.

As deeply meaningful as it appears that the practice of meditation and his connection with his teacher have been to Adam, he spoke much more emotively about his experiences with psychedelics and what they have meant to him:

“They have been a part of my life..a big part.. they have had an influence on my, you know..sense of who I am..and how I relate to the world and have been very kind of, foundational experiences...Some of them are like quite fundamental...even like an anchor, for some, you know, assumptions about myself and reality that I lean on often” (Adam).

Adam shows the significance of the impact that psychedelics have had on him by quantifying that they have played a “*big part*” in his life. His description of the type

of impact as *"influence"* suggests that psychedelics have shaped or moulded him in some way, which is supported by his evaluation of psychedelics as being *"foundational"* and *"fundamental"* to the forming of his sense of self. Furthermore, these two words as well as the word *"anchor"*, all belie a sense of grounding and support, upon which Adam has had to *"lean on often"*. This made me return once more to the concept of true and false selves, wondering whether the process of traversing back and forth between both states, has at times left Adam feeling stranded, uncertain of where his authenticity is grounded. If so, it would seem that his experiences with psychedelics have acted as a homing beacon, re-grounding him in his *"..self and reality"*.

In stark contrast to the previous statement, which seemed to represent a space in Adam's life where he feels most able to be his authentic self and to feel safe, this next quote appears to be a clear demonstration of where Adam has had to repress this part of himself:

"I have a rule to not use psychedelics when I'm doing, you know, counselling.. like for the period I'm working as a counsellor..It's emerging in the..public space..the discourse, but most people don't know, and you know, that's why I'm going to ask again..to anonymize [where] I'm coming from, what I've done, what I'm doing now, part time jobs too..it's very identifiable" (Adam).

It is plausible that Adam's superego has established an internal rule about when it is, and is not, acceptable to take psychedelics, as a way of preserving his professional legitimacy. Goffman (1963) describes the potential consequences of failing to manage such discrepancies as a "spoiled identity", whereby a mismatch between an individual's sense of self and socially "normal" behaviour can lead to

discreditation and exclusion. Read in this light, Adam's superego appeared to be functioning defensively, maintaining a clear boundary between his attitudes toward psychedelic use in his personal life and his stance now that he has adopted a counsellor identity. I found this assertion of Adam's a curious one, because he had spoken so positively earlier in our interview about his experiences with psychedelics and yet listening to him here, it made me think that he might hold the view that there is something irresponsible or unprofessional about taking them, which he would rather not be associated with professionally.

The wariness displayed above by Adam was echoed by the second participant to be discussed, Rowan, who gave the following answer when asked about whether or not they have worked with PAPs in any capacity:

"Not yet, because there is still in my experience..quite a lot of judgement and stigma around.. people using psychedelic substances in counselling" (Rowan).

In positioning their observation on the "judgement" and "stigma" that is present surrounding psychedelics in the counselling community as one that is based on their own experience, Rowan lets us know that this is not simply hearsay. Through communicating a sense of ownership in their words "my experience", it sets a personal tone, which left me wondering how many encounters they had been through, in which they had been left feeling othered? In contradiction to the reluctance or hesitation that Rowan describes having felt about getting more involved with PAPs at present, they shared a very different attitude towards stigma at a later part of the interview:

"I am not that worr[ied] about societal stigma..because I've been doing a few things that are societally..not very well accepted like polyamory" (Rowan).

Once more, I was reminded of true and false selves. In certain areas of their life, such as their embracing of a non-binary gender and their choice to enter into polyamorous relationships, Rowan appears to be quite willing to be situated within the unconventional. Yet, professionally, they remain cautious and concerned. I could see, in both Rowan and Adam, the need to keep parts of themselves hidden, and yet I could also see other parts of them that embraced alternative lifestyles. They both appear to have found a place for themselves within marginalised groups, where they can feel safe being their authentic, true selves. I was left wondering, what emotional toll it takes on them during the times when they do not feel safe and feel forced to adopt a false professional self?

Similarly to the response given by Rowan above, when first asked about his experiences of professional stigma, the third participant to be discussed, Dan, gave a response which was fairly nonchalant, giving the impression that this is not something that he has encountered often or which particularly bothers him:

“I guess most therapists are quite open-minded..and if there [are] any..hints or comments around [psychedelics]..yeah, I mean, I guess I just, it doesn't really bother me” (Dan).

Taken at face value, the generalisation that *“most therapists are quite open minded”* would give the impression that it is quite rare that they would pass judgement, or stigmatise anyone for having an interest in something that does not fit in with institutional norms. However, Dan contradicted this notion himself in his next statement on whether he has experienced professional stigmas surrounding psychedelics:

“Well, firstly, I think, you know, for obvious reasons, I'm not talking about this to a lot of people..Apart from people that are within..the circle of people with whom I..you know, trust and [who] are involved in this too..so I don't encounter it that much” (Dan).

In the above quote, Dan shares that he has developed a wariness and a subsequent habit of not speaking about psychedelics to “a lot” of his peers for “obvious reasons”, which seems to contradict his initial assertion that stigmatisation “doesn't really bother” him. Furthermore, his decision to only confide in a trusted “circle” would suggest that he has not always experienced counsellors as being “open-minded”, despite his earlier observation.

Dan's clarification that he was not speaking about his involvement with PAPs with “a lot of people” illustrates the limited and selective nature of the trusted community that he feels safe within. His description of this community as a “circle of people” conjured up images of old primal and ritualistic gatherings in which humans joined together. The shape of a circle typically symbolises connectedness, infinity and even safety. In nature it is not uncommon to see animals form protective circles around their offspring upon encountering predators. In human society, I thought about how one can either be on the inside of a trusted “inner circle” or in the dreaded position of being on the outside of a circle, looking in.

I interpreted Dan's phrase “for obvious reasons”, as well as his description of the people that he trusts, as people who are “involved in this too” as a signal that he considered me to be a member of his trusted community. This brought up complicated emotions for me, as a sense of imposter syndrome rose up within me. As has been mentioned already, my own experiences with psychedelics took place over ten years ago and I often feel that this lack of current experience makes me somehow less

suitable, or worthy, of undertaking research in this field. A fuller exploration of these feelings takes place in the discussion chapter.

I thought about Dan's professional background and the fact that he was the only participant that I had interviewed who was on a psychedelic training programme. Could the choice to follow this path professionally have been a self-defensive move by Dan, aimed at minimising the amount of time that he has to present a false self? Dan appears to have curated a lifestyle for himself professionally where he is surrounded by like-minded people, around whom he can feel safe. He described his experience of entering onto a psychedelic training programme:

"It's like coming home..I'm just on this wonderful journey with..other like-minded experienced therapists..it's just a field of, yeah, amazing individuals that are all sort of, on this same path together" (Dan).

The word "home" signifies that for Dan, he is not merely surrounded by people that he likes, but is amongst family. His depth of enthusiasm is seen in the word "*wonderful*" and he signals to us that he does not merely view his current training as a programme or course to be completed, but rather that it is a "*journey*", a word which holds connotations of growth and discovery. In highlighting that he is amongst "*like-minded*" people, Dan corroborates my earlier theory, that he has found a place of safety and acceptance within a trusted community, within which he can be his true self.

I found myself resonating with my participants' experiences of social isolation as I recalled my own difficulties in conducting this research. Over the last couple of years, when speaking about my research in group settings, I had received lots of interest and positive feedback, even people requesting to be considered as potential

interview candidates. However, as I touched upon in the “sampling/recruitment” section of the data collection chapter, when the time came, my actual experience of sourcing interview participants was very different.

What I thought would take two or three weeks, took two or three months. I received very few responses to the various forms of participant recruitment that I engaged in. As the weeks went by, my worry and frustration grew. I could not understand why people were not replying. One day, I had a series of what felt like very strange encounters at the counselling centre where I then conducted my private practice. I had been given permission by the managers of the centre to place a recruitment flyer on the notice board, in a busy area of the centre but had not receive a single response in the time since.

On this particular day, I decided to take more of a pro-active approach in trying to generate interest. The first strange encounter was with one of the managers who hosts various training programmes and workshops at the centre. I told her about my struggle to find participants and asked her if she would direct people to my flyer, or mention my research to anyone that she thought might be interested. She turned to me with a wide, forced smile and said “Okay, you enjoy your lunch then!” and walked away abruptly. I blinked once or twice wondering what on earth had just happened.

I walked away and saw one of the counsellors who also worked there, with whom I have exchanged pleasantries a few times. I will refer to her as “Holly” for the purposes of this story. I approached her and asked if she had seen my research flyer. Her expression and body language changed immediately from being open and friendly, to being cagey and closed off. She replied that she “might have” seen it. I asked whether it was something that she would have any interest in being part of. She

said that she did have an interest in psychedelics but then mumbled several excuses about being busy and how she wasn't sure about the "time commitment".

I felt frustrated, sensing that Holly's reluctance had nothing to do with time or with a lack of interest in the subject. Something about her behaviour seemed flighty and fear based, as if she was afraid of being connected professionally to the topic of psychedelics. Determined not to let these first two interactions dissuade me, as I encountered another female counsellor near the notice board where my flyer was, we stopped greeting each other and I pointed at my flyer, telling her that it was my research. I asked whether she had any interest in the topic. She looked shocked, immediately replying with "Oh gosh! No! I wouldn't...that's not the sort of thing that I would be involved with. You might want to try Holly? She looks like the kind of person that might be interested in that kind of thing.. no offense to her!"

I felt shocked, at the level of negativity and discomfort that this simple question evoked in the woman in front of me. I felt my own judgement rise up towards her view of there being a "type" of person that would be interested in psychedelic research. I wondered how she viewed *me* then, as the person conducting said research? These three strange experiences were compounded by the fact that they happened concurrently within one small counselling centre. They left me with a much greater awareness of the level to which professional stigmas surrounding psychedelics are very much alive and real. I found myself empathising deeply with my interview participants when they spoke about their experiences of feeling "othered" or lonely in their enthusiasm for this subject.

Law vs Healing

The fourth participant discussed in this chapter is Yanshu, whose experiences, in comparison, were more influenced by legal and cultural factors. For Yanshu, it appeared that her trust had been placed in UK university culture and the evolving legal landscape surrounding psychedelics and PAPs that exists here. In a moment of reflection on her experience of engaging with psychedelics in the UK, Yanshu shared the following:

“I think in the UK, I was a bit like, confused, if that is legal or illegal because.. people are talking about it..I mean in Scotland I heard because I attend some workshop before..I heard they are making effort to let someone..use it legally if they apply for it in a way like they really need it..[for a] medical condition” (Yanshu).

Yanshu described her feelings of uncertainty and confusion at being told that psychedelics are illegal, whilst also experiencing open discussion, research and education on PAPs taking place. While this topic will be discussed at length in chapter six, I will simply say here that Yanshu’s view serves to highlight the current lack of clarity that exists among the general population, even those in the field of mental health, about what is okay and what is not okay in relation to engaging with psychedelics. Despite this lack of clarity, Yanshu shared that her curiosity about psychedelics is “*very strong*”, stating that she has felt “*very excited and curious*” when given the opportunity to attend educational workshops on psychedelics or PAPs. University culture seems to have acted as a facilitating environment for Yanshu, allowing her to reveal her interest in psychedelics at times.

However, when asked about her experience of professional stigmas surrounding psychedelics and PAPs, Yanshu demonstrated that her feeling of safety

is not absolute. Some fears still lingered for her, triggered mainly by the on-going uncertainty and ambiguity of the legal and professional status of psychedelics in the UK:

“To be honest, I feel a judgement, so..If I speak in public like to tell someone, oh, ‘I use..psychedelics’ [it] will feel kind of scary, because..I think the boundary of psychedelics [are] very blurry. [It] is sometimes illegal or legal, and it is illegal in some countries, so it's not like..some new way of therapy currently, like EMDR or mindfulness, [where, whether] someone feel[s] it's helpful or it's unhelpful.. at least it's legal all over the world” (Yanshu).

In this quote, she distinguishes between professional attitudes towards PAPs compared to other more widely professionally accepted treatments. Yanshu's description of the boundaries surrounding legality being “*blurry*” illustrates the unique struggle currently faced by professionals in the field of counselling and psychotherapy. This struggle was echoed by Rowan when they shared the following:

“What really concerns me, is the legal aspect of psychedelics.. I don't know how comfortable I would be if the police, for example, knew I was taking LSD.. the fact that I might have to meet a legal process involved [with] that makes me deeply uncomfortable.” (Rowan).

Compared to other novel therapies, where the main concerns are the efficacy of the supporting research and the treatment itself, for PAPs, the on-going questions and uncertainties surrounding legality make this field far more precarious for professionals to navigate, thus making disclosure about interest in or involvement with psychedelics, more risky (Pilecki et al., 2021). Despite Yanshu's fears surrounding the uncertain legal status of psychedelics and the judgement that is held by some, she

seemed to feel reassured by the academic interest in this subject and the research surrounding it:

“I feel okay in the UK, because people are talking about it, doing research about it. So it means it is valuable to some extent.” (Yanshu).

I wondered about Yanshu’s need to confirm that PAPs are “valuable” and wondered what impact it would have on her curiosity and excitement if PAPs had not been recognised as valuable by society? Was it Yanshu’s superego that dictated that PAPs must be valuable in order for her interest in them to be justifiable? Dan too, seemed to find safety in asserting the legitimacy of his work with PAPs, as can be seen in the following statement, where he speaks about his reactions to those people who might show judgement towards him for it:

“Everyone’s entitled to their opinion and I feel confident in myself and how I conduct myself and..the benefits that expanded states can have” (Dan).

Dan’s tone was steady and self-assured, however, his affirmations of his confidence in himself and his conduct made me wonder if he was reassuring himself? Dan’s assertion about the “benefits” of expanded states work reminded me of Yanshu’s mention of psychedelic research being “valuable” and I wondered what was behind this need in each participant to attribute positivity to psychedelic therapy. From a Rogerian perspective, the participants’ internal conditions of worth, which motivate them to pursue work that feels professionally legitimate and beneficial to others, appear to be in conflict with the external conditions of worth imposed by wider society. In the case of psychedelics, these external conditions often frame them as merely recreational or even dangerous (Proctor, 2020).

The tension that I had felt in his last quote continued to show up in the following reflections, where Dan appears to wrestle with on an ongoing ethical struggle:

“I guess it's a very personal thing whether you..Do I want to be someone who is working in a way that is technically illegal? How does that affect me? It's a complex issue...There's always going to be some ethical conflict in what I'm doing. For example, is it ethical for me to be a member of [a professional regulatory organisation] and to be..engaged in underground psychedelic work?...On the one hand..you might say that I'm contravening my ethical agreement with [my regulatory organisation]..but on the other hand, I also feel very strongly that it's unethical, the legal status of psychedelics is unethical” (Dan).

Dan appeared to be negotiating a tension between the professional risks of “*contravening*” the ethical agreement that he has made as a member of a professional regulatory organisation, and his own internal valuing system, which holds a strong belief in the benefits of PAPs. From a psychodynamic perspective, this conflict can be understood in terms of the ego and superego (Barnett, 2007). Dan’s ego can be seen weighing up the realities of the situation, recognising that, regardless of his personal convictions, he is engaging in work that is technically unlawful and contrary to professional codes of practice. His superego, however, is not willing to condemn him as a lawbreaker. Instead, it mobilises a defensive manoeuvre, redirecting the hypothetical accusation of “*unethical*” behaviour away from himself and back onto the legal system that he feels is unjustly prohibiting access to psychedelic healing. In this way, the superego both challenges external authority and protects Dan’s self-concept as an ethical practitioner.

From a person-centred perspective, Dan would appear to be turning to his internal locus of evaluation (Cross Bor & Papadopoulos, 2024) relying on what his own morals tell him is ethical, as opposed to allowing his locus of evaluation to be located externally, which would mean privileging the views and beliefs of others, who, in this situation, might judge his underground work as illegal and therefore unethical. In locating his locus of evaluation internally, Dan seemed able to reclaim a sense of agency, as one who is in fact adhering to a *higher* moral standard, by taking professional risks in order to provide a therapeutic service that will benefit others.

Outside the Circle

The final participant to be discussed is Desmond, who initially spoke about his experiences of professional stigmas in an unconcerned tone, saying *“I wouldn't say I've experienced direct..stigma.”* (Desmond). His somewhat detached response reminded me of Dan and the way in which he had also spoken more casually about this topic initially. However, just as Dan's true feelings on this subject had progressively been revealed, so were Desmond's. It became clear that for both participants, there had been a process adverse co-development, in which their evolving passion for psychedelics had resulted in increasing levels of separateness and a sense of isolation from those around them.

In the following two quotes from Desmond and Dan, a sense of estrangement from their professional peers is described:

“I quite often find that I'm maybe the only one in the room with these experiences.. I sort of observe the surroundings that I'm in and that the discussion isn't there” (Desmond).

“[They] are open to kind of talking about the things that I sometimes talk about, but tend to kind of humour me” (Dan.)

The apparent lack of understanding or enthusiasm from their peers appears to have created a profound sense of social isolation in both men. In person-centred terms, it might be said that the relational environment that Dan and Desmond are in with their peers, fails to meet them with UPR (Rogers, 1957). Desmond’s sense of being *“the only one”* is echoed in the following reflection from Dan, *“For me, there is a kind of..isolation” (Dan)*. The following two quotes appear to mark the emotional costs of professional silence and separation:

“That can be quite shutting down for me” (Desmond).

“I..feel less connected to my life before and less connected to my friends” (Dan).

The struggles of Dan and Desmond which are described above, can be explained through the psychodynamic concept of the “Unthought Known” (Bollas, 1989), which describes an inner experience, which we feel deeply, but which remains unspoken, typically due to the lack of a holding environment. These brief but revealing quotes unearth a deeper process of social erosion as both participants’ emotional vitality appears to be fading when amongst their counselling colleagues. Desmond’s phrase *“shutting down”* brought to mind a plant withering without adequate sunlight and water, as if, without the positive regard and acceptance that he needs from his peers, he starts to fade and decline. For Dan, there appeared to be a loss of his previously held relational anchors, leading to an interruption in the continuity of his social identity. Person-centred theory would suggest that Dan and Desmond were experiencing conditions where they were not able to self-actualise, leaving them in a state of incongruence (Rogers, 1979).

In psychodynamic terms, it would appear that the absence of a holding environment for Dan and Desmond has caused a sustained process of “splitting” (Segal, 2004) where their “bad” internal parts are suppressed and only their “good” ones are presented. This on-going process appears to have left both participants emotionally fragmented, and over time it has become more than just an issue of social acceptance or professional legitimacy. For Desmond it began to feel like a matter of survival:

“Maybe a bit of me felt like I need to..not share my true self as much..I think I made a decision to keep myself safe, whilst training” (Desmond).

His use of the word “safe” displays the extent of his need for self-protection and he appears to have turned to Goffman’s (1963) aforementioned process of “passing”, choosing not to share the parts of himself that he feels are not acceptable in particular social settings. Finally, both men demonstrate the importance of human connection and feeling understood by others in their final words on this subject. Desmond observed that:

“I think what I'm realising as I've spoken to you, is how much it's only been in my head. I haven't actually had much of an opportunity to really to have a professional conversation about it” (Desmond).

“I couldn't actually be functioning as a human being right now, to give you the honest personal answer, if I didn't have a very close community of people who understand.” (Dan).

These final words on the impacts that professional stigmatisation has had on them, highlight the depth of how unmet their relational needs are within mainstream society. Desmond’s realisation that our interview was his first “*opportunity to really to*

have a professional conversation about it” is imbued with a quiet loneliness that appears to be the result of having had to suppress his true self for so long. Dan’s statement appeared even more extreme, in his proclamation that without his trusted community of *“like-minded”* underground psychedelic practitioners he *“couldn’t actually be functioning as a human being right now”*. The nature of his words suggests that to Dan, being surrounded by people who understand and accept him is not a luxury in life, but rather, a psychological necessity.

Researcher Reflections

There were multiple times throughout the five interviews where participants made comments which indicated that they viewed me as being part of a trusted community, or within the “inner circle” of psychedelic enthusiasts. This seemed to be purely based on the fact that I was conducting a piece of research on a subject related to psychedelics. I had not given any indication prior to, or during the interview, as to what my experience level or personal opinion about psychedelics was, other than one occasion where I was asked directly by a participant whether I had any first-hand experience of psychedelics.

I felt a certain irony in being included in the “inner circle”, given that I haven’t taken psychedelics for so many years. I see myself simply as someone who believes in the potential benefits of psychedelic therapy. A contributing factor in what drove me to hone in on my specific research question initially was to shine light on the experiences of other practitioners who might also be struggling to find a place for themselves as psychedelic therapies emerge, due to a lack of first-hand experience. I felt sure that there must be others out there with a similar experience to myself, who might benefit from being given a platform to explore their stories.

During interviews, there were moments when participants seemed to view me as “one of them,” which stirred a deep discomfort. An inner voice whispered “imposter” and “you shouldn’t be doing this research.” I wrestled with these feelings each time, but would ultimately reassure myself by returning to the core purpose of my work: exploring people’s lived experiences. I would find comfort in reminding myself that for that, what is required is not insider status, but a genuine commitment to listening attentively and striving to understand others.

Conclusion

This chapter has explored the lived experiences of all five interview participants of navigating the various forms of professional stigmas associated with psychedelics and PAPs. The first subordinate theme found that for all participants, a shared experience existed of internal conflict or tension, as they found themselves suppressing their true selves and presenting false selves in an act of self-preservation, in order to maintain professional legitimacy. The ways in which each participant did this varied, but what appears to have occurred for each person, was the identification of “trusted communities” within which they could feel safe to reveal their true selves.

The second subordinate theme in this chapter explored the ongoing internal conflict experienced by four of the five participants, between fears of professional repercussions if their involvement with psychedelic substances were revealed, and their strong belief in the healing potential of PAPs. For some, these fears were enough to prevent any engagement with PAPs while they remain illegal, whereas others felt safer restricting themselves to integration work. One participant Dan, however, described having stepped into the more discreet and carefully shielded sphere of

'underground' psychedelic practice. He appeared to have found a greater sense of professional legitimacy through engaging in psychedelic-specific training, where he was surrounded by like-minded peers.

The final subordinate theme of this chapter explored the loneliness and social isolation experienced by two participants, who felt that their professional peers showed little interest in the topic of psychedelics, a subject which they both felt passionate about. While neither participant reported outright rejection, they described a subtler, yet equally damaging, culture of silencing, in which their attempts to discuss psychedelics or PAPs were met with dismissal, or a sense of being "humoured" rather than genuinely engaged. These experiences led them to withdraw socially, feeling more like observers among their peers, rather than fully integrated members of their professional community.

Desmond and Dan's experiences of separateness in mainstream counselling communities draws attention to the more subtle forms of professional stigmas that can occur, even if overt judgement is not present. Lack of interest, recognition or the ability to share one's passions with our peers can lead to deep feelings of isolation and disconnectedness. What felt very apparent across all participants was an unmistakable lack of feeling institutionally safe. All five participants expressed a wariness towards discussing their interest in, or involvement with, PAPs in professional settings. For more than one participant, it seemed that they found comfort and validation of their professional legitimacy in asserting the "value" or "benefits" that PAPs hold.

Throughout the course of this chapter it became clear that the stigmas experienced by participants in relation to psychedelics and PAPs were not only

interpersonal but were also embedded in both professional systems and cultural expectations. The process of concealing parts of themselves, which participants undertook, served a useful protective purpose. However, it appears that it also came at the cost, at times, of their congruence, their autonomy and their emotional well-being.

The ambivalence experienced by participants, on whether to remain “closeted” or to embrace their true selves as psychedelic enthusiasts, extended into deeper ethical territories which are explored in the next chapter. The reader will experience the participants grappling with issues surrounding legality, responsibility and the appropriation of indigenous cultures. As these complex issues are explored, some of the wider ethical dilemmas and systemic challenges that exist within the psychedelic renaissance are revealed.

Chapter Six- From Demonising To Idealising

This chapter explores the way in which all five participants made sense of the numerous and varied ethical concerns that exist surrounding PAPs. Participants seemed to grapple with a myriad of topics such as corporate greed, positive researcher bias, the legal status of psychedelics, the weight of counsellor responsibility, gatekeeping and cultural appropriation. I feel that it is important to acknowledge that any one of these topics is rich enough and deserving enough to warrant an entire chapters-worth of discussion, but due to the constraints of this thesis, I will instead be undertaking a brief exploration of my participants' thoughts and feelings on each of these topics. While this chapter touches on relevant theory and research, a deeper exploration of these contextual elements will be provided in the discussion chapter which follows.

The Capitalist Agenda

In line with his somewhat wary presentation at the beginning of our interview, Adam voiced his suspicions about the political motivations of the western world in legalising PAPs:

"I'm suspicious..[of]..what's going on with the more..formalised western medicalized approach.." (Adam).

In naming it a "*formalised*" and "*medicalised*" approach, Adam creates an image of something cold and sterile. He also communicates a deeper discomfort about models of care that feel disconnected from the relational ethos that Adam associates with healing. For example, he described the psychedelic ceremonies that he has been

part of as “Grassroots” and explained that they are *“More like spiritual..it's just on another level when it's in a ceremonial setting” (Adam).*

The term “grassroots”, can be used simply to describe something which is basic or fundamental in nature, however it is also often used in a political context to describe a subgroup, or movement of people, bonded by a belief or cause who wish to implement change on a local, regional or national level. For me, the term “grassroots” conjured up images of freedom, nature, independence and community, all words which sit in stark contrast with the words *“formalised”* and *“medicalised”*.

The following anecdote shared by Adam evoked feelings of anger and wrongness in me, perhaps more so due to how starkly contrasting it was to his previous description of a connected, supportive community:

“You know there's a lot of money in this thing [PAPs]..There was this company that tried to patent the psilocybin [assisted therapies], ‘Compass Pathways’, they tried to patent you know, basically the soft furniture, the music, the cells, because they can sense there is money in that..Everybody wants a piece of the cake. Because it's new, [there is] potentially a lot of money there.” (Adam).

Sitting in the interview with Adam, I thought about the attitude of Compass Pathways and other corporations like it, not content with simply having a *“piece”* of the proverbial *“cake”* that is PAPs, but determined, instead, to eat the whole thing. I was suddenly reminded of a scene from the film adaptation of *“Matilda”* (DeVito, Danny, Director, 1996), in which an overweight child *“Bruce Bogtrotter”* attempts to eat an entire enormous chocolate cake on his own.

This imagery evoked a visceral response of disgust in me, perhaps mirroring Adam’s own feelings towards what he saw as the corporate over-consumption of

companies such as Compass Pathways. Adam's concern about the attempts made by corporations to commodify PAPs, is representative of wider concerns voiced by researchers such as Buchman and Rosenbaum (2024) who discuss the conflicts of interest that arise when entanglements occur between corporate sectors and researchers. In the following section, the issue of conflicts of interest continues, as some participants voiced their concerns about the disproportionate amount of positive, or over-inflated research and media coverage about PAPs that has been published in recent years.

Positive Researcher Bias

Petranker Anderson and Farb (2020) assert that some psychedelic researchers bring both financial and ideological conflicts of interest into their research. This view was echoed by both Dan and Adam, who spoke about the dangers of "positive bias" within the field of psychedelic research. Dan spoke about the level to which this issue has been occurring and clarified his stance on this subject:

"I think we've reached saturation point, at which the positive stories are gaining traction. So people are going to be looking at other aspects of it now and I think that's really important" (Dan).

The term "*saturation point*" not only conjures up images of something which is overflowing beyond the limits of what it can hold, but also of the damage that saturation can cause. This poses the question; what damages could be caused by the saturation of positive propaganda about PAPs? Adam shares his answer to this question:

"I start seeing only kind of the positives..you know when I'm reading about it [PAPs], but there's so much risk with them [psychedelics]. It draws our patients or clients, who are like, quite desperate. They get their hopes up.. they read "It's great! It

helps!” but I didn't see as much warning about, you know, what can go wrong and that also kind of put me off” (Adam).

As I listened to the concern in Adam's voice and his warning of there being “so much risk” in taking psychedelics, I could feel the presence of his therapeutic professional self, wanting to protect those who may be “desperate” from the strength of their own hope or faith, potentially misplaced in treatments which are not being spoken about with full transparency. The concept of managing clients' hopes and expectations is not new in the world of counselling (Wang et al., 2022). In psychodynamic therapy, counsellors hold an awareness of how feelings and expectations from clients' past relationships can be projected onto themselves or the therapeutic relationship (Yilmaz et al., 2024). Research, such as the study conducted by Seligman et al. (2009), shows the negative impacts that inaccurate expectations of therapy can have on treatment outcomes. One phrase used by Adam particularly stayed with me, in which he described the dramatic shift that has occurred in recent years from psychedelics being highly stigmatised compounds, to them now being viewed as a panacea of sorts:

“[There has been] this.. shift from demonising to idealising” (Adam).

This phrase evoked powerful imagery in my mind of heaven and hell, light and dark, good and bad. The extreme and opposed nature of Adam's words highlight how excessive both ends of this spectrum are. They emphasise the need to find a middle ground through honestly and realistically exploring both the benefits and the limitations of PAPs. In the following section, three out of five participants explored their fears about becoming professionally involved with something that is still, at present, illegal. They explored the barriers that this creates for them in engaging with PAPs. For one

participant, this has not acted as a barrier and they shared some of their experiences of navigating the existing “underground” of PAP and integration work in the UK.

Legal Concerns

For Rowan Yanshu and Adam, the current legal status of psychedelics prevents them from wanting to offer psychedelic-assisted therapy to their clients. Rowan demonstrated this in the following quotes where they voice their concerns and also outline their current boundaries surrounding what kind of psychedelic work they are comfortable doing with clients:

“What really concerns me. Is the legal aspect..I am happy for people to come to me, wanting to integrate the [psychedelic] experience they had, but I'm not able to offer a space where people could take the psychedelic during the counselling session..because if anything happened to them.. legally and from an insurance point of view, that would be.. it would be treacherous waters” (Rowan).

Rowan’s concerns are valid, considering that currently psychedelic substances remain categorised as “Class A” drugs, meaning that any practitioner found to be conducting PAP outside of research settings could face serious legal repercussions (Misuse of Drugs Act, 1971). Their words represent the ethical anxieties that practitioners face when attempting to navigate their desire to facilitate what their clients are asking for as well as trying to adhere to regulatory frameworks. The phrase “*treacherous waters*” is evocative, eliciting feelings of danger and uncertainty.

While Rowan was clear about the legal status of psychedelics in the UK, Yanshu encountered uncertainty when she arrived, likely due to differences in national laws. She expressed a wish for a more globally consistent approach to psychedelics and PAPs:

“I think the boundary of.. psychedelics [are] very blurry. [They are] sometimes illegal or legal..in some countries. For example, some new way of therapy currently, like EMDR or mindfulness.. although some feel it's helpful or..unhelpful, at least it's legal all over the world” (Yanshu).

Yanshu's lack of clarity could be representative of a wider culture of uncertainty amongst UK counsellors, due to the absence of clear guidelines and frameworks on how to engage with PAPs at present. This very issue is alluded to in her next point, where, despite her desire to see a unified approach taken towards PAPs, she voices concern about whether or not there is an adequate training infrastructure in place in the UK:

“In Scotland, I heard they are making effort[s] to let someone use [psychedelics] legally if.. they really need it, [for example, if they have a] medical condition, those things. I'm concerned about..because that is a very intense medicine. So if the therapist doesn't really have the experience, they may not know how strong it is, or how much [to] use” (Yanshu).

Yanshu's concern regarding the adequacy of training, alongside knowledge of dosage and procedural aspects of psychedelic administration, is clear and aligns with concerns previously raised by researchers such as Andrews and Wright (2022) and Page et al. (2021), who examined the readiness of UK mental health professionals to engage with and deliver PAPs. This emphasis on appropriate training and ongoing education appears particularly pertinent given the rapidly evolving nature of the psychedelic landscape. However, it is important to note that this landscape has continued to shift significantly in recent years and already looks different from the context in which these studies were conducted four to five years ago. It is therefore

plausible to suggest that, in the intervening period, a greater number of UK mental health professionals have engaged in some form of psychedelic-related education or training, although the depth and consistency of such training remains variable.

Adam shared his view that the gradual legalisation of psychedelics in recent years has been a resulting response to instances of malpractice in underground psychedelic work in the west:

“I wonder how much [underground psychedelic work is] then regulated if it's not legal, because it should be..very regulated..I think what prompted the legal change is, you know, there's a lot of charlatans..doing it, and something bad happened, and they, you know, they tried to.. stop it.” (Adam).

In stating that underground PAP should be “*very regulated*”, Adam voices aloud a thought which is reflective of the view held by certain researchers such as Glynos et al. (2024), who conducted an online survey with underground psychedelic practitioners, amongst whom there was a general consensus that they would prefer to be working in a way which was legal and could be regulated. This study will be explored in further detail in the discussion chapter.

Out of the five participants interviewed, Dan was the only one currently engaging in what he referred to as “*underground psilocybin work*”. When I asked Dan about his engagement with PAP during our interview, he began by explaining his ethos about undertaking this kind of work:

“I believe in a gold standard of ethical practice, even if that's underground. I still believe that it needs to be held with the requisite care and love and integrity” (Dan).

His use of the term “gold standard” denotes the level importance to Dan, of maintaining the highest possible standards of ethical practice, perhaps even more so

due to his practice being undertaken in an illegal setting. His focus on “care” and “integrity” reflects the principles of UPR (Bozarth, 2001) in person-centred theory, which places our positive view and treatment of our clients as tantamount to a healthy therapeutic relationship. Dan followed on by providing details of the conditions that he feels need to be present in order to work ethically in underground practice:

“When I work with psilocybin, I work with a relational model. I have a minimum requirement of weekly preparation, before I would consider working with someone. The actual people that I've worked with, I've been working with for a long time, in weekly personal therapy, before we've even considered expanded state work, and I use 'expanded states' because it's not just psilocybin..I might use breath work” (Dan).

Dan illustrates common therapeutic principles, such as Rogers' (1961) emphasis on establishing a strong therapeutic relationship before moving into deeper work. His practice also reflects a psychodynamic concern with providing a reliable and containing therapeutic frame, themes that will be explored further in the discussion chapter. In the following quote, Dan provides a more specific example of where he has gone to great lengths to ensure the robust development of his therapeutic relationship with a client, before introducing psychedelics into their work:

“In one case I worked with someone with psilocybin after we'd been working together for three years, weekly, which is a fair amount of preparation” (Dan).

Dan's diligent approach would seem to address the concerns voiced earlier by Adam and Yanshu about client safety and treatment transparency. While four of the participants in this study all appeared fully informed about the legal status of psychedelics and had used this knowledge to make informed decisions for themselves

about their level of involvement with psychedelics, one participant, appeared unclear on this subject.

There was a particular moment in Yanshu's interview, while speaking about her experience of attending workshops on psychedelics in the UK, where it became clear that she was under the impression that psychedelics were legal here. At the time, I experienced this as an ethical dilemma rather than a straightforward factual correction. On the one hand, I felt a duty of care to not leave Yanshu with misinformation that could carry legal or personal risk. On the other, I was aware that intervening might shift the relational field of the interview, influence what she chose to disclose, or place me in an advisory role that exceeded my remit as a researcher. I was also mindful that correcting her during our interview could unintentionally re-direct her narrative, resulting in higher levels of self-monitoring or defensiveness that might not otherwise have been present. However, when I did tell her, Yanshu did not seem particularly shocked or affected by the news, which struck me as odd. Perhaps her mind was too preoccupied with processing the news? Or maybe she simply did not feel comfortable sharing her reactions with me. In choosing to correct Yanshu's understanding of the legal status of psychedelics, I became the person who 'knew' and who could authoritatively define the UK context. Given Yanshu's position as an international student, I wondered whether my correction could have been felt by Yanshu as an institutional message about what is and is not safe to say. She acknowledged a moment later *why* she had made this assumption and explained that she found the legal status of psychedelics to be confusing and unclear:

"I think in the UK..I was a bit..confused, if [psychedelics are]..legal or illegal because..people are talking about it. But..I feel okay in the UK because people are talking about it doing research about it" (Yanshu).

After our interview, I reflected on the power that culture has to influence people. It seems that Yanshu had assumed upon arriving in the UK as a student, that if universities were openly offering workshops, conducting research and creating space for discussions on psychedelics, then they *must* be legal. This left me questioning whether Yanshu would have made any different decisions for herself if she had known that this was not the case? Would she have taken part in my research for example? I found myself wondering, more recently, whether this moment was the reason why I did not hear from her again upon completion of our interview. I reflected, as I did in the methodology section of this thesis, on my own position of power as a researcher.

In hindsight, I can see that there were several alternatives available to me. I could have asked a neutral clarifying question, paused the interview to check how she wanted to proceed, or deferred the clarification until the end with an option to withdraw or amend consent. I could also have framed my response more tentatively and signposted that I was not providing legal advice. I can only imagine that I did not access these options in the moment due to my own anxiety about potential harm, enhanced by time pressures. Looking back, I can see that I was driven by a desire to “normalise” the moment, hoping that this would provide her with some reassurance. I did this by not lingering for too long on the information itself, instead moving forward to the fact that Yanshu had clearly experienced something different in the UK in regards to its attitude towards psychedelics, which had allowed her to feel safer exploring her interest in them. She gave her final response on the subject:

“Oh yeah..I feel okay in the UK because people are talking about it, doing research about it, so it means it is valuable to some extent..I think at least there’s a possible way, although it’s..very narrow in the UK, but people are seeing the value of it. So I’m okay to talk about it here” (Yanshu).

Returning to the collective theme of legal concerns, I found it easy to resonate with participants, as I have also experienced uncertainty when clients ask about psychedelic therapies or seek advice on personal use outside of therapy as part of their healing journey. At times, I have wished for clearer guidelines and have even contemplated referring clients to trusted acquaintances who facilitate psychedelic ceremonies, particularly when clients speak of trying them alone for the first time. I have had to think carefully about what is ethical, what is safe and what is legal. I hold an awareness as a practitioner that we are “on the brink” of certain psychedelics, such as psilocybin, being de-classified legally, meaning that they would be allowed to be used as part of therapeutic treatments. However, I still do not fully know what this means about *when* and *how* I might actually be able to deliver PAP to clients. I also feel wary of paying the large sums of money currently being charged for PAP training programmes, given that they do not certify you to practice legally. My current stance, in line with the five participants who took part in this study, is one of watching and waiting, for things to evolve and become clearer.

The Weight of Responsibility

All five participants seemed to consistently want to emphasise the “*serious*” and “*powerful*” nature of psychedelics, emphasising once more, the need for adequate knowledge and skills in practitioners wishing to deliver PAP. Some participants echoed thoughts that were voiced in the previous chapter on whether or not personal experience is necessary in counsellors delivering PAPs. They reiterated that having a good understanding of what your client might be going through during a psychedelic experience is “*incredibly vital*” (*Desmond*). Dan shared his views on the weight of responsibility held by psychedelic practitioners:

“It's a real responsibility, you know. This is serious stuff that we're dealing with. It can be incredibly difficult..and.. yeah, harmful. It can be harmful” (Dan).

Dan's extra emphasis on the “*real*” nature of the responsibility that is held when facilitating a person's psychedelic experience signals that he views this responsibility as going above and beyond those typically held by a counsellor in a therapy session. There was something about Dan's need to clarify that psychedelic therapy is in fact “*serious stuff*” that made me wonder whether Dan was addressing a wider societal view of psychedelic experiences as amusing recreational “trips”?

In the final part of his sentence, Dan appeared to struggle momentarily, between his desire to warn about the dangers of psychedelics and his wish to convey them in a positive light. After a moments pause, he seemed to settle on the side of caution, confirming that if treated lightly, psychedelics can in fact be “*harmful*”. He finished with a final repetition of “*it can be harmful*”, as if to solidify his decision to use this term.

Both Yanshu and Desmond also used evocative language when speaking about the dangers of PAPs, emphasising the need to use psychedelics “*carefully and ethically*” (Yanshu) due to the fact that “*these can be incredibly powerful ‘out there’ experiences*” (Desmond). Yanshu described psychedelics as “*very strong*” and voiced her concern that if these compounds were to “*damage*” the client taking them, the effects of this damage would be “*very fast*” which impressed upon me a sense of the loss of control that can occur in a moment such as this.

Similarly, Desmond issued a warning that to be unprepared as a counsellor when facilitating a psychedelic experience for your client could be a “*catalyst for potential disaster*” (Desmond). The views expressed by Yanshu and Desmond align

with core aspects of person-centred practice, which prioritises the emotional safety of the client by encouraging counsellors to pay close attention to the pacing of work and attune with client's comfort levels (Wilkins, 2015). From a psychodynamic perspective, Bion's concept of the safe "container" is evoked once more, in the warnings given by Yanshu and Desmond about the need for carefulness and caution. Three of the participants shared a common view of how they felt that PAP should be conducted in order to work in a safe and ethical manner.

Rowan Adam and Dan all voiced a clear preference that PAPs should be delivered in pairs, as opposed to a traditional one-to-one therapy setting. Rowan shared that *"I would always, ideally..love to see a team working on psychedelic assisted therapies, not just one individual."* (Rowan), while Adam added *"[If] I..imagine me working with [PAPs], it should be in a team."* (Adam) which was affirmed by Dan who said *"I work in a pair. I believe [that] is the right way to do it"* (Dan).

From a person-centred perspective, the views shared above speak to the importance of mutuality and the power of encountering in group work, which could be described as deeper relationally because they not only involve the psychological contact between individuals, but also between the group as a whole. This way of thinking is reflective of Rogers's (1970) view of group encounters. He described groups as organisms, with their own sense of direction, clarifying that this direction may not be something that can be intellectualised. He believed in the "wisdom of the organism" (p.44) as if, left to its own devices, the group would navigate through difficulties or challenges in an impulsive drive towards cohesion and unity. When applying this concept to PAPs and the commonly discussed highs and lows of psychedelic experiences, it is possible to see how there might be comfort taken in

being within a group, protected by the larger collective energy and presence of the group itself.

When listening to the thoughts and feelings of participants as they spoke about this theme in our interviews, I was brought back to a particularly unpleasant memory of having taken psilocybin many years ago and having had a “bad trip”. I thought about what support I would have needed to have been able to come out of the place of panic and claustrophobia that my mind had taken me to. The presence of a knowledgeable, trusted person who was not under the influence of psychedelics themselves, would have provided me with a huge measure of reassurance. If I had been able to share out loud the terrible fears that my brain was feeding itself (such as thoughts that the bad trip would never end) then this person could have helped to ground me in reality by addressing some of these fears with facts. Furthermore, if the supporting person had been able to guide me through some basic relaxation techniques such as breathing exercises and moving my body, the panic symptoms that I was experiencing may have subsided.

In conclusion, while I share participants’ concerns about the weight of responsibility that a psychedelic practitioner holds, I also want to highlight that many of the skills required to provide a safe and reassuring presence are foundational to counselling practice. These include adapting moment to moment to what the client brings, drawing on grounding techniques when overwhelm arises, and recognising when not to ‘rescue’ clients as they work through difficult experiences. This suggests that psychedelic work, while carrying unique ethical challenges, also rests on core therapeutic competencies that counsellors already cultivate.

Gatekeeping

A conversation took place with all five participants about the presence of a culture of “gatekeeping” within the current psychedelic renaissance in which financial, experiential and ideological concerns were shared. Their reflections shed light on the ways in which education about PAPs and entry onto training programmes is being shaped currently by an environment of exclusion and cultural capital.

Adam and Dan spoke about some of the barriers that can exist for those counsellors wanting to access PAP training programmes both internationally and in the UK. For Adam, those barriers were largely financial:

“Years ago I..looked at trainings but they were like crazy expensive and not in the UK..It feels very gate kept for like rich people. You know it's very gold class..like it's saved only for rich people. It just feels very hard. not many people can afford those prices. It is great that it's happening..but..I got a bit disgusted by..the way it's gatekept”
(Adam).

Adam's experience of exclusion from psychedelic training programmes due to their lack of affordability sits in conflict with the goals set out by Rogers in his development of person-centred therapy. Rogers emphasised that the conditions for growth should be accessible to as many people, in as many environments as possible, rather than being confined to the therapeutic relationship (Rogers, 1961). Adam's experience of exclusion from PAP training echoes wider critiques of psychotherapy training, where access has often been shaped by class and privilege. As Layton (2004) argues, such structures can unconsciously reproduce class-based exclusions, leaving those positioned outside the dominant group feeling inadequate, resentful, or

marginalised. For Adam, this experience led to a loss of desire to become formally trained:

“I [have] kind of given up on that idea unless it's really changes in the next few years. Maybe one day in 100 years it's going to be much more popular and much more easier, but I don't imagine that's going to be the case” (Adam).

For Dan, his struggles centred more around navigating the sometimes unachievable entry requirements or limited offerings of certain training programmes:

“I was looking into the course at the University of Vancouver Island. [I] realised that it wasn't set up for international students. You had to have your own placement in a legal psychedelic setting in order to complete the course. [Some of the UK] course[s] [are] not actually a training in psychedelic therapy. It is quite hard to know..Where do I go with this? What can I do? It's..hard to really get a grasp of what would be the right path” (Dan).

The struggles that Dan faced in finding a suitable programme highlight some of the systemic issues that currently exist in PAP training programmes across the globe. For example, the University of Vancouver Island's online training programme advertises that it accepts international students, yet its policy on the need for a legal psychedelic therapy placement eliminates many people from countries around the world where psychedelics are still illegal. Eventually Dan did find a UK training programme that encompassed everything that he had been looking for, however, what he shared ended up shining light on another facet of gatekeeping:

“I guess everyone, well, most people on the course have are involved in the psychedelic field already in some capacity. Although it's not stated overtly and clearly. [The] organisation has to distance itself, on the surface at least, from anything which

is illegal..[but] certainly with getting on my training..you have to talk extensively about your experience of expanded states to even be considered” (Dan).

Dan shared the following anecdote about a well-known UK centre for psychedelic research, which further served to highlight the presence of gatekeeping in this community:

“I was speaking to my colleague who works at [name of institute]. It wasn't explicitly in the information available in the public domain around the trials, [but it] was stated that therapists don't have to have their own [psychedelic] experience..and she [Dan's colleague] kind of gave me a wry smile, because basically she's saying 'That's not the case, but they can't be advertising that their therapists take drugs'. So even in those situations, I think when you got down to it and you went for an interview, it would..become apparent that you weren't suited to the..endeavour” (Dan).

These two quotes from Dan speak to another culture of exclusion, in which only those who have personal experience of taking psychedelics are deemed as suitable to be allowed onto PAP training programmes. As was the case with Adam's experience, this serves as another example of the unique individual qualities of practitioners being ignored or devalued over specific levels of wealth or experience. Furthermore, this “elitist” mentality could potentially compromise the congruence of applicants, who may feel pressured to exaggerate psychedelic experience, or worse, feel compelled to take psychedelics when not actually ready or willing. In an attempt to identify what, if any, options those practitioners who may not wish to take psychedelics might have, if they believed in the benefits of PAPs for others and wanted to engage in training, I asked Dan his thoughts, as a person “on the inside” of a psychedelic training programme. He answered:

“Certainly in the UK, I don't think there's any entry point. I mean, at the moment, you know..working legally, it's only [within] the remit of clinical trials, right? If I hadn't had any psychedelic experience and I was interested in moving into the field, I don't know..how I would do that at the moment” (Dan).

Although voiced by a single participant, Dan's concern highlights a broader issue: the current lack of accessible pathways into PAP for counsellors. The absence of this restricts professional diversity and also risks limiting access to those with enough wealth or prior psychedelic experience.

In contrast to Adam and Dan, another participant Desmond seemed to be in favour of gatekeeping in psychedelic training, feeling that it is necessary to carefully monitor who should be able to take on this role of responsibility:

“There is definitely a members club, but it's not a bad thing” (Desmond).

I remember feeling surprised to hear this at the time, feeling that his answer to my question on gatekeeping did not seem to match what I had seen of Desmond's personality during our short time together. He came across as warm, inviting and kind. I could not imagine Desmond wanting to exclude anyone from anything. Intrigued, I prompted him to tell me more about his reasoning for the above statement and he continued:

“There has to be some kind of..moderation..sort of intake..[such as] what does that [trainee selection] look like and who decides that? I think..that element of gatekeeping which is..saying, ‘listen..[we] can't tell you to take an illegal drug, but we kind of need you to have done so’. I think it's probably a good thing. In the world of psychedelics, there is just so much problematic..self-proclamation of ‘I'm a medicine

person', I think..it seems like a necessary thing for now. I'm not entirely sure who decides that they're the gatekeepers. Maybe that's another conversation" (Desmond).

Desmond seemed to be expressing similar views to those shared by Adam and Yanshu earlier, about the importance of being selective about who is allowed to deliver PAP, although where the other two participants focused more on how psychedelic practitioners need to be “prepared”, Desmond seemed more focused on eliminating those who might be considered as “imposters” from trying to deliver therapies that they are not equipped to facilitate. In hindsight, I considered how the contextual factors of Desmond’s life experiences, such as the time that he spent living amongst indigenous people in South America, might have influenced his thinking. For example, his use of the term “*medicine person*” in his earlier quote, a term which would not be used traditionally in the west. Although Adam had largely spoken in more negative tones about gatekeeping in his earlier comments, he too later acknowledged that there were benefits to this process, in terms of ensuring that only those who were deemed as capable and mentally well would be placed in these positions of power and responsibility:

“Even if..the training is free, you have to be screened for..stability, emotional and psychological stability, I imagine, but..that's a good..type of gatekeeping” (Adam).

Adam’s description of practitioner screening as a “*good type of gatekeeping*” illustrates the complexity of this issue within PAP. As with many aspects of the field, the notion of gatekeeping resists simple categorisation; careful consideration is required to distinguish between practices that are beneficial, harmful, or ethically necessary. As Desmond processed through his thoughts and feelings surrounding *why*

he feels that gatekeeping is necessary, he eventually came to the following conclusion about the experiential components that he feels are vital to delivering PAPs:

“I think it's just coming back again to..having had the experiences. It's like you become part of a tribe [when you take psychedelics]. The language becomes less coded and less crypted because the person [understands] and you're then able to enter into [a] different network of language, because you can start to describe and talk about experiences that are utterly ridiculous to anyone else. There's sort of [a] togetherness through these experiences, which I think is sort of necessary” (Desmond).

Desmond's return to speaking about the necessity of personal experience and his focus on the importance of shared language and experience can be linked back to his own personal experiences of social isolation and conversational barriers caused by the ineffable nature of psychedelics, which was discussed in detail in chapter one. His perspective speaks to a prioritising of experiential knowledge which aligns with the mentality seeming to be taken by current training programmes in the UK.

In contrast, Yanshu approached the topic of gatekeeping by prioritising professional accountability, making a comparison between gatekeepers and the process of professional supervision for counsellors:

“I feel that generally..[gate]keeping people..is really like the supervisor in.. normal therapy..they need to..control or not control..know the situation and give suggestions sometimes” (Yanshu).

Yanshu's comparison is helpful in providing an alternative perspective to the previously considered view of gatekeepers as exclusionary. Her words highlight that ultimately, a PAP training programme is still a form of counselling training, where

having a rigorous selection process is generally deemed as good practice and necessary (Dryden & Thorne, 1991). This is done to ensure that only those trainees who are most suitable, mentally emotionally and academically become qualified to work in the trusted role of supporting other people's mental health (Sullivan & Agostinelli, 2024). Yanshu returned once more to the inclusive and accommodating stance that she had demonstrated in chapter one as she voiced her opinion on training requirements for PAPs programmes:

"I think if [people] really [don't] want to take [psychedelics]..then maybe they can for example, read as [much] literature as possible..maybe articles or videos or papers [which] tell people about how it feels [to take psychedelics]. It should also be okay to..gain the knowledge through..readings" (Yanshu).

Yanshu was the only participant who voiced the view at any point during our interview, that theoretical knowledge of psychedelic experiences could be sufficient. She was also the participant with the least amount of personal psychedelic experience and I found myself curious about whether this correlation was a coincidence. When comparing the accounts shared by Dan and Desmond in chapters one and two about their experiences of feeling disconnected and socially isolated amongst their peers, it becomes evident that the deeper they ventured into the world of psychedelics, the harder they found it to feel connected to those around them who had never experienced them. In acknowledgement of this, Dan said:

"Sometimes it becomes hard to relate to people..who don't have those experiences..there is a kind of isolation, because I do feel less connected to my life before and less connected to my friends" (Dan).

Using Dan and Desmond as examples, it appears that the more strongly an individual identifies with the psychedelic community, the greater the perceived need to protect this culture and its associated practices, including psychedelic-assisted therapies, from “outsiders.” In contrast, someone like Yanshu, who appears less connected to the psychedelic community, seemed more able to demonstrate acceptance toward a wider range of people in relation to practitioner suitability. This hypothesis is supported by research such as Molenberghs (2013), whose study demonstrates that humans respond differently to “in-group” members than to “out-group” members, exhibiting a tendency toward in-group bias.

The final participant to be mentioned in this section, Rowan, spoke out strongly against those who engage in gatekeeping. They spoke about the widespread nature of this phenomenon, condemning counsellors and psychotherapists who adopt such a mindset:

“I think that these sort of people..gatekeepers of knowledge, are everywhere..and from my point of view.. they shouldn't even be psychotherapists and counsellors. What's important for me in whichever sort of therapy, is respecting the individuality of each person” (Rowan).

I was struck by the irony in Rowan’s statement. In expressing such a strong opinion about who should be permitted to work as a counsellor, based on their disagreement with certain beliefs or practices upheld by others, Rowan appeared to adopt a gatekeeping stance themselves. This prompted me to reflect on the paradoxical nature of gatekeeping within PAP, where those who are passionate enough to establish or fund training programmes often hold equally strong convictions about who “should”, or “should not”, be allowed to practice. The image of a serpent

consuming its own tail came to mind as I questioned whether such dynamics represent an endless cycle of human thinking that is continually reproduced within professional contexts.

Rowan shared more about their personal experiences of gatekeeping within the world of PAP training programmes:

“From my point of view [gatekeeping is] in every sort of community, and I don’t like it..I tend to distance myself..from these sort of individuals and ideologies. The [psychedelic training] group I was part of, there are certain people thinking down these lines, and I think they’re a bit extreme” (Rowan).

Rowan’s experience highlights the pervasiveness of gatekeeping and its ability to encourage an “us” and “them” mindset in professionals. Returning to the findings of Molenberghs (2013) once more, if this is indeed a predisposition that we possess as humans, do we have a greater duty to address this tendency and put measures in place to minimise division? If so, what will this look like for the world of psychedelic therapies?

As a researcher, I felt aware of my own bias on this subject. I first became aware of the aforementioned “us” and “them” attitude throughout my twenties whenever I would spend time with groups of people or individuals that I knew who were regular psychedelic users. It was clear listening to these people that they felt “enlightened” by their psychedelic experiences, and as though their eyes had now been opened to the true nature of reality. They spoke of average or “mainstream” people as “sheep” or “the masses”. There was an elitism in the way that they appeared to view themselves as separate and above others due to their “higher level of consciousness”. Then, a couple of years ago I attended an educational event on PAPs in Edinburgh which was

aimed at counsellors, during which the host, who was a highly respected academic and long-time psychedelic user, displayed this exact same elitist attitude.

In a room of twenty counsellors, I was the only one who had actually had any personal experience of psychedelic use. Yet there were nineteen other people who had paid money to be there that day. They all had a deep enough curiosity about PAPs that they had given up their time and money to learn more about them. I remember looking around the room that day and wondering how these people would be accepted into this field of work if they chose to pursue it. This feeling was deepened even more when the professional who was hosting the event, made clear in a somewhat condescending tone, that he did not believe that anyone should be delivering PAPs, if they did not have their own personal experience of taking psychedelics.

I felt angry as I sat there, because despite being the only member of the group who had actually taken psychedelics, I still felt a sense of rejection and judgement at the man's words. Was this simply down to my own unresolved emotions in regards to my place in the world of psychedelics? I wondered how the other nineteen people in the room felt. Had this comment passed them by? Or did they now feel silly for even being there? De-motivated perhaps, or reminded of their place, outside of the psychedelic circle? I wondered how many valuable, skilled therapists might be discouraged or shamed by the attitude and words of "experts" such as this man.

Cultural Appropriation

“We can’t start [the] history of psychedelics in the ‘60s in the Americas; that needs to stop. We [indigenous people] used this medicine before Jesus Christ walked this Earth” (Macias Red Bear, 2017).

This subordinate theme explores the concerns voiced by three of the five participants about cultural appropriation in relation to PAPs. Two participants expressed strong concern, one voiced milder concern, and two did not mention the topic at all. The varying degrees of concern within this study’s sample appear to reflect the wider counselling community, where some are deeply troubled by the commodification and appropriation of practices rooted in Indigenous cultures, while others are more invested in advancing the development of PAPs, perhaps influenced by positive experience bias or commercial interests (Copes et al., 2025). For some participants, their principles surrounding CA led them to walk away from, or distance themselves from, PAP trainings. This was the case for Rowan, who described witnessing greed and commercially driven attitudes among some trainees while attending a PAP training programme in the UK:

“I was a member [of a training programme] for one plus years, but then I got increasingly suspicious. I haven’t been happy in the way that certain traditions, ancient tradition, have been commodified by some therapists” (Rowan).

Rowan’s account of growing suspicion suggests a gradual process of alienation, in which they experienced increasing separation from their professional peers over time. This resonates with the experiences of Dan and Desmond in Chapter Five, although in their case the difference lay in their direct involvement with psychedelics. I wondered whether Rowan’s sense of being “other” than their peers

might have been felt more acutely given that this was a specialist training programme, where one would expect to be among like-minded individuals. Rowan went on to offer a broader perspective on what they perceive as the West's approach to psychedelic practices:

“Basically they are translated into western traditions, without the.. care or the.. parameters that were held originally for the use of certain substances. I [am] quite wary of cultural appropriation and commercialization and neoliberal practices around sacred substances. Psychedelics.. at times are used to [achieve] certain aims? They're [westerners] more interested in taking psychedelics for a certain aim, rather than [to] see what psychedelics reveal” (Rowan).

From a person-centred perspective, the extent to which one can remain congruent while adopting the culture and practices of a people to whom one does not belong, is questionable. From a Winnicottian viewpoint, this might be understood as abandoning one's true self and adopting a false self by imitating another culture's practices (Winnicott 2016, 162).

Despite being the only participant to have spent time living amongst indigenous people, Desmond said relatively little on this subject, which surprised me somewhat. In hindsight I can see that I had made assumptions that his experiences in South America would have led to him hold a deeper emotional investment in the preservation of indigenous culture. I will reflect on this in more depth in the discussion chapter but to return to what Desmond did share of his feelings on this subject, both he and Adam addressed some of the problematic elements of psychedelic tourism:

“It's been a bit tainted by Western influence, unfortunately” (Desmond).

“People go there because of these powerful (psychedelic) experiences but they..ruin it for the indigenous people” (Adam).

In the following quotes Desmond and Adam spoke to the shadow side of the psychedelic tourism industry, describing how some people’s search for “authentic” experiences can lead to exploitation or even harm. This cycle of mutual exploitation exists in tourism industries across the globe, such as orphan tourism in South East Asia (Reas 2015).

“In the world of psychedelics there is just so much problematic self-proclamation of ‘I’m a medicine person’.. I see it a lot and it can be very dangerous and it can be risky” (Desmond).

“There’s a lot of charlatans emerging there..plastic shamans and whatnot. It’s dangerous, you’ve probably heard about..people getting (taken) advantage of, sexually abused..they don’t know what [psychedelics] they’re given [and] they’re experiencing psychosis” (Adam).

The terms “self-proclamation” and “charlatans” have religious connotations, bringing to mind false-prophets claiming to be Messiahs, and Adam’s description of “plastic shamans” holds a juxtaposition, as the concept of that which is synthetic and fake, meets that which is natural and spiritual. I felt a sense of wrongness at hearing the two words mixed.

Finally, Rowan shares their final thoughts on what is needed in order for PAPs to be delivered in an ethical way *“I’m all in favour of psychedelic therapies.. as long as they’re held in..[a]..cautious respectful manner” (Rowan)*. Desmond felt that the way to guard against the “charlatans” spoken of by Adam earlier, is to engage in the process of gatekeeping which was discussed earlier in this chapter *“That element of*

gate keeping..It seems like a necessary thing for now” (Desmond.) Finally, Adam left me with the following words of warning:

“[This] kind of enthusiasm from the West can destroy..[there is a]..greedy colonial attitude of going in the indigenous place and extracting the good stuff from there and just using it..but in the process, destroying..the spirit of the.. traditional healing” (Adam).

Researcher Reflections

I found it very easy to feel indignant about this subject. I imagine that many westerners would. However, I also felt the keen irony of the fact that I hold dreams and desires to travel and see the world, adventuring and experiencing other cultures along the way. I could easily see myself being an “eco” or “psychedelic” tourist, believing that in stepping outside of the west and experiencing the world beyond, I was expanding my mind and opening myself up to the wonders of the world. I could imagine the reverence and appreciation that I would hold in encountering rituals and ceremonies from other cultures, and how sure I would feel, that I was different to the version of westerners referred to by Desmond Adam and Rowan above. But the reality is, that I would not be any different from any of the multitude of well-meaning people, who believe that their pure intentions set them apart.

This is a deeply troubling issue that does not seem to have a clear answer. There are millions of people around the world who rely solely on tourism as the source of their income. I do not believe that tourism in itself is inherently bad. Nor do I believe that it is a bad thing to be curious about other countries and cultures. But the question remains then, as to how we indulge these curiosities without doing harm? How can counsellors in the UK engage with psychedelic healing in a way which is both

respectful of indigenous cultures but suitable to our own culture and the needs of western clients?

Conclusion

The material explored in this chapter speaks to the complex ethical terrain being traversed by counsellors as they try to find a place for themselves in the current psychedelic renaissance. Participants shared their professional experiences of uncertainty, inner conflict and incongruence as they attempted to make sense of the ever-changing legal landscape of PAPs. They also explored the necessity for the process of gatekeeping as a way of determining counsellor motivations and ensuring that clients who will be undertaking PAPs are only treated by the most competent and suitable practitioners. Finally, the controversial topic of CA was touched upon by three of the five participants. They shared their fears and concerns about the impact that a western medicalised approach to psychedelic healing would have on both the indigenous communities who have observed these rituals for thousands of years but also to the healing practice itself.

The first subordinate theme of this chapter consisted mostly of the individual perspective of one participant Adam, who held a particular concern about the commodification of PAPs. However, comments made by both Rowan and Desmond also contained echoes of Adam's concerns. Rowan spoke about their negative view of peers who appeared to be motivated to deliver PAP by the potential for financial gain and Desmond commented on how PAPs had been "*tainted by western influence*", which could be interpreted as reference to a more exploitative or commercial attitude held by the west. The second subordinate theme was "positive researcher bias", which

saw two participants express particular concern about the unrealistic portrayal of PAPs as “*panaceas*” for all mental health concerns.

Moving forward, the third topic to be explored was the impact that legal concerns have on practitioners wishing to be involved with PAPs. Rowan and Yanshu in particular raised concerns about the ambiguity of the evolving legal landscape. Rowan referred to the environment being navigated by counsellors as “*treacherous waters*” whilst Yanshu commented on how “*blurry*” the boundaries of legality from country to country feel. The fourth subordinate theme included the views of all five participants, as they spoke about the “*serious*” and “*powerful*” nature of psychedelic compounds, voicing their concerns for both those who would take them and those professionals who would administer them. There seemed to be a consensus among participants that one way in which counsellors should deal with such a responsibility, is to share it. Four out of five participants specified that they would only deliver PAPs if working in a pair or as part of a team. The one participant remaining did not state otherwise, they simply did not speak on this aspect of treatment delivery. Dan’s reminder that “*this is serious stuff that we’re dealing with*” speaks to both the psychological and ethical weight of such work.

The fifth theme of this chapter was gatekeeping, which at the time of writing, seems to be occurring on a legal, financial and experiential level. To date, the body of UK research on this topic is very limited, with most writing only containing brief mentions of gatekeeping. All five participants shared their views about this subject, with some believing that gatekeeping is a necessary component in the evolving landscape of psychedelic trainings in order to ensure that only the most suitable and competent candidates take on such a role of responsibility. Others, felt strongly against

gatekeeping and have even walked away from psychedelic communities in which it seemed to be prevalent.

Lastly, the final subordinate theme of this chapter was “cultural appropriation”, which is a widely discussed and debated topic within the field of PAPs and one that becomes more pressing as these therapies begin to emerge as legal treatments in the UK. For Adam Desmond and Rowan, this was a highly emotive subject and they raised significant ethical and cultural concerns. In this final DA chapter, participants’ lived experiences, views and opinions served to highlight the fragility of the current frameworks which exists to guide practitioners on how to ethically engage with PAPs.

Their offerings encourage us to focus in on *how* PAPs are emerging, acknowledging the power currently held by private corporations who are spearheading the creation of therapy models and training programmes, as well as what impact that commercial pressures can have on the development of new treatments. The final discussion chapter which follows ties together the three dominant threads of first-hand experience, professional stigmas and ethical concerns. It offers an overarching reflection on how counsellors are currently navigating this uncertain and ever-changing terrain, addressing what all of this means for the future of PAPs in the UK.

Chapter Seven- Discussion

Synthesising Overall Findings

This study set out to explore *how* counsellors have been navigating the ongoing psychedelic renaissance and the emergence of PAPs in the UK at the time that this research was conducted (2025). Through providing a space where counsellors' lived experiences were privileged, open and transparent discussion was able to take place, allowing participants' fears, concerns, challenges and hopes to be expressed. I had a desire to understand whether counsellors' personal experience of psychedelic use (or an absence of this) impacts the views that they hold about PAPs as well as the way in which they view themselves professionally. Furthermore, I was curious about whether other counsellors had experienced psychedelic-related professional stigmas in the world of counselling. Finally, I wanted to hear counsellors' views on the myriad of ethical concerns and challenges that exist in relation to PAPs during this period of professional and legal uncertainty. Each of these three areas were explored in depth across the three DA chapters, and now, in this final discussion chapter, the findings of those three chapters are integrated, offering a deeper synthesis which includes the incorporation of relevant theory and research. Rather than seeking to draw firm conclusions, this chapter aims to bring participants' accounts into dialogue with one another, allowing points of convergence, tension and contradiction to be explored. The chapter also considers the wider implications of this study for its field as it currently stands, and recommendations for future research are made.

Embodied Experience and Professional Risk

Across all three DA chapters, participants emphasised the importance of first-hand experience in fostering an accurate and adequate understanding of what an individual is going through, whilst under the influence of psychedelics. At the time that this study was conducted, despite some accommodations being made, participants seemed to collectively hold the view of psychedelic exceptionalism, conveying the belief that theoretical knowledge alone cannot adequately prepare a counsellor to guide and support a client through the distinctive phenomenology of psychedelic experience. For example, Gorman et al. (2021) express views representative of the latter group of participants, stating that although first-hand experience of psychedelics can indeed enhance attunement between client and counsellor, it should not be formally required. They assert that there is a risk of creating a culture of hierarchical thinking if too much emphasis is placed on practitioners' lived experience of psychedelics. Conversely, others such as Pilecki et al. (2021) argue that personal experience of psychedelics leaves a therapist better equipped to support their clients through the unique challenges and insights that occur during a psychedelic experience. They assert that this is due to the ability of the therapist to better understand their clients' experiences and navigate some of the complexities that can arise, including boundary setting and consent.

Rogerian theory appears to align with Gorman et al.'s position, proposing that the conditions necessary for therapeutic growth are fundamentally relational, grounded in empathy, congruence, and unconditional positive regard (Rogers, 1957). From this perspective, the necessity of first-hand psychedelic experience may be called into question. However, this assumption becomes more complex within the

context of psychedelic-assisted psychotherapy, where clients enter markedly altered states of consciousness. If such states are understood as continuous with other non-ordinary experiences routinely encountered in therapy, then established relational competencies may be sufficient. If, however, psychedelic states are implicitly treated as exceptional or qualitatively distinct, this strengthens arguments that experiential familiarity may be required in order to maintain empathic attunement and containment.

Participants were also united in their experience of the professional stigmas that exist surrounding psychedelics within the contemporary UK counselling context. The reality for all five participants, was that admitting to being a practitioner who also takes psychedelics, felt risky, leaving them exposed to scrutiny, judgement and professional delegitimization.

At the time of conducting the literature review for this study in 2023, I was unable to identify any published UK research on this topic, so it was necessary to draw on relevant research from elsewhere. One US study by Barnett Siu and Pope (2018) examined psychiatrists' attitudes towards psychedelics and PAP. The authors concluded that despite many participants holding optimistic views about the future potential of these therapies, overall they viewed psychedelics as "hazardous" and "appropriately illegal".

Furthermore, a study conducted by Davis et al. (2021) showed that only 22.2% of psychologists who were interviewed considered PAPs to be an acceptable or effective treatment for common mental health disorders such as anxiety, depression, and PTSD. These findings illustrate the prevailing professional caution, or even scepticism, toward psychedelics and PAPs. Understanding this context provides

insight into the challenges faced by counsellors who support or engage with PAPs, highlighting the professional stigmas and institutional barriers that they must navigate.

A paradox appears to exist, in which the very qualities which are seen as essential for providing empathic embodied and informed support in PAP, are the same qualities which can also lead to discreditation, judgement and marginalisation. This study's participants represent the portion of UK counsellors who are currently inhabiting this contradictory landscape in which their unique professional expertise is often the very part of their skill set which must remain hidden and repressed.

Boundary Negotiation and Moral Dissonance

The paradox described above seemed to have regularly resulted in placing participants in situations where they were forced to negotiate between internal and external conflicting commitments. Internally, participants described grappling with remaining authentic to their belief in the therapeutic potential of psychedelics, while also striving to maintain professional legitimacy within the constraints of the UK counselling landscape as it existed at the time of data collection. Externally, participants sought ways to adhere to professional governance or training requirements, whilst also responding to clients who were seeking support and guidance relating to psychedelics that they were asking for. This moral dissonance was observed in participants of a survey conducted by Glynos et al. (2024) who found that many counsellors engaging in underground psychedelic work desired the opportunity to practice openly within a regulated framework, with professional recognition. By contrast, Adam and Desmond's criticisms of "*charlatans*" and individuals falsely claiming to be a "*medicine person*" highlight the risks of

incongruence, where practitioners exploit the absence of accredited training pathways.

In many instances participants appeared to be left holding unresolved moral dilemmas, such as wanting to respect indigenous cultures, but also wanting to be able to work with psychedelic therapies within western clinical settings.

The growing corporate interest in PAPs has led to increasing concerns amongst members of both counselling and psychedelic communities. The phenomenon of “psychedelic capitalism” is at its peak, with private investors and large pharmaceutical companies rushing to invest in this field of research. However, the process of commodification involves much more than simply putting a price tag on PAPs, it includes the development of treatment protocols and training programmes as well as patenting attempts. The latter was mentioned by Adam in the data analysis chapter and concerns the company “Compass Pathways”. They are a mental health care company who attempted over a short period of time to acquire large amounts of patents for various configurations of and aspects of psilocybin-assisted therapy, which they were initially successful in doing, until companies such as “Freedom to Operate” and “Porta Sophia” challenged them, resulting in the company withdrawing the vast majority of their applications for patents (Seidman, 2023).

Examples such as this pose the following question; if the same people who are driving towards the rapid creation of a profitable version of PAPs are designing training programmes, are these trainings more likely to mirror a pharmaceutical or medical model of training, as opposed to a more relational, experience-focused training which focuses on *quality* of training rather than a quick turnover of qualified practitioners? Ultimately, developing a western medical model of PAPs, involves taking what were,

in their original form, sacred rituals or healing ceremonies and turning them into something which, to use Adam's words, is "*formalised*" and "*medicalised*". The question stands then, what becomes lost along the way, when you alter something so dramatically?

From a therapeutic perspective, it could be argued that the more that corporations try to fit psychedelic healing into a widely replicable profitable mould, the further we move away from core therapeutic values (Nutt Erritzoe & Carhart-Harris, 2020). In person-centred theory, Rogers would refer to what is occurring currently as the enforcing of external conditions of worth (1961). The conditions being placed upon PAPs are that they adhere to a prescriptive, financially driven structure, which fits into the specifications of what has been approved by regulatory bodies such as the FDA in the USA and the MHRA in the UK. These conditions will most likely, in turn, be applied to the practitioners delivering PAPs, leaving questions as to what kind of pressure this might put on them to deliver quick, impressive results. At present, PAPs are available in a small number of private clinics across the UK. The high cost of treatment renders them, like PAP training programmes, accessible only to a minority of the population. For some, the desperation of living with treatment-resistant conditions may drive them to pay these prices by taking out costly loans or depleting savings. Under such circumstances, clients may feel heightened pressure for PAPs to be effective within a short time frame, given that the cost of treatment is unsustainable. This pressure is likely to shape the client's therapeutic experience, as evidenced in studies such as Thompson, Goldberg, and Nielson (2018) and Herron and Sitkowski (1986).

According to Klein (1946) and Bion (1962), when we attempt to process that which is unfamiliar, we attempt to control, package or systematise these more challenging affects in an attempt to defend ourselves against the anxiety that is caused

by encountering the unknown. In the case of PAPs, it could be suggested that the western world is currently grappling with both its desire to possess and its fear of that which is unfamiliar. Determined to benefit from PAPs both psychologically and financially, it would seem that the western world has dealt with its anxiety towards the unknown by altering, shaping and packaging psychedelic healing into something “*formalised*” and “*medicalised*”, which feels more familiar. There are of course, those who would challenge this viewpoint, such as Yaden et al. (2022) and Seybert et al. (2025), whose studies argue that employing evidence-based paradigms and standardised approaches to PAPs will enhance the legitimacy and safety of these treatments.

Participants concerns about cultural appropriation mirrored views which are represented in critical literature which questions the morality of taking sacred indigenous rituals and altering them into decontextualised, western medical treatments (George et al., 2020; Tupper, 2002). Rowan clarified which element of cultural appropriation felt particular problematic for them when they said “*Basically they are translated into western traditions, without the.. care or the.. parameters that were held originally*” (Rowan). This is helpful in understanding a view that will no doubt be held by others, which is that the issue is not necessarily the use of psychedelics but rather, the presumption of the western world that it is okay to engage in psychedelic healing, without due diligence being taken to ensure that the cultural contexts and rituals that normally surround psychedelic use, are respected.

Rowan’s concern about the attitude of western countries echoes the writing of Hooks (1992) when he described the notion of “eating the other”, a powerful metaphor for the process of dominant cultures appropriating that which they often seem to admire and desire to emulate, from marginalised groups of people. Adam also spoke

to this process when he said “[*There is a] greedy colonial attitude of going in the indigenous place and extracting the good stuff..but in the process, destroying..the spirit of the.. traditional healing*”.

One study by Copes et al. (2024) which was introduced in the literature review, showed that its participants addressed the issue of cultural appropriation in two ways. One was to deny the validity of the concept, claiming that no *one* group of people can lay claim to plants and their medicinal uses. The other was to acknowledge it but to separate themselves from it, identifying instead, as someone who upholds and respects indigenous culture. This second position brings to mind participants such as Rowan, Adam and Desmond, who spoke out passionately against the process of cultural appropriation and yet who all seem to have embraced indigenous approaches to psychedelic healing to varying degrees, once more illustrating the complex nature of this ethical concern.

There is a larger systemic issue at play beyond the congruence of individuals which was named by Rowan when they said “*I [am] quite wary of cultural appropriation and commercialization and neoliberal practices around sacred substances*” (Rowan). Researchers such as Langlitz (2012) have shed light on the shadow side of “westernising” indigenous practices, even when this appears to be done for healing or medical purposes. They warn that in transforming something which has only ever been rooted in nature and connectivity into something biomedical, its cultural origins become lost.

The Central Tension

Throughout the process of writing this thesis, the word congruence kept coming up in my reflections on the experiences shared by participants. For any counsellor, regardless of theoretical orientation and training background, congruence is a foundation stone upon which their therapeutic integrity is built. Yet, for many counsellors who are currently navigating the landscape of PAPs in the UK, authentic dialogue and open speech are constrained due to the fear of professional stigmatisation or legal repercussions.

This tension appears to be amplified by the fact that we are living in a transitional, or liminal period of time. The UK is moving rapidly towards the legalisation of psychedelic therapies, with many signs of progress and forward movement already in existence, such as the creation of training programmes and frameworks for psychedelic integration work. It is worth noting that these developments are occurring while regulatory, cultural, and professional norms are still in flux, meaning the landscape participants are negotiating is both uncertain and evolving. In time, as we see the legal and institutional barriers that currently exist begin to shift, the need for secrecy and the fear of professional stigmatisation may begin to lessen. However, this does not mean that the present day landscape of uncertainty and professional fear will not have lasting consequences. For some practitioners, these tensions may manifest as moral and psychological dissonance, shaping their professional identities in subtle and enduring ways. Moreover, the experiences shared by participants are situated in a particular moment of the UK's professional and legal environment, meaning that future shifts may recalibrate these tensions in ways that are impossible to predict at present. The question remains; how can psychedelic practitioners remain congruent, in a professional environment in which their beliefs are not institutionally or legally supported yet? This question may not have a definitive answer, but it

underscores the importance of ongoing reflection, dialogue, and collective exploration within the counselling community.

This may be a transitional period but it is also a formative one. The actions of counsellors, governing bodies and training institutions alike will all influence how PAPs are integrated into the world of counselling. The task ahead appears not simply to be waiting for changes to occur, but to engage in open and proactive discussion about how professional values, safety concerns and inclusivity can be honoured during this evolutionary phase. Understanding this period as both provisional and influential allows us to approach it as a space for experimentation negotiation and gradual development, rather than as a moment to draw firm conclusions.

Theoretical Integration

Building on the psychotherapeutic framework set out in the literature review, this section consolidates the key theories used throughout the thesis and clarifies how they informed the analysis of participants' interview data. The purpose of the present chapter is therefore not to re-introduce these theories, but to integrate them in relation to the three DA chapters by offering the reader a clear rationale for why particular theoretical lenses were selected, how they helped me make sense of participants' accounts, and what they foregrounded. At times, this section introduces theoretical ideas not used explicitly in the DA chapters, this reflects their emergence through reflection during the analysis.

Chapter Four

Empathy vs Experience: Why Ego Mediation Became Central

Although this subordinate theme might appear, at first glance, to be a straightforward debate about whether empathy is “enough”, what stood out to me during analysis was the way participants often moved between positions—sometimes within a single response. For example, Dan’s early ethical certainty, followed by a quick shift into broader relational questioning, felt less like a settled argument and more like a live negotiation happening in the moment. This is why I drew on Bion’s notion of ego mediation and the broader idea of ego–superego tension: not to claim that every participant was engaged in the same internal process, but because this lens offered a language for the movement between an authoritative moral stance (what feels “proper” or “ethical”) and a more flexible, reflective stance (what can actually be held in complex therapeutic reality).

This was also visible in Adam’s phrasing, particularly in the way he tempered his view with “I don’t know how professional this is”. Rather than treating that as mere rhetorical modesty, I understood it as potentially reflecting superego-like professional expectations shaping what could be safely said. Hartmann’s emphasis on the ego’s capacity to tolerate ambiguity was useful for me here, because I could see participants attempting—each in their own way—to balance conviction with pluralism, and certainty with the reality that people hold different relationships to psychedelics. In other words, the theory helped me make sense of how participants were speaking, not just what they were saying.

Rogers’s core conditions still mattered in this first theme, but in a more specific way. They provided a grounded framework for understanding why the “empathy should be sufficient” argument is so compelling within mainstream psychotherapy: it rests on the idea that healing is located in relational qualities rather than shared life experience. However, what became apparent in this chapter is that even the participant who most

clearly voiced that stance remained pulled toward psychedelic exceptionalism. It was this tension—between a person-centred belief in relational sufficiency and a parallel sense that psychedelics are qualitatively different—that made the ego-mediation lens feel particularly appropriate for this section of the analysis.

Somatic Knowledge Vs Theoretical Knowledge: Why Felt Sense and Symbolisation Were Needed

The second subordinate theme brought language itself into question. Participants repeatedly described psychedelic experience as ineffable, visceral, and difficult to convey. As I worked with this material, I found it difficult to make sense of their claims through purely cognitive or discursive theories of knowledge, because what participants seemed to be pointing toward was not simply “hard to explain”, but a form of knowing that is lived in the body.

This is where the concept of the felt sense became useful. It offered a way of conceptualising somatic knowing that precedes clear verbal formulation, and it helped me interpret why participants framed theoretical learning as insufficient: not because reading is worthless, but because the object of knowledge is experienced as embodied and pre-verbal. I also paired this with Bion’s distinction between symbolised and unsymbolised experience. The aim here was not to turn psychedelic experience into a psychodynamic abstraction, but to provide a clinical language for why certain experiences may resist immediate articulation: if something is not yet symbolised, then words may genuinely arrive only as approximations.

This theoretical pairing also helped me notice my own position. In this section I explicitly acknowledge that I do not share the view that language is inherently incapable of describing psychedelic experience, and I name how I attempted to

bracket my reactions. Bringing Husserl's bracketing into the chapter served a dual purpose: it situated my reflexive stance methodologically, and it allowed me to remain transparent about the relational dynamics of the interviews—particularly in moments where my tone may have shifted into debate rather than inquiry.

Is Experience Necessary In Integration Work: Why Presence Containment and “Expanded States” Mattered

The final subordinate theme required a different emphasis because participants drew a clearer boundary between PAP and integration work. Here, the theory that felt most relevant was not “experience versus empathy” as a philosophical question, but the therapeutic conditions needed to safely work with material that may remain raw or unprocessed after dosing.

This is why presence and containment became central in this part of the chapter. Presence offered a language for the stance of “being with” without over-directing or prematurely interpreting, particularly when a client is still organising meaning. Containment helped articulate what several participants referred to—sometimes explicitly, sometimes indirectly—through “safe container” language: the need for the counsellor to hold affect that may be intense, confusing, or difficult to symbolise, in a way that supports gradual processing over time.

Dan's contribution also pushed this theme further. His emphasis on “expanded states” suggested that, for him, what matters is not necessarily familiarity with a particular psychedelic compound, but a practitioner's capacity to meet altered states experientially. In integrating this, I used the “expanded states” framing as a way of staying close to what Dan was describing, while also connecting it back to more established psychotherapeutic concerns: attunement, receptivity, and the therapist's

ability to remain steady when ordinary reference points (time, body, language) may shift.

Chapter Five

Why Winnicott Became Central: Living Between True And False Selves

A central thread running through this chapter was that, for all five participants, there appeared to be a need to “bracket off” the part of themselves that has a relationship with psychedelics when in professional settings. This is why Winnicott’s concept of true and false selves became such a fitting lens for my analysis (Winnicott, 2016). It offered a way of conceptualising concealment not simply as avoidance, but as a protective adaptation: a professionally acceptable “false self” that can be presented to reduce risk of stigmatisation, while aspects of the “true self” remain hidden or selectively revealed.

Winnicott’s idea of the facilitating environment also became relevant when participants spoke about trusted circles, training spaces, or relationships in which they could speak more openly (Winnicott, 1990). In these contexts, it seemed that a greater sense of psychological safety allowed for more authenticity, whereas mainstream professional contexts were often described as requiring caution and careful self-presentation.

Person-Centred Theory: Conditions Of Worth, Incongruence, And Locus Of Evaluation

As participants described the desire to be seen as legitimate and “professional”, I found person-centred concepts particularly useful for thinking about how professional cultures communicate what is acceptable to value and disclose. Rogers’s concept of conditions of worth helped me interpret how certain experiences (such as interest in

psychedelics) can become positioned as less acceptable, shaping what individuals feel able to share (Proctor, 2020). In turn, Rogers's writing on incongruence helped me articulate the cost of sustained concealment, particularly where participants described feeling judgement, separateness, or isolation (Rogers, 1959; Rogers, 1979).

In Dan's reflections on legality and professional membership, the concept of an internal locus of evaluation became helpful for interpreting how he appeared to rely on his own moral judgement when external authority conflicted with his sense of what is ethical (Cross Bor & Papadopoulos, 2024).

Finally, in the accounts of Dan and Desmond, I found it relevant to use a person-centred framing of relational acceptance to hold their descriptions of professional disinterest and subtle dismissal. In this context, the absence of UPR felt important for understanding the emotional erosion they described over time (Rogers, 1957).

Psychodynamic Theory: Superego Pressure, Object Relations, Splitting, And The Unthought Known

There were also points in this chapter where I needed a theory that could account for the internal experience of being monitored or "policed", even where overt judgement was not present. This is why a psychodynamic framing of ego and superego appeared in the analysis, particularly in relation to Adam's guardedness and self-censorship (Barnett, 2007).

In addition, the theme of navigating legality while holding therapeutic intention led me to draw on object relations theory, particularly Fairbairn's notion of internalised "good" and "bad" objects (Fairbairn, 1952). This offered a way of conceptualising how rejecting or judgemental peers can be experienced as "bad" objects and how this can,

in turn, shape defensive strategies such as withdrawal, over-caution around disclosure, or avoidance of professional dialogue.

The concept of splitting was also used to interpret the emotional cost of presenting only “good” (acceptable) parts of the self while suppressing “bad” (stigmatised) parts, particularly where participants described feeling fragmented or shut down over time (Segal, 2004).

Finally, Bollas’s concept of the unthought known helped me conceptualise the experience described by Dan and Desmond of something being deeply felt and meaningful, yet remaining largely unspoken in the absence of a safe professional holding environment (Bollas, 1989).

Why Stigma/Silencing Frameworks Were Included: Managing Disclosure and Being Pre-Emptively Discredited

Alongside counselling theory, I also drew on frameworks that explicitly name social processes of concealment and silencing. Goffman’s concept of stigma management provided a useful language for the scanning for safety and careful disclosure strategies described across accounts (Goffman, 1963). Fricker’s concept of pre-emptive testimonial injustice helped me conceptualise how participants may anticipate dismissal or discrediting, and therefore withhold their views before they are fully expressed (Fricker, 2007).

Chapter 6

The Capitalist Agenda: When Worth Becomes Externally Defined

The first theme was largely driven by Adam’s concern about commodification and the risk that PAPs become “formalised” and “medicalised” in ways that may distort

core therapeutic values. When making sense of this theme, I returned to person-centred theory, particularly the idea of external conditions of worth (Rogers, 1961). This concept offered a way of framing how pressures from regulatory and corporate systems can begin to shape what is considered acceptable, legitimate, and valuable within PAPs—potentially moving the field toward prescriptive structures that prioritise standardisation and profitability over relational depth and therapeutic nuance.

I also drew upon psychodynamic ideas about responses to the unfamiliar. In the chapter, I used Klein and Bion’s writing to suggest that when we encounter what is unknown, there can be a drive to control and systematise it as a defence against anxiety (Klein, 1946; Bion, 1962). This lens helped me interpret the “rush” to package PAPs into a replicable medical model not only as a commercial or institutional process, but also as something that may be emotionally defended—an attempt to make the unfamiliar feel safer and more manageable.

Positive Researcher Bias: Moving From Idealisation Toward Congruence

When participants spoke about the idealisation of PAPs and the risk of “panacea” narratives, I was drawn to theory that could hold the ethical problem of hope, truthfulness, and expectation. Here, Rogers’s account of congruence became particularly relevant (Rogers, 1957). I used this idea to reflect on the risk that professionals may become incongruent if they endorse overly inflated narratives that are not grounded in reality, and how this could undermine trust.

I also connected Adam’s phrase “from demonising to idealising” to Freud’s concept of reaction formation (as discussed by Fonagy, Spector-Person & Sandler, 2012). This helped me articulate one possible psychological function of idealisation at

a collective level: it can act as a defence against anxiety in a field that is unpredictable, risky, and culturally charged.

Legal Concerns: Holding Environments, Safety, and the Problem of Uncertainty

When the chapter turns to legal ambiguity, the theory I drew upon shifts toward how safety is created (or destabilised) by the presence or absence of reliable external structures. Here, Winnicott's concept of a holding environment offered a useful way of framing the anxiety participants described (Winnicott, 1960). I used this to suggest that counsellors may need something akin to a "secure base" in the form of clear legal and professional frameworks in order to explore PAP work safely, and that in the absence of this, practitioners may be pulled towards defensive positions such as over-caution or, conversely, recklessness.

Within this same theme, congruence again appeared as an organising concept (Rogers, 1957). Rowan's position—offering integration work while remaining within legal boundaries—was interpreted as an effort to hold congruence between personal belief in psychedelic value and commitment to ethical and lawful practice. The chapter then places this alongside participants' concerns about "charlatans", using congruence as a way of naming the ethical risk of practitioners presenting themselves in ways that do not align with their true training or competence.

The Weight of Responsibility: Entering the Client's Frame of Reference in Altered States

When all five participants spoke about the seriousness of psychedelic work, I found myself needing theory that could articulate what "responsibility" means at the level of therapeutic process, not just ethics in the abstract. This is where Rogers's

notion of the client's internal frame of reference became relevant (Rogers, 1961). I used it to highlight why participants might experience PAPs as demanding: stepping into a client's frame of reference is already complex in traditional therapy, and participants suggested that this complexity is intensified when clients are in altered states.

I also integrated Dan's emphasis on preparation through the concept of relational depth (Mearns & Cooper, 2005). This was used to support the idea that extended preparatory work may strengthen psychological contact and the therapeutic bond before any altered-states work is considered, helping hold the increased vulnerability and intensity participants anticipated.

Finally, I linked Desmond's concern about being "unprepared" to Jung's warning about encountering unconscious contents without knowing how to deal with them (Jung, 1976). Within this chapter, that quotation functioned as a stark ethical anchor, supporting the argument that responsibility in PAPs involves more than good intentions—it requires competence in how to respond to what may emerge.

Gatekeeping: An Ethical Tension That Resisted a Single Theoretical Home

Gatekeeping was discussed by all participants and was framed in the chapter as an ethically complex process occurring across legal, financial, and experiential lines. In this section, the emphasis is more on ethical reasoning and professional practice guidance than on one single counselling theory. Where theory does enter, it does so through the themes already established: the search for legitimacy and safety in the absence of clear legal structures (Winnicott, 1960), and the concern that practice remains grounded and ethically consistent rather than performative or exploitative (Rogers, 1957). It felt important to keep this section close to what participants actually

debated—namely who gets access, who gets excluded, and what “suitability” is being made to mean in the current landscape—rather than forcing it into a single theoretical frame.

Cultural Appropriation: What Gets Taken, What Gets Lost

When cultural appropriation was raised, I drew on theory that could help hold ethical questions about authenticity, harm, and the relationship between inner values and outward practice. I returned again to person-centred congruence (Rogers, 1957) as a way of framing the question of whether one can be “authentic” while adopting aspects of another culture, particularly when the adoption risks becoming extractive or decontextualised.

Alongside this, I used Hooks’s metaphor of “eating the other” to conceptualise the power dynamics participants were describing (Hooks, 1992), and I also drew on Jung’s idea of a shadow dynamic to hold the possibility that Western cultures may seek wholeness through appropriating what they perceive themselves to lack (Jung, 1959). In the chapter, these ideas were used to support the point that cultural appropriation is not only an interpersonal ethical issue, but can also reflect broader systemic patterns of extraction, commercialisation, and loss of cultural context as PAPs become increasingly westernised and bio-medicalised.

One of the effects of integrating theory in this way is that it makes visible how meaning is not produced in isolation, but within relationships and systems that shape what becomes possible to say, to do, and to justify. As I sat with participants’ interview material and my own writing on it, it became increasingly clear that many of the tensions raised by participants are inseparable from power: power in professional cultures, power in legal and institutional structures, and power in the research

encounter itself. With this in mind, the following section moves away from theory as a lens and toward a more explicit reflection on power, including my position as researcher, the roles of gender and race, and the institutional power implicated in the commodification of PAPs.

Reflections on Power

Throughout the course of the interview process, an observation emerged in my reflections, which was the role that participants' gender and culture seemed to play in influencing their demeanour and their willingness to voice strong opinions. I felt distinctly reluctant and cautious about sharing this observation, concerned that it might step into the realm of stereotyping. However, after deliberating over it for some time, I came to the conclusion that avoiding these observations would mean losing a significant piece of insight into how identity can shape the interview process. Ultimately, gender and culture inform how people view the world around them, how they behave, how they relate to others and how they express themselves, therefore I made the decision to share some of my reflections.

In regards to gender, what became clear over the course of the five interviews included in this study, was that the three participants who identified as male, seemed much quicker to and more comfortable with voicing assertive opinions and using strong or definitive language, compared to the two participants who identified as female and non-binary. This pattern is supported in literature such as the meta-analysis on gendered language conducted by Newman, Groom, Handelman, and Pennebaker's (2008), which suggests that men are in fact more likely to speak assertively and use strong language when expressing themselves than non-males.

In regards to culture, those participants who were from the UK and Europe seemed more comfortable in the interview space (even Adam who had experienced high levels of concern for his anonymity in the initial part of our interview), speaking to me as an equal and only needing minimal prompts or questions before speaking about what they wanted to. Conversely, Yanshu, who was the only East-Asian interview participant, appeared to defer to me as an authority figure, seeming hesitant and uncertain at times, asking me lots of clarifying questions and checking that I felt that she had answered my question before moving on to speak about something else.

Yet, this deference was not straightforward. Despite her hesitant demeanour, Yanshu had chosen to participate in a study on a socially stigmatised topic. Her willingness to engage might be understood as an act of agency, highlighting the subtle negotiation of power that occurs when participants navigate both social and professional hierarchies. I was reminded of Fang's article on "The Aggressive Potential and Yellow Anger" (2021), in which she argues that expressions of agency (such as Yanshu engaging in research on a subject which could be described as controversial) can function as subtle acts of resistance or "aggression" against oppressive colonial stereotypes of passivity.

As I engaged with relevant literature, I began to question the powerful roles that both the interview space and myself as the interviewer held. From a Foucauldian perspective, power is not held by individuals but is co-created by our interactions with others, with discourse and with social and institutional contexts (Foucault, 1977). The interview space is not simply a neutral container where the participant might share their truth so that I can collect it. In the specific context of PAPs in 2025, these dynamics are further influenced by the uncertainty around legality, professional

recognition, and emerging norms, creating a space where some experiences can be voiced and others held back.

I came to understand on a deeper level the amount of power that my position as researcher, interviewer, analyst and author gave me. My posture, my tone, my facial expressions and my choice of language and questions all held the power to influence the participants. This deeper exploration into the power dynamics that exist within the interview space, brought me back once more to the fact that interviews are not simply a space in which the researcher uncovers the participant's pre-existing truths. It is a co-constructed space shaped by power and knowledge dynamics.

This reflection prompted me to widen the lens beyond the interview itself and consider how power dynamics operate within the psychedelic research community, including the ways in which optimism and investment in PAPs can shape what is noticed, emphasised, and legitimised as "evidence". This issue was explored by Petranker, Anderson and Farb (2020), who assert that psychedelic research could be particularly vulnerable to the presence of what would be considered to be "questionable research practices", due to the fact that both ideological (referring to the motives of research stakeholders who hold a strong belief in the efficacy of psychedelics) and financial (those research sponsors who stand to benefit financially from the commercial viability of PAPs) conflicts of interest exist within this field.

In another study, Buchman and Rosenbaum (2024) highlight concerns about positive researcher bias and how its presence may be shaping the wider narrative on psychedelic therapies disseminated to the public. They question whether the current psychedelic agenda will truly serve the needs of clients and communities, or whether false expectations are being created through overinflated claims about the healing

powers of psychedelics. One research article written by Humphreys Stjepanović & Hall (2025) gave focus to exposing positive researcher bias, naming multiple research studies which have been found to have made inaccurate or erroneous claims about the efficacy of different forms of PAPs. One consequence of creating false expectations is that it may result in a “bubble-bursting” effect, a risk which is acknowledged by multiple researchers such as Noorani and Martell (2021) and Yaden Potash & Griffiths (2022).

From a therapeutic perspective, awareness has long been held about the impacts that over-inflation of client expectations can have on treatment outcomes (Constantino et al., 2018; Wampold & Imel, 2015). In support of this statement is the research conducted by Wang et al. (2022), which used questionnaires and scales to assess the expectancies and subsequent treatment outcomes of 1,233 clients who undertook psychotherapy, for a minimum of six sessions. Results showed that the higher that client expectations were of therapy and the lower that their expectation was of facing challenges in the therapeutic process, the less effective the therapy was for them.

One participant, Adam, also spoke about the dangers of clients getting their “*hopes up*” and idealising PAPs, without being informed fully as to “*what can go wrong*”. However, a study conducted by Dembo & Clemens (2013) offers a contrasting view. The authors conclude that it can actually be beneficial at times, to offer a degree of optimistic bias to clients in order to counteract the client’s own deficit of hope, particularly in those suffering from depressive or existential symptoms. From a person-centred perspective, Rogers (1957) argues that to be congruent, is to be not only authentic, but to be transparent and grounded in reality. He posited that it is through this behaviour that a client’s trust can be gained. Through this lens, if the issue of

positive bias surrounding PAPs does not change, then there is a risk that those professionals delivering these therapies may be doing so in a state of incongruence as they continue to endorse treatment narratives that are not fully truthful.

Another topic that Adam spoke passionately about was the problematic nature of cost in relation to the commodification of PAPs. When thinking about the future of these treatments, I have often found myself feeling troubled by the likely costs of PAPs for clients in the coming years. As mentioned earlier in chapter six, PAPs are now being offered in a small number of private clinics across the UK, with expensive costs attached, making them largely inaccessible to the majority of the UK population. This example illustrates the intersection of top-down economic structures and bottom-up practitioner concerns, showing how counsellors navigate ethical dilemmas in a field shaped both by institutional systems and peer networks. When sitting down to write the sub-section of chapter six named "The Capitalist Agenda", I reflected on my own history with therapy, and how all of my experiences of it over the past ten years had been impacted negatively by various limitations brought about by money. I feel disappointed at the thought that PAPs, which hold such promise in some regards, could be largely redundant to many, if they cannot afford to access them.

Study Limitations

Having brought together the findings of this study as well as considering them through both theoretical and reflexive lenses, it is necessary to acknowledge its limitations. Despite highlighting important insights into how counsellors are navigating the emergence of PAPs in the UK, this study has operated within certain

methodological, contextual and cultural restraints. Recognising these boundaries is essential for situating the findings appropriately within the wider field of psychedelic research.

As a researcher-practitioner, I have personal experiences of the tensions that I have described above. It is possible that my own training background, which is rooted in both person-centred and psychodynamic therapy may have sensitised me to certain themes such as true selves and false selves, as well as the core conditions. While this felt advantageous in many ways whilst undertaking the process of data analysis, it is also important to acknowledge that it could have coloured the lens through which I have viewed the interview data. Furthermore, as mentioned previously, due to a lack of response from people who had no psychedelic experience, all of the participants involved in this study were either already involved in PAP, or had a passionate interest in the potential therapeutic benefits of psychedelics. Therefore, the range of perspectives represented in this study is limited.

However, I would also note that the distinct lack of interest, or willingness to take part in my study from those with minimal or no psychedelic experience, may be indicative in itself, of the culture of professional stigma which is explored in this thesis. Despite the limitations of the participant sample, the use of IPA as my methodology enabled for rich idiographic engagement with participant data which revealed nuanced themes which may have otherwise been missed in a larger-scale study. Future research should include a broader participant pool, incorporating sceptical or resistant practitioners, to further explore the tension between top-down regulatory expectations and bottom-up, peer-driven practices in shaping PAP integration.

Recommendations for Future Research

This study builds upon the research published by Gorman et al. (2021) and Phelps (2017) which call for more grounded and relational approaches to PAP training and development. By privileging the voices of UK counsellors, this research has contributed to the discourses on ethics, professional legitimacy and personal experience as a training requirement in PAPs. It calls for a more pluralistic and decolonised approach to PAP training programmes, which moves away from the current more binary approach. Furthermore, the findings of this research encourage readers to consider PAPs in a less idealistic or demonised way, instead carefully considering both the benefits and the risks of these treatments before assessing their suitability for people on an individual basis.

This study also echoes events which have occurred in the world of counselling, where critiques have been made of manualised, protocol-focused therapies, with many practitioners raising concerns about what this approach does to the congruence of therapists who are forced to work in specific target led ways. In the context of PAPs, this leaves the question as to how far a medicalised model can go? At a certain point, the deeper relational and existential dimensions of psychedelic healing will have to be addressed. When that time comes, are those who have journeyed into psychedelic realms going to be the most equipped practitioners to guide others through these experiences?

Future research could explore how these relational and experiential dimensions are being integrated into emerging training programmes, and how counsellors negotiate between top-down curriculum requirements and bottom-up peer learning in these settings. Additionally, longitudinal studies tracking how early PAP-trained

counsellors adapt over time in the UK's evolving legal and professional landscape would provide insight into the lasting impact of current tensions and uncertainties. Finally, research that includes practitioners who are sceptical or opposed to PAPs could help illuminate barriers to engagement and the role that professional stigmas play in shaping discourse and practice.

Implications for Training and Policy

Training Curricula

The five participants who took part in this study shared the view that theoretical knowledge alone is not sufficient for preparing therapists to deliver PAP. In keeping with this, training programmes are increasingly moving beyond teaching solely the chemical makeup or physiological effects of psychedelics, and are beginning to place greater emphasis on the relational and experiential dimensions of psychedelic healing. This position is supported by researchers such as Gorman et al. (2021) and Nielson and Guss (2018), who argue that allowing professionals to gain first-hand experience of psychedelics can have positive outcomes, particularly for those involved in the research or delivery of PAPs. They cite a historical example from the Spring Grove Research Centre in 1969, where researchers were permitted by the FDA to take psychedelics themselves in order to better understand participants' experiences (Nielson, 2021).

At present, only one or two UK training institutions are taking this approach. Counsellors might benefit from a wider range of holistic training curricula which integrate a mixture of theoretical, ethical and experiential learning within PAP training. This is not to suggest that experiential learning should replace core therapeutic

competencies, but rather that training may need to reflect the specific demands of working with altered states.

Some researchers, such as Bathje, Majeski and Kudowor (2022) argue that the provision of traditional therapeutic conditions, such as empathy, is enough to support clients in processing and working with material brought forth by psychedelic experiences. However, more than one participant in this study still felt that it would be beneficial for any therapist wishing to do integration work to have some experience of being in an expanded state of consciousness, in order to increase their sensitivity towards others who are experiencing the same thing. This view is supported by Greń, Tylš, Lasocik & Kiraly (2023), in their article which establishes guidelines for mental health professionals wishing to engage in integration work.

The debate on empathy versus experience therefore leaves currently unanswered questions. Should the basic tenets of therapy, such as the provision of the core conditions and the presence of psychological holding and containment, be enough for a therapist to support and guide their clients through processing their psychedelic experiences? Rogers labelled empathy as one of the six “necessary and sufficient” conditions for therapeutic change and growth, but does the ineffable nature of psychedelics render empathy insufficient?

At present in the UK, there is a growing and increasingly differentiated training landscape relating to psychedelics and psychedelic therapies. Available options range from shorter, primarily didactic CPD and brief online courses, which tend to focus on the delivery of theoretical knowledge and may be well suited to those seeking to broaden or update their understanding, to more comprehensive full and part-time university-affiliated programmes. These longer programmes typically integrate

theoretical teaching with experiential components, including opportunities for trainees to engage with altered states, with the stated aim of preparing practitioners to work relationally and ethically with clients under the influence of psychedelics. Such approaches reflect wider efforts within the field, including those of Nielson and Guss (2018), to articulate core competencies for psychedelic therapists, emphasising capacities such as “embodied presence” and “openness to non-ordinary states”.

However, questions about “competency” in this context are not only clinical; they also intersect with how counselling defines professionalism, legitimacy, and credibility more broadly. In the UK, counselling’s professionalisation has been written about as a contested and sometimes contradictory process, with tensions between different meanings of “professional” and between professionalisation goals and counselling’s core values (Bondi, 2004). This helps to contextualise why practitioners may feel especially attuned to the need for credibility and aware of the potential consequences of being seen as operating outside of accepted norms. Within this context, policy decisions about PAP training pathways (e.g., minimum standards, supervision requirements, and the relationship between training providers and professional body frameworks) are likely to function not only as safeguards for clients, but as credibility-making structures for the profession itself. This matters because ethical frameworks explicitly position themselves as key reference points for professional conduct and accountability, and therefore inevitably shape what practitioners feel able to do, say, and defend in practice.

Alongside formal training routes, there may also be value in recognising how learning and competence develops through peer communities. In addition, integrating experiential learning opportunities within peer-led or community-based settings could allow for bottom-up knowledge sharing, complementing the formal top-down guidance

provided by training institutions. Future research could investigate how different training models influence trainee confidence, ethical reasoning, and preparedness to work with PAPs in a transitioning UK regulatory environment.

On the subject of participants' preferences for working in pairs, or as part of a team, this aligns with recommendations for best practice in PAP outlined by Bogenschutz & Johnson (2016), who advise that this distribution of responsibility enhances relational support as well as safety monitoring. Recent empirical research also outlines the necessary structure for the delivery of PAPs. Nielson et al. (2018) advise that therapists undertake specialist training in order to ensure clients' welfare and increase counsellor competency with regards to dealing with psychedelic experiences, which echoes the desire for thorough preparation and training in professionals that was voiced by participants. Mithoefer et al. (2011), in their study of MDMA-assisted therapy, called for strict session protocols and in-depth preparation for therapists in order to avoid adverse experiences in clients. Gasser et al. (2014) similarly emphasise the importance of vigilance in therapists who are taking on the responsibility of delivering PAPs to vulnerable people.

These recommendations become particularly relevant in the current UK context, where therapists may increasingly be asked to support clients with psychedelic experiences even while PAP remains illegal. Pilecki et al. (2021) have taken steps towards addressing this issue by developing a harm reduction framework which can support therapists in meeting client demands in a way that is legal and ethical. This involved making a clear distinction to clients between PAP and integration work and explaining unambiguously that, at present, only integration work can take place.

Questions of training and policy also intersect with who is allowed into the field, and on what basis. Emmerich and Humphries (2023) were the only authors found who dedicated an entire research article to the subject of gatekeeping. Furthermore, they placed specific focus on the aspect of gatekeeping which was most heavily discussed by participants in all five interviews: whether first-hand experience of psychedelics should be a requirement of psychedelic training programmes. The authors draw comparisons with other psychopharmacological treatments involving psychoactive drugs, where therapists have not been required to have first-hand experience of the drugs that are prescribed.

In considering why first-hand experience might be beneficial, the authors compare this to psychotherapy training programmes, which often require students to undertake their own personal therapy in order to further their understanding of the vulnerability required in being a client. However, Emmerich and Humphries concluded that requiring trainees to have taken psychedelics does not seem ethically legitimate, despite their belief that trainees should be permitted to make their own decision to gain first-hand experience if they wish to do so. This conclusion closely mirrored the one reached by Yanshu, who also noted the value in first-hand experience but did not feel that trainees should feel pressured to take psychedelics in order to be able to work as PAP practitioners.

Lastly, on the subject of cultural appropriation, main regulatory bodies such as the BACP (2018) state the importance of finding ways to work which are both culturally sensitive and avoidant of actions which might inflict harm or exploitation. It seems more vital than ever, as the implementation of PAPs in the UK draws closer, that comprehensive training, education and supervision is provided for those counsellors wishing to deliver these therapies. Researchers and practitioners are also promoting

the need for culturally attuned frameworks, such as Walsh & Grob (2005), who suggest that the incorporation of indigenous-led protocols and community-led consent processes could be a starting point for ethical boundary setting.

Disclosure and Ethics

Chapter Five, “Counsellors in the Closet”, highlighted that revealing one’s own psychedelic use can involve considerable risk. This view is supported by Ross, Potter, Barratt and Aldridge (2020), who examined the decision of drug researchers to disclose first-hand experiences of drug use, noting both potential benefits (such as enhancing understanding through personal insight) and risks (including potential harm to professional reputation). They emphasise that disclosure is a deeply personal choice, yet advocate for more open discussion of personal experience, perhaps in the hope that doing so will gradually reduce stigma. Similarly, Forstmann and Sagioglou (2020) found that even mere association with psychedelic culture could negatively impact perceptions of researchers’ personal integrity and professional validity.

Despite these examples, the body of literature specifically addressing the lived experiences of therapists affected by professional stigma due to their association with psychedelics remains limited. The findings presented in this thesis corroborate and extend this small but growing area of research, highlighting the complex navigation of professional identity, ethical concerns, and personal values experienced by participants.

This dilemma is echoed in Ross et al. (2020), whose study illustrates the nuanced nature of disclosure and reinforces this thesis’s argument that professional training needs to engage directly with the topic. One way of addressing this issue could be for training programmes to include structured guidance on ethical disclosure,

helping counsellors navigate when, how, and to whom they might safely share personal experience with psychedelics. This would also make space for trainees to think through the potential impacts of disclosure not only on professional credibility, but on the therapeutic relationship itself. Future research might explore how different disclosure approaches impact practitioner confidence, client outcomes, and the broader professional perception of PAPs.

Accessibility

The field of psychedelic research has a history of racial and economic gatekeeping, as shown in research conducted by George et al. (2020), Bell et al. (2025), and Prioleau & Panjwani (2025). These authors explore the issue of gatekeeping and under-representation of marginalised groups and ethnic minorities in researcher positions, as cultural consultants, and as participants in studies on PAPs. Another major component of gatekeeping, discussed in depth by Adam, is the economic barrier created by the cost of currently available training programmes in the UK. Research supports this view, showing that at present there are no subsidised or government funded trainings available, which means that for therapists from economically marginalised backgrounds there may be no viable routes onto PAP training programmes (Prioleau & Panjwani, 2025).

Currently in the UK, economic elitism continues, with only a small number of free or affordable psychedelic training programmes available. At the time of writing this thesis (2025), the average cost of a PAP training programme ranges from £500 for short, foundational online courses which do not offer any certification, to £5,500 for diploma, masters and professional certificate programmes offered by institutions such as the University of Exeter, the Institute of Psychedelic Therapy and PsyEdu. In

addition to the tuition fees listed above, some institutes also charge a £300 enrolment fee.

Adam spoke passionately about this issue, sharing his experience of having become completely disenchanted with the idea of becoming a PAP practitioner due to how inaccessible the training fees were for him. Adam represents a significant portion of counsellors in the UK who do not come from wealthy backgrounds, and who will likely already have taken on considerable debt to become qualified counsellors. The current cost of psychedelic training programmes therefore acts as an economic barrier, keeping many people out, and granting open access only to those individuals who come from more privileged socioeconomic backgrounds. This study highlights the need for training programmes to consider financial accessibility, actively addressing top-down economic gatekeeping while supporting a diverse, practitioner-led community of learners. Additionally, future programme designs could explore hybrid models, combining institutional teaching with peer-led experiential learning, to further balance top-down standards with bottom-up practitioner knowledge.

The issue of accessibility also sits alongside a broader timing concern raised in this thesis: if PAPs become legal before training routes are widely accessible, then the field risks reproducing inequity from the outset. The message echoed throughout this section of Chapter Six, both in the research studies and in participants' concerns, illustrates the importance of accessible training and proper treatment protocols being developed and implemented for practitioners who wish to deliver PAPs. The sooner these trainings become available on a more widespread scale, the longer practitioners have to prepare and train thoroughly, so that when the legal status of PAP changes there is already a wave of competent, informed therapists who are ready to deliver these therapies.

The ultimate gatekeepers in the world of PAPs are still the law and policy makers who are yet to allow psychedelics to be de-classified from being Class A substances to Class B or C, which would allow them to be prescribed by medical professionals and therefore used in treatment settings. Schedule 1 researchers have called for the urgent review of the legal status of psychedelics in order to remove this barrier and pave the way for smoother research processes (Neill, Schlag, Howard & Lennox, 2022).

McGuire et al. (2024) reported on a consensus statement reached by 27 professionals who all had a professional interest in the progression and implementation of PAPs. The “appropriate role of gatekeeping” was listed as one of five main considerations to be made in the implementation process of PAPs; however, the authors focused on regulators, licence holders and funders as the main gatekeepers. This view is not representative of the experiences of participants in this study, who spoke about the financial cost of training programmes and the exclusion of candidates based on psychedelic experience as gatekeeping proponents.

Conclusion

This thesis set out to explore how counsellors are making sense of the emerging and rapidly evolving field of PAP. It aimed to identify common hopes, fears, and concerns, and to examine the role that first-hand psychedelic experience plays in shaping practitioners' attitudes toward, and interest in, involvement with PAPs. Through in-depth IPA, what I have discovered is that counsellors in the UK are far from passive recipients waiting to be told when they can legally work with psychedelic therapies. They are in fact active negotiators, navigating a complicated landscape of ethical, legal and cultural challenges.

The first analysis chapter found that all participants viewed experiential knowledge as essential for safely and effectively delivering PAPs. However, there was flexibility in how that experience could be acquired. Some participants felt that any encounter with an expanded state, such as those induced through breathwork, could suffice. This aligns with training models being offered by a small number of UK institutions, which include expanded state workshops (such as "holotropic breathwork") to simulate psychedelic states in legal and accessible ways.

The second chapter highlighted that professional stigmatisation is not only a social issue but a psychological one. Participants described an atmosphere of fear and secrecy that contributed to fragmentation within the professional community. Stigma was experienced not simply as a risk but as an ongoing burden, one that restricted participants' ability to fully express their professional identities. Without safe, inclusive spaces for open dialogue, participants often withdrew from professional forums and sought refuge in smaller, trusted communities. This division fosters an "us"

and “them” dynamic between those interested in PAPs and the broader counselling field.

The third analysis chapter surfaced a series of unresolved questions, none easily answered, but each significant in prompting critical reflection and further discussion. These included: Is it ethical to commodify PAPs, limiting access based on wealth? Why are affordable PAP training programmes so limited in the UK? What legal options currently exist for counsellors wishing to engage with this work? Should PAPs be delivered individually or in pairs? And will legalisation only accommodate western medical models, or also include approaches that honour the indigenous roots of psychedelic healing?

This study gives voice to UK counsellors navigating this emerging terrain. It offers insight into the challenges that they face, the values that they hold, and the hopes that they carry for the future of PAPs. My hope is that this thesis acts as both a catalyst and a call to action, encouraging greater openness within the counselling profession, and ensuring that counsellors have a seat at the decision-making table as PAPs become more mainstream. The findings point to a need for clearer guidance and information, so that counsellors can make informed choices about whether and how to engage with this evolving field. In addition, there is a need for more nuanced ethical frameworks, that attend not only to safety and protocols but also to the deeper dynamics of power, privilege, cultural context, and historical practice.

As the western medicalised approach to psychedelic healing takes form, the question should not be about scalability or profit but about how to maintain the relational and existential depth that gives psychedelic healing meaning. As this study has shown, counsellors are central to this process, not simply as facilitators but as

human beings who provide presence, integrity and relational depth as grounding forces for those in the midst of profound transformation. Their voices deserve not only to be heard but to play an active role in shaping the future of this field.

Bibliography

- Aday, Jacob, Skiles, Zachary, Eaton, Noa, Fredenburg, Lisa, Pleet, Mollie, Mantia, Jessica et al. 2023. "Personal Psychedelic Use Is Common Among a Sample of Psychedelic Therapists: Implications for Research and Practice." *Psychedelic Medicine* 1: 27–37. <https://doi.org/10.1089/psymed.2022.0004>.
- Aicher, Helena, Müller, Felix and Peter Gasser. 2025. "Further Education in Psychedelic-Assisted Therapy- Experiences from Switzerland" *BMC Med Education* 25: 341. <https://doi.org/10.1186/s12909-025-06871-y>.
- Alase, Abayomi. 2017. "The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach." *International Journal of Education & Literacy Studies* 5 (2): 1-11. <https://files.eric.ed.gov/fulltext/EJ1149107.pdf>.
- Andrews, Timothy and Katie Wright. 2022. "The Frontiers of New Psychedelic Therapies: a Survey of Sociological Themes and Issues." *Sociology Compass* 16 (2): e12959. <https://doi.org/10.1111/soc4.12959>.
- BACP. 2018. Ethical Framework for the Counselling Professions. British Association for Counselling and Psychotherapy. Effective July 1. <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/>.
- Barber, Gregory and Charles Dike. 2023. "Ethical and Practical Considerations for the Use of Psychedelics in Psychiatry." *Psychiatric Services* 74 (8): 838-846. <https://doi.org/10.1176/appi.ps.20220525>.
- Barnett, Bernard. 2007. "You Ought To!" *A Psychoanalytic Study of the Superego and Conscience*". Karnac.
- Barnett, Brian, Siu, Willie, and Harrison Pope. 2018. "A Survey of American Psychiatrists' Attitudes Toward Classic Hallucinogens." *Journal of Nervous and Mental Disease* 206 (6), 476–480. <https://doi.org/10.1097/NMD.0000000000000828>.
- Bathje, Geoff, Majeski, Eric and Mesphina Kudowor. 2022. "Psychedelic Integration: An Analysis of the Concept and Its Practice." *Frontier Psychology* 13: 824077. https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2022.824077/full?utm_source=chatgpt.com.

- Bell, Ayanna, Watt, Bianca, Lopez Flores, Arturo, Rodriguez, Stephanie, Smith, Darron and Christopher Stauffer. 2025. "Cultural Humility and Psychedelics: A Framework Analysis of Psychedelic-Assisted Therapy Manuals and Practice Guidelines" *BMC* 1: 1-10. <https://assets-eu.researchsquare.com/files/rs-5908748/v1/293ed6ba-869f-4b2b-9782-8b2f8f0ca5e0.pdf?c=1739426895>.
- Bewley-Taylor, David and Martin Jelsma. 2012. "Regime Change: Re-visiting the 1961 Single Convention on Narcotic Drugs." *International Journal of Drug Policy* 23: 72-81. https://www.tni.org/files/publication-downloads/regime_change.pdf.
- Bion, Wilfred. 1962. *Learning from Experience*. Tavistock.
- Bion, Wilfred. 1985. *Container and Contained*. Group Relations Reader. Tavistock.
- Birenbaum, Arnold. 1970. "On Managing a Courtesy Stigma." *Journal of Health and Social Behavior* 11 (3): 196–206. <https://doi.org/10.2307/2948301>.
- Blackstone, Amy. 2012. "Research Design." In *Principles of Sociological Inquiry: Qualitative and Quantitative Methods*. Saylor Foundation.
- Bogenschutz, Michael and Matthew Johnson. 2016. "Classic Hallucinogens in the Treatment of Addictions." *Progress in Neuro-Psychopharmacology & Biological Psychiatry* 64: 250–258. <https://doi.org/10.1016/j.pnpbp.2015.07.035>.
- Bollas, Christopher. 2017. *The Shadow of the Object: Psychoanalysis of the Unthought Known*. Routledge.
- Bondi, Liz. 2004. "'A Double-Edged Sword'? The Professionalisation of Counselling in the United Kingdom". *Health & Place* 10(4): 319–328. <https://doi.org/10.1016/j.healthplace.2004.08.003>.
- Bozarth, Jerold and Paul Wilkins. 2001. *Unconditional Positive Regard*. Ross-on-Wye: PCCS.
- Braun, Virginia and Victoria Clarke. 2013. *Successful qualitative research: A practical guide for beginners*. SAGE Publications.

Braun, Virginia and Victoria Clarke. 2016. "Thematic Analysis." *The Journal of Positive Psychology* 12 (3): 297–98. doi:10.1080/17439760.2016.1262613.

Braun Virginia and Victoria Clarke. 2021. "Can I Use TA? Should I Use TA? Should I Not Use TA? Comparing Reflexive Thematic Analysis and Other Pattern-Based Qualitative Analytic Approaches". *Counselling Psychotherapy Research* 21: 37–47. <https://doi.org/10.1002/capr.12360>.

British Association for Counselling and Psychotherapy (BACP). 2018. *Ethical Framework for the Counselling Professions*. Lutterworth: BACP.

Buchman, Daniel and Daniel Rosenbaum. 2024. "Psychedelics in PERIL: The Commercial Determinants of Health, Financial Entanglements and Population Health Ethics" *Public Health Ethics* 17 (1-2): 24-39, <https://doi.org/10.1093/phe/phae002>.

Carhart-Harris, Robin, Erritzoe, David, Williams, Tim, Stone, James, Reed, Laurence, Colasanti, Alessandro. et al. 2012. "Neural Correlates Of The Psychedelic State As Determined By Fmri Studies With Psilocybin". *Proceedings of the National Academy of Sciences of the United States of America* 109 (6): 2138–2143. <https://doi.org/10.1073/pnas.1119598109>.

Carhart-Harris, Robin, Leech, Robert, Hellyer, Peter, Shanahan, Murray, Feilding, Amanda, Tagliazucchi, Enzo et al. 2014. "The Entropic Brain: A Theory Of Conscious States Informed By Neuroimaging Research With Psychedelic Drugs". *Frontiers in Human Neuroscience* 8 (20): 1-22. <https://doi.org/10.3389/fnhum.2014.00020>.

Carhart-Harris, Robin and Guy Goodwin. 2017. "The Therapeutic Potential of Psychedelic Drugs: Past, Present, and Future". *Neuropsychopharmacology* 42, 2105–2113. <https://doi.org/10.1038/npp.2017.84>.

Carhart-Harris, Robin and Friston, Karl. 2019. REBUS and the Anarchic Brain: Toward a Unified Model of the Brain Action of Psychedelics. *Pharmacological reviews*, 71 (3), 316–344. <https://doi.org/10.1124/pr.118.017160>.

- Carhart-Harris, Robin, Giribaldi, Bruna, Watts, Rosalind, Baker-Jones, Natalie, Roseman, Leor, Bolstridge, Mark et al. 2021. "Trial of Psilocybin versus Escitalopram for Depression." *The New England Journal of Medicine* 384 (15): 1402–1411. <https://doi.org/10.1056/NEJMoa2032994>.
- Charmaz, Kathleen and Antony, Bryant. 2007. *The Sage Handbook of Grounded Theory*. Sage.
- Cheung, Katherine, Ehrenkranz, Rebecca and David Yaden. 2025. "Enhanced Independence: De-Biasing Processes In Psychedelic Research And Beyond." *Research Ethics*, 0 (0). <https://doi.org/10.1177/17470161251326588>
- Cohen, Glenn, and Mason, Marks. 2025. "Psychedelic Medicine Exceptionalism." *The American Journal of Bioethics* 25 (1): 6–15. doi:10.1080/15265161.2025.2434398.
- Constantino, Michael, Coyne, Antonio, Laws, Holly, Westra, Henny and Martin Antony. 2018. "Patient-Therapist Convergence in Alliance Ratings as a Predictor of Outcome in Psychotherapy for Generalized Anxiety Disorder." *Psychotherapy Research* 28 (6): 969–984. <https://doi.org/10.1080/10503307.2017.1303209>.
- Copes, Heith, Copeland, Haley, Vieraitis, Lynne, Cherbonneau, Michael and Peter Hendricks. 2025. "'Plants Don't Have a Culture to Appropriately': Accounting for Accusations of Cultural Appropriation of Peyote Ceremonies". *Sociology Compass*, 19: e70048. <https://doi.org/10.1111/soc4.70048>.
- Crandall, Russell. 2020. "Nixon's War." In *Drugs and Thugs: The History and Future of America's War on Drugs*, 133–52. Yale University Press.
- Cross, Malcolm, Bor, Robert and Linda Papadopoulos. 2024. "Locating the Locus of Evaluation: The Subtle Processes of Person-Centred Counselling." In *Reporting in Counselling and Psychotherapy*. Taylor & Francis Group.
- Dames, Shannon, Watler, Crosbie, Kryskow, Pamela, Allard, Pearl, Gagnon, Michelle and Vivian Tsang. 2024. "Psychedelic-Assisted Therapy Training: Firsthand Experience of Non-Ordinary States of Consciousness in the Development of Competence." *European Psychiatry* 67: 130-137. <https://doi-org.eux.idm.oclc.org/10.1192/j.eurpsy.2024.1660>.

- Davis, Alan, Agin-Liebes, Gabrielle, España, Megan, Pilecki, Brian and Jason Luoma. 2021. "Attitudes and Beliefs about the Therapeutic Use of Psychedelic Drugs among Psychologists in the United States." *Journal of Psychoactive Drugs* 54 (4): 309–18. doi:10.1080/02791072.2021.1971343.
- Davis, Madeleine. 2018. *Boundary and Space: An Introduction to the Work of D.W. Winnicott*. Taylor and Francis.
- DeBonis, Katrina, Dunn, Walter and Thomas Strouse. 2025. "Equipose and Personal Experience: Maintaining Objectivity in Psychedelic Research". *The American Journal of Bioethics*, 25 (1), 74–76.
<https://doi.org/10.1080/15265161.2024.2433446>.
- de Kort, Marcel. 1994. "The Dutch Cannabis Debate, 1968–1976." *Journal of Drug Issues* 24 (3): 417-427. <https://doi.org/10.1177/002204269402400304>.
- de Vos, Cato, Mason, Natasha and Kim Kuypers. 2021. "Psychedelics and Neuroplasticity: A Systematic Review Unraveling the Biological Underpinnings of Psychedelics." *Frontiers in psychiatry* 12: 724606.
<https://doi.org/10.3389/fpsy.2021.724606>.
- Dembo, Sarah and Norman Clemens. 2013. "The Ethics of Providing Hope in Psychotherapy". *Journal of Psychiatric Practice* 19: 316-322. DOI: 10.1097/01.pra.0000432602.17137.87.
- DeVito, Danny. 1996. *Matilda*. TriStar Pictures.
- Doblin Rick. 2002. "A Clinical Plan For MDMA (Ecstasy) In The Treatment Of Posttraumatic Stress Disorder (PTSD): Partnering With The FDA". *Journal of psychoactive drugs*, 34 (2): 185–194.
<https://doi.org/10.1080/02791072.2002.10399952>.
- Dodgson, Joan. 2019. "Reflexivity in Qualitative Research". *Journal of Human Lactation* 35: 220-222.
<https://journals.sagepub.com/doi/abs/10.1177/0890334419830990>.
- Dos Santos, Rafael, Osório, Flávia, Crippa, José Alexandre and Jaime Hallak. 2016. "Classical Hallucinogens And Neuroimaging: A Systematic Review Of Human Studies: Hallucinogens And Neuroimaging". *Neuroscience and Biobehavioral reviews* 71: 715–728. <https://doi.org/10.1016/j.neubiorev.2016.10.026>.

- Doss, Manoj, Weafer, Jessica, Gallo, David and Harriet de Wit. 2018. "MDMA Impairs Both the Encoding and Retrieval of Emotional Recollections." *Neuropsychopharmacology: Official Publication of the American College of Neuropsychopharmacology* 43 (4): 791–800. <https://doi.org/10.1038/npp.2017.171>.
- Drew, Liam. 2022. "Your Brain on Psychedelics." *Nature* 609 (7929): S92–S94. <https://doi.org/10.1038/d41586-022-02874-7>.
- Dryden, Windy, and Brian Thorne. 1991. *Training and Supervision for Counselling in Action*. Sage.
- Dyck, Erica. 2005. "Flashback: Psychiatric Experimentation With LSD In Historical Perspective". *Canadian Journal of Psychiatry. Revue canadienne de psychiatrie*, 50 (7): 381–388. <https://doi.org/10.1177/070674370505000703>.
- Dyck, Erika. 2008. *Psychedelic Psychiatry: LSD from Clinic to Campus*. Johns Hopkins University Press.
- Eatough, Virginia and Smith, Jonathan. 2017. "Interpretative phenomenological analysis". In *Handbook of Qualitative Psychology*, Edited by Carla Willig and Wendy Stainton-Rogers. Sage.
- Emmerich, Nathan and Bryce, Humphries. 2023. "Is the Requirement for First-Person Experience of Psychedelic Drugs a Justified Component of a Psychedelic Therapist's Training?" *Cambridge Quarterly of Healthcare Ethics: CQ: The International Journal of Healthcare Ethics Committees* 33 (4): 1–10. <https://doi.org/10.1017/S0963180123000099>.
- Fairbairn, Robert. 1952. *Psychoanalytic Studies of the Personality*. London: Routledge.
- Falcon, Joshua. 2025. "Anthropology of Psychedelics." *Anthropology of Consciousness* e70002: 1-14. <https://doi.org/10.1111/anoc.70002>.
- Fang, Nini. 2021. "The Aggressive Potential and Yellow Anger". *Psychoanalysis, Culture and Society* 26 (4): 561-578. <https://doi.org/10.1057/s41282-021-00234-4>.

- Finlay, Linda. 2002. "Negotiating The Swamp: The Opportunity And Challenge Of Reflexivity In Research Practice". *Qualitative Research* 2 (2): 209-230. <https://doi.org/10.1177/146879410200200205>.
- Finlay, Linda. 2011. *Phenomenology for therapists: Researching the lived world*. Wiley-Blackwell.
- Folkes-Skinner, Julie, Elliott, Robert and Sue Wheeler. 2010. "A baptism of fire': A Qualitative Investigation Of A Trainee Counsellor's Experience At The Start Of Training." *Counselling and Psychotherapy Research* 10 (2): 1-10. https://onlinelibrary.wiley.com/doi/epdf/10.1080/14733141003750509?sam_l_referrer.
- Fonagy, Peter, Spector-Person, Ethel and Joseph Sandler. 2012. *Freud's "On Narcissism: An Introduction"*. Karnac Books.
- Forstmann, Matthias & Christina Sagioglou. 2020. "How Psychedelic Researchers' Self-Admitted Substance Use And Their Association With Psychedelic Culture Affect People's Perceptions Of Their Scientific Integrity And The Quality Of Their Research." *Public Understanding of Science*, 30 (3): 302-318. <https://doi.org/10.1177/0963662520981728>.
- Fowler, Carina, Miernicki, Michelle, Rudolph, Karen and Eva Telzer. 2017. "Disrupted Amygdala-Prefrontal Connectivity During Emotion Regulation Links Stress-Reactive Rumination and Adolescent Depressive Symptoms." *Developmental cognitive neuroscience* 27: 99–106. <https://doi.org/10.1016/j.dcn.2017.09.002>.
- Freud, Sigmund. 1989. "The Ego And The Id (1923)." *TACD Journal* 17 (1): 5–22. doi:10.1080/1046171X.1989.12034344.
- Fricker, Miranda. 2007. "Original Significances: The Wrong Revisited" In *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford University Press.
- Friesen, Phoebe. 2022. "Psychosis and Psychedelics: Historical Entanglements and Contemporary Contrasts". *Transcultural Psychiatry* 59: 592-609. doi:10.1177/13634615221129116.
- Gadamer, Hans-Georg. 1989. *Truth and Method*. Sheed & Ward Ltd.

- Gasser, Peter, Kirchner, Katharina and Thomas Passie. 2014. "Safety and Efficacy of Lysergic Acid Diethylamide–Assisted Psychotherapy for Anxiety Associated with Life-Threatening Diseases." *The Journal of Nervous and Mental Disease* 202 (7): 513–520. <https://doi.org/10.1097/NMD.000000000000113>.
- Gendlin, Eugene. 1993. "Three Assertions About the Body." *The Folio*, 12 (1), 21-33. https://www.focusing.org/gendlin/docs/gol_2064.html.
- George, Jamilah, Michaels, Timothy, Sevelius, Jae and Monnica Williams. 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>.
- Giorgi, Amedeo. 2005. "Concerning the Phenomenological Methods of Husserl and Heidegger and Their Application in Psychology." *Collection du Cirp* 1: 63–78. <https://www.cirp.uqam.ca/documents%20pdf/Collection%20vol.%201/5.Giorgi.pdf>.
- Glaser, Barney. 2016. "The Grounded Theory Perspective: Its Origins and Growth". *The Grounded Theory Review* 15. <https://web.p.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=ebebcf83-819f-43c1-945f-704d9674ed2c%40redis>.
- Glynos, Nicolas, Baker, Anne, Aday, Jacob, Pouyan, Niloufar, Barron, Julie, Moss, Herb et al. 2024. "Going Underground: Demographics, Services, and Best Practices Endorsed by Practitioners Providing Support for Naturalistic Psychedelic Use" *Journal of Psychoactive Drugs*. 1-11. <https://www.tandfonline.com/doi/epdf/10.1080/02791072.2024.2405685?needAccess=true>.
- Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. Prentice-Hall.
- Gorman, Ingmar, Nielson, Elizabeth, Molinar, Aja, Cassidy, Ksenia and Jonathan Sabbagh. 2021. "Psychedelic Harm Reduction And Integration: A Transtheoretical Model For Clinical Practice". *Frontiers in Psychology* 12: 1-16. <https://doi.org/10.3389/fpsyg.2021.645246>.

- Grau, Marion. 2013. "Putting Hermes Back into Hermeneutics." In *Refiguring Theological Hermeneutics*, edited by John D. Caputo and Daniel J. Hwang. Palgrave Macmillan.
- Greń, Jakub, Tylš, Filip, Lasocik, Michał and Csaba Kiraly. 2023 "Back from the Rabbit Hole. Theoretical Considerations and Practical Guidelines on Psychedelic Integration for Mental Health Specialists." *Frontier Psychology* 14: 1054692.
<https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2023.1054692/full>.
- Grof, Stanislav. 1985. *Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy*. University of New York Press.
- Hall, Wayne, and Michael Farrell. 2022. "Aldous Huxley's The Doors of Perception." *Addiction* 117 (6): 1811-15.
<https://web.s.ebscohost.com/ehost/detail/detail?vid=0&sid=b2c876b8-abea-46d3-854b-36d602266536%40redis&bdata=JnNpdGU9ZWWhvc3QtbGl2ZQ%3d%3d#AN=156737773&db=a9h>.
- Harper, David, and Andrew Thompson. 2011. *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners*. John Wiley & Sons, Incorporated.
- Hartmann, Heinz. 1958. *Ego Psychology and the Problem of Adaptation*. International Universities Press.
- Hearn, Benjamin, Brubaker, Michael, & George Richardson. 2022. "Counselors' Attitudes Toward Psychedelics And Their Use In Therapy". *Journal of Counseling & Development* 100: 364–373. <https://doi.org/10.1002/jcad.12429>.
- Heifets, Boris and David Olson. 2024. "Therapeutic Mechanisms of Psychedelics and Entactogens." *Neuropsychopharmacology: Official Publication of the American College of Neuropsychopharmacology* 49 (1): 104–118.
<https://doi.org/10.1038/s41386-023-01666-5>.

- Hendricks, Peter and Charles, Nichols. 2023. "The Elephant in the Room: Personal use of Psychedelics Among Psychedelic Researchers". *Psychedelic Medicine* 1: 122–123. <https://doi.org/10.1089/psymed.2023.29002.psh>.
- Henríquez-Hernández, Luis Alberto, Rojas-Hernández, Jaime, Quintana-Hernández, Domingo and Lucas Borkel. 2023. "Hofmann vs. Paracelsus: Do Psychedelics Defy the Basics of Toxicology? A Systematic Review of the Main Ergolamines, Simple Tryptamines, and Phenylethylamines." *Toxics* 11 (2): 148. <https://doi.org/10.3390/toxics11020148>.
- Herron, William and Suzanne Sitkowski. 1986. "Effect Of Fees On Psychotherapy: What Is The Evidence?" *Professional Psychology: Research and Practice* 17 (4): 347–351. <https://doi.org/10.1037/0735-7028.17.4.347>.
- Hofmann, Albert. 1979. "How LSD Originated." *Journal of Psychedelic Drugs* 11 (1–2): 53–60. doi:10.1080/02791072.1979.10472092.
- Hofmann, Albert. 1980. *LSD, My Problem Child: Reflections On Sacred Drugs, Mysticism, And Science*. McGraw-Hill.
- Holze, Friederike, Vizeli, Patrick, Ley, Laura, Müller, Felix, Dolder, Patrick, Stocker, Melanie et al. 2021. "Acute Dose-Dependent Effects of Lysergic Acid Diethylamide in a Double-Blind Placebo-Controlled Study in Healthy Subjects." *Neuropsychopharmacology: Official Publication of the American College of Neuropsychopharmacology* 46 (3): 537–544. <https://doi.org/10.1038/s41386-020-00883-6>.
- Hooks, Bell. 1992. *Black Looks: Race and Representation*. South End Press.
- Humphreys, Keith, Stjepanović, Daniel and Wayne Hall. 2025. "Therapeutic Potential of Psychedelic Drugs: Navigating High Hopes, Strong Claims, Weak Evidence, and Big Money". *Annual Review of Psychology* 76: 143-165 <https://www.annualreviews.org/content/journals/10.1146/annurev-psych-020124-023532>.
- Huxley, Aldous. 1954. *The Doors of Perception*. Chatto & Windus.
- Jabbour, Daniel. 2014. "Psychedelic Society Goes Global". *Multidisciplinary Association for Psychedelic Studies*: 1-3. https://maps.org/wp-content/uploads/2014/07/v24n1_p35-37.pdf.

- Johns, Jennifer. 2005. "The Facilitating Environment" In *Introducing Psychoanalysis Essential Themes and Topics* Edited by Susan Budd and Richard Rusbridger. Routledge.
- Johnstad, Petter Grahl. 2023. "Racial and Religious Motives for Drug Criminalization." *Drug Science, Policy and Law* 9 (1): 1–17. <https://doi.org/10.1177/20503245231198526>.
- Jovanov, Emil. 2011. "On Physiological Bases of States of Expanded Consciousness" In *States of Consciousness* Edited by Dean Cvetkovic and Irena Cosic. Springer-Verlag.
- Jung, Carl and Adler, Gerhard. 1976. *C.G. Jung Letters, Volume 2: 1951-1961*. Princeton University Press. <https://doi-org.eux.idm.oclc.org/10.1515/9780691235677>.
- Jung, Carl. 1959. *Aion: Researches into the Phenomenology of the Self*. Princeton University Press.
- Kenaar, Nour and Zuheir, Alshehabi. 2025. "A Review On Recent Advances In Alzheimer's Disease: The Role Of Synaptic Plasticity." *AIMS neuroscience* 12 (2): 75–94. <https://doi.org/10.3934/Neuroscience.2025006>.
- Kim, Beaumie. 2001. "Social Constructivism" In *Emerging perspectives on learning, teaching, and technology*, Edited by Michael Orey. The Global Text Project. <http://projects.coe.uga.edu/epltt/>.
- King, Nigel. 2004. "Using Templates in the Thematic Analysis of Text". In *Essential Guide To Qualitative Methods In Organizational Research*, Edited by C. Cassell and G. Symon. Sage.
- Kious, Brent, Schwartz, Zach and Benjamin Lewis. 2022. "Should We Be Leery of Being Leary? Concerns About Psychedelic Use By Psychedelic Researchers." *Journal of Psychopharmacology* 37: 45-48. doi:10.1177/02698811221133461.
- Klein, Melanie. 1946. "Notes on Some Schizoid Mechanisms." *International Journal of Psychoanalysis* 27: 99–110. <https://psptraining.com/wp-content/uploads/Klein-M.-1946.-Notes-on-some-schizoid-mechanisms.pdf>.

- Kukla, André. 2000. "Social Constructivism and the Philosophy of Science." Routledge. <https://doi.org/10.4324/9780203130995>
- Kruger, Daniel, Aday, Jacob, Fields, Christopher, Kolbman, Nicholas, Glynos, Nicolas, Barron, Julie, et al. 2025. "Psychedelic Therapist Sexual Misconduct and Other Adverse Experiences Among a Sample of Naturalistic Psychedelic Users." *Psychedelic medicine* 3 (1): 41–47. <https://doi.org/10.1089/psymed.2024.0011>.
- Lamiell, James. 2014. "Nomothetic and Idiographic Approaches" In *Encyclopedia of Critical Psychology*. Edited by T. Teo. Springer. https://doi.org/10.1007/978-1-4614-5583-7_202.
- Langlitz, Nicolas. 2012. *Neuropsychodelia: The Revival of Hallucinogen Research since the Decade of the Brain*. University of California Press.
- Larkin, Michael and Andrew Thompson. 2011. "Interpretative Phenomenological Analysis in Mental Health and Psychotherapy Research" In *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners*, Edited by David Harper & Andrew Thompson. Wiley.
- Layton, Lynne. 2004. "Who's That Girl? Who's That Boy?: Clinical Practice Meets Postmodern Gender Theory". Routledge. <https://doi.org/10.4324/9780203728093>
- Ly, Calvin, Greb, Alexandra, Cameron, Lindsay, Wong, Jonathan, Barragan, Eden, Wilson, Paige et al. 2018. "Psychedelics Promote Structural and Functional Neural Plasticity" *Cell Reports* 23 (11): 3170-3182. <https://doi.org/10.1016/j.celrep.2018.05.022>.
- Mocanu, Victor, Mackay, Lindsay, Christie, Devon and Elena Argento. 2022. "Safety Considerations In The Evolving Legal Landscape Of Psychedelic-Assisted Psychotherapy." *Substance Abuse Treatment, Prevention, and Policy* 17 (1): 37. <https://doi.org/10.1186/s13011-022-00468-0>.
- Malcolm, Benjamin and Kelan Thomas. 2022. "Serotonin Toxicity of Serotonergic Psychedelics". *Psychopharmacology* 239: 1881-1891. <https://doi.org/10.1007/s00213-021-05876-x>.

- Mangini, Mariavittoria. 1998. "Treatment of Alcoholism Using Psychedelic Drugs: A Review of the Program of Research". *Journal of Psychoactive Drugs* 30: 381-418. <https://doi-org.eux.idm.oclc.org/10.1080/02791072.1998.10399714>.
- McDonnell, Cyril. 2018. "The Origins of the Husserl-Heidegger Philosophical Dispute in Twentieth-Century Phenomenology." *Maynooth Philosophical Papers* 9: 81–112. <https://mural.maynoothuniversity.ie/id/eprint/16096/>.
- McGuire, Amy, Cohen, Glenn, Sisti, Dominic, Baggott, Matthew, Celidwen, Yuria, Devenot, Nese, et al. 2024. "Developing an Ethics and Policy Framework for Psychedelic Clinical Care: A Consensus Statement". *JAMA Network Open* 7: e2414650. <https://doi.org/10.1001/jamanetworkopen.2024.14650>.
- Mearns, Dave, and Mick Cooper. 2005. *Working at Relational Depth in Counselling and Psychotherapy*. SAGE Publications.
- Mendes, Tiago. 2024. "On Containment and Holding" In *Containment Organisations and the Working Task* Edited by Tiago Mendes and Robert Hinshelwood. Taylor & Francis.
- Metastasio, Antonio, Campbell, Graham, Harvey, Renee, Schuyler Hendricks, Peter, Neill, Joanna and Katrin Preller. 2022. "Can Psychedelic Therapies Open A New Frontier In Mental Healthcare (Or Will The Bubble Burst?)". *Frontiers in Psychology*. https://books.google.co.uk/books?id=fjGHEAAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false.
- Misuse of Drugs Act. 1971. <https://www.legislation.gov.uk/ukpga/1971/38/contents>.
- Mithoefer, Michael, Wagner, Mark, Mithoefer, Ann, Jerome, Lisa and Rick Doblin. 2011. "The Safety And Efficacy Of {+/-}3,4-Methylenedioxymethamphetamine-Assisted Psychotherapy In Subjects With Chronic, Treatment-Resistant Posttraumatic Stress Disorder: The First Randomized Controlled Pilot Study". *Journal of psychopharmacology* 25 (4): 439–452. <https://doi.org/10.1177/0269881110378371>.

- Mithoefer, Michael. 2015. *A Manual for MDMA-assisted psychotherapy in the treatment of posttraumatic stress disorder*. Multidisciplinary Association for Psychedelic Studies. <https://maps.org/research-archive/mdma/MDMA-Assisted-Psychotherapy-Treatment-Manual-Version7-19Aug15-FINAL.pdf>.
- Molenberghs, Pascal. 2013. "The Neuroscience of In-Group Bias." *Neuroscience & Biobehavioral Reviews* 37 (8): 1530-1536. <https://www.sciencedirect.com/science/article/abs/pii/S0149763413001498>
- Moran, Dermot. 2000. *Introduction to Phenomenology*. Routledge.
- Moskalewicz Marcin. 2021. "Is Heidegger's Fundamental Ontology an Antidote to Dominant Social Constructions of Autism?" *Constructivist Foundations* 17 (1): 62–64. <https://constructivist.info/17/1/062>.
- Muttoni, Silvia, Ardissino, Maddalena and Christopher John. 2019. "Classical Psychedelics for the Treatment of Depression and Anxiety: A Systematic Review." *Journal of affective disorders* 258: 11–24. <https://doi.org/10.1016/j.jad.2019.07.076>.
- Naderifar, Mahin, Goli, Hamideh and Fereshteh Ghaljaie. 2017. "Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research". *Strides Dev Med Education* 14 (3): 1-6. https://www.researchgate.net/profile/Hamideh-Goli/publication/324590206_Snowball_Sampling_A_Purposeful_Method_of_Sampling_in_Qualitative_Research/links/5c1de8b4458515a4c7f01a95/Snowball-Sampling-A-Purposeful-Method-of-Sampling-in-Qualitative-Research.pdf.
- Neill, Joanna, Howard, Annie, Schlag, Anne, & Charlotte Lennox. 2022. "Schedule 1 barriers to research in the UK: An in-depth qualitative analysis". *Drug Science, Policy and Law* 7: 1-13. <https://doi.org/10.1177/20503245211049313>.
- Newman, Matthew, Groom, Carla, Handelman, Lori and James Pennebaker. 2008. "Gender Differences in Language Use: An Analysis of 14,000 Text Samples." *Discourse Processes* 45 (3): 211–36. https://www.researchgate.net/publication/253291274_Gender_Differences_in_Language_Use_An_Analysis_of_14000_Text_Samples.
- Nichols, David and Hannes Walter. 2021. "The History of Psychedelics in Psychiatry". *Pharmacopsychiatry* 54 (4): 151-166. <https://www.thieme-connect.com/products/ejournals/html/10.1055/a-1310-3990>.

Nielson, Elizabeth and Jeffrey Guss. 2018. "The Influence of Therapists' First-Hand Experience with Psychedelics on Psychedelic-Assisted Psychotherapy Research and Therapist Training" *Journal of Psychedelic Studies* 2 (2): 64-73. <https://doi.org/10.1556/2054.2018.009>.

Nielson, Elizabeth. 2021. "Psychedelics as a Training Experience for Psychedelic Therapists: Drawing on History to Inform Current Practice." *Journal of Humanistic Psychology* 64 (4): 618-634. <https://doi.org/10.1177/00221678211021204>.

Noorani, Tehseen, and Jonny Martell. 2021. "New Frontiers or a Bursting Bubble? Psychedelic Therapy Beyond the Dichotomy." *Frontiers in Psychiatry* 12: 1-5. <https://doi.org/10.3389/fpsy.2021.727050>.

Noorani, Tehseen. 2020. "Making Psychedelics into Medicines: The Politics and Paradoxes of Medicalization." *Journal of Psychedelic Studies* 4 (1): 34-39. <https://doi.org/10.1556/2054.2019.018>.

Nowell, Lorelli, Norris, Jill, White, Deborah and Nancy Moules. 2017. "Thematic Analysis: Striving to Meet the Trustworthiness Criteria" *International Journal of Qualitative Methods* 16. 1-13. <file:///C:/Users/camil/Downloads/nowell-et-al-2017-thematic-analysis-striving-to-meet-the-trustworthiness-criteria.pdf>.

Nutt, David, Erritzoe, David and Robin Carhart-Harris. 2020. "Psychedelic Psychiatry's Brave New World." *Cell* 181 (1): 24–28. <https://doi.org/10.1016/j.cell.2020.03.020>.

Oehen, Peter, Traber, Rafael, Widmer, Verena & Ulrich Schnyder. 2013. "A Randomized, Controlled Pilot Study of MDMA (\pm 3,4-Methylenedioxymethamphetamine)-Assisted Psychotherapy for Treatment of Resistant, Chronic Post-Traumatic Stress Disorder (PTSD)." *Journal of psychopharmacology* 27 (1): 40–52. <https://pubmed.ncbi.nlm.nih.gov/23118021/>.

Olson David. 2018. "Psychoplastogens: A Promising Class of Plasticity-Promoting Neurotherapeutics." *Journal of experimental neuroscience* 12: 1179069518800508. <https://doi.org/10.1177/1179069518800508>.

Online Etymology Dictionary. 2023. "Hermeneutic." Accessed March 24, 2025. <https://www.etymonline.com/word/hermeneutic>.

- Page, Lisa, Rehman, Ahmed, Syed, Habib, Forcer, Kathryn and Graham Campbell. 2021. "The Readiness of Psychiatrists to Implement Psychedelic-Assisted Psychotherapy." *Frontier Psychiatry* 12: 1-8.
<https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2021.743599/full>.
- Palaganas, Erlinda, Sanchez, Marian, Molintas, Ma and Ruel Caricativo. 2017. "Reflexivity in Qualitative Research: A Journey of Learning". *The Qualitative Report* 22: 426-438. <https://doi.org/10.46743/2160-3715/2017.2552>.
- Paoletti, Patrizio and Ben-Soussan, Tal. 2020. "Reflections on Inner and Outer Silence and Consciousness Without Contents According to the Sphere Model of Consciousness." *Frontier Psychology* 11: 1-17.
<https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2020.01807/full>.
- Peters Jamie and David Olson. 2021. "Engineering Safer Psychedelics for Treating Addiction". *Neuroscience Insights* 16: 1-4.
<https://journals.sagepub.com/doi/epdf/10.1177/26331055211033847>.
- Petranker, Rotem, Anderson, Thomas and Normal Farb. 2020. "Psychedelic Research and the Need for Transparency: Polishing Alice's Looking Glass." *Frontier Psychology* 11: 1-6.
<https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2020.01681/full>.
- Phelps, Janice. 2017. "Developing Guidelines and Competencies for the Training of Psychedelic Therapists". *Journal of Humanistic Psychology* 57: 450–487.
https://www.researchgate.net/publication/318022461_Developing_Guidelines_and_Competerencies_for_the_Training_of_Psychedelic_Therapists#fullTextFileContent.
- Pietkiewicz, Igor and Jonathan, Smith. 2014. "A Practical Guide To Using Interpretative Phenomenological Analysis In Qualitative Research Psychology." *Czasopismo Psychologiczne- Psychological Journal* 20: 7-14.
<http://www.czasopismopsychologiczne.pl/files/articles/2014-20-a-practical-guide-to-using-interpretative-phenomenological-analysis-in-qualitative-research-psychology.pdf>.

Pilecki, Brian, Luoma, Jason and Elizabeth Nielson. 2021. "Ethical and Legal Issues in Psychedelic Harm Reduction and Integration Therapy." *Harm Reduction Journal* 18 (1): 40. <https://doi.org/10.1186/s12954-021-00489-1>.Docslib+2.

Prioleau, Brittany and Shama Panjwani. 2025. "Shifting Paradigms: Exploring Multicultural Approaches to Psychedelic-Assisted Therapy in Counselling" *The Professional Counselor* 15: 68–80. <https://tpcjournal.nbcc.org/wp-content/uploads/2025/03/Pages-68-80-Prioleau-Shifting-Paradigms-Multicultural-Approaches-to-Psychedelic-Assisted-Therapy.pdf#:~:text=from%20all%20backgrounds%20can%20benefit,individuals%20from%20underserved%20and%20marginalized>.

Proctor, Carmel. 2020. "Conditions of Worth" In *Encyclopedia of Personality and Individual Differences*, Edited by Virgil Zeigler-Hill & Todd Shackelford. Springer International Publishing.

Reas, Jane. 2015. "Boy, Have We Got a Vacation for You": Orphanage Tourism in Cambodia and the Commodification and Objectification of the Orphaned Child." *Thammasat Review* 16 (1): 121–139. <https://sc01.tci-thaijo.org/index.php/tureview/article/view/40782>.

Reiff, Collin, Richman, Elon, Nemeroff, Charles, Carpenter, Linda, Widge, Alik, I. Rodriguez, Carolyn et al. 2020. "Psychedelics and Psychedelic-Assisted Psychotherapy." *American Journal of Psychiatry* 177 (5): 391–410. <https://psychiatryonline.org/doi/10.1176/appi.ajp.2019.19010035>.

Rogers Carl. 1957. "The Necessary And Sufficient Conditions Of Therapeutic Personality Change". *Journal of Consulting Psychology* 21 (2): 95–103. <https://doi.org/10.1037/h0045357>.

Rogers, Carl. 1961. *On Becoming a Person: A Therapist's View of Psychotherapy*. Houghton Mifflin.

Rogers, Carl. 1970. *On Group Encounters*. Harper & Row.

Rogers, Carl. 1979. "The Foundations of the Person-Centred Approach" *Education* 100 (2): 1-8. <http://www.elementsuk.com/libraryofarticles/foundations.pdf>.

- Rogers, Carl. 1959. "A Theory of Therapy Personality and Interpersonal Relationships, As Developed in the Client-Centered Framework." In *Formulations of the Person and the Social Context*, Edited by Sigmund Koch. McGraw-Hill.
- Ross, Anna, Potter, Gary, Barratt, Monica and Judith Aldridge. 2020. "Coming Out": Stigma, Reflexivity and the Drug Researcher's Drug Use." *Contemporary Drug Problems* 47 (4): 268-285. <https://doi.org/10.1177/0091450920953635>.
- Ross, Anna. 2016. "Getting Voices to the Policy Table: The Role of Drug Consumers and Experiential Knowledge in Measurements of Drug Related Harm." Paper presented at the *Tenth Annual Conference of the International Society for the Study of Drug Policy*. https://www.academia.edu/26014962/Getting_Voices_to_the_Policy_Table_The_role_of_drug_consumers_and_experiential_knowledge_in_measurements_of_drug_related_harm.
- Ross, Stephen. 2018. "Therapeutic Use of Classic Psychedelics to Treat Cancer-Related Psychiatric Distress." *International Review of Psychiatry* 30 (4): 317–30. <https://www.tandfonline.com/doi/abs/10.1080/09540261.2018.1482261>.
- Schlag Anne, Aday, Jacob, Salam, Iram, Neill, Jo and David Nutt. 2022. "Adverse Effects of Psychedelics: From Anecdotes and Misinformation to Systematic Science." *Journal of Psychopharmacology* 36 (3): 258-272. <https://pubmed.ncbi.nlm.nih.gov/35107059/>.
- Schneider, Kirk. 2015. "Presence: The Core Contextual Factor of Effective Psychotherapy." *Existential Analysis* 26 (2): 304-312. <https://psycnet.apa.org/record/2015-35786-009>.
- Scambler, Graham. 2024. "Goffman, Interactionism, and the Management of Stigma in Everyday Life". In *Sociological Theory and Medical Sociology* Edited by Graham Scambler. Taylor & Francis Group.
- Segal, Julia. 2004. *Melanie Klein*. SAGE Publications.
- Seidman, Jennifer. 2023. "Tripping on Patent Hurdles: Exploring the Legal and Policy Implications of Psilocybin Patents." *Cornell Law Review* 108 (4): 1-24. <https://publications.lawschool.cornell.edu/lawreview/wp-content/uploads/sites/2/2023/07/Seidman-note-final.pdf>.

- Seligman, Laura, Wuyek, Lisa, Geers, Andrew, Hovey, Joseph and Rebecca Motley. 2009. "The Effects of Inaccurate Expectations on Experiences with Psychotherapy." *Cognitive Therapy Research* 33: 139–14
<https://doi.org/10.1007/s10608-007-9174-6>.
- Serra Undurruga, Karen. 2019. "Reflexivities as Affective Ways of Relating That Produce." *Qualitative Inquiry* 26 (7): 920-930.
<https://doi.org/10.1177/1077800419885408>.
- Seybert, Carolina, Schimmers, Nina, Silva, Lucio, Breeksema, Joost, Veraart, Jolien, Bessa, Barbara, d'Orsi, Dori, Schoevers, Robert and Albino Oliveira-Maia. 2025. "Quality of Reporting on Psychological Interventions in Psychedelic Treatments: A Systematic Review." *The Lancet. Psychiatry* 12 (1): 54–66.
[https://doi.org/10.1016/S2215-0366\(24\)00333-X](https://doi.org/10.1016/S2215-0366(24)00333-X).
- Shortall, Sarah. 2014. "Psychedelic Drugs and the Problem of Experience." *Past & Present* 222 (9): 187–206. <https://doi.org/10.1093/pastj/gtt035>.
- Siegel, Joshua, Subramanian, Subha, Perry, Demetrius, Kay, Benjamin, Gordon, Evan, Laumann, Timothy, et al. 2024. "Psilocybin desynchronizes the human brain." *Nature* 632:131–138. <https://doi.org/10.1038/s41586-024-07624-5>.
- Skovholt, Thomas and Michael Rønnestad. 2003. "Struggles Of The Novice Counselor And Therapist." *Journal of Career Development* 30 (1): 45–58.
<https://journals.sagepub.com/doi/10.1177/089484530303000103>.
- Spriggs, Meg, Kettner, Hannes and Robin Carhart-Harris. 2021. "Positive Effects of Psychedelics on Depression and Wellbeing Scores in Individuals Reporting an Eating Disorder." *Eating and weight disorders: EWD* 26 (4):1265–1270.
<https://doi.org/10.1007/s40519-020-01000-8>.
- Smith, Jonathan and Mike Osborn. 2008. "Interpretative Phenomenological Analysis." In *Qualitative Psychology: A Practical Guide to Research Methods*, edited by Jonathan Smith. SAGE Publications.
- Smith, Jonathan. 2011a. "Evaluating The Contribution Of Interpretative Phenomenological Analysis." *Health Psychology Review* 5: 9–27.
[doi:10.1080/17437199.2010.510659](https://doi.org/10.1080/17437199.2010.510659).

- Smith, Jonathan. 2011b. "Evaluating The Contribution Of Interpretative Phenomenological Analysis:A Reply To The Commentaries And Further Development Of Criteria." *Health Psychology Review* 5 (1): 55–61. doi:10.1080/17437199.2010.541743.
- Smith, Jonathan. 2016. "Interpretative Phenomenological Analysis: Getting at Lived Experience." *The Journal of Positive Psychology* 12 (3): 303–4. doi:10.1080/17439760.2016.1262622.
- Smith, David. 2019. "The Role of the *Journal of Psychedelic Drugs* in the Evolution of Psychedelic Medicine." *Journal of Psychoactive Drugs* 51 (2): 98–101. doi:10.1080/02791072.2019.1589607.
- Smith, Jonathan, Flowers, Paul and Michael Larkin. 2022. *Interpretative Phenomenological Analysis: Theory, Method and Research*. SAGE Publications Ltd.
- Smith Tuhiwai, Linda. 2012. *Decolonizing Methodologies: Research and Indigenous Peoples*. Zed Books.
- Stimson, Gerry. 1987. "The War on Heroin: British Policy and the International Trade in Illicit Drugs" In *A Land Fit for Heroin?* Edited by Nicholas Dorn and Nigel South. Palgrave. https://doi.org/10.1007/978-1-349-18892-5_3
- Strauss, Dana, de la Salle, Sara, Slosower, Jordan and Monnica Williams. 2022. "Research Abuses against People of Colour and Other Vulnerable Groups in Early Psychedelic Research." *Journal of Medical Ethics* 48 (10): 728–37. <https://doi.org/10.1136/medethics-2021-107941>.
- Sullivan, Brian and Elisa Agostinelli. 2024. "Supervision as Gatekeeping" In *The Practice of Clinical and Counselling Supervision: Australian and International Applications*, Edited by Nadine Pelling & Philip Armstrong. Taylor & Francis.
- Tai, Sara, Nielson, Elizabeth, Lennard-Jones, Molly, Johanna Ajantaival, Riika Liisa, Winzer, Rachel, Richards, William et al. 2021. "Development and Evaluation of a Therapist Training Pro-Gram for Psilocybin Therapy for Treatment-Resistant Depression in Clinical Research." *Frontiers in Psychiatry* 12. <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2021.586682/full>.

- Tanne Janice. 2004. "Humphry Osmond." *BMJ: British Medical Journal* 328 (7441): 713.
https://pmc.ncbi.nlm.nih.gov/articles/PMC381240/?utm_source=chatgpt.com.
- Terry, Gareth, Hayfield, Nikki, Clarke, Victoria and Virginia Braun. 2017. "Thematic Analysis" In *The SAGE Handbook of Qualitative Research in Psychology*, Edited by Carla Willig and Wendy Stainton Rogers. Sage.
- Thompson, Mindi, Goldberg, Simon and Stevan Nielsen. 2018. "Patient Financial Distress And Treatment Outcomes In Naturalistic Psychotherapy." *Journal of Counseling Psychology* 65 (4): 523–530. <https://doi.org/10.1037/cou0000264>.
- Tupper, Kenneth. 2002. "Entheogens and Existential Intelligence: The Use Of Plant Teachers as Cognitive Tools." *Canadian Journal of Education* 27: 499–516.
<https://www.jstor.org/stable/1602247?seq=1>.
- Tupper, Kenneth, Wood, Evan, Yensen, Richard and Matthew Johnson. 2015. "Psychedelic Medicine: A Re-Emerging Therapeutic Paradigm." *Canadian Medical Association Journal* 187: 1054-1059.
<https://www.cmaj.ca/content/187/14/1054.short>.
- University of Edinburgh. 2022. "Research Ethics Policy". Effective December 2022. Accessed September 3, 2025.
https://edwebcontent.ed.ac.uk/sites/default/files/atoms/files/university_of_edinburgh_ethics_policy_0.pdf.
- Vann, Jones, Simon and Allison O'Kelly. 2020. "Psychedelics as a Treatment for Alzheimer's Disease Dementia." *Frontiers in synaptic neuroscience* 12 (34).
<https://doi.org/10.3389/fnsyn.2020.00034>.
- Vidriales, Arturo and Diego Ovies. 2018. "Psychedelic Tourism in Mexico, A Thriving Trend". *PASOS: Revista de Turismo y Patrimonio Cultural* 16:1037-1050.
<https://doi.org/10.25145/j.pasos.2018.16.072>.
- Vieten, Cassandra, Wahbeh, Helane, Cahn, Rael, MacLean, Katherine, Estrada, Mica, Mills, Paul, et al. 2018. "Future Directions In Meditation Research: Recommendations For Expanding The Field Of Contemplative Science". *PLoS One* 13 (11): e0205740. <https://pubmed.ncbi.nlm.nih.gov/30403693/>.

- Villiger, Daniel. 2024. "Personal Psychedelic Experience of Psychedelic Therapists during Training: Should It Be Required, Optional, or Prohibited?" *International Review of Psychiatry* 36 (8): 869–78. doi:10.1080/09540261.2024.2357669.
- Walsh, Roger, and Charles Grob. 2005. *Higher Wisdom: Eminent Elders Explore the Continuing Impact of Psychedelics*. University of New York Press.
- Wampold, Bruce, and Zac Imel. 2015. *The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work*. Routledge.
- Wang, Kun, Chung, Halin, Stuart-Maver, Shannon, Schreier, Barry, Galligan, Patrick, Davis, Holly, et al. 2022. "The Relationship Between Clients' Expectation of Therapist Support and Challenge and Treatment Outcome: A Response Surface Analysis" *Psychotherapy* 59: 481–486. <https://doi.org/10.1037/pst0000440>.
- Wilkins, Paul. 2015. *Person-Centred Therapy and the 'One Size Fits All' Approach*. Routledge.
- Wilkins, Paul. 2003. *Person-Centred Therapy in Focus*. SAGE.
- Willoughby, Patrick and Timothy Lombardo. 2024. "Recreational Drug or Therapeutic Cure? An Examination of How the Counterculture Movement Changed the Perception of LSD." *Academia*.
https://www.academia.edu/118335223/Recreational_Drug_or_Therapeutic_Cure_An_Examination_of_how_the_Counterculture_Movement_Changed_the_Perception_of_LSD?utm_source=chatgpt.com
- Winhall, Jan. 2021. "Experiential Psychotherapy and Gendlin's Felt Sense: The Whole of a Situation." In *Treating Trauma and Addiction with the Felt Sense Polyvagal Model*. Routledge. <https://doi.org/10.4324/9780367408183-9-9>.
- Winkler, Petr, and Ladislav Csémy. 2014. "Self-Experimentations with Psychedelics Among Mental Health Professionals: LSD in the Former Czechoslovakia." *Journal of psychoactive drugs* 46: 11-9. doi:10.1080/02791072.2013.873158.

- Winnicott, Donald. 1960. "The Theory of the Parent-Infant Relationship." *International Journal of Psycho-Analysis* 41: 585–595. <https://tcf-website-media-library.s3.eu-west-2.amazonaws.com/wp-content/uploads/2021/09/21095241/Winnicott-D.-1960.-The-Theory-of-the-Parent-Infant-Relationship.-International-Journal-of-Psycho-Analysis.-411.-pp.585-595-1.pdf>.
- Winnicott, Donald. 1990. *The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. Karnac Books and the Institute of Psycho-Analysis.
- Winnicott, Donald. 2016. "Ego Distortion in Terms of True and False Self." In *The Collected Works of D. W. Winnicott*. Oxford University Press. <https://doi.org/10.1093/med:psych/9780190271381.003.0023>.
- Woodruff-Smith, David. 2018. "Phenomenology" In *The Stanford Encyclopedia of Philosophy*, Edited by Edward Zalta. <https://plato.stanford.edu/archives/sum2018/entries/phenomenology/>.
- Yaden, David, Haidt, Jonathan, Hood, Ralph, Vago, David and Andrew Newberg. 2017. "The Varieties of Self-Transcendent Experience". *Review of General Psychology* 21 (2): 143-160. <https://doi.org/10.1037/gpr0000102>.
- Yaden, David, Earp, Dylan, Graziosi, Marianna, Friedman-Wheeler, Dara, Luoma, Jason and Matthew Johnson. 2022. "Psychedelics and Psychotherapy: Cognitive-Behavioral Approaches as Default." *Frontier Psychology* 13: 1-17. <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2022.873279/full>.
- Yaden, David, Potash, James and Roland Griffiths. 2022. "Preparing for the Bursting of the Psychedelic Hype Bubble." *JAMA Psychiatry* 79: 943–944. <https://pubmed.ncbi.nlm.nih.gov/36044208/>.
- Yilmaz, Meltem, Türkarlan, Kutlu, Zanini, Ludovica, Hasdemir, Dilara, Spitoni, Grazia and Vittorio Lingiardi. 2024. "Transference Interpretation And Psychotherapy Outcome: A Systematic Review of a No-Consensus Relationship." *Research in Psychotherapy (Milano)* 27 (1): 744. <https://doi.org/10.4081/ripppo.2024.744>.

Yu, Zijia, Burbach, Lisa, Winkler, Olga, Xu, Lujie, Dennett, Liz, Vermetten, Eric et al. 2024. "Alterations in Brain Network Connectivity and Subjective Experience Induced By Psychedelics: A Scoping Review." *Frontiers in psychiatry* 15: 1386321. <https://doi.org/10.3389/fpsy.2024.1386321>.

Zaborowski, Holger. 2011. "Heidegger's Hermeneutics: Towards a New Practice of Understanding." In *Interpreting Heidegger*, Edited by Daniel Dahlstrom. Cambridge University Press.

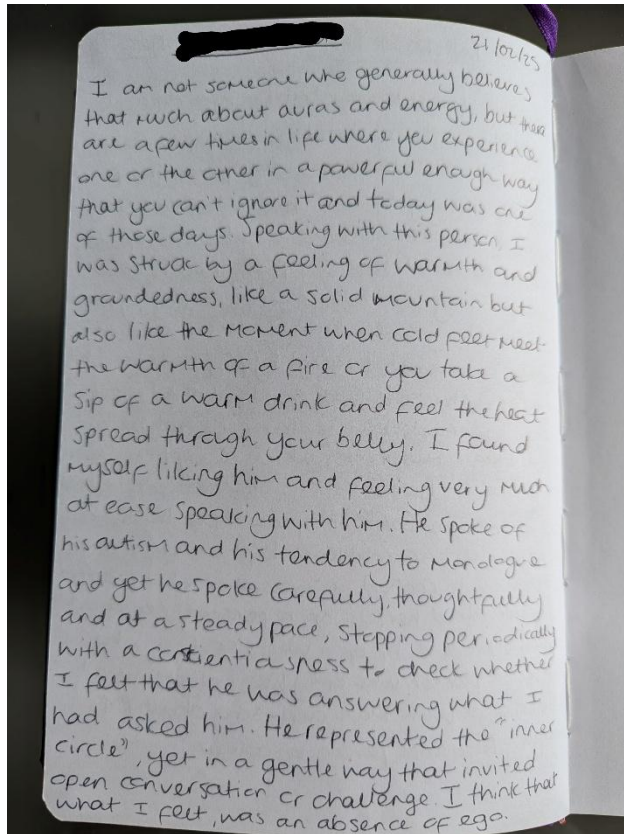
Zahavi, Dan. 2019. *Phenomenology: The Basics*. Routledge.

Zeifman, Richard, Singhal, Nikhita, Breslow, Leah and Cory Weissman. 2021. "On the Relationship between Classic Psychedelics and Suicidality: A Systematic Review". *ACS Pharmacology & Translational Science* 4 (2): 436-451. <https://pubs.acs.org/doi/full/10.1021/acspsci.1c00024>.

Zeng, Jie and Jianbu, Yang. 2024. "English Language Hegemony: Retrospect and Prospect". *Humanities and Social Sciences Communications* 11 (317). <https://doi.org/10.1057/s41599-024-02821-z>.

Appendices

Appendix D- Journal Entries



21/02/25

I am not someone who generally believes that much about auras and energy, but there are a few times in life where you experience one or the other in a powerful enough way that you can't ignore it and today was one of those days. Speaking with this person, I was struck by a feeling of warmth and groundedness, like a solid mountain but also like the moment when cold feet meet the warmth of a fire or you take a sip of a warm drink and feel the heat spread through your belly. I found myself liking him and feeling very much at ease speaking with him. He spoke of his autism and his tendency to monologue and yet he spoke carefully, thoughtfully and at a steady pace, stopping periodically with a conscientiousness to check whether I felt that he was answering what I had asked him. He represented the "inner circle", yet in a gentle way that invited open conversation or challenge. I think that what I felt, was an absence of ego.

Interview 1 - [redacted]

20/1/25

Had a wealth of knowledge about this subject. Felt like I was speaking to an expert, immediately brought up feelings of imposter syndrome. Didn't know most of the books/things that he referenced, felt like a fraud doing this topic at doc level. Hoped he wouldn't ask me directly about my own knowledge/experience.

He seemed very comfortable following his own train of thought, tried to give him plenty of space.

Interesting to see his interpretation of my question about comparing lack of psych. exp to lack of exp. of specific trauma etc. For some reason, felt some hint of defensiveness from him during this section. Suddenly had the sense of being on opposing sides of a debate although I had taken care to use a neutral tone.

[redacted] made it very clear that he did not feel that people should be doing this therapy if they don't have a good amount of experience themselves.

I felt slightly cold/rejected internally hearing this

Appendix A- Participant Information Sheet

"Therapists' location in Psychedelic Renaissance" Version 1-30/09/24

PARTICIPANT INFORMATION SHEET

"Exploring the lived experience of psychotherapists and their relationships with psychedelic use and integration"

You are being invited to take part in research on the lived experience of psychotherapists and their relationships with psychedelic use and integration. I am Camilla Akoo, a 4th year DPsychotherapy student at the University of Edinburgh and former volunteer counsellor at the PE. I am leading this research. Before you decide whether to take part it is important you understand why the research is being conducted and what it will involve. Please take time to read the following information carefully.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to explore the lived experiences of therapists who have little or no personal experience of psychedelic use, but who are curious about newly emerging psychedelic-assisted therapies and are perhaps trying to establish what their place is, in this recently revived field of research and practice.

WHY HAVE I BEEN INVITED TO TAKE PART?

You are invited to participate in this study because you are a qualified, practicing therapist who has little or no experience of psychedelic use but who is curious about working with psychedelic-assisted therapies in the near future.

DO I HAVE TO TAKE PART?

No – It is entirely up to you. If you do decide to take part, you are still free to withdraw at any time and without giving a reason.

Please note that your data may be used in the production of formal research outputs (e.g. journal articles, conference papers, theses and reports) prior to your withdrawal and so you are advised to contact Camilla Akoo at the earliest opportunity should you wish to withdraw from this study.

WHAT WILL HAPPEN IF I DECIDE TO TAKE PART?

If you do decide to take part, please keep this Information Sheet. You will be asked to sign/complete an Informed Consent Form to show that you understand your rights in relation to the research, and that you are happy to participate.

You will be asked some open ended questions regarding what your relationship, if any, with psychedelics is and how you feel about working with emerging psychedelic-assisted therapies. You will be invited to share any feelings or thoughts you might have on what constitutes, if any, you feel stand in the way of you engaging with these new therapies as a professional. The interview will take place in a safe environment at a time that is convenient to you. Ideally, we would like to audio record your

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responses (and will require your consent for this), so the location should be in a fairly quiet area. The interview should take around 60-90 minutes to complete.

WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?

There are no financial benefits, but by sharing your experiences with me, you will be helping myself and the University to open the door for more open and inclusive conversation amongst therapists about their experiences of finding a place for themselves in the emerging world of psychedelic-assisted therapies. It is my further hope that when new psychedelic-assisted therapies become legalised and begin to become accessible for the general public, therapists who took part in, or who have read this research, might be able to make more confident choices about whether or not they want to become qualified in delivering psychedelic-assisted therapies.

ARE THERE ANY RISKS OR DISADVANTAGES ASSOCIATED WITH TAKING PART?

There are no significant risks associated with participation.

My research involves speaking to participants about their relationship with, and experience of, psychedelic compounds which are currently illegal in the UK. To be clear, the interview space is a confidential one and disclosing psychedelic use will not be considered as a reason to break confidentiality.

Due to the nature of the topic that we are discussing, all participants will be anonymised and strict data protection measures will be carried out to ensure that materials, such as audio recordings which could make participants identifiable, are stored as securely as possible, in line with the University's regulations and guidance.

There is potential, due to the fact that I am asking participants to speak about their relationship with psychedelics, that interviewees could end up recalling distressing or stressful experiences that they had with psychedelic compounds, or that it may involve them speaking about a period of time where they struggled with their mental health and used psychedelics as a healing tool for example. Due to the fact that participants are informed volunteers who are also qualified counsellors trained in how to be aware of, contain and process their emotional experiences, I feel comfortable that this is a measured risk.

The interview will take approximately 60-90 minutes to complete.

If you find at any point during or after your interview that you are feeling distressed/triggered by any of the questions being asked or even the topic in general, please access the support services listed at the end of this form.

I will also be offering participants the option of a debriefing session to discuss any emotional responses that they may have experienced upon taking part in the study. The purpose of this debriefing session would be to provide emotional and mental

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"Therapists' location in Psychedelic Renaissance" Version 1-30/09/24

support in an attempt to address and offset any potential risks to participant's mental wellbeing

WHAT IF I AM UNWELL?

If you feel unwell then please contact me at s2233752@ed.ac.uk and we will postpone or cancel the research interview.

WILL MY TAKING PART BE KEPT CONFIDENTIAL?

All the information we collect during the course of the research will be kept confidential and there are strict laws which safeguard your privacy at every stage.

HOW WILL I USE INFORMATION ABOUT YOU?

I will need to use information from the audio recording of your interview for this research project.

This information will include your interview question answers. I will use this information to do the research.

OPTION where applicable: No one but myself will know who you are or be able to see your name or contact details. Your data will have a code number instead.

I will keep all information about you safe and secure.

Unless they are anonymised in our records, your data will be referred to by a unique participant number rather than by name. If you consent to being audio recorded, all recordings will be destroyed once they have been transcribed. Your data will only be viewed by the research/research team. All electronic data will be stored on a password protected computer file and all paper records will be stored in a locked filing cabinet. Your consent information will be kept separately from your responses in order to minimise risk.

Once I have finished the study, I will keep some of the data so that I can check the results. I will write my reports in a way that ensures that no-one can work out that you took part in the study.

What are your choices about how your information is used?

- You can stop being part of the study at any time, without giving a reason, but I will keep information about you that we already have.

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- I need to manage your records in specific ways for the research to be reliable. This means that I won't be able to let you see or change the data I hold about you.

Where can you find out more about how your information is used?

For further information about data privacy for research participants please refer to: <https://data-protection.ed.ac.uk/privacy-notice-for-research>

- by asking Camilla Akoo
- by sending her an email to s2233752@ed.ac.uk

WHAT WILL HAPPEN WITH THE RESULTS OF THIS STUDY?

The results of this study may be summarised in published articles, reports and presentations. You will not be identifiable from any published results. Quotes or key findings will always be made anonymous in any formal outputs unless I have your prior and explicit written permission to attribute them to you by name. With your consent, your anonymised information may also be kept for future research.

WHO IS ORGANISING AND FUNDING THE RESEARCH?

This study has been organised by Camilla Akoo DPsychotherapy student.

WHO HAS REVIEWED THE STUDY?

The study proposal has been reviewed by the HISS REC.

WHO CAN I CONTACT?

If you have any further questions about the study, please contact the lead researcher, Camilla Akoo s2233752@ed.ac.uk

If you would like to discuss this study with someone independent of the study please contact:

Mandy Laing Head of Counselling, Psychotherapy and Applied Social Sciences

If you wish to make a complaint about the study, please contact:

Prof Matthias Schwannauer Head of School of Health in Social Science
m.schwannauer@ed.ac.uk

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Support Services:

Please use the following resources to access help and support if you feel that you need it at any stage of your involvement in the interview process

University of Edinburgh Wellbeing Support:

<https://student.counselling.ed.ac.uk/#:-:text=Our%20Services,Scope%20of%20Care>

<https://student.counselling.ed.ac.uk/#:-:text=Our%20Services,Scope%20of%20Care>

Samaritans:

<https://www.samaritans.org/scotland/how-we-can-help/contact-samaritan/>

Appendix B- Participant Consent Form

"Therapists' location in Psychedelic Renaissance" Version 1- 30/09/24

PARTICIPANT CONSENT FORM

Study Title: "Exploring the lived experience of psychotherapists and their relationships with psychedelic use and integration"

Researcher's name and contact details:

Name: Camilla Akoo

Contact: S2233752@ed.ac.uk

Status: Dpsychotherapy 4th year Student

Supervisor Name: Anna Rees

Supervisor Contact:

Contact info of independent person: Mandy Laing Head of Counselling, Psychotherapy and Applied Social Sciences

Contact for complaints: Prof Matthias Schwannauer Head of School of Health in Social Science m.schwannauer@ed.ac.uk

Participant ID: _____

Please initial or tick box

1. I confirm that I have read and understood the Participant Information Sheet (Version 1 dated 30/09/24) for the above study	<input type="checkbox"/>
2. I have been given the opportunity to consider the information provided, ask questions and have had these questions answered to my satisfaction	<input type="checkbox"/>
3. I understand that my participation is voluntary and that I can ask to withdraw at any time without giving a reason and without my medical care or legal rights being affected	<input type="checkbox"/>
4. I understand that my anonymised data will be stored for a minimum of 3 years and may be used in future ethically approved research	<input type="checkbox"/>

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"Therapists' location in Psychedelic Renaissance" Version 1- 30/09/24

5. I agree to my interview being audio recorded	<input type="checkbox"/>
6. I agree to my audio recorded interview being transcribed by a third party contractor	<input type="checkbox"/>
7. I agree to take part in the above study	<input type="checkbox"/>
8. I understand that I have the right to pause the interview at any time if I wish/need to do so, without having to provide any explanation as to why.	<input type="checkbox"/>
9. I understand that if I have chosen to pause the interview for any reason, that I have the option to resume the interview at a later time/date which would be negotiated between myself and the researcher if I wish to do so.	<input type="checkbox"/>

Name of person giving consent	Date	Signature

Name of person taking consent	Date	Signature

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Appendix C- Participant Demographics Form

Participant Demographics Form

**The purpose of this form is to collect demographic information about you, that can be shared in Camilla Akoo's doctoral thesis, in order to provide better context to her writing.

Sharing demographic information is optional. Although you are being anonymised by means of a pseudonym, please still think carefully about whether or not you are happy to disclose demographic information that you may feel is identifying in some way.

In sharing your information on this form, as well as ticking the box at the bottom of the form and giving your signature, you are giving your consent for Camilla Akoo to include this demographic information in her doctoral thesis, which is being completed at the University of Edinburgh.**

Demographics Table:

Age	
Gender	
Sexual Orientation	
Ethnicity	
Country of Origin	
Counselling Qualification	

Please tick the box below to indicate that you are happy for the information that you have shared above to be included in Camilla Akoo's doctoral thesis being completed at the University of Edinburgh:

Participant Signature: _____

Date: _____

Appendix E- Interview Guide

Interview Guide

- Can you describe yourself as a professional?
- Can you tell me about your relationship with psychedelics?
- What are your thoughts on the role of first-hand psychedelic experience for counsellors who want to work with PAPs?
- Can you tell me about your thought on the stigmas that can be attached to psychedelics?
- What do you think about how we embrace "change" or new treatments in the world of counselling?
- What do you think about the concept of "gatekeeping" in the world of PAPs?

Appendix F- N Vivo Coding

The screenshot shows the NVIVO software interface with a list of codes. The left sidebar contains navigation options like 'Quick Access', 'IMPORT', 'Data', 'ORGANIZE', 'Coding', 'Cases', 'Notes', 'Sets', 'EXPLORE', and 'Queries'. The main window displays a table of codes with the following columns: Name, Files, References, Created on, Created by, Modified on, and Modified by. The table lists 23 items, with the last row showing 'CA 23 Items'.

Name	Files	References	Created on	Created by	Modified on	Modified by
Awareness of PAPs	4	26	10/02/2025 14:55	CA	27/02/2025 11:56	CA
Community	3	75	12/02/2025 11:49	CA	27/02/2025 14:29	CA
Cultural Appropriation	3	45	12/02/2025 11:36	CA	27/02/2025 14:29	CA
Does Personal Exp Matter	5	96	24/02/2025 12:38	CA	03/03/2025 12:27	CA
Early Interest in Psychedelics	5	83	10/02/2025 14:53	CA	27/02/2025 12:29	CA
Embracing Change	2	4	27/01/2025 16:18	CA	24/02/2025 12:48	CA
Entry Point for Inexperienced	4	23	27/01/2025 16:15	CA	27/02/2025 14:26	CA
Ethics	5	63	27/01/2025 16:09	CA	27/02/2025 14:05	CA
Expanded States	2	5	12/02/2025 11:42	CA	24/02/2025 11:18	CA
Gatekeeping	4	66	12/02/2025 11:45	CA	27/02/2025 14:27	CA
How they located me	2	3	27/01/2025 15:53	CA	12/02/2025 11:23	CA
Integration	3	26	12/02/2025 11:58	CA	27/02/2025 14:03	CA
Personal R with Psych	5	190	27/01/2025 15:59	CA	27/02/2025 14:29	CA
Personal Stigmas	4	29	27/01/2025 16:21	CA	25/02/2025 11:46	CA
Prof Background	5	38	27/01/2025 15:57	CA	25/02/2025 14:42	CA
Prof R with Psychs	5	132	27/01/2025 16:00	CA	27/02/2025 14:27	CA
Prof Stigmas	5	96	27/01/2025 16:20	CA	27/02/2025 14:21	CA
Rapport-How Interviewee settles in	5	27	27/01/2025 15:56	CA	27/02/2025 14:30	CA
Safety Concerns	3	36	24/02/2025 12:30	CA	27/02/2025 14:20	CA
CA 23 Items						

Tables

Table 1: Participant Demographics

Pseudonym	Gender	Sexual Orientation	Age	Ethnicity
Rowan	Non-Binary	Pansexual	40-50	Did not wish to disclose
Adam	Male	Gay	40-50	Eastern European
Yanshu	Not stated	Not stated	Not stated	Not stated
Dan	Male	Heterosexual	40-50	British
Desmond	Male	Heterosexual	40-50	British

Table 2: Interview Themes

Superordinate Theme	Subordinate Themes
Can You Guide What You Have Not Experienced?	Empathy vs Experience
	Somatic Knowledge vs Theoretical Knowledge
	Is Experience Necessary in Integration Work?
Counsellors in the Closet	Living Between True Selves and False Selves
	Law vs Healing
	Outside the Circle
From Demonising to Idealising	The Capitalist Agenda
	Positive Researcher Bias
	Legal Concerns
	The Weight of Responsibility
	Gatekeeping
	Cultural Appropriation