

A Queer Vision for Psychedelic Research: Past Reckonings, Current Reforms, and Future Transformations

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PSYCHEDELIC RESEARCH HAS RAINBOW SKELETONS IN ITS CLOSET. THERE has not yet been a meaningful effort in the psychedelic community to reckon with its discriminatory past and prejudiced present. Although psychedelic conversion therapy is now considered unethical because of efforts of queer self-organization, we still encounter oppressive and exclusionary practices in psychedelic research. These include clinical intake forms that erase queer identities, “male-female” therapist dyads that essentialize stereotyped gender roles, stale research metrics that perpetuate heteronormative privilege, and neglect of the specialized issues LGBTQIA+ patients face as a result of disproportional discrimination. These practices deny our communities fair and equitable treatment and continue a legacy of abuse.

Despite this, psychedelic-assisted therapy has immense potential to promote the well-being of LGBTQIA+ communities. Gender and sexuality minority (SGM) folks are well poised to fight for a liberatory use of psychedelics that affirms nonnormative, emerging, and radical expressions of the self that can not only foreground culturally competent care for LGBTQIA+ people, but for all people who are marginalized in today’s psychedelic research paradigm. In this chapter, we will reckon with the history of psychedelic research’s homophobic past and call for an end to the male/

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female binary gender therapy dyad in current practice. We will advocate for LGBTQIA+ affirming psychedelic treatment in an allied model of culturally competent practice. Finally, we will wrestle with the psychedelic mystical experience as a mechanism of transformation and set forth a queer vision for psychedelic research.

PSYCHEDELIC RESEARCH'S HOMOPHOBIC HISTORY

The history of psychedelic clinical research is rife with “conversion therapy,” a practice intended to heterosexualize and otherwise conform queer people into hegemonic sexuality and gender norms through the combined application of psychedelics and homophobic propaganda. Conversion therapy is most adequately described as a form of clinical abuse; it instills shame and self-rejection. The practice is widespread: in the United States, it is currently estimated that 698,000 LGBT adults have received conversion therapy (Mallory et al., 2019). Youth are particularly at risk: 73,000 youth ages 13–17 will receive some form of conversion therapy before they reach the age of 18 in the US in states that still permit it or from religious or spiritual advisors (Mallory et al., 2019). This coercive method, used worldwide, was reflective of a cultural context that classified LGBTQIA+ people as sexual deviants. Indeed, homosexuality was pathologized in the *Diagnostic and Statistical Manual of Mental Disorders* and was not removed until the 1970s, and then only after direct protests by sexual minority professionals.

Psychedelic conversion therapy was widely utilized and found support among psychedelic leaders: Timothy Leary touted LSD as “a specific cure for homosexuality,” Ram Dass (formerly Dr. Richard Alpert) published case reports of how he used conversion therapy against homosexual men, and clinicians at the famous Hollywood Hospital practiced psychedelic conversion therapy while also treating celebrity clients in the 1950s and '60s (Belser, 2019). Often, the methods were quite gruesome. For example, physicians repeatedly administered massive doses of LSD (800 micrograms) and mescaline (1,200 milligrams) to gay male adolescents deemed “sexual perverts” on a locked psychiatric ward (Dubus, 2021).

In mainstream clinical communities, a massive and multidisciplinary effort of clinicians, professional membership organizations, ethical and legal watchdog organizations, and patients of diverse sexual and gender identities came together to lay challenge to the ongoing practice of conversion

therapy. As a result, the repressive practice has been deemed harmful, unethical, and ineffective by a consensus of experts and has been outlawed in many jurisdictions (Mallory et al., 2019). It does, however, provide a case study for the special forms of oppression LGBTQIA+ folks face and exemplifies the ways backward practices can permeate popular research and clinical treatment environments.

SGM people have substantially higher rates of depressive, anxiety, and panic disorders, as well as problematic alcohol use as compared to cisgender and heterosexual peers (Bingham, et al., 2013; Burns, et al., 2012; Kessler, et al., 1999; Mays and Cochran, 2001). Research consistently demonstrates that there is nothing about LGBTQIA+ people that make them more prone to these conditions; instead, it is the additional discrimination, social stress, and experiences of family rejection, peer harassment, and institutional oppression regularly faced throughout a lifetime that cause increased psychological symptomology (Meyer, 2003; Williamson, 2000). Disproportionate suffering calls for proportionate research focus and funding to help alleviate it.

In the psychedelic community, there has yet to be a reckoning with this homophobic and abusive past. Indeed, while much has been made of the CIA's Project MK-ULTRA, most psychedelic researchers are completely unaware of this rampant history of how psychedelics were weaponized against LGBTQIA+ children and adults and lauded by the psychedelic leaders. The psychedelic community has thus far failed to acknowledge its own history of abuse.

LGBTQIA+ AFFIRMING TREATMENT IS CULTURALLY COMPETENT CARE

The clinical needs and processes for LGBTQIA+ folks, as well as many other historically oppressed communities, are unique. As Roth and Fonagy have articulated (2004), we must recognize that not every treatment will lead to the same clinical outcomes for every population, and instead must ask: *What works for whom?* The field of psychedelic research is remiss for having neglected to adequately address the needs of SGM communities. To date, no research has been conducted to determine effective ways of treating LGBTQIA+ patients with depression, substance abuse disorders, gender dysphoria, and other identity-related clinical indications in

psychedelic-assisted therapy. Indeed, cisgender and heterosexual norms are assumed in study designs. Across psychedelic studies, no standard exists for the assessment and moderation subgroup analyses of sexuality and gender minority participants. We can, and must, do better, beginning with performing data aggregation and meta-analysis for LGBTQIA+ populations across studies.²

A small mountain of anecdotal accounts from psychedelic clinical practice and naturalistic settings points to the potential of psychedelic experience to affirm LGBTQIA+ identities. If psychedelic practices have the potential to alleviate suffering for SGM people by providing an inroad to queer-affirmational self-acceptance, this research should be funded and studied. The therapeutic action and clinical efficacy of psychedelics is fundamentally reliant on the set and setting in which it is administered (Hartogsohn, 2016). We should strive to establish a safe psychological and environmental context for LGBTQIA+ participants in psychedelic clinical research. This requires thoughtful and culturally competent foresight that extends across all study phases.

We envision the development and creation of LGBTQIA+ affirmative psychotherapies made by, with, and for queer folks. Psychedelic clinical trials should integrate gender and sexually diverse cultural competencies at all levels, from study design, patient recruitment, administrative and facilitator training, through data analysis planning and reporting of study results in sexual and gender minority subgroups. All clinicians and researchers should be trained to competency in treating participants with openness and respect through affirming practices; these are core components of establishing a baseline of appropriate set and setting for psychedelic clinical work. Such training would ensure across-the-board assessment for participants' preferred name and pronouns, sexual orientation, and gender expression information that is not currently collected in most psychedelic clinical studies (McKernan and Belser, in press, this volume).

2 See chapter by Scott McKernan and Alex Belser in this volume for a proposed set of measures for assessing sexual orientation and gender identity in psychedelic clinical trials that would enable meta-analyses to be conducted across psychedelic research studies.

END THE MALE/FEMALE BINARY GENDER DYAD

The so-called gender dyad is another conventional yet damaging aspect of psychedelic research for both LGBTQIA+ clinicians and patients alike. The concept splits the field today, with some research organizations still mandating “one male and one female” therapist in psychedelic-assisted therapy sessions or describing this as typical or ideal (Nutt, 2019; Usona Institute, 2021, p. 12). Other organizations have finally, under pressure, adopted less gender stereotyped configurations.

The binary gender therapy dyad was originally implemented in the 1980s as an attempt to mitigate rampant patient sexual abuse perpetrated mainly by cisgender male therapists (Wagner et al., 2019). An additional supporting rationale was offered: the gender binary therapy team provided mother/father parental archetypes for transference of the patient’s underlying family dynamics. Without significant challenge, and without grounding in evidence-based practice, the male/female therapy dyad was written into protocols for decades (Wagner et al., 2019).

The convention of the psychedelic “gender dyad” is problematic for a host of reasons; not least among them is the stereotyped gender essentialization that promotes retrograde conceptualizations of masculinity and femininity. The gender binary also privileges cisgender therapists and disenfranchises trans, nonbinary, and gender-nonconforming people from the psychedelic clinic room. The normative assumption that all patients share an experience of growing up among cis-heterosexual parents is reductionist, privileges heterosexual relationships, and does not adequately allow for a multiplicity of parental genders and nonnormative familial structures. Importantly, it served as an obfuscation of the original issue of therapist sexual misconduct and served as a half-measure to corral bad behavior rather than implementing transparent and wide-ranging solutions to an urgent ethical issue in the discipline. A therapist’s job is to skillfully treat their client in accordance with professional standards, not to serve as a real-time fail-safe measure against a colleague’s inappropriate sexual incursions.

In a patient-centered care model, individual patient history and needs would be taken into account when pairing them with a two-therapist team. To queer this outdated care protocol, we must foreground a patient-centered treatment approach that matches therapy pair assignments based upon the specific history and needs of each patient. We must voice a community call

to retire the male/female gender binary dyad, center nonbinary therapists in practice, and develop a robust mitigation strategy for ending therapist-perpetrated abuse.

QUEER PARTICIPATORY ACTION RESEARCH

In the interest of the democratization of knowledge, researchers (and their funders) must not be the only ones to identify and pursue research questions that are worth investigating. Participatory action research (PAR), a model of academic research grounded in the wisdom and needs of the communities that stand to directly benefit from the information produced by rigorous empirical study, is one approach that can be utilized to this end. In this method, community members who would traditionally be considered study “subjects” collaborate with professional researchers in the design, execution, and evaluation of a study in the interest of introducing change that can positively impact them. Community participants are compensated for their efforts and have equal footing with their institutional partners. Crucially, any effort to serve SGM folks will rely on community endorsement and accountability that can only be built through collaboration.

PSYCHEDELIC MYSTICISM IS ALREADY QUEER

To date, the religious, spiritual, and mystical experiences (RSMs) occasioned by psychedelic medicine have largely been studied using a scale called the Mystical Experience Questionnaire (MEQ). This scale has been shown to reliably predict symptom improvement in depression, anxiety, and substance use. However, the measure itself inherits the biases of its author, W. T. Stace, who adhered to a particular monistic view of mystical experience. Stace wrote, “a genuine mystical experience is nonsensuous. It is formless, shapeless, colorless, odorless, soundless” (Stace, 1960, pp. 14). This contrasts sharply with many psychedelic experiences that are rich in form, shape, color, and sound. In our in-depth interviews with participants in psychedelic trials (Belser et al., 2017), we see that it is quite common for people to see visions and hear voices. However, Stace explicitly states: “visions and voices are not mystical phenomena” (Stace, 1960, p. 13). He argues that a mystical experience is “not any sort of hocus-pocus” or “mystery-mongering” (Stace, 1960, p. 12).

To summarize: the MEQ, which is currently the dominant measure in psychedelic clinical trials, is a metric that has been lifted from the theological literature and dropped unceremoniously into psychedelic research using an etic, or top-down, approach, rather than an emic, or bottom-up approach, grounded in the varieties of psychedelic spiritual experience reported by patients. The measure does not assess spiritual experiences of the body, of human relationship, and of visionary states. How can we reform psychedelic spirituality research from this narrow framing?

Queer spirituality may provide a liberating lens. Like psychedelic spirituality, queer spirituality may be embodied, relational, political, and visionary (Belser et al., 2017). The psychedelic research regarding psychedelic RSMs has much to gain from the contributions of the lineages of queer spirituality, as follows:

1. Our interviews with psychedelic patients suggest that psychedelic experience often occasions an identity awakening. “Ego death” requires sloughing off ideas of gender and basic identities (Belser et al., 2017) that make ways for new expressions of the self.
2. Psychedelic experience can precipitate a change in perspective from objectification of other people toward humanization and deeper relationship; as Harry Hay, a founder of the Radical Faeries, articulated, this constitutes a movement from subject-object to “subject-SUBJECT” consciousness.
3. Queer spirituality brings in play and playfulness, often in a subversive and antidoctrinal approach that avoids the rigidities and dogmas of established religions.
4. Psychedelic experience is often about the body and a deeply embodied phenomenology; queer practices have often led the way in reclaiming the body as not only a site of pleasure but also of healing, transformation, and liberation.
5. Many LGBTQIA+ authors recognize the inherent political and power dynamics in spiritual work, rooted in the political power movements of the HIV/AIDS epidemic. Instead of understanding mystical experience as outside or beyond politics, it recognizes that, as the Reverend angel Kyodo williams, a black, queer Zen priest, says, “My liberation is bound up with your liberation . . . love and justice are not two. Without

inner change, there can be no outer change; without collective change, no change matters.” (williams, 2019).

6. Finally, LGBTQIA+ spiritual lineages often embrace a phenomenological approach of multiplicities; they avoid the mystical privileging of “the one” as the venerated singular path; instead, recognizing “the many” inherent in the wide variety of psychedelic experiences.

In short, psychedelic mysticism is already very queer: clinical research methods need to reflect that as we support people of any sexual orientation and gender expression in a psychedelic journey.

QUEERING THE FUTURE OF PSYCHEDELIC RESEARCH

Queer folks are well positioned to drive positive change in the psychedelic space. As psychedelic writer Bett Williams has explained:

Both queerness and psychedelics extend beyond the limitations of society’s mundane expectations. Breaking out of the gender binary or the boundaries of the quotidian mind, queerness and psychedelics alike offer the experience of shapeshifting—of re-envisioning what you can be. [The queer community] had to become something else within their lifetime. They had to enact that transformation within their psyche.

By the nature of who we are, LGBTQIA+ folks defy categorization, push boundaries, and subvert the normative paradigms that limit the freedom of all people. Psychedelics are queer in many of the same ways. SGM people have an incredible opportunity to push past the bounds of dominant models of psychedelic research and knowledge production systems to imagine new and liberatory futures. We can instate ethical review structures to evaluate all new studies for cultural competency in treating marginalized populations, establish a multidisciplinary psychedelic healthcare workers union; stage protests outside of the FDA when necessary, following in the footsteps of our ACT UP siblings during the HIV/AIDS crisis; organize alongside decriminalization efforts and publish policy recommendations; create our own peer-reviewed journals to discuss theory, clinical practice, and strategies for queer affirmational movement work; form solidarity funds for poor and working-class LGBTQIA+ folks to access psychedelic-assisted therapy;

create restorative justice structures of accountability in our organizations; and hold international conferences that bring us together to meet the challenges of our times.

It is one thing to imagine the changes that could transform psychedelic research for the better, and quite another to strategically engage the question of *how* to win these changes. Sharp and full-throated critique is invaluable, but if it is not taken up by a group of people who are willing to leverage their collective power to implement real change, the status quo will remain. The engine of this process is human collaboration, which is messy and challenging, beautiful and unpredictable. We must not be deterred by the enormity of the project and, instead, put our faith in the fact that, as a collective, we are wiser and stronger than as isolated individual actors. To truly reckon with a harmful legacy of psychedelics research for LGBTQIA+ communities, we must liberate our rainbow skeletons, leverage our collective power for reforms to current paradigms, and coconstruct transformative visions for liberatory psychedelic research for all.