A Psychedelic Renaissance In Psychiatry - The Future Is Now
Author: Dr. Taaka Cash, DNP, MPH, MSN, PMHNP-BC

There is an astonishing renaissance currently underway in the field of psychiatry and the treatment of mental health disorders. The Renaissance of the 15th and 16th centuries delivered Europe from the Dark Ages, producing a cascade of masterful art and literature as well as entirely new concepts in philosophy, ideas which are still reverberating in our modern culture. Similarly, this contemporary reawakening has the potential to forever alter the way psychiatry is practiced, as well as help alleviate the suffering of millions of people who live with mental health conditions.

This renaissance, just like the European one, involves the recovery of ancient knowledge, benefits from the largesse of patrons, and is blossoming at a time in which the exchange of ideas via the modern "trade routes" of the internet is allowing the flourishing of new ways of thinking about psychiatric treatment. The door has just opened on a psychedelic renaissance in psychiatry.

What Are Psychedelics?

Psychedelic compounds, such as LSD, psilocybin, mescaline, DMT, and others, are potent psychoactive substances that cause changes in mood, perception, and cognitive operations. Psychedelic drugs are also hallucinogens as a result of an interaction with the brain's serotonin 2-A receptors, which can cause the user to experience vivid visual imagery, sounds, and even sensations. These experiences usually begin within 20 to 90 minutes of ingesting the drug and can last up to 12 hours with LSD or as little as 15 minutes with a drug such as synthetic DMT.

Psychedelic compounds in the form of mushrooms and other psychoactive plant materials have been ingested for thousands of years, including the use of psilocybin by the Aztecs, peyote by the natives of the American southwest and Mexico, and ayahuasca with its DMT content by Amazonian shamans. These compounds are thought to be the oldest psychopharmacological agents known to humans.

But in spite of their centuries of use, their generally non-addictive nature, and the profound, often life-changing spiritual experiences users have reported, these psychedelic compounds were vilified and then completely outlawed in the United States with the passage of the Controlled Substances Act of 1970, which placed all known psychedelics into the strictly regulated and restrictive Schedule 1 category. The passage of this law, driven by public as well as political backlash against the countercultural anti-Vietnam war movement of the 60s, completely terminated research on both the pharmacology and medical use of psychedelics.

Psychedelics And Psychiatric Practice - Research Past And Present

In the late 1990's research slowly resumed at a small number of academic centers. Today prestigious institutions such as Johns Hopkins and NYU are at the forefront of what promises to become an avalanche of scientific research on the therapeutic use of psychedelics. MAPS, the Multidisciplinary Association for Psychedelic Studies, a non-profit research and educational organization founded in 1986, has concluded the first double-blind, placebo-controlled study since the early 1970s on LSD's therapeutic use.

MAPS also supports work on ayahuasca-assisted treatment for drug addiction and PTSD and is currently recruiting participants for clinical trials on the effects of MDMA-assisted psychotherapy on psychological and emotional damage caused by sexual assault, war, violent crime, and other traumas. Research on MDMA-assisted therapy for social anxiety in autistic adults and MDMA-assisted psychotherapy for people with anxiety secondary to life-threatening illnesses are the topics of other research initiatives supported by MAPS.

A study done in 2016 at Johns Hopkins University School of Medicine looked at the effects of psilocybin on depression and anxiety in patients who had been diagnosed with life-threatening cancer. Fifty-one cancer patients were selected to participate and the study was rigorously designed as a double-blind, cross-over trial, investigating a very low dose of psilocybin (intended as a placebo) compared to a high dose (treatment group). The participants who received the high psilocybin dose reported substantial improvements in mood and decreases in anxiety, including death anxiety, and these results were corroborated by clinician and community observer ratings. Remarkably, these changes were sustained at 6-month follow-up by an astounding 80% of the participants, all as the result of a single dose of psilocybin facilitated by a trained monitor.

Another more recent 2021 randomized clinical trial was conducted at Johns Hopkins and looked at the effects of psilocybin on participants with longstanding major depressive disorder. The moderately high doses of psilocybin were given in two separate sessions approximately 1.6 weeks apart and included preparatory and follow-up meetings with facilitators. The intervention resulted in rapid and large decreases in depressive symptoms, with almost all of the participants reporting improvement and nearly half reporting a complete remission of their depressive symptoms during the four-week follow-up period, meaning they no longer met the formal criteria for a depressive disorder.

There has also been promising research done on the use of psychedelics in the treatment of PTSD as well as addiction, including a phase three clinical trial researching the use of MDMA on PTSD. The study, published in the May 2021 issue of *Nature Medicine,* reported that two-thirds of the participants who received the treatment no longer met the PTSD diagnostic criteria.

How Do Psychedelics Work?

In both the 2016 and 2021 Johns Hopkins studies, the researchers concluded that mystical-type experiences as related by the participants play an important role in predicting long-term positive changes from a psychedelic intervention. According to scientists at the Center for the Neuroscience of Psychedelics at Massachusetts General Hospital, psychedelics most likely work by encouraging neuroplasticity at both a cellular and network-level which allows the brain to reorganize and change old patterns of response.

They may also “reset” the nervous system by altering the levels of neurotransmitters in the brain. There is some research that suggests psychedelics may increase the user’s suggestibility, making them more open to and accepting of ideas that are discussed in a therapeutic setting. Obviously, there is much more research to be done to elucidate the biochemical and neurological underpinnings of these therapeutic effects.

Psychedelic Therapy - Pros And Cons

Of course, with any medical or psychiatric treatment, especially one that is so new, there are reasons to be cautious. These drugs should only be used in a reputable, monitored setting, with an experienced facilitator. Adverse effects can include nausea, dizziness, drowsiness, panic attacks, and even extreme dissociation from reality.

People who hear about treatment successes may be tempted to try these substances on their own, particularly MDMA which can cause euphoria and is known on the street as Ecstasy. All these drugs remain illegal under federal law, except when used by licensed and accredited institutions and their associated clinicians, and obtaining psychedelics as street drugs carries the very real chance of dangerous contamination.

But there is also much promise, as the psychedelics open up entirely new treatment options for psychiatric conditions such as PTSD, obsessive-compulsive disorder, and treatment-resistant depression that until now have been very difficult for both patients and clinicians to manage. These drugs are, with the correct supervision, very safe as well as non-addicting. Many patients report incredibly positive, even life-altering experiences as a result of taking a psychedelic with the guidance of an experienced facilitator. In addition, results from early studies also show promise for enduring results over time and in many cases, with only one or two sessions.

Advocating For Inclusiveness - BIPOC, LGBTQ+, And Underserved Populations

Underserved and stigmatized populations such as black, indigenous, and people of color (BIPOC), LGBTQ+, and other marginalized individuals all deserve full inclusion in future psychedelic treatment research as well as access to care as patients. These populations in particular are living with a high incidence of psychological trauma, including racial trauma or race-based traumatic stress, and could especially benefit from these innovative, evidence-based treatments.

As with many other research initiatives, BIPOC have been severely underrepresented, even though they could greatly benefit from these treatments. An August 2021 study examining how people of color in North America reacted to racial trauma following a psychedelic intervention showed a significant reduction in traumatic stress symptoms as well as a decrease in depression and anxiety. The researchers pointed out that although clinical trials are needed to further this research, many communities of color are wary of psychedelics and this can result in low participation in studies, so there is also much educational work to be done in this area.

A 2018 review of the literature that looked specifically at the inclusion of people of color in psychedelic-assisted psychotherapy (using MDMA, LSD, psilocybin, ayahuasca, or ibogaine) found that out of the 18 psychedelic medicine studies reviewed which met full criteria for inclusion, minorities were greatly underrepresented. As a result, clinicians and researchers alike should keep in mind that results from such studies may not generalize to these populations.

In a 2020 review article published in the *Journal of Psychedelic Studies* the author emphasizes that by including diverse populations in psychedelic research, chances are much better that the benefits of these therapies can reach everyone who is in need. This inclusiveness will also foster an improved understanding of the non-pharmacological factors, such as the process of racial formation, that contribute to the psychedelic experience.

Just as people of color and other marginalized populations have been underrepresented in clinical studies, they have also often been regulated to nearly invisible positions, even though they have filled critical roles in all aspects of psychedelic therapy and healing, including the areas of science, policy, and community. This is beginning to change with accomplished clinicians like Dr. Nicole T. Buchanan, who received her Ph.D. in Clinical-Community Psychology from the University of Illinois at Urbana-Champaign. In addition to her position as Associate Professor of Psychology at Michigan State University and Clinical Director and Founder of Alliance Psychological Associates, PLLC in East Lansing, Michigan, she is also enrolled in the MAPS MDMA-assisted psychotherapy training for communities of color and looks forward to offering MDMA-assisted psychotherapy as soon as clinical trials have been completed.

Licensing For Professionals And Where Patients Can Seek Treatment

For patients with psychiatric disorders who want to experience the benefits that treatment with psychedelics can offer, there is a database of accredited therapists curated by the Multidisciplinary Association for Psychedelic Studies. If you are a clinician and are interested in more information about training and licensing in the area of psychedelics as therapeutic agents, there are several reputable programs including the CIIS Center for Psychedelic Therapies and Research, established in 2016, as well as the MAPS center which offers training in MDMA-assisted therapy. One of the challenges faced by these programs is they are not able to offer their participants a direct experience of either providing the therapy or taking the psychedelic drugs themselves due to the restricted nature of these substances.

Psychedelic Therapy - Implications For The Future

The future of psychedelic therapy is filled with potential, both for clients and for clinicians. As more research is completed and the public learns about these successes, the demand for psychedelic-assisted therapy for such conditions as opioid addiction, PTSD, obsessive-compulsive disorder, and treatment-resistant depression will no doubt increase.

The need for clinicians will expand as well, especially clinicians who can speak to the needs of marginalized populations, who are highly trained, competent, and experienced in psychedelic therapy. This is an extremely exciting time to stand at the threshold of what truly promises to be a psychedelic renaissance in the treatment of psychiatric disorders. The future is now!

References -

Nichols DE. Psychedelics [published correction appears in Pharmacol Rev. 2016 Apr;68(2):356]. *Pharmacol Rev*. 2016;68(2):264-355. doi:10.1124/pr.115.011478

Griffiths, R. R., Johnson, M. W., Carducci, M. A., Umbricht, A., Richards, W. A., Richards, B. D., Cosimano, M. P., & Klinedinst, M. A. (2016). Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. *Journal of psychopharmacology (Oxford, England)*, *30*(12), 1181–1197. https://doi.org/10.1177/0269881116675513

Gasser P, Holstein D, Michel Y, et al. Safety and efficacy of lysergic acid diethylamide-assisted psychotherapy for anxiety associated with life-threatening diseases. *J Nerv Ment Dis*. 2014;202(7):513-520. doi:10.1097/NMD.0000000000000113

Davis AK, Barrett FS, May DG, et al. Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder: A Randomized Clinical Trial. *JAMA Psychiatry.* 2021;78(5):481–489. doi:10.1001/jamapsychiatry.2020.3285

Mitchell, J.M., Bogenschutz, M., Lilienstein, A. *et al.* MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study. *Nat Med* 27, 1025–1033 (2021). https://doi.org/10.1038/s41591-021-01336-3

Hartogsohn, I., The Meaning-Enhancing Properties of Psychedelics and Their Mediator Role in Psychedelic Therapy, Spirituality, and Creativity. *Frontiers in Neuroscience* 12, 129 (2018). https://www.frontiersin.org/article/10.3389/fnins.2018.00129 DOI=10.3389/fnins.2018.00129

Johnson MW, Richards WA, Griffiths RR. Human hallucinogen research: guidelines for safety. J Psychopharmacol. 2008;22(6):603-620. doi:10.1177/0269881108093587

Vardy MM, Kay SR. LSD Psychosis or LSD-Induced Schizophrenia? A Multimethod Inquiry. Arch Gen Psychiatry. 1983;40(8):877–883. doi:10.1001/archpsyc.1983.01790070067008

Cormier Z. Psilocybin Treatment for Mental Health Gets Legal Framework. Scientific American. Dec 2020.

Bryant-Davis T. Healing Requires Recognition: The Case for Race-Based Traumatic Stress. *The Counseling Psychologist*. 2007;35(1):135-143. doi:10.1177/0011000006295152

Williams MT, Davis AK, Xin Y, et al. People of color in North America report improvements in racial trauma and mental health symptoms following psychedelic experiences. *Drugs (Abingdon Engl)*. 2021;28(3):215-226. doi:10.1080/09687637.2020.1854688

Michaels, T.I., Purdon, J., Collins, A. *et al.* Inclusion of people of color in psychedelic-assisted psychotherapy: a review of the literature. *BMC Psychiatry* 18, 245 (2018). https://doi.org/10.1186/s12888-018-1824-6

Moreno FA, Wiegand CB, Taitano EK, Delgado PL. Safety, tolerability, and efficacy of psilocybin in 9 patients with obsessive-compulsive disorder. J Clin Psychiatry. 2006 Nov;67(11):1735-40. doi: 10.4088/jcp.v67n1110. PMID: 17196053.