



Sara Reed, M.S.

Health Equity In Psychedelic Medicine: Advancing Practices for People of Color

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*“Coming home, coming home; Nevermore to roam; Open wide
Thine arms of love; Lord, I’m coming home.”*
—Pastor Henry’s Church Choir

“I feel like I’m dying but it’s okay,” I say with a smile on my face. As I lie on the couch with two therapists by my side, I feel safe, grounded, and ready to explore deeper truths of my inner world. With my eye shades on, I follow the rhythm of the music and begin my ascend to a peculiar liminal space. Soon enough the drug sneaks past my ego defenses, past my reflexive tendency towards control and protection, and catapults me to a place of dissolution. Defenses down, I am raw and open, experiencing the world in its Divine essence, and for the first time in my life I felt free. Me—a young, black woman, free. No longer bound by the constraints of my political realities, I set sail on a journey that allowed me to reconnect and rest in a place saturated by grace, mercy, and love; I call that place home.

As a therapist in training for the Phase 3 MDMA-assisted psychotherapy clinical trials, I had the opportunity to take MDMA in a one-time clinical trial as part of the Multidisciplinary Association for Psychedelic Studies (MAPS) therapist training program (maps.org/training). This week-long study allowed me to experience the therapy treatment from the perspective of the participant, gaining somatic insight on the subjective effects of the drug and how to maximize the potential therapeutic benefits of those effects within psychotherapy. I was thrilled to complete this part of the therapy training program and became curious about the ways sociocultural variables—like race, gender, and other social markers—would show up in treatment. I researched the literature to learn whatever I could about the drug and its origin story. I asked psychonauts to share their experience, fascinated by their mysterious, untethered

storytelling. However, no amount of research prepared me for the stories this black, femme body carried from my past and ancestral lineage.

“Color is not a human or a personal reality; it is a political reality.”
—James Baldwin, *The Fire Next Time*

I grew up in the countryside of Kentucky, where most days are like the day before and you can usually find someone who knows how to make a mean chess pie. As a Kentucky native, I was forced to learn how to navigate a world outside of my own, an unusual political world filled with hierarchy, bigotry, and hate. Although the terminology was unfamiliar to me at the time, I recognized the difference between my personal and political realities at an early age. My social networks revealed subtle differences in my behavior in interracial and intraracial relationships. There were unspoken rules and social cues I had to be sensitive to for survival. I remember questioning the reasons to justify the difference in those behaviors, but was left with the explanation “because you’re black.”

Because you’re black.

Those racial wounds from my past resurfaced during my MDMA-assisted psychotherapy experience and I had to learn how to sit with these stories in an unfiltered way. So, there I was, with my two therapists, the drug, and my wounds, trying to make sense of a new reality; a culture my body knew in a language my mind did not. As a black woman, I have had to learn the language of this White American world, the mannerisms, and the performance. I’ve straightened the coils from my hair and denied parts of myself just to feel like I belonged. Those defenses that became a necessary part of my social development and helped me survive in the only world I knew no

longer worked. With my mind attempting to translate these embodied-stories, I felt lost, confused, and despondent, not having the skill set to process such complexities. My personal reality told me that I was beyond my race, gender, and traumas from the past, but my political reality demonstrated something different. These moments were difficult for me and my therapists to process. Strict adherence to the protocol, and limited cultural sensitivity, hindered my ability to process my personal and political realities. This experience ultimately led me to think more critically about how to advance health equity for people of color in this clinical research.

The motion to divorce race and culture from scientific and clinical inquiry is one that “is not practicable, possible or even desirable” when “race and ethnic classification are embedded in the routine collection and analysis of data” (Duster, 2003, p. 263).

It is essential for clinicians to be culturally competent while working with people of color, considering the ways race organizes our perceptions about the world and the social realities in which we exist (Duster, 2003). Inadequate training on the subject could harm participants and widen that gap for health disparities among people of color (POC). Cultural incompetence has significant ramifications not only for participants but for the efficacy and integrity of clinical research. In psychedelic-assisted research trials, participants are required to be in very vulnerable states as they attempt to process some of the most difficult memories of their past. If clinicians are not sensitive to the landscape of a participant’s cultural experience, they can easily misinterpret, dismiss, or ignore critical information that is necessary for a participant’s therapeutic process.

So how do we create health equity in psychedelic medicine? MAPS is taking action to answer this question. As a study coordinator and co-therapist for the open-label clinical trials at the University of Connecticut Health Center, I had the unique opportunity to work closely with Monnica Williams, Ph.D., and MAPS staff to provide feedback and advocate for culturally informed practices within this research. MAPS now includes screening questions that assess for trauma from any discriminatory incident. They also trained independent raters to be more culturally competent in assessments and are co-sponsoring a training for therapists of color and clinicians who work in marginalized communities in August 2019. Although MAPS is taking steps to provide more inclusive treatments for people of color, more work is needed to make treatments like MDMA-assisted psychotherapy more accessible and sensitive to the needs of this marginalized group. Our site at UConn fought to provide culturally informed treatment for participants of color during this research trial but had to shut down before moving on to the Phase 3 clinical trial due to a variety of barriers.

We, as a research team, are continuing the mission of advancing health equity for people of color in psychedelic research through joining MAPS’ Expanded Access program, contingent FDA approval of the program, and will continue to

provide solutions that address health disparities for people of color. Some of these solutions that foster health equity include:

- Recruiting a diverse group of researchers and scientists during the development of treatment protocols. If not, we run the risk of harming vulnerable groups, unintentionally
- Acknowledging the stigma that plagues communities of color for seeking treatment for mental health ailments and applying practical solutions to help overcome that stigma
- Developing recruitment and outreach strategies that validate the historical harm on POC in research (ex. Tuskegee Syphilis Experiment, an unethical study that harmed black men) and psychotherapy (ex. Draptonomania, a pseudo mental illness that pathologized slaves for running away)
- Educating communities about psychedelic therapy, harm reduction, and how these treatments intersect
- Presenting research on how drugs disproportionately affect communities of color and how we address that issue in psychedelic medicine
- Creating community-based solutions for addressing intersectional issues that affect POC, and put people in those communities in positions of power to develop interventions that are relevant and sensitive to their needs

As I close, clinical research and culture are not mutually exclusive; they actually inform each other (Goodman, Heath, & Lindee, 2003). In order for psychedelic medicine to advance health equity for all groups, we must think intersectionally about how to address systemic issues and not perpetuate them in practice. People of color are not represented equitably as therapists or participants in the current MDMA-assisted psychotherapy research trials, and luckily there are a group of people trying to change that. Going through my MDMA-assisted psychotherapy experience showed me many things about the world we live in and my position in it. It showed me the damage from colonialism and the residue from my past traumas. It also, however, gave me a glimpse of what lies beyond the political realities of this life. And that, my friend, is freedom. 🌍

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Sara Reed is a Marriage and Family Therapist at Behavioral Wellness Clinic in Tolland, CT. She is also a Study Therapist on the Psilocybin-Assisted Therapy research study for Major Depression at Yale University. As a socially-minded therapist, Sara works to advance health equity and upward social mobility for Black Americans.