



The Need for Anti-Racist Training in Psychedelic Therapy

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Dr. Smith's overall areas of research focus on how systemic race-based discrimination affects healthcare outcomes, especially for communities of color. His latest research and practice intersect the study of applied neuroscience (neurofeedback therapy) and psychedelic research (MDMA, Ketamine, Psilocybin) with victims of childhood trauma. Dr. Smith is a distinguished fellow and member of the American Academy of Physician Assistants (AAPA) and the International Society for Neuroregulation and Research (ISNR). He is also a board member with the American Psychedelic Practitioners Association (APPA) and a member of the Racial Equity and Access Committee for Chacruna Institute for Psychedelic and Plant Medicines.

It's difficult to properly appreciate how persistent and extensive systemic white supremacy¹ is and the harm it brings to black,² indigenous, and people of color (BIPOC) unless you live in a melaninated body. The daily grind of race-based mistreatment sustained by stigmatized minority groups is a major stressor. Those with racial privilege readily dismiss these microaggressions (i.e., slights, jeers, unwanted touching, victim-blaming, invalidating reactions, minimization) as trivial or innocuous. And yet, when social actors who have never encountered anti-black racism downplay the suffering produced by white supremacy, it contributes to the trauma exposure cycle that black people endure. Additional stress is compounded with each racialized aggression, and the more traumatic the event, the greater the insult to the brain, mind, and body.

Black Americans experience both macro and microaggressions directly related to their blackness that leaves deep psychological and physiological scars.³ And these marks form race-based traumas that have generational effects, as they are passed down to future progeny by altering how our genes respond to our environment through a process called epigenetics. If we have learned anything in America's 400-year history of brutalization and oppression of BIPOC it is that change is painfully slow and people in positions of power and privilege are reluctant to give that up. Though we must continue to strive for diversity, equity, and inclusion (DEI), BIPOC cannot rely on widespread societal change to heal centuries-old wounds. The desire to ease the burden of social injustice of black and brown folk has driven my professional work, which

¹ Systemic white racism should be understood as an organized system of white domination predicated on the ranking of human beings based on physical characteristics (i.e., bone, hair, skin, eye shape), which devalues, demeans, and disempowers the black body. This oppressive system of white supremacy was historically put in place to differentially allocate resources and opportunities for white Americans and their descendants at the expense of those deemed inferior.

² The term "black" here refers to a "racial group" as defined by the United States Census Bureau. A racial group is typically linked to, but not identical to, ethnic group identification, and it is not always linked to genetic relatedness (biology). In fact, it has long been known in the social sciences that race is a social construct, which means we humans ascribe meaning (i.e., sexuality, criminality, athleticism, intelligence, competence), as defined by white Europeans, to identifiable skin tones. And through this, we create categorization and differentiated thinking and subsequent mistreatment of minoritized peoples. Ethnicity, on the other hand, refers to a social group from a common location and/or with a shared language, customs, food and culture. Individuals racialized as black (e.g., black American, African American, or black) are included in this article's definition of black..

³ Stress causes changes at a cellular and biochemical level, leaving blacks more vulnerable to mental health disorders, substance use disorders, and poor physical health, particularly with diseases of slow accumulation (i.e., cardiovascular disease, diabetes, cancer).

is built around interdisciplinary teaching and research on difficult topics of racial inequality that affect health—both mental and physical. My clinical interest in mental illness such as PTSD⁴ is bolstered by my career as a former army and current civilian physician associate in primary care and child & adolescent psychiatry. Just as psychedelic-assisted therapy is demonstrating efficacy and safety in multiple clinical trials underway in the treatment of PTSD, I see great promise in its use for those besieged by race-based trauma.

For BIPOC healing, a joint effort at DEI in the psychedelic metaverse requires the support of white individuals. But this support necessitates that whites in positions of authority examine parts of themselves. It has notoriously been hard for some white stakeholders to let go of their unfounded fears and perceptions of difference because they have not challenged the racial biases programmed from society and the white racial framework inherited from their forebearers. Many white people in positions of power have a hard time listening to and making adjustments for people of color. It is difficult for some white people to hear the pain that white supremacy has inflicted on others. If they do acknowledge that pain, they are forced to reconcile their own biases and possibly give up their unjust and unearned privilege and power.

These experiences beg the question, are all white people racist? Most white Americans bristle at the thought of being accused of racism. As Robin DiAngelo discusses in her well-known book, *White Fragility*,⁵ the white ego is so fragile that it is more distressing for a white person to be labeled “racist” than it is to recognize the distress that their actions (even unknowingly and unintentionally) have caused others. For many Americans, racist acts are synonymous with extremism (e.g., cross burning, acts of violence). Racism, by definition for countless numbers of white people, is a verb embodied at the interpersonal level of society where white supremacy manifests in interactions that happen between people. By this understanding, a white person cannot be “racist” if they harbor no ill-will or exact individual acts of meanness against a person of another race. And by these same ideals, black people can likewise be racist. But social scientists maintain that this analysis leaves out a key element of racism—power.

Most white Americans grossly underestimate the degree to which racial group affiliation shapes and colors life experiences for BIPOC communities in every domain, particularly within institutions where white supremacy is evidence in policies, methods, and culture. It is not a coincidence or irony that blacks commonly struggle in all sectors from education and employment to housing and health. Whether it is creating laws that overtly pun-

ish minorities, denying a home loan, hiring, and firing employees, or simply calling the police on the black person, all white people have the power to take action that can significantly impact the lives of black and brown people while simultaneously having little effect on themselves as the white actor. Thus, they belong to a group that collectively benefits from the repeated relegation of people of color. Because white individuals have been socialized to view the world through the lens of rugged individualism, they are resistant to the notion that the problems that plague black people are more widespread than mere isolated racist incidents. The well-intention white liberal who does recognize the realities of systemic racism, still often refuses to examine their place within a group that holds such privilege. Ultimately, as the gatekeepers to opportunities and human capital, many whites often stand in the way of progress thus maintaining the status quo.

From financial resources to clinical research and development, white individuals have controlled the psychedelic space in every aspect. Black people have been routinely and systematically left out. Simply including black bodies but not their mind in the psychedelic space equates to mere window dressing. For example, when white staff members shut down direct interactions that contain feedback from staff of color, not only is equity constrained, but this is also a form of microaggression. BIPOC come with racial traumas informed by hundreds of years of dehumanization and racial oppression that need specific care to unpack. Without this race-based awareness and training, people of color will inevitably be re-traumatized through inadequate attempts to treat them. Training must include qualified individuals of color in positions of responsibility from the top down without silencing their opinions or undermining and harming their efforts.

MAPS and other well-intentioned psychedelics organizations are poised to be trailblazers in the rapidly evolving psychedelic industrial complex despite, and perhaps because of, their previous shortcomings. But this can only be accomplished with BIPOC voices as co-contributors. Mistakes are inevitable when only white people are involved in the decision-making process. In order to achieve equity, there must be a shared vision and intergroup dialogue. Organizations that utilize racially coded language such as accountability, diversity, and inclusion without a clear concept or meaning create a space where their words might come across as empty rhetoric in attempts at political correctness. Change cannot be accomplished rhetorically. Openness and inclusivity mean nothing without decisive action and without people of color in positions of influence. MAPS has shown commitment to anti-racism by analyzing their own mistakes and redressing their approach to anti-oppressive practices in psychedelic-assisted therapy. As the psychedelic field blossoms in the near future, MAPS can forge a pathway of unmistakable unity and commitment to ensuring that homage is paid to traditional healing practices found in indigenous communities.

⁴ Smith, D. T., Faber, S. C., Buchanan, N. T., Foster, D., & Green, L. (2022). *The Need for Psychedelic-Assisted Therapy in the Black Community and the Burdens of Its Provision*. *Frontiers in Psychiatry*, 2532.

⁵ DiAngelo, R. (2018). *White fragility: Why it's so hard for white people to talk about racism*. Beacon Press.