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# Ethical Considerations for Psychedelic Work with Women

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*Relationship itself is at the heart of healing...  
And ethics and integrity are at the heart of any healing relationship.*  
(Taylor, 2017, p. 36)

THE BASIS OF PROFESSIONAL ETHICS is to act always in the best interests of the client. Yet in our work using psychedelics, what is best for the client is not always simple to discern, especially when we have unconscious assumptions or motivations. Unexamined attitudes from mainstream culture may influence our interactions with women clients.

## Why do we want to do psychedelic work with clients?

Our very first self-reflection must be on our reasons for choosing the professional role of psychedelic facilitator. Do we want to be this client's true well-wisher? Even if the answer is yes, most people in a helping role also have more shadowed motivations. Examples of these are: wanting to be seen as the healer, the guide through mystical new territories, or the catalyst for a client's transformation. These desires are not in themselves wrong or bad, unless we don't recognize them. If we are not conscious of these motivations, we can be driven by them unconsciously, to a client's detriment. Once we are aware of the complexity of our motivations, we are one step closer to getting clear about what truly serves our client, and choosing to refrain from what does not.

There are always differences between the culture, gender, and life experience of the client and those of the professional. (I am using the word "professional" here to mean "responsible party.") There are subtleties to ethical right relationship that inevitably involve the present fears, desires, and longings of both professional and client. This is particularly true when the client is female (and/or belongs to any other group that has experienced discrimination.)

Often when clients experience profound, extraordinary states of consciousness, their unconscious tendencies are amplified. When professionals sit in the field of a client taking psychedelic medicine, they may experience this same amplification of their own fears, desires, and longings. It is not uncommon for everyone in the room to have surprising emotions and content emerge from their unconscious.

Sometimes these take the form of "healing impulses." These are usually inclinations to help in some way, perhaps to try to address some old wounding. Healing impulses are usually well-motivated in that the impulse has identified a real need, either in oneself or the client. However, they also can be projections of our own needs, even if they seem initially, to be for the client. Even if a proposed intervention is examined and feels right, we could still be unclear about the best timing for it. All unconsidered interventions have greater potential for ethical missteps.

When we want to intervene in a client's process, we can ask ourselves, "*Who is this for?*" (Taylor, 2017, p.176). We can look more closely at the healing impulse we may have mistakenly determined is on behalf of the client. We can ask ourselves whether this intervention, at this time, with this client, is really helpful. Awareness about our own motivations is important. "In almost all cases where we...have caused harm to those in our professional charge, it was because we just didn't know better or because we weren't able to look at ourselves" (p. 35).

Michael Pollan (2018) chose a wonderful title for his book *How to Change Your Mind*, because a precipitating factor for what I call a "personal paradigm shift" is a deep, non-ordinary state of consciousness. As Pollan demonstrated with accounts of his personal psychedelic experiments, we really do have the opportunity to change our minds and shift our personal paradigms by using methods like breathwork and psychedelic medicines.

## How do we bring meta-awareness to cultural paradigms?

How can the fish be aware of the water in which they are swimming? How can we humans have a meta-awareness of the paradigms in which we exist and interact with others? We can do our best with self-supervision, but we cannot entirely avoid inhaling and exhaling from the cultures in which we live.

We professionals are a combination of our cultural programming and the deep, self-reflective work we have done to discard whatever of the mainstream culture is not consonant

with our authentic selves. When our client takes a psychedelic, we are challenged to refrain from interfering with the transformational trajectory that the psychedelic has initiated.

The professional and the client approach the client's psychedelic work when they are both still in an ordinary state of consciousness. The ordinary state holds embedded programming from the established assumptions we all learned in nuclear families, in school, at work, in religion, and with friends. These patterns are comprised of beliefs, habits, language, trends, and prejudices. These are "engendered," so to speak, because of our identities (gender, sexual, ethnic, socio-economic, religious, racial, and others).

Women of color, for example, in addition to the prejudice they experience as females, experience racial prejudice. During one of his last speeches Martin Luther King, Jr. (1967) gave us an example of prejudice embedded in mainstream use of language, when he pointed out that at least half the thesaurus meanings for the word "black" were offensive and all meanings of the word "white" were favorable. A psychedelic therapist could unwittingly use language to allow a mainstream pattern to influence a client's self-esteem or her own way of holding an important step in her transformative process. Monnica T. Williams (2018) names other factors which might exclude people of color altogether from access to psychedelics as legal medicine including, "prohibitive costs and lack of access to substances, negative stereotypes about people of color and drug use, and criminalization of people of color through the War on Drugs" (para. 3).

We make meaning for ourselves by seeing our reflection in the mirrors the cultural paradigm holds up for us. We do not always question the images in those mirrors. It is difficult to be a human in need of community and at the same time question everything in every sphere of life. But when the professional and the woman client draw near the moment when the woman will take the medicine, it is important for both to understand the need to *protect* her from the mainstream programming that

remains in each of them and to provide *permission* for her to *connect* with and follow the guidance of her own inner wisdom.

*Protection, Permission, and Connection* is a concept that Dr. Ingrid Pacey, Mary-Louise Gould, and I originated for a teaching syllabus on trauma for the Grof Transpersonal Training. Each of us had worked for years, independently, using the Holotropic Breathwork® method of working in non-ordinary states with women healing from the childhood trauma of emotional, sexual, and physical abuse. The three of us realized that every successful treatment container has found a balance of Protection, Permission, and Connection, a balance that served the specific safety, encouragement, validation, and caring needs of the particular client. Protection, Permission, and Connection elements in right proportion result in trust and right relationship between professional and client so that the client can move freely towards authenticity (Taylor, 2017, pp. 58–60).

While Protection, Permission, and Connection applies to all clients in therapeutic settings, it is crucial for professionals to pay extra attention to balancing these three elements with women in psychedelic treatment. Too much protection, for example, may keep someone from venturing into new territory. Not enough protection may prevent a corrective, healing, or a transformative experience and possibly, instead, set up a client for a re-traumatizing experience or one that reinforces a limiting self-definition.

The InnerEthics™ model of ethics education described in my book *The Ethics of Caring: Finding Right Relationship with Clients* has a foundation of self-compassionate, ongoing self-reflection. When we are in continuous self-reflection about our desires, fears, and longings, we can understand better what is "ours." Then we can do a better job supporting the client in discovering what is "theirs."

I am a strong advocate of peer supervision: small groups of professionals who commit, in an on-going way, to willingness to explore ethical issues and their own fears and desires with trusted peers, calling on formal supervision when necessary.

Today's video conferencing makes it easy to form and nurture groups that establish a regular practice of self-discovery.

### **What ethical differences arise in working with psychedelics?**

Ethical issues are quantitatively and qualitatively different with clients when using psychedelic medicine. I use "quantitative differences" to mean that the usual ethical issues need more attention in more ways when working with clients in non-ordinary states. In my decades working as a trainer and facilitator using the method of Holotropic Breathwork®, it became evident to me that there is increased need for physical, mental, emotional, and spiritual safety when working with clients with non-ordinary states. More information needs to be provided for informed consent, especially if a client has no prior experience in a non-ordinary state. There is potential for stronger transference and countertransference—projections that come from both the client and the professional. Clients in non-ordinary states, as in hypnosis, have increased vulnerability and are less defended against a professional's suggestions, so there is a greater than usual necessity for caution in offering verbal direction (Taylor, pp. 159–176).

There are also qualitative differences in ethical issues that require professional knowledge and attention. For example, the requirements of set and setting differ. The definitions of ethical touch may be different. Cognitive dissonance, an internal clash of old and new understandings about self and world, occurs, sometimes abruptly, when a client discovers that her previous personal paradigm is too small. A different perspective of self, world, and the cartography of the psyche may be needed to hold what she is experiencing. Clients often need gentle assistance with re-entry back into an ordinary state of consciousness, a state which historically incorporated their old way of perceiving things, but one to which they are now bringing new awareness of how things are. Most importantly, the psychedelic professional must have garnered competencies from his or her own personal psychedelic and other deep experiential work.

### **What helps women clients in psychedelic work?**

The principal protection that women need going into psychedelic treatment is non-interference—protection from the lingering mainstream paradigm that holds women as inferior in some way, role-defined, and role-limited. The psychedelic is the transformational ticket out of a limiting pattern for the female client. In any session the doors of the psyche may swing open. She may feel free to experience her authentic self, understand how roles have been defined for her. She may be ready to confront self-doubt. She may be able to see beyond externally and internally imposed limitations and find confidence in her unique gifts.

Leo Zeff, a psychologist and famous psychedelic therapist described his work in an interview with Myron Stolaroff (2004) which was published in *The Secret Chief Revealed*. Zeff gave psychedelic medicine to 3,000 people starting in the 1950s.

He describes his own journey as a therapist, as he gained more experience with medicine work, moving from doing and interfering to trusting the innate healing force in the psyche which is liberated by the psychedelic medicine:

*I very soon learned that my traditional techniques of helping people in therapy do not work, they just don't work. Just leave 'em alone! They know what the hell's wrong with them or the God within them knows what's wrong with them and provides them with whatever they need, which I don't know anything about and they don't even know anything about. (as cited in Stolaroff, 2004, p. 50)*

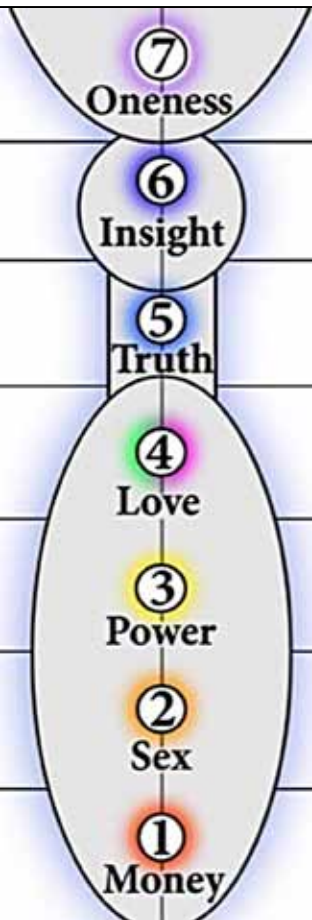
What happens when you leave women alone (within, of course, a balanced container of Protection, Permission, and Connection they can trust) is that they source their inner wisdom, their inner healer, and find their own way to a place they self-define as "home," where they recognize and empower their authentic selves.

Erica Avey reported on the 2018 Women and Psychedelics conference, presented by Chacruna Institute of Psychedelic Plant Medicine and held at CIIS in San Francisco. Avey quoted speaker Sara Reed, who told the group the story of her MDMA experience in a clinical research setting. Reed concluded, "I finally had a place where I belonged; I felt free." Avey reported, "Those words hit the room. Most people were crying or on the verge of tears from her retelling." Clearly, most of the women in that room related to Reed's finally finding "a place where I belonged." They had experienced and empathized with Reed's journey of starting from a limited or incomplete identity to "coming home."

Zoe Helene (2018), founder of Cosmic Sister, concurred that healing is part of what psychedelic therapy for women is about, but it is not the whole story. She wrote, "I really think self-liberation is a big one, especially for women" (para. 5).

As psychedelics are poised to become prescribed medicines, we would do well in psychedelic community to promote an ethos valuing self-reflection, particularly regarding the needs of women clients. Each of us who is holding space for psychedelic transformation must find right relationship with each person for whom we are in a responsible role. Community helps us with this. We can use both external and internal ethical guidelines. We can learn from self-examination and ethical mistakes. We can seek supervision and course-correct in a moment-by-moment way in every client relationship as it unfolds.

Only courageous soul-searching, especially in regular sessions of peer or facilitated supervision, can bring consciousness to the fears, desires, and spiritual longings hidden in each of us. Our willingness to face our unconscious programming, our vulnerabilities, and our hidden motivations will enable us to make choices that are truly in the best interests of our clients. 🌀

A woman in psychedelic treatment needs...	
 <p>7 Oneness</p>	To be able to share stories with other women about their healing and transformative journeys, and not feel alone
<p>6 Insight</p>	To be honored for knowing her own way forward before, during, and after the medicine session
<p>5 Truth</p>	To be listened to and helped to discover her own meaning from her own words
<p>4 Love</p>	To have a woman as a psychedelic therapist, psychedelic therapy assistant, or sitter—one who is confident and self-compassionate and trusts that her client can be too
<p>3 Power</p>	To be encouraged to believe that finding her way home to herself is possible and that she can do it herself
<p>2 Sex</p>	To be protected from touching and verbal interventions that are not in her best interests
<p>1 Money</p>	To be protected from cultural assumptions and expectations about the roles of women
<p>The full and original Chart of Vulnerabilities to Ethical Misconduct (Taylor, 1995, 2017) is a guide to motivations—our personal and transpersonal desires, fears, and longings—that occur in these seven areas of relationship.</p>	

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