

Decolonizing Western psychedelic consciousness: The therapeutic and social implications of Indigenous plant medicine knowledge

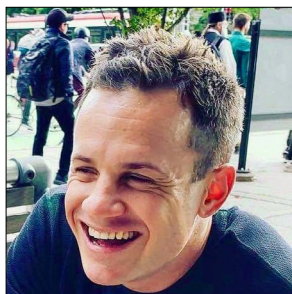
In 2020 Health Canada began granting terminal cancer patients legal exemptions to use psilocybin—the active or “psychedelic” compound found in “magic mushrooms”—as a treatment for distress. The approval, which marks the first time since 1974 that Canadians have been able to take psychedelic drugs legally, highlights the mounting medical consensus regarding the potential of these substances and positions Canada as a global leader in what some critics have described as the “psychedelic renaissance.”

Whether the fast-globalizing movement of psychedelic consciousness will significantly impact the field of Western psychiatry, and mental health care more broadly, remains to be seen. What this moment does provide, however, is an opportunity to reflect on, learn from, and reconcile the history of Indigenous healing and culture, steeped in colonialism as it is, that originally translated knowledge of psychedelic therapy to a wider audience. This history, and the tradition it brings, carries with it significant social and cultural implications for the future of mental health care and collective well-being in the West.

PSYCHEDELIC HEALING AND ITS IMPACT ON PSYCHIATRY

It is argued that purposive psychedelic use, used in conjunction with psychotherapy, can help people “psychologically as well as physiologically metabolize ... traumas, childhood wounds, addictive patterns, relational issues, health imbalances, and psychological blockages” (Bourzat & Hunter, 2019, p. 44). Scientists, therapists, and underground practitioners propose that part of the

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psychedelic healing process comes from the unique state of introspection it engenders. During the experience, freed from the grips of the ego’s defence mechanisms, unconscious and repressed memories are put under the microscope. This state of consciousness allows the patient to connect on a deeper level with their “autobiographical self”—the inner monologue that links the self with its personal history, interpersonal relations, and the social environment. The resolution of distress comes from *autognosis* (“self-knowledge”), an experience that empowers the patient to unmoor from rigid and ruminative mental and behavioural repertoires. By carefully *integrating* the derived insight from one’s psychedelic journey into daily life, the patient can escape the destructive psychosomatic condition known as “capture,” where repetitive thought and behavioural loops are asso-

ciated with conditions such as addiction, depression, anxiety, and obsession (Kessler, 2016). The result is a subtle yet concentrated “mental reboot,” a development aptly described in the title of Michael Pollan’s acclaimed, *How to Change Your Mind* (2018).

Psychedelic therapy seems likely to threaten the *biomedical* model that currently defines the delivery of care in disciplines such as psychiatry. The biomedical model places the onus of mental distress upon the individual, theorizing suffering as a form of abnormal brain chemistry to be corrected through perpetual, routine, and often imprecise pharmacological interventions. Despite its hegemonic status, for nearly 40 years the model has not lived up to its promise. Many touted claims of efficacy have generally gone unsubstantiated owing to lack of evidence, even after decades of studies and billions of dollars spent on neuroscience research (Deacon, 2013) largely in support of the pharmaceutical industry’s bottom line. In contrast, preliminary data suggest that patients undergoing psychedelic psychotherapy have, often in one or two sessions, achieved positive and enduring results without the need for routine treatments, even for treatment-resistant conditions (Watts et al., 2017; Carhart-Harris et al., 2018). Such promising advancements have led psychiatrists to hesitantly consider using a term that in present-day psychiatry is taboo: “cure” (Sessa, 2014).

Thus, in opposition to the biomedical model, psychedelic healing understands distress in a multi-layered fashion: as the product not just of biology, but of

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a patient's history rooted in social and interpersonal relations. In this sense, psychedelics inspire a more holistic *biopsychosocial* model of distress. Yet, while ongoing research suggests that psychedelic consciousness has already begun refashioning taken-for-granted conventions in Western mental health care, an ignorance prevails over the institution of psychedelic healing knowledge born and translated from Indigenous traditions—a vast and complex history infused with colonial violence.

DECOLONIZING PSYCHEDELIC CONSCIOUSNESS

Plant medicines have been used cross-culturally in sacramental settings for hundreds and thousands of years, including peyote in the Native American Church, psilocybin by the Indians of Mesoamerica, San Pedro cactus in the Andes of South America, ayahuasca in the Amazonian Indigenous and mestizo healing traditions, and many more. These cultures—each unique in their own ways—operate within *natural* epistemological and ontological frameworks that understand health, the self, the community, and the ecosystem as inherently interconnected. Plant medicines—understood, like nature, as living spirits—are sacred entities from which ancestral and healing wisdoms are derived.

In Indigenous rituals, the function of psychedelic plant medicines is part of a rich institution of collective healing and engagement with past, present, and future. This style of use and appreciation is much more complicated than its reduction by non-Indigenous peoples to a limited, individualized therapeutic device. To reduce these plant medicines to individualistic forms of healing, just as the biomedical model of mental health reduces distress to the brain chemistry of individuals, is to miss the point. The lesson of psychedelic consciousness and the culture it promotes is that of connection to the social and natural environment. As the peoples of the Colombian Amazon have declared:

Western medicine ... looks at the body alone, where we traditional indigenous health practitioners attempt to take in the entire individual and his relationships with others, with nature, and with the world of the spirit. (UMIYAC, 2000, p. 13)

To take these lessons seriously means understanding that adopting psychedelic consciousness in our health care apparatuses will have substantial repercussions, not simply for mental health care, but for Western culture, society, and politics. Embracing these epistemological and ontological frameworks necessitates recognizing that the root of distress lies in our relationships with others. That is, rather than visualize social problems as individual or biological abnormalities, psychedelic consciousness highlights the ways in which health and illness are inherently cultural and political.

While the psychedelic renaissance opens the possibility for much-needed dialogue between cultures, the 500-year history of colonialism casts a looming shadow over the wisdom—of plant medicine and otherwise—translated and transmitted by Indigenous peoples. It is imperative that participants and practitioners in the psychedelic renaissance be mindful of how European science and religion have historically reduced, appropriated, and destroyed Indigenous healing traditions, and have aided in enduring ecological destruction. In the wake of healing our own personal and cultural distress—distress that Western science, philosophy, and technological “progress,” in its *epistemic grandiosity* (Teo, 2019), have failed to resolve in the first place—let us not recreate the same conditions we seek to eliminate. Instead, what is needed is reflection, humility, and, ultimately, reconciliation.

These ancient knowledges demand attention, respect, and dialogue. To move away from mere cultural appropriation toward ethical collaboration requires understanding how the industrialized world continues to exploit, destroy, and

humiliate Indigenous peoples around the globe (Bourzat & Hunter, 2019). Accomplishing this in the long term consists not only of providing material reparations for ongoing cultural and ecological devastation on behalf of colonial and post-colonial enterprises, but of respecting and compensating the cultures in question for the knowledge, artifacts, fashion, and the material and ideational objects derived from the globalization of Indigenous cultures (Tupper, 2009). At the heart of the matter, there is a more important and universal message emanating from these ancient and sacred wisdoms. That message is not just that psychedelic consciousness can cure individual trauma; it is that the individual exists within a symbiotic matrix of social, cultural, and natural relationships. It is time these lessons are taken seriously—our species and the earth depend on it. 🍁

REFERENCES

- Bourzat, F., & Hunter, K. (2019). *Consciousness medicine: Indigenous wisdom, entheogens, and expanded states of consciousness for healing and growth*. North Atlantic Books. <http://libgen.rs/book/index.php?md5=340AF3B67206EA81BCB595491EACA6D>
- Carhart-Harris, R.L., Bolstridge, M., Day, C.M.J., Rucker, J., Watts, R., Erritzoe, D.E., Kaelen, M., Giribaldi, B., Bloomfield, M., Pilling, S., Rickard, J.A., Forbes, B., Feilding, A., Taylor, D., Curran, H.V., & Nutt, D.J. (2018). Psilocybin with psychological support for treatment-resistant depression: Six-month follow-up. *Psychopharmacology*, 235(2), 399–408. <https://doi.org/10.1007/s00213-017-4771-x>
- Deacon, B.J. (2013). The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research. *Clinical Psychology Review*, 33(7), 846–861. <https://doi.org/10.1016/j.cpr.2012.09.007>
- Kessler, D.A. (2016). *Capture: Unraveling the mystery of mental suffering*. Harper Wave.

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Pollan, M. (2018). *How to change your mind: What the new science of psychedelics teaches us about consciousness, dying, addiction, depression, and transcendence*. Penguin.

Sessa, B. (2014). Why psychiatry needs psychedelics and psychedelics need psychiatry. *Journal of Psychoactive Drugs*, 46(1), 57–62. <https://doi.org/10.1080/02791072.2014.877322>

Teo, T. (2019). Academic subjectivity, idols, and the vicissitudes of virtues in science: Epistemic modesty versus epistemic grandiosity. In K.C. O'Doherty, L.M. Osbeck, E. Schraube, & J. Yen (Eds.), *Psychological studies of science and*

technology (pp. 31–49). Palgrave Macmillan. <https://link.springer.com/book/10.1007/978-3-030-25308-0>

Tupper, K.W. (2009). Ayahuasca healing beyond the Amazon: The globalization of a traditional indigenous entheogenic practice. *Global Networks*, 9(1), 117–136. <https://doi.org/10.1111/j.1471-0374.2009.00245.x>

UMIYAC (Unión de Médicos Indígenas Yagaceros de la Amazonía Colombiana). (2000). *The beliefs of the elders: Code of ethics for Indigenous medicine of the Colombian Amazon*. https://www.bialabate.net/wp-content/uploads/2008/08/code_of_ethics_umiyac.pdf

Watts, R., Day, C., Krzanowski, J., Nutt, D., & Carhart-Harris, R. (2017). Patients' accounts of increased "connectedness" and "acceptance" after psilocybin for treatment-resistant depression. *Journal of Humanistic Psychology*, 57(5), 520–564. <https://doi.org/10.1177/0022167817709585>

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While my exploration of psychiatric power presented here is not exhaustive, it is meant to give a sense of how the power framework can be used and adapted to better understand how psychiatric power is structured and deployed to shape the ADHD experience.

Finally, this adaptation opens up possibilities for the creation and application of power frameworks in other important areas related to public health, including but not limited to policing, news media, and pharmaceuticals. Power dynamics are central in shaping how health policy is created and carried out. If we aspire

to create more democratic, inclusive, and healthy societies, understanding how power functions should be a priority. 🍁

REFERENCES

Joseph, A. (2020). *The problem of power in ADHD: A scoping review* [Master's major research paper]. York University. <https://yorkspace.library.yorku.ca/xmlui/handle/10315/37835>

Pulker, C.E., Trapp, G.S.A., Scott, J.A., & Pollard, C.M. (2018). What are the position and power of supermarkets in the Australian food system, and the implications for public health? A

systematic scoping review: Scoping review of supermarket power. *Obesity Reviews*, 19(2), 198–218.

Timimi, S. (2017). Non-diagnostic based approaches to helping children who could be labelled ADHD and their families. *International Journal of Qualitative Studies on Health and Well-Being*, 12(Suppl. 1), 1298270.

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