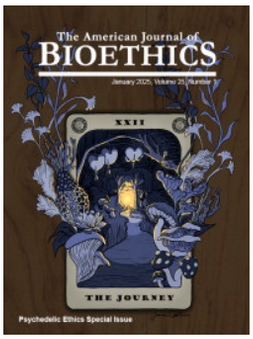

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TARGET ARTICLE

Wolves Among Sheep: Sexual Violations in Psychedelic-Assisted Therapy

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ABSTRACT

The integration of psychedelic substances into modern Western therapeutic practice has sparked a critical examination of many topics including: efficacy of psychedelics to treat mental health diagnoses without psychotherapeutic intervention, what models of therapy to use, and ethical implications related to altered states of consciousness. Of utmost concern are issues of power dynamics leading to incidents of sexual abuse. These issues underscore the importance of understanding therapeutic dynamics within the context of psychedelic-assisted therapy. This paper aims to explore these intersections, addressing sexual abuse issues in Western psychedelic-assisted therapy while elucidating pathways towards ethical practice and regulatory frameworks.

KEYWORDS

Professional-patient relationship; informed consent; mental illness; professional ethics; research ethics

BACKGROUND

Though diagnoses like major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder (PTSD) are increasing worldwide, pharmaceutical interventions continue to show limitations in their efficacy (Barber and Aaronson 2022). Given depression is a top five cause of disability impacting 5% of the world's population, and PTSD has a global prevalence of 3.9%, the need for more effective interventions has been widely recognized leading to a wider acceptance of researching interventions using psychedelic substances in Western medical settings (Barber and Aaronson 2022). Most notably, the use of 3,4-methylenedioxymethamphetamine (MDMA) to treat PTSD is in the final stages of FDA approval in the US (O'Brien 2024), and psilocybin for treating mood disorders and substance use disorders is likely not far behind (Sandbrink et al. 2024).

While the origins of using mind-altering plant medicines and rituals for healing date back thousands of years across several indigenous communities, understanding their use within the context of Western medicine is comparatively recent, as is the term psychedelics itself (George et al. 2019). For the purposes of this review, the term psychedelics will be used focusing on the substances that are most dominant in current Western medical research. This is not to dismiss the origins which are to be acknowledged and respected, but rather to hone into the specific context where several stories have recently emerged describing cases of patient sexual abuse while under the influence of psychedelics. These cases have taken place despite safeguards designed to prevent their occurrence, and within a system that has existing frameworks which should be preventing sexual abuse and other serious ethical violations.

Psychedelics in Western medical research is often discussed in two categories, classical psychedelics such as psilocybin, LSD, mescaline, and dimethyltryptamine (DMT), which share the agonism of the 5HT-2A serotonin receptor as their mechanism of action. MDMA differs in its mechanism of action in that it acts on multiple neurotransmitter systems including norepinephrine, serotonin, dopamine, and oxytocin and is categorized in a subclass referred to as "empathogens," impacting the brain in ways that promote attachment, trust, empathy and personal connectedness (Barber and Aaronson 2022). Essentially, psychedelics cross the blood brain barrier either directly or indirectly, targeting either 2A or 2C serotonin receptors. Both classical and empathogenic psychedelics have been shown to produce senses of meaning, feelings of euphoria, and perceptual changes while inducing altered states of consciousness (Hovmand, Poulsen, and Arnfred 2024; Yaden and Griffiths 2021). Psychedelics are also shown to support neuroplasticity,

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neurogenesis, and synaptogenesis, reshaping brain cells and rewiring pathways (Du et al. 2023; Jefsen et al. 2021; Ly et al. 2018; Shao et al. 2021).

RISKS OF ABUSE IN PSYCHEDELIC-ASSISTED THERAPY

Alongside the potential benefits of psychedelic-assisted therapy (PAT), there is an increased risk of sexual abuse and abuses of power (Harrison 2023). Clients engaging in PAT, both within and outside of clinical trials, are often vulnerable and experiencing serious mental health symptoms. This vulnerability is heightened by the inherent power differential between patient and clinician. The risk of sexual abuse is further exacerbated by the fact that MDMA can induce feelings of sexual arousal and emotional intimacy toward others they are directly connecting with (Goldhill 2020); a risk directly acknowledged by Rick Doblin, founder of the leading organization spearheading MDMA-assisted psychotherapy for PTSD stating: "The loving and trusting feelings that can be induced by MDMA can make patients more vulnerable to sexual pressure" (Goldhill 2020).

While psychedelics are shown to be catalysts of transformative healing experiences for some (Banks et al. 2021), they are also capable of disorienting people in their altered states of consciousness leaving patients more prone to suggestibility and decreased capacity to assert consent and autonomy (Dupuis, 2021; Azevedo, Oliveira Da Silva, and Madeira 2023). Further, those from BIPOC and Queer communities who are seeking PAT to heal trauma are disproportionately impacted by traumatic experiences such as sexual abuse, which increases the likelihood of re-traumatization unless they can be treated with the highest level of ethical and trauma informed care (Harrison 2023).

Developing trust in the therapeutic process with or without psychedelics begins with informed consent. Clinicians, including therapists and researchers, bear a responsibility to prospective patients and participants to provide accurate and detailed information *prior* to engagement. Consent however does not end at an initial conversation at a form, to ensure client safety, consent should be treated as a living organism, a practice that is dynamic and ongoing. Though there are guidelines and legal requirements around informed consent (e.g. Common Rule 45 CFR 46, Protection of Research Subjects) for institutions researching PAT, formally standardized protocols within the PAT community in the medical context around informed consent documents, and ongoing dynamic consent protocols are lacking.

Other components important to establishing and maintaining trust is treatment protocol design and attending to the environment. In the realm of PAT this is often referred to as "set and setting." "Set" referring to contextual variables, attributes that are present in a patient before receiving PAT, for example: collaborating around the patients' expectations, motivations, and psychopathological status; and "setting" encompassing external factors when PAT takes place (e.g. physical, social, and cultural environment) (Borkel et al. 2024). Though set and setting is often spoken of as a fundamental component of psychedelic-assisted therapy the attributes of this in practice remain under-researched (Borkel et al. 2024).

SEXUAL ABUSE HISTORY WITHIN PSYCHOTHERAPY

Boundary violations is the term used to refer to breaches of ethical and professional trust that should exist between a clinician and their client in the treatment process. Many boundary violations, including

Table 1. Abusive tactics and ethical violations in psychotherapeutic practice.

Name of abusive technique	Definition of technique (Flintoff 2023)
Gaslighting	A manipulative tactic that seeks to make someone doubt their own perceptions, memories, or sanity, often through deceptive or controlling behavior.
Exploitation of vulnerabilities	The act of taking advantage of someone's weaknesses, insecurities, or personal challenges for personal gain or control.
Exploitation of trauma	Manipulating or capitalizing on an individual's past traumatic experiences to exert control or gain compliance.
Grooming	The process of gradually establishing a manipulative and emotionally exploitative connection with someone to prepare them for abusive behavior.
Role reversal	Inverting traditional roles, where the abuser may cast themselves as the victim and vice versa, to manipulate perceptions and gain sympathy or support.
Verbal praise	Providing positive reinforcement verbally to manipulate and control, often used to create dependency on the abuser for validation.
Black and White thinking	Encouraging an all-or-nothing perspective that discourages critical thinking and fosters unquestioning loyalty.
Isolation from community	Deliberately separating an individual from their social support network, weakening external influences, and increasing dependence on the abuser.
Counterfactual confusion	Creating confusion by presenting false information or distorting facts, leading the target to question their own understanding of reality.
Brainwashing	A coercive and systematic attempt to alter a person's beliefs, attitudes, and behaviors through intense and often prolonged psychological manipulation.

sexual abuse, involve complex tactics which disempower patients (Table 1) Procci (2007) emphasized that significant sexual misconduct has been a problem not only among fringe practitioners but also esteemed historical figures (Renshaw 1992).

Such violations can manifest in various forms, such as inappropriate physical contact, dual relationships, inappropriate sharing of personal information by the therapist, or any behavior that goes beyond established ethical guidelines. Such breaches compromise the therapeutic relationship, undermine trust, and may lead to harm or exploitation of the client (Gabbard 1995; Campbell, Knauss, and Meaux 2021). Understanding the prevalence of boundary violations is crucial, and what little existing data there is, is primarily derived from self-report surveys of mental health professionals, indicating a prevalence ranging from 0.9% to 12%, with a median figure of approximately 6% (Procci 2007). Notably, male therapists tend to be more implicated in these violations than their female counterparts, with a ratio of approximately 3:1 (Procci 2007).

Sexual abuse is recorded throughout the history of psychiatry and is not unique to psychedelic-assisted therapy. The recognition that sexual relationships between therapists and clients are harmful has evolved through a combination of clinical experience, ethical considerations, and empirical research.

Historically, in the early psychoanalytic community, figures such as Sigmund Freud, established foundational ethical guidelines that discouraged personal relationships between therapists and clients (Freud 1958). Freud emphasized the importance of maintaining professional boundaries to preserve the therapeutic alliance and ensure objectivity in treatment. Though this was emphasized by Freud, Freud himself would later be scrutinized for the nature of his relationships with patients which can be seen as ethically questionable by today's standards (Avasthi, Grover, and Nischal 2022).

The annals of psychotherapy history, marred by instances of sexual boundary violations, include noteworthy figures such as Sigmund Freud and Carl Jung. Freud, the pioneer of psychoanalysis, faced criticism for his complex relationships with patients, including his infamous case of Dora (Ida Bauer) (Langs 1976). Dora was a young woman who accused her father's friend of making sexual advances toward her, leading to a controversial analysis by Freud that has been widely debated (Jennings 2022). Freud's interpretation of Dora's case, which attributed her distress to repressed sexual desires rather than the trauma of the advances, has been criticized for its potential bias and ethical implications. Freud's analysis often involved probing deeply into patients' sexual histories and unconscious desires, which critics argue could border on voyeurism and exploitation of the therapist-patient power dynamic (Breger 2000). Freud, also faced criticism for his analysis of Horace Frink, focusing on Frink's purported latent homosexuality and recommending actions that further blurred the boundaries of their therapeutic relationship (Zitrin 2012).

Carl Jung, a prominent figure in analytical psychology, also grappled with accusations of boundary-crossing behaviors (Cooper-White 2015). The psychotherapy pioneer was involved in a case that dates to 1909 involving his patient Sabrina Spielrein (Cooper-White 2015; Lothane 2003). Spielrein, Jung's first psychoanalytic "control" case, became romantically involved with Jung, marking a significant breach of professional boundaries. Similarly, Sandor Ferenczi's involvement with his patients Gizella and Elma Palos, a mother-daughter pair, led to Ferenczi marrying Gizella in 1919, obliterating the lines between therapeutic and personal relationships (Berman 2004). Ernest Jones, another renowned psychotherapist, became involved with Loe Kahn, a patient who was also Jones' common-law wife, further complicating the situation (Procci 2007).

These instances involving revered figures highlight the uncomfortable reality of sexual boundary violations. These violations, spanning several decades and involving influential figures in the field, underscore the complexities and ethical dilemmas inherent in therapeutic relationships. Professional boundaries evolved through trial and error as far back as Freud's era, and historical evidence indicates that early psychoanalytic pioneers, including Freud and his disciples, engaged in what today would be seen as unethical conduct but at the time was considered trial and error for refining their techniques (Gabbard 1995).

Empirical research has consistently shown that sexual relationships between therapists and patients lead to significant psychological harm for the client, including feelings of betrayal, guilt, and emotional distress (Pope 2001; MacIntyre and Appel 2020). These relationships draw on the inherent power imbalance between therapist and client, where the patient is in a vulnerable position and the therapist holds significant influence and authority.

A recent qualitative study examined the case of the head of a psychoanalytic training institute involved in sexual violence against patients and trainees from 1975 to 1993 (Caspari and Caspari 2022). These findings highlight the ongoing risk potential within patient treatment and psychotherapist training contexts, emphasizing the need for extensive preventive

measures, with particular attention to power dynamics, institutional practices, and emotional dynamics.

Legitimate uses of power are to serve or protect others and should be characterized by humility, compassion, and sacrifice, emphasizing care for the vulnerable. Power is meant to be wielded in the service and protection of others, challenging societal norms, and highlighting ethical responsibility.

In the context of sexual boundary violations in psychotherapy, such violations are fundamentally rooted in an abuse of power, where the therapist, entrusted with a position of trust and authority, breaches the ethical boundaries essential for therapeutic integrity. Cultural mindsets and a sense of entitlement can exacerbate these violations, as societal norms that may condone or overlook power imbalances contribute to an environment where such misconduct can occur. The distorted belief in entitlement can lead therapists to misuse their authority, exploiting the vulnerability of clients and perpetuating a harmful dynamic.

While the inherent power differential in therapy opens opportunities for exploitation and abuse, it may also be used to create a safe, well boundaried, professional context for growth and healing (Barstow 2015; Satir 1987). When used effectively, the clinician draws on their training to communicate and clarify what an ethical therapist-patient relationship is, what constitutes a psychotherapeutic relationship violation, and what chain of accountability exists when a relationship is violated.

The persistence of contemporary challenges in addressing boundary issues can be linked to a lack of clarity, standards, and ethical codes of conduct historically (Gabbard 1996; Gardner, McCutcheon, and Fedoruk 2017). The unethical behavior of the pioneering generation of analysts, which at the time they failed to acknowledge, has been overlooked by the profession over time, and become obscured from general awareness. This lack of awareness about boundary violations extended to the founding of the modern profession of psychology in 1949.

The Boulder Model, also known as the scientist-practitioner model of psychology, was established at that time to integrate scientific research and clinical practice into the training of clinical psychologists. It emphasized the dual roles of psychologists as both researchers and clinicians. However, it did not include a specific code of conduct to prevent boundary violations, reflecting the era's dismissive attitude toward the ethical treatment of marginalized and vulnerable populations, including women. The American Psychological Association (APA) published its first formal ethics code in 1953, but these early codes insufficiently addressed how to protect people from exploitation and abuse within therapeutic settings and have since undergone multiple revisions (Walsh 2015). The lack of robust enforcement mechanisms and cultural biases of the time meant that boundary violations were not adequately addressed or prevented.

Lessons drawn from historical cases emphasize distinctions between conscious and unconscious therapist intent, the complexities of "love" in therapy, the potential confusion between supportive and boundaryless approaches, and the importance of discussing sensitive issues with supervisors or consultants for effective prevention. There is an ongoing need for ethical discussions to incorporate transference, countertransference, and the involvement of third parties in monitoring professional boundaries (Gabbard 1996).

Maintaining clear and safe boundaries is essential for the integrity and effectiveness of therapeutic practice. In cases of sexual boundary violations, therapists often rationalize their actions through a "rhetoric of justification," citing patient consent and perceived therapeutic benefits (McNulty, Ogden, and Warren 2013). Two distinct violator types have been described, the predatory psychopathic therapist, who lacks guilt while taking advantage of the patient's idealization, and the "lovesick" therapist, whose violations are directed at one patient, often triggered by personal stressors (Procci 2007). The latter may convince themselves of genuine love, displaying self-destructive tendencies (Procci 2007).

More recent studies reveal that sexual boundary violation propensity also differs by gender, with male perpetrators showing associations with self-centeredness, grandiose and vulnerable narcissism, while female perpetrators demonstrate self-sacrificing tendencies, impulsivity, and vulnerable narcissism (Dickeson, Roberts, and Smout 2020).

Although some degree of inherent boundary violations may exist in the psychotherapy profession and possibly in other helping professions (Hamilton 2016), the inconsistent response to sexual boundary violations within the profession, both on an individual and institutional level, is an ongoing issue (Procci 2007).

SEXUAL BOUNDARY VIOLATIONS WITHIN PSYCHEDELIC-ASSISTED THERAPY

Sexual misconduct in underground psychedelic-assisted therapy settings has been an issue for many years containing "several ingredients that contribute to sexual misconduct" (Goldhill 2020). These issues are attributed to practitioners informally taking on the role of therapist or guide for colleagues or friends, blurring the lines of

the roles between therapists and patients further complicating issues of power and influence" (Goldhill 2020). One former victim of sexual assault and rape by an ayahuasca shaman expressed concerns that psychedelic exceptionalism and the urgency to legalize psychedelics may be causing further harm stating: "there's the idea that psychedelics are so important and so wonderful that the train has to keep going. We can't slow down to get the rapists off the train" (Goldhill 2020).

Above-ground clinical trial settings for psychedelic-assisted therapy have not been immune to sexual misconduct, nor have medical settings. Given the fact that medical professionals have sexually abused sedated patients for as far back as we can record, it would be naive to suggest that such abuses would not occur with the use of psychedelics added to the equation (Hide 2018; Mascarenhas 2023). In fact, patient complaints of being sexually violated while sedated became so common, the medical field decided that patients were simply hallucinating this phenomenon, developing terminology for it such as "hypnotic behavior" or "sexual dreaming" to explain it away, and these terms continue to be used to discredit reports of the abused (e.g. Lambert 1982; Strickland and Butterworth 2007).

Sexual boundary violations involving psychotherapy with the use of psychedelics have been documented for decades. No sexual boundary violation should be tolerated under any conditions, but extra considerations are necessary to protect patients from experiencing sexual abuse when their care involves non-ordinary states of consciousness. Several recent media investigations have uncovered further disturbing evidence of a pattern of abuse (e.g. *Cover Story*, Ross and Nickels 2021; Goldhill 2020); information from these reports will be included in the relevant summaries of the documented cases of sexual abuse:

Salvador Roquet

A polarizing figure, Roquet to some was seen as a visionary psychiatrist (Krippner 2018), yet to critics he was considered a dangerous man (Wright 2021). While both may be true, Roquet was arrested in 1974 when authorities seized several pornographic films that were used during his sessions with patients on psychedelic substances like peyote (Dawson 2015). Additionally, Roquet used disorienting drugs on a political prisoner named Federico Emery Ulloa who accused Roquet of being a torturer who forced psychedelic drugs on him to reveal his secrets (Dawson 2015). Another patient of Roquet's, Ignacio Ramírez Belmont, described his experience in a psychosynthesis session with Roquet as being shocking, he was forced to ingest peyote and inundated with many images of sexual acts, many depicting adolescent boys and girls and overall (80%) comprised of images of naked men and women followed by what he described as a fifteen-minute pornographic movie (Dawson 2015). Ramírez depicted what followed as developing nausea, chills, sweaty palms and terror driven by flashing lights and syncopated music (Dawson 2015). According to Roquet, Ramírez falsified his biography during his intake and attempted to play a fictionalized role in the session (Dawson 2015). Regardless, the experience depicted was one of terror involving content of a sexual nature, a lack of protection from traumatization, and an inability to leave the premises for safety.

Pablo Sanchez

A counselor, social worker counselor, and teacher at San Jose State was said to have trained under Salvador Roquet (Hall 2021; Wright 2021) and identified as someone working with psychedelics underground starting around the 1970s (Bourzat 2020). In an investigation published by the media in 2021 it was reported that 8 people confirmed Pablo Sanchez was having sexual contact with clients he was treating in his psychedelic-assisted therapy sessions, including Françoise Bourzot who became one of his mentees in the beginning of the 1980s with Aharon Grossbard (Wright 2021; Hall 2021).

Aharon Grossbard and Francoise Bourzat

A married couple who has been directly influenced by the aforementioned Salvador Roquet (Hall 2021; Wright 2021). They have had several victims report "systematic abuses of power including rapes promoted as 'healing'" (Noorani and Devenot 2024). Bourzat is a noted psychedelic trainer and influential author and both Grossbard and Bourzat were leaders of the Center for Consciousness Medicine, a training center for psychedelic-assisted therapy which has since cut ties with the couple. Bourzat began a sexual relationship with a patient from 1994 until 2000 (San Francisco County Superior Court 2000, 6) when a lawsuit was filed against Grossbard and Bourzat for sexual battery, fraud, professional negligence, and 12 other complaints (Hall 2021). Allegations include "sexualization and eroticization of therapy by Bourzat for her own advantage to satisfy her own needs and to plaintiff's detriment […] causing humiliation mental anguish and sever emotional distress (San Francisco County Superior Court 2000, 9) which eventually resulted in suicidal ideation (MacBride 2021).

According to one report, seven sources alleged there to be a "decades-long pattern of sexual contact between guides and clients, as well as Grossbard and Bourzat acting as leaders who felt 'above' professional and ethical norms" (MacBride 2021). Grossbard has also admitted himself that he does not follow psychotherapy rules when hugging and touching his clients (Villeneuve and Prescott 2022). Grossbard and Bourzat have denied all allegations, yet multiple accounts have been substantiated consistently by a community of survivors and vetted by leading news organizations (Hall 2021; Noorani and Devenot 2024).

Eyal Goren

Trained by aforementioned Aharon Grossbard, (MacBride 2021; Ross and Nickels 2021), was an associate marriage and family therapy at the time of his assaults and also assisted teaching at California Institute of Integral Studies before becoming a licensed therapist in the State of California in November 2019 (Board of Behavioral Sciences Department of Consumer Affairs 2022). In 2021 a complaint was filed against him with the regulatory agency in California that governs therapists (Ross and Nickels 2022). During a psilocybin-assisted therapy session, one victim described how Goren "told her that his clients tried to have sex with him and asked her to 'give into erotic transference'" (Board of Behavioral Sciences Department of Consumer Affairs 2022). Another victim reported when she was in a psilocybin-assisted therapy session Goren turned on death metal as she started feeling the effects of the substance "turning the volume up so loud she started crying and shaking" (MacBride 2021). The victim also stated, "I covered my ears and my face and begged him to stop," and as she was lying on the floor shuddering, Goren walked over to where she was, lifted up her shirt, and put his hands on her bare stomach and pelvis then leaned over to her body, put his lips close to her ear, and allegedly whispered, "I collect rape victims" (MacBride 2021). When *Cover Story*, a podcast produced by New York Magazine examining issues of sexual abuse in the psychedelic community, reached out to Goren through is legal representative, he declared that the allegations were false and denied that he was her therapist, this despite evidence uncovered by Cover Story, including "a letter to an airline Eyal wrote (…) so she could travel with her emotional support dog" (Ross and Nickels 2021). According to the California Board of Behavioral Sciences newsletter Goren's license was surrendered for unprofessional conduct on March 9, 2023.

Richard Yensen and Donna Dryer

Yensen and Dryer are a married couple previously working as sub-investigators for the Multidisciplinary Association for Psychedelic Studies (MAPS) in a Health Canada-approved Phase II clinical trial examining the safety of MDMA-assisted therapy for treating PTSD. While Dryer was a licensed psychiatrist at this time, Yensen had not renewed his license since 2009 (Goldhill 2020). A complaint against Yensen and Dryer was filed in 2018 describing misconduct and sexual abuse (Lindsay 2023). In the footage filmed in 2015 during the MAPS trial, Yensen and Dryer were observed making forced physical contact with a participant in the clinical trial showing Yensen pinning the client down while she screams and cries as Dryer watches (Lindsay 2022). The incident prompted a compliance review by MAPS to address potential issues related to patient safety, underscoring the broader need for robust regulatory frameworks as psychedelic therapy becomes more widely accepted (Lindsay 2022) A MAPS spokesperson recognized "that the organization's staff did not actually view the videos until November 2021, six years after they were filmed (Lindsay 2022). While the victim reported to various authorities, including the police, for sexual assault and therapy abuse (Rosin 2022), the RCMP has since recommended criminal charges (Lindsay 2022). Yensen was unlicensed during the clinical trial and argues in the civil claim that he did not owe a "duty of care" (Goldhill 2020) to prevent harm as a professional therapist, and therefore could receive no disciplinary action, as there is no licensing authority that could investigate him in British Columbia (Lindsay 2023). Yensen admitted to having sex with the victim, but in his response to her lawsuit, he claims that she initiated it and describes her as "a skilled manipulator" (Lindsay, 2021). Dryer as of 2023, has permanently relinquished her medical license in response to the complaint (Lindsay 2023). It is also worth noting that Yensen served as the president of the Salvador Roquet Psychosynthesis Association having worked closely with the controversial researcher in the past (Wolfson 2014; Krippner 2018). Aharon Grossbard also quotes Yensen several times in his thesis.

Francisco DiLeo

In 1985, DiLeo sexually abused a patient after giving her MDMA. The Maryland appellate court decision reports that during a session DiLeo and his victim "laid down on a mat together," while DiLeo proceeded to caress and fondle his patient (Court of Special Appeals of Maryland, 1991). According to the court decision, DiLeo explained to the victim that touching

his patient was a "way of partial fulfillment of [her] oedipal wishes." In a subsequent MDMA session with the same patient, DiLeo then initiated sexual intercourse (Passie 2018). The 1991 lawsuit ordered DiLwo to $500,000 for pain and suffering along with an additional $150,000 for PTSD treatment (Goldhill 2020).

Richard Ingrasci

A Massachusetts psychiatrist and early advocate for the use of MDMA in therapy in the 1980s. In 1989, Ingrasci was accused of raping three clients after giving them MDMA and other psychedelics. Following a settlement with his former clients, he was suspended from practice, turned in his license, and has since founded the Hollyhock Lifelong Learning Center on Cortes Island, British Columbia (Hausfeld 2021). During psychotherapy sessions, Ingrasci would administer psychedelics to his patients to facilitate "overcoming therapeutic blockages" (Passie 2018). However, in all the cases brought forward, Ingrasci initiated intimate body contact, sexual touch, and intercourse during the sessions where patients were on high doses of MDMA or ketamine. The July 11, 1989, Boston Sunday Globe article that reported the assaults revealed that Ingrasci told one patient their sexual relationship was "part of her cancer therapy" and that another attempted suicide after being sexually abused by him (Hausfeld 2021). In an interview, Deborah Harlow states that Ingrasci's assaults "led to the installation of a male and female co-therapist team as a rule in later scientific studies (Passie 2018).

Ben Sessa

Sessa, frequently described in his appearances as "one of the first doctors to develop the field of contemporary psychedelic research in the UK," recently had his license suspended (Worthington and Lloyd 2024). Sessa provided care and treatment to a patient between 2019 and 2021 and while knowing of her psychiatric history, which included self-harm and multiple deliberate overdoses, admitted to ending their therapist-patient relationship to "pursue a sexual and emotional relationship with her," as well as treating the patient at a pub when she was drinking despite his knowledge of her disordered alcohol use (Record of Determinations – Medical Practitioners Tribunal 2024) The patient has since died of suicide (Worthington and Lloyd 2024), although there was no suggestion by the General Medical Council that there was a link with Sessa's transgression (Record of Determinations – Medical Practitioners Tribunal 2024). The court decision mentions its surprise that Sessa "never queried" his patient's mental state, while she had repeatedly made attempts to end her life, which Sessa declared he was not aware of during their relationship (Record of Determinations – Medical Practitioners Tribunal 2024). Since the allegations, the psychedelics company Awakn, which Sessa co-founded, has announced he "tendered his resignation" (Greenstien 2024). Sessa was also criticized for his appearance on the widely viewed Netflix docuseries *How to Change Your Mind* for stating there was no male aggression in the 1980s rave culture (Greenstien 2024). Recent reactions to this case from several people in psychedelic research and beyond are dissatisfied with the outcome, feeling the consequences were too lenient (Hu 2024), while in court Sessa declared "this chapter a tragic blip in my otherwise excellent career" (Record of Determinations – Medical Practitioners Tribunal 2024).

Neil Goldsmith

A retired NYC psychotherapist and author, often referred to as "specializing in psychospiritual development" in the media has curated hosted the popular Horizons: Perspectives on Psychedelics annual conference in New York City. In 2018, Oriana Mayorga reached out to Horizons director Kevin Balktick to notify him of board member Goldsmith's reputation as someone who committed sexual misconduct (Goldhill 2020). A private complaint system was put in place and credible accounts by multiple women came forward (Hall 2021). Although no formal public allegations were brought forward in regard to sexual abuse with the use of psychedelics, Horizons released a public statement and Goldsmith was removed (Goldhill 2020). Within the psychedelic community Goldsmith, was widely seen as someone who commits sexual misconduct, and there have been many consistent and credible reports (Goldhill 2020). Mayorga believes there are many who have been impacted that may feel silenced and unable to come forward publicly, she stated:

> "What myself and many other people saw was the priority and energy going towards supporting his healing, recovery and readmission into the community. We hoped it would be the women and the survivors who would receive that care, but the focus was not there in this case. I can only imagine there are many more women with their own experiences of sexual violence," she continued, "but instead of believing and supporting them, we ignore them and try to qualify and quantify their experiences to determine if they are 'really considered' cases of sexual violence" (Lekhtman 2018).

After Goldsmith's misconduct was reported, restorative dialogue was offered to him, but he denied the

allegations and was unwilling to face his actions or take responsibility for the women who him (Hall 2022).

David Harder

Currently co-CEO of ATMA Journey Centers, one of Canada's leading psychedelic-assisted therapy training programs, and who a lead organizer of the popular Canadian psychedelics conference "Catalyst," has been accused of sexually violating women that have sought him out to learn more about psychedelics for mental health (DeBoer 2023; Evans 2023). According to the Calgary police service, a victim came forward in May 2023 reporting an assault that took place in August 2017 at a residence in Southwest Calgary during a "healing session" (Evans 2023) and confirmed that his trial would happen later that year (Evans 2023). In February 2023 on the podcast "Am I Broken: Survivor Stories," another victim of abuse by Harder shared her story, reporting she didn't realize what was happening to her was sexual violations until three years into the relationship (DeBoer 2023). She reported grooming behavior, being confused by Harder's extra attention toward her, often encouraging her to try mushrooms to heal her depression and anxiety. Harder would also tell her he could help "break her open sexually," and they could "do private sessions" (DeBoer 2023). The victim stated:

> "I remember thinking I am selling my soul to the devil. I remember feeling confused. I was excited because I was going to be something, part of something big, felt violated. We continued our sessions, but they just turned into sex. He wanted to have a relationship with me, but not as a couple, just physical" (DeBoer 2023).

Later adding:

> "I feel like this medicine work is going a little bit too fast, and people are just going, going, going, and they're not actually watching the damage that they're doing to some people. They're just going after the big carrot and wanting to be the first one to do whatever, the first therapy session, the first MDMA session, the first legal anything" (DeBoer 2023).

Martin Ball

A retired 5-MeO-DMT practitioner. A document provided by Ball to an independent journalist in 2021 revealed that he was using controversial techniques in his practice (Devenot et al. 2021). Although Ball has used this document to justify his practices, claiming it demonstrated that his clients consented to actions such as shoving his thumbs down clients' throats, genital touching or vomiting on them while under the influence of 5-MeO-DMT, the analysis indicated an alarming lack of informed consent (Devenot et al. 2021). As the editor and publisher of MAPS Canada founder Mark Haden's first edition of "Manual for Psychedelic Guides, Ball presented himself as an authoritative figure, creating an environment where clients felt vulnerable, more prone to manipulation, and less likely to recognize potential boundary violation issues. When questioned, he defended himself, stating "that all of the clients he vomited on, put fingers, in the throats of, or touched the genitals of, thanked him and usually came back for more sessions" (Devenot et al. 2021).

DISCUSSION

Several professionals have been implicated in serious ethical breaches across the decades. Roquet, a psychiatrist, was arrested for possessing pornographic films and accused of using psychedelics to coerce political prisoners. Sanchez, a counselor, reportedly had sexual contact with multiple patients during psychedelic therapy sessions. DiLeo and Ingrasci faced accusations and convictions for raping and abusing patients under the influence of MDMA. Other notable cases include Bourzat and Grossbard, who were involved in a lawsuit for sexual battery and fraud, and Sessa, who engaged in a sexual relationship with a former patient, leading to her suicide, and Goren losing his license after sexually abusing a patient. These incidents, along with allegations against several other figures underscore a pervasive issue of sexual misconduct in the field. It is worth noting that many of these clinicians who committed sexual abuse were under a professional license, and more than one is directly or indirectly affiliated with the trainings of Roquet.

These violations are particularly concerning in the context of psychedelic-assisted therapy, where altered states of consciousness exacerbate the risk of abuse. Historical evidence illustrates that medical professionals have engaged in sexual misconduct with and without substances, and this risk extends to those using psychedelics in their practice. The profession's inconsistent response to such violations, both individually and institutionally, highlights the need for stricter safeguards and accountability.

We can be assured that without protective measures in place, patients will continue to be exploited and abused, with the most marginalized being most at risk. When clinicians commit sexual misconduct against their patients, they may face penalties from

three different systems: the criminal legal system, the civil legal system, and/or the state licensing boards; but none of these systems include preventive measures (Hamilton 2016).

Ensuring Future Patients' Safety

Ensuring client safety in psychotherapy, especially in the context of psychedelic-assisted therapy, requires a multi-faceted approach. Below are some ways this problem has been approached, but the best solutions will likely be a combination of approaches.

Clinical Training

Some of the most robust guidelines for establishing consent and secure therapeutic alliance can be found in the MAPS manual for MDMA-Assisted Psychotherapy in the Treatment of PTSD which outlines far more detailed elements of informed consent and therapeutic boundaries outside of the formal informed consent forms provided to participants. Many of the statements in the manual provided are amenable to ensuring a trusting and safe research and psychotherapeutic relationship for example:

> "The therapists and participant discuss the possibility of physical contact with the participant in the form of nurturing touch or focused bodywork. The therapists and participant should negotiate a comfortable physical distance from each other during the experimental sessions, and the therapists should remain attentive to any possible changes in the participant's comfort level with their degree of proximity."

> "The role of the therapists is clarified and strengthened by agreements concerning appropriate behavior during and after the treatment session. Any sexual behavior between therapists and participants are explicitly prohibited. This agreement assures the participant that her/his heightened vulnerability will not be exploited, while simultaneously fostering a safe environment for offering physical comfort during the treatment session."

While the training and manual is robust, it does not specify at what point these types of consent interventions are to be employed. There is also little discussion in the manual about the training required to offer therapeutic touch or focused bodywork and remain within ethical codes around scope of practice. The training also does little to educate those about past harm and misconduct when using MDMA like in the case of Ingrasci and DiLeo. Notably, despite these guidelines a participant was sexually assaulted by one of the trial therapists (Yensen) during phase 2 of their FDA trials. To help ensure client safety, offering this level of detail to participants about the elements of the psychotherapeutic relationship in the written consent forms is essential, alongside informing patients that consent practices will be ongoing throughout the PAT protocol.

Training should also include culturally responsive practices, a recent case study involving a patient undergoing MDMA-assisted psychotherapy for PTSD described suffering from several traumatic events including sexual abuse, the sudden death of close friends, and a lifetime of racism (Ching et al. 2023; Williams, Cabral, and Faber 2024). Specialized training in providing culturally competent care should be provided for clinicians working with psychedelics around how racism impacts mental health outcomes for patients and intersects with increased risk of sexual abuse (Williams, Cabral, and Faber 2024). Culturally responsive informed consent practice should also be addressed in training. This may look like clinicians anticipating more time to review paperwork with participants and ensure patients understand the role of consent not as a contract signing away rights, but as a process that is meant to assure clinicians are doing their jobs by providing complete information about what to expect and how to withdraw from treatment (Williams, Reed, and Aggarwal 2019). Creating shared language during training for clinicians that opens space for participants to ask questions about psychedelics and psychotherapeutic relationships may also serve to debunk any myths and foster a trusting and safe environment to receive treatment (Williams, Reed, and Aggarwal 2019).

Advanced training for clinicians around best practices for elements like consent, the use or nonuse of therapeutic touch, and culturally responsive care may not eliminate predatory clinicians but it could help prevent well-meaning clinicians from getting into situations that may put themselves or their patients at risk.

Of particular concern and urgency given the history of sexual abuse is training and ethical guidance in PAT relating to touch and consent (Devenot et al. 2022). There are few studies discussing the impact of therapeutic touch on PAT patients, though it is acknowledged that therapeutic touch like holding a patient's hand is a common practice offered in PAT (McLane et al. 2021). Training for clinicians to identify what type of touch is within scope of practice and learning consent practices that consider the ethical issues related to capacity and autonomy in PAT may also decrease the risk of inappropriate sexual and non-sexual touch in PAT. Training to ensure safe and

clear boundaries for both clinicians and patients should also include prioritizing teaching non-touch methods of comfort, however there should also be careful examination of any unidentified risks before implementing on a wide scale (Devenot et al. 2022).

Training standards of PAT practice remain in the early stages and there is significant concern that those positioning themselves as regulators in the PAT field may also be those requiring oversight (Devenot et al. 2022). Nevertheless, training is essential to preventing sexual abuse and other boundary violations. As demonstrated in the case studies above, there are many leaders in the PAT field passing down training methods, some of which may be traced back to Roquet, and have led to sexual abuse. All the cases discussed alarmingly share many similarities (e.g. violating touch, inappropriate use of music, coercive control and manipulation disguised as interventions). While training can serve to be preventative and beneficial, for PAT this should coincide with a review of current training methods and standards of practice along with an updated structure to manage conflicts of interest is needed.

Patient Education. As demonstrated in this review, clinicians are not immune from perpetrating sexual abuse and cannot always be trusted to uphold ethical practice standards. Mitigating this risk must involve empowering clients through public education. Individuals and communities with histories of severe trauma may be more vulnerable to abuse and exploitation; to address this it is important to empower BIPOC communities with information so they may protect themselves when entering medical settings (Williams, Cabral, and Faber 2024). Psychoeducation provides patients the ability to recognize what is and is not appropriate in a therapeutic relationship and may prevent patients from engaging with unethical practitioners and recognizing misconduct. For example, Ingrasci coerced his patient into sexual activity to "heal her cancer," which was not only sexual assault it was also out of scope of practice for a therapist to be claiming they can treat cancer. Ingrasci's patient was not only a victim of rape by an abusive clinician, she was also a victim of a failure in a system that should have protected her from rape and misconduct to begin with. Psychoeducation may or may not be enough to completely protect patients from abusive clinicians, but it could potentially decrease the number of victims.

Some community guides seeking to educate the public about psychedelics have surfaced. For example, Chacruna Institute for Psychedelic Plant Medicines has published the "Ayahuasca Community Guide for the Awareness of Sexual Abuse" which is available for free online in several languages. Chacruna's guidelines consists of information to build awareness of the most common scenarios in which abuse has occurred and continues to transpire in the context of experiences in Amazonian cultural contexts, aiming to arm individuals seeking these ayahuasca experiences with necessary information to make informed autonomous choices that suit their needs (Peluso et al. 2020). Fireside Project, a nonprofit dedicated to providing harm reduction education and a free 24/7 psychedelic support line published the guides "Warning Signs When Selecting a Psychedelic Facilitator," and "Questions to Discuss with a Prospective Psychedelic Facilitator." Outside of psychedelic specific education there is the peer support network TELL (Therapy Exploitation Link Line) which is dedicated to helping victims and survivors of exploitation by psychotherapists and other healthcare providers find the resources to understand, take action, and heal. While patients who have never experienced a therapeutic relationship or use of a psychedelic are dependent on the information given by the professionals they are entrusting care with; they are also in need of information prior to engaging with their clinicians to decrease the risk of misinformation and manipulation. Creating more community educational materials like these that are specific to psychedelic-assisted therapy may aid in preventing future harm for patients.

Therapist Dyads. The case of Ingrasci led to the rule having a male and female co-therapist team in later scientific studies (e.g. MAPS trials). The dyad in general has been "found to have advantages such as safety in case of emergencies, coverage if one therapist has to take a break, and an enhancement of the ability to cope with transference/countertransference issues" (Passie 2018, 12). More specifically, the implementation of a two-therapist model in therapy (which does not need to be limited to a gendered dyad) can help prevent sexual abuse and mitigating the risk of exploitation through several mechanisms:

The presence of two therapists inherently introduces a system of checks and balances, reducing the likelihood of abusive behavior by providing mutual oversight. Each therapist is accountable to the other, which helps maintain professional boundaries and uphold ethical standards. This collaborative environment makes it more difficult for any form of misconduct to occur unnoticed (Norris, Gutheil, and Strasburger 2003).

Secondly, having diversity in gender configurations in a therapist dyad can help prevent gender-related biases and dynamics that might contribute to discomfort or conflict within the therapeutic relationship. This balance can provide a more inclusive and equitable therapeutic environment, where clients might feel safer and more understood, thereby reducing the risk of abuse or miscommunication (Johnson, Richards, and Griffiths 2008).

Furthermore, as suggested by Passie (2018), the presence of two therapists enhances the ability to manage transference and countertransference issues effectively. The dyadic model allows therapists to support each other in recognizing and addressing these dynamics, which can prevent misunderstandings and potential abuse. However, as previously mentioned it did not stop several couples from abusing patients (e.g. Yensen and Dryer, and Grossbard and Bourzat) and it is worth questioning the ethics around allowing dyad's who are partners or spouses to participate in treating patients together as they may be enabling the abusive behavior or less likely to report their significant other.

Patient Advocates

Having a loved one or advocate present during therapeutic sessions may offer several benefits: Firstly, advocates can ensure informed consent is genuinely obtained and maintained, as psychedelics can impair a client's decision-making capacity (Dos Santos, Bouso, and Hallak 2017). Next, the presence of a loved one or advocate acts as a safeguard against power imbalances that can lead to abuse. PAT places clients in a highly vulnerable state, making them susceptible to suggestion and potential exploitation (Johnson, Richards, and Griffiths 2008). An advocate can observe interactions, ensuring that the therapist maintains professional boundaries and adheres to ethical standards. The abuse that happened in all our case studies may have been far less likely to occur under the supervision or presence of a personally trusted advocate. This additional layer of oversight can prevent abusive behaviors and provide immediate intervention if misconduct occurs. Finally, given the possible reluctance of clients to report abuse if unsupported, an advocate can assist in documenting and reporting unethical behavior.

Recording and Documentation

Hamilton (2016) suggests creating a state law that would allow all patients who are sedated for any medical procedure to have their procedure recorded. Creating this law was in response to reports of sexual misconduct taking place while patients are recovering from sedation and aims to prevent future sexual misconduct during this time when they are vulnerable. Under this law, the recordings would be uploaded by healthcare providers to a secure service, protected by a password to ensure HIPAA compliance and would also allow patients to access the recordings, making the process more transparent and enhancing patient safety.

In the context of PAT, recording sessions can also increase patients' safety through having concrete evidence in the event of investigation for abuse and offering protection against potential abuse in the first place. More specifically, both therapists and patients will be aware that their interactions are documented, discouraging sexual and other boundary violations by clinicians involved in the treatment. Supervisors or advocates can also regularly review recorded sessions to ensure the client's safety further. It should be noted that Yensen and Dryer were recorded by MAPS during their therapy sessions and reviews of these videos were not happening consistently. Implementing structures for regular video review would be necessary for this to be a meaningful safety protocol. Recording therapy (video and/or audio) is often used during therapist and psychologist training programs as a training tool. Importantly, clients must always be informed and provide consent for recordings and given access when requested.

Though there are many benefits to recording, using recordings could impact feelings of trust in the therapeutic relationship or impact therapist and patients' ability to bring the authenticity and openness necessary to foster successful therapeutic interventions. There is currently little literature examining the therapeutic impact of recording on the clinicians or patients, but communicating the benefits and risks, considering the context of the environment and treatment, and offering options may minimize the possibility of detrimental impact to treatment.

Systems of Accountability. There is a lack of structure for accountability outside of law enforcement for abuse that happens in underground psychedelic-therapy practice as it continues to be federally illegal to engage with. In above-ground clinical trials, there are several structures to report misconduct though it is not always made clear to the participants what the process of reporting may be, and they are commonly directed to the principal investigator for complaints first (Harrison 2023). Many of the cases discussed took place in underground settings with clinicians who had above ground licenses, but none of those clinical licenses were specific to practicing therapy

with the use of a psychedelic substance. While the criminal and civil legal systems and state licensing boards (as mentioned above) all provide some degrees of accountability, professional guilds for psychedelic practitioners should have ethics committees to review complaints (Rochester et al. 2022). For PAT trials, informed consent forms often contain contact information for the principal investigator or the associated ethics board, but the process for what to do in the event of harm is not clearly outlined for patients (Harrison 2023). Ethics codes are beginning to take shape from several organizations including MAPS, Psychedelic Association of Canada, Oregon Health Authority, ATMA Journey Centers, and OPENurses. However, there are no unified guidelines updating ethical guidelines for the protection of human research subjects on a federal level in the US or Canada.

Of further importance is the recognition of the systems of oppression under which Western psychedelic medicine is taking place. In a recent article discussing how psychedelic communities should respond to sexual abuse, the author offers discussion on how our society responds to cases of sexual abuse in general (Friedwoman 2021). Specifically, the influence of rape culture which shifts the responsibility to the individual who has been assaulted, leaving the vulnerable person to protect themselves (Friedwoman 2021). Friedwoman suggests starting with the work of Tarana Burke (the originator of #metoo), first believing the survivors then supporting further investigation through Burke's three-step process: "making resources publicly available for survivors and allies; organizing survivor leadership training to teach trainees to start their own survivor-support programs; and proliferating healing circles for community processing of sexual abuse and assault" (Friedwoman 2021).

The PREA Resource Center (PRC) whose mission is to eliminate sexual abuse in confinement by assisting the fields of correction, detention, and law enforcement, as well as community and family stakeholders offers a potential model that could be adopted by a psychedelic organization for third party reporting. PRC's statute § 115.54 (Third-party reporting) stated purpose is to:

> "Ensure that there is an easily accessible mechanism for people outside of a custodial facility—third parties such as family, friends, advocates, and others—to report sexual abuse or sexual harassment taking place inside the facility that comes to their attention and to trigger an investigation. Often third parties are in the best position to report such abuse or harassment when inmates, detainees, and residents are unable or feel unsafe doing so. To facilitate easy access, agencies must distribute publicly information on how third parties can report sexual abuse and sexual harassment on behalf of an inmate, detainee, or resident."

An organization committed to offering something similar may be a beneficial addition for clarity in the process of accountability within the field of PAT.

Clinician Supervision and Screening

It is currently unclear what the hiring process is for clinicians who are working on PAT research trials or for organizations offering PAT. It is likely that most organizations upon hiring request references, however PAT specific credentialing is still in the early stages. For those offering PAT who are already licensed in their respective professions may have already gone through a process requiring letters of reference and time with senior supervisors who know the person well prior to certification or credentialing. There have been attempts at creating a unified board and exam managing the credentialing process for those offering PAT, however formal processes have yet to be actualized. Without such an organization there is also little structure for accessing or providing supervision from clinicians with more experience that may model ethical best practices and offer guidance to newer clinicians when ethical dilemmas arise. Further, for clinicians planning to offer PAT in private practice or as organization owners within Western medical models of care, credentialing would likely be the sole method of screening out potentially harmful practitioners (e.g. Rochester et al. 2022). More attention must be paid to creating novel ways outside of the current frameworks to mitigate risks of clinician misconduct.

CONCLUSION

Sexual violations in psychedelic-assisted therapy represent an underappreciated risk, overshadowed by the predominant focus on medical risks of the substances. While much attention is given to the physiological safety of psychedelics and if they may create dependency, the real dangers posed by practitioner misconduct tend to be overlooked. This neglect leaves clients vulnerable to exploitation and abuse, especially those who may already be disempowered due to having marginalized identities or histories of abuse. Addressing these ethical risks is necessary for comprehensive client safety, as the therapeutic context itself creates opportunities for severe boundary violations that have profound and lasting impacts on patients' mental health and trust in the treatment process. The cases presented in this paper serve as sobering reminders of

the importance of maintaining clear and ethical boundaries in psychotherapy, and the ongoing need for vigilance and accountability within the field.

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