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# CULTURAL AND ANTHROPOLOGICAL REVIEW OF RESOURCES

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## **Background**

This piece incorporates information from a variety of sources gathered from guest speakers at research subcommittee meetings. As such, it covers a wider perspective of psilocybin related materials and is not limited to only data from randomized clinical trials. The materials presented include anecdotal pieces, data from observational epidemiological studies, and other sources of information on historical and cultural uses of psilocybin.

## **Methods**

The Oregon Psilocybin Services guest speaker list for the subcommittees and full board was reviewed to identify key sources of information for this report. This report focuses on guest speakers who presented to the research subcommittee. When provided, slides and literature provided by the guest speaker were reviewed. For audio only recordings, the main points made by the speaker were summarized. When available, additional references provided by speakers were incorporated into this report.

## **Summary**

*Dr. Del Potter – 08/26/2021*

### Engagement with indigenous and tribal communities

Mindful engagement of indigenous groups in Oregon is essential to the success of the Oregon Psilocybin Services Act. There was no clarified process of engagement and representation of indigenous communities within and outside of Oregon at the time of this recording in relation to Oregon Health Authority (OHA) and the Oregon Psilocybin Advisory Board (OPAB). OHA has the responsibility to engage indigenous groups in the rulemaking process and identify ways in which these communities can most benefit, which must be accomplished through continuous lines of communication. Reciprocity is crucial to effective engagement; for example, creating a public trust that the council of elders endorsed and engaged in. Additionally, disagreement within communities will be a potential barrier to navigate with engagement as one person or group does not speak for a whole community. Clear communication of benefits to the community and harm reduction within these communities will be essential to navigate external and internal conflicts. At the time of this meeting, OHA has contacted the nine federally recognized tribes in Oregon, the Tribal Affairs staff at OHA, and noted that there was

representation of a tribal member within the Equity Subcommittee, as well as an open seat for a tribal member on the OPAB<sup>1</sup>.

### Historical use and key concepts in indigenous healing practice

There is a lack of research on psilocybin use by indigenous people in Oregon in the anthropological literature. Anthropologists may have not known to ask about use or may have not understood the importance of use, and thus did not document use. However, it seems unlikely for them to have not observed use given the historical importance of psilocybin in these communities. Differential reporting of use may have been due to anthropological biases or lack of knowledge. Additionally, sacred use may have not been discussed with outsiders. Understanding key concepts in indigenous healing practices can help elucidate historical use and provide framework for how use may evolve within the framework of Measure 109. There are multiple causes to disease process within indigenous healing practice, so treatment extends beyond the Western concept of treating the proximal injury. Indigenous healing practices focus on restoring balance and the importance of social relations for individual treatment. Treatment is designed for an individuals' disease process, existential situations, immediate kinships, and relationship to the natural, cosmological, and moral orders, along with a multitude of other access points.

### Other resources to review

Additional resources for review were identified via term searches on Dr. Del Potter's website, "Psychedelic Science Review". Inclusion criteria were articles pertaining to historical and cultural uses of psilocybin. Biographies, fictional literature that pertains to psilocybin and other drug use, articles pertaining to other substances (e.g., cannabis, peyote, ayahuasca, etc.), articles about legalization, discovery of new mushrooms or compounds, and articles pertaining to psilocybin-related conferences and events were excluded. This is not an exhaustive list of sources from this site. Further review of articles from this site is recommended.

- Brande E. Mr. E. Brande, on a Poisonous Species of Agaric. *The Medical and Physical Journal*. 1800 Jan;3(11):41-44. PMID: 30490162; PMCID: PMC5659401.
- Carod-Artal FJ. Hallucinogenic drugs in pre-Columbian Mesoamerican cultures. *Neurología (English Edition)*. 2015;30(1):42-49. doi:10.1016/j.nrleng.2011.07.010
- <https://erowid.org/entheogens/xochi/xochi.shtml>.
- Miller MJ, Albarracin-Jordan J, Moore C, Capriles JM. Chemical evidence for the use of multiple psychotropic plants in a 1,000-year-old ritual bundle from South America. *PNAS*. 2019;116(23):11207-11212. doi:10.1073/pnas.1902174116

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<sup>1</sup> The OPAB seat for a tribal member was open when Dr. Potter gave his presentation on 8/26/21. That seat was filled in June 2022.

- Akers BP, Ruiz JF, Piper A, Ruck CAP. A Prehistoric Mural in Spain Depicting Neurotropic Psilocybe Mushrooms?. *Economic Botany*. 2011;65(2):121-128. doi:10.1007/s12231-011-9152-5
- [https://www.fs.fed.us/wildflowers/ethnobotany/Mind\\_and\\_Spirit/fungi.shtml](https://www.fs.fed.us/wildflowers/ethnobotany/Mind_and_Spirit/fungi.shtml).

*Dr. Bia Labate – 10/28/2021*

### Research and cultural uses

There is room for a bridge between research and anthropological use than can be utilized to further understand both indigenous and non-indigenous use of psilocybin. The goal of this research should be to improve accessibility and improve data translation to ensure that all communities benefit from this work. This work should be less obscure than academia but be more profound and authentic than the sensationalized purview provided in the general media.

### Social justice and equity

Finding indigenous speakers is an essential part to understanding the use of psilocybin. Additionally, organically discovering other speakers who may identify with or be part of other communities that are typically not spotlighted in Western culture (e.g., women, Black people, queer people, people from the global South, immigrants, etc.) is paramount to ensuring that an accurate scope of understanding is provided. Social justice must also be brought with compassion, humor, and fun. This is a fundamental aspect of healing and humbleness. Additionally, social justice must include harm reduction, protection of religious freedoms, and legal rights. It is important to note that not all indigenous people utilize psychedelics and not all psychedelics are pertinent to indigenous communities. Finally, respecting language, sovereignty, and other systems are important for social justice and equity, as well as methods for financial reciprocity.

### Historical use and healing

It is important to understand that historical use did not just include the Mazatecs and that other cultures have a lengthy history of microdosing and other rituals. There also needs to be conversations about bridging the gap between indigenous and Western cultures, including more reciprocity projects. There is a continuity between the underground, shamanic use, and above ground use (e.g., clinical trials and psychedelic-assisted therapy) where it must be understood that these are all heirs of indigenous cultures and practices. Healing from this perspective is important, as the indigenous perspective is that healing is not the property of one single substance to one single disease. Instead, disease is viewed as not solely physical, and healing is viewed as a holistic practice. There are generations of evidence that healing from this holistic perspective is effective.

### Other resources to review

Additional resources were sourced from the Chacruna Institute website using search terms, including “psilocybin”. Articles pertaining to historical and cultural use of psilocybin were included. Articles pertaining to other substances (e.g., cannabis, peyote, ayahuasca, etc.), with strong focus on the logistics of legalization, and other tangentially related topics were excluded. The topic tag “Culture” was selected to narrow these results further. This is not an exhaustive list of all articles pertaining to historical and cultural use of psilocybin on the Chacruna website. A more exhaustive search should be conducted to identify more relevant articles.

- <https://chacruna.net/what-is-psychedelic-chaplaincy/>
- <https://chacruna.net/huautla-city-of-the-magic-mushrooms/>
- <https://chacruna.net/lizard-king-culture-race-peyote/>
- <https://chacruna.net/can-psilocybin-people-feel-empathy-nature/>
- <https://chacruna.net/defense-use-sacred-plants-in-the-americas/>
- [https://chacruna.net/who\\_owes\\_psilocybin/](https://chacruna.net/who_owes_psilocybin/)
- <https://chacruna.net/marcelo-leite-psychedelic-science-journalism/>

*Dr. Paula Noel Macfie – 11/18/2021*

### Bicultural research model

The bridging of Western and indigenous science known as the bicultural research model is vitally important to decolonization. Decolonization is the cornerstone of tools for promoting fairness and equity within the psychedelic landscape. By not incorporating an indigenous perspective, researchers perpetuate a colonized science, which can promote harmful ideals of capitalism, racism, superiority, privilege, etc. Indigenous knowledge is a precursor to Western knowledge, and it must be acknowledged as such. While Western knowledge serves many who are suffering, by not incorporating indigenous knowledge we can unknowingly exclude people. This decolonization must occur at a personal level to confront dissociation and cultural trauma and allow one to recover their indigenous mind. This will allow for the coexistence of differing perspectives on psilocybin that is much broader than the current narrow view in Western medicine and research. For example, current approaches that include published research, conferences, etc. tend to take a Western, colonized purview, while missing out on valuable indigenous knowledge. It is necessary to bring our whole selves when discussing psilocybin, including the indigenous mind and the Western mind.

### Other resources to review

These additional resources were provided by Dr. Macfie at the 11/18/2021 research subcommittee meeting. These links lead to the materials on the OHA Psilocybin Services website or are direct links to the sources provided on the website. This is not an exhaustive list of sources and other avenues of finding information pertaining to Dr. Macfie’s work should be pursued.

- [https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/\[Journal%20of%20Psychedelic%20Studies\]%20The%20psychedelic%20renaissance%20and%20the%20limitations%20of%20a%20White-dominant%20medical%20framework\\_%20A%20call%20for%20indigenous%20and%20ethnic%20minority%20inclusion%20\(1\).pdf](https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/[Journal%20of%20Psychedelic%20Studies]%20The%20psychedelic%20renaissance%20and%20the%20limitations%20of%20a%20White-dominant%20medical%20framework_%20A%20call%20for%20indigenous%20and%20ethnic%20minority%20inclusion%20(1).pdf)
- <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Important%20Terms.pdf>
- <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Indigenous%20Science%20criteria.pdf>
- <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Laws%20of%20Life.pdf>
- <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Measures.pdf>
- <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Links%20to%20organizations%20and%20colleagues%20I%20reference.pdf>
- [https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/03\\_Feinberg\\_Undiscovering\\_Springer\\_2018.pdf](https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/03_Feinberg_Undiscovering_Springer_2018.pdf)

*Dr. Monnica Williams – 02/24/2022*

## Diversity

There are many diverse populations who may have interest in or experience with psilocybin. The eight major categories of diversity include: culture, race/ethnicity, gender, sexual orientation, social/economic classification, age, disability, and religion. There are varying degrees of social stigma or privilege within each of these identities. Almost all of these identities are ascribed and there is little control by people of which they have, though some are more flexible. Race and ethnicity are some of the most stigmatized topics and predictors of important factors, such as where you live, socioeconomic status, etc. Along with these eight, there are many other ways in which people are diverse.

## Race

View of race is modified by race. White populations tend to think that non-white populations are thriving, and that racism is no longer an issue. However, people within racialized communities face overt and covert racism daily. Acts of racism are often overlooked by those who do not experience racism. Racism is significantly correlated with negative mental health outcomes which can be caused directly by racism or exacerbated by experiencing racism; this can be known as racial trauma. Racial trauma can be a combination of individual racism, community racism, historical racism, and systemic racism. Stressors for racial trauma can include police harassment and assault, workplace discrimination, community violence, murder of loved ones, incarceration, distressing medical and/or childbirth experiences, amongst other traumas. Traumas common among immigrants and refugees can include experiencing or witnessing torture, ethnic cleansing,

and persecution, destruction of cultural practices, living in a war zone, immigration difficulties or deportation, etc. Microaggressions can be a barrier to care, especially when committed by mental health professionals.

### War on Drugs

Legality of drugs not based on science, rather on politics and who is associated with said drugs. These laws were created to target communities of color and continue to target these communities to this day, as evidenced by policing that targets people of color and low-income groups. These inequities lead to incarceration and triggers trauma for many people of color. However, white individuals can safely access substances, including psychedelics. Racial profiling also contributes to this traumatization and drug stigma in communities of color. Thus, when psychedelics are legalized these communities may be afraid to utilize them amongst other reasons, such as medical mistrust which can be traced back to abuses of slaves and United States sanctioned research, like the Tuskegee Syphilis trials.

### Underrepresentation in research and culturally informed care

Communities of color have a history of trauma that can be traced back to uninformed, and non-consenting participation in research, like in the trials listed above. Additionally, people of color are underrepresented in current research, including research on psychedelics. One research study conducted by Dr. Williams included people of color who have used psychedelics to cope with racial trauma, which found that use of psychedelics led to improved mental health. Challenging experiences with psychedelics negatively impacted mental health. Provision of culturally informed care is essential to ensuring that experiences are not challenging. Not having culturally informed care during psychedelic therapy can compound racial trauma further, especially as it is less feasible to leave the area that re-triggered the trauma when under the influence of psychedelics. A diverse workforce is necessary to ensure availability of culturally informed care. All practitioners also need to competently provide culturally informed care, as they must be able to work with diverse populations who may not identify within the same population as the practitioner.

### Other resources to review

These resources were provided in the PowerPoint from Dr. Williams presentation at the 02/24/2022 research subcommittee meeting. This is not an exhaustive list of resources and further review should be done, such as a reference search within these provided articles.

- Halstead, M., Reed, S., Krause, R., & Williams, M. T. (2021). Ketamine-assisted psychotherapy for PTSD related to experiences of racial discrimination. *Clinical Case Studies*, 20(4), 310-330. doi: 10.1177/1534650121990894
- Jahn, Z. W., Lopez, J., de la Salle, S., Faber, S., & Williams, M. T. (2021). Racial/Ethnic differences in prevalence for hallucinogen use by age cohort: Findings from the 2018 National Survey on Drug Use and Health. *Journal of Psychedelic Studies*, 5(2), 69-82. <https://doi.org/10.1556/2054.2021.00166>

- Williams, M. T., Reed, S., & George, J. (2020). Culture and psychedelic psychotherapy: Ethnic and racial themes from three Black women therapists. *Journal of Psychedelic Studies*, 4(3), 125-138.
- Williams, M. T., Reed, S., & Aggarwal, R. (2020). Culturally-informed research design issues in a study for MDMA-assisted psychotherapy for posttraumatic stress disorder. *Journal of Psychedelic Studies*, 4(1), 40–50. doi: 10.1556/2054.2019.016
- George, J. R., Michaels, T. I., Sevelius, J., & Williams, M. T. (2020). The psychedelic renaissance and the limitations of a Whitedominant medical framework: A call for indigenous and ethnic minority inclusion. *Journal of Psychedelic Studies*, 4(1), 4-15.
- Michaels, T. I., Purdon, J., Collins, A. & Williams, M. T. (2018). Inclusion of people of color in psychedelic-assisted psychotherapy: A review of the literature. *BMC Psychiatry*, 18(245), 1-9. doi: 10.1186/s12888-018-1824-6.
- Williams, M. T., & Leins, C. (2016). Race-based trauma: The challenge and promise of MDMA-assisted psychotherapy. *Multidisciplinary Association for Psychedelic Studies (MAPS) Bulletin*, 26(1), 32-37
- Fogg, C., Michaels, T. I., de la Salle, S., Jahn, Z. W., & Williams, M. T. (2021). Ethnoracial health disparities and the ethnopsychopharmacology of psychedelic medicine. *Experimental and Clinical Psychopharmacology*, 29(5), 539–554. <https://doi.org/10.1037/pha0000490>
- Williams, M., Davis, A., Xin, Y., Sepeda, N., Colon-Grigas, P., Sinnott, S., & Haeny, A. (2021). People of color in North America report improvements in racial trauma and mental health symptoms following psychedelic experiences. *Drugs: Education, Prevention & Policy*, 28(3), 215-226. <https://doi.org/10.1080/09687637.2020.1854688>
- Strauss, D., de la Salle, S., Slosower, J., & Williams, M. T. (in press). Research abuses against people of colour and other vulnerable groups in early psychedelic research. *Journal of Medical Ethics*. <http://dx.doi.org/10.1136/medethics-2021-107262>
- Davis, A. K., Xin, Y., Sepeda, N. D., Garcia-Romeu, A., & Williams, M. T. (in press). Increases in psychological flexibility mediate the relationship between acute psychedelic effects and decreases in racial trauma symptoms among people of color. *Chronic Stress*. <https://doi.org/10.1177/247054702111035607>
- Ching, T., Davis, A. K., Xin, Y., & Williams, M. T. (in press). Effects of psychedelic use on racial trauma symptoms and ethnic identity among Asians in North America. *Journal of Psychoactive Drugs*. <https://doi.org/10.1080/02791072.2022.2025960>
- Ching, T., Williams, M., Reed, S., Kisicki, M., Wang, J., Yazar-Klosinski, B., Emerson, A., & Doblin, R. (in press). MDMA-assisted therapy for posttraumatic stress disorder: A mixed-methods case study of a participant of color from an open-label trial. *Journal of Humanistic Psychology*. <https://doi.org/10.1177/00221678221076993>

*Dr. Benjamin Feinberg – 03/31/2022*

### Culture of psychedelic use

Being within the community provides a broader, less isolated view that is not limited by the structure of social science methods. It is important to note the United States has a culture pertaining to psychedelics as well; for example, the psychedelic renaissance of the past few years. The Western frames tends to view the Sierra Mazateca as a historical aspect of psychedelics without

agency, requiring domination by more “sophisticated” Western methods. However, to respectfully engage in psychedelic frameworks reciprocity and respect is required versus discovery and domination. The cultures are not the same, but othering leads to missed connections and collaborations.

### Sierra Mazateca

Within the communities, there are people of knowledge known as “Chjota Chjine”. These people can be one within each family group and can be men or women. The focus in these relationships is one of respect and reciprocity and not about domination. These roles also yield both power and danger in the connections with the community and with psilocybin. These people mediate the connection of the physical and spiritual world.

### Role of language

Speech is known as “Tso”. This is a formal magical or innate speech with mushrooms. Words can be luminous objects or textures. Other sacred connections with this language shared with ancestors can be through natural events, such as rain. This language also requires spontaneity on behalf of the hearer to interpret.

### Healing

Determining the cause of illness is multifaceted and is tied to the idea of the body and multiple souls. Some methods to heal illness may be to remove intrusive substances or locating a lost soul. The causes of ailments are generally social.

### Reciprocal practices

Practices are fluid, flexible, and changing. Respectful use involves not treating communities as if they are fossilized and cannot be communicated with. Additionally, there are some traditional practices that may not be adopted in Western culture that are part of respectful use (e.g., use should be indoors, at night, with families, not mixed with alcohol, and not while engaging in certain behaviors).

### Other resources to review

There was no specific website provided by Dr. Feinberg. Further engagement with Dr. Feinberg’s research and content would add greater detail to this section. It is recommended that additional articles from Dr. Feinberg or other similar professionals are reviewed for this piece.

### **Limitations**

These findings represent a narrow subset of the wider expertise shared by guest speakers in the Oregon Psilocybin Advisory Board research subcommittee. Views reflected will likely be biased toward these perspectives. Furthermore, all summaries are subject to different interpretations



depending on the writer or listener, therefore, this document also has a narrow scope. There are many written resources on cultural and anthropological perspectives on psilocybin use that go unpublished. Additionally, non-written resources offer a wealth of information that is not contained within this report. As such, this report should not be considered a fully representative source on all cultural and anthropological literature surrounding psilocybin use.

### **OPAB Research Subcommittee Recommendation**

To continue to deepen knowledge about psilocybin, it is recommended that information be sourced widely, including but not necessarily limited to discussions with diverse experts, scientific studies, anthropological reports, ethnographies, popular media, and gray literature. The Research Subcommittee will meet annually to review and discuss new developments in these areas. Respect and reciprocity are paramount during the exchanges of knowledge with diverse communities that will continue to occur. The information that is gathered on an ongoing basis should be made available to OPAB, OHA, and the public on the Research Subcommittee website. OPAB, OHA, and the public will be alerted when information is updated. The goals are to facilitate the incorporation of diverse information into OHA and OPAB deliberations, to build a repository of diverse psilocybin-related information over time, and to make this information readily available to members of the public.