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"Honoring Beautiful Connections": LGBTQA+ Perspectives on Providing Safe and Inclusive Psychedelic-Assisted Therapy

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ABSTRACT

Psychedelic-Assisted Therapy (PAT) is a rapidly growing therapeutic approach that to date has rarely considered the nuanced needs of LGBTQA+ individuals. This study explores what LGBTQA+ individuals consider important for healthcare providers (HCPs) to consider when providing PAT. A global sample of LGBTQA+ individuals aged 18+ who had experience using a classic psychedelic compound at least once in a non-microdose manner were recruited into an online survey. Of 130 responses, 43 provided qualitative data relevant for the present study. Data were analyzed using an inductive reflexive thematic approach and three themes were developed. Theme 1 "*Reflect on Your Biases and Learn the Language"* described how HCPs should learn about LGBTQA+ issues to build trust and ensure safety during preparation sessions. Theme 2 "*Identity and the Return from Universal Consciousness*" described how HCPs should adopt a flexible, client-led approach when supporting identity exploration. Theme 3 "*The Art of Being-There"* described how HCPs should thoughtfully modulate their presence during clients' psychedelic experiences. These findings offer nuanced insights into enhancing the development of PAT protocols tailored for clients from LGBTQA+ communities, underscoring the need for care that acknowledges the variety of experiences and needs of LGBTQA+ individuals.

KEYWORDS

Psychedelics; LGBTQIA+; intervention design; qualitative; acceptability; therapy; affirming care

The wellbeing of gender, sexuality, and romantically diverse individuals, and those born with innate variations of sex characteristics (hereafter referred to respectfully as "LGBTQIA+"), is a critical public health priority. There exists

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a significant disparity in the mental health and wellbeing of LGBTQIA+ individuals compared to their non-LGBTQIA+ counterparts (Hill et al., 2020; King et al., 2008; Marchi et al., 2022; Plöderl & Tremblay, 2015). The dominant theoretical framework explaining this disparity is the additive impact of identity-related stressors, known as minority stressors (Meyer, 2003). Within most western societies, there are cisnormative gender roles, heterosexual norms, and endosexist norms regarding typical sex characteristics that are upheld in social, medical, and legal contexts (Hart & Shakespeare-Finch, 2022; van der Toorn et al., 2020). These norms and expectations are the basis of much of the vitriol (i.e., minority stressors) directed toward LGBTQIA + communities by individuals who are not accepting of those whose lives and bodies do not adhere to these rigid parameters.

These minority stressors take many forms, including discrimination, isolation, physical and emotional violence, internalized stigma, and forced medical/social interventions (Bostwick et al., 2014; Drabish & Theeke, 2022; du Plessis et al., 2025; Hart & Shakespeare-Finch, 2022; Puckett et al., 2017). Therefore, it is important to note that LGBTQIA+ mental health disparities are due to the burdens of harmful sociopolitical climates, rather than innate weaknesses within LGBTQIA+ individuals. Although society's attitudes are evolving, many LGBTQIA+ individuals continue to experience discrimination due to harmful sociopolitical environments that reject diversity (Arayasirikul et al., 2022; Brömdal et al., 2024; Carpenter, 2023; Meyer et al., 2021). This makes supporting LGBTQIA+ people to cope with these stressors as well as concerted efforts to change societies altogether central to supporting their wellbeing.

Recent scholarship has increasingly focused on the unique experiences of people with specific identities within the LGBTQIA+ community, and the impact of these experiences on mental health and wellbeing. For instance, research has highlighted the distinct experiences and minority stressors faced by transgender individuals (binary and non-binary), including gender-diverse individuals, which can contribute to lower levels of wellbeing comparative to cisgender individuals (Drabish & Theeke, 2022; Phillips et al., 2024). Similar distinctions have also been acknowledged for bisexual/pansexual individuals (Johnson et al., 2024; Phillips et al., 2024) and those with innate variations of sex characteristics (Brömdal et al., 2021; Carpenter, 2023). The emphasis on subpopulation-specific experiences underscores the considerable heterogeneity within LGBTQIA+ communities and the necessity of recognizing individual identities of members from these communities in research and health services.

LGBTQIA+ individuals frequently report barriers to accessing mental health support. These barriers include prior negative experiences and the anticipation of discrimination, both of which delay and inhibit access to care, including care in emergency mental health contexts (Alencar Albuquerque et al., 2016; Berger et al., 2024; Carpenter, 2023; Hill et al.,

2020; Lim et al., 2021; Romanelli & Hudson, 2017). Therefore, cultivating trust in health systems and overcoming past harms requires healthcare providers to have a thorough understanding of how to appropriately support LGBTQIA+ individuals in therapeutic contexts and in a person-centered and culturally responsive or safe manner (Franks et al., 2023). Pragmatic guidance on how to achieve this commonly includes building: a) reflective knowledge and practices; b) working knowledge of what it means to be LGBTQIA+; c) an understanding of how minority stressors may influence therapeutic processes; and d) communication skills that involve the use of respectful and affirming language that is individualized to the person—such as correct pronouns and terminology (Alessi, 2014; Carpenter, 2024; Hadland et al., 2016).

While integrating these components into traditional talk-based therapies may be relatively straightforward, adapting these components into targeted, manualized approaches can be challenging due to the heterogeneity in experiences within LGBTQIA+ communities. For example, in the context of digital, self-guided mental health programs, 'tailoring' content can prove difficult as these more structured programs may not adequately meet the unique needs of the individual due to their focus on the wellbeing of the broader LGBTQIA+ community (Fowler et al., 2023). Furthermore, therapeutic protocols need to provide targeted skill-building to help individuals respond to enduring systems of oppression that perpetuate anti-LGBTQIA+ rhetoric. Therefore, when designing protocols for specific mental health treatments, it is crucial to continually engage in community co-design to garner a thorough understanding of how to develop protocols that meet the diverse needs of clients.

Psychedelic-assisted therapy (PAT) is a rapidly emerging treatment approach that combines psychedelic compounds with psychotherapy to treat various psychiatric conditions, such as depression and post-traumatic stress disorder (Carhart-Harris & Goodwin, 2017; Dixon Ritchie et al., 2023; Garcia-Romeu & Richards, 2018; Nutt, 2019; Tupper et al., 2015). PAT typically unfolds in three phases: preparation, dosing, and integration. Preparation sessions involve building a strong therapeutic alliance, explaining the therapy process, and teaching clients techniques that facilitate therapeutic outcomes, such as intention setting (Haijen et al., 2018; Reiff et al., 2020). Dosing sessions focus on the administration of a psychedelic compound, optimizing extra-pharmacological variables (e.g., music, sensory stimulation), and guiding clients through their psychedelic experiences (Borkel et al., 2024; Hartogsohn, 2017; Noorani, 2021; Reiff et al., 2020). This often includes the presence of two Healthcare Providers (HCPs) who engage in various supportive techniques, which may include physical contact—a unique consideration of PAT that has raised important discussions on the need for negotiating individualized consent processes prior to dosing sessions (Harrison, 2023). Furthermore, these dyads typically involve one male and one female HCP, although it should be noted

this emphasis on gender could be inappropriate or harmful to LGBTQIA+ clients (Belser, 2019a; Wagner et al., 2019). Integration sessions involve clients reflecting on and making sense of their psychedelic experiences (Reiff et al., 2020). In the context of contemporary clinical trials, this usually involves open, exploratory discussions facilitated by HCPs. Outside of contemporary clinical trials, practices used to facilitate integration have involved a broad array of techniques such as journaling, sensory deprivation, exercise, or art-based activities (Bathje et al., 2022).

Crucially, the centrality of the psychedelic experience itself in the therapeutic process of PAT (Yaden & Griffiths, 2021) underscores the need to engage with—and learn from—the expertise of those with lived-experience of psychedelic states when co-developing PAT (Miceli mcmillan, 2022). This need becomes even more pressing in light of arguments that dominant conceptualizations of psychedelic experiences often overlook the role of intersectionality —including queer identities (Belser, 2019b; Desrochers, 2024) and thereby risk undervaluing variation in experience and therapeutic approaches that may be especially relevant within priotity populations. Scholarly work advocates for the importance of adapting PAT protocols to address the contextualized needs of LGBTQIA+ individuals by considering minority stressors, resilience, and strengths (Belser, 2019a; Hanshaw et al., 2024; Stauffer et al., 2022). However, given the diversity within LGBTQIA+ communities and the different minority stressors community members experience (Windt et al., 2024), it is imperative to include LGBTQIA+ voices in the development of PAT protocols. Incorporating a design that is strengths-based, and considers intersectional forms of oppression into PAT contexts is essential for further understanding best-practices and the mechanisms that drive therapeutic outcomes (Hanshaw et al., 2024). Unfortunately, much of the existing literature on PAT's efficacy often unintentionally excludes LGBTQIA+ voices and lived experiences (Bartlett et al., 2024; Hanshaw et al., 2024; Saade et al., 2024). This exclusion is problematic as LGBTQIA+ psychedelic-using communities have raised numerous concerns about harmful cis/hetero-normative and endosexist assumptions in current approaches to PAT, such as the binary focus of a male *or* female HCP dyad (Stauffer et al., 2022). To rectify past harm done to LGBTQIA+ communities through medical misuse of PAT (e.g., as a form of conversion therapy; Stauffer et al., 2022) and to develop safe and affirming PAT protocols, integrating LGBTQIA+ perspectives is an essential next step in PAT research.

As such, the aim of the present study is to learn from LGBTQIA+ individuals with lived experience of psychedelic use, focusing on what LGBTQIA+ individuals recommend HCPs providing PAT should know about supporting LGBTQIA+ clients during PAT. These findings will be used to inform future development of inclusive PAT protocols, including those specific to LGBTQIA+ individuals.

Methods

A custom-built survey was developed for this research using the university-based survey tool LimeSurvey. Before the survey dissemination, the tool was tested among the research team to ensure that questions were clear and that the survey was of an appropriate length (approximately 10–20 minutes for completion). The survey included open-ended questions and was divided into three components. Component one included a series of questions regarding demographic information, including various dimensions of LGBTQIA+ identities. Component two asked participants to reflect on their prior psychedelic experiences. Component three asked participants to reflect on the integration of their prior psychedelic experiences.

The present study focused on the analysis of two specific open-ended questions from this survey. This included one open-ended question from component two, and another from component three of the survey. The questions asked participants to reflect on what advice they have for HCPs providing PAT to LGBTQIA+ people on how to best support LGBTQIA+ persons through psychedelic experiences and during the integration of these experiences. Ethical approval for this study was provided by the University of Southern Queensland (ETH2024–0233).

Participant recruitment

This global survey was open to individuals aged 18+ who had sufficient English literacy, self-identified as members of the LGBTQIA+ community and had taken a classic psychedelic compound (i.e., lysergic acid diethylamide, mescaline, psilocybin, dimethyltryptamine) at least once in a non-microdose manner. Participant eligibility was checked via screening questions in the survey. Recruitment was primarily conducted through social media posts on Facebook and Reddit within special interest groups related to the LGBTQIA+ community and psychedelics. Study information was also disseminated via e-mail within personal and professional networks accessible to the researchers. Participants did not receive any remuneration and provided their informed consent before completing the study.

Researcher positionality and data analysis

The research team consists of a mix of insider and outsider perspectives and lived experiences in relation to many key intersections in this research, such being sexuality and gender diverse community members, HCPs, or having previous experiences with psychedelic compounds. Some researchers identified as having the specific intersection of LGBTQA+ lived experience and prior use of psychedelic compounds. This blend of perspectives offers

methodological benefits, as identified within other published works (Dean et al., 2025; Hayfield & Huxley, 2015). For example, insider perspectives may help interpret results and identify key areas to explore. However, insider perspectives may also bias the analysis to present data in a way that best meets community needs but is not necessarily true to the data. Conversely, outsider perspectives may limit the depth of interpretation due to a lacking understanding of community nuances but may be less impacted by bias. This combined approach allows for a rigorous balance of perspectives, whilst also ensuring that the project is collaboratively led by LGBTQA+ peoples and voices.

Data were analyzed using an inductive reflexive thematic approach as informed by Braun and Clarke (2013) primarily by the two first authors (RMM who is not a member of the LGBTQIA+ community and JF who identifies as Queer). Initially, RMM and JF read the data to familiarize themselves with its contents. A preliminary codebook was then based on these first impressions to meaningfully organize the data. At first, these codes focused on the semantic meaning of the data but gradually developed during codebook refinement to incorporate latent (deeper level) interpretations. This refinement involved conversations between RMM and JF regarding data interpretation and reflecting on biases that might be influencing the data interpretation. Once a final codebook was developed, themes were articulated based around their central organizing principles. Following this, thematic structure was discussed by a sub-group of the authorship team trained in the delivery of PAT and/or have undertaken trials of PAT. This was to ensure the presentation of results pertained information relevant to clinical practice. Finally, the thematic presentation was reviewed with further input by the whole authorship team. Participant numbers are used to label participant quotes based on their unique participant number at time of enrollment, ranging between 1 and 130.

Results

Participant demographics

In total 130 participants were recruited for this survey, with a total of 43 responses included in the final analysis undertaken in the present study. Twenty-one participants were removed as they did not meet eligibility criteria. One participant was removed as their response was overtly anti-LGBTIQIA+. One participant response was a test response from the authorship team. Sixty-Two participants were removed as they did not provide responses to the specific questions being analyzed in the present study.

Participants were predominantly from the United States (US; n = 15, 34.9%) and Australia (n = 14, 32.6%) with ages ranging between 18 and 64 (M = 30.98 years, SD = 9.34). Participants were predominantly non-binary (n = 41.9%) or cisgender males (n = 13, 30.2%). Three participants

(7.0%) identified as being unsure if they were born with an innate variation of sex characteristics. Given this, the decision was made within the results and discussion of this article to not include "intersex" in the LGBTQA+ acronym to respectfully acknowledge that people with innate variations of sex characteristics are not represented in this data. Almost one-third of the sample reported holding multiple sexuality identities (n = 14, 32.6%), with the most common sexuality identity being queer (n = 15, 34.9%), followed by bisexual (n = 11, 25.6%). Full demographics can be found in Table 1.

Table 1. Overview of participant demographics.

Demographic Variable	n (%)
Gender Identity (N = 43)	
Cisgender female	8 (18.6%)
Cisgender male	13 (30.2%)
Trans female	2 (4.7%)
Trans male	6 (14.0%)
Non-binary	18 (41.9%)
Another gender identity	6 (14.0%)
Multiple gender identities	9 (20.9%)
Innate Variations of Sex Characteristics (N = 43)	
Yes	0 (0.0%)
No	40 (93.0%)
Unsure	3 (7.0%)
Sexuality (N = 43)	
Heterosexual	2 (4.7%)
Lesbian	5 (11.6%)
Gay	10 (23.3%)
Bisexual	11 (25.6%)
Asexual	3 (7.0%)
Queer	15 (34.9%)
Pansexual	9 (20.9%)
Currently questioning their sexual identity	2 (4.7%)
I do not label my sexuality identity	4 (9.3%)
Other sexuality identity	3 (7.0%)
Multiple sexuality identities	14 (32.6%)
Romantic identity (N = 43)	
Alloromantic	12 (27.9%)
Aromantic	2 (4.7%)
Aro-spec	2 (4.7%)
Greyromantic	5 (11.6%)
Demiromantic	4 (9.3%)
I do not label my romantic identity	14 (32.6%)
I do not have a romantic identity	5 (11.6%)
Another romantic identity	3 (7.0%)
Multiple romantic identities	5 (11.6 %)
Location (N = 43)	
United States of America	15 (34.9%)
Australia	14 (32.6%)
Europe	16 (18.0%)
Canada	6 (14.0%)
Germany	2 (4.7%)
United Kingdom	1 (2.3%)
Switzerland	1 (2.3%)
Slovenia	1 (2.3%)
Poland	1 (2.3%)
Mexico	1 (2.3%)
Finland	1 (2.3%)

Thematic analysis

The results of our reflexive thematic analysis identify the journey required of HCPs who wish to provide affirming and safe care to LGBTQA+ clients, from the perspectives of LGBTQA+ individuals with lived experience of psychedelic use. Theme 1, "Reflect on Your Biases and Learn the Language" highlights the necessity for HCPs to cultivate knowledge around LGBTQA+ issues, immerse themselves in queer culture, and avoid making assumptions about clients' identities, enabling them to build trust and ensure safety during PAT preparation. Theme 2, "Identity and the Return from Universal Consciousness" underscores the nuanced role of identity during psychedelic integration and emphasizes the importance of a flexible, client-led approach, where HCPs support but do not impose their views. Theme 3, "The Art of Being-There" explores the importance of HCPs modulating their presence during psychedelic experiences, creating space for clients to navigate their own journeys while offering support when necessary, and avoiding the imposition of personal biases into the therapeutic process.

Reflect on your biases and learn the language: Building foundations of trust and safety during psychedelic preparation

Many of the participants highlighted the importance of HCPs cultivating their knowledge around LGBTQA+ issues and experiences that could contribute to mental health difficulties—for example familial rejection, experiences of discrimination, religious trauma, and conversion therapy. Equally critical, however, was for HCPs to immerse themselves in "LGBTQA+ culture" through learning more about how LGBTQA+ people relate to one-another, as well as engaging in advocacy. As described by Participant #112, an Alloromantic Pansexual 40-year-old Gender Queer, Cisgender Female from Australia, it was important for HCPs to be aware that LGBTQA+ identities may cause both "joy and pain."

Moreover, participants described wanting providers to be "open and knowledgeable enough to provide a space that feels safe and affirming" (Participant #100, a Queer, Aromantic 42-year-old Non-Binary person from the US). Cultivating a thorough knowledge of many priority identities could provide HCPs with the relevant contextual knowledge to establish trusting and safe therapeutic relationships and mitigate stigma among HCPs. Participant #127, a 21-year-old Queer Non-Binary person from Finland, emphasized:

> Being at least a bit knowledgeable about LGBTQA+ issues and experiences helps to build a better foundation for trust and safety required for therapy . . . Make sure they understand trans experiences most of all in my opinion. Most people can understand "what if I liked men, that's how gay people feel," but gender dysphoria and being trans, especially nonbinary is a very alien and hard to understand concept to a lot of people.

However, even well-intended HCPs who believe they are allies can make mistakes. Participant #100, a Queer, Aromantic 42-year-old Non-Binary person from the US, shared experiences of previous HCPs making unintentional comments that did not "feel right" or placed the burden on the client to provide them with all the knowledge, "I've had many therapists who thought they were allies but who I had to constantly be educating or just trying to ignore things they said that didn't feel right to me (not intentionally on their part)."

Participants felt it was important for HCPs to "personalize [their] work with each individual" (Participant # 67, a Bisexual 30-year-old Trans Male from the US) and acknowledge the diverse needs of all people accessing mental health support—not just LGBTQA+ clients. During psychedelic preparation sessions, participants highlighted that it was important for HCPs to engage in dialogue around goals. This creates the opportunity for HCPs to develop a greater understanding of what clients may hope to gain from the experience and be more receptive to their needs over the course of their treatment. As Participant #98, a Queer Bisexual 26-year-old Genderfluid person from Australia, noted, "Extensive conversations prior [are important] so they [clients] understand going in where they are mentally and what they hope to gain from the experience—often focusing on a particular or specific goal doesn't necessarily result in exploring the topic."

Participants also noted that this dialog extended to considerations around co-creating sensory de-escalation strategies that would facilitate feelings of safety during psychedelic sessions, where people may struggle with the "feeling of tripping[1] as [they] are not in control" (Participant # 128, a Queer 29-year-old Cisgender Male from Australia). Crucially, this includes dialog around physical boundaries. Participant #18, a Gay 37-year-old Gender Non-Conforming person from Canada described how HCPs might consider sensory prompts during the trip, such as songs or food, while also opening dialog around physical touch and "hugging:"

> Ask what do you think would make you feel safe during the trip? What gives you comfort? It can be an object, a smell, a texture of something you touch, a song, a music genre, something visual, a particular food maybe? Do you think if I hugged you if I see you going in a stressful moment can help you, would you feel comfy with it? I personally found it extremely helpful.

These narratives suggest that competent HCPs have the language to appropriately explore with clients who they are and what their unique needs may be throughout the PAT process. For example, an understanding of trans and gender diverse identities may inform conversations around pronoun usage and how clients may like to be addressed. At a deeper level, this may also facilitate direct conversations about how LGBTQA+ identities may influence someone's life rather than relying on assumptions. These conversations are

essential, as participants reflected varying levels of identity prominence and, in turn, desires in therapeutic contexts. For example, Participant #41, an Alloromantic Queer Heterosexual 20-year-old Non-Binary person felt that their "queerness intersects into every aspect of who I am and my experiences," whereas Participant #29, a 23-year-old Cisgender Female from Switzerland stated, "There is nothing specific to this community. . . I would not like to be treated differently just because I am LGBT+."

This diversity of experiences underscores the importance of HCPs possessing the knowledge and language to explore the role of identity with each client in a flexible and adaptable way. This skill set becomes even more crucial when supporting LGBTQA+ clients during integration sessions. In these sessions, clients grapple with and make sense of their psychedelic experiences, which frequently induce profound alterations to their sense of self and identity.

Identity and the return from universal consciousness: Supporting client-directed exploration of identity during psychedelic integration

Many participants highlighted the intricate relationship between identity and psychedelic integration. Participants emphasized the importance of HCPs adopting a flexible, client-led approach that allows individuals to define the role their identity plays in their healing journey. Crucially, participants underscored that psychedelic-induced shifts in identity, while powerful, must be handled with utmost care, as invalidating or pathologizing a client's personal insights risks significant harm. For instance, the participants described that psychedelic experiences can temporarily dissolve specific identities—including gender identities. Participant #32, a Greyromantic Pansexual 32-year-old Non-Binary Trans Male from Canada, shared:

> I believe that when we are tripping most humans are in a "genderless" state- not because they truly are genderless but because the societal impetus of understanding gender doesn't matter after the ego is stripped away. All of us are just an experience on the inside, so the understanding of how that influences our gender might not make sense until after the ego has returned.

Moreover, some participants noted that at times this dissolution extended beyond specific identities to encompass the whole of identity itself. Participant #87, a Gay 45-year-old Cisgender Male from the US, stated it was important to, ". . . see well beyond identity and be prepared when people move beyond it into a place of universal consciousness that can be misunderstood as some form of psychosis to a non-trained individual."

As evidenced by these responses, participants advised that HCPs need sufficient training so as not to pathologize identity changes encountered during psychedelic experiences. The process of making sense of psychedelic-induced identity shifts is a delicate one for both HCPs and clients. Navigating

the process of making sense of these experiences places clients, particularly LGBTQA+ clients, in a vulnerable position. Invalidation of clients' integration processes—such as by arbitrating what meaning derived from these experiences is "right" or "wrong"—could result in significant harm. Participant #97, an Aromantic, Asexual, 24-year-old Agender person from the US, cautioned, "there are some things your lgbt patients might have a massively different view of than you. It's not wrong. Please never make them feel like their feelings are wrong. They have their own beautiful connection with their experiences." Similarly, Participant #106, a Queer Non-Binary 24-year-old person from the UK, advised, "Don't invalidate people's insights. If someone realizes an aspect of their identity following a trip, investigate this in their own time . . . "

Importantly, while some found their identity played an important part in their psychedelic integration, other participants emphasized that HCPs should be cognizant not to generalize this to all clients with LGBTQA+ identities. Participants emphasized that LGBTQA+ identities "may have little relevance to a particular trip" and advised HCPs "not to make it a focus unless the person does (Participant #112, an Alloromantic Pansexual 40-year-old Gender Queer, Cisgender Female from Australia). This approach allowed them to lead the conversation around how identity is influential (if at all) during their psychedelic integration. Participant #15, a Gay 37-year-old Cisgender Male from Canada, explained:

> Let the client lead and don't make assumptions about them based on their sexuality or gender identity experiences. We're humans first and foremost with the same kinds of problems and aspirations as anyone else. Our sexuality and gender identities are a layer of our experience but they're not the totality of our experience. It's ok to acknowledge or ask if our experiences as lgtbq2a+ inform our experience or interpretation of our experience but be open to the possibility that it's not always directly relevant to what we're work on/through.

Not leading appropriately and relating LGBTQA+ identities to negative experiences had the potential to set clients up for negative experiences. Some felt heavy dialogue on poor minority experiences may in turn create poor trip experiences. Therefore, participants felt it was important to allow clients to communicate their needs and wishes and for HCPs to hold space for what identity means for them and whether traumas or challenges exist in relation to this identity. Participant #67, a Bisexual 30-year-old Trans Male from the US, suggested:

> If you start with too much focus on the negative (ex: phrasing like "your experience as a marginalized person") you can plant negative seeds. Allow the individual to communicate what they need, what they are looking for, what language makes them comfortable.

In the context of client-led approaches, HCPs should therefore not make assumptions about how LGBTQA+ identities relate to trauma and/or mental

health. This does not mean that conversations cannot be in the room, but the ways they are linked need to be done in a curious and client-led manner. Participant #72, a Pansexual 23-year-old Non-Binary person from the US, advised, "Do not verbally link LGBTQA+ identities and lifestyles with childhood trauma. Explore trauma but do not try to paint it as a root cause of someone's identity or lifestyle."

As detailed above, the relationship between identity and psychedelic integration is highly nuanced and varies widely across individuals. While some participants found that their identity played a significant role in their integration process, others emphasized the importance of not overgeneralizing the relevance of LGBTQA+ identities to every psychedelic experience. In all cases, the guiding principle remains that HCPs must adopt a client-led approach, allowing clients to define how (or if) their identity is relevant to their journey. Participant #49, a Demiromantic Sapphic Demisexual 36-year-old Trans Female from Australia, recommended, "Let them reach their own conclusions in their own way, only occasionally steering away from things that may be deeply traumatic as needed."

By fostering a safe, non-pathologizing environment and being mindful of the potential for harm when assumptions are made, HCPs can support their clients in navigating not only the integration of psychedelic experiences but also the psychedelic experiences themselves—an aspect that forms the focus of the third and final theme identified in this study.

The art of being-there: Navigating presence and absence during clients' psychedelic experiences

Participants in the study identified "*Being-There*" as a vital component of supporting individuals undergoing psychedelic experiences during PAT. As Participant #102, a Bisexual 30-year-old Non-Binary Cisgender Female from Australia, explained:

> . . . So I guess ultimately - as well as allowing a lot of silence because I think the person does need time to feel through things - just sort of "being there," only slightly as a guide if it seems needed but mainly just as a sort of soundboard for the person to describe their experience. . .

Participants highlighted that the practice of Being-There involved HCPs thoughtfully modulating their physical, emotional, and cognitive presence during the client's psychedelic experience. Participants stressed the importance of creating a space characterized by support and encouraged freedom, frequently referred to as "*Allowing*." Participants described Allowing as involving a considered and purposeful absence of the HCP, where clients have the

freedom to embark on their own journeys, with moments of more assertive presence limited to specific situations.

For instance, Participant #64 a Non-Binary Pansexual 21-year-old Cisgender Female from the US, stated that HCPs should ". . .let them [clients] go wherever they need to" but also "be there for them when it gets scary." Similarly, Participant #45, a Demiromantic Queer 25-year-old Non-Binary Cisgender Female from Australia, emphasized the importance of "allowing people to feel all thoughts and emotions that arise" while also guiding them "to accept these thoughts/feelings and embrace them."

Notably, these moments of therapeutic presence did not involve what one participant aptly termed "Injecting" into the psychedelic experience—where HCPs' own anxieties, worldviews, or interpretations "plant negative seeds" and harmfully alter the course or content of the client's psychedelic experience. As Participant #67, a Bisexual 30-year-old Trans Male from the US, advised:

> Don't inject anxiety into the experience. If you start with too much focus on the negative (e.g., phrasing like "your experience as a marginalized person") you can plant negative seeds. Allow the individual to communicate what they need, what they are looking for, what language makes them comfortable, etc.

During instances of "Injecting," the HCP's presence becomes an obstacle to the therapeutic process rather than a catalyst for it. Participant #94, a Gay 53-year-old Cisgender Male from the US, advised HCPs that, "You are not projecting your thoughts—they go where they go." Moreover, Participant #99, a Gray-Biromantic 27-year-old Non-Binary Lesbian Genderflux Demigirl from the US described that forcing people to "think about experiences that aren't coming up organically" and "triggering a bad trip" was "the worst thing you can do for someone seeking healing this way." While Participant #72, a Pansexual 23-year-old Non-Binary person from the US, emphasized that when being present, HCPs should "be receptive" and "not overwhelm patients with contrary or provocative concepts when they aren't directly asking for them."

The importance of HCPs avoiding "Injecting" into clients' psychedelic experiences becomes even more crucial when considering specific worldviews that might cause significant harm for LGBTQA+ clients seeking PAT. Participants noted that even if people have good intentions, the framing of others' identities during psychedelic experiences can be incredibly harmful. Those supporting people through psychedelic experiences should be cognizant not to "Inject" their own interpretations of people's identity into the experience. Participants noted that this also extends to beliefs that may unintentionally communicate harmful interpretations of clients' identities, such as (a) beliefs about the epistemic and normative value of psychedelic experiences, which could be "misunderstood as some form of psychosis to a non-trained

individual," (Participant #87, a Gay 45-year-old Cisgender Male from the US); and (b) religious beliefs:

> If you're religious, just keep it out of the session and allow the queer person to openly talk about whatever they need to—including the ways religion has damaged them in their life. Just be open and caring and remove your personal attachments. . .. (Participant #64, a Non-Binary Pansexual 21 year-old Cisgender Female person from the US)

Participant #15, a Gay 37-year-old Cisgender Male from Canada, impactfully summarized advice for HCPs around "Injecting", noting:

> Be competent. Have a real education from an accredited institution. Stay in your own lane and don't over state your experience or expertise. Seek and welcome peer supervision and accountability among professionals. Report misconduct. Charge fair prices but don't allow cost to be a barrier to access. Be very secure in your own sexuality and gender identity, and don't talk about your identity with your clients. It's not about you. Don't try to have sex with your clients. Report sexual misconduct immediately. Offer services in locations that afford lgtb2qa+ privacy and insulation from hostile homophobic/transphobic groups. Be aware of cult dynamics and know that cults can exist [on] a one-on-one basis. Don't try to be a guru or healer. Be vigilant for religious and self-righteous delusions in yourself and other service providers.

Participants emphasized that the absence of the HCP created by "Allowing" and not "Injecting" is not an invisible or unfelt absence. Rather, it is a felt absence that was captured by "Honoring"—an approach involving HCPs supporting clients' psychedelic experiences with respect, compassion, and curiosity. As Participant #87, a Gay 45-year-old Cisgender Male from the US, explained, ". . .guide by honoring peoples' experiences as they move through their experiences. By providing basic therapy skills such as compassion, positive regard, curiosity they will be just fine."

Similarly, Participant #106, a Queer Non-Binary 24-year-old person from the UK, advised that HCPs should "Respect boundaries, guide gently, come at it with curiosity and compassion." Moreover, it was important to participants that these qualities were consistent so that clients "never doubt that [you] are there to help and keep them safe and comfortable" (Participant #25, a Heteroflexible 29-year-old Cisgender Male from the US) and that clients feel "safe and free from judgment if there is difficulty dealing with the experience" (Participant #45, a Demiromantic Queer 25-year-old Non-Binary Cisgender Female from Australia). Additionally, "Honoring" involves providing reassurance that assists clients to go deeper into, and ultimately move through, challenging moments in their psychedelic experiences. As Participant #19, an Alloromantic Gay 30-year-old CisGgender Male from Australia, explained:

> . . . it's not all positive and can really reveal some dark/repressed stuff. Reassuring the person that whatever comes up is a good thing . . . Reassure that all things that come up is positive. They're not "going crazy." It'll end at a certain point.

The role of "Honoring" can be understood with reference to the analogy provided by Participant #128 a Queer 29-year-old Cisgender Male from Australia that navigating psychedelic experiences is like steering a ship in an ocean where "sometimes there are waves, and wind, and you can't quite direct it the way you want to. Sometimes you can, sometimes you can't." In this context, "Honoring" functions like a lighthouse. It involves guiding people through psychedelic experiences by acting as a reliable "guiding light" (Participant #25, a Heteroflexible 29-year-old Cisgender Male from the US) that allows clients to reorient themselves and better understand the course of their own journeys—without taking over the journey itself.

It was also highlighted that this kind of "Honoring" not only involves HCPs honoring clients' experiences through PAT but also honoring the journey that HCPs themselves are a part of by the fact they are delivering PAT. In other words, "*Honoring" and giving back to the tradition of PAT itself.* As Participant #118, a Bisexual Gender Expansive Non-Binary 34-year-old person from the US, poignantly stated:

> Take the medicine yourself. Give back to those indigenous communities who have carried it. Move through your inner demons to have a better understanding of how to help people move through theirs. Do not extract from the medicines. Always offer more than what was given to you.

Discussion

The aim of the present study was to learn from LGBTQA+ individuals with lived experience of psychedelic use regarding what they recommend HCPs should know and do to effectively support LGBTQA+ clients through PAT. Participants described a range of factors that should inform safe and affirming therapeutic protocols for PAT. Central to these is the importance of HCPs having high levels of LGBTQA+ knowledge and competence, and allowing clients' autonomy over how their identity is integrated into the PAT process. This approach requires HCPs to navigate a delicate tension between presence and absence, a tension reconciled by what our participants described as practicing "Being-There."

The practice of "Being-There" describes a therapeutic approach centered on cultivating a unique kind of therapeutic presence that is built upon thoughtful absence. Crucially, this absence is not unfelt or invisible but creates an important therapeutic presence where clients feel radically free, safe, and supported to take their own journeys, on their own terms, in their own way, and toward their own destinations. This extends across all layers of PAT, entailing that HCPs open themselves up to meeting clients where they are and being guided by people's own meaning-making processes from the very beginning of psychedelic preparation through to the end of integration

sessions. Summarized in Table 2 are key principles for future HCPs to consider and apply when using PAT with LGBTQA+ communities. We consider these principles essential across all stages of PAT to curate a safe and affirming therapeutic space for healing and growth.

Traditional evaluations of talk-based therapies with LGBTQA+ clients heavily emphasize the role of tailoring therapeutic experiences to LGBTQA+ challenges and experiences (Burger & Pachankis, 2024; Fowler et al., 2022). Our findings however demonstrate the complexity in this tailoring when considering the heterogeneity described in how participants related to, and considered the importance of, their LGBTQA+ identities in a PAT context. This is additional to grappling with the heterogeneity in the experiences of LGBTQA+ individuals, for example, the differences in minority stressors experienced by a Cisgender gay man and a transfeminine lesbian woman. Reconciling the heterogeneity of experiences has been acknowledged in the broader LGBTQA+ therapy space as essential next steps for therapy development (Burger & Pachankis, 2024). This is complicated even further by an additional layer unique to PAT contexts, where psychedelic trips may strip away perceptions of identity altogether (Kałużna et al., 2022). Therefore, core elements of an individual's LGBTQA+ identity may fluctuate in PAT contexts in a way unseen in traditional talk-based therapies.

We therefore see these tensions as making salient the importance of utilizing strengths-based, person-centered, and culturally safe approaches with LGBTQA+ clients in PAT protocols that provide clients with autonomy over identity integration. As a first step, HCPs must be equipped with a high LGBTQA+ literacy to understand how to create a safe space for LGBTQA+ clients (See Alessi, 2014; Ansara, 2023; Hadland et al., 2016 for recommendations). This literacy establishes the procedural knowledge to understand what challenges *may* be present for LGBTQA+ clients and what language to use to gently explore them without relying on assumptions and stereotypes. These all contribute to a tailored approach that provides LGBTQA+ clients autonomy over how they believe their identity relates—or does not relate—to their mental health and therapeutic needs. Furthermore, this approach may help limit and negate the potential harms described by our participants (e.g., creating a "bad trip"), which may exacerbate poorer mental health and healthcare access barriers in LGBTQA+ communities described earlier in this article.

Our findings and guidance for clinical practice identify the importance of HCPs engaging in *allyship* – behaviors that advocate for or protect individuals impacted by societal discrimination (Kossek et al., 2024). Integral learning for the safe delivery of PAT for LGBTQA+ clients is acknowledgment of how societal structures may cause distress for LGBTQA+ clients, and consideration of internal biases held by HCPs may shape the therapeutic process. By intentionally creating therapeutic spaces where factors relevant to an LGBTQA+ identity can emerge, HCPs disrupt oppressive systems that

Table 2. Guiding principles for conducting Psychedelic-Assisted Psychotherapy (PAT) with LGBTQA+ clients.

Principle	Preparation Stage	Dosing Stage	Integration Stage
Develop a thorough understanding of LGBTQA+ people's identities, experiences, and challenges.	The HCP conducts an iIntersectionality exploration to understand how various identities (like race, gender, sexuality, and sex characteristics) intersect and impact the client's experiences. For example, a bisexual, non-binary client of color might discuss how racism and challenges within the LGBTQA+ community affect their self-acceptance. The HCP uses this understanding to anticipate themes like internalized stigma or seeking self-unity, and to tailor affirmations and grounding techniques for the psychedelic session.	The HCP should remain open-minded and recognize the unique experiences of LGBTQA+ individuals throughout the therapeutic journey and refrain from active exploration or analysis. For example, HCPs take notes without judgment or interpretation of what clients say or express.	HCPs should be prepared to embrace change, continually expanding and enhancing their understanding of LGBTQA+ people's needs within therapeutic contexts.
Consider your own world-views, beliefs, values, and emotions and reflect on whether they may be leading to biases or otherwise impacting the client's experience.	The HCP attends reflective supervision sessions with a specialized supervisor to examine their biases and emotional reactions when working with LGBTQA+ clients in PAT. For instance, if a HCP feels discomfort about a client's discussion of transfemme lesbian identity, the supervisor guides them to explore this bias and practice more inclusive responses. This process helps the HCP recognize and manage biases, ensuring more affirming and neutral support during psychedelic sessions. This should be an ongoing practice whereby the HCP continually challenges and reflect on beliefs and biases that emerge through reflection, practice with LGBTQA+ clients, and broader sociopolitical changes.	The HCP should avoid projecting their own anxieties or bias during sessions, as this can negatively influence the client's experience. Maintaining self-awareness and monitoring for bias is essential to creating an affirming therapeutic space.	-
Create safe therapeutic spaces where clients can correct and clarify but are not burdened with continually educating Healthcare Providers about LGBTQA+ experiences.	The HCP sets a tone of openness and curiosity, emphasizing that the client is not expected to educate them on LGBTQA+ issues. The HCP might say, "I want this space to be safe for you to share or correct me if needed. Please know that it is not your job to educate me—I'm here to learn from your unique experiences." This approach encourages the client to express themselves freely, knowing the HCP is committed to understanding and growing without relying on the client to provide constant guidance. For each individual client, the HCP must negotiate explicit consent around touch and under what conditions touch can be used to ensure a sense of safety.	The clients value a therapeutic stance of "Being-There." The HCP should remain a calm, supportive presence and offer gentle guidance and reassurance during challenging moments. For example, the HCP should be present and witness the clients experience without intruding. Any touch that is provided is in line with prior consent only.	The HCP focuses on understanding the client's psychedelic experience without making assumptions about LGBTQA+ themes. They might say, "I'm here to support however you experienced the session. If anything I say does not resonate or needs more context, please let me know—I'm committed to getting it right." This creates a space where clients feel empowered to clarify their experiences and perspectives, fostering trust and safety without the pressure of teaching the HCP about LGBTQA+ issues.

(*Continued*)

Table 2. (Continued).

Principle	Preparation Stage	Dosing Stage	Integration Stage
Use a person-centered approach bolstered by LGBTQA+ knowledge to learn from, and honor, how clients describe and make meaning of the ways their LGBTQA+ identity influences their mental health and PAT journeys.	The HCP uses open-ended questions to explore what aspects of identity are relevant for the client's PAT journey. If a client states that their LGBTQA+ identity is not a primary focus, the HCP respects this and centers the preparation on the client's chosen areas. This approach prevents the HCP from imposing assumptions about the relevance of LGBTQA+ identity and ensures that the preparation phase is genuinely person-centered, tailored to the client's priorities, and conducive to a meaningful therapeutic experience.	HCPs allow the individual to communicate what they need, what they are looking for, what language makes them comfortable during the session. No assumption is made that identity must be explored; the HCP follows whichever material the client emphasizes (or does not).	The HCP should allow clients to lead discussions on how their LGBTQA+ identity may relate to their experiences. HCPs can ask open-ended questions like, "What aspects of your experience felt most significant to you? If your LGBTQA+ identity played a role, we can explore that, but I'm here for whatever feels important." This approach gives clients the freedom to determine the relevance of their identity in processing their psychedelic journey. It ensures that integration remains client-centered, focusing on the insights and themes the client finds most meaningful without steering them in any particular direction. Flexibility in the integration phase allows clients to explore what surfaced during their psychedelic experience without being steered toward a specific narrative about their identity. It honors the client's unique process of meaning-making, whether or not their LGBTQA+ identity is involved, promoting a holistic and individualized integration process.
Honor the diversity of experiences clients encounter during their psychedelic journeys, including the ways identities fluctuate and change.	The HCP can inform the client that psychedelic experiences can sometimes lead to shifts in how they perceive themselves, including their gender, sexual identity or sex characteristics. The HCP can normalize identity fluidity. The HCP might say, "It's not uncommon for people to experience shifts in how they understand themselves during a psychedelic journey. If this happens, know that it's okay, and we'll explore it together." This normalizes potential shifts in identity without making assumptions, allowing the client to feel supported and open to whatever arises.	HCPs should be aware that shifts in gender, sexuality, or embodiment during psychedelic experiences can occur and to support exploration without interference or judgment.	A client may express that they felt a strong connection to a different gender or aspect of their identity during the psychedelic experience. The HCP responds, "It sounds like this experience brought up new insights about how you see yourself. Let's explore what this means for you and how you feel about it now." This approach honors the client's evolving sense of self without judgment, supporting them in integrating these new insights into their broader understanding of their identity.

(*Continued*)

Table 2. (Continued).

Principle	Preparation Stage	Dosing Stage	Integration Stage
Guide clients without steering them toward experiences related to identity that do not naturally arise.	The HCP uses open-ended questions to explore the client's goals and intentions without assuming these relate to their LGBTQA+ identity. For example, the HCP might ask, "What areas of your life or experiences do you feel most drawn to explore in our session?" This leaves space for the client to mention identity if relevant but does not push them in that direction. This ensures the therapy remains client-led, allowing themes to emerge organically based on the client's authentic experiences and interests.	HCPs are to be open and receptive to avoid seeding topics based on their own curiosity or ideology.	The HCP validates whatever insights the client shares, whether they are related to identity or not. They might say, "It's important that we focus on what felt most meaningful to you. If identity didn't come up, that's completely okay—let's center on what did." This prevents the HCP from imposing identity narratives and keeps the integration focused on the client's actual experiences, fostering a truly person-centered approach.
Let the client lead conversations around how their LGBTQA+ identity might impact their mental health and therapeutic needs.	The HCP invites the client to share what feels relevant without directing the focus. They might say, "I'm here to understand what's most important to you. If your LGBTQA+ identity plays a role in your mental health or therapy goals, I'm open to exploring that, but it's entirely up to you what we discuss." This empowers the client to choose if and how their identity is part of the therapeutic conversation, ensuring it reflects their personal needs and experiences.	The HCP remains open and non-judgmental to whatever clients share or express. The HCP is to be a witness and provide safety and support no matter what arises.	The HCP remains receptive to any identity-related themes the client may mention post-session. They might ask, "What aspects of your experience felt most significant to you? If your identity played a role, we can explore that—but I'm also here for whatever else feels important." This allows the client to determine the relevance of their LGBTQA+ identity in the context of their psychedelic experience, supporting a therapy process that is guided by the client's insights and priorities.

HCP = Healthcare Provider.

challenge the safety of LGBTQA+ people within society. This lack of safety can drive LGBTQA+ people *away* from care (Alencar Albuquerque et al., 2016), therefore HCPs have a responsibility to ensure they engage in practices that embrace LGBTQA+ individuals in a person-centered manner that aligns with the unique needs of the individual. Other guidelines for providing affirming care exist beyond this work that should also be considered to inform broader factors related to health practice, including the respectful use of pronouns, inclusion within medical intake forms, and other visible signals of allyship (Heredia et al., 2021). A final note on allyship is that it is an ongoing process, and as suggested in our recommendations, HCPs needs to continually reflect and learn to ensure their practice continues to positively support the wellbeing of LGBTQA+ clients.

A further consideration that emerges from our findings is the evolving debate over therapeutic touch in PAT. Recent scholarship highlights both its potential to deepen felt safety and its capacity to reproduce power imbalances (Back et al., 2024; Luoma & and LeJeune, 2025; Meikle et al., 2023; Neitzke-Spruill et al., 2025) especially for clients from priority populatons—where co-development of therapeutic approaches that open a "living conversation" around "control, consent, and power ... that can grow, change, and be revoked" have been emphasized (Maxwell et al., 2024). Participants in the present study echoed the value of such dialogue regarding somatic as well as other sensory approaches, and they linked respect for bodily boundaries to the wider practice of *Being-There—allowing*, *not injecting*, and *honoring*—both during the journey itself and in the meaning-making that follows. Further work exploring the role of touch within marginalized communities is necessary to delineate clearer recommendations within an LGBTQA+ context.

For broader development of PAT protocols, our findings expand on previous research by emphasizing the role of autonomy when exploring how minority stressors may impact mental health and therapeutic needs. For example, Hanshaw et al. (2024) acknowledge the importance of understanding the stressors and *strengths* experienced by LGBTQA+ people to guide protocol development and ameliorate therapeutic mechanisms of change. Furthermore, Saade et al. (2024) recommend integrating minority stressors into therapeutic sessions for LGBTQA+ clients. However, we additionally argue that this approach needs to be conducted in a safe, client-led manner that explores the impact of minority stressors without indicating that minority stressors are experienced in an adversely impactful way by all LGBTQA+ people. This is especially pertinent as no-two LGBTQA+ people exist within the same environment, and it is the features of the environment that drive the presence of minority stressors altogether (Meyer, 2003). These person-centered approaches have been described in

previous protocols for talk-based therapies (Burger & Pachankis, 2024; Fowler et al., 2022). These efforts should be further advanced by exploring individual differences between LGBTQA+ subpopulations across diverse sociopolitical climates, to develop more contextually informed guidance around PAT protocols with LGBTQA+ communities.

We finally consider it important to acknowledge that the principles guiding LGBTQA+ affirming PAT are applicable beyond our specific focus. For example, under a Minority Stress Theory framework, principles we identified around cultivating HCP knowledge around minority community experiences and challenges are relevant for many intersections within society, such as people of color (Cyrus, 2017), people living with HIV or disabilities (O'Shea et al., 2020; Strodl et al., 2015), and those living in regional/rural areas (Phillips et al., 2024). The reporting of identities and experiences within the current PAT literature is scarce. We hope the key principles presented in Table 2 can provide guidance, but we continue to stress the importance of continual community engagement to refine the safety and applicability of this emerging treatment paradigm.

Strengths and limitations

This study is strengthened by the inclusion of LGBTQA+ individuals from around the world and different subpopulations. This allowed for clearer integration of a range of LGBTQA+ community members' experiences in the recommendations provided, thus improving its reach and applicability. This study should be contextualized within its limitations. First, whilst a range of participant experiences were explored, the use of semi-structured interviews may have elucidated greater depth in responses. Second, the smaller sample size meant that subpopulation experiences could not be specifically explored and contrasted. Thirdly, people with innate variations of sex characteristics were not represented in the sample, underscoring the need for future research specifically within this community. Fourthly, we did not measure duration or type of psychedelic drug use, and it is possible that stratifying by experience with psychedelics may have provided insight into how needs evolve over time and psychedelic consumption. Finally, it is likely that familiarity/previous experience (or lack thereof) with PAT could influence the responses provided, however as this was not measured in this study, the extent of this cannot be reported.

Conclusion

In PAT contexts with LGBTQA+ individuals it is paramount that HCPs have knowledge around the experiences and challenges faced by LGBTQA+ community members. However, this knowledge needs to be used in a person-

centered manner that holds space for the experience of LGBTQA+ minority stressors without *assuming* they exist or their nature. Furthermore, it is important for HCPs to ensure at all stages of PAT that they do not "Inject" their own ideas and experiences into the journey. Instead, HCPs should be an empathetic warm guiding light by practicing the art of "Being-There" that "Honors" clients' experiences and facilitates safe and affirming PAT experiences. These therapeutic recommendations are built on the wisdom of LGBTQA+ individuals, but they should guide all forms of PAT practice and protocols, inclusive of practice supporting those with and without marginalized identities.

Note

1. Tripping is a frequently used colloquial term that refers to altered states induced by psychedelic compounds.

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References

Alencar Albuquerque, G., de Lima Garcia, C., da Silva Quirino, G., Alves, M. J. H., Belém, J. M., Santos Figueiredo, F. W., da Silva Paiva, D., Nascimento, V. B., da Silva Maciel, É., Valenti, D., de Abreu, L. C., & Adami, F. (2016). Access to health services by lesbian, gay, bisexual, and transgender persons: Systematic literature review. *BMC International Health and Human Rights*, *16*(1), 2–2. https://doi.org/10.1186/s12914-015-0072-9

Alessi, E. J. (2014). A framework for incorporating minority stress theory into treatment with sexual minority clients. *Journal of Gay & Lesbian Mental Health*, *18*(1), 47–66. https://doi.org/10.1080/19359705.2013.789811

Ansara, Y. G. (2023). Intersex-centred sex therapy and relationship counselling. In S. Neves & D. Davies (Eds.), *Erotically queer* (pp. 89–107). Routeledge. https://doi.org/10.4324/9781003260608

Arayasirikul, S., Turner, C., Trujillo, D., Sicro, S. L., Scheer, S., McFarland, W., & Wilson, E. C. (2022). A global cautionary tale: Discrimination and violence against trans women worsen despite investments in public resources and improvements in health insurance access and utilization of health care. *International Journal for Equity in Health*, *21*(1), 32. https://doi.org/10.1186/s12939-022-01632-5

Back, A., Myers, S., Guy, J., Perez, J., Lazar Thorn, L., & McGregor, B. (2024). Evolving guidelines for the use of touch during a clinical trial of group psilocybin-assisted therapy. *Psychedelic Medicine*, *2*(4), 187–191. https://doi.org/10.1089/psymed.2023.0069

Bartlett, A., Christ, C., Martins, B., Saxberg, K., & Ching, T. H. W. (2024). The library is open: A scoping review on queer representation in psychedelic research [Systematic Review]. *Frontiers in Public Health*, *12*. https://doi.org/10.3389/fpubh.2024.1472559

Bathje, G. J., Majeski, E., & Kudowor, M. (2022). Psychedelic integration: An analysis of the concept and its practice [Conceptual Analysis]. *Frontiers in Psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.824077

Belser, A. (2019a). *10 calls to action: Toward an lgbtq-affirmative psychedelic therapy*. Retrieved January 15, 2025 from https://chacruna.net/10-calls-to-action-toward-an-lgbtq-affirmative-psychedelic-therapy/

Belser, A. (2019b). *A queer critique of the psychedelic 'mystical experience'*. Queer Psychedelis Conference. https://www.youtube.com/watch?v=0RBS57JiTms

Berger, I., Ansara, Y. G., & Riggs, D. (2024). Intersex people's experiences of medical interventions, sex education, and physical intimacy. *Psychology and Sexuality*, *15*(2), 278–291. https://doi.org/10.1080/19419899.2023.2252446

Borkel, L. F., Rojas-Hernández, J., Henríquez-Hernández, L. A., Santana Del Pino, Á., & Quintana-Hernández, D. J. (2024). Set and setting predict psychopathology, wellbeing and meaningfulness of psychedelic experiences: A correlational study. *Expert Review of Clinical Pharmacology*, *17*(2), 165–176. https://doi.org/10.1080/17512433.2023.2295997

Bostwick, W. B., Boyd, C. J., Hughes, T. L., West, B. T., & McCabe, S. E. (2014). Discrimination and mental health among lesbian, gay, and bisexual adults in the United States. *The American Journal of Orthopsychiatry*, *84*(1), 35–45. https://doi.org/10.1037/h0098851

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE Publication.

Brömdal, A., Charlie, W., Tait, S., Paul, L. S., Matthew, M., & Clark, K. A. (2024). Transformative trans incarceration research: Now and into the future. *International Journal of Transgender Health*, *25*(2), 123–129. https://doi.org/10.1080/26895269.2024.2334499

Brömdal, A., Zavros-Orr, A., Lisahunter, Hand, K., & Hart, B. (2021). Towards a whole-school approach for sexuality education in supporting and upholding the rights and health of students with intersex variations. *Sex Education*, *21*(5), 568–583. https://doi.org/10.1080/14681811.2020.1864726

Burger, J., & Pachankis, J. E. (2024). State of the science: LGBTQ-affirmative psychotherapy. *Behavior Therapy*, *55*(6), 1318–1334. https://doi.org/10.1016/j.beth.2024.02.011

Carhart-Harris, R. L., & Goodwin, G. M. (2017). The therapeutic potential of psychedelic drugs: Past, present, and future. *Neuropsychopharmacology Reviews*, *42*(11), 2105–2113. https://doi.org/10.1038/npp.2017.84

Carpenter, M. (2023). Fixing bodies and shaping narratives: Epistemic injustice and the responses of medicine and bioethics to intersex human rights demands. *Clinical Ethics*, *19*(1), 3–17. https://doi.org/10.1177/14777509231180412

Carpenter, M. (2024). From harmful practices and instrumentalisation, towards legislative protections and community-owned healthcare services: The context and goals of the intersex movement in Australia. *Social Sciences*, *13*(4), 191. https://doi.org/10.3390/socsci13040191

Cyrus, K. (2017). Multiple minorities as multiply marginalized: Applying the minority stress theory to LGBTQ people of color. *Journal of Gay & Lesbian Mental Health*, *21*(3), 194–202. https://doi.org/10.1080/19359705.2017.1320739

Dean, J. A., Hollingdrake, O., Fowler, J. A., & Warzywoda, S. (2025). Nothing about us without us': Researching sexual and reproductive health with priority populations. In

P. Liamputtong (Ed.), *Handbook of sensitive research in the social sciences* (pp. 281–299). Edward Elgar Publishing Limited. https://doi.org/10.4337/9781035315239

Desrochers, S. (2024). *Emerging needs and psychedelic-assisted therapy: Stories of 2SGLBTQ+ experiences of psychedelic consciousness*. University of Calgary. https://hdl.handle.net/1880/119431.

Dixon Ritchie, O., Donley, C. N., & Dixon Ritchie, G. (2023). From prohibited to prescribed: The rescheduling of MDMA and psilocybin in Australia. *Drug Science, Policy and Law*, *9*, 20503245231198472. https://doi.org/10.1177/20503245231198472

Drabish, K., & Theeke, L. A. (2022). Health impact of stigma, discrimination, prejudice, and bias experienced by transgender people: A systematic review of quantitative studies. *Issues in Mental Health Nursing*, *43*(2), 111–118. https://doi.org/10.1080/01612840.2021.1961330

du Plessis, C., Tait, S., Jessica, G., Amy, M., Adam, O., & Brömdal, A. (2025). Gender minority stress, resilience, and coping experiences of trans women incarcerated in Australia. *International Journal of Transgender Health*, 1–22. https://doi.org/10.1080/26895269.2025.2487015

Fowler, J. A., Buckley, L., Muir, M., Viskovich, S., Paradisis, C., Zanganeh, P., & Dean, J. A. (2023). Digital mental health interventions: A narrative review of what is important from the perspective of LGBTQIA+ people. *Journal of Clinical Psychology*, *79*(11), 2685–2713. https://doi.org/10.1002/jclp.23571

Fowler, J. A., Viskovich, S., Buckley, L., & Dean, J. A. (2022). A call for ACTion: A systematic review of empirical evidence for the use of acceptance and commitment therapy (ACT) with LGBTQI+ individuals. *Journal of Contextual Behavioral Science*, *25*, 78–89. https://doi.org/10.1016/j.jcbs.2022.06.007

Franks, N., Mullens, A. B., Aitken, S., & Brömdal, A. (2023). Fostering gender-IQ: Barriers and enablers to gender-affirming behavior amongst an Australian General Practitioner cohort. *Journal of Homosexuality*, *70*(13), 3247–3270. https://doi.org/10.1080/00918369.2022.2092804

Garcia-Romeu, A., & Richards, W. A. (2018). Current perspectives on psychedelic therapy: Use of serotonergic hallucinogens in clinical interventions. *International Review of Psychiatry*, *30*(4), 291–316. https://doi.org/10.1080/09540261.2018.1486289

Hadland, S. E., Yehia, B. R., & Makadon, H. J. (2016). Caring for lesbian, gay, bisexual, transgender, and questioning youth in inclusive and affirmative environments. *Pediatric Clinics of North America*, *63*(6), 955–969. https://doi.org/10.1016/j.pcl.2016.07.001

Haijen, E. C. H. M., Kaelen, M., Roseman, L., Timmermann, C., Kettner, H., Russ, S., Nutt, D., Daws, R. E., Hampshire, A. D. G., Lorenz, R., & Carhart-Harris, R. L. (2018). Predicting responses to psychedelics: A prospective study [original research]. *Frontiers in Pharmacology*, *9*. https://doi.org/10.3389/fphar.2018.00897

Hanshaw, B. D., Fusunyan, M., Anderson, C. T. M., & Turban, J. L. (2024). Psychedelic-assisted therapy among sexual and gender minority communities. *Nature Mental Health*, *2*(6), 636–644. https://doi.org/10.1038/s44220-024-00252-y

Harrison, T. R. (2023). Altered stakes: Identifying gaps in the informed consent process for psychedelic-assisted therapy trials. *Journal of Psychedelic Studies*, *7*(S1), 48–60. https://doi.org/10.1556/2054.2023.00267

Hart, B., & Shakespeare-Finch, J. (2022). Intersex lived experience: Trauma and posttraumatic growth in narratives. *Psychology and Sexuality*, *13*(4), 912–930. https://doi.org/10.1080/19419899.2021.1938189

Hartogsohn, I. (2017). Constructing drug effects: A history of set and setting. *Drug Science, Policy and Law*, *3*, 2050324516683325. https://doi.org/10.1177/2050324516683325

Hayfield, N., & Huxley, C. (2015). Insider and outsider perspectives: Reflections on Researcher identities in research with Lesbian and bisexual women. *Qualitative Research in Psychology*, *12*(2), 91–106. https://doi.org/10.1080/14780887.2014.918224

Heredia, D., Pankey, T. L., & Gonzalez, C. A. (2021). LGBTQ-Affirmative behavioral health services in primary care. *Primary Care: Clinics in Office Practice*, *48*(2), 243–257. https://doi.org/10.1016/j.pop.2021.02.005

Hill, A. O., Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). *Private lives, 3: The health and wellbeing of LGBTIQ people in Australia*. Australian Research Centre in Sex, Health and Society, La Trobe University. (ARCSHS Monograph Series No. 122, Issue). https://www.latrobe.edu.au/arcshs/work/private-lives-3

Johnson, A., Mullens, A. B., Burton, L., Sanders, T., & Brömdal, A. (2024). Pretty Bi for an ally: A critical autoethnography. *Journal of Bisexuality*, *24*(4), 574–602. https://doi.org/10.1080/15299716.2024.2360896

Kałużna, A., Schlosser, M., Gulliksen Craste, E., Stroud, J., & Cooke, J. (2022). Being no one, being one: The role of ego-dissolution and connectedness in the therapeutic effects of psychedelic experience. *Journal of Psychedelic Studies*, *6*(2), 111–136. https://doi.org/10.1556/2054.2022.00199

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, *8*(1), 70. https://doi.org/10.1186/1471-244X-8-70

Kossek, E. E., Ladge, J., Little, L. M., Loyd, D. L., Smith, A. N., & Tinsley, C. H. (2024). Introduction to the special issue: Allyship, advocacy, and social justice to support equality for marginalized groups in the workplace. *Organizational Behavior and Human Decision Processes*, *183*, 104336. https://doi.org/10.1016/j.obhdp.2024.104336

Lim, G., Waling, A., Lyons, A., Pepping, C. A., Brooks, A., & Bourne, A. (2021). The experiences of lesbian, gay and bisexual people accessing mental health crisis support helplines in Australia. *Psychology and Sexuality*, 1–18. https://doi.org/10.1080/19419899.2021.1904274

Luoma, J. B., & LeJeune, J. (2025). From theory to practice: The importance of operationalizing and measuring ethical touch in psychedelic-assisted therapy. *The American Journal of Bioethics*, *25*(1), 120–123. https://doi.org/10.1080/15265161.2024.2433425

Marchi, M., Arcolin, E., Fiore, G., Travascio, A., Uberti, D., Amaddeo, F., Converti, M., Fiorillo, A., Mirandola, M., Pinna, F., Ventriglio, A., & Galeazzi, G. M. (2022). Self-harm and suicidality among LGBTIQ people: A systematic review and meta-analysis. *International Review of Psychiatry*, *34*(3–4), 240–256. https://doi.org/10.1080/09540261.2022.2053070

Maxwell, Q., Beachy, J., Samadhi, E. J., Barajas, A., & Herzberg, G. (2024, April 27-28). Touch in psychedelic-assisted therapy: Ethical considerations and harm reduction. *Panel Discussion*. Psychedelic Culture 2024. https://www.youtube.com/watch?v=zl7arMZhDrs

Meikle, S., Carter, O., & Bedi, G. (2023). Psychedelic-assisted psychotherapy, patient vulnerability and abuses of power. *Australian & New Zealand Journal of Psychiatry*, *58*(2), 104–106. https://doi.org/10.1177/00048674231200164

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Meyer, I. H., Russell, S. T., Hammack, P. L., Frost, D. M., Wilson, B. D. M., & Dunkle, K. (2021). Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample. *PLOS ONE*, *16*(3), e0246827. https://doi.org/10.1371/journal.pone.0246827

Miceli mcmillan, R. (2022). Psychedelic injustice: Should bioethics tune in to the voices of psychedelic-using communities? *Medical Humanities*, *48*(3), 269. https://doi.org/10.1136/medhum-2021-012299

Neitzke-Spruill, L., Caroline, B., Averill, A. L., & McGuire, A. L. (2025). Supportive touch in psychedelic assisted therapy. *The American Journal of Bioethics*, *25*(1), 29–39. https://doi.org/10.1080/15265161.2024.2433428

Noorani, T. (2021). Containment matters: Set and setting in contemporary psychedelic psychiatry. *Philosophy, Psychiatry, & Psychology*, *28*(3), 201–216. https://doi.org/10.1353/ppp.2021.0032

Nutt, D. (2019). Psychedelic drugs-a new era in psychiatry? *Dialogues in Clinical Neuroscience*, *21*(2), 139–147. https://doi.org/10.31887/DCNS.2019.21.2/dnutt

O'Shea, A., Latham, J. R., McNair, R., Despott, N., Rose, M., Mountford, R., Frawley, P. (2020). Experiences of LGBTIQA+ people with disability in healthcare and community services: Towards embracing multiple identities. *International Journal of Environmental Research*, *17*(21), 8080. https://doi.org/10.3390/ijerph17218080

Phillips, T. M., Austin, G., Sanders, T., Martin, M., Hudson, J., Fort, A., Excell, T., Mullens, A. B., Brömdal, A. (2024). Depression and thoughts of self-harm or suicide among gender and sexually diverse people in a regional Australian community. *Health Promotion Journal of Australia*, *35*(4), 1231–1243. https://doi.org/10.1002/hpja.855

Plöderl, M., Tremblay, P. (2015). Mental health of sexual minorities. A systematic review. *International Review of Psychiatry*, *27*(5), 367–385. https://doi.org/10.3109/09540261.2015.1083949

Puckett, J. A., Newcomb, M. E., Ryan, D. T., Swann, G., Garofalo, R., Mustanski, B. (2017). Internalized homophobia and perceived stigma: A validation study of stigma measures in a sample of young men who have sex with men. *Sexuality Research & Social Policy: Journal of NSRC: SR & SP*, *14*(1), 1–16. https://doi.org/10.1007/s13178-016-0258-5

Reiff, C. M., Richman, E. E., Nemeroff, C. B., Carpenter, L. L., Widge, A. S., Rodriguez, C. I., Kalin, N. H., McDonald, W. M. (2020). Psychedelics and psychedelic-assisted psychotherapy. *American Journal of Psychiatry*, *177*(5), 391–410. https://doi.org/10.1176/appi.ajp.2019.19010035

Romanelli, M., Hudson, K. D. (2017). Individual and systemic barriers to health care: Perspectives of lesbian, gay, bisexual, and transgender adults. *American Journal of Orthopsychiatry*, *87*(6), 714–728. https://doi.org/10.1037/ort0000306

Saade, Z., Hanshaw, B. D., Keuroghlian, A. S. (2024). Including sexually and gender diverse populations in 3, 4-methylenedioxymethamphetamine-assisted psychotherapy trial research. *LGBT Health*, *11*(8), 577–582. https://doi.org/10.1089/lgbt.2024.0103

Stauffer, C. S., Brown, M. R., Adams, D., Cassity, M., Sevelius, J. (2022). MDMA-assisted psychotherapy; inclusion of transgender and gender diverse people in the frontiers of PTSD treatment trials [original research]. *Frontiers in Psychiatry*, *13*. https://doi.org/10.3389/fpsyt.2022.932605

Strodl, E., Stewart, L., Mullens, A. B., Deb, S. (2015). Metacognitions mediate HIV stigma and depression/anxiety in men who have sex with men living with HIV. *Health Psychology Open*, *2*(1), 2055102915581562. https://doi.org/10.1177/2055102915581562

Tupper, K. W., Wood, E., Yensen, R., Johnson, M. W. (2015). Psychedelic medicine: A re-emerging therapeutic paradigm. *Canadian Medical Association Journal*, *187*(14), 1054. https://doi.org/10.1503/cmaj.141124

van der Toorn, J., Pliskin, R., Morgenroth, T. (2020). Not quite over the rainbow: The unrelenting and insidious nature of heteronormative ideology. *Current Opinion in Behavioral Sciences*, *34*, 160–165. https://doi.org/10.1016/j.cobeha.2020.03.001

Wagner, A. C., Mithoefer, M. C., Mithoefer, A. T., Monson, C. M. (2019). Combining cognitive-behavioral conjoint therapy for PTSD with 3, 4-methylenedioxymethamphetamine (MDMA): A case example. *Journal of Psychoactive Drugs*, *51*(2), 166–173. https://doi.org/10.1080/02791072.2019.1589028

Windt, I. K., Mullens, A. B., Debattista, J., Stanners, M., Brömdal, A. (2024). Developing a gender affirming health response for trans and gender diverse Australians: A qualitative study. *International Journal of Transgender Health*, 1–18. https://doi.org/10.1080/26895269.2024.2374007

Yaden, D. B., Griffiths, R. R. (2021). The subjective effects of psychedelics are necessary for their enduring therapeutic effects. *ACS Pharmacology & Translational Science*, *4*(2), 568–572. https://doi.org/10.1021/acsptsci.0c00194