**SR 950-32**

**Clinical and Applied Sociology**

Russ Bergeman

Omega Graduate School

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Professor

Dr. Joshua Reichard

**Assignment**

***Assignment #3 – Essay***

1. Write a 5-page essay addressing the following:

a. Select a social issue or problem relevant to your profession. Clearly state your thesis (purpose) for your essay.

b. Critique the issue through the lens of one or more of the major sociological theories (Structural Functionalism, Conflict Theory, Symbolic Interactionism Postmodernism).

c. Draw on Christian perspectives of cultural critique to consider where your chosen sociological theories might fall short or might affirm Christian principles from your faith tradition.

d. Answer the question, "How can sociology foster understanding of this issue?"

e. Construct potential "constructive" approaches to the problem through a sociological lens.

f. Synthesize and integrate sources from your developmental reading.

g. Compose a succinct conclusion and restate your thesis.

h. Include your references.

2. Paper Outline

a. Begin with an introductory paragraph that has a succinct thesis statement.

b. Address the topic of the paper with critical thought.

c. End with a conclusion that reaffirms your thesis.

d. Use a minimum of eleven scholarly research sources (two books and the remaining scholarly peer-reviewed journal articles).

The purpose of this project is to determine the appropriateness of using psychedelic medicines by a Roman Catholic for therapeutic purposes. This project will briefly describe the current legal and social status of classic psychedelics in America. How psychedelics gained their current perception in American society is discussed through the perspective of the sociological theory of social constructionism. Next, the Roman Catholic philosophy of double effect, as it pertains to the use of psychedelics, will be applied to the inquiry. Finally, an applied sociological perspective will be utilized to determine a potential “way forward” for a Roman Catholic to approach the use of psychedelics.

# Introduction

Psychedelic medicines have been classified as Schedule I substances by the United States Government since The Controlled Substances Act of 1970 was passed. A drug/medication with this classification is considered to have no efficacious use for citizens, indicating a high potential for abuse and no accepted medical use (Cole, 2010). Psychedelic medicines include several medications, including Ketamine and MDMA. This project will refer to those classified as classical psychedelics, which include LSD, DMT, Ayahuasca, and Psilocybin.

Efforts to legalize psychedelics in the United States have gained traction in recent years, driven by research demonstrating their therapeutic potential for mental health conditions such as depression and post-traumatic stress disorder (Carhart-Harris & Goodwin, 2017). At the state level, Oregon became the first state to legalize psilocybin for supervised therapeutic use with the passage of Measure 109 in 2020. This measure created a regulated program allowing adults to access psilocybin under the guidance of trained facilitators, and its implementation involves developing protocols to ensure safety and efficacy (Oregon Health Authority, 2023).

Colorado followed suit in 2022, approving a similar initiative to legalize and regulate psilocybin therapy. These state-level efforts signify a growing recognition of psychedelics' potential benefits and represent a broader shift toward progressive drug policy reform (Denver Post, 2022). In addition, several municipalities, including Denver, Colorado, and Oakland and Santa Cruz, California, have decriminalized certain psychedelics. These measures often deprioritize the enforcement of laws against psychedelic possession and use, reflecting local-level policy changes aimed at reducing criminal penalties (Nichols, 2016).

Despite these advancements, challenges persist. Public opinion remains divided, with some resistance rooted in the historical stigmatization of psychedelics due to their association with countercultural movements and recreational misuse (Nichols, 2016). Moreover, efforts to legalize psychedelics for therapeutic purposes have faced setbacks, such as the rejection of a 2024 proposal in Massachusetts, illustrating the variability in public and political support across states (People, 2024).

Efforts to make psychedelics accessible range from complete legalization to legalization for use by medical professionals to merely decriminalizing the substances. These efforts are taking place primarily at local and state levels. At the federal level, however, psychedelics remain classified as Schedule I substances under the Controlled Substances Act. This classification imposes significant barriers to research and widespread legalization efforts (Reiff et al., 2020). The Food and Drug Administration (FDA) has granted a “breakthrough therapy” designation to psychedelic-assisted therapies for conditions such as PTSD, expediting research and regulatory review processes (FDA, 2022).

## Social Constructionism

Social constructionism is a sociological theory that posits human beings and their understanding of reality as products of social processes, interactions, and cultural contexts. This perspective challenges the notion of objective reality, arguing that our experiences and perceptions are shaped by social agreements and shared meanings (Berger & Luckmann, 1966). According to this theory, individuals construct their realities through language, symbols, and social norms, continually negotiating their understandings based on cultural influences and historical contexts (Schultz & Mehta, 2019). The implications of this theory extend to various fields, including sociology, psychology, and theology, as it focuses on examining what constitutes knowledge and reality (James, 1902 & Cole-Turner, 2021), how the social construction of a societal reality is essential to the way psychedelics were framed in the 1960s.

## Social Construction of The Psychedelic Villain

The 1970s marked a pivotal period in the discourse surrounding psychedelics in the United States, culminating in their criminalization. This phenomenon can be understood through social constructionism, which emphasizes the role of social processes and cultural narratives in shaping realities. A key example of this narrative construction can be seen in the infamous Manson murders, after which the government and media framed psychedelics as dangerous substances, leading to a societal response that facilitated their prohibition. Social constructionism explains how a confluence of events, cultural fears, and political agendas collectively contributed to the vilification of psychedelics during this era.

By the mid-1960s, psychedelic substances such as LSD had gained popularity, particularly among youth and counterculture movements. Researchers like Timothy Leary advocated for their therapeutic and consciousness-expanding potential (Leary, 1966). However, the societal acceptance of psychedelics was met with backlash from social factions, including conservative groups who viewed psychedelics as a threat to social order (Nichols, 2016). The counterculture’s disregard for mainstream values fueled growing fears that psychedelics would catalyze societal discord.

The Manson Family murders in 1969 represented a turning point in public perception of psychedelics. Charles Manson’s followers committed gruesome killings, leading to a national outcry (O'Neill, 2018). Although Manson himself was responsible for orchestrating the violence, the media framed the use of LSD by his followers as central to their motivations (O'Neill, 2018). This narrative construction positioned psychedelics as facilitators of violence, ingraining them into the collective consciousness as a source of evil.

In the aftermath of the Manson murders, media coverage amplified fears surrounding psychedelics. Articles and news reports focused on the murders and the drugs involved, perpetuating a narrative that associated psychedelics with insanity and violence (Miller, 2001). This sensationalist approach shaped public opinion and set the stage for political action, reinforcing the belief that legal measures were necessary to combat the perceived threat posed by these substances. The government leveraged these narratives to justify implementing stringent drug policies.

The Nixon administration’s response to the psychedelic movement was multifaceted and deeply intertwined with social unrest and anti-establishment sentiments of the time. As O'Neill (2018) notes, the administration capitalized on public fears regarding drugs to galvanize support for the war on drugs. By framing psychedelics as dangerous and chaotic, the government sought to dismantle the counterculture and regain control over a society it perceived as destabilizing. This political agenda contributed significantly to the narrative that vilified psychedelics, correlating them with societal collapse.

According to Berger and Luckmann (1966), reality is socially constructed through interactions and shared understandings. The narrative surrounding psychedelics during the 1970s exemplifies this concept, as various stakeholders—including the government, media, and advocacy groups—contributed to a constructed reality that portrayed these substances as malevolent. This collective construction ultimately shaped policies prioritizing criminalization over exploring potential benefits.

The social construction of psychedelics as harmful had lasting implications, shaping both public perceptions and drug policy. The Controlled Substances Act of 1970 classified psychedelics as Schedule I substances, indicating a high potential for abuse and no accepted medical use (Cole, 2010). This designation hindered research into the therapeutic applications of psychedelics and relegated them to the shadows of legal and cultural conversation. The potential for these substances to contribute positively to mental health treatment remained largely untapped.

# Principle of Double Effect

The principle of double effect (PDE) is an ethical framework used to evaluate actions that produce both positive and harmful effects. Rooted in Thomistic moral theology, this principle holds that an action with both positive and negative outcomes can be morally permissible if it meets specific criteria. Specifically, four conditions must be satisfied: (1) the act itself must be morally good or neutral; (2) the agent must intend only the good effect and not the harmful effect, even if the latter is foreseen; (3) the harmful effect must not be the means of achieving the good effect; and (4) there must be a proportionate reason for permitting the harmful effect (Aquinas, 1947; Boyle, 1980).

 The PDE applies to scenarios involving moral dilemmas, such as end-of-life care, war, and abortion. For instance, in palliative care, administering high doses of pain-relieving medication that may unintentionally hasten a patient's death can be justified under the PDE if the primary intention is to alleviate suffering, not to cause death (Kaczor, 2009). Similarly, it can be applied to the use of psychedelic drugs in mental health treatment, where their administration may produce both therapeutic and potentially harmful effects. Under the PDE, such use could be morally justified if four conditions are met: (1) the administration of the drug is inherently good or neutral in the context of a controlled medical setting; (2) the therapeutic intent, such as alleviating mental suffering, is the primary goal, not the pursuit of harmful side effects; (3) the adverse effects, such as temporary psychological distress or the potential for misuse, are not the means to achieve the therapeutic outcome; and (4) the therapeutic benefits outweigh the risks of harm (Aquinas, 1947; Kaczor, 2009; Klein, 2021).

While the PDE has influenced Christian moral teaching, it has also been the subject of critique and debate. Critics argue that the principle's reliance on the distinction between intention and foresight can be morally ambiguous or misapplied (McIntyre, 2001). Additionally, its applicability often relies heavily on the subjective judgment of proportionality and intention, leading to questions about its practical utility in contemporary ethical decision-making (Finnis, 2011). Nonetheless, the PDE provides a valuable framework for navigating complex moral dilemmas, balancing potential benefits against foreseen but unintended harms.

# Applied Sociology

Clinical and applied sociology are focused on action and motivating change. This differs from “pure” sociology, which examines society through a particular sociological theory or lens (Reichard, 2023). In this context, change requires imagination and correctly identifying value-associated prescriptions. Thibodeaux (2015) posits the idea of applied sociology as policy change. This type of applied sociology is evident in the grassroots legalization and decriminalization efforts across the country over the last several years.

In the case of psychedelics, an applied sociologist must view society through a multitude of perspectives and the eyes of multiple stakeholders. This project limited the stakeholder perspectives and focused on one – the Roman Catholic Church and a practicing Catholic. The Church has made no statement, dogmatic or otherwise, on the use of psychedelics.

The Catechism of the Catholic Church (CCC) guides Catholics in their faith practice. The closest comment found on psychedelics is found in paragraph 2291, which is reliant on *intent* for the use of the drug.

The use of drugs inflicts very grave damage on human health and life. Their use, *except on strictly therapeutic grounds*, is a grave offense. Clandestine production of and trafficking in drugs are scandalous practices. They constitute direct co-operation in evil, since they encourage people to practices gravely contrary to the moral law. (Emphasis added)

The use of drugs, the Catechism does not differentiate between licit or illicit, is permissible for therapeutic reasons. Most people will read the word drugs and assume the Church is speaking solely of *illegal* *drugs*. However, the imprecision of the word drugs leaves the door open to assign the recreational use (misuse) of legal drugs (e.g., Percocet) as a grave sin as well. The *sin* is dependent on the *intent*.

The paragraph before the one quoted above encourages believers to avoid “every kind of excess: the abuse of food, alcohol, tobacco, or medicine…” (2290). The CCC emphasizes the importance of temperance in all things, including drugs, the amount of a substance consumed, and its intent. PDE helps to define the boundaries for use, and as long as the benefit is greater than the risk and the intent is for efficacious purposes, the use of the substance appears to be acceptable.

It furthers the case for psychedelics’ usefulness as a therapeutic when the current negative perception of psychedelics is understood as a result of a socially constructed phenomenon. The War on Drugs, many believe (including this researcher), was at least partially motivated by a larger goal of the country’s government. There was an apparent attempt to discredit anti-government protesters by tying them to a villain such as psychedelics. Unfortunately, instead of focusing on the inefficaciousness of recreational use, public policy was developed that outlawed *all* use of psychedelics, including research and therapies.

# Conclusion

This research concludes that there is no ethical or theological prohibition to the use of psychedelics, given a therapeutic intent. Therefore, it is appropriate for a practicing Roman Catholic to use psychedelics in the pursuit of wellness.

The only outstanding ethical issue for consideration is the legality of obtaining the psychedelic for therapy. Further research is needed to determine if the understanding that the laws were a social construct and, therefore, illegitimate is an adequately rational justification to condone the use of psychedelics.

# Epilogue

I am personally considering the use of psychedelics for treatment-resistant anxiety and depression. I first came across this idea when I heard of veterans using psychedelics for the treatment of PTSD. The dilemmas addressed in this project, along with a few others, are those that I have wrestled with over the last several months as I dig into the ethical, theological, and medical efficacy of psychedelics as a remedy for my condition. It is imperative, a non-negotiable, for me that any remedy I seek for a physical malady is in alignment with my faith practice. The uniqueness of the OGS experience has prepared me to examine this issue rationally and scientifically while keeping my Christian life at the center.

I have socialized an Action Research Project proposal with Dr. McClane and Ward that is an autoethnographic examination of my journey from research to the actual implementation of psychedelic-assisted therapy to address my anxiety and depression. A portion of this project is taken from that proposal.

**Works Cited**

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