

Q&A: Could psychedelics be used to help manage athletes' mental health?

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Why do people who take DMT, a powerful psychedelic drug, feel a

strong sense of familiarity about places, things or entities that are not a part of waking life?

David Lawrence, a medical director at the David L. MacIntosh Clinic at the University of Toronto's Faculty of Kinesiology & Physical Education and assistant professor in the department of community and [family medicine](#) in the Temerty Faculty of Medicine, sought to shed light on the puzzling phenomenon in a recent study published in the *Journal of Psychoactive Drugs*.

It found the sense of familiarity was not linked to prior [psychedelic](#) use.

The assistant medical director at the Dovigi Orthopedic and Sports Medicine Clinic at Mount Sinai Hospital and lead primary care physician for the Toronto Blue Jays, Lawrence says the study is just one element of his broader research interest into using psychedelics to treat mental health conditions experienced by athletes.

"This particular study focuses on one subjective feature of the DMT experience, but the bigger picture is that psychedelics have shown great promise in managing mental health conditions for which athletes are at particular risk," he says.

KPE writer Jelena Damjanovic recently caught up with Lawrence to find out more about the current research into psychedelics and mental health and why he thinks athletes could be uniquely positioned to benefit from it.

How did your interest in psychedelics in the service of athlete mental health come about?

Over the years, I've had the privilege of working closely with numerous

athletes who grapple with various mental health challenges. For them, the stakes are high. Their mental well-being directly affects not only their quality of life but also their performance, resilience and overall career trajectories.

In my goal to provide the most effective care, I've always been on the lookout for emerging research within the field of mental health.

The resurgence of academic and clinical interest into the therapeutic potential of psychedelics sparked my interest for any generalizability to my patient population. There are concrete clinical trials and reputable studies suggesting that substances like psilocybin, which is the active ingredient in magic mushrooms, LSD or MDMA—in conjunction with psychotherapy—might hold promise in treating a range of mental health disorders, from depression and PTSD to anxiety.

This burgeoning field of research sparked a myriad of questions for me. Could psychedelics provide a therapeutic avenue that was previously unexplored for athletes? Could they help in addressing the unique mental strains athletes face? And, more broadly, how could they be safely integrated into a comprehensive mental health management strategy?

Are there any unique considerations in this area of research?

Firstly, it's paramount to understand the legal and research landscape surrounding psychedelics. As of now, many of these substances remain illegal in numerous jurisdictions. Furthermore, an essential aspect of any potential psychedelic therapy is the environment—both physical and mental—in which these substances are administered, known as the "set and setting."

Current research protocols emphasize the importance of a controlled setting, typically facilitated by skilled professionals who can guide the experience, particularly for larger doses. Moreover, post-session integration, where individuals process and make sense of their experiences, is crucial to achieve lasting positive outcomes.

How prevalent are mental health disorders among athletes?

There are various estimates. However, a recent meta-analysis suggests the prevalence of mental health symptoms and conditions ranges from 20 to 35% in elite athletic populations, which is significant.

What kinds of stressors are athletes commonly exposed to?

There are a number of recognized unique stressors encountered by athletic populations, including: performance and personal issues such as injuries, finances and career transitions; leadership and personnel issues such as spectators, media, governing bodies, coaches and support staff; logistic and environmental issues such as travel, selection, accommodation and physical safety; and cultural and team issues such as teammates' behavior, goals, cultural norms and team support.

What role can psychedelics play in the management of mental health disorders for which athletes are at particular risk?

Athletes often grapple with disorders like depression and anxiety—pressures that can be amplified by the unique demands of their profession. In some sports, notably, there's a prevalence of disordered

eating patterns. These conditions are very challenging to manage. Intriguingly, there are preliminary reports suggesting that psilocybin may hold promise in the treatment of disordered eating conditions like anorexia.

Additionally, there are some research groups exploring the use of certain psychedelics like DMT for the treatment of acquired brain injury. In sport medicine and at the David L. MacIntosh Clinic, we pride ourselves on being leaders in the management of concussion, which is a form of brain injury. Most concussions resolve over a period of weeks. However, a proportion of individuals experience a prolonged and protracted recovery—often complicated by mood and other [mental health](#) symptoms. Addressing these persistent post-concussion symptoms remains challenging, presenting a possible avenue for future studies involving psychedelics.

What also intrigues me about psychedelics is their purported ability to foster deep introspection, cognitive flexibility, and lasting shifts in perception and beliefs—qualities that could be profoundly beneficial for athletes navigating the immense pressures and existential questions often associated with their careers.

More information: David Wyndham Lawrence et al, N, N-Dimethyltryptamine (DMT)-Occasioned Familiarity and the Sense of Familiarity Questionnaire (SOF-Q), *Journal of Psychoactive Drugs* (2023). [DOI: 10.1080/02791072.2023.2230568](https://doi.org/10.1080/02791072.2023.2230568)

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