When Legal Isn't Ethical:
Psychedelics, Touch, and the Cost of Regulation

with Sabrina Santa Clara

Opening

I gave this talk live at Touch with Substance on 10/16/2026. The full text is here for you to keep, with links to the work that continues from it at the end.

1. Where I come from

My background shapes everything in this talk, so I'll start there.

I started out as a massage therapist. For years, my work happened through my hands. I also did outcall massage in California. I'll come back to that later, because it taught me a lot about how this culture sees touch.

Then I trained in Hakomi. Hakomi is a mindfulness-based somatic psychotherapy, and touch is part of the method. A practitioner might use a hand to take over a client's defense, so the client doesn't have to hold it alone. Or a light touch becomes a small experiment that the client studies from the inside. In Hakomi, touch was a way of learning about the person.

Later I went through a dance and movement therapy and body psychotherapy program. You'd think a body psychotherapy program would teach touch. It taught very little. And what it did teach sounded like every general therapy training I'd been through: touch is a slippery slope to sexual abuse.

So there I was, in a program about the body, being taught to be afraid of touch. That contradiction is where this talk really starts.

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2. Touch is as basic as water

Touch is the first sense we develop. At about eight weeks of pregnancy, when the embryo is about the size of a raspberry, the lips and the skin around the nose start responding to touch. By twelve weeks, it's the palms and the soles of the feet. Hearing doesn't start until around eighteen weeks. So, before we ever hear our mother's voice, we're being held and touched in the womb.

Touch is as essential to human development as water. You probably know Harlow's monkey studies. Baby monkeys chose the soft cloth mother over the wire mother that had the milk. Children in understaffed orphanages, who were fed and changed but rarely held, had delays in growth, attachment and thinking that followed them for years. And Tiffany Field found that premature babies who got regular massage gained weight faster and went home from the hospital sooner.

Now, about that slippery slope. In logic, the slippery slope is a known fallacy. It says that a first step will lead, inevitably, to some disaster, without showing why each step has to follow the one before. "If we allow touch, it'll end in sexual abuse" is exactly that argument.

Think about water. We need water. Water can also drown us, and some people fill their glass with alcohol. But we don't tell a thirsty person that water is a slippery slope to alcoholism. We teach people which water is clean, and how to tell when a well has gone bad.

Sexual misconduct comes from the person who commits it. It comes from predation, from unhealed hunger, from working without supervision or support. Therapists who never touch their clients cross sexual lines too. Avoiding touch has never been what prevents abuse.

Gutheil and Gabbard gave us a helpful distinction back in 1993. A boundary crossing is a step outside the usual frame, and it can help the client. A boundary violation causes harm. Ofer Zur and Arnold Lazarus argued for years that our field treats every crossing as the first step toward a violation, and that the fear itself does harm.

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So let's go through the reasons we usually hear for not using touch, and how I'd answer each one.

First: touch leads to sexual contact. That's the slippery slope again. What protects clients is consent, training, supervision, and the practitioner's own inner work. Avoiding touch protects no one.

Second: touch stirs up transference. So does a silent therapist sitting across the room. Withholding touch shapes the transference too. Touch makes it visible enough to work with.

Touch can retraumatize survivors. Unwanted touch can. Touch the client chooses, and can stop at any moment, can be part of the repair. And withholding all touch also sends a survivor a message about her body.

Touch creates dependency and regression. The body psychotherapy literature says the opposite. Safe, attuned touch helps a person grow more separate and whole, the way a child who's been held feels safe wandering farther from the lap.

A client can't really consent across a power difference. That power difference is in every session whether we touch or not. We work with it by practicing the no before it's needed: rehearsing stop signals, asking, and respecting the answer.

Touch isn't culturally neutral. That's true, and it calls for attunement and curiosity, like everything else we do.

Words should be enough. A lot of wounds happened before we had words. That early experience lives in sensation, and sensation responds to contact.

And last, insurance and liability. That's a real concern, and it's a business concern. It belongs in the conversation, as long as we call it what it is: risk management, rather than ethics.

3. Legal and ethical are two different things

What's legal and what's ethical are two different things. History is full of laws that were legal and wrong.

In Hitler's Germany, the persecution and murder of Jews, queer people, Roma and disabled people was carried out by the state, under its own laws. Here in the United States, the Fugitive Slave Act of 1850 made it a federal duty to return people who had escaped slavery. In 1942, Executive Order 9066 sent Japanese American families to internment camps, and the Supreme Court upheld it. The Code of Indian Offenses in 1883 outlawed Native ceremonies. As late as 1990, the Supreme Court let Oregon deny unemployment benefits to two men who were fired for taking peyote in Native American Church ceremony. And today, it's legal in this country to run prisons for profit.

It goes the other way too. Every person who hid a family on the Underground Railroad was breaking federal law.

Most of us were taught ethics the way we learned our multiplication tables. Memorize it, repeat it, pass the test. The codes come pre-chewed. If you question one in a training room, you risk being labeled unethical, as if asking the question were the violation.

Here are some of the rules we swallow whole. Never hug a client, even at the end of long, hard work when she opens her arms to you. Never accept a gift, even a jar of jam from a client whose culture treats a returned gift as an insult. Never share anything personal, even when a moment of your humanity is exactly what the client needs. Never see a client outside the office, even in a small town, or a recovery community, or a queer community, or a ceremony circle, where everyone shops at the same grocery store. And never touch.

In 1994, Arnold Lazarus published a paper called "How certain boundaries and ethics diminish therapeutic effectiveness." Much of the field answered with alarm instead of argument.

A rule is written for an imagined average client. Nobody who lies down in front of us is average. Ethics breaks down where the rule can't attune to the actual person in the room.

Here's an example. One of the most common touch rules is: you never touch a woman's breast. But in massage therapy, breast massage is a legitimate, regulated technique. It's used for scar tissue after surgery, for lymphatic drainage, and for myofascial release after mastectomy and reconstruction. Many states allow it with written consent. Some also require extra training or a doctor's referral. And some consent forms apply even when there's no breast tissue left, as after a mastectomy.

So the massage field built a consent pathway. Psychotherapy mostly built a wall.

Most somatic psychotherapists get very little training in touch, and many rarely use it, if at all. I bring decades of hands-on work, and I do use touch, with some clients more than others. I follow the USABP's ethics for psychotherapeutic touch.

I had a client who'd had a mastectomy. She carried deep shame and pain in the place where her breast used to be.

So then what? Do I hold to no chest touch with women? The rule has its answer. My client needed a different one.

There are questions the rule never asks. What does she want? Can she say no to me here, and has she practiced saying it? Could her own hand go there first, with mine resting on top of hers? Could it be through clothing, or a blanket? Who will I consult with, before and after? What will I write down?

We say there's no consent available in an altered state. Well, what about a client in a regressed state? Isn't she altered too? Our job is to be more somatically and energetically attuned, rather than to be handed rules that may or may not fit the moment.

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4. A short history of psychedelics

These medicines didn't start in a lab. Indigenous peoples have worked with them for thousands of years. The ethics were passed down hand to hand, elder to apprentice, inside ceremony and relationship.

In 1943, Albert Hofmann discovered the effects of LSD. Through the fifties and early sixties, research took off: tens of thousands of participants and more than a thousand published papers. Then came the backlash. In 1970, the Controlled Substances Act put psychedelics in Schedule I, and research mostly stopped for about thirty years.

That same year, 1970, the FDA approved ketamine as an anesthetic. That's why ketamine is the legal doorway so many of you work through today.

Therapists were using MDMA with clients into the early eighties, until it was emergency-scheduled in 1985. Research came back around 2000. Spravato, a form of ketamine, was approved for depression in 2019. Oregon passed Measure 109 in 2020. Colorado passed Proposition 122 in 2022, and its program opened on 1/1/2025.

New Mexico is next. Its Medical Psilocybin Act became law in 2025, and it's a medical model: psilocybin as treatment for patients with qualifying conditions, under medical supervision. The Department of Health has proposed its rules and held public hearings on them in August and on 10/2 of this year. First patient sessions are expected late this year or in 2027. New Jersey also signed a hospital-based psilocybin research pilot into law in January. The rules for these programs are being written right now, and some of you listening could help write them.

Every wave of law has made the same promise: control will reduce harm. The intention is good. It hasn't worked. Inside an FDA-regulated MDMA trial, with protocols, oversight and video recording, therapists crossed sexual and physical boundaries with a participant. When the FDA declined to approve MDMA-assisted

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therapy in 2024, concerns about misconduct and how the trials were run were part of that story.

Even after the laws are written, and everyone has been taught the basics of ethics, people cross the lines anyway. It happens in psychotherapy, in massage therapy, and in every kind of psychedelic-assisted therapy. So what we end up with is a rule about ethics that doesn't fit the work, and we're expected to follow it without real training in what that rule is supposed to protect.

5. The rules on the books

Let's look at what the rules actually say.

In Colorado, supportive touch means placing hands on a participant's hands, feet or shoulders during a session. The client has to consent before the session, and it has to be written into a physical touch contract. Touch can't be used on any other part of the body, under any circumstances.

In Oregon, any touch needs prior written consent, after the facilitator and the client talk through what kinds of touch are okay. An early draft limited touch to a hand or a shoulder. A later revision allowed supportive touch like hugs, with written consent.

So in Oregon, a hug can be written into consent. In Colorado, a hug breaks the rule. Same mushroom, same human nervous system, and a state line decides. That's arbitrary. And no somatic psychotherapist drew those lines.

Suz and I went to a meeting of the Natural Medicine Advisory Board. People spoke from experience, from their training, from what actually happens in sessions. Nothing anyone said changed anything.

And even here, there's no requirement to ask a client which parts of their body are eroticized. You're allowed to touch feet. What if your client has a foot fetish? Meanwhile, a forearm is off limits. Cradling someone's head is off limits. Brushing the hair back from a forehead, when a client in an altered state is reaching for nurturing she never got, is off limits. And God forbid someone needs to be held.

I developed the training for Fluence that meets Colorado's requirements. It includes no hands-on work. Not one minute of it. There's no training in attunement. That's what the state requires.

6. Bodyworkers at the gate

For many of you, this next part matters most.

Colorado's program gives bodywork no recognized place alongside the medicine. A massage therapist can become a licensed facilitator. But once the session starts, your hands are allowed on hands, feet and shoulders, and on none of what your training taught you.

That's gatekeeping. It decides who gets to be in the room, and what kind of knowledge counts.

New Mexico may repeat that pattern. The public notices for its proposed rules name certifying clinicians, practitioners and facilitators. Bodywork isn't mentioned at all.

Some of you work with ketamine under medical supervision. That's legal, and it comes with its own costs. The work stays on the fringe. Protocols, papers and outcome studies rarely mention what you do, so the real help you give patients goes unseen. Your scope is borrowed. It only reaches as far as the prescriber's comfort and the clinic's insurance policy, and one memo can shrink it. You're rarely billed as part of treatment, so your work is the first thing cut when budgets get tight. And without research there's no evidence base, and without an evidence base the work stays on the edge. It's a loop that feeds itself.

Massage has always had to fight for legitimacy. When I did outcall massage in California, every city required its own license. In every city I chose to work in, I had to go through the vice department. I had to give someone a fifteen-minute massage to prove I knew how to do massage. The office that policed prostitution decided whether my hands were legitimate. California didn't have statewide certification until 2009.

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That suspicion never went away. It's walked right into the medicine room.

7. What regulation costs

So what does all this regulation cost?

For massage therapists, suspicion is the starting assumption, from the vice office to the ketamine clinic. Consent rules for the same technique change every time you cross a state line. Legitimate care, like post-mastectomy work, gets harder to find. And there's no seat for you beside the medicine, because the law never built one.

For psychedelic therapists and facilitators, touch has been shrunk down to hands, feet and shoulders, by people who don't work with touch. Trainings teach the paperwork of touch and skip the skill. Skilled practitioners are left outside the gate, while new ones get licensed without ever practicing contact.

And it's expensive. In Colorado, the license alone is $840 for a facilitator and $970 for a clinical facilitator. The training is priced like a degree. CU Denver's facilitator program charges $7,500 for 150 hours of coursework, and the 80 hours of practice and consultation that come after aren't included. The state doesn't ask for any of those hours to be spent learning hands-on contact.

The fees keep climbing. In July, Oregon proposed doubling its facilitator license to about $4,000 a year, and its service center license from $10,000 to $20,000. Of the 39 service center licenses Oregon has issued, about half have already expired or been surrendered. So practitioners get trained and licensed, often in debt, and then have fewer places to work.

Practitioners also get caught between compliance and attunement. A client needed to be held, and got a hand on the shoulder.

Clients pay too, literally. In Oregon, the median session costs about $1,900, and no licensed center takes insurance. In Colorado, a private session runs roughly $1,450

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to $5,000 or more, out of pocket. The people who most need this medicine are often the ones least able to pay for it.

When the legal door costs two thousand dollars, people go through the underground one instead, where there's no screening and no one to answer to. Rules priced for safety can push people toward less of it.

The deepest cost is this. When ethics turns into compliance, practitioners stop thinking. Anyone can follow a rule without ever asking what it's there to protect. And the client pays for that.

8. Closing

Here's the irony in our history. The only reason any of us are doing this work is that people stepped outside the law to find ways to help others. Leo Zeff, who carried this work underground. The Shulgins. Guides whose names we'll never know. And the Indigenous lineages that kept their medicines alive under laws written to wipe them out. The rule breakers.

Let me be clear: I'm not asking anyone to break the law. A lot of us learned ethics in school as black-and-white rules to memorize and repeat. Ethics, the way I practice it, is an active process. It takes thought and discussion, and trusted colleagues you can bounce things off: people who'll tell you when you're wrong, and help you think it through when the rule runs out.

Most of what we're trained in as ethics, in massage therapy, psychotherapy, psychedelic therapy and where they overlap, is really a set of rules. Ethics as a field is alive. People have argued about it since Socrates stopped strangers in the marketplace in Athens to ask them what a good life is, and they're arguing about it today. Disagreement is how ethics breathes.

A few lines come close to absolute. Don't have sex with your clients. Most of us agree that's a hard line, and it should be. Beyond those few, a code that leaves no

room for disagreement, taught inside a legal framework, is teaching law and calling it ethics.

A rule is like a pipe. It carries water in one direction. Ethics is more like learning to read a river: how deep it is, how strong the current is, where it floods. Pipes have their place. Nobody ever learned to swim in one.

If this conversation matters to you, it's what I'm building in the Touch Matters Consultation Group. It's for anyone whose work brings them into contact with another body, licensed or not. We start online on 11/4/2026, and if you're local, you can join me in person at Soul Medicine Sanctuary in Longmont. You'll find it at sabrinasantaclara.com/touch-matters.

Thank you so much for listening.

9. Working together

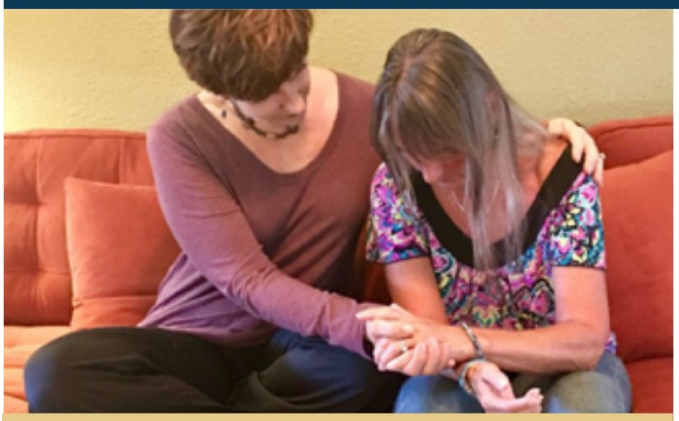
Alongside the Touch Matters group, I offer private consultation, one to one, and private consultation groups for teams, trainings and circles of colleagues who want to bring touch, IFS and expanded states into their work with skill and with heart. Licensed or not, you're welcome. To ask about either, write to me at sabrina@interweavingjourneys.com or text 303.955.8945.

10. Stay in the weave

Website: sabrinasantaclara.com
Touch Matters Consultation Group: sabrinasantaclara.com/touch-matters
Email list for future offerings: sabrinasantaclara.com/email
Facebook: facebook.com/Sabrina.SantaClara
Soul Medicine Sanctuary: soulmedicinesanctuary.com
Soul Medicine Sanctuary Signal group: sabrinasantaclara.com/signal
Longmont Conscious Kinship Collective on Facebook: sabrinasantaclara.com/kinship
Email: sabrina@interweavingjourneys.com

TOUCH MATTERS

A Psychotherapeutic Touch Consultation Group



Sabrina Santa Clara

LPC, R-DMT, IFS-CTC, RYT

Sabrina began her life's work as a massage therapist, learning what a body says before it finds words. That listening carried her into embodiment teaching and yoga, then to Naropa University for her Master's in Body Psychotherapy and Dance/Movement Therapy. She is a Certified Internal Family Systems Therapist and consultant who has been working with the model for over 25 years, and has woven it into Neoshamanic IFS, where parts work meets spirits and ancestors, the land and the body, community and ritual.

She created Psychotherapeutic Touch, a certification training and standard for the ethical, skilled use of touch in therapy, after seeing too many practitioners caught between fear and instinct with no map to guide them. She designed the touch training for Fluence, has led trainings for Journey Clinical and other psychedelic organizations, and teaches internationally. She works from an elder's seat: rigorous about ethics, tender with the people learning them.

When the body asks, will you know how to answer?

Touch is the first language any of us learned. Long before words, a body discovered it was safe because another body helped it feel so. Our clients carry that first grammar into the room, sometimes fluent, sometimes broken, and in expanded states it rises to the surface asking to be spoken. Most of us were trained to answer it with words alone, and something in the client goes unanswered.

We carry it too. Each of us learned this language in a particular home, with its own dialect of tenderness or absence, of intrusion or silence. What we have not yet tended becomes projection, and it speaks through us anyway: a part that rushes in to comfort, a part that freezes, a part that pulls back before the client has finished reaching, a part that needs the client to be all right. Our clients feel those parts as surely as they feel our touch.

Touch Matters is where we become fluent again: tending our own touch history until the body's wisdom can speak, and bringing that fluency, with skill and with heart, into the relational space we share with our clients.

Space is limited. Claim your seat now.

The next group begins 11/4/2026

First Wednesdays, 9:00-10:30 am MT
Six monthly sessions on Zoom

Equitable contribution: $695 for all 6 sessions

Touch with Substance participants:
$50 off with code "substance" at check out

Interweaving Journeys

303.955.8945
Sabrina@InterweavingJourneys.com
www.SabrinaSantaClara.com

SabrinaSantaClara.com/touch-matters

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