Inherited Assumptions: A Philosophical Audit of the Psychiatric Presuppositions Embedded in Psychedelic-Assisted Therapy Research

The psychedelic renaissance is routinely described as a paradigm shift in psychiatry. Yet psychedelic-assisted therapy research inherits foundational presuppositions from mainstream psychiatry that are extensively contested within the discipline itself. This presentation conducts a philosophical audit of five such presuppositions: that DSM categories constitute valid therapeutic targets, that mental disorders have neurobiological aetiologies amenable to pharmacological correction, that efficacy is best captured by symptom reduction on standardised scales, that the blinded RCT is the appropriate evidentiary standard, and that the drug rather than context is the primary therapeutic agent. For each, I reconstruct the internal critique and show how the assumption operates in psychedelic research. Recent empirical developments strengthen the audit. A 2026 meta-analysis found that roughly 55% of the differential effect attributed to psychedelics reflects placebo suppression rather than treatment superiority, revealing the framework's limitations from within its own data. Meanwhile, 90% of depression trials fail to measure functional outcomes, and qualitative evidence shows patients value dimensions of change that standardised scales cannot capture. The field's most distinctive findings, including transdiagnostic mechanisms, the existential dimensions of therapeutic change, and the constitutive role of set and setting, are rendered partially invisible by the infrastructure designed to validate them. I argue that philosophy contributes to mental health care practice by identifying when an evaluative framework has become inadequate to its phenomena, with direct consequences for trial design and regulatory evaluation.