



Article

Life after Ayahuasca: A Qualitative Analysis of the Psychedelic Integration Experiences of 1630 Ayahuasca Drinkers from a Global Survey

Tessa Cowley-Court ^{1,2,*} , Richard Chenhall ¹, Jerome Sarris ^{1,2,3,4}, José Carlos Bouso ^{5,6,7}, Luís Fernando Tófoli ⁸, Emérita Sátiro Opaleye ⁹, Violeta Schubert ¹⁰ and Daniel Perkins ^{1,2,10,11}

- ¹ School of Population and Global Health, University of Melbourne, Melbourne, VIC 3053, Australia; d.perkins@unimelb.edu.au (D.P.)
- ² Psychae Institute, Melbourne, VIC 3053, Australia
- ³ NICM Health Research Institute, Western Sydney University, Westmead, NSW 2145, Australia
- ⁴ The Melbourne Clinic Professorial Unit, Florey Institute of Neuroscience and Mental Health, Department of Psychiatry, University of Melbourne, Melbourne, VIC 3084, Australia
- ⁵ International Center for Ethnobotanical Education, Research and Services (ICEERS), 08015 Barcelona, Spain
- ⁶ Medical Anthropology Research Center, Department of Anthropology, Philosophy and Social Work, University of Rovira I Virgili, 43003 Tarragona, Spain
- ⁷ Department of Neurosciences and Behavior, Ribeirão Preto Medical School, University of São Paulo, São Paulo 05508-000, Brazil
- ⁸ Interdisciplinary Cooperation for Ayahuasca Research and Outreach (ICARO), School of Medical Sciences, University of Campinas, Campinas 13083-887, Brazil
- ⁹ Department of Psychobiology, Universidade Federal de São Paulo, São Paulo 04042-002, Brazil
- ¹⁰ School of Social and Political Science, University of Melbourne, Melbourne, VIC 3010, Australia
- ¹¹ Centre for Mental Health, Swinburne University, Melbourne, VIC 3122, Australia
- * Correspondence: t.cowley@unimelb.edu.au



Citation: Cowley-Court, T.; Chenhall, R.; Sarris, J.; Bouso, J.C.; Tófoli, L.F.; Opaleye, E.S.; Schubert, V.; Perkins, D. Life after Ayahuasca: A Qualitative Analysis of the Psychedelic Integration Experiences of 1630 Ayahuasca Drinkers from a Global Survey. *Psychoactives* **2023**, *2*, 201–221. <https://doi.org/10.3390/psychoactives2020014>

Academic Editor: Ricardo Dinis-Oliveira

Received: 21 April 2023

Revised: 1 June 2023

Accepted: 8 June 2023

Published: 13 June 2023



Copyright: © 2023 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Abstract: Ayahuasca is an Amazonian psychoactive plant medicine being explored for its potential therapeutic uses in Western contexts. Preliminary studies link ayahuasca use with improvements across a range of mental health indicators, but studies have not yet explored qualitative aspects of the post-treatment process known in the psychedelic literature as “integration”. This includes how participants make sense of their ayahuasca experiences and minimise harm/maximise benefits after ayahuasca use. A global online survey, conducted between 2017 and 2019, collected responses from 1630 ayahuasca drinkers (50.4% male, mean age = 43 years) to an open-ended question about their integration experiences after consuming ayahuasca. Inductive codebook thematic analysis was used to identify themes in participants’ integration experiences. Participants described integration experiences in three main ways. First, was an overall appraisal of the integration experience (e.g., as easy, challenging, or long-term/ongoing). Second, was describing beneficial tools which facilitated integration (e.g., connecting with a like-minded community and ongoing practice of yoga, meditation, journaling, etc.). Third, was describing integration challenges (e.g., feeling disconnected, going back to “old life” with new understandings, etc.). These findings suggest that integrating ayahuasca experiences can be challenging and take considerable time, though working through integration challenges may facilitate positive growth. Findings also challenge the role of individual psychotherapy as the primary integration tool in Western psychedelic therapy, suggesting that communal and somatic elements may also be useful. An expanded definition of psychedelic integration is proposed which includes working with integration challenges and adjusting to life changes.

Keywords: ayahuasca; integration; psychedelic integration; psychedelic therapy; psychoactive; mental health

1. Introduction

Ayahuasca is a psychoactive brew that has been used in traditional medicine systems of the Amazon basin for centuries [1,2]. Pharmacologically classed as a “classic psychedelic” alongside psilocybin and lysergic acid diethylamide (LSD), the brew typically contains two plants: the beta carboline-containing ayahuasca vine, *Banisteriopsis caapi*, and the N,N-Dimethyltryptamine (DMT)-containing leaves of *chacruna*, also known as *Psychotria viridis* or, depending on the area, the vine *Diplopterys cabrerana* [1]. Western therapeutic interest in ayahuasca has grown since the late twentieth century, seeing an increase in its use for mental health treatment, spiritual seeking and general self-development [3]. Mental and emotional challenges have, however, been reported in the weeks and months after use in these contexts [4]. Navigating these challenges and translating insights from the experience into positive life changes is a key focus of the post-acute process known as psychedelic integration [5].

To contextualise the post-ayahuasca integration process, it is necessary to briefly touch on the ayahuasca experience itself. Ingesting ayahuasca can induce altered states of consciousness which have been described as both terrifying and beautiful [6]. While ayahuasca experiences vary considerably, a typical arc to an experience can include a sense of the brew taking effect from approximately 40 min after ingestion [6], with effects peaking after 90 min and subsiding after four to six hours [7]. Drinkers may experience intense vomiting which is, paradoxically, often experienced as therapeutic, as well as awe-inspiring visions of colours, lights and geometric patterns, encounters with supernatural entities or an element perceived as “nonself”, transmission of profound insights, and the re-visiting and re-framing of autobiographical memories [6,8,9]. Participants in qualitative studies have described these experiences as among the most meaningful in their lives, but also describe challenging aspects of the experience (e.g., confronting profound grief, fear, and harmful past behaviours) [8,10,11].

While prior research suggests that experiences with ayahuasca may improve conditions including depression [12,13], anxiety [14], substance use [15–17], and eating disorders [11,18], most studies have focused on the acute ayahuasca experience and its impact on specific indications, with limited focus on post-acute integration. A small number of recent studies have, however, included measures of integration difficulties, reporting that integration difficulties negatively impact longer-term mental health and well-being outcomes after drinking ayahuasca [19,20].

Examining integration difficulties in detail, one recent study reported on mental health or emotional difficulties experienced in the weeks or months after drinking ayahuasca. Notably, 55.4% of 7839 participants reported experiencing such post-ayahuasca challenges, including the emotional-cognitive adverse effects of feeling disconnected or alone (21.0%); having nightmares, disturbing thoughts, feelings or sensations (19.2%); feeling nervous anxious or on edge (18.9%); feeling down depressed or hopeless (16.6%); not being able to stop or control worrying (15.3%); lack of interest or pleasure in doing things (14.8%); and having difficulty knowing what is real or unreal (12.9%) [4]. Three altered perception adverse effects were also reported, including seeing or hearing things that others do not see or hear (28.5%), feeling “energetically attacked” (14.9%), and visual distortions (15.1%) [4].

Similar integration challenges are noted in the case of psilocybin. A recent qualitative study of participants following a psilocybin retreat (N = 30) reported that nine participants (30%) spontaneously reported integration challenges in the post-acute period including mood fluctuations, ‘post-ecstatic blues’, disconnection from community, re-experiencing symptoms, perceived lack of support after the retreat, and spiritual bypass, where repeated peak experiences are sought in order to avoid underlying psychological distress [21]. Both Bouso and colleagues [4] and Lutkajtis and Evans [21] report that these challenges were mostly (but not always) transient and seen by participants as antecedents of positive growth.

While our understanding of integration challenges is growing, the existing integration literature is mostly based on quantitative epidemiological data or the perspectives of integration practitioners or therapists. There is scant in-depth exploration of the integration

experience of individuals. Further, there has been little consideration of communal aspects of integration, despite some suggesting that an individual's connection to community may be central to the ayahuasca healing experience [22]. While not all ayahuasca drinkers will go through a distinct integration process after an ayahuasca experience, it is arguably important to explore integration with those who have lived experience of the integration process. This may help inform approaches to minimising harm and maximising benefits after psychedelic treatment [5,23], which will be important if ayahuasca use continues to grow.

While there is unlikely to be one “right way” to support integration, efforts to support the ayahuasca integration process could benefit from an exploration of (1) how ayahuasca drinkers conceptualise integration; (2) what challenges they face in the integration process; and (3) what integration supports they see as useful to the integration process. At present, we are not aware of any prior qualitative studies seeking to answer these questions. This qualitative sub-study, situated within a broader mixed-methods study (the Global Ayahuasca Project), aimed to provide a preliminary understanding by exploring the integration experiences of a large, global sample of ayahuasca drinkers across a range of non-clinical contexts. A secondary aim was to propose an updated definition of psychedelic integration that is informed by participant experiences.

2. Materials and Methods

2.1. Participants and Design

This qualitative sub-study uses data from a cross-sectional study (the Global Ayahuasca Project), collected via an online survey between 2017 and 2019, inclusive. The survey was administered to an anonymous, non-random sample. This approach was valuable to enable wide, global reach, given the hidden nature of the ayahuasca-drinking population in Western countries. The survey was translated into five languages other than English (Portuguese, Spanish, German, Italian, and Czech). This enabled recruitment of a large sample ($n = 10,836$) from 44 countries, who had attended ayahuasca ceremonies in a range of settings (i.e., traditional, religious, and non-traditional) and geographic locations. The survey collected demographic information, asked participants about their ayahuasca drinking experiences and assessed current mental health and wellbeing status via validated psychological scales. Questions about participants' ayahuasca drinking experiences were developed based on the ayahuasca research literature and extensive consultation with academic researchers and ayahuasca practitioners (in both church and non-church contexts). Questions about participants' ayahuasca experiences included, for example, asking about the number of times participants had drunk ayahuasca, the contexts of their ayahuasca use (e.g., in traditional ceremonies and at ayahuasca churches), insights and life changes participants attributed to their ayahuasca use, adverse effects experienced in the weeks and months after drinking ayahuasca, and their integration experiences. Further details on methods are described by Sarris and colleagues [19]. Data for the present study are taken from a subset of the total sample who responded to a general, open-ended question about their integration experience ($n = 1630$), which asked, “Please add anything you would like about your integration experiences below”.

The inclusion criteria for participation in the study were that respondents were (1) at least 18 years of age, and (2) had participated in an ayahuasca ceremony at least once. Recruitment channels for the survey included social media, websites, and email lists of relevant organisations, ayahuasca retreat centres, ayahuasca churches, online interest groups and forums, and flyers handed out at conferences and events. Respondents were not offered financial compensation for completing the survey. Respondents provided written informed consent when commencing the surveys. The final dataset was checked for suspected duplicate entries, which were subsequently removed. Partial survey completions were retained. The study was approved by the University of Melbourne Human Research Ethics Committee (HREC number 1545143.3).

2.2. Data Analysis

Qualitative analysis was conducted using inductive codebook thematic analysis [24] in Microsoft Excel and the qualitative software, NVivo. The first 200 responses to the open-ended integration question, ordered by participant ID, were read by a first coder (author T.C.-C) who created an initial coding frame based on topics present in the responses. Responses were then individually analysed by the first coder in Microsoft Excel and allocated to codes, expanding and updating the coding frame to capture emergent themes. Responses that were overly short or general (e.g., “integration is great” or “nothing to add”), unrelated to the question (e.g., describing the acute experience), or unclear in their meaning (e.g., “integrated rise in everything that is”) were coded as such ($n = 554$), and thus did not contribute to the integration-specific themes. After the initial coding process, initial codes were refined, analysed for patterns, and grouped into more general, overarching categories. A second coder reviewed all responses and performed secondary coding in NVivo. The first and second coder met periodically through the second coding process to discuss questions or discrepancies in coding decisions. These were discussed until an agreement was reached on the treatment of the response, and the results of these discussions were documented in a Microsoft Excel spreadsheet. Generally, discussions related to the naming of the code as opposed to its existence, and therefore labels were usually refined to better suit emergent properties. In total, 1% of cases (20 cases) were flagged as coding discrepancies and discussed or updated. Once coding was completed, each code was reviewed in NVivo by the first coder for summarising based on the range of responses it included. As responses could be wide-ranging, it was possible for each response to be assigned to more than one code.

3. Results

3.1. Demographics

Participants were 822 males, 800 females and 8 who did not specify sex, aged between 18 and 80 years (mean = 43 years, SD = 12.36 years). As shown in Table 1, the majority had completed some tertiary education (79.70%), were located in Brazil (39.88%), Europe (26.30%), or North America (17.30%), and drank ayahuasca in a religious context (41.3%). Participant ethnicity was not recorded.

Table 1. Participant sociodemographic and ayahuasca use characteristics.

Sociodemographic Characteristics	<i>n</i> (%) / <i>M</i> (SD)	
Age	43 years	(12.36)
Sex		
Male	822	(50.4%)
Female	800	(49.1%)
Unspecified	8	(0.5%)
Highest education completed		
Bachelor’s degree/undergraduate	498	(30.6%)
Master’s degree/post-graduate	471	(28.9%)
Diploma/associate’s degree	245	(15.0%)
High school	165	(10.1%)
Trade, technical, vocational qualification	128	(7.9%)
PhD/Doctorate	85	(5.2%)
Did not complete high school	31	(1.9%)
Unspecified	7	(0.4%)
Region of residence		
Brazil	650	(39.9%)
Europe	428	(26.3%)
North America	282	(17.3%)
Other Latin America	115	(7.1%)
Australia and New Zealand	93	(5.7%)
Asia and the Middle East	10	(0.6%)
Unspecified	52	(3.2%)

Table 1. *Cont.*

Sociodemographic Characteristics	<i>n</i> (%) / <i>M</i> (SD)	
Ayahuasca use characteristics	<i>n</i> (%)	
Context of most ayahuasca use		
Religious	674	(41.3%)
Traditional shaman/guide	357	(21.9%)
Non-traditional shaman/guide	294	(18.0%)
Both traditional and non-traditional shamans/guides	138	(8.5%)
Non-supervised	98	(6.0%)
Unspecified	69	(4.2%)
Lifetime ayahuasca use		
1–5 uses	427	(26.2%)
6–20 uses	328	(20.1%)
21–50 uses	202	(12.4%)
51 or more uses	624	(38.3%)

3.2. Themes

Of the 1630 responses, 554 were coded as overly short or general (e.g., “integration is great” or “nothing to add”), unrelated to the question (e.g., describing the acute experience), or unclear in their meaning (e.g., “integrated rise in everything that is”). From the remaining 1076 responses, three overarching themes and fourteen sub-themes emerged (see Table 2).

Table 2. Themes.

Theme	Number of Endorsing Participants
1. Appraisal of the integration experience	
1.1. No problems, found it easy	84
1.2. Challenging	117
1.3. Ongoing	48
2. Beneficial integration tools	
2.1. Processing through ongoing personal practices (e.g., yoga, meditation, and creative practices)	389
2.2. Connecting with others and community	378
2.3. Seeking support from professionals/leaders	143
2.4. Creating space for processing after the acute experience	87
2.5. Having an interpretive framework (e.g., psychology and spirituality)	86
2.6. Putting learnings into practice	26
2.7. Other specific tools (e.g., acupuncture, hypnosis, and tantra)	56
3. Integration challenges	
3.1. Feeling that others do not understand	111
3.2. Going back to “old life” with new understandings	63
3.3. Lack of support resources	44
3.4. Challenging cognitive and sensory experiences	28
General/unrelated/unclear responses	554

It is important to note that those who chose to respond to the optional integration question were dispersed across drinking contexts in a similar pattern to the broader GAP study (i.e., no group was considerably more or less likely to respond). However, ayahuasca church members were slightly overrepresented (49%) in the 554 responses coded as short, unrelated or unclear, which may be due to different conceptualisations of integration in ayahuasca church settings or less common use of the term “integration” in general.

3.2.1. Appraisal of the Integration Experience

Of those who gave an appraisal of the overall integration experience, respondents summarised integration as either easy, challenging, or as an ongoing process they were still engaged in. While it was roughly as common for respondents to state that integration was easy or challenging, respondents who had an easeful experience tended to make very brief statements (e.g., “It was a natural thing, I had no difficulty”) whereas those reporting challenging experiences tended to go into more detail, often describing the challenges as part of a journey which led to personal growth. Females and respondents who participated in ayahuasca ceremonies outside of church settings (e.g., at retreats or in neo-shamanic ceremonies) described integration as challenging more often than males and church members, though all settings and sexes were represented in the group who found integration challenging overall. Notably, terms such as “challenging” or “difficult” were not only used in negative contexts but were also used to describe liminal states preceding a sense of healing. Of those who felt that integration was challenging, almost one-third explicitly stated that, although it was challenging, it was a positive experience overall.

“The first ceremony was the most difficult for me and the time after the ceremony (3 months), but it was because I had a lot to work with myself. Later it turned out that it was a very rich and valuable experience that opened me to a new chapter in my life.”

“Integration could be difficult at times, but in the end, it was my own resistance that got in the way. Once I realize where I’m creating my own obstacles, the work of integration goes smoothly.”

Others, however, remained unclear on whether the challenge was ultimately positive or negative. These cases were often described with a sense that integration was a work in progress.

“I felt very lonely for the first couple months back home and had a very hard time holding a grasp on “reality”. I felt I had no idea how to integrate what happened into my daily life. But after 9 months I feel I have learned a lot about what integrating means and I am still currently integrating my experience.”

A small number of respondents described integration challenges that were clearly negative or unresolved.

“I felt very neglected and unstable after the experience and had a hard time coping with my feelings.”

It was also stated by some respondents that integration is an ongoing, as opposed to discrete, process. This view was shared by approximately a quarter of respondents who made statements regarding their overall integration experience. Mostly, respondents demonstrated acceptance of the ongoing nature of integration.

“It takes time, rest and patience.”

“It has been a long process, but very well worth it.”

“It’s hard work to change your personality overnight, so I just gotta take it day by day and hope I can change for the better.”

However, for a smaller number, the long integration process was unexpected.

“It has been more difficult than I predicted. I had (maybe a naive) idea that ayahuasca will make a lot of things better in my life. I think what I’m learning is that these changes may happen on a much larger time frame than what many are led to believe in “popular” culture . . . ”

The ongoing integration process was often described as a subtle, gradual unfolding of understanding, usually bringing about a sense of “knowing” that transcended the intellect. Respondents described how insights from earlier in their process became clearer or took on deeper meanings over time.

“It is interesting noticing how the integration reaches new layers of my being as time goes on so I experience new realisations from material I’ve already digested to some degree.”

“I’m always surprised what else I integrate months after when I drink. I’d say on average it takes me about six months. Even then there’s still always more to absorb.”

“What I’ve noticed is the integration is slow and subtle. Almost as if the knowledge seeps in from being. It’s less of a cognitive exercise than a visceral knowing that happens over time. I think the breaks between (6–9 months) ceremonies has been key for my integration.”

As well as considerable variability between respondents, there was also within-person variability in integration experiences. Even for the same person, integration experiences could vary in both duration and level of difficulty.

“My integrations have been quite different between different retreats, one integration seemed to last about 6 months and was relatively easy, another lasted about 15 months and was much more difficult.”

While some respondents simply said integration was easy or difficult, it was clear that, for others, such a straightforward appraisal could not adequately capture the complexities of their integration experiences.

3.2.2. Tools to Support the Integration Process

Connecting with Others and Community

A frequently cited tool to support integration was sharing with like-minded others or communities, particularly those who had also experienced ayahuasca. Though many respondents acknowledged that it may not be possible for another person to fully understand their unique experience, it was important to their integration that they could share in open and supportive contexts without fear of judgement. For those who were regular ayahuasca drinkers at syncretic churches, a like-minded community was readily available, with the church providing ongoing support and a community of practice. Church members also spoke of integrating through volunteering and working in the community—a phenomenon reported almost exclusively by church members.

“The sense of community and support that I feel from my [syncretic church] family is one that I find deeply important to someone wanting to partake in this type of spiritual work. There is always someone that I can call for counsel on life, relationship, work, and/or my experience with drinking the tea [ayahuasca].”

For those using ayahuasca in non-church settings, a sense of community often came from forming connections with other retreat or ceremony participants. This was typically focused on the verbal sharing of experiences, as opposed to working and volunteering together like the church members. A key distinction between church and non-church drinkers was that church members engaged with a pre-existing community to support integration, whereas non-church drinkers were more likely to describe actively creating a community as part of the integration process.

“A network of people who also drink ayahuasca has been very important for me to be able to integrate my experiences. I’ve learned just as much about myself in sharing circles and conversations as I have in ceremonies.”

“We created our own circle of integration, based on sharing and support. It was and is very powerful and useful.”

Others made specific mention of the benefits of having a partner who has also experienced ayahuasca. This contrasts with those who explicitly stated that their partner had not drunk ayahuasca, which could be challenging if they did not feel understood or felt judged by their partner.

“It’s very helpful with the integration to have a partner and friends who also drink ayahuasca.”

Processing through Ongoing Personal Practices

Respondents described the usefulness of maintaining regular, healthy personal practices throughout the integration process. These practices included, for example, contemplative practices (e.g., meditation or prayer), spending time in nature, journaling, mind–body practices (e.g., yoga or qi gong) and creative activities (e.g., making art or music). Notably, these integration practices were more common for those drinking ayahuasca outside of church settings (e.g., in retreats or neo-shamanic ceremonies), though church members did report using some of the practices, particularly meditation and prayer. These activities were also often pre-existing practices of the respondent and were overwhelmingly used in combination, rather than isolation. In this way, respondents relied on a ‘set’ of supportive practices to nurture different aspects of themselves (e.g., mind, body, and spirit).

“... the whole package of tools that consist in my regular practice in the last 10 years have been essential. I cannot separate what is the effect of a session with those other practices that are alive regularly, including my yoga, chi gong, meditation practices, always combined with journaling, and reading books that help make sense of the insights, and more or less regular visits to my shiatsu and/or acupuncture therapists. For me it’s a whole package.”

Some respondents also described experiencing a new significance to these existing practices after drinking ayahuasca.

“I have done Yoga and Tai Chi and other exercises well before drinking ayahuasca. But doing these exercises after ayahuasca gave me the structure to reconnect with that divinity permeating existence ...”

“It is not exactly that you have used writing, meditation, yoga or nature for the integration of experience. I already did this before taking Ayahuasca and, after taking, I continued to do so perhaps with a little more intensity.”

Others established new practices due to interests arising from drinking ayahuasca or from learning about them at ayahuasca retreats. For example, Reiki and other energy healing techniques were seen by some as useful to “balance energies” after ayahuasca.

“I did my reiki trainings in a matter of months after the last ceremony. And that really helped to balance out a turmoil of energies inside of me.”

Seeking Support from Professionals or Leaders

Mostly in conjunction with personal practices and informal sharing, some respondents also found it useful to seek external advice to aid integration. Generally, this external help was seen as complementary to personal practices, as opposed to the primary integration tool. Many respondents saw the integration of their ayahuasca experience as something that ultimately only they could do for themselves, but also found that external advice could provide useful scaffolding along the way.

“I have several trusted mentors—a long time spiritual teacher, a spiritual director who is also a psychologist, and a psychoanalyst. I meet with them regularly and my conversations with them are very helpful in integrating my ongoing work with Ayahuasca. However, most important is my own inner work of meditation and deep reflection. There is no external mentor or authority that can assign meaning to the deep experiences that I have. It’s up to me.”

“I was lucky to have a group of friends close to me who had experience with the medicine [ayahuasca], who could help me navigate the spiritual components of the awakening as well as be able to refer me to other health professionals (holistic counsellor) and Shamanic practitioners (for soul retrieval) who could assist me with the things arising that my friends couldn’t.”

Respondents affiliated with a syncretic church tended to describe seeking support from church counsellors, masters or leaders who focused on furthering their learnings

and clarifying teachings from the sessions. While not always leveraging this support, an awareness that it was available from the church, should they need it, was comforting to these group members.

“There are counsellors and mestres [masters/leaders] who are available after sessions for support and we are a very close community of friends.”

“The support structure [in the syncretic church] is very strong, the leaders very capable and accessible.”

Non-church respondents more commonly used individual or group therapy to work through content that arose in the acute experience. This was often seen as a tool to reflect and make sense of the material that arose in the acute experience.

“My experience in therapy was extremely useful and important, there were layers of meaning that were unravelled during therapy that were not obvious or clear during the ceremony, and all this put it into context.”

“Seeing a psychologist has also been a big part of all described changes in my life, next to the Ayahuasca. It cannot be seen separate from the effects of Ayahuasca. Ayahuasca is a highly personal experience, having someone else (psychologist) to talk to about it offers a (for me) necessary outside perspective, that helps a lot to integrate these experiences.”

“I am in psychoanalysis, and that as a therapy treatment is ESPECIALLY well-suited to work with ayahuasca, particularly because of its focus on the unconscious, self-reflection and the development of a genuinely trusting relationship. I cannot emphasize enough the utility of psychoanalysis as a therapy to use in conjunction with ayahuasca ceremonies.”

It was particularly useful for respondents if their therapist (or psychologist, counsellor, etc.) was experienced with ayahuasca or other psychedelics, either personally or from having worked with others in integration. Respondents spoke of needing to work with someone who “gets it”.

“My therapist has also drunk ayahuasca, so he gets it. That has been tremendously helpful.”

“I see a psychotherapist who knows of and appreciates my plant medicine work; most of my integration is done with him.”

Others found that pre-existing therapy work, which may have had limited benefit prior to ayahuasca, became more beneficial after drinking ayahuasca, with increased self-awareness assisting the process.

“When I started drinking ayahuasca, I had already done 7 years of personal analysis (Lacanian psychoanalysis). The potential of the analysis sessions improved exponentially, and the work with Ayahuasca was more easily understood and integrated.”

“The experience brought juice into the therapy that after 2 years seemed to do nothing.”

Creating Space for Processing after the Acute Experience

For many respondents, it was important to arrange a quiet time after the experience before resuming their usual routine. This was notably more common for those drinking ayahuasca less often and in non-church settings, whereas church members were unlikely to mention needing time off after drinking ayahuasca (noting that it is standard practice for church members to attend ayahuasca ceremonies on weekends and work on Mondays). For those who did need quiet time, some described feeling raw or sensitive directly after the experience and needing time to allow for “getting back down to earth”. During this time, it was seen as important to limit stress.

“Directly after ceremony, I usually felt vulnerable and sensitive and could not immediately expose myself to stress and schedules. Usually turns ok after 1–3 days depending on intensity. Can’t recommend drinking and going back to work the next day or one day after. It needs safe space to solidify well.”

To do this, respondents often described building a “buffer” into their planned absence from work after ayahuasca ceremonies and filled it with many of the integration activities already described, such as meditation, journaling, and time in nature.

“I have been lucky to have the opportunity to allow myself up to a week of absence from work after ceremonies. This time was spent in solitude, with frequent walks in the forest and a lot of meditation. I’m fairly sure that this has helped me integrate the experiences to a greater degree than if I was forced to go back to work or socialise sooner.”

As part of this post-ayahuasca space, some respondents explicitly referred to needing to spend time alone. Creating space for quiet reflection allowed respondents to process and make sense of their experience through introspection first, before communicating it to others.

“What has helped me most are the experiences in nature and where I can spend time alone.”

“My integration happens in quietness. I need time to translate experiences to words, then to actions.”

“I make time to sit with my experience for a while and give myself room to see how I really feel about whatever new “truth” may have come up.”

Having an Interpretive Framework (e.g., Psychology or Spirituality)

Some respondents felt that they were able to integrate the ayahuasca experience due to having an interpretive framework from which to make sense of the experience. While respondents generally did not use the term “interpretive framework” per se, it was apparent that having an explanatory system (e.g., psychological, spiritual, or religious) aided their integration process by providing normative explanations for unexpected or challenging phenomena. Some ayahuasca church members felt that their spiritual/religious framework helped make sense of their experiences.

“By making use of Ayahuasca in the religious context, I feel that integration was quiet and very positive.”

“I have ease of integration . . . the [ayahuasca church] teachings help develop my virtues and help me to know God.”

Non-church members were more likely to describe searching for an explanatory framework as part of the integration process. Typically, these respondents described researching within spiritual or psychological domains or learning more about plant medicines to build a conceptual framework for interpreting their experience.

“Extensive research into shamanism, entheogenic use, world religions, particularly eastern philosophies such as Buddhism, yoga (Vedanta), and Hinduism have helped create a very loose container or framework from which to integrate the experiences.”

“I began to study psychoanalysis and transpersonal psychology.”

“At first I had so many crazy experiences which I couldn’t make any sense of. But the Yoga practice and especially the ancient texts like the Yoga Sutras of Patanjali or the Tibetan Book of the Dead, gave me my desired answers, which helped me integrate.”

For other respondents, integration was facilitated by a prior conceptual understanding of psychotherapeutic processes from their work as a therapist, psychologist or similar.

“I am a therapist myself...so integrating has been a process that I have been able to work into my experience more easily maybe than under other circumstances.”

“We [my husband and I] are both therapists, so we have an added advantage of being able to explore many aspects of our experiences together/ psychologically, emotionally, physically as well as spiritually.”

Other respondents attributed ease in integration to familiarity with psychedelic experiences, as they felt it gave them a framework for navigating the abstract mental and

emotional material that could arise. For some, this came from having multiple prior ayahuasca experiences, while others cited substances such as LSD or psilocybin.

"I have much prior experience with integrating psychedelic experiences, so I could integrate and make use of my new understandings quite fast."

"Integrating ayahuasca 'feedback' became easier with time and experience. Initially, it was so different from anything I had experienced, I was not sure how to make sense of things. Now after over 20 years, I have some context within which to work."

Putting Learnings into Practice

For many respondents, the acute ayahuasca experience highlighted specific aspects of their lives that were detrimental to their health and well-being. Some respondents described experiencing greater ease in integration when they took practical steps to implement positive life changes in these areas. For some, this reduced the dissonance that arose after the ayahuasca experience, where beliefs and actions were felt to be misaligned.

"Integration has been easiest for me where practical application is concerned: work/career, participation in activities that fulfill me or help me evolve, being kinder to myself (and therefore others)."

"It was above all necessary to go to action, take responsibility for my life, implement the changes I had understood to be necessary."

Making healthy life changes after ayahuasca was often described as difficult but ultimately rewarding, with respondents describing associated challenges such as facing hard truths and shifting life-long habits. This was consistent across both church and non-church settings.

"In my experiences with ayahuasca, I have seen things about myself that need to change that were challenging to see. The next step for me is not to integrate the message, but to understand it and put it to use in my life by making changes that will lead to health and wellbeing."

"With ayahuasca I have had to confront many bad behaviors, changing them has not been easy. It is something that requires giving up habits that maybe I have had for years."

Some saw making these changes as a necessary part of a broader integration "journey", marking an inevitable shift from initial post-ayahuasca euphoria to the harder work of continuously making better choices in daily life.

"The magic of the ayahuasca is not in what you see or feel while you are in the medicine. It is about the changes that happen afterwards in your everyday life, the long and lasting impacts of the experience . . . Integration is the process by which you convert the altered state achieved through the medicine into permanent and lasting altered traits."

"I feel like the ceremonies are like going to university and integration is like having to get a job and starting to take care of bills and responsibilities. It's about putting those difficult lessons into action. That's when the real work begins."

"My first month at home I was buzzing! I had never felt that good in my daily life ever. But there's more to life than feeling great all the time and it was time to get to work. So I'm doing it; I'm going through it. And it feels great and scary and awesome all in one."

One respondent spoke of ayahuasca bringing about a new moral awareness to guide their decisions, joking that this could be both a blessing and a curse.

"To the question of how easy or difficult it is to integrate experiences into everyday life: it is neither easy nor difficult for me, but it is a choice. I often experience situations in life, or in my work as a nurse, where I can no longer ignore what the "right thing to do is". I may start taking a short cut or the easy way out, but I quickly know that I HAVE to do the right thing. I then think "dammit the tea [ayahuasca] is holding me accountable", ha! But it really is for the best."

Other Integration Tools

Some respondents named specific integration tools that were less common but were nonetheless experienced as personally useful for integration. These included, for example, the use of other psychoactive substances or plants (e.g., LSD, psilocybin, or cannabis), acupuncture or massage, and abstinence practices (e.g., from meat, alcohol, sex, and media).

"I used hypnosis as a tool to heal/integrate . . . "

"LSD really allowed my lessons to click into place and freed me from the anxiety I'd developed from what I'd learned. I would liken it to supplemental reading on a difficult subject in class. I had a similar feeling with smoked DMT some years later."

"Rebalancing with body work was great. Holotropic Breathing (Grof method) was great. Some therapy with Ecstasy and LSD helped also to break down the firm concrete layer around my heart."

3.2.3. Challenges

Feeling That Others Do Not Understand

Though many respondents reported going through a positive personal transformation after drinking ayahuasca, these personal changes were sometimes accompanied by difficulty relating to others who did not share their experiences. Interestingly, this was more common for females and those drinking ayahuasca in non-church contexts. When describing this, respondents typically referred either to a lack of understanding of their acute experience (i.e., the altered state of consciousness), or of their new beliefs (e.g., about spirituality).

"There was definitely a disconnect when coming back home. It is hard to relate to some people, especially those that have limited experience in altered states, especially from psychedelics..."

Many respondents facing this integration challenge described "others" in a general sense. For example, they described a lack of understanding at a societal or cultural level.

"Sometimes it gets difficult to integrate with people in a western world where the ways of having fun are extremely materialistic and mundane... It's difficult to find space or people who wants to share a cup of tea talking about life, happiness or spiritual topics reflect on a daily life."

"The hardest part of it has been living in a culture that is unaccepting. They don't understand psychedelics, and they also don't understand spirituality or the afterlife. This combination has made it more challenging. Luckily for me, the group I had a ceremony with has stayed very connected."

Other respondents referred to not feeling understood by, or not being able to share honestly with, those close to them, including partners, friends, family, or colleagues. In some cases, respondents felt there was stigma or prejudice surrounding their ayahuasca experience, usually due to its illegal status in their country. For those respondents, the need to maintain secrecy regarding their experiences was particularly challenging and impeded a sense of being fully integrated.

"It is a 'secret' part of my life I cannot discuss at my job or in other daily activities with surrounding people."

"I live in west coast Canada and spent some time looking for connections to discuss my experiences, but people here are scared to discuss drug use openly, good or bad. There's a lot of stigma associated with drug use, even when the benefits are profound."

For other respondents, the feeling of disconnect came from not being able to find words to explain what they had experienced or a sense that, even if they could, others would not fully understand.

“The most frustrating aspect of integration is the inability to articulate the experience to those that have not experienced it for themselves. I became quite insulated about the experiences unless speaking with someone who had experienced this for themselves and could relate.”

“It can be quite difficult to explain to others what it is like, the physical, mental, emotional and spiritual experience unless you have experienced it too.”

A smaller number of respondents experienced a lack of understanding when seeking professional advice regarding the integration process. Unsatisfactory responses ranged from the practitioner being inexperienced with psychedelic integration and therefore unhelpful (i.e., relatively benign) to the practitioner expressing judgement and stigmatising the respondent’s ayahuasca experience, leading to further feelings of isolation (i.e., potentially harmful). Specific professions noted by these respondents were general practitioners, psychologists, and counsellors.

“I would have liked to have had an integrative therapist but my counsellor at the time was resistant to the idea of entheogens and/or psychedelics as a tool to fast-track mental health healing and she didn’t have the language or knowledge to help me integrate my experiences afterward. This experience has caused me to seek out communities of people who are either doing the work or have had the experiences”

“It would have been nice to have a psychologist or doctor to talk to. My GP in Australia only believes in pharmaceuticals and is hard to talk to.”

Going Back to “Old Life” with New Understandings

Many respondents spoke of shifts in priorities or worldviews after drinking ayahuasca. Generally, these were seen as positive, such as wanting to spend more time in nature, following a more mindful, spiritual path, and feeling less desire to drink alcohol. These changes, however, were not always easily integrated into their lives at home. Respondents often felt that returning to full-time work too soon after an ayahuasca experience hindered their ability to solidify healthy new habits and engage with integration tools such as meditation, journaling, and spending time alone. This was almost exclusively reported by those who drank ayahuasca in non-church settings (e.g., retreats), as church members do not typically take time out of their usual routines to drink ayahuasca.

“Getting back into routine has been a bit difficult and I do find myself wanting to be more out in nature and take more time off to travel and experience the world. Being busy working full time etc. makes it a little harder to integrate my experience more into my everyday life.”

For other respondents, it was not so much the practical aspects of their “old life” that hindered integration, but rather what they described as incongruent worldviews on a societal level. These respondents found it difficult to reconcile their values with those of what was usually referred to broadly as “Western society”. Citing specific incompatible values, many of these respondents referred to Western society as materialist, superficial, consumerist, competitive, and asleep. In contrast, respondents felt that they had become more mindful, compassionate, and aware of the impacts of overconsumption, for example. This stark contrast resulted in an overall sense of disillusionment in the Western world for some respondents.

“I would say that most of the time it is not the Ayahuasca experience that is difficult to integrate. I find it harder to make sense of the way we structure society.”

“Integration post ayahuasca possesses a sadness to it. The sadness, to me, results from being made aware of what actually goes on in the world. The term “ignorance is bliss” is now even more so understood, and there are days when I wish I was still ignorant of this deep, sacred knowledge ayahuasca provided.”

Respondents found that this shift could be particularly jarring when returning to urban life after longer stays in the jungle working with ayahuasca.

"I spent most of the last two years facilitating in a Peruvian retreat center. Going back home and integrating is much harder than the direct work with the medicine. Who I had become is very different than who I was and learning to live with this new person in the old setting proves to be challenging."

"I spent longer times (from 3 months to 2 years) in the jungle... Integration was difficult because I returned to my usual everyday life after a while and after new insights and changes I have done during ceremonies... And the 'new me' needed to adapt to my usual surrounding (friends, family, work, etc)."

For a smaller number of respondents, while they came home with motivation and good intentions, healthful changes were unable to be maintained in what they saw as incompatible "everyday lives".

"I have had problems with integrating, much because I feel like my life haven't really allowed it...too much stress and "normal stuff" that has to be done. Life goes on and everything I have around me (except for my partner) have been very "square" and non-spiritual... I easily loose the feeling of "connection" as soon as I'm back in everyday life."

Lack of Support Resources

Less common, but notable, were the experiences of some respondents, usually who had travelled for ayahuasca ceremonies (i.e., non-church settings), where support ended abruptly after the ceremony. This shift from a safe, supportive ceremony environment to a sudden emphasis on self-responsibility "as soon as they walked out the door" left some respondents feeling lost and unsure of where to go for support. Some of these respondents felt that the lack of support was on the part of the retreat centre or ceremony organisers, exacerbated by language barriers with the shaman or offering retreats that were too short.

"I believe this [integration] is what was missing for me during my first experience with Aya [ayahuasca]. There was no one, other than the curandero [traditional guide] who did not speak English, to help me integrate my experience or prepare myself for coming back to the 'normal' world."

"The retreat center I went to should be way longer than 2 nights before discharging the patients. I felt very neglected and unstable after the experience..."

"The lack of formal integration as part of the medicine circle is by far my biggest concern with the way this culture is integrating into the US ... afterwards we just got up and went back to our busy lives in the city with all the crazy DMT memories clanging in our minds ... "

Other respondents felt a lack of support upon returning to their home cities, where they struggled to find professionals or a like-minded community who could understand and support their integration process.

"I would very much like psychologists and/or post-experience support groups for help in integrating these experiences. I've never found such professionals in my city."

"Back in France, I have to integrate myself the experiences with ayahuasca without any therapist because no one knows the plant and its effects! Moreover, if you tell a therapist that you took ayahuasca he might worry and judge you!"

This theme was relatively unique to those drinking ayahuasca in non-church settings, as members of ayahuasca churches spoke of finding ongoing support through the church.

Challenging Cognitive and Sensory Experiences

Another less common theme was struggling to integrate challenging cognitive and sensory/perceptual material persisting after the acute ayahuasca experience. These ex-

periences ranged from transient (especially for sensory/perceptual distortions) to enduring (especially for cognitive processes/rumination), with the former often resolving in a few days.

Sensory or perceptual distortions persisting after ayahuasca included “dark” visual or auditory material and heightened sensitivity to noise or light. Heightened sensitivity was mostly transient, whereas other disturbances (e.g., “dark thoughts”) recurred over undefined periods of time for a small number of respondents. For example, for two respondents, these experiences arose when re-entering altered states of consciousness through other means.

“Since aya [ayahuasca], I sometimes see dark images and hear disturbing music when I use psilocybin or LSD. The first time I took psilocybin after, it brought back dark images from my ayahuasca experience that I’d forgotten until then.”

“Meditation has become completely unbearable for me, as it is when I sit down that the internal shadow becomes very loud.”

Other respondents described more enduring challenges such as getting lost in rumination, for example on the nature of reality, one’s life path or the state of the Western world. This led to unresolved states of confusion for a minority of these respondents, while others described an eventual resolution.

“First two were overwhelming... They pushed me into months of obsessive philosophical contemplation. Next ones were much easier to integrate.”

“I felt, at the beginning, a lot of difficulty in integration . . . The difficulty I feel today is to realize that there is still a great work to be done with humanity with regard to the practices of morality, sincerity, mutual aid, awareness, etc.”

“I’ve had a difficult time coping with what I saw and understanding where I’m supposed to go next.”

4. Discussion

This qualitative, thematic analysis of open-ended survey responses identified three key themes in the way respondents described their integration of ayahuasca experiences. Specifically, respondents provided appraisals of the overall integration process, described the challenges they faced in integration, and described the tools or practices experienced as beneficial to their integration process.

4.1. Integration Experiences Vary Considerably

Respondents’ appraisals of the overall integration process varied—with experiences of integration ranging from easy, to challenging, to both. Overall, responses were not notably skewed toward either easeful or challenging integration experiences; however, those who gave detailed accounts tended to describe more complex or challenging experiences. This may speak more to the salience of challenging experiences than to their prevalence, which we did not seek to measure in this study. Challenging integration experiences are, however, thought to be reasonably common, with our prior work finding that 55.4% of 7839 survey participants from the same broader study (the Global Ayahuasca Project) reported experiencing mental and emotional challenges in the weeks and months after drinking ayahuasca [4]. This qualitative data enabled the exploration of such challenging experiences in more depth, and an exploration of the nuance that many integration experiences have elements of both joy and challenge, much like the ayahuasca experience itself.

4.2. Integration Is a Journey: It Can Take Months or Years

For those who experienced integration as an ongoing process, some were still integrating the experience months, or even years, after the acute experience. This finding echoes a recent review of the grey literature which converged on a definition of integration as “a process,

one that may take significant time and effort” [24] (p. 4) and a study of integration therapists who conceptualised integration as “an ongoing process that never ends” [23] (p. 7).

In this context, we might question the sufficiency of the few integration sessions prescribed by many psychedelic therapy models, which are especially minimal in clinical trial contexts. For example, in a follow-up study of a psilocybin-assisted therapy trial in the United Kingdom, four of nineteen patients (21%) reported that the two integration sessions offered in the trial were insufficient [25]. Further, respondents’ needs appear to change throughout integration (e.g., from initial time alone for introspection or to longer-term needs to connect with a like-minded community). Further work to map participants’ integration journeys over time may assist in developing integration support models which better fit the longer-term integration experience.

4.3. Integration Challenges: Necessary for Growth?

For those who experienced integration as challenging, this was often (but not always) seen as necessary for transformation and growth. The tendency for participants to frame challenges in this way aligns with the concept of post-traumatic growth and has been previously reported in both the psychedelic literature [4,26] and in non-psychedelic transformative experiences [27–29]. Interestingly, however, prior ayahuasca studies have found that facing a greater number of psychological or emotional integration difficulties after drinking ayahuasca is associated with less favourable mental health and well-being outcomes in the longer-term [19,20].

Whether or not challenging experiences are ultimately beneficial, assisting with the therapeutic re-framing of challenging experiences may indeed be a key role of integration therapy. However, in encouraging re-framing, therapists must be sensitive to the difference between integration challenges and psychopathological experiences, which can be a particularly grey area (see Lindahl and colleagues [30] for a similar discussion on meditation-related challenges). Further, while most respondents saw challenges as necessary for growth, this narrative was not shared by all, which should be underscored. We should be careful not to discount the real human impact of unresolved negative states, which may be lost in the averages reported in quantitative studies. Further research may investigate challenging integration experiences in more detail, benefiting from longitudinal designs where follow-ups can explore how such states may be resolved over time.

4.4. Ontological Integration and the Connection Paradox

Respondents often described the challenges of returning to their “old lives” with new beliefs. This has some likeness to the ‘post-ecstatic blues’ reported by some psilocybin retreat participants [21], or the transient depression Eisner and Cohen [31] observed in early psychedelic studies when patients struggled with “coming back to earth” after a mystical experience (p. 534)—however, this finding is nuanced in its ontological dimension. That is, it is not so much the loss (i.e., of the ecstatic state), but the gain (i.e., of new understandings) that appears central to this challenge. This may be part of a process of *ontological integration*—a term Aixala [5] recently proposed to describe the assimilation of new understandings of a metaphysical or spiritual/existential nature following a psychedelic experience. Respondents in this study also described the social impact of their ontological shift, sometimes reporting a sense of disconnection from others, who respondents felt could not understand what they had been through, or who held incongruent beliefs. This echoes the experiences of a small number of psilocybin therapy participants in two qualitative studies who reported feeling alienated, disconnected or isolated after the experience [21,25].

This experience of disconnection is particularly interesting given that the connection-promoting nature of psychedelic experiences has been hypothesised as central to their therapeutic benefit (e.g., [32]). Indeed, some qualitative reports describe a strengthening of social relationships after psychedelic treatment (e.g., [10,25]). However, while many respondents in this study described feeling strongly connected to nature and to others who

shared similar experiences (e.g., new friends met on retreat or members of psychedelic interest groups), they could simultaneously feel disconnected from pre-existing relationships, particularly if their new beliefs were not shared (e.g., partners, family, or colleagues). Conflicting results have also been noted in prior studies measuring connectedness to nature after psychedelic use [33]. This suggests there may be a more complex pattern of connection–disconnection to be explored in psychedelic research. Rather than simply view psychedelics as connectedness-promoting, we might also ask, to what, and in place of what? Further exploration of the impact of transformative psychedelic experiences on close relationships may be particularly interesting.

4.5. The Role of Psychotherapy

Interestingly, despite the situating of most psychedelic research within psychotherapy-assisted models, respondents mostly described practices *other than* psychotherapy as beneficial to their integration process. Instead, time in nature, having a regular contemplative practice (e.g., meditation or prayer) and mind–body practices such as yoga and qi gong were commonly cited as useful.

For those who did engage in psychotherapy, respondents generally described its utility in assisting the meaning-making process and the practical translation of insight from the acute experience. This meaning-making role aligns with definitions of psychedelic integration recently proposed in the literature (e.g., [23,24]). Notably, however, psychotherapy appeared important but not sufficient as an integration support for respondents. This has been echoed by others suggesting a breadth of skills is needed to facilitate different aspects of integration, including the spiritual, existential and communal [24]. Perhaps especially relevant to ayahuasca integration are somatic/physical integration modalities (e.g., somatic-psychotherapy, breathwork, and yoga), with somatic effects suggested to be central to ayahuasca’s therapeutic benefits [11,34,35]. In this context, psychotherapy may work best within a broader “set” of supportive integration modalities.

4.6. The Role of Community

A commonly reported tool for supporting the integration process was connecting with a like-minded community, a finding echoed in other psychedelic therapy studies (e.g., [10,36]). Notably, members of ayahuasca churches described having pre-existing communities to lean on, whereas non-church members often described trying to find or build new communities to support their integration. Interestingly, church members were also less likely to describe integration as challenging, which may be due, in part, to having an ongoing community of practice to share experiences with. Diamant and colleagues also posit that being part of a community in which ayahuasca has a central role (e.g., some Indigenous groups or ayahuasca churches), may mean there is less to “integrate” per se. Rather, in these contexts, ayahuasca experiences are “naturally applicable to daily life” and are less likely to fundamentally shift a person’s worldview or lead to crisis [9] (p. 72). While this socio-cultural context cannot be easily replicated in Western models of psychedelic therapy, an increased focus on group work or community support could, at the very least, address some critiques of psychedelic therapy. For example, addressing threats to accessibility inherent in resource-intensive individual therapy [37], and the lack of consideration for those with communally-oriented concepts of healing, including some Indigenous peoples [38].

4.7. The Role of Interpretative Frameworks

Some respondents felt that finding a comprehensive framework (e.g., psychological, spiritual, religious, or philosophical) to explain their experience was crucial for their integration. This finding highlights a key difference between Western and traditional use of ayahuasca; while the typically materialist or scientific worldviews of the West fall short of adequately explaining mystical experiences, the non-materialist belief systems of spiritual frameworks may be better equipped. As suggested by some respondents,

it is possible that prior grounding in a non-materialist framework (e.g., Buddhism and transpersonal psychology) may be a protective factor to a challenging and confusing integration process—highlighting an interesting avenue for future research. Notably, such frameworks are inherent to ayahuasca use in syncretic churches, which may protect church members from the kind of “existential confusion” reported by some non-church members after drinking ayahuasca. These religious settings may offer a middle ground between shamanic/traditional perspectives and the scientific/Western worldview, which may appeal to the many Western members of ayahuasca churches. Perhaps unsurprising, then, are the reports of Bouso and colleagues [4] that drinking ayahuasca in religious contexts is significantly less likely than other contexts to result in adverse mental health effects in the weeks and months after use. There are likely multiple reasons for this, including greater community support and members likely to have extensive experience with ayahuasca; however, the church’s explanatory framework may also play a harm reduction role by helping members make sense of their ayahuasca experiences.

4.8. Creating Safe Spaces for Integration

Many respondents spoke of the benefits of planning a “buffer period” including time off work and other responsibilities after drinking ayahuasca. It must be noted, however, that this may not be possible for all participants—highlighting the privilege bias that some suggest underlies many models of psychedelic therapy [37]. From a harm reduction perspective, arguably it is not enough to assume that participants have a safe, stress-free space to return to after the acute experience. Rather, this should be an explicit consideration in the preparation and planning process. While those drinking in church contexts routinely return to work on Mondays following weekend ceremonies, church members typically have more experience with ayahuasca and have ongoing access to the support of the church, should they need it. For others drinking ayahuasca less often or for the first time, however, this “buffer” may be especially critical in the early stages of integration—A time where respondents sometimes reported feeling “raw”, “vulnerable” and “unstable”.

4.9. Proposed Definition

Based on the range of integration experiences reported in this study, we propose the following as a preliminary definition of the process of integrating ayahuasca experiences: “a psycho-social-spiritual process of growth involving working with the learnings and challenges arising from a psychedelic experience, translating learnings into behaviours, and adjusting to changes catalysed by the experience”. This extends current conceptualisations of integration by focusing not only on individual experiences and meaning-making endeavours but also drawing attention to the collective integration experience and the socio-cultural framing of integration. We also extend the scope of integration beyond the content of the acute experience to include flow-on effects such as changes in relationships, career, and study.

4.10. Implications for Integration Support Models

While it may be premature to propose a detailed model of integration based on this preliminary data, our findings suggest some high-level structural components which may be useful in clinical and non-clinical integration models. Specifically, these include building a “buffer” in the immediate post-acute period, ideally lasting at least a few days, where stress and responsibilities are limited as much as possible and the participant can engage in their preferred supportive practices (e.g., meditation, journaling, making art, and sharing with others). During this time, ideally, participants will have access to some form of on-demand support to help manage acute physical, mental or emotional distress, should they need it. Longer-term integration support may include a spiritual and/or contemplative component, a physical/somatic component (e.g., yoga and dance), a nature-based/biophilic component, and a social/communal component. Based on the data in this study, approximately six months may be an appropriate timeframe for this longer-term

integration support. Future research exploring the role of each of these components in integration and their impact on subsequent mental health and wellbeing outcomes will be an important step towards building evidence-based integration support models.

4.11. Limitations

This study is limited by its cross-sectional design, as it was possible that significant time had lapsed since some respondents' ayahuasca experiences. Other life events and general mental health challenges experienced before and after drinking ayahuasca may also influence how integration experiences were recounted. We also note that participants may have been more likely to offer detailed descriptions of challenging, rather than uneventful, integration experiences. Further, due to a general lack of literature on psychedelic integration, it is unknown how similar or different integration experiences with ayahuasca would be compared to other psychedelic substances. A variable more common to ayahuasca, for example, is travel to distant locations (e.g., South America) to partake, which may add to the complexity of integration. Ayahuasca church settings, where a large proportion of the sample drank ayahuasca, are also unique contexts that do not exist in the traditions of other psychedelics. Therefore, we recommend some caution when interpreting these results in the broader psychedelic literature and encourage future research exploring the integration of different types of psychedelic experiences.

Finally, the use of a general open-ended question to capture experiences tends to evoke shorter responses, which can limit conceptual richness [39]. Importantly, this question did not ask respondents to describe a single integration experience but rather allowed for general accounts potentially spanning many ayahuasca integration experiences. In the case of those who have drunk ayahuasca many times, the evaluation of the integration experience might be less precise. Ayahuasca church members were also slightly more likely to provide short, unclear or unrelated answers, which may be due to having less need to distinguish the integration process from everyday life [9], and thus being less familiar with the concept. Nonetheless, this open-ended question enabled the collection of a high volume of responses, which enabled patterns to be identified across a range of demographics and contexts of ayahuasca use. This seeks to partially address an important critique regarding diversity in psychedelic research, which has been focused mainly on white, affluent participants to date [37].

5. Conclusions

This qualitative study contributes to a preliminary understanding of participant experiences of integration following an ayahuasca experience—a critical yet under-researched aspect of the ayahuasca experience. Our findings suggest participants experience both easeful and challenging sub-processes during what can be a long integration process. We contribute novel findings regarding the challenges faced in ayahuasca integration and the supports that help facilitate the integration process. There was a relatively consistent sentiment that working through integration difficulties can facilitate positive growth—helping to explain prior quantitative findings that participants see post-ayahuasca “adverse effects” as part of a process of growth. Finally, we contributed to the emerging definition of psychedelic integration in the literature, extending prior definitions by positioning integration as a psycho-social-spiritual process of growth that extends beyond individual meaning-making.

Future research will benefit from a deeper analysis of integration experiences. For example, follow-ups at various intervals after treatment with ayahuasca or other psychedelics could explore whether there are sub-processes or a typical arc on the journey to an eventual sense that the experience has been “integrated”. Exploration of the phenomenology of what it is to feel integrated after psychedelic treatment could also provide a goal for clinicians and participants to work towards. Ultimately, while there is unlikely to be one “best” way to support integration, a better understanding of the needs of participants

in the period following psychedelic treatment is critical to moving forward safely with psychedelic therapies.

Author Contributions: Conceptualization, T.C.-C., R.C. and D.P.; methodology, T.C.-C., R.C. and D.P.; formal analysis, T.C.-C.; investigation, J.S., J.C.B., L.F.T., E.S.O., V.S. and D.P.; data curation, D.P.; writing—original draft, T.C.-C.; writing—review and editing, R.C., J.S., J.C.B., L.F.T., E.S.O., V.S. and D.P.; supervision, R.C. and D.P.; project administration, T.C.-C. and D.P. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: This study involved human participants and was reviewed and approved by the University of Melbourne Human Research Ethics Committee (HREC number 1545143.3).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The datasets presented in this article are not readily available because Ethics approval and consent signed by participants were for data access by research team members only. Requests to access the datasets should be directed to d.perkins@unimelb.edu.au.

Acknowledgments: We would like to acknowledge the efforts of Diana McHerron who performed the second coding for this study.

Conflicts of Interest: J.S. and D.P. are directors of a not-for-profit medicinal psychedelics research institute, which receives funding from philanthropic and commercial sources to facilitate research in this field. T.C.-C. is also employed by this not-for-profit.

References

1. McKenna, D. Ayahuasca: An ethnopharmacologic history. In *Sacred Vine of Spirits: Ayahuasca*; Metzner, R., Ed.; Inner Traditions/Bear & Co.: Rochester, VT, USA, 2005; pp. 40–62.
2. Miller, M.J.; Albarracín-Jordan, J.; Moore, C.; Capriles, J.M. Chemical evidence for the use of multiple psychotropic plants in a 1,000-year-old ritual bundle from South America. *Proc. Natl. Acad. Sci. USA* **2019**, *116*, 11207–11212. [[CrossRef](#)] [[PubMed](#)]
3. Kavenska, V.; Simonova, H. Ayahuasca Tourism: Participants in Shamanic Rituals and their Personality Styles, Motivation, Benefits and Risks. *J. Psychoact. Drugs* **2015**, *47*, 351–359. [[CrossRef](#)] [[PubMed](#)]
4. Bouso, J.C.; Andión, Ó.; Sarris, J.J.; Scheidegger, M.; Tófoli, L.F.; Opaleye, E.S.; Schubert, V.; Perkins, D. Adverse effects of ayahuasca: Results from the Global Ayahuasca Survey. *PLoS Glob. Public Health* **2022**, *2*, e0000438. [[CrossRef](#)] [[PubMed](#)]
5. Aixala, M. *Psychedelic Integration: Psychotherapy for Non-Ordinary States of Consciousness*; Synergetic Press: Santa Fe, NM, USA, 2022.
6. Shanon, B. *The Antipodes of the Mind: Charting the Phenomenology of the Ayahuasca Experience*; Oxford University Press on Demand: Oxford, UK, 2002.
7. Riba, J.; Rodríguez-Fornells, A.; Barbanoj, M. Effects of ayahuasca on sensory and sensorimotor gating in humans as measured by P50 suppression and prepulse inhibition of the startle reflex, respectively. *Psychopharmacology* **2003**, *165*, 18–28. [[CrossRef](#)]
8. Wolff, T.J.; Ruffell, S.; Netzband, N.; Passie, T. A phenomenology of subjectively relevant experiences induced by ayahuasca in Upper Amazon vegetalismo tourism. *J. Psychedelic Stud.* **2019**, *3*, 295–307. [[CrossRef](#)]
9. Diamant, M.; Gomes, B.R.; Tófoli, L.F. Ayahuasca and Psychotherapy: Beyond Integration. In *Ayahuasca Healing and Science*; Labate, B.C., Cavnar, C., Eds.; Springer International Publishing: Cham, Switzerland, 2021; pp. 63–79. [[CrossRef](#)]
10. Argento, E.; Capler, R.; Thomas, G.; Lucas, P.; Tupper, K.W. Exploring ayahuasca-assisted therapy for addiction: A qualitative analysis of preliminary findings among an Indigenous community in Canada. *Drug Alcohol Rev.* **2019**, *38*, 781–789. [[CrossRef](#)]
11. Lafrance, A.; Loizaga-Velder, A.; Fletcher, J.; Renelli, M.; Files, N.; Tupper, K.W. Nourishing the Spirit: Exploratory Research on Ayahuasca Experiences along the Continuum of Recovery from Eating Disorders. *J. Psychoact. Drugs* **2017**, *49*, 427–435. [[CrossRef](#)]
12. Palhano-Fontes, F.; Barreto, D.; Onias, H.; Andrade, K.C.; Novaes, M.M.; Pessoa, J.A.; Mota-Rolim, S.A.; Osorio, F.L.; Sanches, R.; Dos Santos, R.G.; et al. Rapid antidepressant effects of the psychedelic ayahuasca in treatment-resistant depression: A randomized placebo-controlled trial. *Psychol. Med.* **2019**, *49*, 655–663. [[CrossRef](#)]
13. van Oorsouw, K.; Toennes, S.W.; Ramaekers, J.G. Therapeutic effect of an ayahuasca analogue in clinically depressed patients: A longitudinal observational study. *Psychopharmacology* **2022**, *239*, 1839–1852. [[CrossRef](#)]
14. Ruffell, S.G.D.; Netzband, N.; Tsang, W.; Davies, M.; Butler, M.; Rucker, J.J.H.; Tofoli, L.F.; Dempster, E.L.; Young, A.H.; Morgan, C.J.A. Ceremonial Ayahuasca in Amazonian Retreats-Mental Health and Epigenetic Outcomes From a Six-Month Naturalistic Study. *Front. Psychiatry* **2021**, *12*, 687615. [[CrossRef](#)]
15. Fabregas, J.M.; Gonzalez, D.; Fondevila, S.; Cutchet, M.; Fernandez, X.; Barbosa, P.C.; Alcazar-Corcoles, M.A.; Barbanoj, M.J.; Riba, J.; Bouso, J.C. Assessment of addiction severity among ritual users of ayahuasca. *Drug Alcohol Depend.* **2010**, *111*, 257–261. [[CrossRef](#)]

16. Thomas, G.; Lucas, P.; Capler, N.R.; Tupper, K.W.; Martin, G. Ayahuasca-assisted therapy for addiction: Results from a preliminary observational study in Canada. *Curr. Drug Abuse. Rev.* **2013**, *6*, 30–42. [\[CrossRef\]](#)
17. Perkins, D.; Opaleye, E.S.; Simonova, H.; Bouso, J.C.; Tofoli, L.F.; GalvAo-Coelho, N.L.; Schubert, V.; Sarris, J. Associations between ayahuasca consumption in naturalistic settings and current alcohol and drug use: Results of a large international cross-sectional survey. *Drug Alcohol Rev.* **2022**, *41*, 265–274. [\[CrossRef\]](#)
18. Renelli, M.; Fletcher, J.; Tupper, K.W.; Files, N.; Loizaga-Velder, A.; Lafrance, A. An exploratory study of experiences with conventional eating disorder treatment and ceremonial ayahuasca for the healing of eating disorders. *Eat. Weight Disord.* **2020**, *25*, 437–444. [\[CrossRef\]](#)
19. Sarris, J.; Perkins, D.; Cribb, L.; Schubert, V.; Opaleye, E.; Bouso, J.C.; Scheidegger, M.; Aicher, H.; Simonova, H.; Horák, M.; et al. Ayahuasca use and reported effects on depression and anxiety symptoms: An international cross-sectional study of 11,912 consumers. *J. Affect. Disord. Rep.* **2021**, *4*, 100098. [\[CrossRef\]](#)
20. Perkins, D.; Schubert, V.; Simonova, H.; Tofoli, L.F.; Bouso, J.C.; Horak, M.; Galvao-Coelho, N.L.; Sarris, J. Influence of Context and Setting on the Mental Health and Wellbeing Outcomes of Ayahuasca Drinkers: Results of a Large International Survey. *Front. Pharm.* **2021**, *12*, 623979. [\[CrossRef\]](#)
21. Lutkajtis, A.; Evans, J. Psychedelic integration challenges: Participant experiences after a psilocybin truffle retreat in the Netherlands. *J. Psychedelic Stud.* **2023**, *6*, 211–221. [\[CrossRef\]](#)
22. Talin, P.; Sanabria, E. Ayahuasca's entwined efficacy: An ethnographic study of ritual healing from 'addiction'. *Int. J. Drug Policy* **2017**, *44*, 23–30. [\[CrossRef\]](#) [\[PubMed\]](#)
23. Earleywine, M.; Low, F.; Lau, C.; De Leo, J. Integration in Psychedelic-Assisted Treatments: Recurring Themes in Current Providers' Definitions, Challenges, and Concerns. *J. Humanist. Psychol.* **2022**, 1–18. [\[CrossRef\]](#)
24. Bathje, G.J.; Majeski, E.; Kudowor, M. Psychedelic integration: An analysis of the concept and its practice. *Front. Psychol.* **2022**, *13*, 824077. [\[CrossRef\]](#) [\[PubMed\]](#)
25. Watts, R.; Day, C.; Krzanowski, J.; Nutt, D.; Carhart-Harris, R. Patients' Accounts of Increased "Connectedness" and "Acceptance" After Psilocybin for Treatment-Resistant Depression. *J. Humanist. Psychol.* **2017**, *57*, 520–564. [\[CrossRef\]](#)
26. Gashi, L.; Sandberg, S.; Pedersen, W. Making "bad trips" good: How users of psychedelics narratively transform challenging trips into valuable experiences. *Int. J. Drug Policy* **2021**, *87*, 102997. [\[CrossRef\]](#)
27. Cooper, D.J.; Lindahl, J.R.; Palitsky, R.; Britton, W.B. "Like a Vibration Cascading through the Body": Energy-Like Somatic Experiences Reported by Western Buddhist Meditators. *Religions* **2021**, *12*, 1042. [\[CrossRef\]](#)
28. Ross, S.L. The Making of Everyday Heroes: Women's Experiences with Transformation and Integration. *J. Humanist. Psychol.* **2017**, *59*, 499–521. [\[CrossRef\]](#)
29. Taylor, S.; Egeto-Szabo, K. Exploring awakening experiences: A study of awakening experiences in terms of their triggers, characteristics, duration and aftereffects. *J. Transpers. Psychol.* **2017**, *9*, 45–65.
30. Lindahl, J.R.; Cooper, D.J.; Fisher, N.E.; Kirmayer, L.J.; Britton, W.B. Progress or pathology? Differential diagnosis and Intervention criteria for meditation-related challenges: Perspectives from Buddhist meditation teachers and practitioners. *Front. Psychol.* **2020**, *11*, 1905. [\[CrossRef\]](#) [\[PubMed\]](#)
31. Eisner, B.G.; Cohen, S. Psychotherapy with lysergic acid diethylamide. *J. Nerv. Ment. Dis.* **1958**, *127*, 528–539. [\[CrossRef\]](#)
32. Carhart-Harris, R.; Erritzoe, D.; Haijen, E.; Kaelen, M.; Watts, R. Psychedelics and connectedness. *Psychopharmacology* **2017**, *235*, 547–550. [\[CrossRef\]](#)
33. Forstmann, M.; Kettner, H.S.; Sagioglou, C.; Irvine, A.; Gandy, S.; Carhart-Harris, R.L.; Luke, D. Among psychedelic-experienced users, only past use of psilocybin reliably predicts nature relatedness. *J. Psychopharmacol.* **2023**, *37*, 93–106. [\[CrossRef\]](#)
34. Fotiou, E.; Gearin, A.K. Purging and the body in the therapeutic use of ayahuasca. *Soc. Sci. Med.* **2019**, *239*, 112532. [\[CrossRef\]](#)
35. Perkins, D.; Ruffell, S.G.D.; Day, K.; Pinzon Rubiano, D.; Sarris, J. Psychotherapeutic and neurobiological processes associated with ayahuasca: A proposed model and implications for therapeutic use. *Front. Neurosci.* **2023**, *16*, 879221. [\[CrossRef\]](#) [\[PubMed\]](#)
36. Bathje, G.J.; Fenton, J.; Pillersdorf, D.; Hill, L.C. A Qualitative Study of Intention and Impact of Ayahuasca Use by Westerners. *J. Humanist. Psychol.* **2021**, 1–39. [\[CrossRef\]](#)
37. Williams, M.T.; Labate, B.C. Diversity, equity, and access in psychedelic medicine. *J. Psychedelic Stud.* **2019**, *4*, 1–3. [\[CrossRef\]](#)
38. George, J.R.; Michaels, T.I.; Sevelius, J.; Williams, M.T. The psychedelic renaissance and the limitations of a White-dominant medical framework: A call for indigenous and ethnic minority inclusion. *J. Psychedelic Stud.* **2019**, *4*, 4–15. [\[CrossRef\]](#)
39. O'Cathain, A.; Thomas, K.J. Any other comments? Open questions on questionnaires—a bane or a bonus to research? *BMC Med. Res. Methodol.* **2004**, *4*, 25. [\[CrossRef\]](#) [\[PubMed\]](#)

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.