Chapter 4
Ayahuasca and Psychotherapy: Beyond Integration

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Introduction

Ayahuasca is a psychedelic brew that is traditionally used in a wide range of contexts in South America. Several indigenous and mestizo populations in the Amazon consume it, and it is used for many different purposes: healing, divination, hunting, and celebrations, among many others (Labate et al. 2008). Despite all of this diversity, since the Western cultures began learning about ayahuasca, it has been used mainly for healing purposes and self-development. Not only has the use of ayahuasca as a substance been expanded throughout the world, but the various rituals using it have as well. There are many diverse practices using ayahuasca with various understandings about it and a multiplicity of goals. Each tradition has different views regarding what is cured and how.

We are two psychiatrists and a psychologist working in a Brazilian context, where ayahuasca has been used in urban contexts since the end of the last century. We have been participating in ayahuasca rituals in different contexts and have also been attending to patients who use ayahuasca. Many questions could be formulated at this moment about the possible dialogue between ayahuasca and contemporary urban cultures and their views. How could this brew, with such a variety of effects and purposes, be therapeutic in modern cultures? How does it relate to Western forms of care, such as psychotherapy? More than that, can ayahuasca be integrated into regular Western healing practices?

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There is a wide scope of possibilities. In fact, we already have different practices being developed around the world. The aim of this chapter is to help health professionals deal with the use of ayahuasca in their context, focusing on the contemporary use of ayahuasca by Western populations, and how ayahuasca and psychotherapeutic processes can be integrated. In South America, there are different traditions that use ayahuasca to address a wide range of problems. These ailments are usually understood as physical, mental, and spiritual illnesses simultaneously: these three aspects of life are usually intertwined in traditional healing processes (Moure 2005). There are rituals that are connected with spiritual entities, religious contexts, witchcraft, and so on. In most groups, ayahuasca is used as a teacher, a living plant that communicates with individuals through its effects.

On the other side, in Western cultures, the tradition of using substances for treatment treads a very different path. There are huge differences in the practices: Western medicine sets a different role for the patient's experience and has a stronger focus on symptoms.

Even with remarkable differences, the Western practices that are closest to ayahuasca healing processes are those developed with psychedelics in the last century. In a short and prolific period between the 1950s and 1970s, there was an intense development of psychotherapy practices with psychedelic substances, such as LSD or psilocybin (Grinspoon and Bakalar 1997). During this period, substances with effects that are in some ways similar to ayahuasca were used to help patients deal with different problems, such as depression, anxiety, alcoholism, and psychological distress in general. There were two main strategies developed for treatment during this period: psycholytic therapy and psychedelic therapy. The psycholytic method uses small doses to lower defense mechanisms and facilitate access to memories and unconscious material. It was used in Europe much more and is closer to psychoanalytic contexts. Psychedelic therapy is probably better known, since it became part of the counterculture movement in the 1960s. It was more common in North America and used larger doses in an appropriate setting to provide peak and meaningful experiences (Majić et al. 2015).

Psychedelics were studied by the medical sciences and were part of the treatments proposed to patients by psychiatrists. However, social and political pressure banned all types of use in the 1970s. Unfortunately, the studies performed while psychedelics were legal were not rigorously controlled, and results were rarely evaluated using the standard tools accepted today. Nevertheless, a recent meta-analysis of studies on the treatment of alcoholism with LSD from that period, using sound methodology, presented positive results (Krebs and Johansen 2012). Even today, there are psychotherapists who used psychedelics as therapy in the 1960s and still work with different plants and substances, including ayahuasca. In spite of this, with prohibition, a once-growing culture striving to develop the use of those substances for psychotherapeutic purposes came to a sudden end or went underground. It was only after the 1990s that a renewed interest in this subject emerged, with important research centers like Johns Hopkins, New York University, and the Imperial College developing new studies, focusing on LSD, psilocybin, and MDMA as treatments for different mental disorders (Langlitz 2012).

The use of psychedelics in psychotherapy has some characteristics in common with the use of ayahuasca, but, at the same time, there are profound differences when considering the settings. Psychedelics and ayahuasca share a common focus on the important role of the subjective experience and the emphasis on drug-induced mystical states. They all lead to deep alterations in the perception of oneself and the world. On the other hand, while the setting for the therapeutic use of psychedelics is usually a comfortable room where the patient feels safe and is cared by expert therapists, ayahuasca is used in a wide variation of contexts: it can be used in the rainforest or urban areas, in dark environments or bright temples, in huge groups or intimate circles. Each characteristic of the setting may change the experience, influencing what is thought, felt, and lived; and also, all those characteristics are affected by the beliefs, values, and worldviews of each participant in the group.

In fact, some substances that are nowadays known as psychedelics, such as magic mushrooms, have traditional uses in healing rituals embedded in spiritual meaning that, in some ways, are similar to those of ayahuasca. Magic mushrooms were introduced to mainstream Western societies in the 1950s, and after their use spread around the world through the counterculture movement, their traditional characteristics were rapidly lost. Ayahuasca has come to the attention of Western societies more recently. It started its expansion in the 1980s and is spreading through a different pattern. There are various forms of ayahuasca use circulating around the world, so we can say that it is not only a substance that is spreading throughout the world but also that there are diverse forms of brews, traditions, and practices.

Ayahuasca use in the West has also been influenced by the psychedelic practices that started during the twentieth century. Should ayahuasca experiences be part of psychedelic programs, with a preparation session before the ritual and integration sessions after? Or would it be better to acknowledge that there is no need for a single protocol for the brew when it is used for psychotherapeutic processes? Ayahuasca experiences may have a wide variety of impacts on patients and can be managed with different practices. Despite the growing interest in the brew, there is still much to understand about how it functions and its possible therapeutic effects.

Most of the studies investigating the brew have focused on showing its safety for human use and trying to detect its impact in regular users (Grob et al. 1996; Barbosa et al. 2005; Santos et al. 2007; Fabregas et al. 2010; Labate and Cavnar 2014). Due to the frequent reports of people overcoming disorders such as depression and drug dependence with ayahuasca, there are also studies exploring these aspects (Thomas et al. 2013; Halpern et al. 2008; Osorio et al. 2015; Sanches et al. 2016). These studies show a positive impact on drug users life quality and a reduction or cessation in drug consumption. Trials for depression presented promising results, reducing depressive symptoms from 7 to 14 days after the experience with the brew (Palhano-Fontes et al. 2017). In addition, it is important to mention that these studies explore only part of several potential therapeutic applications.

Along with the scientific explorations of ayahuasca effects, there are groups and institutions that are already using ayahuasca to treat drug dependence. These centers exist mainly in Latin America and are also connected or inspired by different traditions. There are mostly anthropological studies about these contexts (Mercante

2017; Gomes 2013; Moure 2005; Loizaga-Velder and Verres 2014; Labate and Cavnar 2014). There are centers in Peru, Chile, Brazil, and Mexico, using it in inpatient contexts, jungle retreats, or even research settings. It seems that there is a scattering of the use of ayahuasca in many different practices. How can ayahuasca also be integrated into psychotherapy, focused not only on patients with addictions, but on the general population?

In the following pages, we will discuss aspects of the many uses of ayahuasca that may be related or relevant to psychotherapy both in theoretical and practical terms. We have included the role of the ayahuasca experience in this chapter, the importance of ritual practices, the ayahuasca visions, challenging experiences with ayahuasca, and mediation with a plant teacher. We do not intend for this list to be exhaustive, but to bring an initial standpoint for a preliminary and general discussion about the ayahuasca-psychotherapy relationship.

The Role of Experience

Ayahuasca use differs from traditional Western medicine because of importance of the role of experience. Several elements in the ayahuasca experience may cause a positive impact on a psychotherapeutic process. First of all, it's important to say that not all ayahuasca experiences are therapeutic, and sometimes they may even bring distress to daily life. How can this type of experience impact a person? The experiential aspect of ayahuasca use is a key aspect to understand how it can influence the psychotherapeutic process. Elements from Donald Winnicott's theory on human development and the important role of meaningful experiences are key to a better understanding of this aspect.

Winnicott was an important English psychoanalyst from the mid-twentieth century. He believed that, through a therapeutic relationship, patients would be able to experience things they had never lived before and, through this, develop aspects of their personality that they couldn't establish earlier in their lives (Naffah Neto 2005). For a meaningful experience, individuals must feel supported and protected by the environment, so that they can evolve together with what is experienced. In a similar manner, we can say that the setting of an ayahuasca experience has to be supportive and provide a sense of protection to the participant. This is the key role of the ritual and its responsible guidance. A supportive and protected setting helps the experience to fully develop. Within this protective environment, individuals may allow themselves to experience transformative psychological processes.

The emphasis on the experience has another consequence: A symbolic interpretation of what is experienced is not absolutely fundamental. From the meaningful experience, symbolizations may arise, but just living the experience itself can also be therapeutic, and may lead to changes in the daily life and how the patient faces challenges in life. So, it would not be absolutely necessary to understand everything that happens during the ritual. For example, if someone has the experience of dying and is reborn in a ritual, this experience itself may have an impact on the person. An

interpretation of how this experience relates to one's life, what that means for one's psychic functioning, and so on may not be necessary (Moure 2005).

There is a wide variety of possibilities for transformative experience with ayahuasca. Loizaga-Velder and Verres (2014) present a few observations on how participating in ayahuasca rituals can impact a psychotherapy process. According to the author's study, ayahuasca can:

- Catalyze therapeutic processes
- Help individuals have a better understanding of the underlying causes
- Help to overcome psychological distress
- Reduce cravings after participating in ayahuasca rituals
- Increase a sense of meaning and purpose in life, through transcendental experiences or contact with divine beings
- Lower psychological defense mechanisms
- Promote therapeutically relevant insights
- Support interpersonal awareness

The experience with ayahuasca could, therefore, influence ongoing therapeutic processes. As the authors say, "Ayahuasca should not be understood as a primarily pharmacological intervention. Rather, it should be conceptualized as a catalyst with a therapeutic value that can unfold when the identified variables of set, substance, setting, and integration are appropriately managed" (Loizaga-Velder and Verres 2014, p. 69).

Ritual Use

The ritual is one of the main aspects of the setting. It condenses a whole collection of features that determine the atmosphere where the experience takes place. As previously mentioned, there is a wide variety of rituals with different formulas of lighting, decoration, the placement and positioning of the participants, and other elements. Rituals can be conducted by a shaman or healer, a group, or an entire community. All these differences will determine divergent experiences. The setting and the ritual will also provide a symbolic repertoire for the experience. As described by a healer from São Paulo, Brazil, "it's a theatrical play, but it's completely real at the same time" (Gomes 2016). It's real in the sense that it has a direct effect on the participant's "trip"; it guides the experience, although it does not determine it. The ritual also sets the experience apart from daily life, creating a difference between what's lived inside the ritual and under the effect of ayahuasca, and an everyday routine. This seems to be important: The ritual will be connected with daily life through the meaning of its effects and on how it changes the person's worldview, but it happens in another dimension of time and space.

At the same time, the ritual will be the "supporting actor" of this "play." The main actor here is the brew, acting on the person's experience. If we take the effects of the classical drug-set-setting theory about the use of psychoactive substances, we

can consider that the setting creates the conditions for ayahuasca to act on the relationship with the patient, since the brew is perceived as an alterity, a living being. The plant presents its subjectivity and agency through the effects that the patient feels during the ritual. Some aspects of this relationship include suffering and cleansing, visions, and the notion that the plant communicates with the person.

Ayahuasca Visions

Ayahuasca-induced visual effects can play a significant role within a psychotherapeutic approach, even if they are not present in every ayahuasca session. Neural mechanisms that are related to these phenomena have already been described in an fMRI study that showed the activation of several primary visual structures of the brain at a magnitude comparable to natural images with open eyes (Araújo et al. 2012).

The Israeli psychologist Benny Shanon (2002, 2003) extensively described and catalogued the visions reported by himself and 178 other individuals, including indigenous people, urban South American and non-South American ayahuasca drinkers, the visions reported by a Santo Daime Brazilian leader, by a well-known ayahuasca visionary artist, and those available in the anthropological literature at the time. This sample accounted for diverse traditions and settings, from indigenous rituals to independent urban ceremonies, including the main Brazilian ayahuasca syncretic denominations, Santo Daime, União do Vegetal (UDV), and Barquinha. He proposed a categorization for the contents of ayahuasca visions: supernatural, architecture, natural animals, human beings, plants, objects, and personal biography. In general, personal biographical elements appear to be less prevalent and are more common among those interviewed after their first experience with the brew. He also briefly discusses the occurrence and reoccurrence of some contents in light of what he calls the Freudian personal unconscious and the Jungian collective archetypal unconscious—mainly by disagreeing with their utilization in this field—and proposes a cognitivist approach to them, even though this approach is not clearly practical or clinical.

Ayahuasca visions have been named in French, *vision-mouvoir* (literally, "movement-vision") by psychologist Clara Novaes (2011). Based on the reports of urban ayahuasca users (who are probably more prone to undergo psychotherapy), the term refers to the visual experience of ayahuasca as something that makes one move through daily life. This would enable a perception of the very nature of otherwise banal things, details that are not perceived without an altered state of consciousness. It is as if ayahuasca could intensify life—including ordinary life outside of the ritual and its effects—by intensifying the senses during the experience.

The visions produced by ayahuasca, especially those with strong biographical aspects, offer extensive material for psychotherapeutic work. These complex visions usually include the reenactment of past experiences, and dreams and projections for the future. This kind of phenomena is more or less prevalent depending on factors,

such as experience with the substance, religious affiliation, and ethnic background (Shanon 2003). The therapist should, therefore, keep in mind that familiarity with the brew also plays an important role.

At any rate, an open and nonjudgmental reception for the patient's reports is vital. Often, visionary states are experienced as real (yet nonpsychotic), such as in encounters with divine religious characters and other beings, or with the realization of the energy net that unites all things. These experiences should be appraised as reported and integrated within the patient's narrative. The professional's theoretical choices and orientation will provide specific interpretations and alternatives to the exegesis and elaboration of ayahuasca visions.

Challenging Experiences with Ayahuasca

Another aspect of the ayahuasca experience that sets it apart from other psychedelics is its intense effect on the body. Ayahuasca may make you vomit, weep, tremble, feel dizzy, cold, or hot. It can make you feel bad, cause diarrhea, and induce terrifying visions. However, all this variety of suffering is not perceived by regular users as a side effect of the substance but as part of an ongoing relationship with the brew. Since the plant is perceived as a living being, it is communicating through the distress one may experience. This part of the experience is also permeated with meaning and may be therapeutic, despite the physical and psychological pain itself.

The purgative effects of the brew are interpreted through the values and conceptions of the social group. For the Peruvian mestizo vegetalistas, ayahuasca is also known as *la purga* ("the purge"). In Santo Daime and the UDV, a challenging experience with the brew is known as *peia* (a regional term for "a beating") (Okamoto da Silva 2004). Considered a fundamental aspect of the experience for many groups, a ritual with more *peia* and *purga* represents a stronger and, sometimes, more effective situation. The suffering can be experienced in many forms and is usually connected with notions, such as punishment, discipline, or cleansing. Sometimes the person may feel "beaten" by the plant, by a spirit invoked by the ritual, or it can be a suffering process that cleanses the person, without a necessary punishment intention.

The act of purging generally makes the person feel better, lighter and many times (not always) makes the individual clearly aware of what their suffering is related to. One important aspect here is that this awakening of conscience is characterized as evidence: it appears for the person as a strong truth, differing from normal thoughts. The act of suffering and purging makes the person feels better later, but it also may lead to changes in daily life. In a sense, it is a catharsis (a psychoanalytical term that literally means "purification") that can be followed by insights on moral faults, mistakes, and patterns that need to change.

Though the term "purge" would suggest that these situations happen only with physical purging, such as vomiting or diarrhea, it is important to keep in mind that experiences that are exclusively mentally or spiritually challenging are also

common. Though they are somewhat similar to what is described as a "bad trip" or a challenging experience with other psychedelics (Barrett et al. 2016), once again, the setting and the ritual component fundamentally shape the meanings of this experience for the individual drinking the brew. Just as in other aspects of the ayahuasca experience, it is important that the suffering, punishment, discipline, and catharsis elements be analyzed by the therapist in a nonjudgmental and culturally sensitive way.

The Mediation of a "Plant Third Party"

Another feature of ayahuasca inebriation that is relevant to psychotherapy—and that may be, so to speak, the closest ayahuasca can get to the Socratic dialogue that may occur with a therapist—is the interchange that individuals may experience, within their thoughts, with an element that is partially recognized as nonself. This aspect has been previously described in the ayahuasca literature and has been given different native names. In Santo Daime or the UDV, it may be referred to as *voz do Mestre* (the Master's voice) or be identified as counsel that is offered by spiritual entities related to the brew (Gomes 2013; Melo 2015). This aspect is understood as the intercession of the spirit of ayahuasca in the *vegetalista* traditions (Moure 2005) and is clearly experienced by Westerners as well (Doyle 2012).

The interaction with this "plant third party" may vary. It may come as advice, commands, or comments regarding the person's actions, thoughts, and visions. This description may sound similar to a pseudohallucination, meaning the experience of hearing a voice "inside the head," or "hallucinating" a thought, a symptom that is a characteristic in psychotic disorders. However, ayahuasca drinkers—regardless of how much they rely on or believe in what is said—clearly know that this effect is caused by the brew, and this insight makes the experience differ from that of an actual psychotic phenomena. In Western contexts, there is a feeling that this "voice" or "thought" is somewhat internal, meaning it is a part of the individual's thoughts but, at the same time, has external agency that communicates with the person in a rather unpredictable way.

The communication with this perceived intelligence has evident implications in a psychotherapeutic setting. Issues brought by the patient may have at least three perspectives: that of the patient who is an ayahuasca drinker; the therapist's point of view, manifested in different ways depending on their preferred school of thought; and the mediation of the "plant spirit." This scenario seems to be a peculiar situation when compared to the regular patient-therapist relationship. In a psychotherapeutic environment where ayahuasca is respected and acknowledged as relevant, sometimes there is a plant-patient-therapist relationship. While not necessarily present at the therapeutic setting—unless therapists drink ayahuasca with their patients, which is rare but does occur—this potential mediation between the plant's counsel and the therapist's interventions happens through the patient. This opens new perspectives

that, to our knowledge, have not been sufficiently explored by the diverse schools of thought in psychology.

This raises the question regarding how ayahuasca drinking can interact with a psychotherapeutic setting, whether in potion-mediated therapy or in the case of brew drinkers who are also psychotherapy patients. We are going to discuss these potential interactions in the second half of this chapter. But, before proceeding into that, let's visit a quick discussion about the impact of the drug-set-setting triad on the ayahuasca experience.

Ayahuasca: Set and Setting

In practical terms, if we try to set the basis for a psychotherapeutic approach to the ayahuasca experience as a whole, maybe approaches such as the use of statistics and taxonomies, such as those proposed by Shanon, are not as useful as a primary tool. Zinberg's (1984) "drug, set and setting" model could be proposed as a better approach to a patient's report. The "drug" component, which is herein understood as the subject's awareness of the physiological effects of the substance, can help to determine the non-pathological characteristic of these experiences. By knowing where and how ayahuasca interacts with the central nervous system as well as applying basic psychopathology concepts, the ayahuasca visions, for instance, can be understood as non-hallucinatory, since in almost all ayahuasca experiences the individual comprehends that the visual phenomena are a result of a substance-induced state. Hence, individuals can keep up with the understanding that they are the agents of their experience (Dominguez-Clavé et al. 2016), even in more intense episodes when there's an interaction with visionary contents. Exceptions are reported when admixtures are used in the preparation of the brew, like in the case of ayahuasca containing *Solanaceae* plants such as *Datura* and *Brugmansia* (Shanon 2002). Also, persons with a predisposition to psychosis are in greater risk for presenting a true psychotic episode.

The "set," meaning the mindset—personal beliefs and psychological processes previous to the ayahuasca intake—is, as experienced users know, essential for the whole experience and, thus, also to its visionary or emotional component. Even though the patterns can be repetitive to some extent, as noted by Shanon, their interpretation by the individual can vary according to the set and setting.

The setting—or the context of use—also plays an important role in experiences with ayahuasca. For example, one could expect more personal biography elements coming up during an experimental trial that investigates the effects of ayahuasca on depression inside a hospital office than in a neo-shamanic ritual that celebrates the ancient spirits of the Earth. Unfortunately, from the perspective of biomedicine and health sciences, systematic studies of the impact of the setting on the content of ayahuasca experiences have not been undertaken.

Ayahuasca and Psychotherapy

In such a diversity of effects and forms of use, there are also many ways of approaching ayahuasca in the psychotherapeutic processes. Here, we outline only a few basic aspects that may help a therapist deal with their patients' experience with ayahuasca.

The ayahuasca experience may resemble other experiences in some aspects, mostly mystical experiences, but also dreaming. How can a therapist deal with these kinds of experiences? This will depend on their psychotherapeutic approach, but regardless of the therapist's orientation, it is very important to validate the experience. The therapist doesn't need to believe in the reality of the things that the patient reports, such as seeing Buddha or God or being swallowed by a gigantic anaconda. Regardless of the therapist's own beliefs, the ayahuasca experience appears as real to patients as dreams do and, therefore, should be included and discussed in the therapeutic process, if the patient brings it into the session. How was the experience for the patient? How did this impact their understanding of life? Are there other echoes from the experience that the therapist may perceive? Those are a few questions that may be occupying the therapist's mind when working with a patient participating in ayahuasca sessions. Below, we present a few possibilities for bringing together ayahuasca and psychotherapy.

Integration

Integration is not a new word in psychedelic therapy. Since the early days of this practice, providing a moment to help people who had undergone a peak psychedelic experience "reenter" everyday experience has been common (Pahnke et al. 1970; Grof 1980; Majić et al. 2015). Today, however, when it comes to ayahuasca, this "integration" is seen as almost mandatory in some circles, as if the experience with the brew would only be complete after an integration session. What this means is not exactly clear. There may be a more "psychological" perspective; for instance, the idea of integrating unconscious material that was unearthed by the experience into consciousness (Cohen 2017). On the other hand, integration may also have a broader meaning, including the integration of psychedelics within a community, usually a tribal one (Mabit 2007; Goldsmith 2010), or even the nurture of a support group aimed at fostering the assimilation of the use of psychedelics into a meaningful lifestyle (Norris and Megler 2017). In the world of ayahuasca use, there is quite an extensive offering of "professional" integration and other similar postexperience processes.

The use of the term integration, as we understand it, refers to the process of trying to bring together two elements that do not seem to be naturally compatible. There are communities where ayahuasca has a spiritual, social, and political role that is pivotal, such as in certain indigenous groups and some urban or rural communities organized around the consumption of ayahuasca (notably, Céu do Mapiá

in the Brazilian State of Amazonas, considered the spiritual capital of the ICEFLU branch of Santo Daime). In these settings, everyday life and the ayahuasca experience are a continuum. People that are part of such groups are less prone to experience a crisis when trying to conceive of their previous ordinary lives in light of the new or astonishing experience that may have shaken their core beliefs, values, or positions in life and that may invite a new approach toward their work, relationships, health, habits, etc. What happens in the rituals is naturally applicable to daily life, which, in turn, is molded to some extent by the entheogenic experience and the cultural aspects related to it.

With the spread of ayahuasca and its entrance into urban centers and Western cultures, a conflict seems to have emerged between a worldview that is individualist, consumerist, and performance-oriented and what is experienced during a few ayahuasca sessions in structured, serious, and appropriate contexts. People often find it difficult to bring this new way of looking at the world and the new insights about their own lives and choices, into their daily life, especially when the experience takes place far from home and in an alien landscape, for instance, at a jungle retreat. They may not always have someone to talk about what they have just experienced, and the intensity of the urge to make life-changing decisions may be a source of anguish and distress to some individuals. In these cases, some kind of help could be useful (Aixalà 2017). So, what kind of support may be needed? Is it mandatory to undergo a psychotherapeutic process? Is there clear evidence that some activities considered to be integration processes, such as painting, stretching, yoga, and collective sharing, will minimize these sensations?

Two styles of integration practices coexist nowadays: one that serves to maximize and optimize and, maybe, to synthesize and symbolize what occurred during the experience; and another is focused on giving some kind of support to people who find themselves having undesirable effects following an experience.

Integration processes that are meant to be a part of the whole experience are usually held by people that have had their own experiences with ayahuasca, not necessarily psychotherapists. This means individuals who empirically learned how to use artistic tools, physical techniques, and sharing circles to maximize the whole experience. Even if it's not mandatory to consider that every ayahuasca experience must be meaningful, integration circles can help some people deal with the numerous unanticipated experiences that may have just transpired and to feel safer among people who have faced similar challenges. When we talk about the ineffability of the entheogenic experience, as well as the intimate and delicate material that may have come to surface, it's important to stress that not everyone feels comfortable sharing their experiences in a circle or at the time the integration process is set. It's also interesting that several people may need no support at all after their experiences, being able to integrate it themselves, sometimes together with friends or by doing things that please them.

Integration processes guided to support people in distress after an ayahuasca experience are more similar to a brief psychotherapy process. However, when it comes to helping people in more serious conditions, it's important to have psychotherapy training and to be able to identify, treat, or address someone who may

present with acute anxiety, transient psychosis, paranoia, etc. Usually, this kind of support is not offered as part of retreats or scheduled ceremonies, and the person who is having a bad experience, or someone close, has to seek advice. It's desirable that the psychotherapy professional supporting this person has some experience in the field of ayahuasca or psychedelics, but it's even more important to be open minded and nonjudgmental. Misclassifying a bad ayahuasca experience as pathological may pose even more problems than the experience itself.

Ayahuasca as an Element of Psychotherapy

Unlike the integration perspective, in which the intake of ayahuasca seems to play a central role in the whole process, whether or not therapeutically, ayahuasca can be incorporated by psychotherapists using experiences that take place outside psychotherapy. This means that individuals who are willing to start, or are already in, therapy may benefit from bringing their ayahuasca experiences to the clinician's office and by offering the therapist more elements to work with. Here, as in the integration process for someone in distress, it's not vital that the therapist be an *ayahuasquero* or a psychonaut, although personal experience in psychotherapy is a basic requirement. Likewise, the therapist's personal experimentation with ayahuasca or other psychedelics is desirable, but not at all indispensable. On the other hand, having an open and nonjudgmental mindset is vital.

Also, unlike traditional Western medicine, where pills are prescribed by a doctor, the contemporary use of ayahuasca depends on each person's interest in it. People seek ayahuasca experiences for many different purposes and will establish different relationships with the plant. For a good combination of ayahuasca and psychotherapy, it is important to understand what the patient is expecting and experiencing with ayahuasca. In this composition, the psychotherapist may help the patient understand this relationship, since sometimes this may not be sufficiently clear. For some individuals, just a few rituals at the right moment in their personal process will have a positive impact on their life, helping them to deal with problems and disorders, and that will be enough. For others, ayahuasca use is periodic. Some patients use it fortnightly, monthly, or bimonthly for months or years. Others may use it more frequently, sometimes with ayahuasca occupying a central role in their lives.

When patients are using it regularly, some report experiencing two processes in parallel: one in psychotherapy and another in the sequences of ayahuasca rituals. Sometimes these processes intersect, dialoguing and influencing each other. The process with ayahuasca may bring new contents, or lower defense mechanisms, and help access aspects that are usually not possible in regular therapy sessions.

Another composition is possible: the ayahuasca experience can create conditions for the psychotherapeutic process to continue. There are patients who are addicted to alcohol and drugs who feel a great reduction in their cravings during the weeks after drinking ayahuasca, helping to bring stability to their daily life and enabling a psychotherapeutic process to develop and gradually address the drug addiction issue.

Authors have also mentioned that Westerners are, by principle, not part of the cosmology and cosmopolitics from ayahuasca's native origins (Trichter 2009). Therefore, psychotherapy could be a form of preparation for the experience, as well as increasing its benefits and minimizing some risks:

> The integration of an ayahuasca ceremony into a framework of ongoing psychotherapy would create a greater sense of safety for the client when participating in an ayahuasca ritual. This would allow the participant to explore a situation that often brings up fear, feeling fully prepared. It would also allow the client to share his or her experiences with the therapist post-ceremony. Lastly, this rapport would create an opportunity for the therapist to make interpretations more freely while the ceremony experience is more temporally and affectively grounded within the client. After participating in the ceremony, the affective experiences and the insights that may have been obtained through the ayahuasca ritual could be interpreted, worked through, and integrated into the ongoing therapy. (Trichter 2009, p. 144)

There are plenty of psychotherapy methods. Much has been written about what defines a psychotherapy process, who can be a therapist, and who should not be. This is a discussion that will probably last as long as human beings are interested in their and others' inner worlds. People choose the approach that better suits their worldviews, their cosmologies, their beliefs. Our experience as mental health professionals with diverse orientations—and as individuals who have experienced different methods of psychotherapy and who have had our own personal ayahuasca experiences—shows us that ayahuasca can be well placed as an adjunct element in a psychotherapeutic process. We believe that a well-trained psychotherapist, with enough experience—personal, professional, practical, and theoretical—to handle massive amounts of non-ordinary experiences, sometimes overwhelming ones, can incorporate the experience of their patients who drink ayahuasca, not as a central therapeutic tool but as another element of their lives. How the material resulting from the ayahuasca experience will be incorporated into the clinical narrative depends on the professional's theoretical orientation.

Ayahuasca and the Schools of Psychological Thought

One example of how ayahuasca experiences can be interpreted through diverse theoretical standpoints is Ido Cohen's work (2017). In his doctoral thesis, he used Jungian psychology concepts, such as consciousness (the total sum of mental, physical, and emotional processes available to the person), personal unconsciousness (the shadow), collective unconsciousness (the realm that can be symbolized by different archetypes present in our history, arts, mythology, etc.), and the Self (the entity from which all other instances emerge and that, in a process called individuation, demands to be recognized, integrated, and realized in order to bring the person back to wholeness). Cohen explains that, for Jung, societal and civilizing processes are responsible for a tension between the conscious and the unconscious, from which the human being is disconnected. This tension and disconnection, in turn, are responsible for different suffering experiences. One solution for this

suffering would be to bridge this separation between consciousness and unconsciousness and recognize the latter as complementary and necessary for the former; this would bring light to the secret influence of the unconscious on the conscious. This would be accomplished by an intellectual, affective, and artistic approach to the tension between them, liberating the person to connect with their deeper Self and ancestral and collective identities. The author analyzed the experience of English-speaking Westerners participating in an ayahuasca retreat with the objective of evaluating how they integrated what was experienced into their lives a year or less later. Through the concepts explained above and others, Cohen found that, from a Jungian perspective, ayahuasca can be seen as "an entity that allows connection to the Self, clearing the blockages of the ego–Self axis [a constant dialogue between the conscious and unconscious] to allow the individuation process to become more conscious, and for the unconscious material to come forth with greater clarity" (Cohen 2017, p. 115).

Following Freudian and English-speaking post-Freudian psychoanalytic concepts, Gastelumendi (2013) developed a theoretical approach for the Shipibo-Conibo ayahuasca experience. In this perspective, ayahuasca and psychoanalysis are seen as a combination of two universal traditions: medicine and self-knowledge. He presents several important concepts of psychoanalysis and links them to some aspects of the phenomenology of ayahuasca. For instance, the concept of treatment resistance is compared to the fear of losing control and sanity during ayahuasca experiences. The anguishing feeling of disintegration, loss of Self-unity, and death that are not rare during this kind of ritual, and ayahuasca experiences in general, are approached using Winnicott's concept of "fear of breakdown." In a psychotherapeutic process, fear of breakdown may be handled with support for the patient; in a similar fashion, shamans have tools to help people struggle through these moments during the ritual. The fear of death during the experiences is compared to the concepts of fear of castration or the death drive that would be challenged by the process of becoming conscious. Exploring several psychoanalytical concepts and establishing connections with ayahuasca experiences, Gastelumendi sets theoretical grounds for classical psychoanalysis and ayahuasca to converge.

Far from exhausting all possibilities, these two studies can be seen as two instances of how plastic ayahuasca can be when incorporated by two of the main theoretical approaches in psychotherapy. Psychotherapists willing to work with ayahuasca users should try the exercise of approaching it through their current knowledge and practice. This is, in our opinion, a path that remains open for many other contributions.

Closing Remarks

This is a preliminary text on this subject. Many of the ideas expressed here need further confirmation from more studies with different approaches, using input ranging from anthropology to neuroscience. There is a special need for new theoretical

approaches from the psychological schools. Ayahuasca still lacks, for instance, a thorough discussion within the field of Lacanian psychoanalysis, or from the cognitive-behavioral therapy perspective.

To conclude, we would like to stress some key points that we believe are very important. First, it is clear that there is not a school of psychotherapetic thought, at the moment, that could be designated as "ayahuasca therapy." More important than defining which technique is the best to be used with the brew is the fact that the settings where ayahuasca is consumed are so diverse and that proclaiming a "right" way to perform psychotherapy with ayahuasca would probably be misleading.

However, this does not mean that specific intricacies of the ayahuasca experience could not be used to develop better integration procedures and innovative ways of incorporating the peculiar features of the ayahuasca trance (such as visions, challenging experiences, and plant teachings) into psychotherapy. On the other hand, an ethical approach from any psychotherapeutic school of thought would be equally desirable, without the necessity of developing a subspecialty within each theoretical framework for ayahuasca use. Again, cultural sensitivity and nonjudgmental approaches are desirable tools for any therapist but are particularly suited for those who have ayahuasca drinkers as patients.

Ayahuasca should not be regarded as a panacea; nevertheless, it may be a catalyst for personal transformation. As such, it should not be ignored by psychotherapy. On the contrary, we believe that a serious agenda of research connecting ayahuasca and psychotherapy could greatly benefit the world of ayahuasca drinkers in ritual, religious, or therapeutic settings and enrich the field of psychotherapy.

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