Psychedelic-assisted therapy from a narrative therapy perspective: A map for practitioners

by Christine Dennstedt

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Abstract

Psychedelic-assisted therapy is currently in its second wave and enjoying a renaissance of sorts. This article describes a narrative therapy–inspired approach to working therapeutically with psychedelics. My intent in writing this paper is to provide a model for how narrative therapy ideas in practice can be applied to the three stages of psychedelic-assisted therapy: preparation, medicine work and integration. In describing this map for practitioners, the rites of passage metaphor, as applied therapeutically by Michael White, is used to outline the phases a person will move through in their psychedelic-assisted therapy journey.

Key words: psychedelic; psilocybin; ketamine; rites of passage; migration of identity; narrative practice; narrative therapy

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This paper describes a narrative therapy–informed (White & Epston, 1990) approach to psychedelic-aided therapy.[1] My hope is to offer additional practices from narrative therapy to people already working therapeutically with psychedelics in contexts where this is legally permitted, noting that legality varies by substance and regulatory pathway.

Rather than seeing problems as representative of an inherent flaw or disease within a person, narrative therapists view problems as being separate from the person's identity. This orientation creates space for the person to see their experience from a different perspective, in ways that allow for a new unfolding of meaning to occur and new preferred stories to be told. In this paper, I describe ways in which I have sought to create a form of psychedelic-assisted therapy that draws on narrative therapy to help create and strengthen a person's new and preferred story.

Safety and agency

In my therapeutic practice, I am aware of both the potential benefits and the potential risks psychedelics pose, both for persons being treated and also for practitioners (Fadiman, 2011). Thorough screening processes are thus necessary to safeguard against potential harm when working in this area, and it is of utmost importance to note that psychedelic therapy is not suitable for all persons. Exclusion criteria for psychedelic-assisted therapy can be related to physical health, psychiatric health, medication use, or any combination of these (Carhart-Harris et al., 2021; Griffiths et al., 2016).

Ethical considerations are critical, given the potency of psychedelics and their ability to induce profound psychological and emotional experiences. Practitioners need to conscientiously assess safety factors for persons entering therapy in which psychedelics are used. Particularly if persons have had experiences of trauma, sexualised violence or gender-based violence, it is necessary that there be conversations about safety, gender and power relations to safeguard the person's wellbeing and agency. Should a person be concerned that they might encounter something or someone that has injured them in any way, we can ask how we can support them if this occurs during the psychedelic journey, how they can let us know that they need support, and what they might want to be reminded of or told if this occurs. Therapists working with psychedelics need to be committed to ensuring and prioritising the safety of the persons who consult them. In light of recent and deeply concerning allegations of sexual harm involving therapists using psychedelic-assisted practices (Multidisciplinary Association for Psychedelic Studies [MAPS], 2019, 2021b), it is strongly recommended that practitioners work in co-therapy teams – often composed of one male and one female therapist – rather than in isolation. This team-based approach helps foster a safer therapeutic environment for both the person engaging in the psychedelic-assisted therapy and the therapists themselves (Johnson et al., 2008; MAPS, 2021a). One of our primary responsibilities in a narrative therapy–informed approach to psychedelic-assisted therapy is to co-create and sustain a territory of safety, a space where people can meaningfully explore new knowledges and re-memberings, and begin to weave these into the ongoing re-authoring of their lives.

Cultural accountability

Psychedelic plants and fungi have been used by Indigenous peoples and cultures for healing and spiritual purposes for millennia (Carod-Artal, 2015; Pollan, 2018). These can be part of sacramental practices involving rites of passage, rituals and ceremony. There is evidence that psychedelics have shaped certain cultures and religions dating back to 5000 BCE (Samorini, 2019).

The use of psilocybin, a psychedelic compound found in certain mushrooms, has its roots in Indigenous healing practices, particularly among Mazatec communities in Mexico, who have used it ceremonially for centuries. I say this to honour the importance of engaging in this work in ethically accountable ways – approaching it with integrity, humility and a commitment to avoiding cultural appropriation. The success and therapeutic potential of these medicines cannot be separated from the wisdom traditions that have carried them. My practice includes naming the origins of these medicines when speaking with clients, staying informed about the historical and cultural contexts from which the medicines come, supporting Indigenous-led organisations and advocacy, and not to extracting or replicating ceremonial elements outside their original context (Richards, 2017). Accountability also means continuing to reflect on my own positionality and remaining open to critique, unlearning and dialogue.

In Indigenous communities, there is concern about the many ways that traditional medicines are being culturally appropriated by Western medicine (Celidwen, 2022).

> The resurgence of the Western psychedelic movement has … led to increasing concerns from many Indigenous Nations regarding the cultural appropriation of their traditional medicines, a lack of recognition of the sacred positioning of these medicines within their communities and cultures, exclusionary practices in research and scale up endeavours, and the threat to their intellectual property rights with patents of traditional Indigenous medicines. (Celidwen et al., 2022, p .1)

In 1957, "Seeking the Magic Mushroom", a photo essay by Gordon Wasson, was published in *Life* magazine (Wasson, 1957). It documented a psilocybin journey guided by Mazatec curandera Maria Sabina. Following this publication, many Americans headed to Mexico in search of the "magic mushroom". Gordon Wasson betrayed Maria Sabina both by publishing the photos of his psilocybin journey and by not keeping her identity secret as he had promised. As a result, Maria Sabina was briefly jailed and her house was set on fire (Siff, 2018). Soon after the publication, a compound in psilocybin was isolated and the process to do so patented by Sandoz pharmaceuticals (Gerber et al., 2021). "From an indigenous perspective, psilocybin research and drug development tell a story of extraction, cultural appropriation, bioprospecting, and colonization" (Gerber et al., 2021, p. 574). Furthermore, some plant medicines such as peyote cactus (from which the psychedelic mescaline is derived, and which is central to the religious practices of the Native American Church) are at risk of extinction. This is linked to detrimental land use including over-harvesting and improper harvesting techniques, psychedelic tourism, and land development causing loss of habitat for the sacred cactus (Pollan, 2021).

A narrative map to guide us when working therapeutically with psychedelics

I have adapted this map from Michael White's (1997) practice with "migrations of identity", as developed with persons separating from addiction. White drew on rites of passage theory as described by van Gennep (1960) and Turner (1969), who identified three stages: separation, transition and incorporation. White reworked these concepts into a therapeutic map that highlights the significance of meaningful life transitions. Turner's notion of ritual and the liminal "realm of possibility" (1969) also inform the map I present here, though it is White's application that gives these ideas a distinct therapeutic utility and relevance within narrative practice.

Psychedelic-assisted therapy typically has three distinct phases: preparation sessions, medicine session(s) and integration sessions (Fadiman, 2011; Mithoefer, 2017).[2] These three phases of psychedelic-assisted therapy fit well and are congruent with White's (1997) rites of passage metaphor. White described the rites of passage phases as follows:

> First is the *separation phase*, at which a person breaks from their life as they know it. This marks the beginning of their journey. Second, there is the *liminal phase*. This is a "betwixt and between" phase, in which one's familiar sense of being in the world is absent ... Third, this is the *reincorporation phase* [which] is achieved when a person finds that they've arrived at another place in life … At this time, persons regain a sense of being knowledged and skilled in matters of living. (White, 1997, p. 4)

Rites of passage metaphor

A rites of passage metaphor that includes separation, transition/liminality and reincorporation/integration acts as a guide to the territories the person will be exploring during their psychedelic-assisted therapeutic journey. When working with people who will be entering extra-ordinary states of consciousness, we need to be clear about the work that will be required of them in each phase to provide a sense of what lies ahead and what is expected. This can enable the person to adequately and confidently prepare for each phase of the journey. The rites of passage metaphor allow us to support

persons as they imagine and prepare for the journey they will be embarking on, the possible thresholds they will be crossing, and potential stumbling blocks or setbacks they may encounter. We want to get a clear sense of what values, knowledges, skills or practices, and perhaps even people and other creatures, are important for them to metaphorically bring with them as supportive allies on their psychedelic-assisted therapy journey. We can also ask about anything they would like to leave behind.

Sometimes, people undertaking psychedelic-assisted therapy experience a shift in perspective that leads to alternative understandings, possibilities for movement, and/or reconnection with themselves or their community. Psychedelics transport some people to a place where they experience a sense of oneness with the universe, a sense of belonging and sacredness (Fadiman, 2011). When a person has a psychedelic experience involving such a sense of wonder, I have found that narrative therapy practices can assist in scaffolding questions about relational interconnectedness with plants, nature and other sentient beings, and can also generate movement away from a view of problems as individual experiences or disorders and towards recognition of their social and relational contexts, and the importance of healing within community.

I will briefly describe the phases that I have developed using a rites of passage metaphor to inform a narrative approach to psychedelic therapy and give examples of questions that can be used for each phase of the work.

1. Separation and preparation phase

Leaving the known and familiar: What are you separating from?

This part of the process invites reflection on what the person is beginning to seek distance from, whether that be problem-saturated stories or ways of being that no longer align with their values.

Setting intentions and moving towards what matters

Here, the focus turns to what the person is migrating towards: the hopes, values and preferred ways of living that carry vitality and meaning. Through intention setting and therapeutic conversation, space is made for clarity, direction and reorientation towards what matters most.

2. Transition/liminal phase: The psychedelic journey

Crossing the threshold

The medicine session marks an entry into the in-between – a threshold space where known identities loosen and new knowledges, stories and meanings may be experienced.

Betwixt and between: Liminality and early integration

In the hours and days following the medicine session, the person may continue to dwell in a liminal state. New images, emotions or realisations may begin to emerge, not yet fully formed but rich with possibility. This is a fertile time for reflection and gentle meaning-making: a bridge between the session and life beyond it.

3. Reincorporation/integration phase: Weaving new meaning into daily life

In this stage, persons work to integrate the values, intentions and knowledges that emerged or that they reconnected with during their experience, allowing them to shape daily life in preferred ways.

4. Hazards and comebacks

The last aspect of this journey involves potential hazards and comebacks as the person prepares for and moves through the phases of their therapeutic psychedelic journey.

I will weave in the voices of some of the persons who have consulted me to illustrate each phase described here. One person is a man whom I will call Fred (a pseudonym). Under Health Canada's Special Access Program (SAP), he was approved for psilocybin-assisted psychotherapy to address long-standing struggles with depression, including a diagnosis of treatment-resistant depression.[3] Fred had been prescribed multiple antidepressants, electroconvulsive shock therapy (ECT) and talk therapy, all to no avail, and had lived with what he called the "crushing weight" of depression for over 20 years. When we first met, he spoke about the powerful grip that depression had on him and shared some of the deeply held beliefs he had been living with. For example, he described feeling at times that he was "too stupid to live", "fatally flawed", and that he "had a personality disorder". He said he was "a liability to loved ones", "a black hole" and "not able to work".

Separation and preparation

Leaving the known and familiar: What are you separating from?

When persons are coming to us for psychedelic-assisted therapy, they are clear that something about their current way of living or relating to themselves and with others is not working well. They most often have tried very hard to bring about the changes that they are seeking through counselling, medication, lifestyle changes and so on, with no relief and continuing discomfort. They may not have a clear sense of the steps they might take to bring about the changes they are hoping for, or if what they are wanting for their life is even possible. They may be in crisis or seeking a turning point in life. Using the metaphor of journey and identity migration, our work in this phase is preparing persons for the journey they are embarking on and getting a clear sense of where they wish to head. The preparation and separation phase typically unfolds over the course of three sessions.[4] During this time, we work alongside the person to gain a deeper sense of what they are wanting to separate from; for example, problem-saturated stories of isolation, depression or despair, or trauma experiences they have been living and struggling with. It is a time of looking back with care and looking forward with intention.

We begin to linguistically separate the person from the problem and get a sense of the tactics of the problem and the ways it has been operating in their life. We learn about the skills and knowledges they possess, and the people, places, ideas and things that offer them a sense of belonging and hope. We also track and highlight ways in which they have been able to resist the problem's influence within their lives and relationships. There are usually ideas and beliefs that are not serving them that they want to leave behind. Problems thrive by isolating and disconnecting persons from others, estranging them from communities and from themselves. As we move away from seeing problems as "individual" experiences, we can explore how we exist within relational realms of being and recognise who we are in relation to how others perceive us (White, 2007).

During our initial preparation sessions, Fred had a hard time separating his voice from the voice and influence of depression, but he agreed that depression might be an unreliable narrator of his past, present and yet-to-come future. Fred was concerned that, given his long-standing relationship of over 20 years with depression, another style of relationship with himself might be impossible to find.

Some questions I might ask as a person prepares to leave the known and familiar:

- What brings you to seek psychedelic-assisted therapy at this time?
- What can you tell me about what you've been struggling with, pushed around by, oppressed by in your life? What pushback have you encountered in trying to separate yourself from the problem/dilemma?
- In what ways has the problem/dilemma been influencing your life? What plans do you imagine that this problem has for your life? Are you okay with this? Why is/isn't this comfortable for you? If I were to ask a loved one if they were comfortable with how the problem has been mistreating you, what do you imagine that they would say?
- Are there identities, ways of being or ideas and beliefs that are no longer serving you that you want to leave behind? What difference do you imagine this would make?
- Reflecting on our therapeutic conversations, what have you been learning about what matters to you, what is making a difference in your life and relationships, what you give value to, and the kind of future you are imagining for yourself?

Setting intentions and moving towards what matters

Embarking on a major life change and evolution can be unsettling and often involves feelings of loss, sadness, grief, uncertainty and fear. In this phase, persons are preparing to leave a known territory of their life to step into the unknown. It is important to develop a clear understanding of what the person is moving towards, and the hopes and preferences they hold for living a life filled with vitality. In this phase, we explore their ideas about life, including their attitudes towards living, what they give value to, their hopes and preferences, and the ways of being they wish to inhabit.

We also develop and practice skills that persons can use to stay grounded in their body and breath before, during and after the psychedelic-assisted therapy sessions.

> Akin to activities like downhill skiing, it is wise to learn some skills of navigating in inner experiential worlds and to be well prepared before beginning to explore the non-ordinary states of awareness that may emerge during the action of psychedelic substances. (Richards, n.d.)

The person may already have knowledge and skills for remaining calm and relaxed in new situations. We can also explore and try out techniques that others have found helpful; for example, the RAIN practice (Brach, 2020) and the 4-7-8 Breath (Weil, 1999). For others, a calm state of mind and body might be cultivated in nature or through cultural teachings, journalling or spending time with persons they love. Experimenting with how the person can connect with a state of calmness and relaxation prior to their psychedelic medicine journey can help prepare them for entering and staying grounded when they enter an altered state of consciousness, which is by its very definition a leaving of the known and familiar.

Psychedelic experiences are influenced by what Timothy Leary called "set and setting" (Hartogsohn, 2017; Leary et al., 1963). *Set* refers to the mindset of the person taking the psychedelic and their intention for the session. Set can be influenced by the person's intention for psychedelic-assisted therapy, their emotional state, and previous experiences with psychoactive substances. *Setting* refers to the physical environment: the therapy room with its sounds, lighting, fragrances, comfort and relative safety.

In the preparation phase, we discuss "set and setting", the timeline of the psychedelic medicine they are taking, and how the session may unfold. We work with the person to help them set their intentions for their psychedelic-assisted therapy session and explore how their intentions, purposes and desires will support them in healing and growth. It is important to acknowledge that intentions may emerge organically from the experience itself. Maintaining a not-knowing stance is essential, as it allows space for new intentions, stories, meanings and knowledges to emerge during the medicine session. An example of a question to support intention setting is "After the medicine session, what would be happening that would make life more wonderful for you?"

From a narrative therapy perspective, creating a sense of safety, both physical and relational, is foundational to psychedelic-assisted work. One way this is supported is by inviting the person to meet the co-therapist ahead of the medicine session. This typically happens during the third preparation session, when the person, therapist and co-therapist come together in a shared conversation. This helps establish familiarity, trust and a sense of who will be accompanying them in the session ahead.

In the preparation sessions, we discuss whether the person would like to invite their chosen support person, someone from their community, to join them near the end of their medicine session for the early integration conversation. This would take place when the support person arrives to take them home at the end of the day. It is not uncommon for people to want their support person to be present during this time so that parts of their journey that feel significant can be witnessed and honoured. This presence allows the support person to not only witness what has emerged but also to walk alongside the person in what is still unfolding. In group psychedelic therapy, this practice becomes even more resonant, as participants accompany one another through the preparation, medicine journey and reintegration processes, bearing witness to each other's stories and offering recognition and support as each person moves towards a renewed sense of identity, meaning and place in life.

Conversation with Fred

In our preparation sessions, depression took up a lot of space. Fred estimated that depression took up approximately 95% of his thoughts, leaving him a mere 5% of depression-free thinking. Fred and I invited the words of the people he loved and who loved him to help populate the therapy room (Reynolds, 2011). We spoke about the ways his partner could be invited into conversations about possible intentions for his upcoming medicine session, and discussed the idea of grit, which he had learnt from his grandmother, Ruby. We had conversations about what Ruby might have known about grit, how grit could serve a useful ally at this moment, and what Fred's tender conversations with Ruby may have brought to her life.

Below are some questions I ask about aspirations, desires and mindset for the medicine session:[5]

- As you consider your hopes for the psychedelic medicine session, what kind of relationship would you like to be cultivating with yourself, and with the problem or dilemma you're facing? What are some possible intentions that are beginning to show up?

- What do your intentions say about what you hold precious, what you give value to, and your hopes and dreams for your life?
- Viewing your intentions like a compass for your upcoming psychedelic-assisted therapy session: Imagine holding that compass in your hands. Which way does it point, and in what ways might moving in that direction bring you more ease or comfort?
- If your intentions could offer you a new vantage point – one that allows you to see the problem differently and begin to re-author your relationship with it – what would you hope to see?
- Are there things you know about yourself that might make it easier – or harder – to embark on this experience fully? When you think back to times you've tried something unfamiliar, what supported you in leaning into it?
- What are you most concerned about encountering in your psychedelic-assisted therapy session? What strengths and skills do you possess that will support you in navigating those possible encounters?
- If you start feeling worried or concerned, how will you alert me to this? What might I notice, and how could I best support you in those moments?
- Thinking of a person or a creature (perhaps a friend or a pet, living or dead) in your life that you have valued and trusted, what would they tell me about the courage/strength/bravery that could serve you well on this therapeutic journey? Are there any spirit allies or loved ones you would like to introduce me to and invite to accompany you on your journey?

Transition/liminal phase: The psychedelic journey

Crossing the threshold

This phase marks a significant shift: a crossing of the threshold from everyday awareness into an altered state of consciousness. The medicine session marks an entry into the in-between – a threshold space where problem-saturated stories loosen and new knowledges, stories and meanings may be experienced. It can feel like stepping through a doorway into unfamiliar territory, where the usual stories of self may soften, and new sensations, meanings or images begin to take form.

This unfolding is supported by the intentions the person has brought with them, the container of the therapeutic space, and the presence of the therapist and co-therapist, who accompany the person on their journey with care and attentiveness. Rather than directing the experience, the therapists bear witness to what emerges, holding space for the person to meet the unknown with curiosity, courage and connection to what matters most to them.

From a therapeutic perspective, establishing a safe physical setting and mindset for the participant requires that practitioners take an active role in creating an environment that is conducive to the therapeutic experience.

On the day of the psychedelic-assisted therapy session, the person (or persons if participating in a group setting) arrives and is warmly welcomed by the therapist and co-therapist into a ceremonial space where intention and awareness are central and where the psychedelic-assisted therapy session will unfold. This space has been prepared with structure and care, honouring the significance of what is about to begin. Time is taken to settle into the space, reconnect with one's body, and draw on personal practices that support calm and presence.

Together, the therapists and the person review the plan for the day, creating a shared understanding of the journey ahead. This covers the timeline of the medicine they will be taking, the administration process, the journey or immersion phase, the emergence and initial integration period, and finally, space for reflection and return. Mapping out the flow of the day not only offers clarity but also helps foster a sense of safety, trust and shared intention as the person approaches the threshold of the experience. The person is invited to create their "nest" – arranging pillows or a cosy blanket and placing meaningful objects, photos or images nearby to accompany them throughout the journey.

Informed consent and practical safety considerations are reviewed at this point. We discuss how only the therapist and co-therapist will be present during the medicine session, that the space will remain private and uninterrupted, and that they will not be left alone at any point. They are also informed that, in support of their safety and wellbeing, once they have ingested the medicine, the session becomes a held and contained space. This means that, for the duration of the experience, they are asked to remain within the therapeutic setting until their pre-arranged support

person arrives to accompany them home. We also have clear conversations and agreements about physical touch, including a reaffirmation that sexual touch will never be part of the therapeutic frame. Each person is invited to express their preferences for touch: whether they would like to give consent for supportive touch, such as a hand on the shoulder or having their hand held if requested during the medicine session, or whether they prefer not to receive any touch at all.

Prior to ingesting the psychedelic medicine, we draw on the person's own knowledge of what helps them feel grounded and relaxed. These practices are not only soothing but also offer a meaningful way to reconnect with their deeply held values, supporting them to settle into the space and attune to themselves. If desired, a candle may be lit to mark the beginning of the process. The person is then invited to speak their intentions and hopes for the medicine session, as crafted during the preparation sessions, often while holding the medicine. This gesture underscores the relational connection they are co-creating between themselves, their intentions and the medicine as a partner in the unfolding journey. When they feel ready, the person ingests the psychedelic. At this point, the therapists may wish to offer a retelling of the participant's hopes and intentions for their medicine journey. They may also offer a song, poem or prayer that resonates with the person's journey, creating a bridge between intention and experience.[6]

A psychedelic music playlist begins playing when the participant arrives, both in the room and later in the person's headphones. A psychedelic playlist is curated to enhance and accompany the person on their psychedelic journey. A playlist for a psilocybin medicine session supports the arc of the medicine (arrival, pre-onset, onset, building or peak intensity of the psilocybin, re-entry and return to normal consciousness) (Thomas, 2024). Bill Richards described the role of the playlist in a psychedelic medicine session:

> I think of it as a nonverbal support system, sort of like the net for a trapeze artist. If all is going well, you're not even aware that the net is there – you don't even hear the music – but if you start getting anxious, or if you need it, it's immediately there to provide a structure. (Bill Richards, as interviewed in Shapiro, 2020)

Typically, I use curated playlists developed specifically for psychedelic therapy, such as the Johns Hopkins Psychedelic Therapy Playlist, originally created by researchers for psilocybin-assisted sessions. These playlists are structured to support the emotional arc of the experience and are chosen for their neutrality, evocative quality and therapeutic intent (Shapiro, 2020).

Recently, I've begun incorporating a few songs selected by the person to be played towards the end of the session. During our preparation sessions, I invite the person to choose music that holds deep personal meaning: songs that may remind them of a special time in their life, connect them with loved ones, describe a life they wish to live, or that have offered support during difficult moments (see Maund, 2021). These selections often carry emotional resonance and can help gently guide the person back into their life with a feeling of being welcomed with connection and intention.

As the medicine begins to take effect, the person chooses to lie down when they feel ready, with the therapists gently assisting with eyeshades, a weighted blanket or other comforts if requested. Throughout the session, the therapist and co-therapist remain present, bearing witness, offering support and responding to the needs of the moment with attunement and care. The person is supported in entering into and to attuning to a relationship with the experience they co-create with the medicine, turning inward, observing their physical and emotional states, and noticing shifts in perspective as they become increasingly immersed in the psychedelic journey.

Positioning myself as a narrative therapist in a psychedelic-assisted therapy session, I listen for preferred stories, values and knowledges that are named through the experience. I do not see myself as an expert or guide, but as a witness: someone who holds space with care and offers a steady, respectful presence within a safe-enough container (Bird, 2000) for the work to unfold. I attend closely to what resonates deeply for the person and seek to honour the knowledges, wisdoms and meanings that begin to take shape. The person's own intentions, agency and language remain at the centre of the process. Depending on what kind of support is needed, the therapist or co-therapist may write down words the person speaks during the session. We remain present throughout, accompanying them through moments of struggle, sadness, deeply felt knowings or joy. I also listen for "news of difference" and possible "unique outcomes" (White & Epston, 1990) as they arise. For example, if someone who has long spoken to themselves with harshness begins to speak with

tenderness or kindness, I may note their words so we can return to them together in a future conversation, if they wish, to support the integration of that shift and explore whether it's something they would like to continue cultivating.

Liminality and early integration

As the medicine experience begins to wear off, a gentle transition is supported by the therapist and co-guide to welcome the person back with grounding presence, soft voices, intentional pacing and comforting offerings such as light snacks, fruit, water or tea. When the person is ready, we gently ask what they wish to share about their experience: what stood out, where they felt transported, or what they feel moved to speak about. This marks the beginning of early integration, where the person may begin to name parts of their journey, not as a report, but as threads of meaning that connect to what matters most to them.

We invite the sharing of any moments, images, questions or emotions that feel significant: those that may have stirred curiosity, touched something important, or opened space for movement. These early stages of integration remind me of Barbara Myerhoff's (1982, 1986) definitional ceremonies and the reflecting team processes described by Tom Andersen (1987) and Michael White (1995). In this spirit, the therapist and co-therapist offer reflections based on what they witnessed, sharing what resonated, what stood out, or how they were moved by what was shared.

Researchers have observed that during medicine sessions, individuals may be in a heightened state of openness and suggestibility due to increased neural plasticity (Carhart-Harris & Nutt, 2017). From a narrative perspective, this underscores the importance of avoiding advice-giving, positive affirmations or premature conclusions (Morgan, 2000; White & Epston, 1990). Rather than interpreting the experience, we hold space for the person's meaning-making – supporting the articulation of emerging understandings that honour the person's agency, values and preferred stories.

Following the session, I document the reflections and curiosities in the form of a narrative letter, which is sent in the days that follow. This letter becomes a further act of witnessing, one that supports the person in staying connected to what is unfolding and the stories they may be beginning to re-author. People often share these letters with family and friends as a way to catch them up on new developments in their lives.

The ceremony closes with intention and care. When the person feels ready, we contact their pre-arranged support person to come and pick them up. If it was previously decided that the support person would be invited into the conversation, the person may choose to share parts of their journey at that time. The support person then accompanies them home, helping to hold space for the continued unfolding of the experience in the days to come.[7]

Betwixt and between

In the hours and days following the journey, the person may continue to dwell in a liminal state. New images, emotions or understandings may begin to take shape, not yet fully formed but rich with possibility. This is a fertile time for reflection and gentle meaning-making, a bridge between the session and life beyond it. The person is invited to write about their experience, if that feels meaningful or supportive to them, and to revisit the playlist as a way of reconnecting with and thickening the felt experience and stories of their journey.

The increased neuroplasticity that occurs with psychedelic use typically lasts from a few days to a month or so after their use (de Vos et al., 2021; Ly et al., 2018). This period offers a valuable window in which intentional integration practices can help consolidate emerging knowledges and support the development of new patterns and preferred ways of being in a person's life (Jones, 2025). Ideally, the first formal integration session should take place a day or two after the psychedelic-assisted therapy session. The person is encouraged to write down the knowings, questions, feelings, sensations, curiosities and ideas they want to hold on to in the days and weeks following the psychedelic-assisted therapy session so they can return to them. If a person feels uncertain about what their experience might mean, we can gently acknowledge the emergent and nonlinear nature of psychedelic journeys (Richards, 2017). Rather than seeking a singular "takeaway", we invite a stance of curiosity and patience, trusting that meaning and understanding may continue to take shape over time, in conversation with their own values, intentions and lived experience.

I find the narrative practice of writing letters to clients to be a meaningful way of supporting their integration process. Here is the letter I sent to Fred after our first integration session.

Dear Fred,

It was such a pleasure meeting with you today. I found myself grinning with delight at the start of our session when you said, “I feel like a huge weight has been lifted off of my shoulders”, and “I honestly feel like I can actually think”. When you spoke of being able to navigate your thoughts more and being more in touch with “the inner portion of myself that I used to like”, I felt myself imagining the relief that you must have felt to be in touch with yourself again. Is relief the right word or is something else? I imagine that words might not do your experiences justice and I am having a hard time expressing the magnitude of the emotions I witnessed and felt in our meeting today and in the medicine sit on Monday.

I found my entire body covered in goosebumps and had tears in my eyes when you said that you feel like you did after 25 or 30 rounds of ECT.[8] Your descriptions of the weight of depression have been so powerful that I am imagining the relief that you might have and be feeling. You said, “not having that pain so in your face, it opens up possibilities. The possibility to not be as crippled. To be vital, to have agency”. In our session today, you described connecting with “self-love, compassion for self, and being a flawed human”, and said that the okays[9] were an understanding of that.

That you are human.

And the recognition that depression had paved the way for an abusive relationship with yourself, and in doing so made you hold yourself to a higher standard than you would hold others to. You described that relationship and those standards as toxic. I wonder if in the future, should depression try to convince you to hold yourself to a toxic standard again, how self-love, compassion for self, and the knowing that you are a flawed human (and that so is everyone else and that is okay) might prevent depression from doing so.

I also find myself wondering if the okays might continue to be a guide for you as you walk a new path and continue to reconnect with yourself. If the okays that I witnessed you saying to yourself during the medicine sit, okays spoken with a gentleness and care, might become a mantra of sorts: “It’s okay. I’m okay. Okay.”

You spoke of being both surprised and unprepared for the crushing sadness and emotion that you experienced in the medicine sit. I found myself wondering about what helped you tolerate, be present with and move through the crushing sadness to get to the other side. And I also found myself wondering what the other side was.

I hope you enjoy the music tonight and have a lovely time with your partner.

I am attaching a resource about self-compassion that you might enjoy.[10] There are a lot of different exercises to practice and explore to build the self-compassion muscle. I hope you bathe yourself in it, and in doing so drown out the voice of depression.

In Solidarity,
Christine

I often turn to the metaphor of a rite of passage, as envisioned by Michael White, to help frame the psychedelic therapy process. This image offers a compassionate and grounding way to understand the emotional territory that can unfold after a session. Van Gennep (1960) spoke of individuals in transition as “wavering between two worlds” (p. 18). Turner (1969) described this liminal space as being “betwixt and between”. These ideas resonate with many who find themselves feeling suspended – no longer fully rooted in the life they knew, yet not quite landed in what comes next. Naming this phase as part of a larger arc helps normalise the disorientation, vulnerability or heightened openness that can emerge in the days and weeks following a psychedelic experience. It becomes a shared language for navigating change, one that honours both the possibility for discomfort and the potential of the in-between.

Richard Rohr (1999) described how experiences of liminality can make space for transformations, further supporting persons in stepping away from problem

identities and evolving towards the development of new preferred identities. Within a liminal space

> we are betwixt and between the familiar and the completely unknown. There alone is our old world left behind, while we are not yet sure of the new existence. That's a good space where genuine newness can begin. Get there often and stay as long as you can by whatever means possible ... This is the sacred space where the old world is able to fall apart, and a bigger world is revealed. If we don't encounter liminal space in our lives, we start idealizing normalcy. (Rohr, 1999, pp. 155–156)

In my work, I share the rites of passage metaphor with clients, particularly during the preparation and integration phases of psychedelic-assisted therapy. I describe the process as involving three broad stages: separation from the known, entering a threshold or liminal space, and reincorporating what has been learnt into everyday life. When someone feels disoriented, this framework can act as a map to orient themselves in the experience. I often share that this part of the process, when things feel unsettled or unfamiliar, is not necessarily a sign that something is wrong, but may indicate that they are in a middle space, where the dominant story has loosened and the preferred story is still taking shape.

Using this metaphor in conversation can invite curiosity and self-compassion. It also provides a shared language for understanding transformation as a process, not a single insight or outcome. Persons have expressed that naming this "in-between" phase helps them stay connected to the work unfolding, even when clarity hasn't yet arrived.

This stage often brings confusion and uncertainty. Clients may need reminders to slow down, be gentle with themselves, and make room for not-knowing. I invite them to stay close to the shifts that arise, whether a felt sense of connection, a new perspective or a moment of clarity, and to remain curious about what new possibilities these experiences might open up.

I find it helpful to encourage persons to listen to, and lean in to, any "teachings", "sense of connection", "perspective shifts", "aha moments", or "deeply felt knowings" that they experienced during their psychedelic-assisted therapy session. When people make a leap, experience epiphanies, or take small steps in breaking from debilitating and restraining patterns and stepping away from problem identities or lifestyles, they are often confronted with the challenges of how to begin to live in new ways. This often requires learning new ways of living and relating, and re-evaluating values and preferences. This can involve trying out new ways of being, re-evaluating what matters, and developing new skills or understandings to support these shifts.

Often, people describe being in an in-between space – clear that their previous ways of living no longer serve them, and sensing where they might like to move towards, but not yet having the support, resources or language to step into these new ways or moments of being. Until these new ways of being are named, practiced and lived into, this transitional space can feel unsettling. In these moments, a supportive community of concern is especially helpful, as others in their lives may not yet recognise or support the changes they are moving towards. In psychedelic-assisted therapeutic work, people often depart from the familiar into the unknown, and then return to their everyday surroundings with novel and innovative ideas and a heartening sense of "how to go on". They are tasked with determining how to incorporate these new ways of being into their present day. After a medicine session, a person may experience separation from past ways of thinking or acting, or they may have a pause available to them that they did not have access to before. Persons may find themselves catapulted out of long-standing beliefs, patterns and ways of being.

Questions to scaffold and support these changes may include:

- What have you noticed that feels unfamiliar or unexpected since the medicine session?
- Was there a moment where you responded differently than you might have in the past?
- What stood out about that experience?

In the immediate days after his psilocybin-assisted therapy session, Fred described feeling like a huge weight had been lifted off of his shoulders. He said, "I honestly feel like I can actually think, allowing me to navigate my thoughts more, and be more in touch with the inner portion of myself that I used to like".

For some people, the psychedelic experience can impart a sense of oneness and highlight the interconnectedness of all beings (Fadiman, 2011). Such a relational experience may allow for openings to move towards stories of co-creation, embedding

our lives with others, creating a sense of community and belonging with others (Watts et al., 2022) in ways previously unimagined nor experienced. Questions to ask to elicit such stories may include:

- Are there relationships or communities that feel newly important – or differently important – after what you've experienced?
- If the experience showed you something about the kind of friend, partner, parent or community member you want to be, what did it show you?
- How would you describe the kind of relationships you hope to cultivate going forward?
- What would it mean for you to live more of your life from that place of connection or belonging?

I have been present in psychedelic medicine sessions in which people have described a shift in how they understood their experiences and their ways of being in the world, often accompanied by a new sense of compassion. Such shifts allow for the development of a preferred relationship with oneself and a sense of personal agency as the person begins to steer towards new, preferred territories of living. While the psychedelic may open a window or create conditions for this shift, it is often the meaning-making a person does in relation to their experience that shapes lasting change.

The therapist's role is to support this meaning-making process, helping to scaffold reflection, language and story around what is emerging so that these shifts can be integrated into the person's life in intentional and sustaining ways. An example of this is when I was co-facilitating a brief group sharing circle immediately after a psychedelic-assisted therapy session. A person who had experienced many deaths and losses in their family and community described having witnessed themself digging a grave. They described a feeling of deep sadness come over them as they began to wonder "now who has died?" Then they spoke of recognising that no-one had died. Rather, they were digging a grave for the beliefs and ideas they had been carrying that were no longer serving them. This emerging understanding became a central focus of their integration work, an intentional process of making meaning from their experience and exploring how to support a life more aligned with their values and preferred ways of being. They began to get to know themselves as a person who no longer had to carry the weight of beliefs that had previously limited them, and who could now begin stepping into ways of living that felt more congruent with what mattered most to them.

In this example, psychedelic-assisted therapy offered a space where problems could be seen in new ways, and where a restoration of personal agency became possible. While the medicine may have opened access to new perspectives or emotional experiences, it was through the person's meaning-making and reflective engagement that they began to experience some separation from previously dominant problem narratives. This externalising shift – co-constructed through their interpretation of the experience – created a renewed sense of possibility, opening a path forward that was more aligned with their values and preferred direction in life.

These questions may be asked of people in betwixt and between states and the early integration phase:

- What resonated for you most during the psychedelic-assisted therapy session? How does this connect to what you most give value to and hopes/dreams/preferences for your life and relationships?
- At any point in your psychedelic-assisted therapy session, did you begin to "feel" a counter story? Were there ways that you experienced the psychedelic externalising the problem/dilemma, and if so, what new understandings are you now carrying?
- How did your intentions show up during the psychedelic-assisted therapy session?
- If you find yourself feeling untethered in moments, what are practices that you can use to tether or ground yourself?
- If there was pain/sadness during the psychedelic-assisted therapy session, what was that pain in relation to? What did you see, feel or hear that touched on a longing? What did you learn about how that pain might want to be tended to?

Reincorporation/integration phase: Weaving new meaning into daily life

After the psychedelic-assisted therapy session, the person may begin to develop a clearer road map for the direction they want their life to head in. They may have gained distance from thinking patterns or ways of being that felt rigid and cemented, or they may have a clearer sense of how the problem has been working in their lives.

However, the psychedelic experience is not a magic pill that dissolves all problems or dilemmas. Rather, it may open a window of possibility, one that requires effort, reflection and practice to translate into lasting change. The integration phase, or what White (1997) referred to as reincorporation, involves returning to daily life with the task of weaving emerging reflections and preferred ways of being into everyday choices, relationships and routines. This is often where the hard work lies. Like learning a new skill, it requires intention and repetition, practicing new ways of thinking, noticing when old patterns reappear, and actively choosing actions that reflect the values and preferences the person is stepping into. Without these efforts, even powerful experiences can fade without becoming embedded in lived experience.

In the weeks after his psilocybin session, Fred realised that depression exists best in certainty: black or white and all-or-nothing thinking. In our therapy sessions, we played with the idea of staying in the "grey" and being alert to when depression was promising certainty. Fred began to speak to some close friends and family members about his experience as he also recognised that depression feeds off silence. He described how during the AIDS crisis in the 1980s, there was a saying: "Silence = Death". He felt that this applied to depression as well. After our session, I looked this saying up and discovered it was used as a consciousness-raising rallying cry by activists to engage communities to demand political action, medical research and pharmaceutical support for those suffering and dying from AIDS (Kerr, 2017). In our next session, we spoke of how our community needs a similar rallying cry against depression, and began imagining what that might look like.

In our preparation work together, Fred had already begun the process of externalising his relationship with depression and viewing it as something separate from who he is. Following the psychedelic experience, this distinction seemed to land in a more embodied and convincing way. Through the meaning he made of what emerged in the session, Fred was able to further separate his preferred identity from the identity that depression had imposed. This allowed him to reclaim his voice, quiet the influence of depression, and begin moving towards relationships and ways of living that felt more aligned with his values.

After psychedelic-assisted therapy sessions, I have witnessed others similarly describing how certain thoughts, actions or urges no longer held the same pull, or even seem to *disappear*[11] (Pollan, 2018). In this case, integration work involves actively supporting the development of more intentional, values-aligned ways of living that reflect the person's preferred direction.

The integration phase involves supporting individuals to incorporate the insights and preferred ways of being that emerged during psychedelic-assisted therapy into their daily lives. White (1997) described a similar idea through the metaphor of "reincorporation", which offers therapeutic affordances for exploring a renewed sense of identity and belonging.

> Reincorporation is achieved when a person finds that they've arrived at another place in life, where they experience a "fit" that provides for them a sense of once again being at home with themselves and with a way of life. At this time, persons regain a sense of being knowledged and skilled in matters of living. (White, 1997, p. 4)

Questions I have asked to assist with integration and strengthening a preferred story have included:

- What did you see/learn/know/feel/hear during and following the session and in the days/weeks after that contributed to a sense of not being fatally flawed? Since no longer viewing yourself as fatally flawed, what have you noticed is different in the way that you have been thinking about yourself and the events of your life?
- Since having this new understanding of yourself, what have you been noticing about the ways that depression operates in your life? Have you been able to see depression's tactics more clearly?
- What difference will seeing depression from this vantage point make as you step towards preferred territories of living and living a life of vitality?
- What has been most influential in your continuing move away from depression's clutches and your sense of knowing how to proceed?
- What difference will this new understanding about yourself make in your life? What might this new understanding allow you to do that you've never done before?
- Where has this psychedelic-assisted therapy experience taken you to, and what understandings have you come to that you might not otherwise have arrived at?

Hazards and comebacks

In some of the psychedelic-assisted therapy work I've been involved in, the changes experienced during sessions have not been as enduring as the person had hoped. This highlights the importance of viewing psychedelics not as a cure, but as one part of a broader therapeutic process. For some, the experience feels profoundly transformative; for others, continued therapeutic support – including additional psychedelic therapy sessions – has been necessary to sustain and build on emerging shifts.

It is common to encounter stumbling blocks, and many people need to revisit some of the work done in earlier phases in order to move forwards once again in their preferred direction. During preparation, it is important to be clear about the possible hazards and setbacks the person may encounter. For example, when persons are first consulting us about this work, it is important to stress the importance of both the preparation and the integration work that needs to be done prior to and following the psychedelic-assisted therapy session. It is also important to discuss the concept of a "betwixt and between" phase, in which one's familiar sense of being in the world is absent, and where nothing means quite what it did before. If persons are prepared for this liminality, then they are better able to make a plan for how to best take care of themselves should they be confronted with it.

When working with persons who are trying to break free from an addiction or are on a journey to develop a new relationship with a problem, it is our duty as practitioners to prepare them for the possibility that the problem may try to make a comeback in their lives. Otherwise, the problem can attempt to convince them that they will never be able to change, that they will never escape depression's clutches, that because this did not "work" nothing will work, or that it is their fault because they "did something wrong" in the psychedelic-assisted medicine session.

Possible questions that can be asked to illuminate potential hazards or comebacks include:

- What might you notice should old ways of being and old patterns of thinking begin to reappear? What would be the first sign that this was happening, and what are some possible responses that you could enact to resist the problem's attempted comeback?
- Thinking of the problem or dilemma as wanting to retain its grip on you, what do you imagine that the problem is making of the space that you have created that has been keeping it at bay?
- Moving forward, what is most important for you to pay attention to? What is the work you imagine still needs to be done?
- In times of uncertainty or discomfort, how might the compassion that you experienced in your psychedelic-assisted medicine session be a resource to you to support you in times when the problem is trying to make a comeback in your life?
- You described having access to a space between responding and reacting, a pause that was not available to you prior to the psychedelic-assisted therapy session. How might this pause support you in responding in new and preferred ways to the problem or dilemma?

Conclusion

This paper is directed towards practitioners already engaged in psychedelic-assisted work. It outlines what narrative therapy has to offer them, both as a set of practices and as an orientation that can deepen and sustain their work. When working from a narrative therapy approach, in which meaning is co-created and lives are understood to be multi-storied, psychedelic experiences can create conditions that support the emergence of previously marginalised or subordinate storylines. Psychedelic experiences may allow individuals to reconnect with unique outcomes and preferred purposes, intentions, desires and identities that the problem story may have obscured. In the context of psychedelic-assisted therapy, it is not the medicine alone that brings about this shift, but the ways people engage with their experience, reflect on its meanings, and are supported to give language to what matters to them. This collaborative process can help breathe life back into a sense of connectedness, compassion and agency. It may offer a new vantage point from which a person can begin to see the problem differently – and from there, choose to re-author their relationship with it.

In a narrative therapy approach, identity is viewed as being socially created within a community of others. When people become socially isolated by problems, they may lose access to the relationships and conversations that create space for new and preferred stories of their lives to be constructed, leaving only the

problem to shape the story. People get lost when they don't have a narrative they can move forward with, so they continue to reproduce the known and familiar. A therapeutic psychedelic medicine session can be a bridge from the known and familiar into another realm where persons are able to glimpse, feel and experience how it may be possible for them to be living in the world. A re-peopling of identity and a sense of continuity allows people to step into other possibilities. It allows for the restoration of personal agency and gives a sense of how to go on with one's life. It lends agency and choice to the direction they and their life are headed in. I feel honoured to be able to collaborate therapeutically with struggling others utilising psychedelics and as a narrative therapist witnessing the newfound hope persons experience.

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Notes

1 This paper describes psychedelic-assisted therapy using psilocybin and ketamine. The ketamine work was done with a team of registered nurses, psychiatrist, medical doctor, myself and one other registered clinical counsellor. The psilocybin work was done in a team comprising a psychiatrist, myself and one other registered clinical counsellor.

2 The psychedelic protocols described in this paper are adapted from the MAPS protocols developed by Michael Mithoefer (2017) and taught in the MAPS MDMA-assisted therapy training program. It is important to note that the psychedelic therapy protocols described in this paper use relatively high doses of psychedelics. There are other protocols currently in use, for example psycholytic therapy, which uses lower doses of psychedelics combined with psychotherapy often over multiple sessions (Passie et al., 2022), and sacramental protocols, which emphasise spiritual insights (Baker, 2005).

3 Seeing this as a deliberate act of resistance, we could say that Fred had become refractory to the psychiatric medicines he had been prescribed.

4 Persons coming in for SAP-approved therapy may not have had prior experience with re-authoring conversations. Narrative ideas and practices are introduced to them in the three preparation sessions (more sessions can be added if wanted by the person). For others, we may have had many re-authoring conversations prior to embarking in psychedelic-assisted psychotherapy.

5 These questions evoke "re-membering conversations" (Hedtke, 2012; White, 2007), which represent an important line of inquiry in narrative therapy.

> Re-membering conversations are shaped by the conception that identity is founded upon an "association of life" rather than on a core self. This association of life has a membership composed of the significant figures and identities of a person's past, present, and projected future, whose voices are influential with regard to the construction of the person's identity. (White, 2007, p. 128)

6 In the preparation sessions, we ask about any favourite poems, meaningful phrases or prayers that the person finds comforting or grounding – something they would like to have read or spoken aloud on the day of their medicine journey.

7 The support person is given a handout about supporting their loved one after a psychedelic therapy medicine session, along with a link to the playlist that was used during the session.

8 Fred had undergone many treatments in an effort to address the effects of treatment-resistant depression, a long and difficult journey that included 25 to 30 rounds of electroconvulsive therapy (ECT) before he noticed any significant improvement in mood. After just one session of psilocybin-assisted therapy, he shared that his mood felt as improved as it had following the entire course of ECT

9 During the medicine session, Fred repeated the word "okay" many times, each time with noticeable kindness and gentleness. It was as if he was getting to know something in those moments, each "okay" felt thoughtful and intentional. In the letter I wrote to him afterward, I included this detail, as I was curious about whether it held any significance for him and how he made sense of those moments.

10 https://self-compassion.org/exercise-6-self-compassion-journal/

11 For example, Lugo-Radillo and Cortes-Lopez (2021) reported a patient whose Y-BOCS score (a measure of the severity of obsessive-compulsive symptoms) dropped from severe to near remission within 48 hours of psilocybin treatment, with symptoms remaining low 12 weeks after the session. A retrospective survey of 174 adults with OCD also found psychedelic use was associated with significant symptom reduction in obsessions and compulsions.

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