



Psychedelic Psychotherapy & The Cultural Concept of The Person

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Abstracts

Despite the culturally diverse history of psychedelics, dominant cultural assumptions constrain emerging psychedelic healing practices and therapeutic models in contemporary Western biomedical practice. I draw on Kirmayer's "Psychotherapy and the Cultural Concept of the Person" (2007) to discuss how the emerging model of psychedelic psychotherapy inherits the egocentric cultural concept of self embedded in psychotherapeutic practice. I examine the ways that psychedelic healing practices integrate dominant cultural conceptions of the self in their structure by examining the examples of MDMA-assisted psychotherapy and Santo Daime ayahuasca practices. I argue that in the egocentric framework of psychedelic psychotherapy, psychedelic-induced phenomenological changes in the experience of ego are interpreted in relation to dominant egocentric norms and values, which ultimately contain and limit the healing potential of psychedelic experiences. I discuss the ways that non-egocentric therapeutic practices and rituals may provide a better set and setting for processing psychedelic experiences of ego dissolution and interconnectedness, and positively integrating these experiences into one's ordinary reality. I conclude that developing a more effective model of psychedelic therapy demands transcultural research into the role of cultural concepts of self impacts psychedelic set and setting, experiences and healing outcomes.

Malgré l'histoire multiculturelle des psychédéliques, les cadres culturels dominants limitent les modèles des thérapies psychédéliques qui émergent dans les pratiques biomédicales occidentales contemporaines. Je m'appuie sur « La psychothérapie et le concept culturel de la personne » de Kirmayer (2007) pour discuter de la manière dont le modèle émergent de psychothérapie psychédélique hérite du concept culturel de la personne égocentrique intégré dans la pratique psychothérapeutique. J'examine les façons dont les pratiques psychédéliques intègrent les conceptions culturelles dominantes du soi dans leurs structures par examinant les exemples de psychothérapie assistée avec la MDMA et les pratiques d'ayahuasca de Santo Daime. Je soutiens que dans la structure égocentrique de la psychothérapie psychédélique, les changements phénoménologiques induits par les psychédéliques dans l'expérience de l'ego sont interprétés en relation avec les normes et les valeurs égocentriques dominantes. Au final, ces changements limitent le potentiel thérapeutique des expériences psychédéliques. Je discute des façons dont les pratiques thérapeutiques et les rituels non-égocentriques peuvent fournir un meilleur cadre pour traiter les expériences psychédéliques de dissolution de l'ego et d'interconnexion, et intégrer positivement ces expériences dans la réalité ordinaire. Je conclus que le développement d'un modèle plus efficace de thérapie psychédélique doit s'appuyer sur de la recherche transculturelle axée sur la manière dont les concepts culturels affectent les cadres, les expériences et les résultats thérapeutiques découlant de l'utilisation des psychédéliques.

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I: Introduction

Psychedelic substances have been used as a component of cultural, spiritual and healing practices since the beginning of recorded human history. Those unfamiliar with the rich Indigenous and transcultural history of psychedelics may assume that recent interest in psychedelic substances as a pharmacological paradigm of healing in Western medicine represents a novel development in the history of medicine (George et al., 2019). Psychedelic medicines have been used in shamanic practice and Indigenous ethnobotanical systems of healing on every continent; before European settler colonialism, Indigenous peoples incorporated psychedelic medicines into holistic systems of mental and physical healing, which focalized plant-based medicines, community involvement, and spiritual rituals and practices (Rätsch & Hofmann, 2005; Sessa, 2016). For example, Indigenous peoples of the Americas have used the native peyote cactus for its psychoactive and medicinal properties for over 5,000 years (El-Seedi et al., 2005). Despite decades of criminalization in the West, psychedelic substances like psilocybin, LSD, ketamine and MDMA continued to evolve within contemporary cultural, medicinal, aesthetic and spiritual movements. Today, a diverse range of psychedelic substances play a critical role in Indigenous and settler-colonial communities as part of diverse cultural systems of healing (Lifshitz et al., 2018). After decades of criminalization and stigmatization, Western clinicians and researchers have shown renewed interest in the use of psychedelic substances as therapeutic interventions for treating mental illnesses (Tupper et al., 2015).

The term “psychedelic,” derived from Ancient Greek terms meaning “mind-manifesting,” encompasses a variety of psychoactive substances which can subtly or profoundly alter consciousness, perception of reality, cognitive functions, emotional experiences and mood. “Classical” psychedelics include naturally derived serotonergic hallucinogens like psilocybin, N,N-Dimethyltryptamine (DMT), mescaline and synthetic counterparts like Lysergic acid Diethylamide (LSD). However the contemporary use of the term “psychedelics” often connotes a broader set of

psychoactive substances including 3,4-Methylenedioxymethamphetamine (MDMA), cannabis, ibogaine, ketamine and others, which arguably share phenomenological similarities to “classical” serotonergic psychedelics in certain dosages and contexts. Although they differ in their mechanisms of action, non-classical psychedelics are frequently reported to elicit “psychedelic” experiences including profound changes in emotions, sensory perception and consciousness (Millière, 2017; Schenberg, 2018; Smith & Sisti, 2020). In what follows I use the term psychedelics in the latter sense, to encapsulate the broader set of psychoactive substances which alter consciousness and perception of reality and can lead to effective psychological healing experiences, particularly when employed alongside other psychotherapeutic interventions, medical treatments and socio-cultural practices. Every psychedelic substance has distinct psychopharmacological properties, ethnocultural context, and colonial history; however in what follows I examine thematic normative issues that arise as psychedelic substances are more broadly accepted and adopted into Western biomedical practices and therapeutic models. I draw on examples from specific psychedelic healing practices and ethnocentric healing contexts, but I hold throughout that the transcultural critiques discussed are generalizable to a wide range of psychedelic substances, therapeutic frameworks, and discourses in the emerging field of “psychedelic medicine”.

Psychedelic therapies are currently being researched in clinical trials at various stages. As part of ongoing research, psychedelics are prescribed and administered in a clinical setting, under the supervision of therapists, and often alongside extensive psychotherapy sessions. When used in this context, the neurochemical and phenomenological effects of psychedelic drugs including altered self-perception, increased introspection, positive mood changes, and improvements in personality traits such as openness and empathy, can all contribute to the long-term decreases in psychiatric symptoms and improvements in mental health outcomes (Reiff et al., 2020; George et al., 2019; Lifshitz et al., 2018; Noorani, 2021; Tupper et al., 2015). While many psychedelic substances including MDMA,

psilocybin, LSD and ibogaine are currently being researched as psychiatric treatments for a variety of mental illnesses, only Ketamine (specifically Intranasal Esketamine) has been approved by the US Food and Drug Administration, for the treatment of adults with “treatment-resistant” depression (Marcantoni et al., 2020). Other substances have been granted “breakthrough” status and other forms of acceleration by regulatory bodies based on positive early results. For example, the use of MDMA in the treatment of post-traumatic stress disorder (PTSD) is currently being tested in accelerated phase 3 clinical trials in adult patients, after earlier trials of MDMA-assisted psychotherapy showed significant efficacy in treating patients with PTSD (Jerome et al., 2020; Mitchell et al., 2021a; Tedesco et al., 2021).

Despite the culturally diverse history of psychedelics and associated healing practices, dominant cultural healing frameworks constrain contemporary psychedelic therapy, and ultimately shape emerging practices and therapeutic models in Western biomedical practice (Lifshitz et al., 2018; Noorani, 2021). In what follows, I add to the growing bioethical literature which critiques the adoption of dominant healing frameworks as part of a broader re-emergence of psychedelic medicine in Western biomedical consciousness. I argue that under the psychotherapeutic framework dominant egocentric norms and values ultimately influence and contain psychedelic experiences and limits their healing potential. I also discuss the ways that non-egocentric therapeutic practices and rituals, such as practices grounded in ecocentric or cosmocentric cultural constructions of the self, may be more conducive for exploring and processing psychedelic experiences related to self and ego and positively integrating these experiences into one’s ordinary reality.

I begin in Section II by drawing on Kirmayer’s landmark paper “Psychotherapy and the Cultural Concept of the Person” (2007) to discuss how the framework of psychotherapy is grounded on an egocentric cultural conception of the self. I then argue that the emerging model of psychedelic psychotherapy inherits this egocentric framework. I examine the ways that the psychedelic healing

practices concretely integrate dominant cultural conceptions of the self in their structure by examining the examples of MDMA-assisted psychotherapy and Santo Daime ayahuasca healing practices.

In Section III, I argue that cultural concepts of self are inextricably connected with the experience of psychedelic substances. First, I examine how psychedelic substances phenomenologically affect one's experience of self and commonly provoke changes in self-narrative and self-awareness, and elicit feelings of radical empathy, interconnectedness, relationality and ego dissolution. I discuss how these experiences of altered self-consciousness play an essential role in the experience and healing function of psychedelics. I then argue how cultural context, including egocentric concepts of self embedded in psychedelic psychotherapeutic practice, constitutes an important part of the therapeutic "set and setting." I examine how the therapeutic set and setting of psychotherapy contains and limits psychedelic experiences of self in relation to dominant egocentric norms and values. I then discuss how the construction of set and setting in non-egocentric therapeutic healing frameworks and practices may better allow individuals to engage with and integrate psychedelic experiences related to ego and self. I examine the clinical cases of Black women participants in MDMA-assisted psychotherapy (Williams et. al, 2021) to illustrate some practical issues with the egocentric framework of psychedelic psychotherapy, and suggest that research into non-egocentric alternatives and hybridized practices could help address these issues.

In section IV, I conclude that a more effective model of psychedelic therapy demands transcultural research that moves beyond contemporary egocentric frameworks of psychotherapy. Interdisciplinary research should seek to better understand how different cultural constructions of self impact psychedelic set, setting, experiences and healing outcomes. Critical transcultural inquiry and deeper understanding of the role of cultural conceptions of self in psychedelic experiences is critical for improving the quality and efficacy of emerging psychedelic therapies.

II: Psychedelic Psychotherapy & The Cultural Concept of the Person

Egocentrism & Psychotherapy

Psychotherapy broadly refers to a practice involving a designated healer (therapist) and client (patient) with the aim of relieving the individual's psychological suffering, resolving psychological problems, or improving mental health. However, not all forms of psychological healing can be considered "psychotherapy" (Tseng, 1999). Kirmayer distinguishes psychotherapy from other diverse methods of psychological healing by noting that psychotherapeutic practices draw on "explicit talk about a person's thoughts, feelings and emotions and relationships to effect change" (Kirmayer, 2007). Psychotherapy relies on a willingness and openness of the patient to participate in self-reflective conversations with the designated therapist(s), and discuss their inner mental experiences and social identities, interactions and relationships, in service of their healing (Kirmayer, 2007; Tseng, 1999). Because of the central importance of self-awareness, self-reflection, and self-representation in psychotherapy, the healing goals of the practice are inevitably tied to the definitions and models of the self that are implicit within the practice (Kirmayer, 2007). As Kirmayer notes, although self-representation and self-awareness emerge in childhood across diverse cultures, the model and structure of "self" in a therapeutic practice is tied to culture-specific discourses of self, mind and personhood (Kirmayer, 2007). These culture-specific discourses are normative in that they reflect the values, beliefs and behaviours that are considered "normal," "healthy," "ideal," or "morally correct" for a person within a specific cultural context. Thus in psychotherapy, the implicit construction of the self is inevitably shaped by sociocultural and historical context which form the normative backdrop of the therapeutic practice (Kirmayer, 2004, 2007).

Kirmayer argues that the modern Western psychotherapeutic tradition reflects a contemporary cultural construction of the self that is individualistic or *egocentric* (Kirmayer, 2007). Under the cultural construction of *egocentrism*, common in contemporary North American and

European societies, to be a person is to be an independent and autonomous agent: “each individual is autonomous and uniquely deserving of the free pursuit of his or her own private goals” (Kirmayer, 2007). In the Western egocentric view of the self, persons are valued for how well they demonstrate the values of individuality, independence and rational decision making, how well they can articulate their “true” or “inner” sense of self, and how coherently they can pursue their own self-direction (Kirmayer, 2007). Thus, the locus of agency and healing in an egocentric healing system is the individual; conventional psychotherapy attempts to heal by moving an individual towards an ideal, healthy or normative egocentric self that is reflected in how well they are able to realize private goals, material well-being, individual autonomy and self-control (Kirmayer, 2007). Healing outcomes are measured in relation to individual physiology, symptomology and markers of psychological and social well-being. Kirmayer emphasizes that the central role that egocentrism plays in the overall direction of psychotherapeutic psychopathology and therapeutic guidance. Under egocentrism “psychopathology is a failure of individuals to achieve full autonomy, to define their own goals ... the goal of therapeutic change is generally to make individuals more able to express emotions, wants and needs ... and to experience a renewed sense of their value as ‘unique’ individuals” (Kirmayer, 2007). Ultimately, modern Western traditions of psychotherapy are grounded on an egocentric view of the self and reflect ethnocentric cultural assumptions about what is normal, moral and psychologically healthy for the individual (Kirmayer, 2007).

The egocentric concept of the person is not universal. Communities across time have evolved constructions of personhood which reflect differences in how the self is located and defined (Kirmayer, 2007). The concept of the self emerges in relation to culturally normative notions of agency, what constitutes “healthy” or “ideal” self, and ways of narrating the self (Kirmayer, 2007). Collectivist or *sociocentric* cultures across the globe locate and narrate the agential concept of self in relation to families and communities, and normatively centralize interdependence, cooperation and

filial piety, among other ideals. For example, traditional Chinese Confucian culture defines self as a fundamentally social being inseparably linked with their responsibilities and obligations to family and other important social groups (Wei-Ming, 1985). The relational person under this construction incorporates relationships with others into the definition of the self, and thus the self does not exist independent of these social connections and commitments (Wei-Ming, 1985). *Ecocentric* constructions of self, common among many Indigenous peoples, locate the notion of self within holistic environmental and ecological contexts, and emphasize that individual human beings should understand themselves to be in constant dynamic engagement with all other living beings. Under ecocentric constructions of self, the notion of self is defined through ones interdependent and symbiotic place within the circle of life, and is not unique to humans: for example ecocentric personhood encompasses non-human entities including animals and plants (Kirmayer, 2007). The ecocentric notion of “health” is reflected in the balance, harmony and reciprocity between individual persons and the ecological universe (Kirmayer, 2004, 2007). *Cosmocentric* cultural traditions, also common among many Indigenous traditions, tend to think of selves and persons in relation to the universe and cosmological temporality, and may identify and define the self in relation to ancestors, spirits, deities and other cosmic entities and processes (Kirmayer, 2007). The cosmocentric concept of self is exemplified in the pan-African philosophy of personhood, “Ubuntu,” which is often summarized as “I am because we are,” “we are, therefore I am” or “I in you and you in me” (Battle, 2009). Ubuntu “is an African concept of personhood in which the identity of the self is understood to be formed interdependently through community” and emphasizes that the nature of the self is symbiotic and co-operative, rather than individual or independent (Battle, 2009 p. 1-2). These brief examples of relational and non-egocentric cultural constructions of the self are broad and non-exhaustive. Cultural concepts of self vary widely across geography and history, are overlapping and not mutually exclusive, and are constantly evolving (Kirmayer, 2007).

According to Kirmayer, “while the declared aim of psychotherapy is usually the alleviation of psychological distress, psychotherapy, even of severe pathology, always involves subtler normative questions of how to live the good life” (Kirmayer, 2007). These normative considerations influence how therapists and patients think about, categorize and narrate themselves, and how they assign value to behaviours and choices. Furthermore, they influence how the therapeutic space is constructed and how psychological healing is supposed to take place. The critical insights of Kirmayer’s examination of cultural concepts of self in psychotherapy are not unbiased nor uncontroversial. For example, Kirmayer defends his view by citing anthropological and ethnographic literature that emerges from colonial traditions and *orientalist* methodologies that historically “otherize” and “exoticize” colonized cultures (Said, 1978). Furthermore, although he flags the complexity and difficulty of actually categorizing cultural constructions of self, he draws on the binary of “individualist” and “relational” orientations, as well as the four groupings of “egocentrism,” “cosmocentrism,” “sociocentrism,” and “ecocentrism,” which tend towards lumping nuanced cultural constructions into relatively homogenous categories originally demarcated by colonial scholars. However, Kirmayer’s conceptual critiques have proved foundational in the growing field of transcultural psychiatry; his succinct and categorized discussion of cultural concepts of self reflects a useful starting point for exploring the role that self plays the construction of psychological healing practices. By placing these transcultural critiques and categories within the unique pharmacological, phenomenological and sociohistorical context of emerging psychedelic psychotherapy, we can better understand how the ethnocultural construction of the egocentric self is concretized within psychedelic psychotherapeutic practice.

Cultural Concepts of Self in Psychedelic Psychotherapy

The practice of psychedelic (or “psychedelic-assisted”) psychotherapy in Western biomedicine attempts to integrate the medicinal use of psychedelic drugs into the framework of psychotherapeutic practice (Luoma et al., 2019; Reiff et al., 2020; Schenberg, 2018; Tupper et al., 2015). Psychedelic psychotherapy targets specific mental illnesses or psychiatric diagnoses, such as post-traumatic stress disorder (PTSD) or “treatment-resistant” depression. Methods of psychedelic psychotherapy vary, but typical interventions often comprise of non-drug preparatory talk therapy sessions, drug-assisted sessions, and post-drug integrative sessions (Schenberg, 2018). For example, the protocol for phase 3 placebo-controlled trials of MDMA-Assisted Psychotherapy for PTSD consisted of 3 monthly experimental psychotherapy sessions (prescribed dose of MDMA or placebo) followed by integrative psychotherapy sessions over a 12 week period (Mitchell et al., 2021a). In another randomized placebo-controlled trial, patients with anxiety related to life-threatening illnesses participated in drug-free therapy sessions supplemented by LSD-assisted therapy sessions 2 to 3 weeks apart (Gasser et al., 2014). Other psychedelic psychotherapy methodologies, such as psilocybin-assisted and ibogaine-assisted therapies, vary from minimal to more frequent psychotherapeutic interventions alongside psychedelic-assisted therapeutic sessions (Schenberg, 2018).

The model of psychedelic psychotherapy represents a departure from conventional interventions, in which a psychiatric drug and psychotherapy may constitute concurrent but distinct therapeutic interventions. Unlike conventional psychiatric drugs which are typically prescribed in an attempt to rectify persisting impairment or dysfunction in the brain, psychedelic psychotherapy aims to elicit meaningful experience(s) of altered consciousness in ways that contribute to introspection, emotional catharsis, and psychological healing (Schenberg, 2018). Thus, the conjoining of psychedelic drug use and psychotherapy reflects a treatment modality that represents a shift from

conventional psychiatric models of “drug efficacy” towards models of “experience efficacy” (Schenberg, 2018). The possibility of effective healing experiences and positive mental health outcomes stems from the dynamic interactions between psychopharmacological effects, psychedelic phenomenology, extra-pharmacological factors, and the psychotherapeutic intervention. These dynamic interactions are inevitably grounded within the complex socio-cultural context of the healer, patient and therapeutic relationship (Lifshitz et al., 2018).

Like psychotherapy more broadly, the practice of psychedelic psychotherapy does not merely entail pharmacologically-assisted therapeutic intervention targeted at a mental illness, but is grounded on dominant cultural concepts of self which includes implicit positions around how healing, and specifically psychedelic healing, should take place. These normative positions are concretized in every aspect of the psychedelic therapeutic practice – the selection and preparation of the psychedelic substance, selection and structural arrangement of therapist(s) and patient(s), the discursive, aesthetic and cultural practices involved in therapy, the physical and symbolic environment in which therapy takes place, how expectations and therapeutic guidance are communicated before, during and after, among countless other aspects of the construction of the psychedelic therapeutic practice. Further, implicit normative views are evinced in what is omitted from the psychedelic psychotherapeutic setting: particularly, who is omitted (partners, friends, family, community members, shamans, religious leaders, strangers, etc.) and what is omitted (plants, nature, music, art, creative instruments, food, beverages, other drugs, etc.).

Concepts of Self in the Structure of Two Ethnocultural Psychedelic Practices

We can visualize ways that cultural conceptions of self are concretized in the practice of psychedelic therapy through a comparative analysis of the structure of two psychedelic healing practices grounded in two different ethnocentric healing systems: MDMA-assisted psychotherapy

and Santo Daime ayahuasca ceremonies. I undertake this analysis within the theoretical framework of Jerome Frank, who argues that all systems of healing share particular structural features, namely: some theory of affliction, defined roles for patient and healer, a confined physical and temporal setting for healing rituals, and particular symbolic actions which connote effective healing and expectations of recovery (Frank & Frank, 1993). Under Frank's conception of cultural systems of healing, doctors, psychiatrists and psychotherapists can be said to play a defined role as healer in MDMA-assisted psychotherapy, where shamans play the defined role of healer in the psychedelic practices of Amazonian Indigenous communities and syncretic religions like the Santo Daime. There are many issues with undertaking this kind of analysis. For example, Santo Daime ayahuasca practices do not necessarily centralize treatment of mental distress as the only, or primary, goal of the practice; the ceremonies also bear spiritual, religious and cultural significance outside of psychosocial healing. However, as Hartogsohn argues, the rich structure and cultural arrangement of contemporary Santo Daime ayahuasca practice provides an interesting case study for thinking about the role of cultural factors in shaping therapeutic spaces and psychedelic experiences (Hartogsohn, 2017, 2021). Furthermore, there are pharmacological differences between the psychedelic substances of MDMA and DMT, the primary psychedelic substance in ayahuasca. However, the practice of MDMA-assisted psychotherapy for the treatment of PTSD, is one of the most discussed experimental treatments in contemporary clinical research and thus offers deeper discussion on therapeutic methodologies and more published case reports. Like MDMA-assisted psychotherapy, psilocybin-, LSD- and other psychedelic-assisted psychotherapies share similar clinical frameworks, practical healing methodologies, and methods for assessing therapeutic outcomes (Gukasyan & Nayak, 2021; Michaels et al., 2018; Reiff et al., 2020; Schenberg, 2018) .

The practice of MDMA-assisted psychotherapy has rapidly developed within contemporary Western biomedical practice, and emerges from Anglo-American and Euro-centric biomedical,

psychiatric, and psychotherapeutic traditions (George et al., 2019; Sessa, 2016; Tedesco et al., 2021). Like psychotherapy generally, MDMA-assisted psychotherapy emphasizes the egocentric conception of self by focalizing the individual patient as the primary agent and the locus of healing. This is reflected in the ways that MDMA-assisted psychotherapy model takes place within a private and individualized psychotherapeutic space, focusing on the individual patient and isolating them from family, friends and community members during therapeutic sessions. Psychedelic psychotherapy in this private space specifically emphasizes the explicit discussion of the patient's experiences on psychedelic drugs, and encourages making sense of them by integrating them into therapeutic discourse that engages with individual self-narrative, particularly in relation to past trauma (Luoma et al., 2019).

In general, psychedelic psychotherapeutic practice attempts to facilitate meaningful engagement with psychedelic experiences by promoting introspection individual insights and lasting cognitive-behavioural changes with positive effects on the individual's well-being, psychosocial symptomology and social relationships (Luoma et al., 2019). It is important to consider the diversity of within Western psychotherapeutic approaches and theoretical frameworks involved in psychedelic-assisted psychotherapy, which may involve practices from psychodynamic psychotherapy, cognitive behavioural therapy (CBT) and contextual behaviour science-based (CBS) therapies such as acceptance and commitment therapy (ACT). These psychotherapeutic approaches entail different methodologies and techniques, different views of therapeutic and psychological change and different understandings of the role of psychedelics in the psychological healing process (Luoma et al., 2019). However, in many published reports of psychedelic psychotherapy, "the psychotherapy portion is often not well-described, measured or controller for." (Luoma et al., 2019). Although these diverse approaches to psychotherapy embed a diversity of perspectives including attention to non-egocentric and relational approaches to self-conception and self-narrative, there are

commonalities within the practical structure of the therapy that reflect egocentric concepts of self (Luoma et al., 2019). For example, all psychotherapeutic approaches are talk-centric therapies. At specific times before, during or after the onset of MDMA-related drug effects, patients participate in individual talk therapy with their designated therapists; at other points during the MDMA experience, patients are invited to introspect quietly or listen to music privately via headphones or speakers, either alone or with therapists in the room (Mitchell et al., 2021). It is not simply the isolation, privacy or independent introspection that reflects the egocentric construction of the self, but rather, the emphasis that is placed on this particular structure of spatial construction: the patient ultimately participates in the therapy as an individual seeking treatment and healing, in a therapeutic space that is designed to center individuals, rather than couples, groups, communities, etc. The privacy and individuality of the psychedelic psychotherapeutic space reflects the egocentric position that healing should be self-directed, unencumbered and internalized, in ways that generally excludes or opposes social participation or intervention during the psychedelic experience. These spatial boundaries constructed around the psychotherapeutic and psychedelic healing space thus reflect broader egocentric norms and ethnocultural views around psychological healing should take place (Kirmayer, 2007; Noorani, 2021).

Egocentrism is also emphasized in the ways that therapeutic outcomes are measured and scientifically assessed. MDMA-assisted psychotherapy ultimately measures therapeutic or healing outcomes by attempting to quantify specific short and long term effects on the individual's psychiatric symptoms and psychosocial well-being. In the case of randomized placebo-controlled trials of MDMA-therapy, the Clinician Administered PTSD Scale for DSM5 (CAPS5) is used to quantitatively measure the effects of the psychedelic therapy. The score is calculated based on a 30-item questionnaire corresponding to DSM5 criteria for adults, including answering questions regarding: recurring memories of a traumatic event; negative beliefs or expectations about oneself or

others; irritable, reckless and self-destructive behaviour; and problems with concentration, among other symptoms and diagnostic indicators. In this sense, individual insight, alleviation of symptoms and “positive” cognitive-behavioural changes are central in the normative notion of a “good outcome” or “healing experience.” Egocentrism is further exemplified in the ways that environment, nature, spirituality, and religion are omitted or hold less significance in the construction of the psychedelic psychotherapeutic space or in the measurement of clinical outcomes (Gandy et al., 2020; Kaelen et al., 2018).

We can contrast the egocentric conception of self embedded within MDMA-assisted psychotherapy with the ecocentric structure of Santo Daime ayahuasca practices. The plant-based psychedelic beverage of Ayahuasca has been a part of shamanic traditions among the culturally diverse Indigenous peoples of the Amazon for thousands of years (Tupper, 2009). Historically, ayahuasca shamanism was closely integrated with ecocentric Indigenous knowledge systems and spirituality, and shamans held credible roles as therapists and healers within indigenous and hybridized healing traditions (Labate & Cavnar, 2014; Tupper, 2009). Cultural evolution and colonialism changed the significance and practice of ayahuasca within their Indigenous communities of origin. Today, communities such as the Santo Daime in modern-day Brazil have hybridized ayahuasca traditions of South American Indigenous and mestiço communities, Afro-brazilian practices, Catholicism and European esotericism (Lifshitz et al., 2018). The Santo Daime have integrated culturally normative notions of the ecocentric self in the rich arrangements of ceremonies, rituals, music, dialogues, and other cultural elements of their healing practices that directed psychedelic experiences toward positive outcomes (Labate & Cavnar, 2014; Lifshitz et al., 2018; Malcolm & Lee, 2017; Tupper, 2009). Santo Daime ayahuasca ceremonies take place in intimate groups, in the forest, and the socially-engaged foundation of the psychedelic environment plays a critical role in shaping psychedelic experiences. Ceremonies are not targeted at specific diagnostic

illnesses, but are used to treat a wide variety of culturally significant forms of psychological, social, ecological and spiritual distress among patients and communities. Healing practices include collective participation in religious and spiritual rites and ceremonies, including detoxification practices which feature radical changes in diet, abstinence from sex, alcohol, and other substances, and religious hymns that testify to the divine symbology and sacred nature of the ayahuasca beverage (Hartogsohn, 2021). Ecocentrism is practically and symbolically embodied in the physical arrangement of ritual space: The hexagonally oriented “star-table” is laden with statuettes and symbols of divine and religious figures and the ecological elemental forces of Earth, Wind, Fire, and Water, as well as flowers, incense and candles. The star-table is oriented circularly and symmetrically, and encourages visibility, audibility and promotes social interaction and emotional intensity within mutual ceremonial involvement. Collective ceremonial practice includes participating in traditional musical performances and singing, dancing, visual arrangements and symbology, and prayers, meditative practices and postured-seated work that contribute to meaningful healing and ease adjustment of participants into the psychedelic-phenomenal and spiritual realm (Hartogsohn, 2021). In the Santo Daime ayahuasca ceremony, curing rituals and discursive practices historically attempted to diminish the experience of an individual ego, break down spatiotemporal symbolism of the colonial, industrializing and economic world, and emphasize the ecocentric ideals of balance and harmony with living beings and the natural world (Tupper, 2009). Within the practice, shamans draw on the symbolic and divinely-ordained authority of non-human persons including the spirits of animals, trees, and (Mother) nature (Hartogsohn, 2021). Participants seek to engage in communion with the Amazon forest or nature itself, which symbolically represent the ecocentric locus of agency, the origin of all life and the divine source of all value (Hartogsohn, 2021; Thomas & Humphrey, 1996; Tupper, 2009).

The divergence of egocentric and ecocentric constructions in psychedelic healing practices is further apparent when viewed within the historical context and evolution of ayahuasca practices amid settler-colonial extraction and globalization. As ayahuasca practices proliferated in the colonial world, first to local urban settings, and later to global cultures beyond the Amazonia, the cultural meaning, healing mechanisms and symbolism of ayahuasca changed in response to local ethnocultural systems of healing (Tupper, 2009). The biomedical and pharmacological study of ayahuasca by white colonizers has attempted to account for the healing power of ayahuasca from within Western biophysiological, psychoanalytic and psychopharmacological paradigms. Researchers isolated the molecule of N,N-dimethyltryptamine (DMT) and extracted it from traditional and sacred Indigenous plant-derived ayahuasca beverages. Colonial research approaches conceived of DMT-assisted healing in relation to individual diagnostic categories of mental illness (such as PTSD and treatment-resistant depression) and neurobiological dysfunction, rather than in relation to ecological or cosmological disruption (Tupper, 2009).

Healing outcomes of ayahuasca healing practices are assessed within the context of ecocentric and non-egocentric Indigenous knowledge systems, through holistic medical, ecological and spiritual interpretation. For example, shamans assess the impact of ayahuasca healing ceremonies by debriefing, discussing, and interpreting the significance of psychedelic experiences within the daily lives and long-term relationships of participants. Santo Daime ideals emphasize the importance of deepening community ties and social intimacy and collective contribution to future ayahuasca ceremonies and ritual practices for new and returning participants (Hartogsohn, 2021). The familiarity, communality and pedagogical traditions associated with the sustained construction of the ceremonial psychedelic space in the community promote empathy and solidarity between ceremony leaders and participants, and contribute to positive expectations for healing (Hartogsohn, 2021). Although other plant-based psychedelic healing practices have unique historical, sociocultural and

psychopharmacological contexts, such as those involving psilocybin mushrooms, peyote or iboga, they share some similar therapeutic structures and significance within Indigenous and hybridized healing systems (George et al., 2019).

Figure 1: Therapeutic Structure of Two Ethnocultural Psychedelic Practices

	MDMA – Assisted Psychotherapy ¹	Santo Daime ayahuasca ceremony ²
Psychedelic substance	MDMA	DMT
Drug administration	Pharmaceutical pill	Plant-based tea beverage (ayahuasca)
Dominant healing system	Western biomedicine, Psychotherapy	Traditional Indigenous healing systems, shamanism, Christianity
Dominant cultural construction of self	Egocentrism	Ecocentrism
Participation	Individual	Small groups
Designated Healer(s)	Psychotherapist, Psychiatrist	Shaman, congregational leader
Structure of participation	Private space with individual patient and designated therapist(s) or healer(s)	Communal space with participants and designated shaman(s) or healer(s)
Physical Environment	Clinical setting	Ceremonial setting in forest or other natural surroundings
Diagnostic Target	Post-Traumatic Stress Disorder (PTSD)	Not targeted at specific diagnostic illness; used to address a variety of culturally significant forms of psychological, social, ecological, and spiritual distress
Locus of Agency	Individual	Nature, Living Beings
Discursive practice	Explicitly sharing experiences, emotions and insights with therapist(s)	Collective ceremonial participation, sharing experiences and insights with healer(s) and other participants, solidarity and social connection with other participants
Goals of discursive practice	Positively integrating psychedelic experiences into individual self-narrative, particularly in relation to past trauma	Experiencing interconnectedness with other social, ecological and cosmological entities
Healing Outcomes	Short and long term effects on the individual's psychiatric symptoms, psychosocial well-being and relationships	(Re)establishing harmony and balance with natural world, deepening interpersonal relations and communal intimacy
Assessment of Outcomes	Quantitative; e.g. Clinician Administered PTSD Scale for DSM5 (CAPS5)	Qualitative; e.g. post-experience discussions with healers, interpretation of experiences within relevant cultural frameworks of psychosocial and spiritual health
Religious and Spiritual Rites and Ceremonies	Absent	Dietary cleansing, abstinence from sex and other drugs, hymns that testify to the divinity and sanctity of the ayahuasca beverage, prayers and meditative practices, religious rituals incense burning
Musical and Artistic Practices	Music listening individually or with therapists (via headphones or speakers)	Collective musical performances and hymn singing, performances and dialogues, chants

¹ (Jerome et al., 2020; Mitchell et al., 2021a; Reiff et al., 2020; Schenberg, 2018)

²(Hartogsohn, 2021; Tupper, 2009)

Through the comparison of two culturally differentiated therapeutic constructions, we can see how cultural constructions of the self permeate into the structural features of psychedelic healing practices. We can further understand how notions of therapeutic efficacy depend on culturally-informed normative ideals of what constitutes a “healing,” “good,” or “therapeutic” outcome of a psychedelic experience, which differs between and within culturally diverse conceptions of the self (Kirmayer, 2004, 2007; Lifshitz et al., 2018). In what follows, I discuss the specific ways that egocentric constructions of the self and associated psychotherapeutic structures can affect the neurophenomenology, healing potential, and outcomes of psychedelic psychotherapy.

III: Psychedelic Phenomenology & Cultural Concepts of Self

Ego and Psychedelic Phenomenology

Psychedelic substances can profoundly alter the experience of self-conception. These phenomenological alterations vary widely between users, substances, dosages and contexts. Despite this plurality, ethnographic, psychopharmacological, and neuroscientific research has attempted to document and account for neurophenomenological themes across psychedelic experiences (Lifshitz et al., 2018; Millière, 2017). One of the most significant and fascinating phenomenological commonalities among psychedelic experiences are changes in an individual's ordinary experience or conception of "self" or "ego" (Millière, 2017). Classical and non-classical psychedelics are frequently reported to evoke changes in self-narrative, self-awareness and self-consciousness, and disintegration of self-boundaries (Millière, 2017). Psychedelics also commonly elicit feelings of empathy, relationality and interconnectedness with other living beings, spirits, or deities, and feelings of transcendence, dissociation, and disembodiment (Lifshitz et al., 2018; Millière, 2017; Nour et al., 2016; Smith & Sisti, 2020). These effects range from subtle to profound. The spectrum of self- and ego-related experiences that emerge within diverse psychedelic substances is commonly referred to by the terms ego-reduction, ego-dissolution or ego-death.

Psychedelic-induced distortions to the everyday experience of self are not accidental; alterations in the subjective experience of one's 'self' or 'ego' are in fact "central to the psychedelic experience" (Millière, 2017; Nour et al., 2016). Ego-reducing experiences are also correlated with improvement in overall well-being among those using psychedelic substances with therapeutic intent (Nour et al., 2016). Altered experiences of self and ego are rooted in particular neurobiological and psychopharmacological effects of psychedelic substances, such as drug-induced effects related to serotonergic 5HT_{2A} receptors (classical psychedelics) or NMDA receptors (dissociative anesthetics) that lead to strikingly similar accounts of changes in subjective experiences of self and positive

effects on psychosocial symptoms (Millière, 2017). However, like psychedelic experiences more broadly, these ego-related neurophenomenological experiences are mediated and shaped by sociocultural context (George et al., 2019; Lifshitz et al., 2018; Olson et al., 2020). There is growing consensus among Western medical and scientific communities that the neurophenomenological effects of psychedelics are deeply influenced by extra-pharmacological factors including expectations, intentions, beliefs, the physical and symbolic setting of the psychedelic experience, and the socio-cultural, ritual and historical context of the practice (Gukasyan & Nayak, 2021; Hartogsohn, 2017; Lifshitz et al., 2018; Noorani, 2021; Olson et al., 2020). The term “set and setting” emerged in the late 1960s as an umbrella term for these extra-pharmacological, psychological, environmental and cultural factors that shape drug effects, particularly in the literature on psychedelic drugs (Hartogsohn, 2017).

Through the integrative lens of cultural neurophenomenology, we can better understand how the sociocultural construction of the self, embedded in the therapeutic set and setting, interacts with neurobiology and psychedelic pharmacology to shape psychedelic experiences (Lifshitz et al., 2018). Approached in this way, psychedelic phenomenology reflects “pharmacologically mediated cognition embedded in social and cultural contexts of ritual and community” (Lifshitz et al., 2018). In “Containment Matters: Set and Setting in Contemporary Psychedelic Psychiatry”, Tehseen Noorani calls attention to the ways that the therapeutic set and setting serves as a foundational influence over the culturally-mediated phenomenological experience of psychedelics, and further serves as a “container” which creates normative structure and places boundaries and around the psychedelic experience itself. Noorani and others argue that epistemic and therapeutic concerns about psychedelic psychotherapy as a model for psychedelic healing practice are deeply interwoven with the culturally-mediated dynamic between concepts of self and set and setting (Earp & Yaden, 2021; Lifshitz et al., 2018; Noorani, 2021). As Noorani succinctly summarizes, “the set and setting reflects

the self, even as it shapes it.” Cultural constructions of self are embedded in the psychotherapeutic set and setting, as discussed above, but further, these constructions and structures dynamically shape and limit altered experiences of self in psychedelic psychotherapeutic spaces.

Within a psychotherapeutic set and setting grounded on the egocentric cultural conception of the self, psychedelic experiences related to self-conception may be resisted, challenged or “contained” by dominant egocentric norms and therapeutic frameworks (Noorani, 2021). For example, psychedelic experiences of ego-reduction, ego-dissolution, or ego-death, placed within the egocentric psychotherapeutic framework, reflect a non-normative phenomenology of self that diverges from conventional egocentric ideals, behaviours and cultural values. Thus, the disintegration of ego boundaries in psychedelic psychotherapy reflects a kind of paradox – the experience of a dissolved or non-existent “self” or “ego” represents the antithesis of the ordinary ego experienced in everyday contexts and emphasized within egocentric socio-cultural value systems. As the patient attempts to interpret and integrate ego-reducing experiences into their self-narrative within the psychotherapeutic discourse, phenomenological experiences of ego-reduction or ego-dissolution necessarily represent something that is non-normative, extra-ordinary, and temporary. The notion of successful therapeutic change in psychotherapy is ultimately a function of egocentric models, dominant cultural values and ideals of the self (Kirmayer, 2007; Tseng, 1999). Thus, ego-related psychedelic experiences are interpreted within this egocentric model of well-being and psychotherapeutic framework of healing. Implicitly and explicitly, ego-related experiences may be considered ephemeral, surreal or illusory in relation to the dominant importance of the ego in egocentric cultural contexts. Conversely, ego-related experiences may allow individuals to temporarily escape egocentric norms and cultural ideologies, which allows for insight into the ways that egocentric norms can limit human experience and oppress individuals and social groups (Gearin & Devenot, 2021).

In a psychotherapeutic framework, psychedelic alterations in the experience of self are instrumentally valued for their utility in catalyzing egocentric psychotherapeutic changes: improving individuality, independence, rational decision making, and improving one's ability to explicitly articulate their "true(r)" sense of self (Kirmayer, 2007). Ego-reducing experiences are thus therapeutically useful insofar as they help the patient realize private goals and improve material well-being, individual autonomy and self-control. Noorani's analysis of containment emphasizes how the egocentric normative structure of psychedelic psychotherapy is grounded within broader economic and political imperatives to reinforce egocentric ideology and socio-economic individualism within a medical context (Noorani, 2021). For example, contemporary Western cultural discourse emphasizes that psychedelic medicines constitute an effective, objective and scalable pharmaceutical intervention, while under-acknowledging the important ways that ego-reducing psychedelic experiences may resist and offer reprieve from the harm, oppression and prejudice afflicted by egocentric ideology in neoliberal capitalist societies (Gearin & Devenot, 2021; Noorani, 2021). In effect, the psychotherapeutic "container" for psychedelic experiences can thus impede ego-reducing experiences that could challenge dominant cultural values and conceptions of personhood. Under the egocentric construction of psychedelic psychotherapy, psychedelic experiences that challenge Western egocentrism are subjected to the ideological and spatial boundaries of the psychotherapeutic model. This potentially limits the ability of the patient to explore psychedelic-induced relational phenomenologies of self and feelings of social and natural interconnectedness outside of the individual psychotherapeutic space.

While the reduction and dissolution of ego boundaries precipitated by psychedelic substances is salient in that it resists the cultural dominance of egocentrism, these thematic experiences may be interpreted and valued differently within non-egocentric systems of healing that embed relational constructions of self and socially- or ecologically-integrated ideas of personhood. As Kirmayer

argues, “individual psychotherapy may be in fundamental opposition to traditional socially integrated personhood” (Kirmayer, 2007). For example, the model of individual psychedelic psychotherapy resists and contains relational phenomenologies of self by socially isolating psychedelic users from loved ones, community members, animals, and living beings, with whom they may feel a strong sense of interconnectedness during ego-dissolving experiences. Conversely, the psychedelic phenomenology of ego-dissolution is highly valued in many non-egocentric psychedelic healing practices, and intimately connected with the arrangement of ceremonial set and setting. For example, in the ecocentric peyote practices of the Wixáritari (commonly known as Huichol) people of north-central Mexico, ecological symbolism in the set and setting of the traditional “peyote hunt” directs participants toward forming and deepening ecological bonds with the sacred land (Lawlor, 2013; Luke, 2013; Myerhoff, 1974). Through the ecocentric construction of rituals and practices, psychedelic experiences are directed towards reflection on the ecocentric construction of the self, in which: “‘plants’ and ‘animals’ become only labels, conventions, mere human categories of thought. Distinctions between them are illusory. Man is nature, he is an extension of it” (Myerhoff, 1974 p. 259-60). Similarly, Santo Daime and other Indigenous and syncretic ayahuasca practices involve plant-based beverages, natural spaces, ecological symbolism, and collective rituals and traditions that ground set and setting in prevailing ecocentric cultural values (Hartogsohn, 2021; Tupper, 2009). In ecocentric cultures, psychedelic healing practices are developed to enhance interconnectedness between the user and nature and provoke deeper reflection on the ecocentric understanding that the separation between the human self and natural world is illusory (Luke, 2013). Non-egocentric therapeutic set and setting is not limited to practices in cultures with ecocentric constructions of the self. For example, cosmocentric views of the self are embedded in existing ethnocentric models the traditional Bwiti iboga healing ceremonies in Gabon and other parts of equatorial Africa. In typical iboga healing ceremonies, members of the Bwiti religious movement construct iboga healing spaces

which feature a Nganga (a diviner and healer) familiar with ancestral Bwiti spiritual practices, a ritual context that emphasizes cosmocentric symbolism of space and time within social experience and generational relationships, and a larger group of ceremonial participants from the community with shared lived experiences, who “enliven the evening with songs and music” and protect participants from evil spirits while they experience a state of trance. (Fernandez & Fernandez, 2001; Nyongo Ndoua & Vaghar, 2018) . The focal point of Bwiti iboga therapeutic practice is not individual psychopharmacological treatment; rather the practice emphasizes that experiences of psychedelic ego-reduction and participation in collective ritual is an integral part of “the healing of the collective unconscious” (Nyongo Ndoua & Vaghar, 2018).

Although non-egocentric structures contain and limit psychedelic experiences in different ways, non-egocentric constructions of set and setting, like those of the *Wixáritari*, *Santo Daime*, or *Bwiti*, may represent a more conducive therapeutic set and setting for promoting meaningful engagement with radically altered experiences of ego, self-conception and interconnectedness with the natural world for many people who use psychedelic drugs. Within a set and setting grounded in ecocentric concepts of the self, experiences of ego-dissolution may be framed or interpreted as the enhancement of connectedness with nature and social intimacy in ways that exemplify those associated cultural values, rather than as an experience that radically conflicts with dominant egocentric norms. There is little research in this domain; research into the ways that ecocentric- or cosmocentric-grounded therapeutic set and setting shape psychedelic-induced experiences of self-consciousness, ego-reduction, connectedness with nature, and relationality would give clues for improving therapeutic set and setting. It is also the case that different kinds of set and setting will work for different individuals seeking the benefits of psychedelic healing; the severe lack of minority inclusion in psychedelic research underscores the need for critical reflection on whether the cultural assumptions and therapeutic set and setting of psychedelic psychotherapy are useful cross-culturally

(George et al., 2019). For example, it may be the case that participants respond best to therapeutic set and setting that is grounded in the cultural concepts of self that they identify most strongly with. Thus, while the egocentric therapeutic set and setting of psychotherapy may be useful for many, as in the case of many recent psychedelic-assisted psychotherapy trials with that demonstrate significant efficacy, there is a lack of understanding of the ways that the cultural background of the participant and the cultural concepts of self embedded in the therapeutic set and setting affect psychedelic experiences and therapeutic outcomes.

Some researchers and practitioners may object to the notion that egocentric psychotherapeutic construction is problematic or significant: if alterations in self-conception and reduction in ego are overwhelmingly drug-induced effects, then why is the egocentric construction of psychotherapy at issue? By this account, psychedelic effects, such as phenomenological changes in self-conception, should precipitate therapeutic benefits regardless of the set, setting, psychotherapeutic structure or cultural assumptions that ground the therapeutic practice. In response: first, if the focus of psychedelic psychotherapy is efficacious treatment of mental illness, then the set, setting and the construction of self, embedded within the therapeutic practice, have complex but observable impacts on therapeutic outcomes. For example, early literature including a placebo-controlled trial have suggested that the administration of ayahuasca was more efficacious within the cultural and ritual context of naturalistic healing ceremonies (Malcolm & Lee, 2017; Tupper, 2009; Uthaug et al., 2021). In other words, the administration of ayahuasca outside of cultural and ritual context grounded in traditionally ecocentric practices could actually lead to less efficacious treatment; thus the cultural constructions underlying therapeutic set and setting are an important consideration for future research. Second, the objection emerges from the historical emphasis on biophysiological and psychopharmacological approaches to understanding psychedelic healing. However, understanding the complex and subjective ways that context and culture

determine the quality, content and therapeutic outcome of psychedelic experiences requires moving beyond accounts that reduce psychedelic healing to universal neurobiological and psychopharmacological mechanisms (Lifshitz et al., 2018). Anthropology, social science, and ethnographic fieldwork across disciplines offer insights into the ways that cultural constructions of self ultimately impact subjective psychedelic experiences in diverse ways (Lifshitz et al., 2018). In order to further understand how non-egocentric therapeutic practices and rituals may be better suited for processing relational experiences of self and integrating psychedelic experiences into self-narrative, I will examine the clinical accounts of Black women participants in MDMA-assisted psychotherapy (Williams et. al, 2021). These cases illustrate the potential shortcomings of egocentric therapeutic constructions, and suggest how non-egocentric therapeutic constructions may have better allowed for these individuals to engage with psychedelic experiences related to self-conception and personal identity.

Egocentrism and Psychedelic Psychotherapy: Clinical Cases

Concerns about egocentric constructions of the self in the model of psychedelic psychotherapy are highlighted in the growing body of clinical cases and ethnographic accounts of psychedelic experiences in psychotherapeutic settings. In one salient study, Williams et al. analyze the experiences of Black women participating in MDMA-assisted psychotherapy; the study examined cultural and racial themes from a single session of MDMA as part of a clinical training program for three African-American female therapists. Williams et al. discuss how the cosmocentric self and relational notions of personhood, common among African and African-American cultures, emerged as themes in the psychedelic experiences of three Black women participants (Williams et al., 2021). Meaningful dialectics between egocentric and cosmocentric selves emerged in the psychedelic experiences and self-narratives of the African American women, particularly as reflected in their

“double-consciousness” as racialized women. These participants expressed difficulty in exploring their culturally-grounded views of self from within the egocentric normative context of psychedelic psychotherapy (Williams et al., 2021). In one case report, the participant emphasized the positive importance of engaging with non-egocentric cultural concepts of self, such as the Afro-collectivist and cosmocentric notion of Ubuntu, for grounding their psychedelic healing process:

Having attended an African-centered elementary school, we were taught many African proverbs and philosophies, one of which is, “Ubuntu” meaning, “I am because we are, we are, therefore I am.” I was shown that I exist because my ancestors existed first. I am also here as a result of my community, my village. The collective experience is very important in Black culture and for my experience as well. Though I was alone on this trip, I felt very much supported by my family and ancestors, particularly my Black female ancestors who exhibited strength, community, and perseverance. (Williams et al., 2021)

The participant notes that although she felt supported by her family and ancestors, she was “alone” during her psychedelic trip. Within the private and individual therapeutic setting of MDMA-assisted psychotherapy, there were no other participants going through the MDMA drug experience with her, who could have potentially empathized and engaged with the participant’s feelings of isolation. There were no family members or elders present who could potentially support her and engage with her psychedelic-prompted insights about her self-identity and self-definition, express solidarity explicitly or implicitly. Further, the participant hints at the ways that familial and ancestral connections were important to her support structure in the psychedelic experience, and thus their physical and symbolic presence in the set and setting may have reshaped and improved her experience.

In another case, the structure of MDMA-assisted psychotherapy posed a situation in which the participant experienced distress when pressed by her therapists to explicitly articulate her psychedelic experiences and insights:

So, there I was, with my two therapists, the drug, and my wounds, trying to make sense of a new reality; a culture my body knew in a language my mind did not. “Some moments of

feedback are making me more confused, angry, and frustrated,” I said to my therapists. “You all don’t understand what I’m really trying to say.” (Williams et al., 2021)

As Kirmayer notes, the egocentric foundation of the Western psychotherapeutic tradition “leads practitioners and theoreticians to put more emphasis on the said than on the unsaid or unsayable” (Kirmayer, 2007). In this situation, the psychotherapists problematically stressed the practice of making psychedelic insights explicit, leading to misunderstandings and inefficacious engagement with the patient’s MDMA experiences. The explicit communication and self-narration practices emphasized in talk-centric psychotherapy reinforced the egocentric view that psychological healing entails explicitly articulating a “true(r)” sense of self, which was not necessarily productive for the participant’s psychedelic healing process in this case (Kirmayer, 2007). In fact, this emphasis on explicit communication, by her own account, had negative impacts. While Williams et al. draw on these case studies to argue for a more culturally-informed and effective therapist training and culturally-sensitive psychotherapeutic models, their discussion of the cases further suggests that non-egocentric models of psychedelic healing may be more salient and efficacious for the psychedelic therapy participants (Williams et al., 2020, 2021). However, their examination of the shortcomings of the model of MDMA-assisted psychotherapy for these Black women participants suggest non-egocentric therapeutic practice outside the model of psychedelic psychotherapy, such as a practice involving ecocentric or cosmocentric therapeutic set and setting, may have offered a better setting for the participants to explore their psychedelic experiences related to self-concept and personhood, and more effectively address their therapeutic needs and goals. As Williams et. al note, cultural considerations, including the construction of set and setting are critical in research design for psychedelic therapies; the cultural concepts of self embedded in the therapeutic model of treatment deserve deeper critical attention in the psychedelic research community (Williams et al., 2020, 2021).

Psychedelic Psychotherapy Beyond Egocentrism

It is clear that psychedelic healing can be compatible with egocentric frameworks of healing; after all, there is already significant evidence that psychedelic-assisted psychotherapy is a safe and effective therapeutic intervention for many mental illnesses (Collin M. Reiff M.D. et al., 2020; George et al., 2019; Lifshitz et al., 2018; Noorani, 2021; Tupper et al., 2015). However, it is also clear that the egocentric construction of the psychedelic psychotherapeutic practice shapes the therapeutic set and setting, discursive practices and normative goals of the therapy. This ultimately constrains the psychedelic experiences of patients, therapeutic discussions between patient and healer, and may have tangible impacts on efficacy. As such, two approaches may be taken to move beyond narrowly egocentric frameworks of practice: incorporating and integrating non-egocentric practices into psychedelic psychotherapy, and, offering non-egocentric alternatives to psychedelic psychotherapy.

The first approach of integration and hybridization has been adopted by a growing number of psychedelic researchers. For example, limited preliminary research has adopted hybridized methodology combining Western psychotherapeutic techniques with South American Vegetalista shamanic healing practices for the treatment of addiction (Argento et al., 2019). In the study, ayahuasca retreats were led by an Indigenous Shipibo master ayahuasquero and three non-Indigenous apprentices at the band's longhouse (traditional ceremonial space) in Western Canada (Argento et al., 2019). In addition to overwhelmingly positive narrative reports that the experience enhanced their connections with Spirit, nature, sense of self, the discussion pointed to important connections between non-egocentric Indigenous belief systems and positive feelings about the hybridized set and setting of the ayahuasca retreat (Argento et al., 2019). Further, there is growing evidence that the inclusion of socially-grounded practices such as *trip-sitting* (the inclusion of a helpful non-drug using friend, loved one, or experienced psychedelic user, in the therapeutic set and setting) could make private psychotherapeutic spaces more comfortable, more effective, and ultimately safer

for patients (Palmer & Maynard, 2022; Thal et al., 2022). Williams et al.'s discussions suggest that the inclusion of culturally-informed training for psychedelic psychotherapists is also an important consideration (Williams et al., 2020, 2021). The inclusion of these integrative and hybridizing practices may better allow for patients to explore psychedelic alterations in self-conception and experiences of ego-reduction by expanding the egocentric constraints of the psychedelic psychotherapeutic model. However, there is a significant lack of literature on the efficacy of hybrid models of psychedelic healing. Furthermore, the hybridization of therapeutic models in the context of dominant healing systems and systemic racism raises major bioethical concerns around cultural appropriation, particularly of Indigenous psychedelic healing practices. Further research is imperative for understanding the complex ways that including or hybridizing non-egocentric practices within the model of psychedelic psychotherapy can improve efficacy and improve mental health outcomes for diverse patients. Additionally, ethical hybridization of psychedelic healing practices demands deeper critical reflection and culturally-informed bioethical inquiry, and the inclusion and centralization of Indigenous and other marginalized voices in every aspect of the process is not optional. Improving the model of psychedelic psychotherapy necessitates interdisciplinary and culturally-informed research that recognizes the socio-historical and transcultural reality of psychedelic healing practices.

The second, comparative approach reflects the importance of further research into the comparative effectiveness of egocentric and non-egocentric therapeutic models and constructions of set and setting. For example, research cited earlier compared the administration of ayahuasca was more efficacious within the cultural and ritual context of naturalistic healing ceremonies; despite significant limitations, the study suggested the significance of cultural set and setting in the efficacy of ayahuasca treatments (Uthaug et al., 2021). Further medical research and ethnographic analysis requires closer attention to the specific ways that cultural concepts of self specifically influence psychedelic healing experiences. Other studies have investigated psychedelic-assisted group therapy

models as an alternative to conventional individual psychedelic psychotherapy for a variety of populations and clinical indications (Trope et al., 2019). However, this research remains largely grounded in Western ethnocultural practices, clinical and biomedical approaches, experimental methods, and measurement of clinical outcomes; for example the systematic review did not consider “group” psychedelic therapies grounded in non-Western ethnocentric healing systems (Trope et al., 2019). Systemic racism and colonialism have explicitly excluded and erased Indigenous knowledge, narratives and healing systems from Western academic, scientific and medical institutions of knowledge production, particularly in the case of psychedelic medicine (George et al., 2019). Effective and ethical comparative research on non-egocentric models of psychedelic healing must include significant representation of Indigenous and marginalized individuals among participants, healers and researchers. Without a transcultural approach authentically grounded in inclusion, reconciliation, and justice, comparative research is not only morally problematic, but further faces severe limitations for cross-cultural generalizability.

These two approaches are not mutually exclusive. Integrative and comparative approaches to non-egocentric models of psychedelic healing are imperative for improving the quality, efficacy, and cultural salience of psychedelic-assisted mental health interventions. This is particularly the case for Indigenous peoples, Black women, and the many other marginalized groups for whom Western psychotherapeutic models and normative assumptions about the self may be culturally extraneous and ineffective (George et al., 2019; Williams et al., 2021).

IV: Conclusions

Every psychedelic healing practice is grounded on culturally-grounded definitions, models and concepts of the self. Like psychotherapy more broadly, the model of psychedelic psychotherapy concretizes specific ethnocultural conceptions of the egocentric self that emerge from North American and European cultural contexts and the historical evolution of modern Western psychotherapeutic practice. As reflected in the case of MDMA-assisted psychotherapy, egocentric concepts and values are embedded in the practical features of the psychedelic psychotherapeutic practice, including the structural arrangement of space, the discursive objectives of the therapeutic practice, and the way outcomes are measured. These cultural constructions constitute an important part of the therapeutic set and setting.

Psychedelics alter self-consciousness and self-conception, and the therapeutic set and setting affects how these experiences are interpreted and valued. Under the egocentric psychotherapeutic framework, phenomenological changes in the experience of ego are interpreted in relation to dominant egocentric norms and values, which ultimately contain and limit psychedelic experiences. In contrast, healing practices grounded in non-egocentric cultural concepts of the self such as ecocentric Santo Daime ayahuasca ceremonies and cosmocentric Bwiti iboga practices, may provide therapeutic set and setting that encourages meaningful engagement with altered experiences of self and ego on psychedelic substances. The cases of Black women participants in MDMA-assisted psychotherapy discussed by Williams et al. shed insight into the tangible ways that egocentrism may reduce the therapeutic efficacy and negatively impact participant experiences in psychedelic psychotherapy (Williams et al., 2021).

Examining the complex role of cultural conceptions of self in psychedelic psychotherapeutic set and setting reinforces the notion that efficacious psychedelic healing is culturally-mediated and context-dependent. Many questions remain about the ways that cultural conceptions of self,

expressed through the construction of psychedelic healing practices, impact the therapeutic efficacy of psychedelic experiences. Ethical clinical practice demands interdisciplinary reflection and culturally-informed research into the role that egocentrism plays in the model of psychedelic psychotherapy, and the ways that egocentric constructions contain and restrict psychedelic experiences.

References

- Argento, E., Capler, R., Thomas, G., Lucas, P., & Tupper, K. (2019). Exploring ayahuasca-assisted therapy for addiction: A qualitative analysis of preliminary findings among an Indigenous community in Canada. *Drug and Alcohol Review, 38*. <https://doi.org/10.1111/dar.12985>
- Battle, M. (2009). *Ubuntu: I in You and You in Me*. Church Publishing Incorporated. <https://books.google.ca/books?id=c6zFjTdZu2AC>
- Earp, B. D., & Yaden, D. B. (2021). Culture, Context, and Community in Contemporary Psychedelic Research. *Philosophy, Psychiatry, and Psychology, 28*(3).
- El-Seedi, H., Smet, P., Beck, O., Possnert, G., & Bruhn, J. (2005). Prehistoric peyote use: Alkaloid analysis and radiocarbon dating of archaeological specimens of *Lophophora* from Texas. *Journal of Ethnopharmacology, 101*, 238–242. <https://doi.org/10.1016/j.jep.2005.04.022>
- Fernandez, J. W., & Fernandez, R. L. (2001). Chapter 13 “Returning to the path”: The use of iboga[ine] in an equatorial African ritual context and the binding of time, space, and social relationships. In *The Alkaloids: Chemistry and Biology* (Vol. 56, pp. 235–247). Academic Press. [https://doi.org/https://doi.org/10.1016/S0099-9598\(01\)56017-4](https://doi.org/https://doi.org/10.1016/S0099-9598(01)56017-4)
- Frank, J. D., & Frank, J. B. (1993). *Persuasion and Healing: A Comparative Study of Psychotherapy*. Johns Hopkins University Press. <https://books.google.ca/books?id=vnMBQiOyTn0C>
- Gandy, S., Forstmann, M., Carhart-Harris, R. L., Timmermann, C., Luke, D., & Watts, R. (2020). The potential synergistic effects between psychedelic administration and nature contact for the improvement of mental health. *Health Psychology Open, 7*(2). <https://doi.org/10.1177/2055102920978123>
- Gasser, P., Kirchner, K., & Passie, T. (2014). LSD-assisted psychotherapy for anxiety associated with a life-threatening disease: A qualitative study of acute and sustained subjective effects. *Journal of Psychopharmacology, 29*(1), 57–68. <https://doi.org/10.1177/0269881114555249>

- Gearin, A. K., & Devenot, N. (2021). Psychedelic medicalization, public discourse, and the morality of ego dissolution. *International Journal of Cultural Studies*, 24(6), 917–935.
<https://doi.org/10.1177/13678779211019424>
- George, J. R., Michaels, T. I., Sevelius, J., & Williams, M. T. (2019). The psychedelic renaissance and the limitations of a White-dominant medical framework: A call for indigenous and ethnic minority inclusion. *Journal of Psychedelic Studies*, 4(1). <https://doi.org/10.1556/2054.2019.015>
- Gukasyan, N., & Nayak, S. M. (2021). Psychedelics, placebo effects, and set and setting: Insights from common factors theory of psychotherapy. *Transcultural Psychiatry*.
<https://doi.org/10.1177/1363461520983684>
- Hartogsohn, I. (2017). Constructing drug effects: A history of set and setting. *Drug Science, Policy and Law*, 3, 2050324516683325. <https://doi.org/10.1177/2050324516683325>
- Hartogsohn, I. (2021). Set and Setting in the Santo Daime. *Frontiers in Pharmacology*, 12.
<https://www.frontiersin.org/article/10.3389/fphar.2021.651037>
- Jerome, L., Feduccia, A. A., Wang, J. B., Hamilton, S., Yazar-Klosinski, B., Emerson, A., Mithoefer, M. C., & Doblin, R. (2020). Long-term follow-up outcomes of MDMA-assisted psychotherapy for treatment of PTSD: a longitudinal pooled analysis of six phase 2 trials. *Psychopharmacology*, 237(8), 2485–2497. <https://doi.org/10.1007/s00213-020-05548-2>
- Kaelen, M., Giribaldi, B., Raine, J., Evans, L., Timmerman, C., Rodriguez, N., Roseman, L., Feilding, A., Nutt, D., & Carhart-Harris, R. (2018). The hidden therapist: evidence for a central role of music in psychedelic therapy. *Psychopharmacology*, 235(2), 505–519.
<https://doi.org/10.1007/s00213-017-4820-5>
- Kirmayer, L. J. (2004). The Cultural Diversity of Healing: Meaning, Metaphor, and Mechanism. *British Medical Bulletin*, 69, 33–48. <https://doi.org/10.1093/bmb/ldh006>

- Kirmayer, L. J. (2007). Psychotherapy and the Cultural Concept of the Person. *Transcultural Psychiatry*, 44(2). <https://doi.org/10.1177/1363461506070794>
- Labate, B. C., & Cavnar, C. (2014). *Ayahuasca Shamanism in the Amazon and Beyond*.
- Lawlor, D. (2013). Returning to Wirikuta: The Huichol and their sense of place. *European Journal of Ecopsychology*, 4, 19–31.
- Lifshitz, M., Sheiner E., & Kirmayer L. J. (2018). Cultural Neurophenomenology of Psychedelic Thought: Guiding the “Unconstrained” Mind Through Ritual Context. In K. C. & K. Fox (Ed.), *The Oxford Handbook of Spontaneous Thought: Mind-Wandering, Creativity, and Dreaming*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190464745.013.4>
- Luke, D. (2013). Ecopsychology and the psychedelic experience. *European Journal of Ecopsychology*, 4(1), 1–8.
- Luoma, J. B., Sabucedo, P., Eriksson, J., Gates, N., & Pilecki, B. C. (2019). Toward a contextual psychedelic-assisted therapy: Perspectives from Acceptance and Commitment Therapy and contextual behavioral science. *Journal of Contextual Behavioral Science*, 14, 136–145. <https://doi.org/https://doi.org/10.1016/j.jcbs.2019.10.003>
- Malcolm, B. J., & Lee, K. C. (2017). Ayahuasca: An ancient sacrament for treatment of contemporary psychiatric illness? *Mental Health Clinician*, 7(1), 39–45. <https://doi.org/10.9740/mhc.2017.01.039>
- Marcantoni, W. S., Akoumba, B. S., Wassef, M., Mayrand, J., Lai, H., Richard-Devantoy, S., & Beauchamp, S. (2020). A systematic review and meta-analysis of the efficacy of intravenous ketamine infusion for treatment resistant depression: January 2009 – January 2019. *Journal of Affective Disorders*, 277, 831–841. <https://doi.org/https://doi.org/10.1016/j.jad.2020.09.007>

- Michaels, T. I., Purdon, J., Collins, A., & Williams, M. T. (2018). Inclusion of people of color in psychedelic-assisted psychotherapy: a review of the literature. *BMC Psychiatry, 18*(1), 245. <https://doi.org/10.1186/s12888-018-1824-6>
- Millière, R. (2017). Looking for the Self: Phenomenology, Neurophysiology and Philosophical Significance of Drug-induced Ego Dissolution. *Frontiers in Human Neuroscience, 11*. <https://www.frontiersin.org/article/10.3389/fnhum.2017.00245>
- Mitchell, J. M., Bogenschutz, M., Lilienstein, A., Harrison, C., Kleiman, S., Parker-Guilbert, K., Ot'alara G, M., Garas, W., Paleos, C., Gorman, I., Nicholas, C., Mithoefer, M., Carlin, S., Poulter, B., Mithoefer, A., Quevedo, S., Wells, G., Klaire, S. S., van der Kolk, B., ... Doblin, R. (2021a). MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study. *Nature Medicine, 27*(6), 1025–1033. <https://doi.org/10.1038/s41591-021-01336-3>
- Mitchell, J. M., Bogenschutz, M., Lilienstein, A., Harrison, C., Kleiman, S., Parker-Guilbert, K., Ot'alara G, M., Garas, W., Paleos, C., Gorman, I., Nicholas, C., Mithoefer, M., Carlin, S., Poulter, B., Mithoefer, A., Quevedo, S., Wells, G., Klaire, S. S., van der Kolk, B., ... Doblin, R. (2021b). MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study. *Nature Medicine, 27*(6), 1025–1033. <https://doi.org/10.1038/s41591-021-01336-3>
- Myerhoff, B. (1974). *Peyote hunt: The sacred journey of the Huichol Indians*. Cornell University Press.
- Noorani, T. (2021). Containment Matters: Set and Setting in Contemporary Psychedelic Psychiatry. *Philosophy, Psychiatry, and Psychology, 28*(3).
- Nour, M. M., Evans, L., Nutt, D., & Carhart-Harris, R. L. (2016). Ego-Dissolution and Psychedelics: Validation of the Ego-Dissolution Inventory (EDI). *Frontiers in Human Neuroscience, 10*. <https://www.frontiersin.org/article/10.3389/fnhum.2016.00269>

- Nyongo Ndoua, P. D., & Vaghar, K. (2018). Bwiti, iboga, trance and healing in Gabon. *Mental Health, Religion & Culture*, 21(8), 755–762. <https://doi.org/10.1080/13674676.2018.1504012>
- Olson, J. A., Suissa-Rochelleau, L., Lifshitz, M., Raz, A., & Veissière, S. P. L. (2020). Tripping on nothing: placebo psychedelics and contextual factors. *Psychopharmacology*, 237(5), 1371–1382. <https://doi.org/10.1007/s00213-020-05464-5>
- Palmer, M., & Maynard, O. M. (2022). *Are You Tripping Comfortably? Investigating the Relationship Between Harm Reduction and the Psychedelic experience.*
- Rätsch, C., & Hofmann, A. (2005). *The Encyclopedia of Psychoactive Plants: Ethnopharmacology and Its Applications.* Inner Traditions/Bear. <https://books.google.ca/books?id=8V0oDwAAQBAJ>
- Reiff, C. M., Richman, E. E., Charles B. Nemeroff, Linda L. Carpenter, Alik S. Widge, Carolyn I. Rodriguez, Ned H. Kalin, & William M. McDonald. (2020). Psychedelics and Psychedelic-Assisted Psychotherapy. *American Journal of Psychiatry*, 177(5), 391–410. <https://doi.org/10.1176/appi.ajp.2019.19010035>
- Said, E. W. (1978). *Orientalism / Edward W. Said.* Pantheon Books.
- Schenberg, E. E. (2018). Psychedelic-Assisted Psychotherapy: A Paradigm Shift in Psychiatric Research and Development. *Frontiers in Pharmacology*, 9(733). <https://doi.org/10.3389/fphar.2018.00733>
- Sessa, B. (2016). The History of Psychedelics in Medicine. In *Handbuch Psychoaktive Substanzen.* Springer *Reference Psychologie* (pp. 2–18). Springer.
- Smith, W. R., & Sisti, D. (2020). Ethics and ego dissolution: the case of psilocybin. *Journal of Medical Ethics*, medethics-2020-106070. <https://doi.org/10.1136/medethics-2020-106070>
- Tedesco, S., Gajaram, G., Chida, S., Ahmad, A., Pentak, M., Kelada, M., Lewis, L., Krishnan, D., Tran, C., Soetan, O. T., Mukona, L. T., & Jolayemi, A. (2021). The Efficacy of MDMA (3,4-Methylenedioxymethamphetamine) for Post-traumatic Stress Disorder in Humans: A

Systematic Review and Meta-Analysis. *Cureus*, 13(5), e15070–e15070.

<https://doi.org/10.7759/cureus.15070>

Thal, S., Engel, L. B., & Bright, S. J. (2022). Presence, Trust, and Empathy: Preferred Characteristics of Psychedelic Carers. *Journal of Humanistic Psychology*, 00221678221081380.

<https://doi.org/10.1177/00221678221081380>

Thomas, N., & Humphrey, C. (1996). *Shamanism, History, and the State*. University of Michigan Press.

https://books.google.ca/books?id=3_inrj3puRQC

Trope, A., Anderson, B. T., Hooker, A. R., Glick, G., Stauffer, C., & Woolley, J. D. (2019).

Psychedelic-Assisted Group Therapy: A Systematic Review. *Journal of Psychoactive Drugs*, 51(2), 174–188. <https://doi.org/10.1080/02791072.2019.1593559>

Tseng, W.-S. (1999). Culture and Psychotherapy: Review and Practical Guidelines. *Transcultural Psychiatry*, 36(2), 131–179. <https://doi.org/10.1177/136346159903600201>

Tupper, K. W. (2009). Ayahuasca healing beyond the Amazon: the globalization of a traditional indigenous entheogenic practice. *Global Networks*, 9(1), 117–136.

<https://doi.org/https://doi.org/10.1111/j.1471-0374.2009.00245.x>

Tupper, K. W., Wood, E., Yensen, R., & Johnson, M. W. (2015). Psychedelic medicine: a re-emerging therapeutic paradigm. *Canadian Medical Association Journal*, 187(14), 1054–1059.

<https://doi.org/10.1503/cmaj.141124>

Uthaug, M. v, Mason, N. L., Toennes, S. W., Reckweg, J. T., de Sousa Fernandes Perna, E. B., Kuypers, K. P. C., van Oorsouw, K., Riba, J., & Ramaekers, J. G. (2021). A placebo-controlled study of the effects of ayahuasca, set and setting on mental health of participants in ayahuasca group retreats. *Psychopharmacology*, 238(7), 1899–1910. <https://doi.org/10.1007/s00213-021-05817-8>

- Wei-Ming, T. (1985). *Confucian Thought: Selfhood as Creative Transformation* (Vol. 37, Issue 3). State University of New York Press.
- Williams, M. T., Reed, S., & Aggarwal, R. (2020). Culturally informed research design issues in a study for MDMA-assisted psychotherapy for posttraumatic stress disorder. *Journal of Psychedelic Studies*, 4(1), 40. <https://doi.org/10.1556/2054.2019.016>
- Williams, M. T., Reed, S., & George, J. (2021). Culture and psychedelic psychotherapy: Ethnic and racial themes from three Black women therapists. *Journal of Psychedelic Studies JPS*, 4(3), 125. <https://doi.org/10.1556/2054.2020.00137>