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# Integral Psychedelic Therapy

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The Non-ordinary Art of  
Psychospiritual Healing

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“interbeing,” in which their sense of separate self dissolves, and they feel merged or “one” with the therapist. These expanded affective states may fade as the medicine’s effect wanes, leaving the client vulnerable to sudden contraction and dramatic shifts in their experience of the therapist and the therapeutic relationship. In fact, the deep relational safety and emotional intimacy present in the medicine session may later be experienced by the client as threatening; they may begin to doubt the authenticity of the therapist’s care and trustworthiness, and question whether the feelings of intimacy were mutual. The client may feel they have done something inappropriate to the therapist or the other way around. They may feel shame for sharing feelings of love and affection, or generally expressing themselves in an unfiltered and openhearted way—what some call a “vulnerability hangover.” As a result of this rapid shift from a state of openheartedness and trust to a state of contraction, the client may fear, devalue, or deem the therapist and/or the therapy as untrustworthy.

The risk of unexpected feelings of connection during the medicine session and sudden swings in the opposite direction thereafter are first and foremost mitigated by building a reliable environment of relational safety beforehand. This reliable environment is born out of the therapist’s consistent emotional holding, in which they address and repair relational ruptures as needed. However, even when the therapy dyad has a solid foundation of trust prior to incorporating psychedelics, the deepened emotional intimacy of a medicine session may be experienced by the client as destabilizing afterward and elicit feelings of fear, mistrust, shame, or doubt, as well as contraction relative to the therapist.

The therapist can respond to the client’s contraction and shifting levels of trust by making space for the client to express their concerns and inviting careful reflection of their felt experience of threatening moments. It is important for the therapist to reflect, normalize, and empathize with these often sensitive and vulnerable feelings, which may include significant guilt or shame. This exploration may indicate that more conversation is needed around consent to clarify whether there are certain forms of contact the client is not comfortable with, and to make new agreements that would increase the client’s sense of safety. This set of interventions allows the client to experience the therapist’s attunement, curiosity, and care for their safety, and feel that their concerns are being received and understood.

After mistrust and consent have been adequately explored and safety reestablished, the therapist may sense the client’s need for an affirmation of the validity of their connection; through countertransference disclosure, the therapist can then share their authentic experience of genuine moments of shared intimacy. The therapist’s disclosure of their own experiences of connection demonstrates to the client that the intimacy was not imagined; rather, it was a mutual and reciprocal encounter meaningful to both parties. A pathway is cleared for an honest exploration of these intimate moments, which can serve as points of reflection and reconnection. As the client feels more trusting of the tender feelings that arose, they may feel freer to describe the emotional intimacy they experienced during the session and how they were impacted.