

## Exploring the Impact of Eye Movement Desensitization and Reprocessing (EMDR) And Mindfulness for Processing Trauma and Facilitating Healing During Ayahuasca Ceremonies

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**Abstract :** Plant medicines are of growing interest for addressing mental health concerns. Ayahuasca, a traditional plant-based medicine, has established itself as a powerful way of processing trauma and precipitating healing and mood stabilization. Eye Movement Desensitization and Reprocessing (EMDR) is another treatment modality that aids in the rapid processing and resolution of trauma. We investigated group EMDR therapy, G-TEP, as a preparatory practice before Ayahuasca ceremonies to determine if the combination of these modalities supports participants in their journeys of letting go of past experiences negatively impacting mental health, thereby accentuating the healing of the plant medicine. We surveyed 96 participants (51 experimental G-TEP, 45 control grounding prior to their ceremony; age M=38.6, SD=9.1; F=57, M=34; white=39, Hispanic/Latinx=23, multiracial=11, Asian/Pacific Islander=10, other=7) in a pre-post, mixed methods design. Participants were surveyed for demographic characteristics, symptoms of PTSD and cPTSD (International Trauma Questionnaire (ITQ), depression (Beck Depression Inventory, BDI), and stress (Perceived Stress Scale, PSS) before the ceremony and at the end of the ceremony weekend. Open-ended questions also inquired about their expectations of the ceremony and results at the end. No baseline differences existed between the control and experimental participants. Overall, participants reported a decrease in meeting the threshold for PTSD symptoms ( $p < 0.01$ ); surprisingly, the control group reported significantly fewer thresholds met for symptoms of affective dysregulation,  $\chi^2(1) = 6.776$ ,  $p < .01$ , negative self-concept,  $\chi^2(1) = 7.122$ ,  $p < .01$ , and disturbance in relationships,  $\chi^2(1) = 9.804$ ,  $p < .01$ , on subscales of the ITQ as compared to the experimental group. All participants also experienced a significant decrease in scores on the BDI,  $t(94) = 8.995$ ,  $p < .001$ , and PSS,  $t(91) = 6.892$ ,  $p < .001$ . Similar to patterns of PTSD symptoms, the control group reported significantly lower scores on the BDI,  $t(65.115) = -2.587$ ,  $p < .01$ , and a trend toward lower PSS,  $t(90) = -1.775$ ,  $p = .079$  (this was significant with a one-sided test at  $p < .05$ ), compared to the experimental group following the ceremony. Qualitative interviews among participants revealed a potential explanation for these relatively higher levels of depression and stress in the experimental group following the ceremony. Many participants reported needing more time to process their experience to gain an understanding of the effects of the Ayahuasca medicine. Others reported a sense of hopefulness and understanding of the sources of their trauma and the necessary steps to heal moving forward. This suggests increased introspection and openness to processing trauma, therefore making them more receptive to their emotions. The integration process of an Ayahuasca ceremony is a week- to months-long process that was not accessible in this stage of research, yet it is an integral process to understanding the full effects of the Ayahuasca medicine following the closure of a ceremony. Our future research aims to assess participants weeks into their integration process to determine the effectiveness of EMDR, and if the higher levels of depression and stress indicate the initial reaction to greater awareness of trauma and receptivity to healing.

**Keywords :** ayahuasca, EMDR, PTSD, mental health

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