



After the Experience

A guide to integration

WRITING · RECORDING · WALKING · DREAMS

A four-week workbook

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About this booklet

This booklet is about the period after a psychedelic or sacred medicine experience, whether that experience took place in a clinical setting or a ceremonial one. It is also relevant if the experience was some time ago and you are still working out what to do with it.

It is not therapy and is not a substitute for it. It is not medical advice. It contains no information about obtaining, using, or dosing any substance.

PSMHub is a directory and information platform. We do not verify the credentials, legal status, or safety practices of anyone listed on our site, and a listing is not an endorsement. If you decide to work with a practitioner, the checking is yours to do, and page 27 sets out what to ask.

Laws relating to these substances differ considerably depending on where you are. Understanding the law where you live is your responsibility.

How to use it

There are four weeks of prompts here. They do not need to be done in order and you do not need to do all of them. Fifteen minutes, three or four times a week, for about a month, is enough to get something out of it. The research on writing about difficult experiences is reasonably strong and does not assume you write well or often.

Three methods are described before the prompts begin: writing, recording, and walking. Most people find one of the three suits them better than the others, and the prompts can be done with any of them.

The section on dreams begins on page 16. It is worth reading early even if you do not usually remember your dreams, because many people find that changes in the weeks after an experience.

Some pages have space to write on. Others will need more room, so keep a notebook nearby.

If you are looking for guidance on what to do when the experience was frightening, or when this kind of work is making things worse rather than better, that is on page 15.

What integration means

Integration is the process of working out what to do with what happened.

The experience produced material of some kind: images, feelings, memories, a sense of something you had not previously seen. Integration is the work of turning that material into changes in how you actually live. Without it, most people find the material gradually becomes an anecdote.

Several things get called integration that are not quite it. It is not a required protocol, and there is no correct pace. It is not the same thing as feeling well afterward, and some of the more useful work happens during periods when someone feels worse. It is also not a single conversation, because insight tends to arrive quickly and change does not.

The pattern people describe

A common account is that the first days feel unusually open and clear, and that this then closes. Two weeks later people often describe feeling further from the experience than they did the morning after, and read that as having failed at something.

Usually it is not a failure. The experience produced more material than an ordinary week has room for, and the ordinary week reasserts itself. The realistic aim is not to preserve the openness but to identify one or two things worth keeping and find a way to fit them into a life that also contains work, other people, and a commute.

What the research supports

The evidence base for integration as a defined practice is still small. The underlying mechanism is better established. Writing about emotionally significant experiences, in short sessions over several days, has been associated with measurable effects on wellbeing and physical health in a body of research beginning with James Pennebaker in the 1980s and replicated widely since.

One finding from that literature is worth knowing before you start. The people who appear to benefit most are not the ones who write well. They are the ones whose writing begins disorganized and becomes more coherent over successive sessions. A messy first attempt is part of how the process works rather than a sign that it is not working.

The clinical framework most practitioners draw on is Psychedelic Harm Reduction and Integration, described by Gorman, Nielson, Pilecki and colleagues in the peer-reviewed literature.

Clinical settings and ceremonial settings

Most resources on this subject address one group or the other. Clinical resources use the language of sessions, providers, and treatment. Ceremonial resources use the language of medicine, container, and ceremony. Each tends to be written as though the other kind of reader does not exist.

The two situations do differ in real ways. The setting is different, the support available afterward is different, the legal position is different, and what a person can comfortably tell their family is often very different.

The work itself is largely the same. Both people are holding something substantial, both have to work out what it means, and both will find the meaning shifts over the following weeks. Both are also liable to the same two errors: assuming the experience will do the work by itself, and treating it as the answer to everything.

The prompts in this booklet therefore do not ask which setting you came from. Where the difference matters, it is noted.

Where it does matter

If you came through a clinic

Integration support may already be part of your care, in which case it is worth using. The opposite also happens: some providers administer and discharge with nothing in between. If yours does not offer integration support, that is a gap in the service rather than evidence that you do not need it.

If you came through ceremony

You may have had substantial support during the experience and very little afterward. The people who held the space are often unreachable within a week, sometimes in another country. You may also be holding something you cannot easily raise with your own doctor, which makes finding an appropriate person to talk to both harder and more important.

If it happened outside any structure

If the experience happened outside any structure at all, or you are not sure how to categorize it, that is the largest group of readers. Nothing here assumes you had a guide.

The first few days

If you are reading this within the first week, the following covers most of what is useful.

Rest more than seems necessary.

Sleep may also be unsettled for a few nights, which is covered on page 16.

Postpone decisions.

Periods of clarity tend to produce strong impulses: to leave a job, end a relationship, move, or contact someone you have not spoken to in years. Some of those impulses turn out to be sound. They will still be available in three weeks, and by then it is usually clearer which ones they are. Writing the impulse down is a reasonable substitute for acting on it, and there is space for this on page 20.

Write something down before you explain it to people.

There is a window of a few days in which the experience still has its own texture. After it has been described aloud several times, the description tends to replace the memory.

Eat, drink water, and get outside.

These are unremarkable suggestions and they help. The section on walking, page 13, covers why the last one does more than it appears to.

Try not to evaluate the experience yet.

Whether it was valuable or a mistake is generally not knowable in the first week.

Anything you want to put down before it goes.

If the experience was difficult

Some experiences are difficult and still productive. Others are frightening and remain frightening afterward. The distinction matters and is covered properly on page 15.

For the moment: a difficult experience does not indicate that something is wrong with you, and distress in the following days is common and usually not an emergency. If you are frightened, or unsure, speaking to someone is more useful than reading about it. Support numbers are on page 30.

A note on the three methods

The next three sections describe writing, recording, and walking. They are alternatives rather than a sequence. Every prompt in the four-week section can be done with any of them, and most people settle on one.

Two writing methods

The prompts later in the booklet use one of two methods.

Timed freewriting

Set a timer for three to five minutes, start writing, and do not stop until it finishes. No editing, no crossing out, no going back to correct a sentence. If nothing comes, write that nothing is coming until something does.

The rule that makes this work is the not stopping, because editing requires a pause. Removing the pause tends to produce material you would not otherwise have reached.

This is the more useful method in the first days, and any time a question makes you go blank.

Julia Cameron popularized a version of this as morning pages in *The Artist's Way*: longhand, first thing in the morning, three pages, daily. If a daily practice appeals, her book sets it out properly. What is used here is shorter and directed at a specific subject.

Directed prompts

Ten to twenty minutes on a single question. Thinking, crossing out, and changing your mind are all allowed.

This is the more useful method from about week two onward, once the experience has settled enough to have definite edges.

How often

Short and repeated works better than long and occasional. Research protocols commonly use fifteen to twenty minutes on three or four consecutive days, and shorter sessions have also shown effects. Three short sessions in a week will generally do more than one long one.

Privacy

These pages are not for anyone else, including a therapist, a partner, or a future version of you looking for something embarrassing. Writing on that basis is the only way the method works. If having a notebook in the house makes that hard to believe, tearing out and destroying the pages afterward is a legitimate way to do this.

Space to try it now. Five minutes, beginning with the first thing that comes.

Recording instead of writing

If writing is not possible on a given day, speaking is a reasonable alternative.

Open the voice recorder on your phone, record for a minute about whatever is present, and delete the recording afterward without listening back. Do not plan the first sentence.

The reason this reaches material that writing sometimes does not is mechanical. Speech runs at roughly 150 words a minute and handwriting closer to 20, so the internal editor that can keep pace with a pen cannot keep pace with speech.

Deleting the recording is part of the method, on the reasoning that people say things they would not write when nothing is being kept. There is no research on the deleting specifically. What is established is that spoken and written disclosure produce broadly comparable effects, so using the recorder rather than the page does not cost you anything.

Before recording

Turn off cloud sync. Voice recordings back up automatically on most phones, and deleting the local file may not delete the copy.

Empty the recently deleted folder afterward. Most recorders retain deleted files for around 30 days.

Check whether automatic transcription is enabled, since some phones generate a text copy by default.

This is worth doing properly. You may be about to say something you have not told anyone, and it should not end up in a backup.

When writing is the better option

If you do not have a room where you can speak freely, write instead. If you notice that you are narrating, or performing for an imagined listener, that is the editor operating through the microphone, and the page will work better that day.

Walking

A large number of people report that they think differently while walking, and that problems they could not move on at a desk resolve or reorganize on foot.

This is one of the better supported pieces of folk wisdom about thinking, and it is worth knowing what the research does and does not show.

What the research found

The most directly relevant study is by Marily Oppezzo and Daniel Schwartz at Stanford, published in 2014 in the *Journal of Experimental Psychology*, across four experiments with 176 participants.

Walking substantially increased performance on divergent thinking, meaning the generation of many possible ideas rather than the identification of one correct answer. Around 81 percent of participants scored higher on the divergent task while walking than while seated. The effect also persisted for a while after sitting back down.

Two details from that study matter more than the headline. The first is that walking on a treadmill facing a blank wall produced results comparable to walking outdoors, which suggests that the movement itself is doing the work rather than the scenery. The second is the limitation: walking did not produce the same benefit on convergent thinking, the kind of focused reasoning that arrives at a single correct answer. Only about 23 percent of participants improved on that task.

The practical consequence is specific. A walk is useful for widening the range of things you might think, and it is not the place to settle a decision. That fits with the guidance on page 8 about postponing decisions in the early period. Use the walk to generate options and something else to choose between them.

Walking and rumination

A separate line of research is relevant to a common problem in this period, which is looping on the same thought without movement.

Bratman and colleagues, in a 2015 study published in PNAS, found that a 90-minute walk in a natural setting reduced both self-reported rumination and activity in a region of the brain associated with self-focused negative thought. A 90-minute walk in an urban setting produced neither effect.

That study was small, with fewer than 40 participants, and it compared two kinds of walk rather than walking against not walking. It is suggestive rather than conclusive. It does point at something useful, which is that where you walk appears to matter for rumination even though it did not appear to matter much for idea generation.

How to use it

- Take one question with you, not several. Decide it before you leave.
- Leave the podcast off. Music without words is usually fine. Anything with speech in it occupies the part of your attention this is meant to free up.
- Do not try to reach a conclusion. The aim is to see the question from more angles than you can see from a chair, and the sorting comes later, on paper.
- Have a way to capture what arrives, since the useful thought often turns up eight minutes in and is gone by the time you are home. A voice note works well here, and page 12 covers doing that safely.
- Twenty to forty minutes is enough. Longer is fine but not necessary.
- Do not turn it into exercise with targets and a pace to hit. Measuring the walk tends to reintroduce the kind of attention this is meant to loosen.

Walking with another person

Walking alongside someone, rather than sitting opposite them, is widely used by counselors and is often described as making difficult conversations easier, on the reasoning that side-by-side removes the pressure of sustained eye contact. The evidence base for this is thinner than the evidence for walking alone, and it is included here as a practical option rather than a research finding. Some people find it much easier to say hard things while moving.

If walking is not available to you

Rhythmic, self-directed movement of any kind is a reasonable substitute, including swimming, cycling, or moving around indoors. What the research specifically tested was walking, so this is an extension rather than a finding.

When to stop

Writing about a difficult experience commonly produces a temporary increase in distress before any improvement. This is documented, expected, and usually short-lived.

That is not the same as the writing making things worse. The difference is roughly as follows.

Ordinary turbulence

You feel stirred up, sad, or raw during a session and for a while afterward, and within a few hours you have settled. You feel tired, and often slightly clearer.

Not ordinary turbulence

The work returns you to the same loop each time without movement. You feel worse for days rather than hours. You are becoming more frightened rather than less. Sleep is deteriorating. You are losing track of what is real.

If the second description fits, stop the exercises. They are not the right tool at present and continuing is not a matter of discipline. Speak to someone: a doctor or mental health professional if you can reach one, someone you trust if you cannot, a support line if there is nobody else available.

You can stop in the middle of a prompt. Closing the booklet partway through a page is a normal thing to do and does not need to be justified.

This page applies to the dream section as well, and matters more there, because dreams are not something you chose to begin.

If you are thinking about harming yourself, this booklet is not the right resource. Page 30 lists numbers, and calling one is a reasonable thing to do.

Dreams

Many people report that their dreams become more noticeable in the weeks after an experience: more vivid, more frequent, more emotionally charged, and remembered by people who do not usually remember dreams. Sometimes the dreams continue with the same material the experience raised. Sometimes they do not.

The research is at an early stage. There is evidence that psychedelics alter sleep architecture, including the timing and amount of REM sleep, which is the stage most associated with dreaming, with findings for both psilocybin and ayahuasca. What this means for dream content is not established, and accounts that present it as settled are ahead of the evidence.

The mechanism is not needed in order to make use of the dreams. They are material in the same sense as everything else in this booklet.

Difficult dreams

Nightmares and disturbing dreams in the period afterward are reported often enough to be worth naming. In one large survey of ayahuasca users, around one in five reported nightmares or disturbing thoughts, feelings, or sensations following a session.

If that describes your situation, it is common and usually temporary. If it persists, if sleep is genuinely deteriorating, or if you have become reluctant to go to bed, that belongs with page 15 and with a professional rather than with a workbook.

Interpretation

Published dream dictionaries, which assign fixed meanings to particular images, are not supported by any of the main approaches to dream work and are not used here.

This is one of the few points on which otherwise incompatible traditions agree. Jungian, Gestalt, and contemporary research-based approaches differ on most things and converge on this: the dreamer holds the meaning. What a snake means in your dream depends on your own history with snakes, not on a general rule.

A well-trained practitioner will not tell you what your dream means either. They will ask questions until you arrive at something yourself. Being handed an interpretation you did not reach is worth noticing.

A method

The most researched structured approach is Clara Hill's cognitive-experiential model, developed at the University of Maryland and tested in therapy sessions. It has three stages and can be adapted for use alone. What follows is that structure.

Describe

Write the dream in the present tense, as though it is happening: *I am standing in a hallway, the door is open.* Present tense keeps you inside the dream rather than reporting on it afterward. Include what you felt as well as what occurred.

Associate

Take the two or three elements that carry the most charge. For each, write whatever comes without directing it: memories, people it recalls, other places that image appears in your life. You are not looking for an answer, only for what is attached to it.

Then one question, which does most of the work: where in my waking life does this feeling already exist? Not what the image symbolizes, but where the feeling already lives.

Act

This third stage is the one people most often skip, and the research suggests it produces the most usable results. Either rewrite the ending, changing one thing in the dream and continuing from there while noticing what you chose to change, or name one small thing you would do differently this week if the dream were pointing at something real.

An additional exercise

From the Gestalt tradition: choose one element of the dream, such as a locked door, an animal, or a stranger, and write in its voice, first person, for two minutes, beginning *I am the door and I...*

It is an uncomfortable exercise to do and it produces useful material more often than it appears it should. It is worth trying once before deciding about it.

Remembering dreams

Recall improves with practice, usually within a few nights. Keep paper next to the bed, since reaching for a phone tends to clear the memory. Write before moving, because turning over loses more of a dream than anything else. Fragments are enough, and waiting until you can recall a complete dream generally means writing nothing at all. If you wake with no images, write down the feeling you woke with. Alcohol and many sleep medications suppress recall, which is worth knowing even though there is not much to be done about it.

This is not a permanent practice. Two weeks of dream logging is enough for most purposes. Beyond that, close nightly attention to dreams can become a way of remaining in the experience rather than returning from it.

Dream log

Print or copy this page as many times as you need.

Date _____ Nights since the experience _____

The dream, present tense

The feeling on waking, in one or two words

Two or three elements carrying the most charge

What is attached to each of them

Where in waking life this feeling already exists

One thing changed in the dream, and what follows from it

What happened

The aim this week is to record what happened rather than to interpret it.
Three of the following is enough.

1.1 · TIMED FREEWRITE, 5 MINUTES

Begin with: *What I remember most is...*

There is no need to organize it. Move around, repeat yourself, contradict yourself.

1.2 · DIRECTED, 15 MINUTES

Describe one moment in physical detail

Temperature, sound, what your body was doing, what was in front of you. Not what it meant.

1.3 · IMPULSE LIST

Everything you have wanted to change, quit, start, or say

Do not act on any of it this week. Then mark each one: now, soon, or watch. Most items usually belong under watch.

1.4 · TIMED FREEWRITE, 3 MINUTES

Begin with: *The part I do not want to write about is...*

If you stop early, note where you stopped. Week three returns to it.

1.5 · ONE SENTENCE BEFORE SLEEP

One sentence about the day, each night this week.

1.6 · PAPER BY THE BED · 1.7 · ONE WALK, NO QUESTION

Start the dream log tonight. This week is only about catching the dreams, not working with them. And take one walk, twenty minutes, no headphones, nothing to solve. The walking questions start next week.

What it is asking for

To be written

Moves from recording to meaning. Includes the return of the impulse list and the distinction between an insight and an instruction. Dream prompt: a full three-stage pass on whichever dream has stayed with you. Walking prompt: take the single question the experience keeps returning to, and capture whatever arrives without trying to settle it.

Layout for this spread follows week one: two pages, four to six prompts, ruled writing space beneath each.

Continued

Second page of the spread.

The difficult material

To be written

Returns to whatever was avoided in 1.4. Includes self-compassion prompts and a repeat of the page 15 guidance at the head of the section. Dream prompt: the Gestalt exercise applied to the least comfortable element in the log. Walking prompt: a longer walk somewhere green if that is available, given the rumination finding, with the difficult material carried rather than examined.

Layout for this spread follows week one: two pages, four to six prompts, ruled writing space beneath each.

Continued

Second page of the spread.

What changes

To be written

Small and specific. One thing to keep, one to stop, one to ask for help with. Dream prompt: read the log through in one sitting and note what repeats, since repetition across a month is the most reliable signal a dream log produces. Walking prompt: walk with the three-item list and test whether it still holds when you are not sitting at a table.

Layout for this spread follows week one: two pages, four to six prompts, ruled writing space beneath each.

Continued

Second page of the spread.

Questions to ask a practitioner

To be written

Training and where it came from. What they do when something goes wrong in a session. What they do not work with. Cost, session length, and cancellation terms. Whether they carry professional insurance. Plus a line on dream work: a practitioner who tells you what a dream means rather than asking about it is worth questioning.

Any competent practitioner will welcome these questions. Space to note the answers goes here.

Where to go next

To be written

Closing page. Points readers to the practitioner directory and the newsletter, with the reminder that a listing is not an endorsement and the checking is theirs to do.

Sources

Writing and disclosure

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If you need to talk to someone

These lines are free and confidential. None of them require you to be in crisis to call.

In an emergency

If you believe you or someone with you is in immediate danger, call 911.

988 Suicide & Crisis Lifeline

Call or text 988

Available 24 hours a day across the United States. For thoughts of suicide, mental health crises, and emotional distress of any kind.

Fireside Project Psychedelic Support Line

Call or text 623-473-7433

Free, confidential, non-clinical peer support during and after psychedelic experiences, and for people supporting someone else. Not a suicide line.

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Your own clinician

If you have a doctor, therapist, or prescriber, they are a reasonable person to tell. You do not have to disclose more than you are comfortable disclosing in order to get help with sleep, anxiety, or low mood.

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