

Psychedelic Research Snapshot



INTEGRATION OR COMMODIFICATION?



**A CRITICAL REVIEW OF INDIVIDUAL-CENTERED
APPROACHES IN PSYCHEDELIC HEALING**

Background

In psychedelic-assisted therapy, “**integration**” is widely treated as the **key post-session period** for making sense of the experience and applying it to daily life.

The authors argue integration discourse often sits inside big **social realities** (violence, colonialism, climate stress) and question whether mainstream models truly **account for that context**.

The term “integration” doesn’t have a single agreed upon meaning. It covers many **different practices** (E.g. journaling, somatic techniques, mindfulness, etc.) and is **used inconsistently**.

Knowledge Gap

Existing definitions are scattered.
One review found 24 distinct definitions and concluded integration **lacks a clear definition and covers a “confusing range of activities.”**



Objective

Critically analyze “psychedelic integration,” including how current semantics reinforce a bounded, agentic “self” potentially obscuring the societal/relational context.

Methods

The **paper focuses on breaks/shifts in discourse** and how institutions/practices shape what becomes treated as “truth,” rather than tracing a single linear origin.

It traces contemporary “integration” discourse back to the 1950s–1960s wave of psychedelic research and **contrasts what the term “did” then vs now.**

Data/materials drawn on include:

- a survey of websites, forums, and online resources (i.e., outside scientific literature)
- a review of scientific literature on integration + origins of psychedelic-assisted therapy
- existing ethnographic practitioner interviews for mentions/usages of integration in practice

Results

Three key observations about contemporary integration practice:

Individualization: integration services increasingly focus on the individual, under-weighting societal/environmental contributors to distress and transformation.

Standardization: integration is increasingly packaged into structured prompts, check-ins, and guided exercises, formulaic checklists that may reduce open-ended, context-dependent change.

Commodification: integration becomes a scalable product (online programs/apps), and checklist formats are partly driven by being marketed as accessible and scalable.



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Impact

Clinical/program design:

Scaling psychedelic care may come with quality-of-care compromises as less trained practitioners deliver increasingly standardized/commodified integration.

Digital aftercare risk:

The authors point to “digital psychedelia” bringing algorithmic logics into the integration window and raise concerns about surveillance/civil liberties costs tied to these infrastructures.

Ethical/social framing:

The authors connect integration to broader critiques that medicalized/individualized models can ignore systemic drivers of distress and shift responsibility onto individuals.

Conclusion

As psychedelic therapies globalize, **relational frameworks and community-based ritual models** can counterbalance overly individual-centered, commodified approaches in the Global North

There is a **need for an expanded “integration”** that addresses social, economic, and environmental conditions underpinning mental health struggles, and for **cross-cultural dialogue** that respects the plurality of psychedelic practices

Limitations

- The authors' perspective is situated by **disciplinary training** (psychiatry + medical anthropology) and by where their work is based (principally **Brazil and Peru**).
- Because the approach is genealogical/critical, the **output is interpretive** (conceptual + sociopolitical critique) rather than a quantitative outcome synthesis.



Reference

Sanabria, E., & Tófoli, L. F. (2025)

Integration or commodification? A critical review of individual-centered approaches in psychedelic healing.

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