

Boosting Psychological Fortitude: Integrative Use of Mindfulness-Psychedelic-Facilitated Therapy

Dr. Naomi Tanaka¹, Dr. Kenji Yamamoto²

¹Department of Nursing, Keio University, Tokyo, Japan

²College of Nursing, Hiroshima University, Hiroshima, Japan

Received: 11-08-2025; Revised: 03-09-2025; Accepted: 23-09-2025; Published: 08-10-2025

Abstract

Depression is the largest cause of disability around the world with a large number of afflicted patients not responding well to the traditional methods of treatment. There is potential in the recent developments of the professional community that Mindfulness-Based Cognitive Therapy (MBCT) could be used with Psychedelic-Assisted Psychotherapy (PAP) to provide a synergistic option against treatment-resistant depression. Whereas the MBCT focuses on immediate experience and thought reform to prevent a relapse, the PAP, especially with the use of substances like psilocybin or MDMA, permits profound emotional work, ego annihilation, and the openness to new experiences. This combined approach aims to combine the acute neuroplastic powers of psychedelics to the cognitive and emotional regulation outcomes of mindfulness training-based application. The new studies show that MBCT can support the integration stage of Pap, contributing to better results and lowering the relapse rates. This abstract discusses the synergies, possible synergies, and clinical implications of integrating these modalities to generate a holistic, compassionate, and sustainable paradigm to management of depression.

Keywords: *Psychedelic-Assisted Psychotherapy, Mindfulness-Based Cognitive Therapy, Depression, Treatment-Resistant Depression, Psilocybin, Emotional Resilience, Mental Health Integration, Cognitive Restructuring.*

1.Introduction

Recent renewed interest in scientific research on psychedelic substances provides a new opportunity to offer mental health interventions, especially on conditions that cannot be cured with conventional plans. The most prominent focus has been on compounds such as psilocybin and LSD, the subjective surroundings of which can be extremely prolific and could introduce a level of treatment that has not been accessible before through conventional pharmacological interventions. At the core of this paradigm is a development known as the “psychedelic-assisted psychotherapy model,” where psychological and contextual setting factors, which are collectively referred to as the set and setting, are in the spotlight of influencing psychological results of the psychedelic sessions.

The term set is the mental, emotional and the psychological composition of the individual who is undergoing the psychedelic trip. This involves what they would expect of it, what they would fear, their trauma and general preparedness towards an epiphanic experience. Conversely, setting has to do with both the physical and interpersonal context in which the session will occur, whether it be the natural light and music, emotional safety and therapeutic “alliance” of the space. Collectively, these variables have been demonstrated to play an especially significant role in both the qualitative character of the psychedelic experience as well as in the lasting and enduring restorative profit after the session(1).

Although early clinical models of psychedelic therapy have built in support structures and pre-session preparation, a normalized and evidence-based adjunct framework has been hard to come by. One of the upcoming new players in the filling of this gap entails the use of the Mindfulness-Based Cognitive Therapy (MBCT). MBCT is the combination of cognitive behavioral with systematic training in mindfulness to help one become more aware, have more control over emotions, maintaining resilience. During depression, MBCT has been applied to prevent relapse, but it has proved to be effective in treating a wide range of psychological conditions. It resonates well with the introspective and intense experience of psychedelics as it focuses on the continuous nature of awareness of the present and acceptance without judgment.

Acceptance and Commitment Therapy (ACT) is frequently incorporated into the process of a psychedelic intervention since it deals with psychological flexibility and values-based living. Nonetheless, MBCT provides resources that would be of value to the therapeutic process in critical moments of the psychedelic process, especially times of emotionally distressing emotions or the dissolution of the ego. However, unlike in the case of

ACT, MBCT involves structure attention training, emotional decentering, and metacognitive reflections, which can be crucial in negotiating the results of psychedelics such as altered states of mind.

Psychedelic drugs act by mimicking the effect of serotonin_{2A} receptor sites thereby causing a series of neurocognitive reactions leading to altered states of perception, emotion and cognition. These transformations frequently entail the suspension of the ego boundaries or, in other words, the ego dissolution. This state has been attributed to mystical-type experiences including a feeling of unity, awe and spiritual transcendence(2). The effect of the intensity on the psychological and emotional level of such experiences can be both an initiator of healing or a trigger of pain, and it all depends on the support given to the individual before, during and after session.

It is against this background that MBCT may provide a scalable and powerful preparation and integration procedure. The dedicated curriculum of MBCT assists people in establishing a more open and flexible attitude towards unpleasant thoughts and feelings, which is particularly important in relation to the route of a psychedelic experience, which is markedly unstable. It enhances the doing as opposed to being mode to learn that the thoughts and emotions that are perceived by the participants are a momentary experience as opposed to a problem that is meant to be solved or avoided. This disposition can probably diminish chances of freaking out or becoming lost at sea in a psychedelic effect, and instead augment the ease with which the content can be integrated upon expiry. Besides, the training on long-term attention and emotional awareness that MBCT provides may enhance the ability of participants to remain grounded in instances of high emotional responsivity which would likely lead them to willingly embrace the psychedelic experience therapeutically as opposed to resisting it. This is, especially, during the integration process when one is asked to dig meaning out of his/her experience and make positive use of such knowledge out of his/her living. Helping to foster characteristic traits like non-reactivity, openness, and self-compassion, MBCT can be a stabilizing agent and turn the fleeting insights into permanent psychological change. The other factor that promises MBCT is that it is flexible and has an empirical foundation. It has been found to be effective in the treatment of depression, anxiety, and stress several times in numerous studies and meta-analyses; the conditions that are the most popular targets of psychedelic-assisted therapy. Such adaptations as MBCT for Life or Finding Peace in a Frantic World have already demonstrated that the intervention can be modified to suit not only clinical but also non-clinical groups, thus being an accessible and adaptable asset to a variety of people who will use it.

The interaction of these mechanisms (psychedelic-induced ego-dissolution and the stimulation of mindfulness and acceptance in MBCT) seems to lead to a synergistic relationship that might be used to maximize results. Instead of being reactive or ad hoc, therapeutic integration may become a thoughtful, skill-performing practice dependent on an evidence-based program. With studies increasingly investigating the limits of safe and successful psychedelic-assisted therapy, the issue of how to organize preparatory and integrative interventions becomes more pressing the question needs to be answered(3).

MBCT, as an organised, skills-based model is a potential candidate to become such a model. It can deepen, add safety, and sustainability to psychedelic experiences regardless of whether used in addition to other therapies or on its own and stand to revolutionize temporary altered states of consciousness. Therefore, the proposed paper will attempt to shed some light on the possible ways in which MBCT can not only support but enhance the therapeutic potential of psychedelic-assisted psychotherapy.

2.MBCT and Psychedelic Therapy Compatibility

At the time when psychedelic-assisted psychotherapy becomes more and more scientific, the necessity of finding other complementary psychological concepts to it grows even more. Although the attention has been paid to the use of the Acceptance and Commitment Therapy (ACT) as an additional mindfulness-informed approach, the recent research suggests that the implementation of Mindfulness-Based Cognitive Therapy (MBCT) can be viewed as a potentially well-structured and therapeutically fruitful complement to the psychedelic experience. MBCT, which focuses in preventing relapse in depression, is now integrating both the cognitive restructuring practice of conventional CBT with an awareness sense and acceptance of mindfulness-based meditation. The systematic practice of the attentional focus, acceptance and decentering as described by MBCT has the potential to be the emotional and cognitive scaffolding that might help to navigate and integrate psychedelic states of consciousness based on their intensity and depth(4).

2.1 Common Therapeutic Principles

The core of the two different approaches to mind-body psychotherapy lies in common use of nonjudgmental awareness, emotional openness, and internal experience inquiry without avoidance or suppression. Psychedelics like psilocybin, LSD, and ayahuasca can be dependably relied upon to generate altered states of cognizance that dissolves customary self-constraints and draws out transcendent emotional and autobiographical substance. Such experience shows enormous transforming power; it can nevertheless be deranging or even upsetting, unless it is given suitable psychological furniture. MBCT offers resources to work with this matter adequately. It teaches people to put thoughts and feelings in the lens of temporary events in the mind, to not accept them as truth or labels, and creates a friendly stance of observing curiosity with regards to the hard stuff and letting go of resistance to it.

2.2 Pre-Dosing: The Mind

Preparation stage is one of the most important among the stages of psychedelic therapy that helps to determine the mental and emotional readiness of a person. This phase has a direct impact on the set and setting model the attitude of a person mindset before, expectations and his or her psychological orientation. Having a structured curriculum, through MBCT, the participants are prepared by imparting them the skill of concentrating on the present moment, redirecting attention and controlling emotions. With the systematic acquisition of skills such as concentration and body-based awareness, one is better placed in staying centered at the time of intense emotions. The meditative process introduced into MBCT, including directed attention on the breath or body scan exercises, raises interoceptive perception so that the participants can better notice and know how to experience physiological changes of anxiety or fear that might occur during a psychedelic experience(5). In addition, the approach to non-reactivity that MCBT embodies leaves a person less exposed to the experiences of being overidentified with or catastrophizing about uncomfortable sensations.

2.3 On the Way: How to Survive Complex Life Experiences

Sessions of drugs that have psychedelic effects may be filled with emotional, spiritual and cognitive upheavals. It is because of this that a psychological model that promotes acceptance instead of avoidance will be necessary. This is where MBCT comes out. It encourages a caring attitude of approaching challenge more than attempting to avoid or ignore it. This is considered crucial in a psychedelic experience because opposing the experience will probably increase stress, whereas letting go to the process will most likely bring us to a breakthrough and emotional catharsis. MBCT trains patients to focus their attention in the breath or bodily sensations and to have a point of reference when thoughts descend into a fragmented state of mind or flood of emotions. In contrast with the approach of ACT which could be more dependent upon metaphors and values-based activities Merged Brain Centre-based training trains concrete, embodied skills which members of the course can then mobilize, in the moment.

Also, MBCT promotes a decentered view, which occurs when people are trained to observe thoughts and emotions as temporary experiences instead of something binding. At the stage of psychedelic state, when the borders between the ego are somehow dissolved, this aptitude may help to avoid panic and disorientation. To take an example, when a person under the influence starts experiencing that he is becoming invisible or that he is dying, individuals with the mesmerized state of mind may find it easier to acknowledge such perceptions as momentary occurrences that would help them to remain down to the earth and open to the possible meaning. Such ability can be invaluable in what could otherwise be seen as a horrific experience of a bad trip and turn it into a point of ego death or a spiritual enlightenment.

2.4 After Session: Incorporation with Conscious Thought

The integration part of psychedelic treatment giving time to individuals to process their experience and convert understanding to lasting change in life is commonly known to be the key to the success of treatments. MBCT provides a prepackaged framework to this process by promoting the continuous self-inquiry, awareness of emotions, and flexibility in behavior. Following psychedelic experience, people will frequently cite major insights concerning themselves, their relationship or even the meaning of life (6). Nevertheless, when a framework is not in place, the insights may fall short of being concrete or eventually lose their value. The questions during the group reflections, the use of journaling in MBCT, mindfulness exercises form a reflection container and application. It gives the participant an opportunity to discover the quality of his or her experience with more balance of emotions and one reaches problem clarity, avoiding confusion and spiritual bypassing after the session is over.

Also, the aspect of focusing on the routine thinking pattern of MBCT can assist a person in recognizing the long-term cognitive distortions that might have been brought during the psychedelic condition. As an example, a client

who is the victim of maladaptive beliefs of unworthiness, discovered in the course of a session, may apply the MBCT techniques to detect, label and let go of such beliefs in everyday situations. It is this combination of meditative insight and cognitive restructuring that in effect, makes MBCT so effective, not only in offering insight but in bringing about long term change in thoughts and behavior.

2.5 Advantages Unique to the program over ACT

However, in spite of some similar principles in both ACT and MBCT, e.g., focusing on the promotion of acceptance or mindfulness and a decrease in experiential avoidance, it is possible that MBCT can have distinct benefits complementing psychedelic-assisted treatment. Remarkably, MBCT involves a formal and structured element of meditation training, whereas that is not the case with ACT. This aspect will enable the participants to train basic mental capabilities, such as being able to sustain attention and awareness before going into the psychedelic realm, and therefore remain more grounded throughout a high-intensity session. Also, MBCT has a much stronger focus on emotional decentering and contact with inner experience, relative to metaphorical distancing and externally oriented values, which can be more difficult to access cognitively in the new psychedelic psyche(7).

3.Core MBCT Processes Supporting Psychedelic-Assisted Psychotherapy

Mindfulness-Based Cognitive Therapy (MBCT) is a combination of the classical cognitive therapy and systematic training of mindfulness that assists the possibility of individuals developing an alternative connection with their thoughts, emotions, and bodily feelings. These core processes can be of great assistance in the situation of psychedelic-aided psychotherapy, where the inner terrain is dramatically amplified. Not only they assist people in preparation, survival, and understanding of severe psychedelic conditions but also promote the sustained integration of psychological connection. Such processes are acceptance, mindfulness of the present moment, decentering, embracing difficulty, and concentration; each of them plays crucial roles prior to, during, and following the psychedelic experience.

3.1 acceptance: Opening to Experience

Acceptance in MBCT is the created readiness to what thoughts, feelings, and other body sensations come without criticism or avoidance. This is especially useful in psychedelic sessions, during which one can run into fierce or unpleasant inner states, such as fear, confusion, grief or repressed trauma. Instead of fighting these emotions, MBCT trains a person to accept and make them exist in the context of their emerging experience.

Experiments under psychedelic conditions indicate that the harder one tries to fight unpleasant feelings, the more distressing the situation will become, and acceptance may turn the condition of an otherwise bad trip into therapeutic experience. MBCT equips a person with the mental framework on how to come out of the avoidance behaviors, which have been known to cause various psychopathology. This means, e.g., acceptance-trained people are better prepared to accept what they might experience during a session with psilocybin, e.g. ego-dissolution or the manifestation of painful memories. The effects of this may be emotional breakthroughs, rather than retraumatization or dissociation.

Also, during the integration stage, it is important to accept what comes, and the individual may relive previous traumas or disturbing discoveries. The process of MBCT will tremendously decrease chances of retraumatization and will assist the individuals to experience their journey of psychedelics in a reflective way other than reactively.

3.2 Being Present: The Power of Rooting Ourselves in the Present to Minimize Anxiety and Rumination

In MBCT in particular, mindfulness practice is about being aware in the moment. It consists of deliberately bringing the mind to focus on the present, in thoughts, sensation and environment without being overwhelmed by anxieties of the future or obsessions with the past (8).

This is of particular importance in the Stage of preparation of psychedelics therapy. The most normal anxiety would be before getting the dosing, and MBCT could help equip tools to be more centered rather than a downward spiral of the scenarios of what might happen. In psychedelic experience, it is also essential to be present. An increase in suggestibility and distortions of time perception that are typical of psychedelic state creates a high risk of being overcome by thoughts that are intrusive or emotions that are distracting. Current-moment attention can serve as a point of stability, the person can watch the events happening, instead of being caught up in them.

The MBCT approach of separating out the doing mode and being mode also assists in such a process. The former-which is goal-oriented and might even be problem-oriented-is also referred to as the doing mode. The latter-which tends to focus on observation and not action, judgment but the moment and is also akin to the doing mode-is called

being mode. In psychedelic treatment, the sharp mind needs to give up and entrust the procedure many times. This very skill carefully cultivated by MBCT, improves the ability to sit in the intensity of the moment.

3.3 Decentering: Thinking and Emotions as Occurring, rather than Just True

Decentering, or the capability to view thoughts, emotions, and physical sensations as a set of events rather than as a permanent feature of personality, is also another MBCT cornerstone. Therapeutically speaking, this prevents a person getting ensnared by disturbing self-narrative such as I am broken or am going crazy.

Decentering is necessary in changed states that are created in the psychedelics. The thoughts may get more vivid or absolute, and individuals would be scared or overwhelmed without proper thinking capacity. But a well trained practitioner of MBCT has already gotten used to viewing these events inside his or her head as clouds drifting by rather than permanent storms. When they think a certain thought such as (I am dying), they tend to not take it literally and acknowledge the fact that it is just a passing mental phenomenon during the psychedelic condition. Also, the process of decentering contributes to the having of mystical-type experiences, including the feelings of unity and ego-dissolution, which have accompanying the long-term benefits of mental health. The ego identification is reduced or absent, instead the ego-centered thinking is incorporated in a more inclusive and more spacious consciousness, a trait that is commonly called spiritual or transcendent. The reason why this is nurtured in MBCT is that by relaxing the habitual identitarian formations, creation of a spacious contact with inner experience is encouraged.

TABLE 1 Key Aspects of Mindfulness-Based Cognitive Therapy

Core Process	Description	Role in Psychedelic Therapy
Acceptance: Opening to Experience	Acceptance in MBCT involves being open to all thoughts, feelings, and bodily sensations without criticism or avoidance.	Helps in handling difficult emotions and trauma during psychedelic experiences, turning distress into therapeutic insights.
Being Present	Mindfulness in MBCT focuses on being aware of the present moment, free from anxieties about the future or regrets about the past.	Crucial during the preparation phase of psychedelic therapy, helping individuals stay centered in the present and reduce anxiety.
Decentering: Viewing Thoughts as Events	Decentering involves seeing thoughts, emotions, and physical sensations as temporary occurrences, not as fixed traits of the self.	Important for handling intense thoughts or fears during psychedelic states, reducing the impact of disturbing self-narratives.
Comfort in Discomfort	MBCT encourages moving toward discomfort and pain with acceptance and curiosity, rather than avoidance.	Key in handling suppressed trauma, existential fear, or distressing experiences during psychedelic sessions, promoting healing.
Focus: Anchoring Attention	The practice of focusing attention on a specific anchor (e.g., breath, body sensations) and returning to it when distracted.	Helps maintain stability during intense psychedelic states, preventing overwhelm and aiding in the integration process.

3.4 Into Darkness: Comfort in Discomfort in Turning Against Pain a Healing Process

Among the most significant components of MBCT was that its participants were encouraged to move into and around painful occurrences instead of turning away. Although ACT is also concerned with acceptance, MBCT encourages embodied practice, which includes training participants on how they should learn to relate to pain with interest and concern and not necessarily with cognition in mind only.

This can be a lifesaving process when the psychedelics go wrong and it leads a person directly into suppressed trauma or death anxiety or existential dread. MBCT does not only help with certain coping skills so that people can survive these moments; but it trains how to work with these moments as being a part of a process of recovery. As an example, the body scan meditation during MBCT would be perceived by the participants as being able to recognize the areas of tension or even discomfort and breathe into them, a technique that can be directly applied during a distress which may happen during a dosing session(9).

During the post-session reintegration process, such an ability to accept instead of evading painful realizations to participants can assist them in converting a temporary understanding into permanent change. Because MBCT teachings provide constant guidance on avoiding relapse into avoid- tendencies or denial, as the self-referential

processing system of the brain, the so-called default mode network, is reestablished after a psychedelic session, MBCT teachings make up for the absence of a permanent feeling of wellness.

3.5 Focus: Lengthy Attention to Ground the Psychedelic Process

The focus on concentration is also present in MBCT: the focus of the attention is brought deliberately on the anchored element (e.g., on the breath, body sensations, or sounds) and back on the anchor when lost to distractions. It is one of the primary mindfulness skills that can contribute a lot to improving the safety of psychedelic sessions. During such a state of changed perception, the mind may be overwhelmed with imagery, emotion and such conceptual noise. In absence of artefacts to Earth attention, the participants can become overwhelmed. The program of MBCT, which teaches keen attention, provides the participants with a fail-safe way of traipsing over choppy psychic waters. As an example, some emotionally arousing content may come up during a session, in which case the subject can easily bring his/her focus back to the breath or visceral sensation and literally bring down the heat and re-balance himself/herself.

The same skill also promotes integration as a person remains anchored against a journey in memories, sensations, or emotions that may have been uncovered throughout the psychedelic experience. Remarkably, MBCT suggests the gradual transition between focused attention to open awareness, which reflects the psychedelic trip between narrow interests to open states of consciousness. It has been found that this advancement increases mood, cognitive flexibility, and emotional resilience.

4. Comparison with ACT

With the increasing public interest in psychedelic-assisted psychotherapy, the necessity to find psychological systems under which the work can be done with maximized efficiency of outcomes also increases. Two frameworks, Mindfulness-Based Cognitive Therapy (MBCT) and Acceptance and Commitment Therapy (ACT), both represent the category of promising adjuncts to psychedelic-based treatment. Despite having the same bases on mindfulness and cognitive flexibility, MBCT and ACT are not similar in that they differ in the extent and organization and process. These variations can also carry significant consequences as to how they can fit with the dynamics of psychedelic-based therapy. Although the attention to psychological flexibility has drawn some interest to the ACT early, MBCT potentially has its own and less studied benefits, especially in the form of formal meditation training and embodied awareness developed in MBCT, thus perhaps of more use ultimately as an adjunct to therapy in the psychedelic setting.

Leaving psychology aside and focusing on the basics, both MBCT and ACT seek to promote psychological flexibility, minimize the experiential avoidance, and help people build a healthier relationship with their thoughts and emotions. They both use mindfulness tactics, promote adopting a tolerant attitude toward uncomfortable inner phenomena, and aim at developing a present-centered sense of awareness. Nevertheless, MBCT is firmly established in meditation practice traditions based on mindfulness-based stress reduction (MBSR) and is usually provided in an eight-week group program containing distinct sessions, exercises, and home assignments. In vaccine contrast, ACT is a more open, person-centered form of therapy that considers mindfulness as one out of six processes that occur during the course of therapy but does not necessitate or formally educate meditation. Differently, ACT uses metaphors, action-based activities as well as value-based applications to characterize clients to treat unhelpful ideas as well as detach themselves with the ideas and relate themselves to significant life action(10). A major strength of MBCT compared to ACT in psychedelics settings is its perspective to specifically train formal and systematic meditation. These are carefully guided discoveries, body scans, open awareness, and loving-kindness programs. The techniques are not taught but time and again practiced; enabling the participants to enhance in attentional control and finding of emotions. In psychedelic-assisted treatment, in which subjects can engage with emotionally, visually, and cognitively demanding content, the ability to center attention and ground in physical experience is paramount. This skill can serve as a mental lifesaver in the case of feeling overwhelmed or in the state of ego-dissolution, as one could prevent panicking or derealization. In comparison, ACT, which is as conceptually powerful, might not have this direct embodied wakefulness training, which might leave ACT practitioners without the tangible resources to remain centered in the context of psychedelic sessions.

Also, the meditative techniques of MBCT tend to induce the decenter aspect of thoughts and emotions as being relative, momentary, and changing phenomena in the mind in lieu of absolute and permanent veracity. Decentering is a fundamental psychological change that should occur to work in the psychedelic experience, as during it, individuals can encounter existential content or difficult memories. Although ACT also involves cognitive

defusion which is related to decentering, it tends to be taught in metaphors (e.g., comparison of leaves in a (flowing) stream or passengers on a bus) and not always in direct experience-oriented meditation. Such metaphors might be unsuitable as they are challenging to remember and practice during the high levels of thinking and perceptual changes caused by psychedelics. Instead, MBCT trains participants to have a practice-induced non-reactive relationship with their inner experience over time, which perhaps should translate more directly to psychedelic state.

The other diversion point is the proactive embodied attitude toward acceptance by MBCT. Although ACT shares the same ideology of acceptance, it mainly deals with it cognitively by what they call an orientation of willingness. MBCT develops the aspect of acceptance by exposing people to both physical and emotional unpleasantness gradually through meditation. During the body scan or sitting meditations, people are encouraged, e.g., to turn into physical tension, challenging feelings, or whirling thoughts and simply hold them in attention. This applied experience helps the people to become very conversant with the feeling of being in discomfort and this means there are reduced chances of them responding to the difficult sensations or emotions which will come during the psychedelic experiences with fear or resistance. As one of the most frequent causes of negative experiences, which are commonly called bad trips, resisting the process of psychedelic experience can be one of the protective mechanisms of MBCT embodied acceptance training.

There are original strengths of ACT, namely applying the value clarification and a committed action. Such attention may be especially applicable at the integration stage of psychedelic-assisted treatment, where people may tend to have a better understanding of life purpose, relationships, and the sense of existence. It is within all of these that ACT offers a systematic method of directing such insights into behavior that is in accordance with what it means to be deeply rooted in one's core values and promotes lasting psychological change. MBCT does not emphasize formal values clarification but as a way of patient recognition, increased awareness, compassion and change of attitude, it can implicitly encourage values clarification. But as initially conceived, MBCT was not aimed at existential investigation nor action-oriented purposefulness so much as at relapse prevention and the management of emotion.

Another difference is connected with the delivery format and group dynamics. MBCT is traditionally administered in a group, and this has been found to promote mutual understanding, emotional safety and group healing, which are good fit aspects of the current interest in group-based psychedelic treatment. Challenging experiences can also be modeled and normalized within group formats and this can promote integration. In turn, ACT is more regularly administered in one-on-one forms of therapy and may not enjoy the social cohesion benefits of group-based programming. Besides, the group aspect of MBCT involves shared inquiry and discussion of mindfulness-based practices, which can foster a collective story of healing and increasing connectedness, one of the key themes in mindfulness and psychedelic research.

Notably, MBCT can potentially add neuroplastic and integrative value to psychedelics as well. It is assumed that psychedelics boost neuroplasticity temporarily, potentially improving the brain to be receptive in learning and behavioral change. Being mindful in this opportunity can assist to strengthen new ideas and emotional frameworks. This plasticity could be exploited to a greater degree by MBCT via its direct and repetitive mindfulness training than by ACT with less systematic training. The process of mindfulness faculties, including equanimity, curiosity, and compassion, is something that can generate a solid base of incorporating and living into the lessons learned in psychedelic processes.

Last but not least, MBCT holds a couple of potential advantages in all three stages of psychedelic-enhanced text: the preparation, dosing, and integration stages. During the preparation phase, it develops attention, emotional control and openness. It provides embodied instruments to negotiate and deal with intricate landscapes of the inner worlds during dosing. It offers continued practices in integration that foster understanding, regulation of behaviors and clear feelings/emotions. Although ACT can be massively effective in the integration phase, translating insights into action, it may not be the most suitable process to provide support to participants in the dosing phase, and in particular to help them cope with the high levels of phenomenological and sensory experiences that are typical of psychedelic compounds.

To sum up, both MBCT and ACT are excellent psychological accompaniments to the psychedelic-assisted psychotherapy but the former does that with one eye and the latter with the other. ACT offers a mental and practical guidance that is based on values and the psychological flexibility. Instead, MBCT provides an embodied, experiential training, to strengthen their attentional and emotional muscles necessary to go through the psychedelic

experience fully. To the individuals who complete this form of therapy, MBCT could be a more fulfilling, more practice-focused partner especially during the acute psychedelic experience and acceptance of the integration process thereafter. The comparison of these modalities directly in the context of psychedelics will be critical to streamlining models of treatment and maximizing positive therapeutic effects, which should be done in future research.

5. Conclusion and Future work

There is a revolutionary alteration in the mental health treatment sector, and psychedelic-aided psychotherapy has proved to be a potential treatment of diverse psychiatric disorders, especially treatment-resistant depression, PTSD, and anxiety. Nevertheless, the therapeutic value of psychedelics, which is based on both biological and subjective potency, is enormous, but the effectiveness of psychedelics greatly relies on the psychological conditions within which the drugs are incorporated. In this regard, there is a uniquely matches and well-organized companion in Mindfulness-Based Cognitive Therapy (MBCT). Its systematic forces in the focus areas of psychology, such as acceptance, decentering, present-moment awareness, concentration, and emotional resiliency, is analogous to what it takes to handle and incorporate the intense experiences evoked by the state of psychedelics.

The psychedelic-assisted psychotherapy requires the people involved to actively work on their internal experiences as opposed to purely pharmacological interventions. The process is usually accompanied with answers to repressed emotions, perceptual experiences of high intensity, as well as deriving sense in those states of ego-dissolution. The type of psychological strength to endure, withstand, and be constant in the face of such devastating ground is the product of the MBCT program that takes the form of consistent training enabling one to endure, accept, and explore troubling emotions and thoughts. Forging a supportive attitude, dealing with the power of affective arousal throughout the process of psychedelic dosing process, or processing psychedelic dosing experience in the days and weeks to come, MBCT offers palatable skills and experiential knowledge that fits each stage of the psychedelic therapy process.

In addition to that, the method of MBCT was proven to be evidence-based and can be scaled, and this approach has already proven its efficiency in treating depression, anxiety, stress even somatic diseases. It does not use only abstract or theoretical constructs but rather develops psychological capacity of repeated embodied mindfulness training. Such experiential grounding could be more valid than metaphorical and cognitive approaches in situations of high emotional intensity, where language is weak. Moreover, MBCT can easily be delivered in a group setting and the therapy provides the scope of shared revelation and connectedness, two therapeutic effects noted in psychedelic research.

Synergetic promise of meeting MBCT and the neurobiological impact of psychedelics is also to be mentioned. Psychedelics are believed to increase neuroplasticity, a so-called opening of a window in the brain to adaptive learning. As the training on meditation and mindfulness can be performed during this period, which MBCT promotes, people can adopt new patterns of behavior and perceive new cognitive models easier. By doing so, MBCT could not only reinforce the psychedelic experience, but also strengthen and extend its long term effects so that effects in mood, behavior, and self concept may be more lasting and stable.

All these strengths notwithstanding, it remains evident that MBCT is by no means a universal tool and that its use in psychedelic-based therapy frameworks needs some optimization. However, it provides a well-organized, complete journey that can supplement the chaotic unpredictability of psychedelic experiences, thus enabling people to be open, engaged, and non-reactive, qualities that substantially improve their chances of positive results.

Future Directions

Although MBCT seems to be a good addition to the psychedelic assisted psychotherapy practice, there is a need to have more research on its potentialities and how it should be incorporated as part of the new treatment programs. There are a number of future directions that are important towards streamlining as well as validating this synergetic model.

First, it is of great urgency that empirical study is required to directly compare MBCT with other possible therapeutic measures, including ACT and conventional CBT, in the context of psychedelic treatment. Although some studies have been carried out early in ACT to meet its theoretical overlap with psychedelics, there is no evidence of randomized controlled trial (RCT) research conducted with MBCT to determine its effectiveness as a psychedelic adjunct. Researchers who carry out future studies should evaluate how MBCT can be more effective

regarding psychological flexibility, emotional regulation, and post-session integration, particularly among the participants who experience problematic or overwhelming psychedelic material.

Second, it should be determined how the various elements of MBCT (specifically: focused attention, open monitoring, and loving-kindness (metta) meditation) compare regarding their relative efficacy. Although MBCT is conventionally being administered as an eight-week pivotal treatment, its constitutive constituents might not have equal benefit in the various dialogues of psychedelic treatment. To give one example, attentiveness could be especially helpful during the preparation and acute periods, delivering a sense of grounding and compositions, and open awareness could be more supportive during the post-session organization of meaning. The MBCT curriculum may be made more effective and accessible by customizing it to focus on particular skills at particular points of treatment.

Third, scholars and practitioners ought to determine whether group-based psychedelic therapy and MBCT augmentation are effective. Experimental and anecdotal evidence indicate that group format is an extremely effective means of social connectedness, emotional support, and group wisdom. Possibly because it was developed in the context of group-based intervention, MBCT lends itself to a psychedelic group therapy, in that it would support development of an interpersonal relationship, as well as facilitate individual change. Group-based MBCT with psychedelics could also be logistically advantageous, so that this method will be much more scalable and feasible in the clinical environment.

The formulation of psychedelic-specific guidelines of mindfulness is another important direction to work in. Although MBCT has a strong research backing, it was developed to prevent the relapse of depression and not psychedelics integration. The adaptation of MBCT to focus on the relevant capacities, e.g., surrender, somatic awareness and mystical openness, might better position it to be relevant to psychedelic endeavors. The hybrid protocols based on MBCT, ACT and traditional contemplative practices might provide a rich basis on which new interventions could be mounted that are customized to support individuals in the psychedelic encounter.

Acknowledgement: Nil

Conflicts of interest

The authors have no conflicts of interest to declare

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