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Could Ayahuasca Communities Play a Role in the Compassionate Communities Movement?: A Commentary

Débora González[1,2,3,4,5,*], Jordi Cantillo[3], José Carlos Bouso[5]

[1]Fundació Sant Joan de Déu, Institut de Recerca Sant Joan de Deu, Spain

[2]Faculty of Health Sciences, University Isabel I, Spain

[3]PHI Association, Spain

[4]Sociedad Española de Medicina Psicodélica (SEMPsi), Spain

[5]ICEERS—International Center for Ethnobotanical Education, Research, and Service, Spain

[*]Correspondence should be addressed to Débora González, debora.gonzalez@iceers.org

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Commentary

Globally, approximately 58 million deaths occur annually [1]. Each death is estimated to directly affect about nine close relatives [2], underscoring that grief is not only a universal experience but also a potential recurrent process throughout life. Bereavement could trigger profound psychological [3] and physiological reactions [4], including an elevated risk of cardiovascular complications [5]. The risk of mortality is higher than in the general population, particularly among older adults following the death of a spouse [6].

Prolonged Grief Disorder (PGD) has recently been classified as a distinct diagnosis in both the ICD-11 [7] and the DSM-5-TR [8]. PGD is defined by persistent separation distress, heightened emotional reactivity, and substantial functional impairment [9]. Diagnostic criteria stipulate that symptoms must endure for a minimum of 6 months following a loss, according to the ICD-11 [7], or 12 months, per the DSM-5-TR [8]. However, there is still insufficient neurobiological research to fully understand the causes of prolonged grief disorder, and no medication or neurophysiological treatment has proven effective for its symptoms in clinical trials [9]. Moreover, there is still no clear definition of what is considered normal grief, which highlights a gap in the validity evidence for pathological grief diagnoses [10].

Meta-analyses have demonstrated that current preventive interventions for PGD show limited effectiveness [11], leaving individuals experiencing pre-death grief [12] and acute grief [13] without evidence-based health care support. During these critical phases, recommendations emphasize the importance of maintaining social support networks and engaging in self-care strategies [14]. However, over the last three generations, we have witnessed a decline in cultural practices, knowledge, and traditions for coping with death and loss [15], and loneliness persists as a significant public health issue in Western societies [16]. Loneliness has been strongly associated with PGD symptoms [17]. This situation worsened considerably during the COVID-19 pandemic, as lockdown restrictions and the prevention of collective rituals contributed to the persistent high severity of grief [18].

In response, the global Compassionate Communities movement seeks to establish networks that provide support for families navigating end-of-life care and grief [19]. These communities promote behaviors and social structures aimed at alleviating suffering associated with serious illness, death, and bereavement, while simultaneously fostering health, well-being, and community empowerment [20].

Ayahuasca is the Quechua term for the decoction of the Amazonian vine *Banisteriopsis caapi,* which is commonly combined with the leaves of *Psychotrya viridis* [21]. It has been traditionally used as a medicine, for spiritual purposes, and in communal ceremonies to strengthen social bonds since pre-Columbian times [21,22]. Extensive research, encompassing *in vitro*, animal, and human studies, has elucidated that harmine,

tetrahydroharmine, and harmaline, alkaloids predominantly found in *B. caapi*, alongside dimethyltryptamine (DMT), which is present in *P. viridis*, facilitate adult neurogenesis and neuroplasticity [23-25]. Ayahuasca has exhibited significant antidepressant effects, enduring for up to seven days post-administration, particularly in individuals with treatment-resistant depression [26]. The pharmacological effects of DMT have been linked to its binding to 5-HT and Sigma-1 receptors [27,28], as well as its therapeutic potential for treating drug addiction and a range of systemic and degenerative illnesses [29]. Furthermore, it has been associated with enhancements in well-being [30-33], quality of life [34], general health [35,36], and spiritual development [30,37]. Preliminary evidence further suggests that ayahuasca possesses therapeutic potential for reducing the severity of grief [38,39], although its correlation with specific biomarkers still needs to be investigated. An expanded analysis derived from a prior investigation [39] corroborated these findings **(Table 1)**, revealing a sustained reduction in grief severity over the span of one year, accompanied by enhancements in quality of life, particularly regarding social relationships. This study involved bereaved individuals who drank ayahuasca a mean of 6.36 (SD = 1.40) times during retreats lasting up to 30 days, conducted within a ritual setting under the guidance of traditional Shipibo healers (*Onanyabo*). However, biomarkers on grief severity remain unknown.

The use of ayahuasca in ceremonial contexts has witnessed a marked surge in popularity, with its presence documented in numerous countries globally. Recent estimations indicate that over four million individuals have consumed ayahuasca at least once in their lifetime [40]. The propagation of ayahuasca practices within the Amazon and their subsequent diffusion across diverse ethnic groups and cultures have resulted in significant diversification, thereby establishing ayahuasca as a potential intercultural bridge [41]. The communitarian use of ayahuasca has been shown to enhance empathic responses [31] and improve satisfaction in interpersonal relationships [33]. These practices have been linked to constructs such as *self-attention* [42], which, in contrast to self-care—primarily focused on the individual—encompasses the knowledge and strategies employed by individuals and groups to address health-related processes without direct intervention from healthcare professionals. Additionally, it has been associated with the concept of *communitas* [43,44], defined as an experience of profound togetherness and shared humanity that temporarily transcends social structures or institutionalized relationships. Empirical evidence from studies conducted in naturalistic settings demonstrates that regular users of ayahuasca within ceremonial and communitarian settings exhibit significantly elevated general health markers relative to the general population [35,36]. Furthermore, these individuals demonstrate a more favorable perception of their health, engage in healthier lifestyle practices, and maintain a more extensive social network compared to the general population.

While there is no evidence that ayahuasca causes dependence, and serious adverse effects in healthy populations are rare [45], psychological distress during the acute effects of ayahuasca has been documented in a small subset of users [46]. A global survey comprising 10,836 participants revealed that 2.3% reported the necessity for subsequent medical attention [47], and rare instances have been associated with psychotic episodes [48]. Factors such as dosage, purity, and method of preparation have been emphasized as critical determinants in mitigating adverse events. Moreover, according to western clinicians, psychiatric screening, the availability of rescue medications, and supportive care are recommended for individuals experiencing persistent distress several hours post-session [45-47].

Table 1. Outcome of repeated measures at baseline (T0) and each time point during follow-up. Values are given as means differences (with standard deviations) and Cohen's d.

	T1-T0 Mean (SD) [Cohen`s D]	T2-T0 Mean (SD) [Cohen`s D]	T3-T0 Mean (SD) [Cohen`s D]	T4-T0 Mean (SD) [Cohen`s D]
	(n= 53)	(n= 36)	(n= 26)	(n= 24)
Grief Present Scale (TRGI)	-9,18 (10,20)** [-0,90]	-9,72 (9,02)** [-01,08]	-9,73 (6,99)** [-1,39]	-11,27 (8,45)** [-1,33]
Social Relationships Scale (WHO-qol-BREF)	2,33 (3,16)** [0,74]	1,91 (3,29)** [0,58]	2,87 (3,84)** [0,75]	2,36 (3,70)** [0,64]

Measures collected 15 days before attending the retreat (T0) and 15 days (T1), 3 months (T2), 6 months (T3), and 12 months (T4) after leaving the retreat, as an extension of the published article [30]. Grief was measured with the Texas Revised Inventory of Grief Present Scale [51] and World Health Organization Quality of Life BREF Social Relationship Scale [52]. Changes in variables between each time point and baseline were tested using Student's paired two-sided T-test. Effect sizes were calculated using Cohen's d.

**p value <0.01 (Bonferroni correction is performed).

Given that the adverse effects associated with ayahuasca use in communal settings are limited and largely preventable, and considering the growing evidence of its potential in alleviating grief, enhancing personal and spiritual well-being, and fostering community cohesion, it is likely that these ayahuasca communities could play a significant role within the compassionate communities movement. Indeed, it is highly probable that the numerous communities using ayahuasca worldwide are already offering valuable support for end-of-life processes and bereavement.

Although ayahuasca is not classified as a controlled substance under the 1971 Convention [49], its importation and consumption remain ambiguous and unclear in many European Union countries and most U.S. states [50]. Despite the growing momentum of the psychedelic renaissance, the use of psychedelics outside of clinical settings continues to carry significant societal stigma. As a result, ayahuasca communities worldwide are often forced to operate inconspicuously, hindering their capacity to establish formal collaborations with individuals, families, and sectors of society advocating for the development of compassionate communities and cities. To better understand the role of these communities, further research is needed to systematically evaluate their involvement in end-of-life care and bereavement processes, as well as the outcomes and challenges they face. Such investigations could offer valuable insights into their potential contribution to the compassionate community's movement.

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