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Original Research

Bridging realms: Western client perspectives on psychotherapy inspired by Indigenous healing

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ABSTRACT

Context: The decolonial turn in psychology criticizes conventional Western psychotherapeutic frameworks and seeks to decolonize therapeutic practices by considering diverse cultural perspectives. Indigenous healing has been increasingly used in the psychotherapy of ethnic communities, but also in the psychotherapy of Western clients. The research questions of the present study were focused on how Western clients experience the therapies inspired by Indigenous healing.
Objective: The study aimed to explore the motivations, experiences, and mental health outcomes of participants of therapies inspired by Indigenous healing with a focus on issues related to intercultural transfer of therapeutic practice.
Design: Semi-structured qualitative interviews were used to gather narratives from 28 participants. Thematic analysis was used for data analysis.
Results: Participants reported the following long-lasting outcomes of Indigenous therapies: increased well-being, calm, satisfaction with life, better emotion regulation, coping with stress, behavioral control, problem solving, decision making as well as a more sensitive and deeper experience of reality. Conventional Western psychotherapy was perceived as conversation-based, while Indigenous therapy was perceived as experience-based and more complex. The integration of experiences from Indigenous therapies was more difficult in the Western sociocultural environment compared to participation in the place of their origin, within the community of Indigenous people.
Conclusion: Indigenous healing has beneficial outcomes for Western clients, but the integration of these experiences is quite difficult and requires systematic psychotherapeutic support in the Western cultural environment.

Introduction

The decolonial turn in psychology criticizes conventional Western psychotherapeutic frameworks and seeks to decolonize therapeutic practices by considering diverse cultural perspectives. Indigenous rituals and Indigenous healing techniques are the important sources for these efforts[5]. Culturally integrative psychotherapy[9,12] follows the decolonial frameworks and seeks ways for the inclusion of Indigenous healing techniques into Western psychotherapeutic models. These efforts have been primarily oriented to the treatment of ethnically diverse populations, but Indigenous healing techniques have also been increasingly used by psychotherapists in the therapies of Western clients. Such treatment may be called Indigenous therapy or psychotherapy inspired by Indigenous healing.

The research presented in this paper is positioned within Western cultural settings (see Supplementary material 1 for the positionality of the authors). Despite the fact that Western cultures have developed their own systems of psychotherapeutic care, both Western clients and psychotherapists are increasingly interested in Indigenous healing techniques. This interest indicates that Western psychotherapy is a vital, developing field that is also open to be inspired by influences from non-Western cultures. However, the utilization of Indigenous healing in the therapies of clients with a different cultural background opens various questions. One may ask: How are Indigenous healing techniques applied in the treatment of Western clients? How do Western clients experience psychotherapy inspired by Indigenous healing? Is this transfer of healing methods beneficial and safe for the clients?

The present study aims to explore this field and provide new insights

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into this kind of intercultural transfer of knowledge and practice. As mentioned above, culturally integrative psychotherapy is primarily focused on psychotherapy of members of ethnic communities, but this concept is also highly inspiring for the purpose of the present study. Culturally integrative psychotherapy generally suggests the integration of traditional Indigenous healing with Western psychotherapeutic models[12]. When considering the transfer of traditional treatments from a native culture to another, several theoretical suggestions arise. Van der Watt et al.[16] reviewed the studies involving traditional Indigenous healers and pointed out that sharing the same cultural belief system is a key condition for the effective use of Indigenous healing. In other words, traditional healing techniques are expected to be more effective when the clients are the members of same culture as the treatment's origin. In a similar vein, psychotherapy is generally considered to be a practice grounded in a specific cultural context or "frame of reference"[3,11]. In this perspective, the congruence of treatment with the cultural background of the client is quite an important condition for conducting psychotherapy. These insights serve as a theoretical rationale of the present study.

Empirical research of experiences of Western participants with Indigenous therapies is heterogenous. A large cross-sectional study of ayahuasca drinkers in more than 40 countries revealed various positive impacts on psychological well-being, mental health, and distress (for details, see[14]), similarly as other empirical studies[7,8]. In the qualitative study of Bathje et al.[2], participants experienced significantly more improvement in their mental health from ayahuasca healing compared with conventional Western psychotherapy. They considered the effects of ayahuasca healing to be like a compressed and accelerated form of psychotherapy. Polito et al.[15] explored the experiences of Australian participants of sweat lodge ceremonies. Variations in the experience of these rituals was found to be moderated by pre-existing beliefs and affective factors. In the qualitative study of Wahbeh et al.[17], a committee of 12 experienced shamanic practitioners developed a shamanic therapeutic treatment specifically designed for healing post-traumatic stress disorder (PTSD) in military veterans. This shamanic treatment successfully reduced the intensity of PTSD symptoms in six American veterans.

Because of the increasing popularity of Indigenous healing in many Western countries[1,4], more research is needed to evaluate the outcomes and forms of adaptations of Indigenous practices to Western cultural contexts. Understanding of how these practices influence mental health outcomes across diverse populations is essential for informing culturally sensitive and evidence-based interventions. The present study aimed to explore the first-person, lived experiences of individuals who participated in various forms of Indigenous therapies in the Czech Republic. The study particularly focused on mapping the participants' motivations, mental health outcomes, and various experiences reflecting the interplay between the participants' cultural backgrounds and the culture of the Indigenous practice's origin. Special attention was paid especially to if and how the participants' cultural background influences the experience and outcomes of the Indigenous therapies. The study also aimed to reveal new insights into integration of Indigenous healing with Western cultural context as well as possible risks relating to the transfer of traditional Indigenous practices to Western psychotherapy.

Methods

A qualitative approach was used to capture the first-person, lived experiences of participants in accordance with the main research questions. Semi-structured qualitative interviews were used to gain in-depth insights into the participants' experiences of Indigenous therapies.

Participants and recruitment

Purposeful sampling was used in the present study[13]. This deliberately non-probability, non-random, non-representative form of sampling was used to find 28 individuals (Table 1) who participated in therapies inspired by Indigenous healing in the past. The inclusion criteria were: being at least 18 years old and at least one past participation in any kind of therapy inspired by Indigenous healing. There were no gender or any other inclusion criteria.

Table 1
Demographic data of the participants.

ID	Age	Gender	Highest level of education	Indigenous Healing
(ID1)	31	Male	Upper secondary education	Bufo alvarius, kambo
(ID2)	37	Male	Upper secondary education	Ayahuasca, kambo,
(ID3)	29	Male	Upper secondary education	Ayahuasca, kambo, rape
(ID4)	57	Male	Vocational education	Palm leaf reading
(ID5)	45	Female	Lower-level university/college	Kambo, iboga
(ID6)	32	Female	Lower-level university/college	Ayahuasca
(ID7)	42	Female	Lower-level university/college	Ayahuasca
(ID8)	56	Female	Upper secondary education	Full moon ritual, sunrise ritual
(ID9)	53	Female	Lower-level university/college	Ayahuasca, firewalking
(ID10)	48	Male	Vocational education	Rape, ayahuasca
(ID11)	31	Male	Higher-level university/college	Mayan shamanic ritual
(ID12)	56	Male	Vocational education	Ayahuasca
(ID13)	67	Male	Higher-level university/college	Yopo
(ID14)	47	Female	Lower-level university/college	Spirit animal journey, drumming
(ID15)	37	Male	Upper secondary education	Ayahuasca
(ID16)	24	Female	Lower-level university/college	Tree meditative ritual
(ID17)	47	Female	Upper secondary education	Tibetan shamanic ritual
(ID18)	35	Male	Upper secondary education	Sumatran tattoo rituals
(ID19)	31	Female	Upper secondary education	Ayahuasca
(ID20)	47	Female	Lower-level university/college	Sweat lodge, vision quest
(ID21)	24	Male	Lower-level university/college	Ayahuasca, firewalking, cocoa ceremony
(ID22)	49	Female	Upper secondary education	Shamanic drumming
(ID23)	33	Male	Upper secondary education	Ayahuasca, Bufo alvarius
(ID24)	19	Male	Upper secondary education	Ayahuasca
(ID25)	24	Female	Lower-level university/college	Ayahuasca
(ID26)	24	Female	Upper secondary education	Hapé ceremony ritual, kambo
(ID27)	21	Male	Upper secondary education	Firewalking
(ID28)	53	Female	Lower-level university/college	Balinese shamanic ritual

The participants were recruited through announcements at venues where Indigenous healing or Indigenous therapy would be discussed, e.g., on web discussion groups, Facebook, or Instagram. Participants took part voluntarily without any financial reimbursement. All participants were of Czech nationality.

The study followed the principles outlined in the Declaration of Helsinki. Prior to their participation, all participants were informed about the main topics of the study, expected duration and procedures, confidentiality and data protection rules, the contact for questions about the research and research participants' rights, as well as the right to decline to participate and to withdraw from the research anytime. All participants signed the informed consent, including the data protection

declaration. The study was approved by the Ethics Committee of the Prague College of Psychosocial Studies.

Data collection

Twenty-four interviews were conducted face-to-face and four interviews online. The interviews were conducted by 12 research assistants who were trained by the first author of this study before interviewing. No external observers were present during the interviews. The face-to-face interviews were conducted at the workplace or in the home of the participants in quiet rooms without distractions.

In accordance with the study goals, the interview questions were focused on participants' motivations, experience, achieved outcomes, past mental health problems, and recommendations (Table 2). The interviews were audiorecorded. Interviews ranged in length from 20 min to 96 min, but most of the interviews took approximately 48 min to complete. The participants were assigned a pseudonym during the transcription process and care was taken to remove all personally identifiable information.

Data analysis

Thematic analysis was used for data analysis [10] because this type of analysis was expected to reveal new insights into how participants made sense of their personal and social experiences. Prior to thematic analysis, the researchers repeatedly and carefully read the transcripts of the interviews. Subsequently, the researchers labeled the transcripts using thematic codes and sub-codes (names for general themes and sub-themes emerging from the texts). These thematic codes and sub-codes were then inserted by the researchers into the NVIVO 12 software in the form of nodes (thematic codes) and sub-nodes (sub--thematic codes). Furthermore, parts of the text were copied under the relevant nodes and sub-nodes. In the course of copying parts of the text under the relevant nodes and sub-nodes, the researchers discovered additional nodes and sub-nodes that enriched the already existing nodes and sub-nodes tree (Supplementary material 2). Subsequently, researchers read the texts that were assigned under the nodes and sub-nodes tree and wrote out the participants' statements on a blank sheet of paper and labeled those statements with identification labels. These labels were used to enable researchers to trace back to which participants the statements belonged.

Statements of similar meaning were grouped by the researchers, thus creating several clusters, and each cluster was given a name that emerged from the meaning of the statements that this individual cluster contained. The researchers then grouped statements of similar meaning into several clusters. Each cluster was given a name that was derived from the meaning of the statements contained in that particular cluster. Furthermore, the researchers searched for thematic links between clusters, between statements within one cluster and statements of different clusters. These thematic clusters were used to structure the content of the results.

Results

In the course of thematic analysis, eight main themes were identified (see Table 3 and Supplementary Material 2). These themes encapsulate the core findings of the study and most of them are presented in a contextual way in the following subsections. Due to the word limit for this paper, some of these themes (Experiencing Indigenous Therapies, Recommendation to Others) are only briefly mentioned in the following parts.

Motivations for participating in Indigenous healing

The motivations for participating in Indigenous therapies varied, but some kind of social influence was reported quite frequently among participants (IDs1, 2, 6, 8, 10, 12, 14, 19, 24, 26, 27, 28). The past experiences of their friends, wives, husbands, or teachers with Indigenous therapies motivated participants to try it, too. Participants also considered taking part in Indigenous therapy as safer when some other close person personally recommended it.

Furthermore, participants reported several groups of internal reasons, for example, a long-term personal interest in shamanism (IDs4, 10, 11, 14, 17, 18, 20, 21, 27) or an interest in psychedelic experiences in particular (IDs3, 6, 24). Some participants were motivated by the effort to solve their mental health problems (IDs1, 3, 8, 14, 16, 21, 22, 23, 28), a difficult life situation (IDs7, 8, 22, 23), or to improve their ability to regulate overeating (ID15) or aggressive behavior (ID24). Others tried to gain a better understanding of their own psyche (IDs10, 16, 17, 23), or to further their own personal (IDs1, 9, 19) or spiritual development (IDs2, 14, 16, 25). Some participants reported that they wanted to become purified (IDs5, 26) or were looking for inner balance (ID16). Some also wanted "a quick change in their lives" (ID9, 28) or simply had a desire to try something new (ID12, 27).

Transformational changes and mental health outcomes

All participants reported some changes ascribed to their participation in Indigenous therapies. Most of these changes were evaluated as long-lasting. Table 4 provides a detailed overview of the main changes in each participant. Increased well being, relief, more joy, calm, and satisfaction with life were reported by many. Some participants also reported improvements in emotion regulation, coping with stress, better behavioral control, problem solving, and decision making. Self-related changes included higher self-acceptance, self-love, self-assurance, and self-confidence. Some participants also reported a more sensitive, deep experience of reality, found a stronger connection to nature, and felt more meaning in the world.

Indigenous healing versus conventional Western psychotherapy

Some participants were treated by conventional Western psychotherapy before they decided to seek some alternative way, but this treatment did not help them with their mental health problems (IDs3, 14, 16, 21, 22, 23). The dissatisfaction with conventional psychotherapy was the main reason for finding and participating in Indigenous

Table 2
Interview questions.

How did you come to participate in a psychotherapy inspired by Indigenous healing?
Why did you choose this type of therapy/experience?
Describe your experiences with this form of therapy.
Which Indigenous techniques were used in the therapy?
Could you provide some examples of changes or insights you have achieved through this therapy?
Are you aware of the cultural origins of these techniques?
Have you experienced, or are you experiencing, any mental health problems?
How have you attempted to address these issues?
Do you have any advice for individuals who are interested in trying Indigenous therapy?

Table 3
Themes identified in the thematic analysis with sub-thematic examples.

Motivations: This theme covers the underlying reasons for the participants' engagement in Indigenous healing or therapy inspired by Indigenous healing techniques. *Examples: Effort to solve mental health problems, Personal development*
Experiencing Indigenous Therapies: This theme captures the subjective experiences and emotions that participants encountered during the therapy, encompassing both their personal responses and their perceptions of the shaman or therapist. *Examples: Bodily sensations, Positive emotions, Visions*
Transformational Changes and Mental Health Outcomes: This theme covers the short-term and long-term changes that participants reported following their participation in the therapy, with a focus on mental health outcomes. *Examples: Higher self-acceptance, Better coping with stress*
Comparison of Indigenous Healing and Conventional Western Psychotherapy: This theme involves the participants' perceptions and comparisons of differences between Indigenous healing practices and conventional Western psychotherapy in treatment of their mental health problems. *Examples: Perception of Western psychotherapy, Perception of Indigenous therapy*
Meeting a Different Culture: This theme captures the participants' reflections of their attitudes and interactions with practices and meanings from a culture they are not familiar with. *Examples: Prejudice towards the Indigenous culture, Crossing cultural norms*
Undergoing Indigenous Therapies in the Place of Origin: This theme involves the specific conditions and experiences that participants encountered while engaging in Indigenous therapies in the place where these practices originated. *Examples: Procedures prior to Indigenous therapy, Expectations*
Past Mental Health Problems: This theme includes the mental health issues that participants suffered prior to their participation in Indigenous therapy. *Examples: Anxiety, Depression, ADHD*
Recommendations to Others: This theme includes recommendations that participants provided to others considering Indigenous therapy. *Examples: Personal references on shaman, Do not participate only for entertainment*

Note: All sub-thematic codes are included in Supplementary Material 2.

Table 4
Transformational changes and mental health outcomes.

ID	Changes and outcomes
(ID1)	Relief, more self-understanding, self-acceptance, gaining self-love, self-forgiveness
(ID2)	More satisfied in life, meaning in the world
(ID3)	More satisfied with self, loss of anxieties, awareness that one lives in presence
(ID4)	Gaining inner balance, gaining perspective in life, being less materialistic
(ID5)	More sensitive overall, more creative, to be purified, learned to forgive
(ID6)	Better awareness of her emotions, less emotion suppression, more compassionate
(ID7)	More calm, awareness of interconnectedness of everything in the world, belief in nature
(ID8)	Relief, more satisfied in life, gaining self-love
(ID9)	Gaining control of her life, more satisfied in life, loss of social phobia, more sensitive
(ID10)	More meaning in life, better understanding of his psyche, more spiritual
(ID11)	To be purified, deepened experience of reality, inclination to polytheistic religion
(ID12)	Loss of feeling that he must govern others, more calm, improved atmosphere in the family
(ID13)	Increased joy, higher self-confidence, loss of fear of death
(ID14)	Feel inner strength, feel lightness, overcoming past life failures
(ID15)	Increased optimism, better behavioral control, seeing things differently, self-love
(ID16)	More sensitive, improved emotion regulation, more calm, less stressed
(ID17)	More freedom in decisions, less attached to events, better emotion regulation, be purified
(ID18)	Able to get to deep meditation, more patient, more self-confidence, more communicative
(ID19)	Deepening relationship with nature, starting changes in life, better problem solving
(ID20)	Deepening relationship with nature, more relaxed, less conflictual, avoidance of mass events
(ID21)	Less depressive, gaining sense of self-assurance, improved ability to experience happiness
(ID22)	Increased joy, calm, better emotion regulation, problem solving, seeing things differently
(ID23)	Increased well-being, to be more freethinker, more calm, more decisive
(ID24)	Increased well-being, improved problem solving, better coping with stress
(ID25)	Feel inner strength, self-acceptance, meaning in the world, more calm, better coping in life
(ID26)	Increased well-being
(ID27)	Increased well-being, more self-confidence, more cheerful, more able to enjoy life
(ID28)	More calm, gaining sense of self-assurance, be more social

therapies.

Participant Milan (ID23) was treated both by a psychotherapist and clinical psychologist, and he did not feel any improvements with his anxiety. He evaluated the prescription of anxiolytic drugs by his psychologist very negatively: *There hasn't been any improvement whatsoever, because those pills just numb you, they don't really solve anything. It's like headache pills, you're just not addressing the root of the problem, only solving the consequences… Conventional treatment is failing completely, and the only option is actually turning inward and not relying on some numbing medications.* After these unsuccessful attempts, he tried to seek some alternative solutions and started with thinking about Indigenous therapies. Later, he underwent the Kambo and ayahuasca rituals, which helped him to improve well-being, become calmer, and change his job from a corporate business manager to a gardener.

Petra (ID22), suffering from depression and loss of meaning in life, was treated by a psychotherapist, but with only small, short-term improvements. For her, psychotherapy was only "*talking*". Despite her feeling short-term relief after expressing her feelings to the psychotherapist, the psychotherapy did not help her "to get to the core of her problems". For this reason, she found the shamanic drumming therapy, which helped her to improve her mental health significantly.

Denisa (ID16) stated that: *conventional psychotherapy did not provide me the main thing … I did not get enough space there*. She described this experience as: *it was only about talking*. She felt from her psychotherapist that: *she is simply seeking some problem that she would like to solve*. But Denisa felt strongly that she did not want "*to be a problem*". Denisa reported that participating in Indigenous meditative rituals provided her more deep understanding of herself and more possibilities to interpret her feelings. She described Indigenous therapy as being more experiential compared to conventional Western psychotherapy.

Viola (ID14) was treated for two years in individual psychotherapy, and later she was also involved in self-experiential psychotherapeutic training for five years, but she has never completed it. She criticized conventional psychotherapy because it does not provide enough freedom: *in psychotherapy, everything must be labeled … our feelings, everything is just given. In shamanism, I can visualize it into something that nobody else might understand. And I can find there my own things, something that doesn't have words, labeling, terms … it just is … a feeling that has no label*. For Viola, the participation in shamanic drumming enabled her to visualize her life into symbols or various entities like animals, fairytale characters, etc. This provided her more freedom and "ease" in efforts to understand her inner psychic processes compared to psychotherapy. According to her, conventional psychotherapy does not provide space for experiences that are incommunicable. The necessity of verbalizing

and labeling was also the main obstacle for finishing her self-experiential psychotherapeutic training.

Back to Western everyday reality

Some participants described difficulties with returning to their ordinary lives after participating in Indigenous therapies (IDs5, 9, 13, 15, 22, 23, 24). They reported negative feelings that emerged when they tried to continue in their common, everyday activities. Jana (ID5) reported that she was angry with having to return to her work duties, and also that the return from the experience of the Kambo ritual was too quick: *What was a negative aspect for me was that return … having to work again, having to do the work that I didn't enjoy. After therapy, I still wasn't capable of such a quick turnaround. So here, here's the hustle, everyday life rushing. That was really difficult and I actually felt like it was hurting me*. Despite her being a highly social person before Indigenous therapy, she started to avoid social contact after it. She needed to be alone, ideally in absolute silence. In this period, she hated the sound of radio or any music. She said that she wished to be a "*hermit*" for at least a month.

Participant Kevin (ID15) stressed that the first month after his participation in the ayahuasca ceremonial was the most difficult for him: *That first month was really brutal. You're just flying high, like in heaven, but then you come back to those old patterns, actually to those old environments and so on. And at that moment, it's up to you to actually integrate those new insights into your life and learn how to work with them somehow*.

Some participants also worried about the permanency of the positive changes they had gained. Petra (ID22) reported: *Well, I was a bit worried, because I was like… I realized a lot of new things surfaced… but like, how long will it last? … or what now, now I go back to reality and what's going to happen*? Despite her worries, the acquired positive changes (see Table 4) had remained until our interview.

Some participants described the border between ritual spacetime and everyday reality. For example, Albert (ID13) felt that the reality evoked during the performance of Indigenous therapies was separated from our ordinary, everyday reality: *I imagined myself completely somewhere in the jungle, that you're really communicating with some other reality … those rituals are somehow detached from the world, from that cosmology*.

Meeting a different culture

Many of the participants reported that they had a "fear of the unknown" before their participation in Indigenous therapies. Sometimes they explained this fear by the awareness that the therapies are based on the "*primitive*" knowledge of an Indigenous culture. When asked if they know the culture of the therapies' origin, most of participants were not able to name any particular culture. Rather, they often said something quite general, for example: *I think it is from South America*.

Katka (ID26) pointed out the insufficient knowledge and distorted public opinion about Indigenous therapies in the general public. She was frightened by several negative web articles before her participation in purifying Kambo therapy: *Actually, this experience with those articles freaked me out a bit. Which is like a shame, you know. It's also a source of ignorance of our society about these medicines and therapeutic techniques. If there were some relevant research about it, then these false information wouldn't arise*.

Some participants also perceived the need for crossing cultural norms during the course of Indigenous therapies. All participants of ayahuasca therapies described their "strange" experiences with vomiting. In this sense, Ester (ID25) noticed the difference to Western cultural norms relating to the excretion of bodily fluids: *There's an interesting phase where a person even looks forward to throwing up. Because she knows it'll help her. Which is such an interesting thing, something we're not used to here in our country. During an ayahuasca ritual, it's not a faux pas. We're afraid to even blow our nose in front of someone, but there it's totally fine*.

Participant Lucka (ID19) debated whether it is better to participate in Indigenous therapies in the place of their origin or not: *I got introduced to ayahuasca ceremonies while traveling in South America, but I didn't participate in any there. Then I had the experience here in our country, but actually, I feel that it was different than what I expected*. She connected the effects of ayahuasca with the primary tropical rainforest where it originally grows and also with native people of this area: *Ayahuasca, it's like an energy … as a part of the wisdom of jungle that you get into yourself by drinking it. That's why it should be properly consumed somewhere where it grows in the jungles, like in South America… where some old Indian prepares it and guides you through it, yeah*. As a recommendation to people who would like to try ayahuasca ceremony, she said: *Let them think about whether to do it in our environment or to travel to the Indigenous environment where it originated and where those people know it*.

Attunement to a diverse cultural setting

Some participants (IDs6, 7, 8, 10, 11, 12, 18, 25, 28) took part in Indigenous rituals directly in the place of origin, within a community of Indigenous people. In these cases, they highlighted an important phase of attunement to a diverse cultural setting before they participated in the ritual. Ester (ID25) described this attunement as follows: *It wasn't actually just about participating in shamanic ceremonies, but overall, it was about tuning myself into the local culture. There are various techniques for cleansing oneself, using herbal teas and such for purification. So, overall, it was about getting into that vibe*.

Jirka (ID18) described the procedure that he had to undergo before being accepted as a participant in a tattoo ritual in Sumatra: *In Sumatra, I made myself a pair of trousers out of the bark of a tree, like the ones people wear there, so I was walking around in the same gear as them. They were walking barefoot, though, and I had to wear shoes because I wouldn't have been able to walk in the jungle otherwise. You had to somehow show an interest in their culture there. They said they didn't do rituals for tourists, that it was their culture, that they were protecting their culture, so you had to learn at least a few words in their language, get along with them, go foraging in the jungle with them… just live like they do. And maybe after a week or so, when I asked them again if it would be possible, they didn't see me as a foreigner anymore, but more like a friend… like part of the family*. For Jirka, gaining an Indigenous tattoo was an important shift in his life. He experienced a strong euphoria after the ritual, he described that he strengthened his patience, and also that he learned to detach his mind from his body. He reported that gaining Indigenous tattoo was like: …*that I am actually getting a piece of their culture under my skin*.

Participants who participated in Indigenous rituals directly in the place of their origin did not report any problems with returning to their ordinary Western lives after their participation in rituals. They also realized that these rituals are closely connected with the culture of their origin.

Discussion

The present study explored the first-person, lived experiences of individuals who participated in various forms of therapies inspired by traditional Indigenous healing. The findings show that many beneficial mental health outcomes occurred as a result of participating in the Indigenous therapies. Indigenous therapy was also perceived as experience-based and more complex than conventional Western psychotherapy. In contrast, Western psychotherapy was perceived as conversation-based with the requirement to verbalize all inner problems and feelings. This was perceived as a constraint. Indigenous healing associated with deep experiencing without the necessity to verbalize it was considered as providing more freedom. Interestingly, the cultural settings where the participants took part in Indigenous therapy were found to influence the integration of the experience. Participants who took part in a Western culture reported difficulties with integrating the experiences from Indigenous therapies. In contrast, participants who underwent therapy in an Indigenous culture, within the community of Indigenous people, did not report any difficulties with this integration.

When comparing the mental health outcomes to past research, the present study showed consistent findings but also revealed some further areas of mental health outcomes of Indigenous therapies. Bathje et al.[2] showed that participation in ayahuasca healing brought the following outcomes: improvements in depression, anxiety, traumatic experiences, greater depth or understanding of one's emotions, better regulation of anger, increased happiness and becoming more resilient to stress. Similarly, the present study found less depression and anxiety, better emotion regulation and coping with stress, but also increased overall well-being, more calm, satisfaction with life, higher self-acceptance, self-love, self-confidence, better behavioral control, more sensitivity, a deep experience of reality and improved problem solving and decision-making.

The findings of the present study highlight the role of the cultural environment in this research field. For example, incomplete information and a lack of understanding of Indigenous healing within the Western cultural environment generated some uncertainties in Western participants, who reported the importance of personal recommendations for Indigenous therapy from a close person. These personal recommendations reduced the "fear of the unknown" arising from the culturally different origin of the therapy. In contrast, some of the participants of ayahuasca therapy conducted (illegally) in the Czech Republic contemplated whether undergoing the ayahuasca ritual within the Indigenous cultural context would be more advantageous. They considered this possibility as more authentic, which could bring a deeper, more complex and safer experience. The participants who underwent Indigenous therapy in its native cultural environment reported the necessity of attuning to diverse cultural settings before participating, but they did not describe any difficulties with integrating their experiences and returning to everyday reality. Moreover, in contrast to participants in the Western cultural environment, these individuals perceived Indigenous therapy or techniques more as an integral part of a broader cultural framework.

The participants' narratives indicated that the Western sociocultural environment lacks an open and supporting space for altered states of consciousness which are often part of or even the core of Indigenous healing. Indigenous practices, symbolism or substances are perceived as anomalous or "strange", making the integration of experiences from these therapies into everyday life in Western culture quite difficult. The participants who took part in a Western culture reported that they needed a lot of time to integrate their experiences. Thus, follow-up psychotherapeutic support is considered to be essential for facilitating the integration of experiences from Indigenous therapies in Western clients.

The results of the present study, together with the findings from previous research,[6,14,15] indicate that sociocultural discourse, the framing of the therapy (or ritual) and pre-existing beliefs and expectations are factors that impact both the experience itself and its subsequent cognitive processing and integration. This necessarily raises the question of differences and consequences when adapting Indigenous techniques to Western culture versus participation directly in Indigenous culture as an outsider (as a non-member of the particular culture). This topic deserves deeper future exploration to understand the psychological processes related to varied cultural contexts.

The present study has several limitations. The therapeutic changes ascribed to the participation in Indigenous therapies was only subjective, not measured by any objective diagnostic measures. Furthermore, the participation in different types of Indigenous therapies were included, both with and without psychoactive drugs intake. Also, the generalizability of findings of qualitative research is limited.

Conclusions

The present study showed that Indigenous healing had beneficial outcomes for Western clients, but the integration of these experiences was quite difficult in a Western cultural environment. The important question arising in the context of culturally integrative psychotherapy is focused on optimal adaptation of Indigenous healing techniques into Western psychotherapy models. What delineates the threshold at which an Indigenous technique becomes comprehensible and integrable for individuals from Western culture, versus when it undergoes reduction and assimilation to the extent that its inherent meaning becomes obscured? Seeking optimal ways of adaptating Indigenous healing techniques into Western psychotherapy models is an important future challenge for both research and psychotherapeutic practice.

CRediT authorship contribution statement

Radek Trnka: Writing – review & editing, Writing – original draft, Supervision, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Arnost Krtek:** Writing – review & editing, Writing – original draft, Visualization, Formal analysis. **Radmila Lorencova:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Conceptualization.

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.explore.2024.103059.

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