

# From Acute Altered States to Durable Change: A Social-Psychological Framework for Contextual Framing, Integration, and Post-Acute Stabilization

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## ABSTRACT

Recent psychedelic research has shown that compounds such as psilocybin, DMT, ayahuasca, and 5-MeO-DMT can induce acute altered states involving self-dissolution, altered reality-status, and heightened meaning attribution. Historical and cross-cultural evidence likewise suggests that nonordinary states have often been embedded within ritual, initiation, contemplative discipline, and structured interpretive systems rather than treated as isolated pharmacological events. This article develops a theoretical framework for understanding how acute altered states may, or may not, become durable psychological, behavioral, and existential change. It argues that acute intensity alone is insufficient and that contextual framing, post-acute integration, and pre-existing integrative capacities jointly shape long-term outcomes. The framework compares DMT, ayahuasca, 5-MeO-DMT, psilocybin, LSD/lysergamides, contemplative practice, fasting, breathwork, and near-death experiences without claiming causal identity among them. It concludes with testable hypotheses concerning contextual framing, recall, integration, individual differences, and durable transformation.

**Keywords:** psychedelics; altered states; contextual framing; integration; self-transcendent experience

## INTRODUCTION

Recent psychedelic research has generated substantial evidence that serotonergic psychedelics can induce acute states involving ego attenuation, altered salience, unusual forms of self-experience, and, in some cases, clinically meaningful aftereffects [7, 8]. Across clinical and experimental settings, such states have been associated with symptom reduction, existential reorientation, and changes in perceived life significance [6, 8]. Yet an important theoretical problem remains insufficiently specified: why do some acute altered states contribute to durable change, whereas others remain transient, weakly integrated, or behaviorally inconsequential?

Acute intensity alone does not resolve this problem. Reports of self-dissolution, unity, encounter, or altered reality-status do not reliably predict whether an experience later becomes stable behavioral reorganization, enduring existential revision, or only a powerful but fading memory. Nor is pharmacology alone sufficient to explain these differences. Similar classes of compounds can produce markedly different long-term outcomes across individuals, settings, and interpretive environments. The explanatory gap therefore appears to lie not only in acute state induction, but in the conditions under which the experience is framed, interpreted, retained, and integrated.

Current approaches remain only partially adequate to this problem. Psychedelic psychiatry has clarified therapeutic promise, adverse-event structure, and the importance of preparation and integration [8]. Related literatures have emphasized phenomenology, selfhood, mystical appraisal, ritual structure, and social containment. However, these bodies of work still tend to illuminate adjacent aspects of the same question without integrating them into a shared explanatory model. As a result, the pathway from acute altered state to durable change remains under-theorized.

This article addresses that gap by advancing three claims. First, acute phenomenological intensity is not a sufficient proxy for long-term transformation. Second, contextual framing and post-acute integration are proposed as major modulatory conditions of tolerability, interpretation, and consolidation. Third, integrative maturity is introduced as a moderating construct linking acute state to durable outcome. The term refers here not to an achieved developmental endpoint, but to a pre-existing configuration of capacities that may influence whether nonordinary states are worked with in ways that support later consolidation.

Within the present framework, post-acute integration refers to the process by which acute experience is metabolized after the event, post-acute stabilization refers to the degree to which salient experiential contents are retained and consolidated across time, and durable change refers to the broader behavioral, psychological, or existential outcome when such stabilization becomes embodied.

A further conceptual advantage of the present framework is that it allows this pathway to be described in informational terms without reducing experience to abstract computation. The term is used here in a descriptive and heuristic sense, not as a formal information-theoretic construct. On this view, what is transformed is not only affect or self-description, but the organization, weighting, retention, and behavioral embedding of experiential contents. Acute altered states may transiently reorganize salience, self-modeling, and meaning attribution, but lasting change depends on whether this reorganization is stabilized across interpretation, memory, and action.

The argument is comparative but non-reductive. It does not claim that psychedelic states are identical with contemplative realization, that ritual traditions can be reduced to pharmacology, or that endogenous DMT explains mystical experience [3, 4]. Nor does it claim causal identity across psychedelic, ritualized, contemplative, and near-death states. Its aim is narrower: to clarify how different pathways may generate partially overlapping altered states, and why those states vary so widely in long-term consequence. More specifically, the article seeks to explain variance in enduring outcome by introducing contextual framing, post-acute integration, and integrative maturity as jointly relevant explanatory variables.

The framework is intentionally selective rather than exhaustive. The comparison domains included here are not assembled to propose a unified theory of all nonordinary states. They are included only insofar as they clarify a single explanatory problem: how acute altered states do, or do not, become durable change.

## CONCEPTUAL CLARIFICATIONS

### Acute altered states

Acute altered states are temporally limited episodes in which ordinary patterns of self-processing, salience attribution, affect regulation, perceptual organization, or reality-appraisal are significantly modified. The term is broad enough to include pharmacologically induced states, but narrow enough to exclude ordinary mood fluctuation or mild absorption. Within psychedelic research, such states often include ego attenuation, intensified affect, altered time-sense, unusual perceptual vividness, and experiences appraised as highly meaningful or unusually weighty [8, 9].

The term is preferable to stronger metaphysical vocabulary because it permits cross-context comparison without presupposing interpretation. An acute altered state may later be framed as therapeutic breakthrough, mystical event, symbolic confrontation, neurobiological disruption, or overwhelming destabilization. The state is therefore explanatorily important, but not self-interpreting.

### Self-transcendent experience

Self-transcendent experience refers to a temporary weakening, suspension, or reorganization of ordinary self-boundaries and self-referential processing. This may involve reduced autobiographical fixation, altered bodily self-location, diminished subject-object distinction, or a felt sense of unity or boundary-loss. In psychedelic literature, related constructs include ego dissolution, oceanic boundlessness, and mystical-type experience [8].

Here, self-transcendence is treated as a phenomenological descriptor rather than as proof of nonduality, religious truth, or mature spiritual development. A self-transcendent state may be profound, destabilizing, clinically useful, or poorly integrated.

### **Altered reality-status**

Altered reality-status refers to reports that an experience felt more real than ordinary waking life, more authoritative than reflective thought, or more fundamental than everyday perception. The concept is intended to capture a shift in how reality itself is appraised during the experience rather than mere sensory intensity.

This distinction matters because altered reality-status may be more relevant to later existential impact than visual complexity or raw intensity alone. A highly visual state may later be remembered as strange, whereas a state appraised as deeply real may reorganize values, self-understanding, or death-related orientation.

### **Noetic appraisal**

Noetic appraisal refers to the subject's evaluation of an experience as revealing, knowledge-like, or directly significant. The term is narrower than noetic quality because it emphasizes not only the felt character of the state but the subject's appraisal of its epistemic or existential relevance. This distinction matters because phenomenological intensity and noetic appraisal do not always co-vary. An intense state may later be appraised as chaotic, whereas a less elaborate state may be appraised as clarifying or consequential.

### **Contextual framing**

Contextual framing refers to the network of expectations, symbols, interpretive cues, relational structures, and procedural forms that shape how an altered state is entered, tolerated, interpreted, and remembered. It includes familiar notions such as set and setting, but extends beyond them to include ritual sequence, initiation structure, therapist preparation, music, silence, authority relations, moral framing, and post-acute interpretation. This broader term is useful because the paper compares not only laboratory or clinical sessions, but also ayahuasca ceremonies, contemplative disciplines, and selected historical comparison cases [1, 11].

In this sense, contextual framing should not be understood as a mere background variable. Rather, it may materially shape which aspects of experience become salient, how they are categorized, what degree of interpretive authority they acquire, and how they are later retained or acted upon. It therefore functions as a major modulatory influence on the organization of experiential contents.

### **Post-acute integration**

Post-acute integration refers to the processes by which the experience is metabolized after the altered state has subsided. These may include reflection, emotional digestion, bodily stabilization, behavioral translation, revision of self-narratives, symbolic reinterpretation, and relational change. Integration is one of the principal loci at which acute altered states either become consolidated into life-structure or begin to fade, fragment, or become misinterpreted [11].

### **Informational organization**

The present paper uses the term informational organization in a deliberately descriptive and non-formal sense. It does not refer to a formal information-theoretic model, does not imply a mathematically specified process architecture, and does not claim that psychedelic or contemplative states disclose a metaphysically privileged informational substrate of reality. Rather, it refers to the way experience is structured, weighted, interpreted, retained, and behaviorally enacted across time. In this restricted sense, altered states may be understood as episodes in which the organization of experience is transiently reconfigured: salience hierarchies shift, ordinary self-models loosen, previously weakly integrated material may become affectively dominant, and new relations among memory, meaning, and action may become possible.

This concept is useful because it provides a common descriptive level linking acute phenomenology, contextual framing, recall, and post-acute integration. Contextual framing may be understood as shaping the interpretation of experiential contents; integration as the metabolization and stabilization of such contents; and durable change as the extent to which this reorganization becomes embodied in conduct, valuation, and self-relation.

### **State, trait, and durable change**

A strict distinction is required between state, trait, and durable change. A state is temporary. A trait is relatively stable. Durable change refers more broadly to persistent reorganization in behavior, affective patterning, existential orientation, or self-relation. This distinction prevents a recurrent category error: treating an acute self-transcendent state as if it were already equivalent to enduring transformation. Acute altered states may be necessary in some cases, but they are not sufficient. What matters is whether the state is stabilized, interpreted, and embodied under conditions that support durable reorganization.

These terms are introduced as analytic rather than metaphysical distinctions. Their function is to clarify levels of explanation relevant to the transition from acute state to durable change, not to resolve ontological, theological, or phenomenological debates in full.

## **INTEGRATIVE MATURITY AS THE CENTRAL MODERATING CONSTRUCT**

Current psychedelic research shows that self-transcendent or mystical-type experiences can correlate with favorable outcomes, but such findings do not explain why similarly intense acute states lead to markedly different long-term trajectories [8]. Some participants report lasting reorganization of meaning, reduced depressive burden, lower death anxiety, or stable behavioral change. Others report temporary afterglow, attenuated recall, partial benefit, or little lasting modification despite substantial acute intensity. Phenomenological magnitude alone is therefore not an adequate explanatory variable.

To address this gap, this paper introduces integrative maturity as a heuristic higher-order construct intended to explain variance in post-acute consolidation not adequately captured by acute intensity, readiness, or contextual framing alone. The construct is not proposed as a moral ideal, spiritual status marker, or psychometrically validated replacement for established variables such as readiness, emotional regulation, psychological flexibility, trait mindfulness, or decentering. Rather, it is introduced as a synthetic explanatory construct that groups several pre-existing capacities likely to influence whether acute experiences are later consolidated into durable change.

This distinction is critical. Readiness primarily concerns willingness or preparedness to enter the experience. Psychological flexibility concerns adaptive responding under changing internal conditions. Trait mindfulness and decentering concern modes of attention and self-relation. Emotional regulation concerns modulation of affective arousal. Integrative maturity, as used here, does not replace these constructs and is not reducible to any one of them. It is proposed instead as a theory-level organizing construct for the specific combination of capacities most relevant to post-acute consolidation: tolerating destabilization, maintaining interpretive restraint, retaining salient contents, and translating them into behavioral or existential reorganization.

Integrative maturity therefore refers to a pre-acute configuration of capacities that may influence how destabilizing or self-transcendent states are tolerated, interpreted, retained, and behaviorally enacted. In informational terms, it denotes the capacity to receive, organize, discriminate, retain, and behaviorally embed nonordinary experiential contents. This formulation is intended as descriptive shorthand for post-acute selection, retention, and enactment of salient experiential contents, rather than as a formal theory of information processing.

At least six dimensions are theoretically central: emotional tolerance, self-observation, interpretive stability, behavioral and relational orientation, capacity for embodiment, and resistance to experiential inflation. These dimensions are proposed as the minimum theoretical architecture required to explain why the same class of acute experience may produce divergent outcomes.

Integrative maturity should not be treated as an isolated intrapsychic trait. Its relevance is fully visible only in relation to contextual framing. A person with moderate integrative maturity may do relatively well in a strongly

structured container but poorly in an uncontained setting. Conversely, even a comparatively mature person may be destabilized by poor screening, absent integration, coercive authority, unsafe ritual conditions, or inadequate preparation. Integrative maturity and contextual framing are therefore best understood as interacting variables rather than competing explanations.

A further reason to place integrative maturity near the center of the theory concerns memory. Not all transformative states are equally available to explicit autobiographical recall. When autobiographical organization is substantially weakened during the acute phase, later recall may be fragmentary, affectively saturated, or difficult to narrativize. In such cases, later consolidation may depend not only on what was experienced, but on what can subsequently be retained, reconstructed, and behaviorally enacted.

Integrative maturity should also be distinguished from simple openness or suggestibility. A person can be highly permeable during an acute state and yet remain poorly equipped for durable reorganization. Permeability without sufficient interpretive stability may increase the risk of confusion, overattribution, or externally imposed meaning. Durable change appears to require a more complex balance: enough openness to allow reorganization, enough stability to prevent fragmentation, and enough discernment to translate experience into life rather than ideology.

## **CONTEXTUAL FRAMING: RITUAL, INITIATION, AND STRUCTURED CONTAINMENT**

Acute altered states are rarely encountered as psychologically unframed events. In both historical and contemporary settings, they tend to be embedded in systems of expectation, symbolic interpretation, procedural order, authority, and post-event meaning-making. This is true of ayahuasca ceremonies, contemplative disciplines, clinical psychedelic treatment, and, more tentatively, some historical comparison cases [1, 11]. The relevant analytic point is not that these contexts are equivalent, but that altered states are typically encountered through a frame that shapes how they are entered, tolerated, interpreted, and remembered.

For this reason, the narrower term setting is insufficient. Setting usually refers to environment and immediate psychological context. By contrast, contextual framing includes symbolic structure, procedural sequence, initiation logic, culturally transmitted expectations, relational authority, and post-acute interpretation.

Within this framework, ritual can be understood as a context-structuring system that organizes attention, expectation, emotional regulation, and meaning attribution. Its function is not merely decorative. Ritual reduces ambiguity while increasing salience: it signals that the experience belongs to an ordered process and that certain responses, interpretations, and transitions are appropriate. Ayahuasca traditions are a clear contemporary example. Their effects cannot be reduced to pharmacology alone because songs, healer guidance, bodily process, ceremonial sequence, and communal structure actively shape both acute phenomenology and its aftermath [5].

Initiation extends this structure further. Unlike ritual in a broad sense, initiation marks transition. It places the individual within a process of passage in which ordinary identity is suspended, liminal intensity is encountered, and re-entry occurs under altered conditions of meaning. Initiation matters because it links acute altered states to identity reorganization rather than to transient sensation.

A cautious historical comparison may be drawn with Eleusis. Even though the exact pharmacological status of kykeon remains unsettled, the Eleusinian Mysteries clearly involved fasting, procession, secrecy, mythic sequence, and an initiatory structure centered on descent, return, and altered relation to death. Recent chemical work has strengthened the plausibility of an ergot-related sacramental hypothesis by showing that toxic ergot-derived materials can, under ash-derived alkaline conditions, yield psychoactively relevant lysergic acid amide derivatives such as LSA and iso-LSA [1]. This does not establish the historical recipe, experiential profile, or ritual function of kykeon; it only increases the chemical plausibility of one hypothesis.

Among contemporary cases, ayahuasca remains especially important because it demonstrates that pharmacology and framing may be practically inseparable. It is not merely a route of DMT administration, but an orally

extended, MAOI-mediated system embedded in ceremony, music, authority, symbolic diagnosis, and communal holding. That is why the present paper treats ayahuasca as a ritualized oral DMT system rather than as a simple subtype of DMT exposure.

A comparable point applies to modern psychedelic therapy. It is sometimes discussed as if the drug were primary and preparation and integration merely supportive. A more precise formulation is that psychedelic-assisted therapy is a complex intervention in which pharmacology, therapist relationship, preparatory framing, inward attentional guidance, and post-acute integration all contribute to outcome [11]. Modern clinical protocols can therefore be understood as secular context-structuring systems.

The claim is therefore functional rather than genealogical: these systems need not share metaphysical commitments, historical descent, or identical mechanisms in order to perform structurally comparable roles in the regulation and consolidation of nonordinary experience.

## PSYCHODELIC PROFILES OF ACUTE ALTERED STATES

The present framework does not treat psychedelic experience as a unitary category. Compounds such as DMT, ayahuasca, 5-MeO-DMT, psilocybin, and LSD induce nonordinary states with different temporal profiles, phenomenological structures, routes of administration, and relations to contextual framing. These differences matter because durable outcome may depend not only on whether self-transcendence occurs, but on how the altered state is structured, how narratively recoverable it is, and how readily it can be integrated afterward.

DMT is best treated as a model of visionary encounter. Its acute phenomenology is frequently reported as immersive, hyperreal, and externally structured, often involving entities, architectural environments, apparently autonomous presences, or communication-like sequences. Large-scale analyses of inhaled DMT reports indicate that entity encounters are common rather than incidental [9]. DMT is therefore especially useful for theorizing altered reality-status and encounter structure.

If DMT represents the visionary core of a tryptamine encounter-state, ayahuasca represents that same core in an extended, orally active, and highly framed form. Ayahuasca is pharmacologically relevant to DMT because MAO inhibition renders DMT orally active, but it cannot be adequately understood as DMT by another route. Its duration, somatic dimension, ceremonial framing, musical guidance, and communal-symbolic context make it a distinct model of altered-state induction. Within this framework, ayahuasca is best conceptualized as a ritualized oral DMT system.

5-MeO-DMT should be treated as a separate phenomenological class rather than a simple variant of DMT. Although both are tryptamines and both can induce self-transcendent states, the literature increasingly indicates that 5-MeO-DMT produces a profile centered less on visionary encounter and more on nondual self-dissolution, unity, emptiness, collapse of subject-object structure, and extreme disruption of ordinary self-reference [2, 12]. Whereas DMT often yields experience with relatively strong narrative or encounter structure, 5-MeO-DMT may generate states in which autobiographical organization is markedly attenuated.

Psilocybin occupies a different role. It is neither as brief as DMT or 5-MeO-DMT nor as tightly bound to a longstanding ceremonial system as ayahuasca. Instead, it is the most clinically elaborated comparison model in current psychiatric and psychotherapeutic research. Its longer duration allows more extensive preparation, more extended acute processing, and more structured post-acute integration. It is therefore treated here as a model of clinically integrable acute insight [6, 8].

LSD enters the framework primarily as a comparative reference point. It remains one of the classical psychedelics most strongly associated with the modern scientific history of altered states and provides the most familiar modern reference for lysergamide phenomenology. It is also useful for clarifying ergot-related historical discussions. The point is not to suggest that Eleusis involved ancient LSD, but to situate such hypotheses within a broader lysergamide frame intelligible to contemporary readers.

## HISTORICAL AND COMPARATIVE CONTAINERS

If the present framework is correct, then acute altered states should not be analyzed only at the level of substance and symptom. They should also be analyzed at the level of the container in which they are induced, interpreted, and stabilized. Historical comparison matters for this reason. Across widely different cultures and epochs, nonordinary states tend to be embedded within structures of ritual, initiation, fasting, authority, symbolic sequence, or post-event interpretation. The enduring human problem has therefore not been merely how to induce an altered state, but how to transform such a state into something intelligible, survivable, and socially or existentially consequential.

Ayahuasca is especially important because it remains a living example of a system in which pharmacology, ceremony, music, bodily process, and interpretation are interdependent. In many settings, ayahuasca is not presented as mere psychoactive exposure but as part of a healing or diagnostic process in which songs, healer authority, communal space, and symbolic expectations regulate the participant's relation to the experience [5]. It therefore shows that a psychoactive system can be simultaneously pharmacological, ritual, interpersonal, and interpretive.

A more historically distant comparison may be drawn with initiatory traditions in which fasting, secrecy, procession, or sacramental elements were embedded in a broader framework of descent, transition, and return. The value of such cases for the present paper is structural rather than evidentiary in a narrow historical sense.

This broader historical pattern clarifies why modern psychedelic treatment should not be interpreted as context-free pharmacology. Clinical systems are not identical to historical initiatory traditions or ayahuasca ceremony, but they are functionally comparable in one important sense: they structure anticipation, regulate exposure, provide authority and relational support, and create post-acute mechanisms for interpretation and consolidation.

## ENDOGENOUS AND NON-PHARMACOLOGICAL PATHWAYS

A framework concerned with the transition from acute altered state to durable change cannot be restricted to exogenous compounds alone. Similar phenomenological features--self-dissolution, altered reality-status, noetic appraisal, reduced fear of death, heightened meaning attribution, and enduring existential shift--are also reported in contemplative practice, fasting, breath-based practices, near-death experiences, and other liminal conditions. This does not imply causal identity with psychedelic states. It does imply that a purely substance-centered model is incomplete.

One recurring bridge in this discussion is endogenous DMT. Reviews confirm that DMT is produced endogenously in mammals and is part of the organism's broader neurochemical repertoire [3, 4]. This weakens an overly rigid distinction between foreign drug state and humanly possible state. At the same time, current evidence does not justify the stronger claim that endogenous DMT reaches psychedelic concentrations during meditation, birth, dying, or near-death experience [4]. Endogenous DMT is therefore best treated as biologically relevant but explanatorily limited.

Meditation and contemplative practice provide a second major comparison pathway. Contemporary comparative work suggests that meditation and psychedelics can both facilitate self-transcendent or mystical-type states, albeit with different temporal dynamics, degrees of control, and interpretive frameworks [10]. Contemplative disciplines generally proceed through gradual training, attentional stabilization, repeated shifts in self-referential processing, and increasingly refined phenomenological discrimination rather than through abrupt pharmacological destabilization.

Fasting, breathwork, and related liminal physiological manipulations also belong within the comparison set. These practices can alter interoception, salience, affective tone, and attentional structure, and in some cases generate experiences later described as unusually meaningful, expansive, or revelatory. The present framework does not reduce such states to any single pathway.

Near-death experiences are particularly relevant because they often include features strongly associated with psychedelic reports: altered time, unusual light phenomena, reduced fear of death, encounter-like content,

profound noetic appraisal, and later existential reorientation. DMT is often discussed in relation to near-death phenomenology, but the present paper treats near-death experience primarily as a natural comparison case, not as evidence for a single causal mechanism.

These cases are included for structural and phenomenological comparison at the level of the state-to-change problem, not as evidence of shared mechanisms, identical developmental significance, or equivalent explanatory status.

## **RECALL, NON-RECALL, AND IMPLICIT INTEGRATION**

A central but under-theorized issue in altered-state research concerns what remains available after the acute state has ended. Much of the literature assumes that significance will be mediated through explicit recall, reflective interpretation, and later narrative integration. That assumption may hold reasonably well for some psychedelic states, especially when they retain coherent autobiographical, symbolic, or encounter structure. It may hold less well for states marked by extreme self-dissolution, minimal narrative organization, or substantial disruption of autobiographical encoding.

The first level is explicit recall: the degree to which the participant can later describe the experience in recognizable autobiographical, symbolic, or conceptual form. This includes remembered imagery, event sequence, entity encounters, affective transitions, bodily phenomena, or perceived insights. Explicit recall is especially important in clinical settings because integration often proceeds through verbalization, reframing, and narrative reconstruction. Yet recall is not a neutral index of significance.

The second level may be termed noetic residue. This refers to cases in which explicit recall is weak or fragmentary, yet the person retains a strong post-acute sense that the experience carried unusual authority, meaning, or existential consequence. What remains is not a full narrative, but a residue of certainty, orientation, or value shift.

The third level is implicit integration. By this term, the paper refers to post-acute changes that may occur without strong explicit recall or fully articulated meaning attribution. These may include altered emotional tone, reduced fear, changes in bodily tension, shifts in relational style, altered salience hierarchies, or changes in existential sensitivity that are evident behaviorally or affectively but not narratively well explained by the participant.

From this standpoint, the problem of recall is also a problem of post-acute availability. The question is not only whether an experience occurred, but in what form its contents remain available after the acute phase: as narratively recoverable material, as noetic residue, or as only indirectly accessible traces expressed through affect, valuation, and behavior. This distinction helps explain why some of the most intense states may be among the least narratively recoverable without thereby being irrelevant to long-term change.

5-MeO-DMT is especially important here because it pressures ordinary assumptions about autobiographical memory and integration. Reviews of 5-MeO-DMT consistently describe states of radical ego attenuation, unity, nonduality, or boundary collapse, and recent clinical work suggests that these states can be psychologically consequential despite their brevity [2, 12]. This combination--high intensity, weak narrative structure, and potential long-term effect--makes 5-MeO-DMT a limiting case for integration theory.

The present argument does not assume that weak explicit recall implies deep transformation. It claims only that narrative accessibility and long-term significance should not be treated as equivalent variables. The present framework therefore proposes that integrative maturity may influence not only tolerability and interpretation, but also recall and consolidation.

## **MODERN CLINICAL STRUCTURES AS SECULAR CONTAINERS**

Within contemporary psychedelic research, there remains a tendency to discuss the pharmacological agent as primary and the therapeutic process as supportive or auxiliary. For the purposes of the present framework, that ordering is inadequate. If the central theoretical problem concerns how acute altered states become durable

change, then modern clinical structures must be understood not as secondary additions to a drug effect, but as organized systems of containment, interpretation, and consolidation.

Preparation is one of the principal ways in which modern clinical settings function as secular containers. Preparatory sessions typically establish rapport, clarify intention, review likely phenomenological features of the acute state, and reduce the probability that destabilizing experiences will be interpreted as permanent insanity or uncontrollable threat.

Screening is not only risk management, but also a structural regulator of who enters the altered-state process under what conditions. Screening determines whether a person's psychiatric, medical, and interpersonal circumstances are compatible with the demands of acute destabilization and post-acute integration.

Music and eyeshades also have a more substantial theoretical role than is often acknowledged. They structure the participant's relation to the acute state by reducing external distraction, supporting inward attention, and regulating affective pacing [5]. Therapist presence should likewise not be treated as passive observation of pharmacological action. In many protocols, therapist presence functions as a stabilizing relational anchor during periods of uncertainty, vulnerability, or self-loss.

Integration sessions are the clearest point at which modern clinical systems reveal themselves as transformation-oriented rather than experience-oriented. These sessions create a setting in which affective residue, noetic appraisal, autobiographical memory, and behavioral implications can be processed after the acute state has ended.

## **SAFETY, DEPENDENCE LIABILITY, AND MISUSE**

Any theoretical account linking psychedelic experience with durable change, ritual structure, or contemplative comparison is likely to encounter skepticism from readers who primarily associate psychoactive substances with addiction or neurobehavioral harm. Conceptual precision therefore requires distinguishing dependence liability from overall risk profile. These are not equivalent categories.

Classical psychedelics such as psilocybin, LSD, DMT, and 5-MeO-DMT are generally regarded as having relatively low physiological dependence liability compared with opioids, alcohol, nicotine, benzodiazepines, or stimulants. In particular, reviews of medical psilocybin have concluded that its abuse potential appears relatively low under controlled conditions and that classic serotonergic psychedelics do not typically exhibit the same profile of compulsive daily use, escalating physiological dependence, or classical withdrawal syndrome seen in more strongly dependence-producing drug classes [7].

However, low physiological dependence liability does not imply low risk. In the context of classical psychedelics, the principal risks are often of a different kind: acute panic, dysphoric overwhelm, destabilization in vulnerable individuals, hazardous environments, poor screening, medication interactions, impaired judgment during intense states, and inadequate post-acute integration.

The present framework therefore distinguishes misuse from classical physiological dependence. Misuse may include repeated state-seeking in the absence of integration, avoidance of ordinary psychological or relational work through recurrent extraordinary experience, grandiose reinterpretation and identity inflation, or conversion of psychedelic intensity into identity rather than developmental change.

## **THE CENTRAL THEORETICAL PROBLEM**

Acute altered states, even when intense, meaningful, or self-transcendent, do not in themselves explain durable change. Several factors help account for this. First, intensity may disrupt existing patterns without reorganizing them. Second, meaning attribution may remain unstable after the acute phase. Third, recall may be incomplete, limiting later integration. Fourth, integration may fail despite strong perceived insight. Fifth, rapid induction may outpace the subject's available interpretive and regulatory capacities. Finally, acute states may be followed by inflation, repetition, or dissipation rather than durable reorganization.

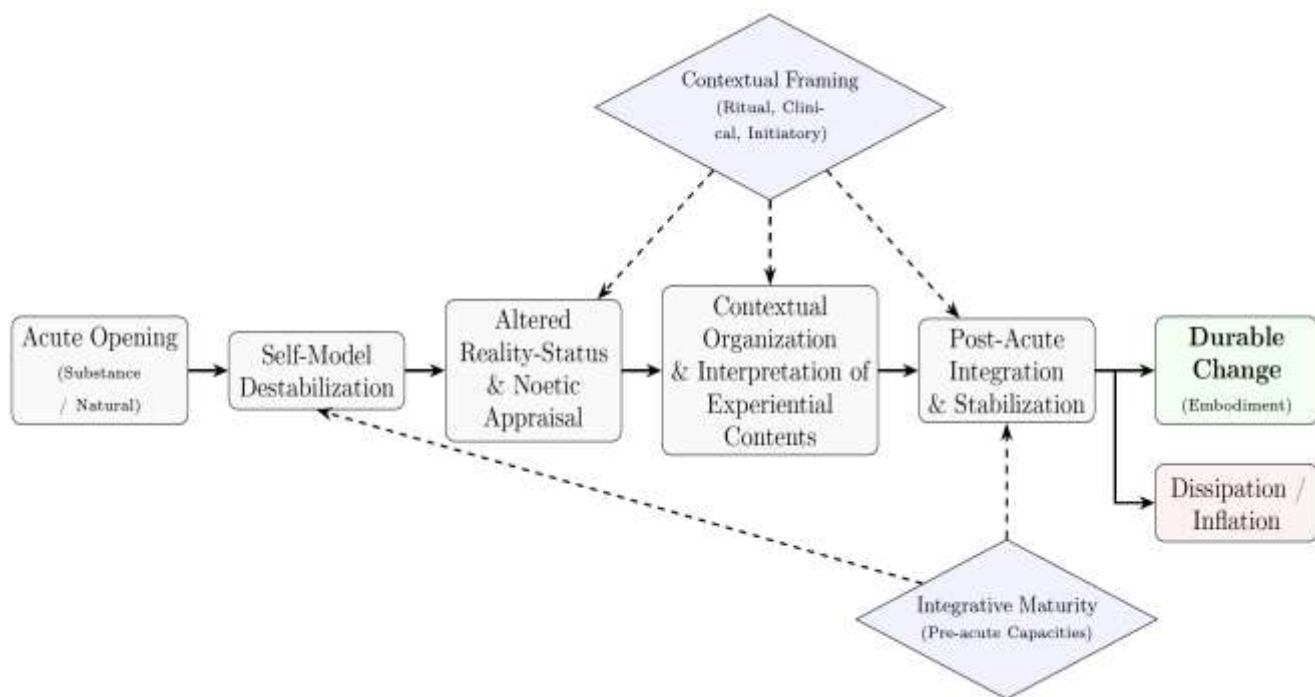
Acute altered states therefore fail to become durable change not because they lack significance, but because disruption, noetic appraisal, and phenomenological intensity are not sufficient in themselves. Consolidation depends on stable meaning attribution, recall or post-acute reconstruction, integration, and the individual's capacity to metabolize the experience without inflation, avoidance, or dissipation.

## THE PROPOSED FRAMEWORK

The framework developed in this paper is designed to explain how acute altered states become, or fail to become, durable psychological, behavioral, or existential change. Its central claim is not that altered states are unimportant, nor that they are sufficient. Rather, their long-term significance depends on a sequence of interacting processes shaped by both contextual framing and integrative maturity.

The model may be summarized schematically as follows: Acute opening -> self-model destabilization -> altered reality-status and noetic appraisal -> contextual organization and interpretation of experiential contents -> post-acute integration and stabilization -> durable change or dissipation.

Figure 1 summarizes the proposed framework by illustrating how acute altered states may move toward either durable change or dissipation depending on contextual framing, post-acute integration, and integrative maturity.



**Figure 1. Moderated pathway from acute altered states to durable change.**

Across this sequence, integrative maturity functions as a moderating construct, influencing tolerability, interpretive stability, memory consolidation, and the likelihood that the acute state is translated into enduring reorganization. Acute opening refers to the induction of a nonordinary state through one of several pathways: psychedelic pharmacology, ritual-sacramental ingestion, contemplative intensification, liminal physiology, or crisis conditions such as near-death experience.

Self-model destabilization refers to disruption of the ordinary autobiographical, bodily, and self-referential frame through which experience is usually organized. Altered reality-status and noetic appraisal mark the phase in which the event is experienced not merely as intense, but as unusually real, meaningful, or knowledge-bearing.

Contextual organization and interpretation of experiential contents refer to the way the acute state is selected, categorized, interpreted, and retained within an existing or newly supplied frame. Meaning does not emerge from the state alone; it emerges from the interaction between what is experienced and how that experience is organized by ritual, therapy, contemplation, memory, and post-acute reflection.

Post-acute integration and stabilization refer to the processes through which the subject metabolizes the event after the acute phase has ended and either embeds or fails to embed its salient contents in behavior, valuation, and self-relation. Across all these stages, integrative maturity functions as a moderating filter.

The sequence is proposed as a heuristic model of explanatory organization rather than as a fixed temporal mechanism or a mathematically specified process model. Its purpose is to clarify the probable relations among acute phenomenology, framing, interpretation, recall, integration, and longer-term outcome.

Under this framework, durable change may be understood, in a descriptive and non-formal sense, as a problem of post-acute stabilization: not every intense state reorganizes experience in a way that can be retained, interpreted, and embodied. What matters is whether salient experiential contents are successfully structured by context, metabolized through integration, and stabilized in conduct, valuation, and self-relation.

One strength of this framework is that it can accommodate different pathways without collapsing them into a single cause. DMT may enter the sequence through visionary encounter; ayahuasca through a ritualized oral DMT container; 5-MeO-DMT through radical self-dissolution; psilocybin through a longer clinically structured window; contemplative practice through gradual cultivation; near-death experience through crisis-based disruption.

## IMPLICATIONS AND TESTABLE HYPOTHESES

A theoretical framework is useful only if it clarifies variables that can later be examined empirically. The present model is intended to do precisely that. Its purpose is not merely to redescribe psychedelic, ritual, or contemplative experience, but to identify distinctions and moderating factors that may explain why acute altered states sometimes lead to durable change and sometimes do not.

**Hypothesis 1:** Acute phenomenological intensity will predict durable change only partially; its predictive value will be significantly moderated by integrative maturity and post-acute integration quality.

**Hypothesis 2:** Participants receiving stronger contextual framing--whether ritual, initiatory, or therapeutic--will show better post-acute integration and more durable change than participants in weakly framed or poorly integrated contexts, even when acute phenomenological intensity is comparable.

**Hypothesis 3:** DMT and 5-MeO-DMT will produce distinguishable post-acute profiles, with DMT associated more strongly with visionary-encounter recall and 5-MeO-DMT associated more strongly with nondual self-dissolution, weaker narrative recoverability, and greater dependence on post-acute meaning reconstruction.

**Hypothesis 4:** Ayahuasca will differ from inhaled or injected DMT not merely in duration, but in the extent to which participants report that ceremonial, relational, and symbolic framing shaped the interpretation and later integration of the experience.

**Hypothesis 5:** Narrative recoverability will vary systematically across altered-state profiles and will not map directly onto long-term significance.

**Hypothesis 6:** Some participants, particularly following highly self-dissolving states, will show weak explicit recall but measurable noetic residue or indirect behavioral or existential change.

**Hypothesis 7:** Participants with prior contemplative training may show greater tolerability during acute self-dissolution and more structured post-acute integration than participants without such training, controlling for acute intensity and baseline clinical variables.

**Hypothesis 8:** Any apparent effect of contemplative training on post-acute outcome will be reduced when models include measurable capacities associated with integrative maturity, consistent with partial mediation by those capacities rather than by doctrinal commitment alone.

**Hypothesis 9:** Integrative maturity will show stronger association with durable behavioral and existential change than acute mystical-type experience scores alone.

**Hypothesis 10:** Ritualized and clinical framing systems may differ in symbolic language while still showing partial functional overlap in measured domains such as tolerability, interpretive coherence, and post-acute consolidation.

The framework therefore suggests several measurement domains for future study: acute phenomenology, altered reality-status, noetic appraisal, contextual framing, recall structure, post-acute integration, integrative maturity, and post-acute stabilization across time.

## LIMITATIONS

This article is a theoretical framework and does not present new empirical data. Its value therefore depends on whether the distinctions it proposes--especially those concerning contextual framing, recall structure, integrative maturity, and informational organization--prove useful in later empirical work.

The paper also advances no metaphysical claims. It does not argue that psychedelic visions, entity encounters, unity states, or altered reality-status experiences provide empirical proof of external realities. Nor does it claim that spiritual reports are reducible to pharmacology alone.

Historical comparisons remain probabilistic rather than definitive. Even where recent chemical work has strengthened the plausibility of ergot-related sacramental hypotheses, this does not establish the exact historical composition, dosage, or experiential structure of the Eleusinian rites. Such historical examples are therefore best treated as limited comparison cases rather than as settled pharmacological history.

The discussion of endogenous DMT also has clear limits. While endogenous DMT is biologically relevant, current evidence does not justify the stronger claim that it sufficiently explains mystical, contemplative, or near-death experience.

A further limitation is methodological. The paper compares psychedelic states, ritual systems, contemplative practices, and near-death phenomena. This is analytically useful, but also risks overgeneralization. Phenomenological overlap does not imply identical mechanisms, identical cultural meanings, identical developmental consequences, or equivalent explanatory status.

The framework does not claim that all relevant variables are exhausted by contextual framing, integration, and integrative maturity. Biological, psychiatric, developmental, and social factors may also contribute substantially to long-term outcome.

Finally, the paper explicitly rejects any simple equation between acute self-transcendent states and durable spiritual realization. Such conflation would blur the distinction between state induction and developmental stabilization, and would undermine the central thesis of the article.

## CONCLUSION

This paper has argued that the principal unresolved problem is not whether acute altered states occur, but under which contextual and individual conditions such states are consolidated into durable change. Current psychedelic research has made substantial progress in characterizing acute phenomenology, therapeutic promise, and neurobiological mechanisms, but it still tends to under-theorize the transition from state to durable reorganization.

The framework proposed here addresses that gap by emphasizing three linked propositions. First, acute phenomenological intensity is not sufficient to explain durable transformation. Second, contextual framing--including ritual, initiation, preparation, therapeutic structure, symbolic guidance, and post-acute interpretation--plays a major modulatory role in shaping how nonordinary states are tolerated, interpreted, and metabolized.

Third, integrative maturity is proposed as a key moderating construct that may explain why similar acute experiences yield markedly different long-term outcomes across individuals.

The broader implication is that altered states should not be studied only as acute disruptions, nor only as pharmacological events, but as processes whose significance depends on what follows them: interpretation, recall, reconstruction, integration, and embodiment. This applies across psychedelic compounds, ritualized psychoactive systems, contemplative pathways, and at least some naturally occurring nonordinary states. The theoretical contribution of the present article is therefore not to collapse these domains into one explanatory model, but to identify a shared transformation problem across them.

Acute altered states may open the possibility of durable change, but whether that possibility is realized depends less on acute intensity alone than on the interaction among contextual framing, post-acute integration, and the pre-acute capacities grouped here under integrative maturity.

### Abbreviations

DMT: N,N-dimethyltryptamine

5-MeO-DMT: 5-methoxy-N,N-dimethyltryptamine

LSD: lysergic acid diethylamide

LSA: lysergic acid amide

MAOI: monoamine oxidase inhibitor

### Declarations

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**Ethical Approval:** This article does not involve human participants, animals, clinical intervention, or the collection of personal data; therefore, ethical approval was not required.

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