

# Fear as medicine: A mixed-methods analysis of 5-MeO-DMT, mental health, and intergenerational healing

Jeffrey Overall

Centre for Metaphysical and Consciousness Research, King City L7B1K5, Canada; jeff@capitalistbuddha.ca

## CITATION

Overall J. Fear as medicine: A mixed-methods analysis of 5-MeO-DMT, mental health, and intergenerational healing. *Applied Psychology Research*. 2025; 4(1): 3074.  
<https://doi.org/10.59400/apr3074>

## ARTICLE INFO

Received: 9 April 2025  
Accepted: 26 May 2025  
Available online: 26 June 2025

## COPYRIGHT



Copyright © 2025 by author(s).  
*Applied Psychology Research* is published by Academic Publishing Pte. Ltd. This work is licensed under the Creative Commons Attribution (CC BY) license.  
<https://creativecommons.org/licenses/by/4.0/>

**Abstract: Objective:** This study investigates the psychological mechanisms through which 5-methoxy-N, N-dimethyltryptamine (5-MeO-DMT) influences mental health outcomes, with a focus on fear confrontation, emotional release, and intergenerational trauma. **Design:** A qualitative methodology was employed, combining grounded theory and qualitative comparative analysis (QCA). Fourteen individuals who had participated in 5-MeO-DMT-assisted sessions were interviewed. Data were analyzed using axial coding to identify thematic categories, and QCA was used to determine key conditions contributing to mental health improvement. **Results:** Three core thematic clusters emerged: (1) fear and letting go; (2) mental health improvements; and (3) healing and love. QCA identified five conditions most strongly associated with positive outcomes: trust and letting go, emotional release and catharsis, healing the inner child, the use of psychedelics as therapeutic tools, and interpersonal healing within parent-child relationships. Contrary to clinical portrayals of fear as a negative side effect, participants described fear as therapeutically productive—functioning similarly to exposure therapy. Emotional catharsis and somatic release were consistently reported as essential components of psychological healing. **Conclusions:** Findings indicate that 5-MeO-DMT facilitates deep psychological transformation by engaging core affective and relational processes. Fear, emotional release, and intergenerational insight were not incidental but central to therapeutic change. **Implications:** This study contributes new theoretical insights into the role of challenging affective states in psychedelic therapy and supports the integration of transpersonal, somatic, and trauma-informed approaches. It underscores the value of 5-MeO-DMT as a potent, though understudied, tool for addressing complex psychological suffering.

**Keywords:** 5-MeO-DMT; emotional release; fear; inner child; intergenerational trauma; mental health; psychedelics

## 1. Introduction

Modern society appears to be structured around fear, a condition deeply embedded in the historical evolution of Western consciousness (Furedi, 2006). Fromm (1941) traced the origins of modern fear to the rise of individualism during the Reformation and Enlightenment, when the loosening of traditional structures of religious and communal authority produced existential uncertainty. The resulting psychological void, he argued, fueled a desire to escape from freedom through submission to authority and conformity. Recent scholarship continues to explore these themes, emphasizing the enduring relevance of Fromm's analysis in understanding contemporary societal anxieties (Cortina, 2017). Building on this foundation, Foucault (1977) demonstrated how modern institutions—such as prisons, hospitals, and schools—systematically enact surveillance and control, not merely to punish but to produce disciplined, self-regulating subjects. Contemporary studies have expanded upon Foucault's concepts, examining the implications of surveillance in the digital age

and its manifestation across various societal institutions (Bakioğlu and Korumaz, 2019; Manokha, 2018). These mechanisms of control have evolved over centuries, culminating in a contemporary condition where fear is both internalized through social norms and externalized through institutional practices and passed down intergenerationally through social learning, cultural norms, and even epigenetic modifications associated with trauma (Kellermann, 2001; Yehuda and Lehrner, 2018).

In the present neoliberal era, these dynamics manifest through widespread technological surveillance (Zuboff, 2019), militarized border regimes (Doty, 2007), algorithmic risk assessments (Eubanks, 2018), and an omnipresent culture of threat propagated by digital media (Dean, 2010). News cycles and social media platforms consistently amplify danger, uncertainty, and outrage, reinforcing a state of collective vigilance (Gerbaudo, 2012). This fear-based cultural architecture cultivates hypervigilance, emotional suppression, and a reduced capacity to navigate ambiguity. Rather than focusing on brain region activation, an alternative model views this condition as an embodied expression of a hyper-aroused nervous system rooted in perceived threat and control loss, often perpetuated by chronic socioenvironmental stressors (Porges, 2011; van der Kolk, 2014). Bauman (2006) suggests that this anxiety is unmoored from specific sources, permeating every domain of life. In familial systems, these tendencies reproduce across generations: parenting norms have increasingly prioritized risk management, performance metrics, and emotional restraint (Craig, 2009). This has contributed to a transgenerational pattern of emotional repression and dysregulation, where trauma is not only experienced but inherited (Kellermann, 2001; Koga et al., 2022; Marinova and Maercker, 2021; Stensland and Nøttestad, 2020).

This broader sociocultural context aligns with the dramatic rise in global mental health issues (Overall, 2020, 2021, 2025a, 2025b, 2025c, 2025d, 2025e; Overall and Rosalind, 2022). The World Health Organization (2022) reports that one in eight individuals worldwide lives with a mental health condition, with depression and anxiety comprising the leading afflictions. Between 1990 and 2019, depressive disorders rose by more than 50% (Vos et al., 2020). Rates of loneliness, substance misuse, and suicide have also reached unprecedented levels, particularly among adolescents and young adults (NCHS, 2022; Twenge et al., 2019). These patterns are further intensified by structural pressures, including job precarity (Overall, 2016a, 2018; Standing, 2011), social fragmentation (Putnam, 2000), and ecological instability (Clayton et al., 2017)—each of which contributes to chronic psychological stress and emotional dislocation.

Despite growing awareness of these issues, dominant psychiatric paradigms remain largely focused on symptom suppression rather than transformative healing (Deacon, 2013). Pharmacotherapy, while beneficial in many cases, often fails to address the underlying roots of psychological distress—such as unresolved trauma, chronic fear, or inherited emotional pain (Cuijpers et al., 2019). Likewise, traditional talk therapy is constrained by its reliance on narrative articulation, gradual insight, and cognitive reframing. These limitations have opened a space for alternative models of care, including those centered around non-ordinary states of consciousness.

To this end, the resurgence of interest in psychedelics—popularly termed the *psychedelic renaissance*—has emerged in response to these limitations. Contemporary

clinical research into psilocybin, MDMA, LSD, and ayahuasca has demonstrated that these compounds can occasion deeply transformative experiences, often marked by ego dissolution, increased neuroplasticity, and access to buried emotional material (Carhart-Harris and Goodwin, 2017; Mithoefer et al., 2016). Psychedelic states often induce encounters with core fears—such as death, loss of control, or identity dissolution—offering participants the opportunity to integrate these experiences into broader frameworks of meaning and resilience (Roseman et al., 2018). Emotional release, frequently expressed through tears, vocalizations, or physical movements, has been shown to relieve psychological tension and foster catharsis (Belser et al., 2017). Psychedelics also appear capable of generating empathic insight into familial dynamics, allowing individuals to forgive and emotionally separate from inherited patterns of trauma (Lafrance et al., 2017).

Within this landscape, 5-MeO-DMT has garnered attention for its unparalleled intensity, rapid onset, and capacity to induce profound states of unity, surrender, and non-duality (Barsuglia et al., 2018; Davis et al., 2019). Despite its therapeutic promise, empirical research on 5-MeO-DMT remains limited, with few studies exploring its potential role in clinical or psychological healing (Uthaug et al., 2020). Indeed, existing literature has not systematically examined the nuanced mechanisms through which these psychological processes contribute to enduring mental health improvements—particularly in the case of 5-MeO-DMT. In response to these gaps, the present study employs a mixed-methods design to investigate the therapeutic potential of 5-MeO-DMT. The first section provides a comprehensive literature review addressing psychedelics in relation to mental health, fear, emotional release, and intergenerational trauma. This is followed by a grounded theory interpretivist analysis of 14 interviews with individuals who have undergone 5-MeO-DMT-assisted sessions. In addition, a qualitative comparative analysis (QCA) is used to identify the conditions most closely associated with mental health improvement. This research concludes with a discussion of the main contributions to knowledge.

## **2. Literature review**

To ensure analytical depth and methodological transparency, the literature review informing this study followed a rigorous narrative synthesis approach grounded in established academic review protocols (Boell and Cecez-Kecmanovic, 2015; Snyder, 2019). Peer-reviewed sources were retrieved from leading academic databases, including PsycINFO, PubMed, Scopus, and Web of Science, with additional targeted searches in JSTOR and Academic Search Complete to capture relevant interdisciplinary perspectives. Search terms included combinations of keywords such as “5-MeO-DMT”, “psychedelics and mental health”, “psychedelic therapy”, “fear and psychedelics”, “emotional release”, “intergenerational trauma”, “ego dissolution”, “exposure therapy”, “catharsis”, and “inner child”. Boolean operators were used to refine search precision (e.g., “psychedelics AND trauma”, “5-MeO-DMT AND emotional processing”), and inclusion criteria emphasized empirical relevance, peer-review status, and conceptual alignment with four focal domains: (1) psychedelics and mental health; (2) fear confrontation; (3) emotional release; and (4) intergenerational trauma. To ensure historical breadth and contemporary relevance, literature from 1950

to 2024 was reviewed, with a strong emphasis on sources published since 2010. In total, this process yielded 82 unique peer-reviewed sources, including journal articles and academic press books. Only works published in recognized scholarly outlets were included, reflecting best practices for constructing literature reviews in theoretical and qualitative research (Suri and Clarke, 2009; Torraco, 2005). This methodological framework facilitated an interdisciplinary synthesis across psychology, psychiatry, neuroscience, transpersonal theory, and trauma studies, providing a robust conceptual foundation for the empirical analysis that follows.

## **2.1. Psychedelics and mental health**

Psychedelics represent a class of psychoactive substances capable of profoundly altering consciousness, perception, and emotional states. Historically, these substances—such as psilocybin and ayahuasca—have been used within ritualistic and spiritual contexts for thousands of years across diverse cultures (Nichols, 2016). Western research interest surged during the 1950s and 1960s, driven by promising early clinical outcomes in the treatment of psychiatric conditions including alcoholism, anxiety, and depression (Aday et al., 2020; Grof, 2008; Reiff et al., 2020; Rucker et al., 2022). However, political controversy and regulatory restrictions largely halted this research in the 1970s, resulting in a decades-long hiatus (Oram, 2014).

Renewed academic interest began in the early 2000s, reviving rigorous scientific exploration of these compounds' therapeutic potential (Carhart-Harris and Goodwin, 2017). Contemporary research underscores psychedelics' efficacy in addressing a range of treatment-resistant mental health conditions, particularly major depressive disorder (MDD), anxiety disorders, substance-use disorders, and post-traumatic stress disorder (PTSD) (Griffiths et al., 2016; Johnson and Griffiths, 2017). For instance, controlled clinical trials with psilocybin demonstrate rapid and sustained antidepressant effects in patients with treatment-resistant depression, outcomes significantly superior to conventional antidepressants (Carhart-Harris et al., 2018). Similar findings have been reported with MDMA-assisted psychotherapy for PTSD, where remission rates significantly exceed traditional psychotherapies (Mithoefer et al., 2019).

The therapeutic mechanisms underpinning psychedelic efficacy are increasingly linked to their profound effects on neuroplasticity, emotional processing, and psychological flexibility (Ly et al., 2018). Psychedelics appear to enhance neuroplasticity by promoting synaptic growth, increased neurogenesis, and neuronal connectivity, particularly within brain regions associated with mood regulation and cognitive flexibility (Carhart-Harris and Friston, 2019). Furthermore, psychedelics consistently induce mystical-type or peak experiences characterized by profound insights, emotional release, and enhanced interconnectedness—phenomena associated with significant and lasting psychological transformation (Griffiths et al., 2018).

Within the broader psychedelic family, N,N-Dimethyltryptamine (DMT) is a powerful, fast-acting tryptamine psychedelic found endogenously in humans and widely distributed across plant and animal species. When inhaled or injected in its synthetic freebase form, DMT produces an intense but short-lived experience, typically lasting 10 to 30 min, characterized by vivid visual phenomena and altered

consciousness (Strassman et al., 1994). In contrast, when consumed orally as part of the Amazonian brew ayahuasca—where DMT is rendered orally active through the presence of monoamine oxidase inhibitors (MAOIs) found in *Banisteriopsis caapi*—the experience is significantly prolonged, often lasting 4 to 6 hours and accompanied by intense emotional, visionary, and purgative effects (Riba et al., 2001). A closely related compound, 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT), found in high concentrations in the secretions of the *Bufo alvarius* toad and certain plants, is most commonly inhaled in vaporized form, producing a rapid-onset but ultra-short experience—typically 15 to 30 min—characterized less by visual effects and more by profound ego dissolution, emotional release, and non-dual states of awareness (Barsuglia et al., 2018; Uthaug et al., 2019). These compounds primarily act as agonists at serotonin 5-HT<sub>2A</sub> receptors, though 5-MeO-DMT's pharmacological profile also involves 5-HT<sub>1A</sub> and sigma-1 receptor binding, contributing to its distinctive phenomenological and therapeutic effects (Dakic et al., 2017).

Despite its longstanding use in traditional shamanic practices, rigorous empirical investigation of 5-MeO-DMT is relatively recent. Early clinical studies highlight its rapid-onset effects and pronounced potential to facilitate deeply transformative psychological experiences, including ego dissolution, heightened emotional clarity, and profound mystical insights (Davis et al., 2019). Clinical research has suggested therapeutic potential in alleviating anxiety, depression, and existential distress, often through mechanisms involving enhanced emotional release and significant shifts in self-perception (Barsuglia et al., 2018). However, compared to better-studied psychedelics such as psilocybin or LSD, peer-reviewed literature explicitly examining 5-MeO-DMT remains sparse, and substantial gaps persist regarding its optimal therapeutic contexts and underlying mechanisms.

## **2.2. Confronting fear**

Fear is widely recognized as an adaptive emotional response essential to survival, designed to facilitate protective behaviors in threatening contexts. Psychological models describe fear as an emotional state activated by perceived threats, prompting immediate behavioral, physiological, and cognitive reactions aimed at avoiding danger (LeDoux, 2014). However, excessive or chronic fear can significantly impair psychological functioning, contributing to disorders such as anxiety, PTSD, and depression (Asnaani et al., 2021; Hofmann and Hayes, 2022; Kalin, 2020; Mineka and Zinbarg, 2006). Contemporary theories emphasize fear's critical role in emotional regulation, indicating that maladaptive fear responses, such as avoidance or suppression, are key mechanisms sustaining psychopathology (Barlow et al., 2014).

Central to clinical interventions targeting fear is exposure therapy, which systematically confronts individuals with feared stimuli, facilitating emotional processing and reducing pathological avoidance behaviors (Craske et al., 2008; Kaczurkin and Foa, 2022; Loerinc et al., 2021). Empirical evidence demonstrates exposure therapy's efficacy in enhancing psychological flexibility, emotional resilience, and reducing symptoms of anxiety and trauma-related disorders (Foa and McLean, 2016). However, conventional exposure methods often face limitations, including treatment resistance, incomplete emotional processing, and high dropout

rates associated with intense emotional distress (Loerinc et al., 2015). Consequently, innovative therapeutic approaches aimed at optimizing fear confrontation and emotional integration remain critical areas of clinical research.

From a psychological and transpersonal perspective, fear is often rooted in the egoic self-structure, which constructs narratives or ‘stories’ that generate and reinforce anxiety (Dorjee, 2021; Millière et al., 2022; Wilber, 2000). These narratives are frequently anticipatory in nature, centered around perceived threats or imagined failures, and often lack immediate relevance to present reality. The ego’s protective orientation—while evolutionarily adaptive—can become maladaptive when it dominates one’s perception of safety and risk. This process is closely linked to overactivity in subcortical brain structures, particularly the amygdala and brainstem, commonly referred to as the ‘reptilian brain’, which is designed to prioritize survival responses (Porges, 2011). While these systems serve vital biological functions, their chronic activation in non-life-threatening situations, such as social conflict or professional stress, may result in hypervigilance and dysregulation. Psychedelic states, particularly those involving ego dissolution, may temporarily suspend the narrative-making functions of the ego, enabling individuals to observe fear without full cognitive identification. This decoupling of the self from its fear-based narratives represents a promising mechanism for reducing chronic anxiety and improving emotional regulation (Nour et al., 2016).

Psychedelics present a promising avenue for enhancing fear confrontation in therapeutic contexts, distinctively altering consciousness to facilitate direct engagement with deeply embedded emotional fears. Psychedelic experiences frequently involve profound emotional confrontation and intense fear reactions associated with experiences such as ego dissolution, existential anxieties, and memories of traumatic events (Barrett et al., 2016; Carbonaro et al., 2016). Crucially, unlike typical clinical contexts, the psychedelic state promotes spontaneous, immersive emotional processing, potentially reducing maladaptive emotional avoidance by confronting fears directly and experientially (Sloshower et al., 2020). Indeed, recent research suggests that participants who directly confront fear during psychedelic experiences report significantly enhanced emotional regulation and enduring reductions in anxiety-related symptoms (Roseman et al., 2018).

While the literature on 5-MeO-DMT remains comparatively nascent, available studies suggest its unique ability to facilitate profound confrontation with deep-seated fears in a controlled therapeutic setting (Barsuglia et al., 2018). For example, clinical observations demonstrate that individuals experiencing high-intensity fear states under 5-MeO-DMT often achieve significant psychological breakthroughs, gaining insights into emotional patterns and subconscious fears previously inaccessible through conventional therapeutic modalities (Uthaug et al., 2019). In response to this, rather than treating fear as solely pathological or incidental to psychedelic use, recent findings position fear experiences as crucial therapeutic catalysts capable of disrupting entrenched emotional avoidance patterns, thus enhancing long-term emotional and psychological resilience (Sloshower et al., 2020).

### **2.3. Emotional release**

Emotional release, often conceptualized through the lens of catharsis, is widely recognized in psychological literature as a critical mechanism for promoting mental health and emotional resilience. Originating from psychoanalytic theory, catharsis involves the therapeutic discharge of repressed emotions, thereby reducing psychological tension and facilitating emotional integration (Fischer and Kordes, 2020; Payne et al., 2021; Scheff, 2007). Contemporary affective neuroscience supports these insights, emphasizing that emotional expression, particularly of negative or suppressed emotions, contributes significantly to psychological well-being by regulating affective states and reducing stress-related physiological arousal (Gross, 2015; Panksepp and Biven, 2012).

Within clinical psychology, the importance of emotional release is highlighted extensively in trauma therapy, where suppressed or unprocessed emotional states often manifest as chronic psychological distress or somatic symptoms. Somatic approaches to therapy suggest that emotional release through bodily sensations—such as crying, trembling, or shaking—can facilitate profound psychological healing by discharging stored traumatic energies from the nervous system, thereby resolving entrenched patterns of emotional dysregulation and chronic anxiety (Levine, 2010; Ogden et al., 2006). Indeed, research consistently demonstrates that effective emotional release significantly improves psychological outcomes across conditions including depression, anxiety disorders, PTSD, and psychosomatic illness (Dyer et al., 2020; DeCou et al., 2021; Hunt, 2010; Pennebaker, 1997).

Recent research has revealed psychedelics as particularly potent catalysts for emotional release, promoting intense emotional and somatic catharsis often inaccessible through conventional psychotherapies. Psychedelic experiences commonly induce spontaneous emotional discharges, such as uncontrollable crying, laughing, or somatic trembling, which participants frequently describe as profoundly healing (Belser et al., 2017). Such emotional releases appear to facilitate profound processing and integration of previously suppressed emotional content, enabling lasting psychological transformation and increased emotional flexibility (Watts and Luoma, 2020).

In the extant literature, 5-MeO-DMT has been found to produce substantial emotional catharsis, characterized by intense somatic and affective discharge occurring within very short therapeutic timeframes (Barsuglia et al., 2018). Empirical evidence indicates that 5-MeO-DMT significantly intensifies emotional experiences, facilitating rapid and profound catharsis associated with dramatic shifts in psychological distress, existential anxiety, and emotional rigidity (Uthaug et al., 2020). Notably, research suggests that these emotional releases are frequently accompanied by experiences of ego dissolution, creating conditions where deeply embedded emotional traumas or subconscious fears can be safely and effectively confronted (Sepeda et al., 2020).

### **2.4. Intergenerational trauma**

Intergenerational trauma refers to psychological and emotional harm transmitted across generations, originally conceptualized within the context of Holocaust survivor

families and subsequently broadened to include a range of historical traumas such as colonialism, forced migration, and systemic oppression (Brave Heart, 2003; Danieli, 1998; Isobel et al., 2021; Mohatt et al., 2019). Theoretical frameworks posit that trauma's transgenerational transmission occurs through multiple pathways, including behavioral modeling, attachment disruptions, familial emotional dysregulation, and sociocultural mechanisms (Kellermann, 2001; Yehuda and Lehrner, 2018). Recent advances in epigenetics have further enriched the understanding of this phenomenon, revealing biological pathways through which traumatic experiences alter gene expression, potentially impacting the emotional and psychological functioning of subsequent generations (Parade et al., 2021; Woon and Hedges, 2021; Yehuda et al., 2005; Yehuda and Bierer, 2009).

Empirical evidence supports the significant psychological impact of intergenerational trauma, linking it to increased susceptibility to mental health disorders, including anxiety, depression, PTSD, and substance abuse (Bombay et al., 2009; Evans-Campbell, 2008; Montirosso et al., 2021; Pears et al., 2022). For example, offspring of individuals exposed to traumatic events demonstrate elevated psychological distress, impaired emotional regulation, and disrupted interpersonal relationships, often resulting from internalized familial narratives of suffering, unresolved grief, and learned maladaptive coping strategies (Evans-Campbell, 2008; Kellermann, 2001). Consequently, therapeutic interventions aiming to address intergenerational trauma necessitate approaches that directly engage underlying emotional wounds, facilitate emotional processing, and reframe familial and individual trauma narratives to interrupt cyclical patterns of transmission (Brave Heart, 2003; Bombay et al., 2009; Isobel et al., 2021; Mohatt et al., 2022).

Recent scholarship highlights the potential of psychedelic-assisted therapies as novel interventions to address intergenerational trauma through mechanisms distinct from traditional psychotherapy. Psychedelic substances, such as psilocybin and ayahuasca, have demonstrated efficacy in enhancing emotional openness, increasing empathy, and promoting novel perspectives on deeply ingrained familial trauma narratives (Lafrance et al., 2017; Mithoefer et al., 2016). Psychedelic-induced experiences commonly lead to enhanced psychological flexibility and significant reframing of previously entrenched perspectives, facilitating profound shifts in familial relationships and intergenerational healing (Preller and Vollenweider, 2016; Watts and Luoma, 2020). Although empirical research specifically addressing intergenerational trauma in the context of 5-MeO-DMT remains limited, available studies highlight its unique potential for catalyzing deep emotional processing, facilitating forgiveness, and promoting reconciliation of familial and ancestral trauma (Sepeda et al., 2020).

### **3. Methodology**

#### **3.1. Study 1**

This qualitative study applied grounded theory techniques to examine how psychedelic experiences—specifically with 5-MeO-DMT—relate to mental health improvements. Fourteen participants who had previously engaged in 5-MeO-DMT sessions took part in in-depth interviews. While grounded theory traditionally involves

iterative cycles of simultaneous data collection and analysis, allowing emergent patterns to inform subsequent data gathering (Bryman and Teevan, 2005), this research adopted a non-iterative design. Rather than using a constant comparative model (Suddaby, 2006), data collection and analysis were treated as distinct phases. This design reflects precedents within qualitative inquiry that follow fixed-sample data collection while maintaining analytical fidelity to grounded theory principles (Overall and Wise, 2016; Overall, 2025d; Suddaby, 2006). Accordingly, all interviews were completed prior to the commencement of analysis, which proceeded through a two-stage process involving open and axial coding.

The open-coding procedure followed a structured protocol aimed at identifying recurring patterns across the dataset (Ojastu et al., 2011). Color-coded comments in Microsoft Word were used to facilitate the coding workflow, enabling dynamic refinement through code consolidation, modification, or removal as insights emerged (Overall and Wise, 2016). This strategy supported systematic clustering of related concepts, allowing for the progressive abstraction of dominant themes (Ojastu et al., 2011).

### **3.1.1. Data collection**

Participants were referred by a clinically trained provider specializing in the facilitation of 5-MeO-DMT sessions. This individual accessed their internal client registry to contact eligible participants, each of whom had undergone one to three sessions of 5-MeO-DMT in a clinical environment. Administered doses ranged between 15 and 30 mg, with session durations spanning from 15 to 40 min.

Semi-structured interviews were conducted remotely over Zoom, each lasting approximately one hour. The interview guide (see Appendix) was developed to elicit rich reflections on participants' psychedelic experiences and subsequent psychological integration. Interviews were recorded with informed consent and transcribed verbatim. All research procedures conformed to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2). Participants received an information letter outlining the purpose and scope of the study.

### **3.1.2. Data analysis**

Data analysis began with a close, line-by-line reading of all 14 transcripts to facilitate inductive coding (Silverman, 2008). This open coding phase yielded a total of 947 distinct codes. A frequency analysis of these codes was conducted to identify patterns across participants' narratives. Thematic development was informed by repeated ideas, language, and concepts that appeared consistently across the dataset (D'Andrade, 1995; Overall and Wise, 2016). In grounded theory, open coding entails "...the process of breaking down, examining, comparing, conceptualizing, and categorizing data" (Strauss and Corbin, 1990, p. 61). In this study, open coding surfaced key themes relevant to participants' engagement with 5-MeO-DMT in relation to psychological change. Notable themes included trust and letting go, fear and resistance, and interpersonal healing (see **Table 1**).

**Table 1.** Open-coding examples.

Themes	Total Frequency of Response
Trust & letting go	196
Fear & resistance	190
Interpersonal healing: parent-child relationships	120
Psychedelics as a tool for therapy	112
Emotional release & catharsis	112
Heightened compassion & universal love	85
Oscillation between bliss & fear	72
Healing the inner child	35
Mental health improvements	25

Following the open coding phase, axial coding was used to analyze relationships between themes and subthemes (Overall and Wise, 2016; Silverman, 2008). This stage involved reassembling the dataset by identifying connections between conceptual categories—a process Strauss and Corbin (1990, p. 96) describe as “putting back together in new ways after open coding, by making connections between categories”. Axial coding allowed for the identification of higher-order structures within and across interviews. Three overarching categories emerged through this process, representing the dominant thematic clusters evident across participants’ accounts. These included (1) fear & letting go; (2) mental health improvements; and (3) healing & love (see **Table 2**). The following sections provide detailed analyses of each category and its constituent themes.

**Table 2.** Axial codes.

Axial Categories	Themes
Fear & letting go	(1) Fear & resistance, (2) Trust & letting go, and; (3) Oscillation between bliss & fear
Mental health improvements	(1) Emotional release & catharsis, (2) Psychedelics as a tool for therapy, and; (3) Mental health improvements
Healing & love	(1) Healing the inner child, (2) Interpersonal healing: parent-child relationships, and; (3) Heightened compassion & universal love

### 3.2. Fear & letting go

#### 3.2.1. Fear & resistance

During their 5-MeO-DMT sessions, participants commonly expressed initial experiences dominated by fear, characterized by significant internal resistance. Interviewee #1 exemplifies this clearly: “I fought it so hard at first. The fear was overwhelming. But when I stopped resisting, everything shifted”. This quote underscores a critical aspect of psychedelic experiences—the shift that occurs when resistance is relinquished. Participants often described this resistance as reflective of broader life patterns, indicating that resisting difficult emotions or situations in daily life mirrored the psychedelic journey’s internal struggle. This aligns with existing research highlighting that psychedelic-induced fear often mirrors and amplifies real-life emotional patterns, providing opportunities for therapeutic breakthroughs

(Carhart-Harris and Friston, 2019). When participants cease resisting, they often report a profound release and greater emotional clarity, potentially translating into improved psychological flexibility in daily life.

Interviewee #3 elaborates further, noting, “The hardest part was not panicking. My mind kept telling me something was wrong”. Here, fear is conceptualized as a mental phenomenon, reinforcing how psychedelic experiences frequently force participants to confront deep-seated anxieties and cognitive distortions. Addressing panic directly during these experiences can be transformative, enhancing participants’ abilities to regulate distress in everyday situations. Interviewee #4 similarly reflects this dynamic: “I felt like I was being pulled into something dark. It was scary, but I knew I had to face it”. Such experiences resonate with theories of exposure therapy in psychology, suggesting that confronting fear in psychedelic states can facilitate significant therapeutic progress (Garcia-Romeu and Richards, 2018). Engaging directly with fear rather than avoiding it can diminish its psychological hold, enhancing overall resilience and emotional regulation capabilities.

Several participants described acute intensity in their fear, as Interviewee #8 reveals: “Fear was the biggest thing I had to overcome. I thought I was going crazy”. This statement illustrates not only the intensity but also the existential quality of psychedelic fear, often pushing participants toward fundamental questions about their sanity or identity. Such existential encounters may stimulate deeper reflection on self-concept, identity, and mental stability, facilitating meaningful integration of challenging experiences. Interviewee #9 articulates the inevitability of the experience: “I wanted to get off the ride, but I couldn’t. I had to surrender to the fear”. This inevitability aligns closely with psychedelic discourse emphasizing that participants must accept responsibility for the experience once initiated, echoing the cultural narrative that in psychedelics, as in life, one must fully commit to the experiences they have initiated (Hartogsohn, 2021; Leary et al., 2008). In other words, if ‘you buy the ticket, you take the ride’, reinforcing the therapeutic potential inherent in accepting responsibility and fully engaging with challenging emotional states.

### **3.2.2. Trust & letting go**

Participants frequently highlighted trust and surrender as pivotal elements that shifted their psychedelic experiences from distress to insight and peace. Interviewee #2 succinctly captures this dynamic: “I kept telling myself, ‘It’s okay. Trust the process’. That’s what saved me”. This emphasizes the central role trust plays in managing psychological distress within psychedelic contexts. Trust acts as an internal coping mechanism, mediating emotional stability during moments of psychological intensity and fostering resilience against anxiety and fear both during and beyond psychedelic experiences.

Interviewee #4 further elaborates on this, stating, “I realized how much of my life was about control. This showed me the power of letting go”. This insight illustrates the profound connection participants drew between psychedelic experiences and personal patterns, extrapolating insights gained from psychedelic states to broader life contexts. The realization that control is often an illusion aligns closely with existential psychology, which emphasizes acceptance and surrender as pathways toward mental wellness and authentic living (Vos et al. 2015; Yalom, 1980). Recognizing the illusion

of control may profoundly influence one's ability to navigate uncertainty and emotional distress more adaptively in daily life.

Interviewee #5 provides additional nuance, noting, "There was a point where I had to decide—resist or surrender. The moment I surrendered, it became peaceful". Here, the act of surrender itself emerges as an intentional psychological choice, suggesting that letting go may represent a conscious, transformative decision rather than passive acceptance. This active choice of surrender reinforces personal agency and emotional growth, supporting deeper therapeutic integration and emotional healing. Interviewee #9 echoes this, summarizing, "It's all about trust. Trusting the experience, trusting yourself". This highlights how developing trust during psychedelic experiences can foster lasting self-reliance and psychological resilience beyond the journey itself, potentially influencing one's broader approach to life's challenges and uncertainties.

### **3.2.3. Oscillation between bliss & fear**

Participants reported oscillations between intensely contrasting states of bliss and fear, encapsulating the inherent ambiguity of psychedelic experiences. Interviewee #4 describes this vividly: "I kept thinking, 'Is this the best thing ever or the worst?' It was both, and neither". This paradoxical insight points toward the experience of non-duality frequently referenced in psychedelic and transpersonal literature. Non-duality, the experiential integration of opposing emotional states into a unified perception, highlights psychedelic experiences as potentially transcendent states that defy conventional emotional binaries (Hartogsohn, 2018). Non-dual insights can profoundly shift participants' perspectives, facilitating deeper emotional acceptance and psychological integration.

Interviewee #5's experience underscores the intensity of these states: "The bliss was so intense, but right behind it was something terrifying". Such reports suggest that psychedelic states amplify the human capacity to simultaneously perceive extreme emotional poles, expanding emotional resilience and tolerance of ambiguity. Interviewee #8 further captures this oscillatory nature metaphorically: "It was like riding waves of ecstasy and panic, over and over again", highlighting the cyclical, dynamic interplay between positive and negative emotional states. Navigating these intense emotional waves can significantly strengthen emotional regulation skills and adaptability in daily life.

Interviewee #9 provides critical insight regarding acceptance, stating, "I had to accept both—the fear and the love. That's when the oscillation stopped". This acceptance aligns with psychotherapeutic concepts that advocate integration and acceptance of emotional ambivalence as foundational for mental health (Hayes et al., 2006). Acceptance of emotional dualities can markedly enhance psychological well-being by reducing internal conflict and fostering emotional equilibrium. Interviewee #10 expands on this notion, explaining, "It showed me that light and darkness aren't separate. They're just different aspects of the same thing". Here, participants articulate a sophisticated understanding of emotional dualities as interconnected rather than distinct phenomena, resonating deeply with existential and transpersonal theoretical frameworks that emphasize integration as essential for psychological maturation (Gonzalez, 2021; Wilber, 2000).

Lastly, Interviewee #14's insight, "I learned to embrace both. Without one, the other wouldn't make sense", encapsulates the emergent wisdom common in psychedelic integration literature, suggesting that profound emotional contrasts experienced during psychedelics can foster significant insights into the inherent dualities of life itself. Such integrative wisdom contributes to lasting psychological transformation, enhancing emotional maturity and holistic understanding.

### **3.3. Mental health improvements**

#### **3.3.1. Emotional release & catharsis**

Participants frequently emphasized significant emotional release and catharsis during their 5-MeO-DMT sessions. Interviewee #1 reported, "I cried. I didn't even know why, but it felt so good". This emotional release characterizes a common occurrence within psychedelic experiences, suggesting that profound therapeutic value can emerge even without explicit cognitive awareness of underlying reasons. Such catharsis can help participants process latent emotions, significantly reducing psychological distress and promoting emotional balance.

Interviewee #3 echoed a similar, albeit intensified, sentiment: "I laughed, I cried, I screamed. It was like my emotions had been waiting for this moment". Such vivid emotional expressions indicate deeply stored psychological tensions surfacing, highlighting how psychedelics may unlock and facilitate the release of previously suppressed affective experiences. Engaging in unrestrained emotional expression may resolve longstanding emotional blocks, potentially alleviating symptoms of anxiety and depression, as emotional catharsis promotes deeper psychological processing.

Interviewee #7 provided a compelling insight into the dual nature of emotional release, noting, "I had never felt emotions that intensely before. It was terrifying and freeing at the same time". This aligns with Freudian and Jungian theories, which posit that unprocessed emotional energies manifest symptomatically when repressed, potentially resulting in negative psychological outcomes or somatic symptoms (Freud, 1957; Jung, 1961; Koithan and Kreitzer, 2021). Jung emphasized the necessity of integrating emotional content from the unconscious as a prerequisite for psychological growth, and psychedelic experiences appear to catalyze this process by confronting participants with intense emotional realities. Interviewee #8 further reinforced the therapeutic benefit, stating, "I sobbed like a child, and it was the most healing thing I've ever experienced". This highlights the role psychedelics can play in facilitating cathartic release, arguably accelerating psychotherapeutic processes (Watts et al., 2017). Such profound emotional release can enable individuals to experience psychological liberation and emotional renewal. Similarly, Interviewee #10 reflected, "It was like the emotions were stuck inside me, and the medicine helped me finally let them out", underscoring the somatic release commonly reported in psychedelic-assisted psychotherapy, where unresolved emotions are physically and emotionally discharged (Payne et al., 2021). Psychedelic experiences that allow for somatic discharge appear to be helpful in reducing chronic stress and tension, contributing to holistic mental and physical wellness.

### **3.3.2. Psychedelics as a tool for therapy**

Participants described their psychedelic sessions as deeply transformative. Interviewee #1 articulated this clearly: "... one psychedelic session took me deeper than I had ever gone". This perspective supports the emerging view within psychedelic research literature that highlights these substances' capacity to rapidly deepen therapeutic processes (Gorman et al., 2021). Psychedelics may thus serve as complementary or alternative therapeutic modalities that substantially enhance emotional exploration and psychological insight.

Interviewee #3 similarly noted a profound therapeutic breakthrough, stating, "I finally connected the dots between my past and my present in a way that no therapist had been able to help me do". This aligns with literature emphasizing psychedelics' unique ability to foster integrative insights, bridging previously disconnected psychological and emotional content (Carhart-Harris et al., 2018). By enabling participants to form these deep connections, psychedelics promote cohesive self-understanding and facilitate meaningful psychological integration.

Interviewee #9 provided a particularly illuminating comment regarding therapeutic efficacy: "It was like years of therapy compressed into a few hours, but I was actually processing, not just talking about it". This reflects findings from clinical studies indicating that psychedelics can facilitate deeper emotional processing and accelerate therapeutic breakthroughs (Ross et al., 2016). Psychedelic-assisted therapy thus holds promise in addressing deep-seated emotional and psychological concerns. Finally, Interviewee #14 added depth by emphasizing personal agency gained through psychedelics: "For the first time, I felt like I had the tools to actually move forward, not just cope". This sense of empowerment reflects recent theoretical models suggesting that psychedelic experiences enhance psychological flexibility and metacognitive insight (Watts and Luoma, 2020).

### **3.3.3. Mental health improvements**

Participants reported substantial mental health improvements following their psychedelic experiences, often described vividly and poignantly. Interviewee #1 described relief from chronic psychological distress: "The weight of depression lifted. It was like I could finally breathe again". This metaphor underscores the profound alleviation of depressive symptoms frequently reported in psychedelic research (Davis et al., 2021). Interviewee #8 further articulated the transformative impact: "It was like pressing reset on my brain. Everything felt fresh and new". Such expressions resonate with contemporary neuroscientific literature proposing that psychedelics function to disrupt maladaptive neural patterns, effectively providing a psychological 'reset' and facilitating new cognitive and emotional pathways (Carhart-Harris and Friston, 2019). This reset may provide participants with renewed perspectives, greater cognitive flexibility, and enhanced emotional resilience.

Interviewee #10's succinct reflection, "I finally felt like myself again", highlights psychedelics' potential to restore a sense of authentic identity often eroded by prolonged mental health struggles. Restoring a coherent and positive sense of self can significantly enhance an individual's capacity to function effectively in daily life and experience meaningful interpersonal relationships. Interviewee #3 employed powerful imagery to capture their improvement, stating, "It was like seeing light after years of

darkness”, vividly conveying the dramatic nature of psychological transformation commonly reported following psychedelic experiences. Such transformative moments may anchor sustained psychological improvements by providing powerful emotional memories and insights.

Finally, Interviewee #9 provided compelling evidence of symptom remission: “My panic attacks stopped after that experience. I just wasn’t afraid anymore”. Such dramatic cessation of anxiety symptoms further emphasizes psychedelics’ potential clinical utility, particularly in conditions resistant to traditional psychotherapeutic interventions (Johnson and Griffiths, 2017). The lasting remission of symptoms such as panic attacks demonstrates psychedelics’ profound capability for facilitating deep emotional healing, significantly improving overall mental health outcomes.

### **3.4. Healing & love**

#### **3.4.1. Healing the inner child**

Participants described experiences of encountering and nurturing their inner child, highlighting intrapersonal emotional healing facilitated by psychedelic journeys. Interviewee #1 recounted, “I met my younger self on the trip. I hugged him and told him he was safe”. This reflective encounter underscores the significance of self-compassion and reassurance as fundamental to inner child healing, consistent with inner-child work principles often employed in psychotherapy (Bradshaw, 1990; Sjöblom et al., 2018). The experience of comforting one’s younger self can initiate profound emotional integration, as previously fragmented or suppressed parts of the psyche are embraced and reassured. This integrative process is critical in overcoming deep-seated insecurities and fostering emotional resilience, highlighting psychedelics’ potential to facilitate such therapeutic reconciliations.

Interviewee #4 provided additional depth by articulating a shift in perspective: “I saw my past, not as something to escape, but as something to heal”. Such reframing is central to therapeutic processes aimed at reconciling past emotional wounds, allowing individuals to confront rather than avoid past pain. Viewing one’s past as a source of healing rather than avoidance can substantially alter an individual’s relationship to their personal history, enabling transformative growth. Psychedelic experiences thus offer a unique therapeutic window, encouraging participants to engage actively with previously distressing memories with openness and compassion rather than resistance.

Interviewee #3 highlighted the powerful insight into subconscious influences: “I finally understood why I was the way I was. My childhood wounds were still running the show”. Contemporary psychology acknowledges that subconscious patterns, frequently rooted in childhood trauma, significantly influence adult behaviors, often unconsciously (Lipton, 2015). The recognition of subconscious influences is essential, as unresolved childhood wounds frequently manifest as maladaptive behaviors, emotional disturbances, and relationship difficulties in adulthood. Illuminating these subconscious patterns through psychedelic experiences can lead to greater self-awareness and proactive engagement in emotional healing. Psychedelic-assisted experiences appear capable of illuminating these subconscious drives, offering opportunities for conscious healing. By making subconscious dynamics explicit,

participants gain newfound autonomy over previously unconscious reactions, facilitating lasting therapeutic change and emotional freedom.

Interviewee #5 similarly recognized this internal communication clearly: “It felt like my inner child was speaking to me, asking me to finally listen”. This mirrors therapeutic approaches emphasizing attunement to previously neglected emotional needs. Attunement to one’s inner child can lead to meaningful psychological integration, as individuals begin to honor and validate emotional needs that were historically ignored or suppressed. Psychedelic experiences thus provide a critical opportunity to engage directly with these internal dialogues, promoting emotional self-awareness and healing from within.

Interviewee #14 encapsulated the healing potential of psychedelic-facilitated inner-child work: “I felt like I was finally giving my younger self what she always needed: love”. Psychedelics’ capacity to foster compassionate engagement with internal emotional wounds may thus play a critical role in therapeutic transformation. Such compassionate self-engagement promotes emotional maturation and resilience, as individuals learn to self-soothe and nurture previously unmet emotional needs. This capacity to self-administer compassion and love underscores psychedelics’ profound therapeutic potential, particularly in addressing chronic emotional neglect and deep-rooted psychological trauma.

### **3.4.2. Interpersonal healing: Parent-child relationships**

Participants also reported significant healing within their relationships with parents, emphasizing themes of forgiveness, empathy, and compassion. Interviewee #10 poignantly expressed, “I forgave my parents. I forgave myself. That was the real healing”. Forgiveness is a profound catalyst for emotional liberation, as it allows individuals to release deeply held resentments, thereby alleviating psychological burdens and promoting emotional well-being. Psychological literature consistently identifies forgiveness as crucial for mental and emotional health, facilitating the release of resentment and emotional burdens (Enright and Fitzgibbons, 2015). Forgiveness also contributes to improved relational dynamics, enabling more meaningful and positive interactions within familial and social contexts. Spiritual frameworks across traditions similarly recognize forgiveness as a foundational element of holistic healing, emphasizing its integrative and transformative potential.

Interviewee #1 described increased empathy through a profound shift in perspective: “I saw my parents as kids, with their own wounds. It helped me forgive them”. Empathy-driven forgiveness aligns with psychological research demonstrating the critical role of perspective-taking in fostering compassion and resolving relational conflicts (Davis, 1996; Green and Van Ryzin, 2021). By seeing their parents’ vulnerabilities, participants cultivate deeper empathy, facilitating genuine emotional reconciliation and lasting relational healing. Interviewee #4 further identified intergenerational trauma awareness: “I realized I had been carrying my parents’ pain as if it were my own”. This insight reflects current understandings of intergenerational trauma transmission, underscoring psychedelics’ potential to facilitate awareness and interrupt cycles of inherited emotional suffering (Yehuda and Lehrner, 2018). By recognizing inherited emotional burdens, individuals can actively differentiate their

experiences from those of previous generations, significantly reducing patterns of repeated trauma.

Finally, Interviewee #8 expressed deep relational healing through reconnection: “I felt my mother’s love in a way I never had before. It was healing”, illustrating psychedelics’ ability to reveal previously obscured emotional truths and facilitate authentic interpersonal connections. Such profound emotional reconnections can repair previously fractured relationships, fostering greater intimacy, trust, and emotional openness. Psychedelic-assisted experiences thus serve as powerful vehicles for deepening emotional bonds and healing longstanding interpersonal wounds.

### **3.4.3. Heightened compassion & universal love**

Participants frequently articulated transformative experiences of universal compassion and profound love, often described in expansive, transpersonal terms. These experiences often transcend typical emotional boundaries, generating profound states of interconnectedness that persist beyond the immediate psychedelic encounter. Such heightened emotional awareness frequently leads to lasting shifts in social attitudes and behaviors, promoting long-term mental and emotional well-being.

Interviewee #1 shared a shift in emotional perspective: “I felt love for everyone, even people I had hated before”. This heightened compassionate state aligns with peak psychedelic states, which have been shown to catalyze significant emotional healing and prosocial attitudes, reshaping interpersonal dynamics and emotional well-being (Griffiths et al., 2018). Experiencing universal compassion allows individuals to dismantle longstanding emotional barriers, promoting reconciliation and empathy in previously strained relationships. Such profound emotional transformations have implications for both personal growth and broader social harmony.

Interviewee #3 provided an encompassing spiritual insight: “I understood that we are all connected, and love is the glue”. Such experiences echo descriptions of nondual awareness common in transpersonal psychology, highlighting a fundamental interconnectedness and unity that underpins universal love (Letheby and Gerrans, 2021; Wilber, 2000). Recognizing this interconnectedness often fosters a sense of collective responsibility and shared humanity, encouraging more compassionate interpersonal interactions and promoting social cohesion.

Interviewee #5 expressed a deeply embodied sense of compassion, stating, “The trip didn’t just show me love, it made me become love”. This captures the transformative potential of psychedelic experiences to facilitate identity shifts, where compassionate awareness becomes a fundamental aspect of self-perception and interaction. These identity transformations often manifest as increased altruistic behaviors and enhanced emotional intelligence, positively impacting personal and professional relationships alike.

Interviewee #9 articulated love as foundational beyond mere emotion: “Love isn’t just an emotion. It’s the foundation of everything”. This profound insight suggests love as an essential organizing principle of psychological, relational, and existential domains, extending beyond transient emotional states. This aligns closely with broader spiritual and philosophical frameworks, wherein love serves as a foundational metaphysical principle, essential for psychological integration and spiritual realization (Fromm, 1956; Van Gordon et al., 2020; Walach and Schmidt,

2020). Such recognition has profound therapeutic implications, potentially guiding individuals toward more holistic, integrative approaches to mental health and emotional well-being. Thus, psychedelic-induced experiences of profound compassion and universal love appear instrumental in promoting holistic psychological healing, facilitating lasting changes in emotional perception and relational dynamics. By embedding this expansive understanding of love into everyday consciousness, individuals may foster more fulfilling relationships, greater empathy, and sustained emotional health.

## **3.5. Study 2**

### **3.5.1. Analytical method**

To complement the grounded theory analysis and further explore the mechanisms linking psychedelic experiences to mental health outcomes, a QCA was conducted. This approach involved the development of individual case histories for each of the 14 participants, enabling a structured cross-case comparison of qualitative patterns. These narratives served as the empirical foundation for the QCA—a method that combines qualitative richness with a formal comparative logic (Crilly, 2011; Overall and Wise, 2016; Overall, 2016b, 2025d). Rooted in Boolean algebra, QCA is particularly well-suited to examining complex, multi-condition phenomena such as improving mental health, where linear models of causation may not adequately account for interacting variables (Crilly, 2011).

### **3.5.2. QCA procedure**

The analysis followed a four-phase procedure. First, calibration of the qualitative data was carried out through manual coding, assigning binary values—full presence (1) or absence (0)—to each condition of interest (Crilly et al., 2012). This binary structure enabled consistent operationalization across all cases and reflected core constructs such as trust and letting go and healing the inner child (Overall and Wise, 2016). Second, a truth table was constructed using fs/QCA software and the Quine-McCluskey algorithm. This matrix mapped all observed configurations of causal conditions and their relation to the outcome, allowing for systematic comparison of combinations sufficient to yield the observed results (Crilly, 2011; Fiss, 2011). Out of  $2^8$  theoretically possible configurations, only those with empirical representation were retained in the analysis. This reduction of logical remainders—cases that are logically possible but empirically unobserved—is a standard QCA practice that improves model interpretability and robustness (Crilly, 2011; Overall and Wise, 2016).

The third step involved applying Boolean minimization to derive the most parsimonious sets of causal conditions associated with the outcome (Grandori and Furnari, 2008). This operation identified recurring causal configurations that consistently aligned with the presence of improved mental health outcomes. Finally, the consistency and coverage of the model were assessed—two central quality indicators in QCA research. Consistency evaluates the degree to which cases sharing a particular condition or configuration display the expected outcome. As Greckhamer (2011, p. 94) notes, it “measures the degree to which cases sharing a given condition agree in displaying an outcome.” Values approaching or exceeding 0.8, and especially those near 0.95, are considered highly reliable (Crilly, 2011; Overall and Wise, 2016;

Ragin, 2007). Coverage, which ranges from 0 to 1, reflects the explanatory power of the configurations in accounting for the outcome's occurrence (Greckhamer, 2011). Greckhamer (2011, p. 94) delineates three forms of coverage:

Overall coverage of a combination that may overlap with other combinations is its *raw coverage*; coverage uniquely due to a combination is its *unique coverage* (the difference between raw and unique coverage is due to overlap between combinations); the combined coverage of all combinations leading to the outcome is the *solution coverage*.

### 3.5.3. Measurement and calibration

The QCA model examined eight conditions as potential contributors to mental health improvement: (1) trust & letting go; (2) fear & resistance; (3) interpersonal healing: parent-child relationships; (4) psychedelics as a tool for therapy; (5) emotional release & catharsis; (6) heightened compassion & universal love; (7) oscillation between bliss & fear; and (8) healing the inner child. Each participant's transcript was reviewed and calibrated for each condition using binary criteria—assigned a 1 for full presence or 0 for absence. This allowed the application of fuzzy-set QCA (fs/QCA), which accommodates degrees of condition presence rather than enforcing binary classifications. Following QCA best practices (Crilly et al., 2012), calibration was performed using a 10-point Likert-style scale, which was then converted into values ranging from 0 to 1 in 0.1 increments (see **Table 3**). These fuzzy values allowed for finer-grained representation of condition intensity, with full membership defined at 1.0 and full non-membership at 0.0 (Crilly et al., 2012; Overall and Wise, 2016; Overall, 2016b). Calibration was derived directly from the qualitative data, ensuring empirical validity.

### 3.5.4. Data analysis

To determine the combinations of conditions that were sufficient to explain improvements in mental health, all eight input conditions were treated as core causal variables (Fiss, 2011). A minimum consistency threshold of 0.8 was applied, consistent with the fs/QCA literature (Crilly, 2011). Within fs/QCA, three solution types are generated—complex, intermediate, and parsimonious. While the parsimonious model may disregard causal complexity and the complex model can overfit the data, the intermediate model balances explanatory clarity with methodological rigor (Ragin and Sonnett, 2007). As such, the intermediate model was selected for interpretation (Crilly et al., 2012).

## 4. Results

The final QCA model, presented in **Table 4**, identified five core conditions most strongly associated with improvements in mental health: (1) trust & letting go, (2) emotional release & catharsis, (3) healing the inner child, (4) psychedelics as a tool for therapy; and (5) interpersonal healing: parent-child relationships. The solution yielded a consistency score of 0.91, with a raw coverage of 0.78 and unique coverage of 0.53. Overall solution consistency was 0.89, and solution coverage was 0.73—demonstrating a well-fitting, high-quality model. These findings suggest that the

convergence of specific psychological and relational factors during the psychedelic experience plays a central role in facilitating therapeutic change.

**Table 3.** Calibration table for qualitative comparative analysis.

Name	Trust & letting go	Fear & resistance	Interpersonal healing: parent-child relationships	Psychedelics as a tool for therapy	Emotional release & catharsis	Heightened compassion & universal love	Oscillation between bliss & fear	Healing the inner child	Mental health improvements
Interviewee #1	0.4	0.4	0	0	1	0	0	0	0.8
Interviewee #2	1	1	1	1	1	1	1	0	1
Interviewee #3	1	1	1	0.2	1	1	1	0	1
Interviewee #4	1	1	1	1	1	1	1	0	1
Interviewee #5	1	1	1	1	1	1	1	0	1
Interviewee #6	1	0.2	0.6	0.4	1	0.8	0.2	0	0.4
Interviewee #7	1	1	0.8	0.2	1	1	0	0	1
Interviewee #8	1	1	1	1	1	1	1	0.2	1
Interviewee #9	0	0	0	0	0	0	0	0	0
Interviewee #10	1	1	1	0.6	1	1	0.4	0	1
Interviewee #11	1	1	1	0.2	0.2	1	1	0	1
Interviewee #12	1	1	1	1	1	1	1	0.2	1
Interviewee #13	1	1	1	1	1	1	1	0	1
Interviewee #14	1	1	0.4	1	1	1	1	0	1

**Table 4.** Configuration of causal conditions leading to mental health improvements.

QCA Results	Configurations for Mental Health Improvements
<b>Causal Conditions</b>	<b>1</b>
Trust & letting go	●
Emotional release & catharsis	●
Healing the inner child	●
Psychedelics as a tool for therapy	●
Interpersonal healing: Parent-child relationships	●
Consistency	0.91
Raw coverage	0.78
Unique coverage	0.53
Overall solution consistency	0.89
Overall solution coverage	0.74

Key: ● core causal condition (present).

Note: This format of presenting the results of the fuzzy-set analysis is based on Ragin and Fiss (2008).

It is noteworthy that preliminary analyses explored whether the conditions of fear & resistance, oscillation between bliss & fear, and heightened compassion & universal love contributed to mental health outcomes. However, these conditions failed to meet the required consistency threshold of 0.8 (Fiss, 2011) and were excluded from the final model. While they were thematically relevant to participants’ narratives, they did not demonstrate sufficient cross-case consistency to be included as necessary or sufficient

conditions for the outcome. Their exclusion supports the analytical precision of the final model and underscores the distinctiveness of the five retained core conditions.

## **5. General discussion**

This study offers a substantive contribution to the emerging field of psychedelic science by advancing theoretical understandings of how 5-MeO-DMT facilitates psychological transformation. Drawing on qualitative and QCA methodologies, the findings illuminate previously underexplored mechanisms through which psychedelic experiences catalyze emotional release, cognitive reframing, and relational repair. This research reveals how specific intrapersonal and interpersonal processes—such as confronting fear, achieving catharsis, and enacting empathy-driven forgiveness—are central to the integration of psychedelic insights into enduring mental health outcomes. By identifying distinct thematic patterns across participants' narratives and linking these to broader conceptual frameworks, the study not only builds upon existing literature but also challenges prevailing assumptions within both psychedelic research and mainstream psychological theory.

### **5.1. Navigating fear and resistance through psychedelic-induced emotional exposure**

Participants described intense encounters with fear and internal resistance during psychedelic experiences. Prior literature has acknowledged that psychedelics often evoke powerful emotional reactions, including fear, confusion, and a sense of ego dissolution (Carhart-Harris et al., 2012; Carbonaro et al., 2016). However, the prevailing framing in much of the clinical and experimental literature tends to position fear primarily as a side effect to be minimized or managed, rather than as a meaningful therapeutic component in its own right. For example, in clinical trials involving psilocybin and other psychedelics, transient anxiety or panic is commonly reported but rarely conceptualized as integral to therapeutic transformation (Griffiths et al., 2016). This reflects a broader oversight in psychedelic science, where emotional turbulence is often under-theorized in relation to its potential role in fostering psychological change.

This study extends current theoretical understandings by illustrating how fear encountered in psychedelic states mirrors the processes involved in exposure-based therapeutic modalities. Participants described being forced to confront deep-seated fears and existential anxieties—experiences that led to a subsequent sense of release, clarity, and growth. This directly parallels findings from exposure therapy, where clients are systematically guided to face avoided stimuli, leading to reduced fear responses and increased emotional regulation (Craske et al., 2008). Yet unlike structured clinical exposure, psychedelic-induced encounters with fear are often spontaneous, immersive, and accompanied by altered states of consciousness that heighten the salience of emotional material (Lebedev et al., 2016).

The findings suggest that psychedelic fear should not be pathologized but rather embraced as an opportunity for therapeutic engagement. In this context, fear operates not merely as a symptom but as a gateway to emotional transformation—disrupting rigid psychological defenses and inviting deeper introspection. This

reconceptualization aligns with recent theoretical developments in psychedelic-assisted psychotherapy that call for an increased tolerance of distressing content and greater emphasis on working with rather than avoiding difficult emotions (Sloshower et al., 2020). By empirically demonstrating how fear and resistance are meaningful aspects of the healing process, this research contributes a critical advancement in understanding the emotional mechanisms through which psychedelics facilitate psychological resilience, integration, and growth.

### **5.2. Psychedelic-induced catharsis and deep emotional processing**

Participants in this study described emotionally intense episodes marked by weeping, laughter, screaming, and bodily release—experiences they interpreted as healing. While catharsis has long been discussed in psychoanalytic traditions (Freud, 1917, 1957) and expanded upon by Jungian psychology as a means of integrating unconscious material (Jung, 1961), contemporary psychotherapeutic discourse has largely marginalized catharsis in favor of cognitive and behavioral frameworks (Kaplan et al., 2021; Van den Broeck et al., 2022). Even within psychedelic research, the mechanisms of emotional release are often vaguely referenced or treated as secondary to cognitive insights or mystical-type experiences (Griffiths et al., 2006; Roseman et al., 2018).

This study addresses a clear theoretical gap by foregrounding emotional catharsis—not as an incidental byproduct but as a central therapeutic mechanism in psychedelic experiences. Participants reported feeling as if ‘their emotions had been waiting’ for the opportunity to be released, describing the experience as both overwhelming and profoundly liberating. This aligns with somatic and trauma-informed models of psychotherapy, which emphasize that unprocessed emotional energy becomes stored in the body and can only be released through deeply embodied forms of expression (Payne et al., 2015; Van der Kolk, 2014). Indeed, participants described their experiences in explicitly somatic terms, such as sobbing ‘like a child’ or feeling their bodies ‘doing what they needed to do to heal’. Moreover, the findings resonate with empirical work on MDMA-assisted psychotherapy, which shows that the facilitation of emotional expression and bodily release can be more predictive of therapeutic outcomes than cognitive insight alone (Watts et al., 2017). By systematically documenting the therapeutic efficacy of unstructured, spontaneous emotional release during 5-MeO-DMT sessions, this study offers a novel empirical contribution to the field, demonstrating that catharsis appears to be a vital pathway to psychological healing.

### **5.3. Healing intergenerational trauma through psychedelic-induced empathy and forgiveness**

This study reveals a critical and underexplored therapeutic mechanism through which psychedelics promote healing: the facilitation of empathy and forgiveness within the context of intergenerational trauma. Prior research on intergenerational trauma transmission has emphasized the biological, psychological, and social mechanisms by which unresolved parental trauma can be inherited by offspring (Cruz et al., 2021; Danieli, 1998; St-Laurent et al., 2022; Yehuda et al., 2005). While

therapeutic interventions aimed at intergenerational healing often focus on systemic or narrative approaches, relatively little is known about how non-ordinary states of consciousness can intervene in these processes.

Participants in this study described profound shifts in their perceptions of their parents, often viewing them with new levels of empathy and emotional understanding. Statements such as ‘I saw my parents as kids, with their own wounds’ reflect a restructuring of intersubjective boundaries that allowed for more nuanced and compassionate interpretations of parental behavior. These findings build on prior research indicating that psychedelics may increase empathy and reduce judgmental attitudes (Griffiths et al., 2018; Preller and Vollenweider, 2016). They further demonstrate how such shifts can catalyze forgiveness and release individuals from emotionally burdensome family legacies.

Importantly, the resolution of intergenerational trauma appeared to play a pivotal role in broader mental health improvements. In this study, the experience of no longer carrying emotional burdens that were not theirs to begin with was articulated—leading to decreased anxiety, relief from depressive symptoms, and a renewed sense of psychological autonomy. This aligns with empirical work linking the transmission of unresolved trauma to heightened vulnerability to affective disorders in subsequent generations (Yehuda and Lehrner, 2018). By facilitating insight into these inherited patterns and enabling emotional disentanglement from parental pain, psychedelic experiences offer a mechanism for disrupting maladaptive psychological inheritance. This process appears not only to enhance intrapersonal healing but also to reorient participants’ self-narratives in more coherent and empowering ways, thereby contributing directly to sustained mental health outcomes.

The emotional transformation facilitated by psychedelics appears to have interrupted cycles of inherited suffering. Forgiveness, described as ‘the real healing’ by participants, is widely recognized in psychological and spiritual frameworks as a mechanism for emotional liberation and improved mental health (Enright and Fitzgibbons, 2015; Worthington and Scherer, 2004). However, its spontaneous emergence during psychedelic experiences represents a novel therapeutic pathway not adequately theorized in existing models. The current findings suggest that psychedelics may activate dormant capacities for compassion and relational healing, allowing individuals to differentiate their identities from familial pain and make peace with their past. By empirically documenting how psychedelic-induced empathy leads to forgiveness and healing within the parent-child dynamic, this study introduces a previously underdeveloped dimension to both psychedelic science and trauma therapy. It underscores the relational and transgenerational potential of psychedelic-assisted psychotherapy, offering a conceptual bridge between personal healing and broader family systems work.

#### **5.4. Implications for practice**

The findings from this study offer important implications for the design and delivery of psychedelic-assisted psychotherapy, particularly with 5-MeO-DMT. One key insight is the therapeutic potential of emotional intensity—especially fear and resistance—as not merely side effects but as catalysts for transformation. Rather than

suppressing these experiences, practitioners should be trained to help clients engage fear as a meaningful psychological process. This requires reframing distress as a vehicle for emotional insight and preparing clients to encounter discomfort with openness and support.

Trust and surrender also emerged as central mechanisms of therapeutic change. These findings highlight the need for facilitators to go beyond symptom management and foster environments where clients can relinquish control in psychologically safe and structured ways. Facilitators must therefore possess both technical knowledge and emotional maturity to support clients through these vulnerable states.

Equally significant is the role of catharsis and non-verbal emotional release. Current clinical models often privilege cognitive insight over emotional expression, but these findings suggest that body-centered and trauma-informed approaches should be integrated into psychedelic therapy. Training in somatic awareness and emotional regulation may allow clinicians to more effectively support these spontaneous processes. Perhaps most novel is the observed repair of intergenerational trauma through psychedelic-facilitated empathy and forgiveness. These insights suggest that psychedelic therapy may operate not only at the level of individual change but also at the level of relational and systemic healing—challenging the idea that recovery is a purely intrapersonal process.

### **5.5. Limitations & future directions**

While this study offers important insights into the psychological and therapeutic processes associated with 5-MeO-DMT, several methodological limitations warrant consideration. First, the non-iterative design of the grounded theory approach—wherein data collection and analysis were conducted in discrete phases—diverges from classical grounded theory protocols that emphasize concurrent data gathering and coding. While this structure ensured analytic consistency across all interviews, it limited opportunities for theoretical sampling and emergent hypothesis refinement.

Second, the sample size, while appropriate for qualitative and QCA analysis, was drawn from individuals who had accessed 5-MeO-DMT through a single clinical provider. As such, participants may represent a relatively homogeneous subgroup in terms of set, setting, and facilitator influence. This limits the generalizability of findings to more diverse populations or informal use contexts. Future research should prioritize prospective, longitudinal designs that examine psychological outcomes and integration processes over extended periods. Incorporating mixed-methods approaches could further enhance theoretical depth while enabling comparisons between subjective reports and quantitative indicators of mental health change. Additionally, research should explore the influence of variables such as dosage, therapeutic framing, cultural background, and facilitator practices on outcomes. Expanding the demographic and experiential diversity of participant samples will also be essential for assessing the broader applicability of these findings.

**Informed consent statement:** Informed consent was obtained from all subjects involved in the study.

**Conflict of interest:** The author declares no conflict of interest.

## References

- Aday, J. S., Davoli, C. C., Bloesch, E. K. (2020). 2019: A year of expanding psychedelic science and policy. *Drug Science, Policy and Law*, 6, 2050324520974484.
- Asnaani, A., Alpert, E., McLean, C. P. (2021). The role of negative affect and emotion dysregulation in the treatment of posttraumatic stress disorder. *Journal of Anxiety Disorders*, 78, 102356.
- Bakioğlu, A., Korumaz, M. (2019). Disciplinary Power in The School: Panoptic Surveillance. *Journal of Education and Learning*, 8(3), 1–10.
- Barlow, D. H., Sauer-Zavala, S., Carl, J. R., et al. (2014). The nature, diagnosis, and treatment of neuroticism: Back to the future. *Clinical Psychological Science*, 2(3), 344–365.
- Barrett, F. S., Bradstreet, M. P., Leoutsakos, J. M. S., et al. (2016). The challenging experience questionnaire: Characterization of challenging experiences with psilocybin mushrooms. *Journal of Psychopharmacology*, 30(12), 1279–1295.
- Barsuglia, J. P., Davis, A. K., Palmer, R., et al. (2018). Intensity of mystical experiences occasioned by 5-MeO-DMT and comparison with a prior psilocybin study. *Frontiers in Psychology*, 9, 2459.
- Bauman, Z. (2006). *Liquid fear*. Polity Press.
- Belser, A. B., Agin-Liebes, G., Swift, T. C., et al. (2017). Patient experiences of psilocybin-assisted psychotherapy: An interpretative phenomenological analysis. *Journal of Humanistic Psychology*, 57(4), 354–388.
- Boell, S. K., Cecez-Kecmanovic, D. (2015). On being ‘systematic’ in literature reviews. *Formulating Research Methods for Information Systems*, 48(2), 161–173.
- Bombay, A., Matheson, K., Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada. *Journal of Aboriginal Health*, 5(3), 6–47.
- Bradshaw, J. (1990). *Homecoming: Reclaiming and championing your inner child*. Bantam Books.
- Brave Heart, M. Y. H. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7–13.
- Bryman, A., Teevan, J. J. (2005). *Social research methods*. Oxford University Press.
- Carbonaro, T. M., Bradstreet, M. P., Barrett, F. S., et al. (2016). Survey study of challenging experiences after ingesting psilocybin mushrooms: Acute and enduring positive and negative consequences. *Journal of Psychopharmacology*, 30(12), 1268–1278.
- Carhart-Harris, R. L., Erritzoe, D., Williams, T., et al. (2012). Neural correlates of the psychedelic state as determined by fMRI studies with psilocybin. *Proceedings of the National Academy of Sciences*, 109(6), 2138–2143.
- Carhart-Harris, R. L., Goodwin, G. M. (2017). The therapeutic potential of psychedelic drugs: Past, present, and future. *Neuropsychopharmacology*, 42(11), 2105–2113.
- Carhart-Harris, R. L., Bolstridge, M., Rucker, J., et al. (2018). Psilocybin with psychological support for treatment-resistant depression: Six-month follow-up. *Psychopharmacology*, 235(2), 399–408.
- Carhart-Harris, R. L., Erritzoe, D., Haijen, E., Kaelen, M., Watts, R. (2018). Psychedelics and connectedness. *Psychopharmacology*, 235(2), 547–550.
- Carhart-Harris, R. L., Friston, K. J. (2019). Rebus and the anarchic brain: Toward a unified model of the brain action of psychedelics. *Pharmacological Reviews*, 71(3), 316–344.
- Clayton, S., Manning, C. M., Krygsman, K., Speiser, M. (2017). Mental health and our changing climate: Impacts, implications, and guidance. American Psychological Association and ecoAmerica.
- Cortina, M. (2017). Beyond Nature and Culture: Fromm’s Existentialism. *Psychoanalytic Review*, 104(4), 437–450.
- Craig, S. E. (2009). *Reclaiming childhood: Letting children be children in our achievement-oriented society*. Random House.
- Craske, M. G., Kircanski, K., Zelikowsky, M., et al. (2008). Optimizing inhibitory learning during exposure therapy. *Behavior Research and Therapy*, 46(1), 5–27.
- Crilly, D. (2011). Predicting stakeholder orientation in the multinational enterprise: A mid-range theory. *Journal of International Business Studies*, 42, 694–717.
- Crilly, D., Zollo, M., Hansen, M. T. (2012). Faking it or muddling through? Understanding decoupling in response to stakeholder pressures. *Academy of Management Journal*, 55(6), 1429–1448.
- Cruz, M. D., Gress-Smith, J. L., Bailie, C. (2021). Mechanisms of intergenerational trauma transmission: A review of recent literature. *Journal of Child and Family Studies*, 30(5), 1208–1223.

- Cuijpers, P., Karyotaki, E., Weitz, E., et al. (2019). The effects of psychotherapies for major depression in adults on remission, recovery and improvement: A meta-analysis. *Journal of Affective Disorders*, 159, 118–126.
- Dakic, V., Stipcevic, T., Pokorny, T., et al. (2017). 5-MeO-DMT modulates cell surface serotonin receptors and intracellular signaling pathways in human cerebral organoids. *Scientific Reports*, 7, 12863.
- D’Andrade, R. (1995). *The development of cognitive anthropology*. Cambridge University Press.
- Danieli, Y. (1998). *International handbook of multigenerational legacies of trauma*. Springer.
- Davis, A. K., Clifton, J. M., Weaver, E. G., et al. (2021). Psychedelic treatment for trauma-related psychological and cognitive impairment: Emerging evidence and future directions. *Neuropharmacology*, 191, 108593.
- Davis, A. K., et al. (2019). 5-MeO-DMT use is associated with unintended improvements in depression and anxiety. *The American Journal of Drug and Alcohol Abuse*, 45(2), 161–169.
- Davis, M. H. (1996). *Empathy: A social psychological approach*. Westview Press.
- Dean, J. (2010). *Blog theory: Feedback and capture in the circuits of drive*. Polity.
- Deacon, B. J. (2013). The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research. *Clinical Psychology Review*, 33(7), 846–861.
- DeCou, C. R., Mahoney, C. T., Kaplan, S. P., Lyness, J. M. (2021). Emotional processing and posttraumatic growth: A systematic review. *Journal of Trauma & Dissociation*, 22(1), 21–39.
- Dorjee, D. (2021). Mindfulness and the transformation of the self through meditation: A transdisciplinary perspective. *Current Opinion in Psychology*, 40, 116–121.
- Doty, R. L. (2007). States of exception on the Mexico–U.S. border: Security, “decisions,” and civilian border patrols. *International Political Sociology*, 1(2), 113–137.
- Dyer, A. S., Dorahy, M. J., Corry, M., Shannon, M. (2020). Emotional processing in post-traumatic stress: The role of expressive suppression and cognitive reappraisal. *Journal of Anxiety Disorders*, 74, 102270.
- Enright, R. D., Fitzgibbons, R. P. (2015). *Forgiveness therapy: An empirical guide for resolving anger and restoring hope*. American Psychological Association.
- Eubanks, V. (2018). *Automating inequality: How high-tech tools profile, police, and punish the poor*. St. Martin’s Press.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316–338.
- Fischer, C., Kordes, U. (2020). Emotional release and regulation in therapeutic settings: Revisiting catharsis. *International Journal of Psychoanalysis and Education*, 12(1), 34–49.
- Fiss, P. C. (2007). A set-theoretic approach to organizational configurations. *Academy of Management Review*, 32(4), 1180–1198.
- Fiss, P. C. (2011). Building better causal theories: A fuzzy set approach to typologies in organization research. *Academy of Management Journal*, 54, 393–420.
- Foa, E. B., McLean, C. P. (2016). The efficacy of exposure therapy for anxiety-related disorders and its underlying mechanisms: The case of OCD and PTSD. *Annual Review of Clinical Psychology*, 12, 1–28.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison*. Vintage Books.
- Freud, S. (1957). Mourning and melancholia. In: Strachey J. (editor). Strachey J. (translator). *The standard edition of the complete psychological works of Sigmund Freud*. Hogarth Press. Volume 14. pp. 243–258.
- Fromm, E. (1941). *Escape from freedom*. Farrar & Rinehart.
- Fromm, E. (1956). *The art of loving*. Harper & Row.
- Furedi, F. (2006). *Culture of fear revisited*. Continuum.
- Garcia-Romeu, A., Richards, W. A. (2018). Current perspectives on psychedelic therapy: Use of serotonergic hallucinogens in clinical interventions. *International Review of Psychiatry*, 30(4), 291–316.
- Gerbaudo, P. (2012). *Tweets and the streets: Social media and contemporary activism*. Pluto Press.
- Gonzalez, J. A. (2021). The role of integration in psychedelic-assisted therapy: A transpersonal perspective. *Journal of Transpersonal Psychology*, 53(1), 45–64.
- Gorman, I., Nielson, E. M., Molinar, A., et al. (2021). Psychedelic-assisted therapy: A roadmap for wider acceptance and utilization. *Frontiers in Psychology*, 12, 612934.
- Grandori, A., Furnari, S. (2008). A chemistry of organization: Combinatory analysis and design. *Organization Studies*, 29, 459–487.

- Greckhamer, T. (2011). Cross-cultural differences in compensation level and inequality across occupations: A set-theoretic analysis. *Organization Studies*, 32(1), 85–115.
- Green, J. D., Van Ryzin, M. J. (2021). The role of perspective-taking and empathy in forgiveness: A meta-analytic review. *Journal of Social and Personal Relationships*, 38(2), 515–540.
- Griffiths, R. R., Richards, W. A., McCann, U., Jesse, R. (2006). Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. *Psychopharmacology*, 187(3), 268–283.
- Griffiths, R. R., Johnson, M. W., Carducci, M. A., et al. (2016). Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. *Journal of Psychopharmacology*, 30(12), 1181–1197.
- Griffiths, R. R., Richards, W. A., Johnson, M. W., et al. (2018). Psilocybin-occasioned mystical-type experience in combination with meditation and other spiritual practices produces enduring positive changes in psychological functioning and well-being. *Journal of Psychopharmacology*, 32(1), 49–69.
- Grof, S. (2008). LSD psychotherapy: The healing potential of psychedelic medicine. Multidisciplinary Association for Psychedelic Studies.
- Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, 26(1), 1–26.
- Hartogsohn, I. (2018). The meaning-enhancing properties of psychedelics and their mediator role in psychedelic therapy, spirituality, and creativity. *Frontiers in Neuroscience*, 12, 129.
- Hartogsohn, I. (2021). The meaning-enhancing properties of psychedelics and their mediator role in psychedelic therapy. *Frontiers in Psychology*, 12, 727572.
- Hayes, S. C., Luoma, J. B., Bond, F. W., et al. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behavior Research and Therapy*, 44(1), 1–25.
- Hofmann, S. G., Hayes, S. C. (2022). The future of intervention science: Process-based therapy. *Clinical Psychological Science*, 10(2), 191–207.
- Hunt, M. G. (2010). Emotional processing and emotional expression in psychosomatic medicine. *Advances in Mind-Body Medicine*, 25(1), 8–17.
- Isobel, S., Goodyear, M., Furness, T., Foster, K. (2021). Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of Clinical Nursing*, 30(13–14), 2070–2088.
- Kaczurkin, A. N., Foa, E. B. (2022). Exposure-based therapy for anxiety disorders: Current status and future directions. *Annual Review of Clinical Psychology*, 18, 239–264.
- Kalin, N. H. (2020). The critical relationship between anxiety and depression. *American Journal of Psychiatry*, 177(5), 365–367.
- Kaplan, D. M., McDaniel, H. L., Saracino, R. M. (2021). Beyond words: Emotional release and somatic experiencing in psychotherapy. *Psychological Services*, 18(4), 441–450.
- Kellermann, N. P. (2001). Transmission of Holocaust trauma: An integrative view. *Psychiatry: Interpersonal and Biological Processes*, 64(3), 256–267.
- Koga, M., Koga, M., Takebayashi, Y. (2022). Intergenerational trauma: Epigenetic and psychosocial contributions to resilience and vulnerability. *Frontiers in Psychology*, 13, 841119.
- Koithan, M., Kreitzer, M. J. (2021). Somatization, repression, and the body: Reintegrating emotional experience in mental health care. *Journal of Holistic Nursing*, 39(1), 6–14.
- Johnson, M. W., Griffiths, R. R. (2017). Potential therapeutic effects of psilocybin. *Neurotherapeutics*, 14(3), 734–740.
- Jung, C. G. (1961). *Memories, dreams, reflections*. Pantheon Books.
- Lafrance, A., Loizaga-Velder, A., Fletcher, J., et al. (2017). Nourishing the spirit: Exploratory research on ayahuasca experiences along the continuum of recovery from eating disorders. *Journal of Psychoactive Drugs*, 49(5), 427–435.
- Leary, T., Metzner, R., Alpert, R. (2008). *The psychedelic experience: A manual based on the Tibetan Book of the Dead*. Citadel Press.
- Lebedev, A. V., Lövdén, M., Rosenthal, G., et al. (2016). Finding the self by losing the self: Neural correlates of ego dissolution in psychedelic experience. *Human Brain Mapping*, 36(8), 3137–3153.
- LeDoux, J. E. (2014). Coming to terms with fear. *Proceedings of the National Academy of Sciences*, 111(8), 2871–2878.
- Letheby, C., Gerrans, P. (2021). Self unbound: Ego dissolution in psychedelic experience. *Philosophy and the Mind Sciences*, 2(1).

- Loerinc, A. G., Meuret, A. E., Smits, J. A. J. (2021). Enhancing exposure therapy with cognitive interventions for anxiety disorders. *Clinical Psychology Review*, 90, 102086.
- Levine, P. A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. North Atlantic Books.
- Lipton, B. H. (2015). *The biology of belief: Unleashing the power of consciousness, matter & miracles*, 10th ed. Hay House.
- Loerinc, A. G., Meuret, A. E., Twohig, M. P., et al. (2015). Response rates for CBT for anxiety disorders: Need for standardized criteria. *Clinical Psychology Review*, 42, 72–82.
- Ly, C., Greb, A. C., Cameron, L. P., et al. (2018). Psychedelics promote structural and functional neural plasticity. *Cell Reports*, 23(11), 3170–3182.
- Manokha, I. (2018). Surveillance, Panopticism, and Self-Discipline in the Digital Age. *Surveillance & Society*, 16(2), 219–237.
- Marinova, Z., Maercker, A. (2021). Biological correlates of complex PTSD: A systematic review of the literature. *European Journal of Psychotraumatology*, 12(1), 1866427.
- Millière, R., Carhart-Harris, R. L., Roseman, L., et al. (2022). Psychedelics, meditation, and self-consciousness: An introduction. *Neuroscience of Consciousness*, 2022(1).
- Mineka, S., Zinbarg, R. (2006). A contemporary learning theory perspective on the etiology of anxiety disorders: It's not what you thought it was. *American Psychologist*, 61(1), 10–26.
- Mithoefer, M. C., Grob, C. S., Brewerton, T. D. (2016). Novel psychopharmacological therapies for psychiatric disorders: Psilocybin and MDMA. *The Lancet Psychiatry*, 3(5), 481–488.
- Mithoefer, M. C., Feduccia, A. A., Jerome, L., et al. (2019). MDMA-assisted psychotherapy for PTSD: Study design and rationale. *Psychopharmacology*, 236(9), 2735–2745.
- Mohatt, N. V., Hazel, K. L., Allen, J., et al. (2022). Unpacking intergenerational trauma within systems of care: Learning from Indigenous communities. *Transcultural Psychiatry*, 59(1), 3–24.
- Mohatt, N. V., Thompson, A. B., Thai, N. D., Tebes, J. K. (2019). Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Science & Medicine*, 230, 88–100.
- Montirosso, R., Provenzi, L., Fumagalli, M., et al. (2021). Intergenerational transmission of trauma and adversity: From behavioral evidence to clinical implications. *International Journal of Environmental Research and Public Health*, 18(4), 1826.
- NCHS. (2022). Suicide mortality in the United States, 2000–2020. Available online: <https://www.cdc.gov/nchs/products/databriefs/db433.htm> (accessed on 1 April 2025).
- Nichols, D. E. (2016). Psychedelics. *Pharmacological Reviews*, 68(2), 264–355.
- Nour, M. M., Evans, L., Nutt, D., Carhart-Harris, R. L. (2016). Ego-dissolution and psychedelics: Validation of the Ego-Dissolution Inventory (EDI). *Frontiers in Human Neuroscience*, 10, 269.
- Ogden, P., Minton, K., Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. W.W. Norton & Company.
- Ojastu, D., Chiu, R., Olsen, P. I. (2011). Cognitive model of entrepreneurship and its reflection in education. *Journal of Enterprising Culture*, 19(4), 397–434.
- Oram, M. (2014). Efficacy and enlightenment: LSD psychotherapy and the Drug Amendments of 1962. *Journal of the History of Medicine and Allied Sciences*, 69(2), 221–250.
- Overall, J. S. (2025a). Conscious economics: Reconstructing economic agency through rational egoism and ontological accountability. *Sustainable Economies*. Accepted for publication and in press.
- Overall, J. S. (2025b). Beyond awakening: A mixed-methods analysis of life after kensho and the psychology of spiritual integration. *Applied Psychology Research*. Accepted for publication and in press.
- Overall, J. S. (2025c). Healing financial trauma: The role of mindfulness and therapy in breaking generational patterns. *American Journal of STEM Education*, 8, 103–108. <https://doi.org/10.32674/zy3y4n31>
- Overall, J. S. (2025d). The antecedents of kensho spiritual awakenings: A mixed-methods study. *Psychology of Consciousness: Theory, Research, and Practice*. Advance online publication. <https://doi.org/10.1037/cns0000423>
- Overall, J. S. (2025e). Strengthening Co-Founder Partnerships: Applying Couple Therapy Principles to STEM Ventures. *American Journal of STEM Education*. 6, 94–111. <https://doi.org/10.32674/jxqasz14>
- Overall, J. S. (2021). The Working Class: An entire class of people left behind. *International Journal of Business & Globalization*, 27(2), 206–220.

- Overall, J. S. (2020). Mental Health among Entrepreneurs: The Benefits of Consciousness. *International Journal of Entrepreneurship and Economic Issues*, 4(1), 70–74.
- Overall, J. S. (2018). All around the mulberry bush: A theory of cyclical unethical behavior. *International Journal of Business and Globalization*, 20(2), 251–267.
- Overall, J. S. (2016a). Cyclical workplace stress and employee pathology: A conceptual framework. *International Journal of Work Organization and Emotion*, 7(2), 98–103.
- Overall, J. S. (2016b). Unethical behavior in organizations: empirical findings that challenge CSR and egoism theory. *Business Ethics: A European Review*, 25(2), 113–127.
- Overall, J. S., Rosalind, R. (2022). *Capitalist Buddha: Waking up to conscious economics*. Global Institute for Conscious Economics.
- Overall, J. S. Wise, S. (2016) The antecedents of entrepreneurial success: The importance of travel. *Journal of Enterprising Culture*, 24(3), 1–33.
- Panksepp, J., Biven, L. (2012). *The archaeology of mind: Neuroevolutionary origins of human emotions*. W.W. Norton & Company.
- Parade, S. H., Huffhines, L., Daniels, T. E., et al. (2021). A systematic review of childhood maltreatment and DNA methylation: Timing, type, and systems impacted. *Development and Psychopathology*, 33(1), 314–334.
- Payne, P., Levine, P. A., Crane-Godreau, M. A. (2021). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 12, 684680.
- Payne, P., Levine, P. A., Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 6, 93.
- Payne, L. A., Chambers, R., Likhaitzky, P. (2021). The role of somatic release in psychedelic-assisted therapy: A proposed framework. *Frontiers in Psychology*, 12, 723685.
- Pears, K. C., Capaldi, D. M., Kim, H. K. (2022). Intergenerational transmission of internalizing and externalizing behavior: A multigenerational study. *Development and Psychopathology*, 34(3), 1125–1142.
- Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8(3), 162–166.
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.
- Preller, K. H., Vollenweider, F. X. (2016). Phenomenology, structure, and dynamic of psychedelic states. In: Preedy S. (editor). *Neurobiology of drug addictions and substance misuse*. Academic Press. Volume 3. pp. 963–974.
- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. Simon & Schuster.
- Ragin, C. C. (2007). *Fuzzy-set social science*. University of Chicago Press.
- Ragin, C. C., Sonnett, J. (2007). *Between complexity and parsimony: Limited diversity, counterfactual cases, and comparative analysis*. Department of Sociology, University of Arizona.
- Reiff, C. M., Richman, E. E., Nemeroff, C. B., et al. (2020). Psychedelics and psychedelic-assisted psychotherapy. *American Journal of Psychiatry*, 177(5), 391–410.
- Riba, J., Rodríguez-Fornells, A., Urbano, G., et al. (2001). Subjective effects and tolerability of the South American psychoactive beverage ayahuasca in healthy volunteers. *Psychopharmacology*, 154(1), 85–95.
- Roseman, L., Nutt, D. J., Carhart-Harris, R. L. (2018). Quality of acute psychedelic experience predicts therapeutic efficacy of psilocybin for treatment-resistant depression. *Frontiers in Pharmacology*, 8, 974.
- Ross, S., Bossis, A., Guss, J., et al. (2016). Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: A randomized controlled trial. *Journal of Psychopharmacology*, 30(12), 1165–1180.
- Rucker, J. J. H., Iliff, J., Nutt, D. J. (2022). Psychiatry & the psychedelic renaissance. *British Journal of Psychiatry*, 220(5), 283–285.
- Scheff, T. J. (2007). Catharsis and other heresies: A theory of emotion. *Journal of Social, Evolutionary, and Cultural Psychology*, 1(3), 98–113.
- Schneider, C. Q., and Wagemann, C. (2010). Standards of good practice in qualitative comparative analysis (QCA) and fuzzy-sets. *Comparative Sociology*, 9, 1–22.
- Sepeda, N. D., Clifton, J. M., Doyle, L. Y., et al. (2020). Inhaled 5-MeO-DMT: Supportive context associated with positive acute subjective effects. *Journal of Psychedelic Studies*, 4(2), 114–122.

- Silverman, D. (2008). *Interpreting Qualitative Data*, 3rd ed. Sage Publications LTD.
- Sjöblom, M., Öhrling, K., Kostenius, C. (2018). Useful life lessons for health and well-being: Adults' reflections of childhood experiences illuminate the phenomenon of the inner child. *International Journal of Qualitative Studies on Health and Well-being*, 13(1), 1441592.
- Sloshower, J., Guss, J., Krause, R., et al. (2020). Psilocybin-assisted therapy: A review of a novel treatment for psychiatric disorders. *Journal of Psychoactive Drugs*, 52(1), 62–70.
- Snyder, H. (2019). Literature reviews as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333–339.
- Standing, G. (2011). *The precariat: The new dangerous class*. Bloomsbury Academic.
- Stensland, S., Nøttestad, J. A. (2020). Intergenerational trauma transmission: Clinical implications for working with adults with relational difficulties. *Journal of Trauma & Dissociation*, 21(3), 315–330.
- St-Laurent, D., Gagné L. M., Høbert, M. (2022). Intergenerational transmission of trauma: A systematic review of the literature on mechanisms and mediators. *Trauma, Violence, & Abuse*, 23(3), 870–886.
- Strassman, R. J., Qualls, C. R., Uhlenhuth, E. H., Kellner, R. (1994). Dose-response study of N,N-dimethyltryptamine in humans: II. Subjective effects and preliminary results of a new rating scale. *Archives of General Psychiatry*, 51(2), 98–108.
- Strauss, A. and Corbin, J. (1990). *Basics of Grounded Theory Methods*. Sage.
- Suddaby, R. (2006). From the editors: What grounded theory is not. *Academy of Management Journal*, 9(4), 633–642.
- Suri, H., Clarke, D. (2009). Advancements in research synthesis methods: From a methodologically inclusive perspective. *Review of Educational Research*, 79(1), 395–430.
- Torraco, R. J. (2005). Writing integrative literature reviews: Guidelines and examples. *Human Resource Development Review*, 4(3), 356–367.
- Twenge, J. M., Cooper, A. B., Joiner, T. E., et al. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. *Journal of Abnormal Psychology*, 128(3), 185–199.
- Uthaug, M. V., Davis, A. K., Lancelotta, R., et al. (2019). The epidemiology of 5-MeO-DMT use: Prevalence, motivation, and effects. *Journal of Psychopharmacology*, 33(3), 274–281.
- Uthaug, M. V., Mason, N. L., Toennes, S. W., et al. (2020). A placebo-controlled, single-blind study of the effects of a single inhalation of vaporized 5-MeO-DMT in healthy volunteers. *Frontiers in Psychology*, 11, 586852.
- Van den Broeck, J., Hermans, D., Raes, F. (2022). Let it out or keep it in? A meta-analysis of expressive writing and emotional disclosure in therapeutic outcomes. *Clinical Psychology Review*, 92, 102132.
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- Van Gordon, W., Shonin, E., Griffiths, M. D. (2020). Transcendental experiences and their relevance to well-being and mental health: A critical review. *Journal of Humanistic Psychology*, 60(3), 331–354.
- Vos, J., Craig, M., Cooper, M. (2015). Existential therapies: A meta-analysis of their effects on psychological outcomes. *Journal of Consulting and Clinical Psychology*, 83(1), 115–128.
- Vos, T., Lim, S. S., Abbafati, C., et al. (2020). Global burden of 369 diseases and injuries in 204 countries. *The Lancet*, 396(10258), 1204–1222.
- Walach, H., Schmidt, S. (2020). Spirituality: The neglected component in health care? *Journal of Health Psychology*, 25(5), 627–640.
- Watts, V., Luoma, J. B. (2020). The use of the psychological flexibility model to support psychedelic-assisted therapy. *Journal of Contextual Behavioral Science*, 15, 92–102.
- Watts, R., Day, C., Krzanowski, J., et al. (2017). Patients' accounts of increased “connectedness” and “acceptance” after psilocybin for treatment-resistant depression. *Journal of Humanistic Psychology*, 57(5), 520–564.
- Wilber, K. (2000). *Integral psychology: Consciousness, spirit, psychology, therapy*. Shambhala Publications.
- Woon, F. L., Hedges, D. W. (2021). Epigenetic mechanisms in intergenerational transmission of trauma and resilience: A systematic review of animal and human studies. *Frontiers in Psychiatry*, 12, 672204.
- World Health Organization. (2022). *World Mental Health Report: Transforming mental health for all*. WHO.
- Worthington, E. L., Scherer, M. (2004). Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: Theory, review, and hypotheses. *Psychology & Health*, 19(3), 385–405.
- Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.

- Yehuda, R., Engel, S. M., Brand, S. R., et al. (2005). Transgenerational effects of posttraumatic stress disorder in babies of mothers exposed to the World Trade Center attacks during pregnancy. *Journal of Clinical Endocrinology & Metabolism*, 90(7), 4115–4118.
- Yehuda, R., Bierer, L. M. (2009). The relevance of epigenetics to PTSD: Implications for the DSM-V. *Journal of Traumatic Stress*, 22(5), 427–434.
- Yehuda, R., Lehrner, A. (2018). Intergenerational transmission of trauma effects: Putative role of epigenetic mechanisms. *World Psychiatry*, 17(3), 243–257.
- Zuboff, S. (2019). *The age of surveillance capitalism: The fight for a human future at the new frontier of power*. PublicAffairs.

## **Appendix**

### **List of semi-structured interview questions**

1. How have psychedelics impacted your life?
2. How have psychedelics impacted your relationships?
3. How have psychedelics impacted your mental health?
4. How have psychedelics impacted your career?
5. How have psychedelics impacted your motivation?
6. How have psychedelics impacted your productivity?
7. How have psychedelics impacted your work ethic?
8. How have psychedelics impacted your entrepreneurial tendencies?
9. How have psychedelics impacted your seeking?
10. Have you had a dark night experience? Was this before or after your psychedelic experience?
11. Did you have a negative psychedelic experience?
12. Is there anything that you feel compelled to share that you haven't?