

“I’M PRESENTED WITH A DOOR” – EXPLORING THE LIVED EXPERIENCES OF MEN
WITH A HISTORY OF DEPRESSION IN PSYCHEDELIC-ASSISTED RETREATS

by

SAULI KAHKONEN

A thesis submitted in partial fulfilment of the

requirements for the degree of

MASTER OF SCIENCE

in

COUNSELING PSYCHOLOGY & PSYCHOTHERAPY

The American College of Greece

2025

THESIS APPROVAL

“I’m presented with a Door” – Exploring the lived experiences of men with a history of depression in psychedelic-assisted retreats” a thesis prepared by Sauli Kahkonen in partial fulfilment of the requirements for the Master of Science degree in Counseling Psychology & Psychotherapy was presented January 24, 2025, and was approved and accepted by the thesis committee and the School of Graduate & Professional Studies.

COMMITTEE APPROVALS:

Dr. Remos Armaos, Thesis Advisor

Dr. Maria Korre, Committee Member

Dr. Ilias Vlachos, Committee Member

APPROVED BY:

Dr. Chrysanthi Nega, Chair of the Psychology Department

© 2025 Sauli Kahkonen

An Abstract of the Thesis of
Sauli Kahkonen for the degree of Master of Science
in Counseling Psychology & Psychotherapy to be awarded in January 2025
Title: "I'M PRESENTED WITH A DOOR" – EXPLORING THE LIVED EXPERIENCES OF MEN
WITH A HISTORY OF DEPRESSION IN PSYCHEDELIC-ASSISTED RETREATS

Amidst psychedelic renaissance, an increasing number of people are drawn to try psychedelic substances. With media hype and encouraging results from clinical trials especially MDMA and psilocybin might be the next thing treating chronic mental health conditions, that a significant portion of the population is suffering from. Among these, are the men who often face stigma and are neglected in the Western medical system. While many clinical trials have shown that psychedelics can improve depression, PTSD, and addictions, these models have been neglecting the societal dimensions of psychedelic care. In this thesis, I am aiming to address two current themes in the mental health world – male mental health and psychedelic research. With Interpretive Phenomenological Analysis, I interviewed five men who had a history of depression and attended one or more psychedelic-assisted retreats. The results show that psilocybin and MDMA-assisted retreats might offer relief to mental health suffering, but they are not a magical quick fix alone. Instead, with the opening after the psychedelic experience, the possibility for more intensive personal work can happen. Being part of a group offers support and trigger points that can be utilised later as learning points. Based on this research psychedelic retreats might be a viable way to ease mental health burden, but a therapeutic support network should be in place before starting this journey.

Key Words: Psilocybin, MDMA, Male mental health, depression, psychedelic-assisted retreats

Approved:

Dr. Remos Armaos, Thesis Advisor

Acknowledgements

This thesis would not have been possible without the support of several sources of inspiration, and I would like to acknowledge a few of them here. First and foremost, thank you to the participants for sharing a small part of your journeys with me. I am deeply moved by your stories, and it has been a true honour to hear what you have been through.

Thank you, Dr Armaos, for agreeing to supervise this somewhat unconventional project. I deeply admire your methodological expertise and have appreciated your invaluable support throughout the journey. I would also like to thank my committee, Dr Vlachos and Dr Korre, whose dedication and passion towards mental health continue to inspire me well into the future.

In addition, I extend my heartfelt thanks to my IFS teacher, Heather, for challenging the hegemony, Kristina for our Friday swims and gossip, and Antonis for keeping up the void with me. I also wish to express my deepest respect to the wisdom keepers who cultivated and preserved rich practices around psychedelics, long before our time.

And finally, to my dearest nature: thank you for your presence, for the balance and inspiration you provide to all beings, and for reminding us of the interconnectedness of life.

Abbreviations

DMT – Dimethyltryptamine

IFS – Internal Family Systems

IPA – Interpretive Phenomenological Analysis

IRB – Institutional Review Board

LSD – Lysergic acid diethylamide

MDMA – 3,4-methylenedioxymethamphetamine

WHO – World Health Organisation

Table of contents

I. Introduction.....	1
A brief history of therapeutical use of psilocybin.....	5
Qualities of Psilocybin experiences – body and the mind	7
On MDMA and its mental health benefits.....	11
The set, setting, and the culture	12
Psilocybin in group work.....	14
Retreating to psychedelic journey	17
Risks and adverse effects.....	20
A brief look at male mental health and depression	22
II. Methodology	27
Analytic strategy	28
Recruitment of participants.....	29
Interview procedure	30
Data analysis and quality of the research.....	31
Ethical considerations.....	33
A personal reflection on motivations to conduct this research	33
III. Results.....	36
Theme 1: The journey of personal transformation	37
A promise for liberation after decades of suffering	37
Experience like nothing before	39
Importance of guiding.....	43
Theme 2: Retreat as shared spaces of connection	44
Multiple ways of group support.....	45
Group as a trigger	48
The social fabric of the groups outside of the retreat	49
Maleness in the retreat space	50
Theme 3: Perceptions of psychedelic healing.....	51
The role of the substance	51
Confrontation within an experience.....	52
Psychedelic, not a magic bullet/quick fix.....	53
Holistic changes	55
Strong prejudices towards the retreat model	57
Theme 4: Adverse effects?	58
Unexpected psychedelic states after the retreat	58
Increase in psychedelic use.....	58

IV. Discussion.....	60
Psychedelic retreats as a kick-started for change.....	60
Meaning of retreats	61
Adverse effects?	64
Are psychedelic retreats for healing?	64
Limitations and looking forward	66
V. Conclusion	68
VI. Resources	69
VII. Appendixes	92

I. Introduction

Within the past two decades, psychedelic substances have taken over the media, research, and legislation efforts promising the magical cure to many treatment-resistant mental health conditions (Gómez-Escolar, 2022). Although many of these substances are classified as illegal drugs, recreational and out-of-system medicinal use is increasing rapidly. While exact statistics of the current use remain a mystery, WHO estimates that global consumption of MDMA is around 0.4% while classical psychedelics such as psilocybin are almost equally popular (United Nations Office on Drugs and Crime, 2023). In the medical world, MDMA (Methylenedioxymethamphetamine) and psilocybin have been under active clinical trials and legalising efforts are active globally due to their suspected positive impact on mental health. Psilocybin has been linked to decreased distress and suicidality (Hendricks et al., 2015), decreased OCD symptoms and anxiety (Ballenger, 2008; Kiraga et al., 2022), reduced alcohol abuse (Van Der Meer et al., 2023), and decrease of severe depression (Carhart-Harris, Erritzoe, et al., 2018; Gill et al., 2022; Goodwin et al., 2022; Watts et al., 2017).

Clinical trials and recreational use have shown long-lasting positive benefits in relationships and mood, along with increased creativity and empathy (Belser et al., 2017; Forstmann et al., 2020; Mason et al., 2019; Wheeler & Dyer, 2020; Zeifman et al., 2020). MDMA has been suggested to increase empathy, prosocial behaviour, and feelings of connection, (Schmid et al., 2021) and lower the risk of suicidal ideation (Jones & Nock, 2022b) and depression (Jones & Nock, 2022a). In therapeutical use, MDMA might help mitigate the fear and terror during the psychedelic experience and help form stronger therapeutic relationships facilitating more holistic healing (Bird et al., 2021; Oehen & Gasser, 2022).

Although many of the studies have been conducted in individual settings, some researchers claim that individual psychedelic care is expensive and out of reach for many. However, the group

modality of psychedelic-assisted care seems to offer a cost-effective (Marseille et al., 2023) and as effective as individual protocols (Anderson et al., 2020; Kettner et al., 2021; Kiraga et al., 2022; Lutkajtis, 2021; Orozco & Harris, 2023; Turkia, 2022).

The psychedelic renaissance has resulted in an influx of clinical trials, which has caused backlash as some claim that adapting psychedelics to a biomedical framework might destroy the new treatment models (Phelps, 2017) while contributing to the notion of colonisation (Urrutia et al., 2023). In other words, although clinical trials have provided interesting results, there is a question about the feasibility and safety of the treatment as current individual care is said to be expensive and sometimes unsafe to administer (Anderson et al., 2020).

While MDMA and psilocybin have raised interest in the strict clinical world, outside of the medical world psychedelic-assisted wellness retreats offer access to those who are interested in trying these substances (Berlinger, 2021). While many of the retreats do not claim to treat mental health conditions, many attending retreats come in with their package (Kratina & Mayo, 2023). This is unsurprising as retreats might increase feelings of unity and psychological safety (Kettner et al., 2021) which the Western medical system might fail to do. In retreats, people might find a neutral space to explore themselves while alleviating stigma related to the psychedelic experience and mental health challenges (Stauffer & Anderson, 2024).

These substances have not been under clinical trials for no reason as we are currently living in the era of mental health crisis. According to the WHO (2023), nearly 300 million people or 5% of the global population, are affected by depression at some point in their lives. Moreover, depression is tricky to treat as more than 30% of the patients are falling into treatment-resistant depression, a condition that some have suffered for decades (McLachlan, 2018). Although men are traditionally underrepresented in the depression statistics, they are often under-diagnosed and undertreated (Shi et

al., 2021) which puts depressed men at higher risk of premature death. Men with depression have other comorbid mental health conditions such as personality disorders and substance abuse, and are at a higher risk of suicide (Hunt et al., 2020; Ilic & Ilic, 2022; Johnson et al., 2005).

Recent turns have shown significant potential in helping people with myriad mental health challenges, yet there are still multiple gaps within the literature. While most of the clinical trials and studies have concentrated their efforts on understanding the substance and how it affects the brain, medical research has failed to examine the other factors around the experience such as what the lived experience of a person who attends to psychedelic experience and how the therapeutical container, spirituality, or group dynamics affect the experience and mental health outcomes (Carbonaro et al., 2016; Carhart-Harris, Roseman, et al., 2018; M. Johnson et al., 2008; McCartney et al., 2022; Van Der Meer et al., 2023; Watts et al., 2017). Moreover, modern clinical trials have failed to report adverse effects and negative impacts of the psychedelic experience, and have been unable to offer post-trial support to clients, which might affect the long-term outcomes of the intervention (Brennan et al., 2023; Kramer et al., 2023; Kratina & Mayo, 2023).

Given this context, I would argue that one potential solution to the current mental health crisis could be introducing psychedelic care in a more accessible format, such as psychedelic-assisted retreats. This approach might be particularly beneficial for men for whom the traditional Western medical system might have failed. Therefore, I am about to start a journey and contribute to the field of psychedelic research with a three-fold aim. Firstly, communal use of psychedelic healing has been used for centuries in the indigenous context and therefore carries a significant amount of knowledge in healing and transformation (Urrutia et al., 2023), but the Western medical system often fails to take this into account. With this research, through the lived experience of people participating in such intervention, I am attempting to understand what the benefits or disadvantages of this type of care could be.

Secondly, as men are often neglected in the treatment system either by themselves or the system (Fiori & Denckla, 2012; Fowler et al., 2022), concentrating on the male experience might help us increase our understanding of how to include this population in the care system. Without this understanding, we might continue repeating the same mistakes that the Western system sometimes makes.

Thirdly, as psychedelics become increasingly popular in academia and on the streets promising sometimes too hopeful results (Yaden et al., 2021) the mental health field should be prepared for new types of challenges. As these experiences often can be extremely powerful leaving the experiencer in deep ontological shock, therapists should have as much information as possible so that they can meet the client with empathy instead of judgement. Lastly, as the field keeps growing, also the need for qualified facilitators is on the rise.

With these words, I place this research in the world of qualitative research aiming to generate knowledge on this complex topic. By concentrating on the people's stories we can dive beyond pre-structured theories and reveal how people make meaning out of their lives which then results in safer interventions that populations are more likely to attend to (Denzin & Lincoln, 2018). In addition, I am placing this research into the constructivist research paradigm using Interpretive Phenomenological Analysis (IPA) which is an excellent tool for understanding complex issues when the lived experience of a participant is under investigation (Smith et al., 2009). In doing so, I seek to answer three research questions:

1. In what ways do men with a history of depression experience the impact of psychedelic retreats on their mental health and well-being?
2. What role did the group play in the therapeutic journeys of men with depression attending psychedelic retreats?

3. What were the adverse effects of attending psychedelic-assisted retreats?

While there are many avenues to address the themes discussed above, this thesis project has its limitations that require careful consideration of which dimensions to emphasise. First and foremost, although exploring psychedelic experiences across both genders would be interesting, I have chosen to focus specifically on the male experience of retreats, given the issues the current mental health care system holds, such as stigma and problematic approach to male mental health. This said, even though including explorations of male identity would be an interesting addition to the project, it would expand the study towards PhD level work, which unfortunately is out of the scope of this thesis. Secondly, due to their popularity in research and on the streets, MDMA and psilocybin have been chosen to represent the psychedelics in this study.

Within the next pages, I am weaving together a small history and therapeutical use of psilocybin and MDMA in the Western context and how these substances work on a neurological level. I will also explain the current understanding of psychedelic use in groups and retreats. To honour the indigenous roots of the topic, I will explain a little bit of cultural context and history. I will then expand to the current understanding of male depression followed by the methodology and results. I will end this thesis with a discussion and conclusion.

A brief history of therapeutical use of psilocybin

Classical psychedelics are a group of psychoactive substances such as mescaline cacti, the Amazonian brew Ayahuasca containing DMT (dimethyltryptamine), psilocybin which is the active ingredient of magic mushrooms, and the European invention LSD (lysergic acid diethylamide) (Gómez-Escolar, 2022). When ingested, these serotonin-like substances travel through the blood-brain-barrier and bind to the 5HT_{2a} receptor causing potentially myriad of mind-altering effects from colourful visual

patterns, sensory hallucinations, strong emotional states, strong psychological insights, and mystical experiences (Carhart-Harris & Goodwin, 2017). These experiences might cause changes in perception such as observing one's body parts changing size or ability to see music as something tangible and observable (Lutkajtis, 2021). While many of these substances have similarities, they also differ in length and the nature of the experience (Gómez-Escolar, 2022).

Psilocybin-containing mushrooms have been in human use for at least five millennia globally (Bogenschutz & Forcehimes, 2017). To Western knowledge psilocybin-containing mushrooms came in the mid 50's by an American banker and Eco mycologist Gordon Wasson who attended a mushroom ceremony in the Mazatec community in Huatla, Mexico, as Fagetti and Mercadillo (2022) describe. Wasson was introduced to the ceremony by a local healer or curandera (female healer, curandero: male healer who organised ceremonies for healing and connection) Maria Sabina. These healers held significant social and political power and responsibilities in the community, as they were acting as facilitators of knowledge and communication between the world, and people. Wasson gained permission from Maria Sabina to attend one of the Veladas, a night-long ceremony where curandera would help the participants to gain protection and turn misfortunes into something productive and fertile, but also for healing and communication with the worlds beyond ours (George et al., 2019). In these ceremonies, the curandero would use a mushroom as a tool for increased awareness and change (Fagetti & Mercadillo, 2022).

As Fagetti and Mercadillo (2022) conclude Wasson was drastically impressed by Maria Sabina's work, and despite the will of Maria Sabina, he exposed the Mazatec traditions to the world causing an influx of tourists coming to the area. Consequently, the Velada traditions have changed from collectivistic community healing to more individual ceremonies and one-on-one work, which some community members claim destroyed the mushrooms' healing power for good. This has resulted in

friction within the community as the curanderas are adapting to the increased demand, which some say is eroding the cultural traditions of the original use resulting in cultural appropriation.

Qualities of Psilocybin experiences – body and the mind

According to Gómez-Escolar (2022), psilocybin is a metabolic byproduct of an amino acid called tryptophan whose chemical form resembles a serotonin molecule. Psilocybin is found in more than 300 different mushroom types globally. When ingested gastric acid dissolves the psilocybin into psilocin, which later travels through the blood to the brain causing multiple different effects. Around 20-60 minutes after ingesting, a person might feel an increasing heart rate and blood pressure, their pupils might dilate, and they might feel nausea and dizziness. Changes in perception are also common as time and physical space might seem like wrapping, twisting, or turning in an unpredictable manner. A person might see colourful fractals or patterns, and experience synaesthesia. Moods might be expanded in a way that normal emotions might become larger and surprising.

As described by Gómez-Escolar (2022) typical dosage in clinical trials is 25mg which processes medium-level effects which resemble 2,5g of dried mushroom. With a larger than 25mg dosage, the person might experience complete ego dissolution. The effects continue intensifying up to the first two hours, which is then followed by 2-4 hours of a more stable phase finally reaching the come-down phase of 1-3 hours, however, there might be some after-effects lasting up to one day after the experience (Geiger et al., 2018). Physiologically psilocybin has been thought to be safe for consumption as, according to research, is not lethal nor has addiction potential, and it has not been linked to increased suicidality (Johansen & Krebs, 2015; Roscoe & Lozy, 2022).

While an increasing body of research shows that psilocybin could be potentially beneficial for treating mental health conditions such as end-of-life anxiety, treatment-resistant depression, substance and alcohol abuse, and many others, the underlying mechanisms of therapeutic effects remain under

investigation. One of the most prominent theoretical models is REBUS (RElaxed Beliefs Under Psychedelics and the Anarchic Brain) put forward by Carhart-Harris and Friston (2019). According to Carhart-Harris and Friston, the brain is a system that aims to create predictions of situations and future events to create the most economical way of living in the world. In doing so, two processes happen simultaneously. Firstly, hierarchical predictive coding suggests that the brain is constantly coding information through higher-order beliefs affecting how the person perceives and reacts to suspicious events. Secondly, the system aims to consume as little energy as possible. Therefore, the brain aims to reduce uncertainty or surprises by modifying its behaviour to fit the environment. Doing so the brain resists changes as they would inherently cause more energy consumption and discomfort. When psychedelic is ingested, entropy in the brain is increasing which then weakens the higher-order beliefs resulting in relaxed psychological patterns.

REBUS model has been supported via multiple neuroimaging studies. In an example, Girn and the team (2022) studied fMRI images (taken before, during, and after) of 15 healthy volunteers who ingested either LSD or psilocybin. The team found significant changes in connectivity between brain regions. In practice, modular functioning dissolved and connectivity from lower brain regions to higher parts increased. While elsewhere the brain activity increased, in the main control regions such as the medial prefrontal cortex and posterior cingulate cortex where activity decreased, which indicates that by switching off these areas, the hidden corners of the brain can take over for a moment resulting in subjective effects of psychedelics (Carhart-Harris et al., 2012). This suggests that classical psychedelics have the potential to disrupt the signal processing and biological patterns in neural structures (Barnett et al., 2020; Schartner et al., 2017).

Interestingly, psilocybin seems to have many neurological effects that last up to weeks and some have been calling this a reset of the brain (Carhart-Harris et al., 2017). Barrett and team (2020)

studied 12 healthy volunteers who ingested 25mg of psilocybin per 70kg bodyweight. They witnessed increased resting state functional connections, activity in the dorsal lateral prefrontal cortex and medial orbitofrontal cortex, and positive emotions towards emotionally conflicting situations from the baseline until one month after the intake of the substance, while the amygdala reactivity returned to the baseline by one month mark. Interestingly, also other teams have found effects on the amygdala. By decreased amygdala activity, people ingesting psychedelics seem to then be less responsive to the negative moods (Kraehenmann et al., 2015) but also the negative and neutral faces in one study (Mertens et al., 2020).

Elsewhere other teams have found equally interesting results that affect memory, windows of development, and inflammation. In practice, it seems like psilocybin reopens windows of development increasing the neurogenesis and neuroplasticity (Calder & Hasler, 2023). This increase of new synaptic connections is visible in the hippocampal area which has been linked to increased memory functioning and learning (Catlow et al., 2016). In some in vitro studies, psilocybin has also shown a decrease in inflammation markers suggesting that there are some anti-inflammatory qualities in the substance (Smedfors et al., 2022).

One of the examples of how these changes might affect emotional and psychological well-being has been studied extensively within the past years. Wolff and colleagues (2020) suggest that when rigid beliefs are expanded during the psychedelic experience, the increase of connections and challenged operant conditioning allow the person to examine their thoughts from different perspectives. Thus, the expanded state of consciousness offers almost a no-point-of-return in which the person is forced to face whatever is there. If the person successfully faces their challenges and rigid thoughts, they would be able to learn how to stop avoiding difficult situations, instead of pushing them away from consciousness. On the other hand, if a person goes through an event, so-called ego death, where they feel their ego

melting away and perhaps connecting to the other dimensions (Kałużna et al., 2022) they might feel that their old self is dying. In an extreme example of death anxiety Moreton and colleagues (2020) suggest that exposure to the inevitable through ego death inflicted in a psychedelic state reduces the focus on self, which then leads to metaphysical shifts in thinking resulting in feelings of connectedness.

The feeling of connectedness seems to be one of the key factors when looking at the qualitative data on psychedelic trips. As some suggest, psilocybin can increase the connectedness to nature (Kettner et al., 2019), to the society and spiritual world (Shnayder et al., 2023), and to the wider group (Kettner et al., 2021). Also, serotonin-like classical psychedelics have been showing an increase in social learning and adaptation (Duerler et al., 2022). Interestingly, the feeling of connectedness has been also linked to more permanent positive effects of the psilocybin experience (Kałużna et al., 2022).

In the case of treatment-resistant depression, these features might help people to reconnect with themselves and increase wellbeing. For example, Watts and colleagues (2017) reported that participants in a clinical trial of psilocybin for treatment-resistant depression experienced feelings of increased connection and acceptance. The increased connection was felt between oneself and the society around the person but to the larger system in general. On the other hand, the feelings of being accepted and being able to accept all the variety of emotions one could hold, also increased which might not be encouraged always in the traditional healthcare system. What studies from this century have shown is that psilocybin often changes connection and acceptance in treatment-resistant depression, unlike modern medical interventions, which might perpetuate disconnection and avoidance (Watts et al., 2017). Elsewhere, Zeifman and colleagues (2023) observed similar notions when they compared typical SSRI Escitalopram with psilocybin intervention of two intakes of 25mg and 6 weeks of daily placebo medicine. At the end of the six weeks feelings of connectedness increased while experiential avoidance decreased. If the person experienced ego dissolution, the effect was slightly stronger.

On MDMA and its mental health benefits.

MDMA (3,4-methylenedioxymethamphetamine, better known on the street as Molly or Ecstasy) is a synthetic chemical that improves energy levels, mood, and social connections by altering serotonin, dopamine, and oxytocin neurotransmitter functioning (Schmid et al., 2021). Recent research has shown that when administered in an appropriate context with good facilitation, MDMA might increase feelings of empathy, prosocial behaviour (Bedi et al., 2010), connection (Carhart-Harris, Erritzoe, et al., 2018) and help with alexithymia and increase self-awareness (Van Der Kolk et al., 2024). As it seems, MDMA is decreasing the amygdala activity which results in to lower level of arousal when traumatic memories are revisited (Smith et al., 2022). On the other hand, positive memories might be experienced more vividly, intensively, and in a positive light (Carhart-Harris et al., 2014). In therapeutical use, MDMA is currently been researched and administered mostly to people with severe and treatment-resistant PTSD (Gill et al., 2020; Schmid et al., 2021). Although some research teams have launched studies on MDMA for depression (Kvam et al., 2022) up to this date, there are no results available.

Switzerland is one of the only countries where MDMA group therapy is regularly applied to people with treatment-resistant mental health conditions. Oehen and Gasser (2022) collected data from more than 50 group sessions with LSD and MDMA over two years and found that group sessions with populations with depression, PTSD, OCD, and cluster headaches. They discovered that people with complex PTSD and borderline traits normally experienced more difficult psychedelic experiences while single-event PTSD was easier to address. People with depression, however, often struggled to recover after the psychedelic sessions. The author's recommendations were to administer MDMA first, and once the therapeutic relationship was stronger, then move on to psilocybin and LSD for deeper processing. For depression without trauma history, the recommendation was to move on to LSD directly. The

authors also reminded us that one treatment was not enough and often clients had to continue sessions for prolonged periods.

MDMA treatment has been shown to have very little side effects in general. Sometimes clients experience headaches, bruxism, jitteriness and anxiety, feeling low after the session (Smith et al., 2022) and heightened blood pressure and body temperature (Sessa et al., 2019). 3mg/kg seems to be the threshold level suggesting that below this dose the side effects stay minimal when reaching this limit risk of amnesia and low mood after sessions might occur (Pantoni et al., 2022). The treatment is experienced overall being refreshing and giving new insights, and self-awareness, and even if full remission might not have been reached, some clients have reported increased hope and willingness to seek other healing modalities (Barone et al., 2019).

The set, setting, and the culture

As highlighted by Hartogsohn (2017) the importance of context where the psychedelic substance is taken is tremendous. Formalised by Timothy Leary, the psychedelic experience is shaped by the person's mindset (set) including psychological state, mood, and expectations towards the experience. The context where the substance is ingested (setting) is equally important. In clinical trials, researchers have noticed that through activation of the serotonin 2a receptor, the responses to the context become significantly important as the context shaping the whole experience from start to end (Carhart-Harris et al., 2018) also affects the therapeutical potentiality of the experience. For example, music has been shown to affect positively restructuring the of autobiographical memory scripts (Kaelen et al., 2018), and the setting of the right intention and supportive context allows for more permanent changes (Bogenschutz & Forcehimes, 2017).

To foster the positive effects of psychedelics, it is important to note that the context is not only limited to the individual dosing session but is reflecting the wider society. Many of the qualitative

studies around psilocybin trials highlight the feelings of connectedness and increase of prosocial behaviours, however, the model used in the clinical trials inherently promotes individualisation and separation from the community, as the substance is ingested alone and experience is held with two facilitators, which further sets questions around the feasibility of the treatment (Carhart-Harris et al., 2018). In naturalistic settings, the community has played a pivotal role in improved mental health as the feelings of connectedness have been able to manifest within a group once initiated after a psychedelic experience (Forstmann et al., 2020). Moreover, the group experience of psychedelic use might improve a person's feeling of safety and allow room for developing new interpersonal skills through the shared psychedelic experience (Turkia, 2022).

On the more cultural level, psychedelics seem to offer a new model for mental health care that is quick to work, but also is expanding and challenging the current system. For instance, many psychedelic researchers are pointing out how the current mental healthcare system is inherently based on the biomedical models neglecting the human condition and existential issues to biological processes (Labate & Cavnar, 2018; Omágua-Kambebe et al., 2023; Pellicano, 2021; Sloshower, 2018; Urrutia et al., 2023). This way, human life is seen through a very narrow perspective, which then leads to ever-increasing chronic conditions instead of seeking holistic healing. Almost all of the clinical trials promote a highly individualistic model of two facilitators giving care to one person, which presents a question of the feasibility of the care (Carhart-Harris & Goodwin, 2017). As Urrutia and colleagues (2023) state, when paying attention only to the biomedical models of psychedelic use, we are neglecting the broad history of communal and contemplative use of psychedelics, which then leads to the colonisation of a healing modality, that has been used in communities for millennia. This is, not only decreasing the availability of care but also reproducing the intergenerational trauma of oppression. Instead, Urrutia and colleagues suggest emphasising more of the communal-based models, which would increase access to

mental health care but also invite a larger part of the civil society to take part in tackling the mental health crisis. Against this backdrop, I will now present how psilocybin has been used in group settings in the past.

Psilocybin in group work

Psilocybin and other psychoactive substances have been used in a community setting for millennia throughout the world. Perhaps the most famous would be Ayahuasca, which in the Amazonian region has been a common substance for healing the body, mind, and spirit within the individual and community (Labate, 2014) and in Mexico, the Aztec and Mazatec people have been organizing different ceremonies throughout the time (George et al., 2019). These traditions remain impactful in modern-day psychedelic care but also can offer guidance when seeking to organize psychedelic experiences (Omágua-Kambebe et al., 2023). This said, I recognize the multiplicity and important history around the indigenous modalities of utilising psychedelics as part of healing and connection, and the existence of an extensive body of literature in the field of anthropology, that depicts a wide variety of indigenous traditions. However, concentrating further on indigenous modalities would soon meet the limitations of this research project, and would be beyond the scope of this project. Consequently, in this section, I will be concentrating mainly on presenting the history of group clinical interventions and retreat research.

Although psychedelic research, especially in this century has been mainly concentrated on individual care, in the 50s and 60s research was heterogenous and contained interesting approaches to group psychedelic care. Many research projects revolved around LSD for alcohol abuse and neurosis but psilocybin was also extensively studied (Trope et al., 2019).

The early research showed that while group interventions seemed to be functional, there were differences in the substances and ways of building the dosing sessions. As Stauffer and Anderson (2024) describe, the group interventions seemed to be more effective compared to individual programs,

however, in the previous studies the most effective outcomes were achieved when dosing sessions were done individually, and group work was implemented before and after the dosing sessions. Interestingly, the non-classical psychoactive substance MDMA seemed to perform the best while ingested in a group, which might have to do with the nature of the substance offering a strong sense of love and connectedness.

To understand the mechanism behind psychedelic groups, Stauffer and Anderson (2024) describe psychedelic groups as systems, in which interconnected individuals and their emotional states are weaved together. In this way, the group is a self-organising ecosystem that is not an individual treatment but more of a holistic way of modelling outside society. If the group is facilitated correctly, it offers a safe place for participants to encounter corrective attachment experiences and gives substance to the increased feeling of connectedness. Group psychedelic care seem to offer a safer place for participants to go through their mental health challenges, often truly in client client-centred environment. For example, psychedelic groups are nearly always closed, and many participants report feeling safer when going through the experience with others with a similar level of experience. Although the efficacy studies are very limited, the authors do note that sometimes the group is an important part of the experience only before and after the session, but the intake itself might be better done in an individual space.

What would be the benefits of the group modalities then? As psychedelics, in general, seem to increase prosocial behaviour and feelings of connectedness, the group allows participants to put these new insights and feelings to test directly after the psychedelic experience, while also offering a fruitful soil to change the previously experienced maladaptive patterns of behaviour (Ponomarenko et al., 2023). For example, participants in an AIDS survivor study where group formality was implemented successfully, reported increased feelings of safety, trust, and belonging while intrapersonal effects

included increased ability to face negative emotions and situations resulting in increased feelings of joy, love, and compassion (Agin-Liebes et al., 2021). A similar study among cancer survivors revealed that after a 26-week follow-up period, 50% of the participants were in remission (Lewis et al., 2023).

In a way, group settings seem to be supportive and safe containers that provide people with feelings of connectedness, which leads to stronger psychedelic experiences, and relief from depression (Lewis et al., 2023). In a well-facilitated space, the individuals might be able to extend their experience of suffering to be available to other people, which then might increase their feelings of validation (Stauffer & Anderson, 2024). This type of communal healing then brings mental health care from the individual problem to a shared quest, that everyone is able and required to solve. When the whole group is taking part in a healing journey, also the individuals might feel like they do not have to carry their weight alone. Some researchers have also emphasised the importance of therapeutic containers in the psychedelic ceremonies where the facilitator plays an important role in managing the group situation sometimes participants might feel they don't belong due to indifferent diagnoses or large group sizes (Beaissant et al., 2024).

Reflecting against this backdrop, I notice that the latest wave of psychedelics has produced an interesting notion towards revolutionizing current mental health care. This said, as the clinical trials often show, psychedelics seem to be unfit for the current care system, which requires quantification and homogenization of the treatment modalities, which is not necessarily what psychedelics can do. As these substances inherently open the psyche and increase many positive qualities of life, decreasing the experience of manualized and non-personal care might not be the way to foster the benefits psychedelics naturally produce. Moreover, people who are seeking psychedelic help at the moment, have often negative experiences within the Western healthcare setting (Kratina & Mayo, 2023), which further calls for systemic change. Therefore, changing the weight towards more communal spaces such

as retreats might be a way of offering a context that is more allowing for such experiences. However, when the regulation decreases, also the risks for harm might increase. Hence, in the next section, I will be reviewing what is the current understanding of retreat use of psilocybin.

Retreating to psychedelic journey

The communal use of psychedelics is for millennia long as multiple groups of people have used psychedelics in their shamanistic traditions for healing, communication with the beyond, and weaving their society together (Van Court et al., 2022). This so-called ceremonial way of offering these experiences is a holistic way of combining multiple cosmologies and different bodies of information into one coherent experience, that is modifiable to respond to myriad conditions and people (Whinkin et al., 2023). And it is not a surprise that in the modern context, psychedelic-assisted retreats have been booming in the past decade and according to some estimations, the value of the business might reach as high as 10 billion USD by 2027 (Berlinger, 2021), as this type of individualised service might be attracted to the people, who have been failed by the western medical network (Kratina & Mayo, 2023).

According to Kettner and colleagues (2021), this ceremonial model is often utilised in retreats where a group of people come together to take psychedelics under the guidance of one or more facilitators. These retreats can last for days and contain one or more psychedelic sessions, also called ceremonies. As there is no clear structure, the retreats can use multiple preparation modalities from breathwork to somatic movement and yoga, and arts-based expression modalities (Kiraga et al., 2022). Kettner and colleagues (2021) also emphasise the importance of sharing, which is often initiated throughout the retreats before and after the experience. Moreover, music is a central part of the ceremonies, and playlists or live music are carefully suited to the situations. Facilitators are often shamans or informally trained facilitators who might have psychological training but often hold knowledge developed through practical experiences of facilitation. This way, a retreat setting might

appear as a truly alternative bubble outside of everyday life which, with a lack of everyday stressors, could provide an oasis of support and connectedness (McAlpine & Blackburne, 2024). These changes might leak to the outside of retreats and could be carried out to the life of participants outside of the retreat centre (Kettner et al., 2021). This way a non-clinical and non-shamanistic communal healing process adopts a way of symbolic healing that goes beyond an individual's capacity after the altered state of consciousness (Orozco & Harris, 2023)

Orozco and Harris (2023) conducted an interesting study on how mainly female participants experienced a psilocybin retreat in Jamaica. 25 semi-structured interviews with facilitators and participants with 2-retreat participant observations revealed that the main reason for attending the retreat was the treatment of chronic mental health challenges (depression, stress, and anxiety), that the Western medical framework failed to treat. Many heard about psychedelics first from Michael Pollan's *How to Change Your Mind* (Pollan, 2018) book and TV series. Participants had some expectations, and some sense of nervousness and fear, emotions that were addressed in the preparation sessions. The ceremonies were held outside the yard, where participants could choose their locations and sharing circles were organized frequently. The participants reported myriads of experiences, and in the article, there were no experiences alike. However, what was common was the essence of emotional processing of shame, guilt, and grief, and many experienced either emotional or physical purging resulting in release and feelings of openness and containment. Many experienced also strong bodily sensations and releases. Some experienced conflict and were feeling slight paranoia, which once processed with the facilitators, were then solved and resulted in further openness and release.

Interestingly, when reporting on group dynamics Orozco and Harris (2023) two opposing notes. On the one hand, people were relatively hesitant to participate in a group ceremony as many felt they didn't want to be seen by others. Also sense of mistrust was present with many, which might be an

indicator of the state of the current society where trust in general is difficult to achieve. However, once in the retreat, these negative opinions changed to a much more positive outlook once the trust was gained. Also, through sharing circles the participants felt that suffering is communal, and they don't have to do the healing work alone, which consequently resulted in strong communal feelings of release. Hence, when participants saw other people suffering and purging around them, they granted themselves access to similar processes. Some participants experienced conflict during the trip. For example, one woman reported how she was annoyed by the men in the group. As psilocybin is often amplifying current emotions, also she felt the emotions of anger and frustration. Instead of going to her typical defences of avoidance, she could process the emotions and where they come from, and when she later brought this to the sharing circle, it came to the surface, that this was her interrelational pattern, which was solved during the retreat. This portrays an excellent example of how the group acted as a place for insight and corrective experience.

Elsewhere, other studies have demonstrated how attending underground and legal psilocybin-assisted retreats has allowed participants to solve deeply rooted mental health challenges. In an example, Turkia (2022) explains how a 40-year-old woman, who suffered alcohol abuse disorder, depression and complex PTSD managed to get her life back after attending six psilocybin sessions within one and a half years. In the case study presented by Turkia, it seems like the person can solve her challenges layer by layer, with all the ceremonies being different to each other. She also experienced uncomfortable sessions and emotions but was able to solve them through skilful facilitation. Mason and team (2019) found out that attending to psilocybin-assisted retreat increased participants' creativity, empathy, and overall well-being and these effects lasted for longer than a week. Finally, ingesting psilocybin in the retreat setting seems to increase creativity and empathy, and higher feelings of

connectedness and *communitas* seem to predict a higher increase in mental well-being (Kettner et al., 2019).

Against this backdrop, it is not surprising to see that connection with other people might be increasing the efficacy of the substance. This phenomenon of *communitas* is explained by Turner and colleagues (2017) as he describes *communitas* as a liminal space which is in between the past and the future. These places are often created in the form of rites of passage or ceremonies, which might be self-organising events or facilitated ceremonies such as psilocybin-assisted retreats. What is important in these spaces, is that old social hierarchies are dismantled and reconstructed in a way, that could be more sustainable and healthier for the person. Thus, when uniting with others, this space is almost like a no-mans-land where people can come together as they are without discrimination, identity labels, and boxes. Although the community is important, there is a need to facilitate the individual's subjective experience and emotional processing so that the participant can maximise the use of insights gained during the experience (Crowe et al., 2023).

Risks and adverse effects

Although psychedelics are a potentially unique way of tackling the current mental health crisis, they pose risks and dangers. Many clinical trials have not documented and reported the adverse effects, which combined with the publication bias might have inflated the hype to an extent that might pose the psychedelic in a positive light, which might be false (Van Elk & Fried, 2023) causing potential harm to people. One example is the recent legalisation of psilocybin and MDMA in Australia, which according to some, was a turn that happened too fast without an appropriate structure in place (Davey, 2023). In addition, most of the current clinical trial reports have omitted information on the modality of sessions included in the treatments and whether they used manuals or if manuals are available for the public (Brennan et al., 2023). As some say, psychedelics themselves are not changing people, the set and

setting are, therefore more emphasis should be placed on researching how the conditions where the substance is ingested take place (Pace & Devenot, 2021).

On the other hand, psilocybin is not for everyone. According to a large naturalistic study of nearly 700 respondents around 11% of the psychedelic users faced difficulties 2-4 weeks after the intake, and for 7% the challenges lasted for two to three months (Nayak et al., 2023). Elsewhere Evans and team (2023) observed in their study that the most common difficulties were emotional, cognitive, existential, and spiritual challenges. Most of the difficulties occurred after taking substances in unstable environments with unknown people, or the person had a history of past mental health problems. Similar results have been witnessed in other studies (Bremner et al., 2023; Carbonaro et al., 2016; Lutkajtis & Evans, 2023). Moreover, as the psychedelics seem to increase the suggestibility during and after the intake, the context of dosing sessions becomes extremely important highlighting the importance of appropriate preparation that includes negotiation around informed consent (Barrett, 2022; Villiger & Trachsel, 2023). These notions have led some to call for more regulation and licensing (Rucker & Young, 2021), which on the other hand might disrupt the natural development of the field and through gatekeeping limit the accessibility and affordability of the care (Urrutia et al., 2023).

On the systemic level some researchers are worried that if psychedelics are to be accepted as part of the Western medical system, the process of biomedicalization could transform psychedelics into profit-driven exploitation tools, which contributes to the current ecological crisis while also diminishing their therapeutic benefits and potentially leading to harm (Davies et al., 2023; Miceli McMillan, 2021; Tempone-Wiltshire & Dowie, 2023). By doing so, the primarily white system would diminish the rich past of knowledge and human history (George et al., 2019). This might result in ongoing racial oppression and can be expressed even through very small actions such as selecting music for a dosing session or ceremony playlist (Ratkovic et al., 2023). Therefore, if psychedelic care becomes heavily individualised

and expensive, it takes a similar direction to the development of SSRIs, which essentially neglects to provide a supportive society that advances mental health instead of destroying it (Davies et al., 2023).

Thus, some researchers, such as Celidwen and colleagues (2023) are asking to include indigenous people with their full existence in the discussion of care and substances to protect nature and thousands of years old cultural traditions and histories. This would prevent big Western corporations from patenting natural products such as psilocybin-containing mushrooms or exploiting the nature of indigenous people. By including the indigenous people in the conversation, the authors also call for opportunities for learning and expanding the information through equal communication, which might result in improved care.

A brief look at male mental health and depression

Depression is a common mental health challenge that touches directly and majority of the population. According to DSM-5 (American Psychiatric Association & American Psychiatric Association, 2013), a person is suffering depression when they experience the following symptoms most days within two weeks: depressed mood, lowered energy levels, a decreased interest in feeling pleasure towards things that used to be joyful, significant changes in weight and appetite, feelings of worthlessness or self-harm, cognitive challenges such as difficulties on concentrating and memory, and slowing down of physical movements. These symptoms are causing significant distress and are not stemming from physiological issues or substance abuse. Depression affects directly to around 5% of the population equalling nearly 300 million persons at any given moment with women twice as likely to receive the diagnosis compared to men (Kuehner, 2017; World Health Organisation, 2023). Although there is a commonly claimed statistical difference between genders diagnosed with depression, the researchers have not been able to identify what might cause this disparity (Zhao et al., 2020). Among the most common causes suggested are hormonal variations in female bodies after mid-adolescence, women

being more vulnerable to early life adverse effects (Kuehner, 2017), and perhaps variation in learnt coping strategies and the manifestation of the symptoms affects the diagnosing processes (Shi et al., 2021).

Although diagnostical manuals such as DSM and ICD-11 classify depression without paying attention to gender manifestations, there seems to be a general notion that men express their symptoms differently compared to women. While women tend to internalise their experience of depression, men often externalising their symptoms resulting in bursts of anger and antisocial behaviour, substance abuse, and anhedonia (Brownhill et al., 2005; Otten et al., 2021), especially in front of high-stress life events (Rice et al., 2015). While men tend to express their depression differently, there is also a notion of comorbidity as men with depression often present traits of multiple other conditions such as personality disorders (Johnson et al., 2005), substance and alcohol abuse (Hunt et al., 2020; Strömberg et al., 2010), neurodiversity (Affleck et al., 2018). These vulnerabilities potentially decrease life expectancy by 14 years if the onset of depression is at 15 years old and more than six years with the onset at 60 years old (Laursen et al., 2016).

Perhaps due to the multitude of presentations of depression and other mental health conditions, one of the most serious symptoms of male depression is increased self-harm and suicidality. Even though women are three to four times more likely to attempt suicide, men have a four-fold risk of complete suicide (Callanan & Davis, 2012). Although men all around the world are affected (12.5 for every 100 000 men), men in Africa (18/100 000), Europe (17.1/100 000) and the Americas (14.1/100 000) bear the most suffering respectively (Ilic & Ilic, 2022). The highest suicide risk is in adolescence and third age (Rice et al., 2018). For example in the UK men above 90 years, old have a significantly higher risk compared to the European average (31.1/100 000) followed by men 45 to 49 years old (23/100 000) (Office for National Statistics, 2021). According to recent studies, depression, recent divorce, older age

(Vasiliadis et al., 2012), alcohol use and high-stress life events (Fowler et al., 2022), and work-related stress (Oliffe et al., 2021) seem to heighten the risk for suicide. Note, that some do claim that the majority of male suicide victims might not have an underlying diagnosis of mental health challenges (Fowler et al., 2022).

Multiple research projects have tried to understand why men are more prone to suicide and why women have higher rates of depression. Some of the most common thoughts are that men are not seeking treatment (Branney & White, 2008), they are not aware of, or willing to admit their challenges (Affleck et al., 2018), or they are inability to fulfil the masculine gender roles set by the society (Oliffe et al., 2011). However, these reasons seem a little too simple to be the full truth. Cochran and Rabinowitz (2003) expand their understanding of cultural conditions and claim that perhaps these differences stem from how we see men in general. Through growing up, society is feeding the idea that men must survive alone and addressing sadness and grief is not encouraged. While doing so, society fails to accept externalising symptoms of depression as part of the image, which consequently puts men in a vulnerable position in the diagnostical system. According to Affleck and team (2018), the changing society's mental health system might fail to address men's need for care if they have substance abuse or suicidal ideation. Thus, this might create a sensation that, even if seeking help, men's needs are not met, which decreases willingness to seek help. This problem might not be only common among men, but also women might think that men cannot suffer and be emotional, which creates more complexity in the picture.

Contrary to the common belief that men do not seek help, multiple studies have shown otherwise. Especially past Covid pandemic, there has been a significant increase in men seeking help for their mental health challenges (Gotttert et al., 2022; Landi, 2020). Also, there is a significant increase in new depression diagnoses among men, an example in Germany, where the nationwide data pool

showed a 95% increase in depression diagnoses between 2009 to 2017 among young men (Steffen et al., 2020). Also, some suicide research suggests that nearly every suicide victim has attended the healthcare system within a year of their completed action, more than half within a month, and nearly one-third within the week before (Ahmedani et al., 2019; John et al., 2020; Oliffe et al., 2011). Most of the people attended emergency or general practitioner and around 25% of the victims were hospitalised a minimum of one time (Laanani et al., 2020). Interestingly, women were referred more often to mental health services when men often met non-psychiatric treatment (Gramaglia et al., 2022).

Finally, depression is treated most with medications such as SSRIs (Selective Serotonin Reuptake Inhibitors), or a combination of therapy and medications. However, around 30% of the patients do not benefit from first-line treatments falling into treatment-resistant depression (McLachlan, 2018). If all treatment modalities have been exhausted, ECT (Electroconvulsive Therapy) has been used for decades, although there are strong questions about the efficacy of the treatment and the quality of the research around ECT (Read et al., 2019). In psychotherapy, addressing masculine traits has shown positive results, especially in a group setting. For example, specific psychoeducational groups were more effective than CBT (Walther & Eggenberger, 2022) and elsewhere male male-specified approach helped men to decrease shame and guilt and increase self-reliance and emotional control (Primack et al., 2010). Community-orientated male groups have been also shown to be helpful, especially among older men in increasing the meaning of life and belonging (Staiger et al., 2020), and receiving and giving support has been shown to decrease symptoms of depression (Takizawa et al., 2006).

Even if there are some interventions purposefully designed for men, yet much more should be done. Mahalik and team (2012) interviewed more than 450 mental health professionals who revealed that there is a strong negative bias towards men as many are seen as violent and somehow flawed. Stories of neglecting the male-typical existence such as difficulties with too rapid emotional expression

and not addressing the challenges in the male socialisation process further contribute to the harmful therapy. Thus, therapists should be able to deal with different expressions of masculinity, including sexuality, early-age sexual abuse victim status, and worries around intimate relationships. Finally, the team concluded that perhaps extending the modality of sessions out to nature and paying attention to more directive approaches might be beneficial.

In this section, I have made a small introduction to psilocybin and MDMA explaining how they work in the brain and the psyche. I presented a small history of the group models from clinical trials and retreat research, where psychedelics have presented multiple benefits for mental health. Finally, I closed this section by explaining the issues of male mental health, which are the lower level of treatment-seeking, high levels of suicidality, and comorbid mental health diagnoses. Unfortunately, the current treatment modalities are ineffective for many increasing pressures to seek new modalities to treat chronic mental health conditions. Within the next section, I'm presenting a methodology for how this research was conducted.

II. Methodology

Like all research projects, also this one is guided by specific philosophical underpinnings that shape how this research is conducted and data analysed. As I am interested in researching the lived experiences of selected individuals, the phenomenological methodology would be an appropriate approach (Van Manen, 2016). In this section, I will provide a detailed description of these foundations and the steps taken to conduct the study, to increase its transparency and overall quality (Denzin & Lincoln, 2018).

Part of this transparency is being visible on the philosophical foundations of the research. This said, I am placing this research in the constructivist research paradigm, which, according to Pilarska (2021), emphasises the multiplicity of realities. This ontological view of the world suggests that there is no objective truth, but instead, every person constructs their own world through social situations, past experiences, and current situations. Consequently, this affects the epistemological understanding of knowledge, which in the constructivist paradigm is co-created together with the researcher and a participant through dialogue and interpretations. In this way, the researcher is part of the research process by interpreting and managing the information that the research participants have shared with him. The researcher is aiming to understand meanings that the participants have generated in their reality, and through their own interpretations, construct something more holistic and general. This said, the aim is not to generate objective truth, as many studies in the positivistic or realist paradigm would claim, but more to give a glimpse of something deeper and fundamental. Finally, as the constructivist paradigm understands, the researcher's values affect to scientific process (axiology) researcher should reflect, bracket and make clear their standpoints where the research is stemming from to increase the transparency and ethical rigour.

Reflecting on the gaps in the literature and philosophical underpinnings I presented earlier, I have set myself to seek answers to the following research questions:

1. In what ways do men with a history of depression experience the impact of psychedelic retreats on their mental health and well-being?
2. What role did the group play in the therapeutic journeys of men with depression attending psychedelic retreats?
3. What were the adverse effects of attending psychedelic-assisted retreats?

Analytic strategy

To answer these questions and structure the research process, I have chosen Interpretative Phenomenological Analysis (IPA), as outlined by Smith and colleagues (2009). IPA is deeply rooted in the phenomenological philosophy, that goes hand in hand with the constructivist research paradigm. As a method, IPA offers a way to understand multiple realities without pushing participants' realities to something predetermined and simple. The aim of the IPA method is not to create objective truth that is generalizable to a wide population, but rather to understand how the research participants perceive and make meaning out of their lived experience. This way it is possible to gain a deeper understanding of how the phenomena is impacting the person. In the research process, the research participant expands on their perception of explored phenomena while the researcher interprets what the participant is bringing to the shared space. The researcher is actively interpreting the process and material that is presented to them, and thus through this hermeneutic circle, phenomena are constructed together by the researcher and the participant.

As IPA research often dives deep into the human experience, the sample sizes are small and purposefully selected which allows for in-depth exploration of the selected theme (Denzin & Lincoln,

2018). Consequently, when a researcher seeks to understand lived experiences, there is no place for hypotheses or predetermined theories which would be bracketed to allow the phenomena to be fully present.

Recruitment of participants

For the participant recruitment, I used purposive sampling which is commonly used in qualitative studies due to its effectiveness in reaching out to participants that fit the research theme (Andrade, 2021; Smith et al., 2009). I reached out to psychedelic associations (34) and retreat centres (21) globally via email (Appendix A and B) and mentioned my research project to my colleagues and personal contacts who are facilitators, therapists, and psychologists with brief information about the study, and an invitation to reach out to me in case person was interested in participating. In addition, I posted an information flyer (Appendix B) to several Facebook and Reddit groups, but unfortunately, this did not result in any leads. Inclusion criteria were set to look for men over 18 years old, had a history of either diagnosed or self-diagnosed depression, had attended a psychedelic (psilocybin or MDMA) assisted retreat, and were not in active crisis or suicidal. Due to the common “afterglow” effect after psychedelic experiences, which might sometimes give an overly positive outlook on the psychedelic effects (Timmermann et al., 2022), I set a threshold of a month between the experience and the interview. After screening, five participants were accepted for interviews, which happened between July and December 2024. All participants were men and from the UK, USA, or Switzerland

P1 is a 57-year-old man with a master's degree. At the time of the interview, he was not working but prior had a long career at the city council. He has experienced life-long depressive symptoms since childhood including low mood, hopelessness, rumination and social anxiety. Psychosomatic pains and emotional numbers have been also present in his life. He reports troubled family relationships and intergenerational trauma. He attended one psilocybin-assisted retreat in 2017.

P2 is a 67-year-old retired man. Before retiring he worked in the oil industry and construction. He has a history of life-long depressive symptoms despite the multiple medical and psychological treatments. He has been experiencing persistent low mood, rumination, anhedonia, and social isolation. He attended an individual psilocybin-assisted retreat in 2023.

P3 is a 59-year-old male, and he has been suffering from depressive symptoms such as remuneration, and constant unexplained “bad” feelings like the happiness was never there. He also experienced somatic negative sensations around the throat and heart area. He reports growing up in a permissive household with abuse. He attended four MDMA and psilocybin-assisted retreats since 2023, with three men-only and one mixed retreat.

P4 is a 35-year-old self-employed man. He explains suffering from anxiety and depression since he was 17. At 30 he experienced a strong anxiety/panic attack which was confusing. This attack caused a lot of fear, anger, and sadness, along with violent compulsive thoughts and OCD that led him to finally seek help. He attended five MDMA and one psilocybin retreat since mid-2023.

P5 is a 46-year-old father of three, who was seeking a new job during the interview. He reported suffering from unprocessed PTSD and depression. Some years ago, he received a bipolar diagnosis and was on medication, which was tempered down by a doctor a year ago. He reports his symptoms feeling like he is dead while alive with strong anhedonia. This includes strong suicidal thoughts and physical pains. He attended eight MDMA and psilocybin retreats since 2023.

Interview procedure

A semi-structured interview method was selected for data collection as it provides participants a floor to express their life events within a selected topic, and therefore provide data for analysis (Smith et al., 2009). An interview guide (Appendix F) was prepared and tested with a trusted person before the interviews. There were no modifications after the testing round. After receiving contact from potential

interviewees, I presented a brief explanation of the research and confirmed that they fulfilled the inclusion criteria. Half of the potential interviewees were discarded due to psychedelic experience other than psilocybin or MDMA, or no psychedelic experience. Once an interviewee was approved to participate, we scheduled a time and date for the interview. After confirmation, I sent participants an email which provided a link to an electronic version of the informed consent form (Appendix C and D) in Qualtrics and a link to a Skype meeting. At the beginning of the interview, I confirmed that the participation is voluntary, and attendance can be terminated at any time without questions asked. I also confirmed that the participant was not in an active crisis or suicidal at the point of the interview. I noted that participants can ask any questions at any time, and if the interview becomes overwhelming, we can have a pause. After the interview, we had a debriefing of up to 30 minutes with each participant where I verified that no adverse effects occurred, and all the questions were answered. All interviews lasted between 1h and 40 min to 2h and 5 min. Interviews were recorded and transcribed, and after transcription, the video files were deleted. A debriefing email was also sent for debriefing (Appendix E).

Data analysis and quality of the research

Data analysis was performed according to guidelines set for Interpretative Phenomenological Analysis (IPA) by Smith et al. (2009). All interviews were recorded and transcribed. The first pass of the transcription was done with the MS Word online version. After the first draft was completed, I watched the recording made necessary corrections to the content and marked the body postures and tone to the transcript. Other relevant observations and my initial feelings were added to my coding journal. After all transcriptions were complete, I deleted the video files. Once the technical procedures were completed, I read every individual three times with each time building up to more layered themes and observations. After one case was analysed, I re-evaluated emerging themes and once I felt there was nothing more to emerge, I moved on to the next case. After all the cases were analysed, I combined all the individual

themes into a theme table, where I could see emerging common themes. Subsequently, I created a master theme table (Appendix G) that synthesises in a structured way the individual experiences to the tangible presentation of the phenomena. As this research is within the constructivist paradigm, in the analysis I concentrated on how the participants made meaning through social interactions and connections in the retreat space. Moreover, I am part of cocreating their realities by analysing the data they have kindly provided me with.

Often in the scientific world, the quality of qualitative studies is under debate. Although there are no set quality requirements for qualitative studies, I have decided to reflect my work through four basic principles: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance, set by Yardley (2000). Sensitivity to context suggests that all qualitative research should take into consideration the relevant literature, cultural settings, and participants' perspectives. Doing so also the ethical standards would be met with high rigour. In this research, an extensive literature review and Institutional Review Board (IRB) approval fulfil this requirement. Commitment and rigour refer to skilful data collection and the depth of the analysis, which through an in-depth process, I have also fulfilled.

Transparency and coherence, according to Yardley (2000) highlight the clarity of the presentation of the research process, the outcomes, and the researcher's position. To increase clarity, in this section, I have explained the philosophical fundamentals that guide this research, along with my reflection on what in my being might affect the research process and outcomes, later in this section. Also, the research process is explained in this methodology section. Yardley mentioned that good quality research is impactful and has some level of importance. This study contributes modestly to two fields: psychedelic research and male mental health. I hope that through this research project mental health

practitioners, and anyone interested in the topic, would gain information that could guide their intervention planning to increase the safety and effectiveness of the psychedelic experiences.

Ethical considerations

As per the research paradigm and general requirements, ethical considerations were given priority when conducting the study. The study was put through an Institutional Review Board process to externally validate the feasibility and the ethical rigour of the study. Before the data collection process, participants were selected carefully to reduce harm and increase the quality of the research, and those who did not meet the inclusion criteria were excluded. Informed consent to participate and permission to record the interview were collected. During the interview, participants were reminded that participation is voluntary and could be terminated at any time without questions. Participants were given a free space to express their stories and ask questions at any time. At the end of the interview, there was time for debriefing and addressing any last notes regarding the process. All the transcripts were anonymised so that any names present in the transcripts were deleted to protect the participant's identity.

A personal reflection on motivations to conduct this research

My reasoning behind this research project stems far back in time. Growing up in Finland, a country that is not particularly known to shine in emotional and physical expression, was relatively difficult. Only after I started travelling, I noticed that there are multiple ways of expressing emotions, feelings and sensations. I also noticed how difficult it was for me to be comfortable in my bones, muscles, and skin, and in my mind. I suffered from depression in my early 20s, and I witnessed many of my peers losing their lives prematurely due to various types of suffering.

It was around 2018 when I first heard about a weird clinical trial in the UK, which had gained promising results treating treatment-resistant depression. I started reading more about this magical

substance of psilocybin, and soon I noticed that my favourite topic of procrastination was mycology and mental health. Ever since I have been immersing myself more into the academic side of the substance, and I ended up working at a retreat and training centre, that believes in the holistic approach to mental health. Working at this location has taught me so much about the potentiality of the serotonin-like molecule, but more importantly the fascination of a holistic way of addressing human challenges through nature, unconditional compassion, and communal care, which is often not present in the traditional medical system.

While it was an easy selection to research psilocybin, it was not the same thing with MDMA. As a byproduct of Finnish drug education from the early 2000s, I have been quite afraid of illegal drugs and thinking about them makes me feel very uncomfortable. However, after having conversations with teachers and facilitators in the field, I began questioning my attitude towards these substances. Via these personal conversations, I also gained an understanding of how complex mental health issues in real life are, and how clinical trials often portray only one small segment of the condition or the healing method, which might not reflect the situations people face in real life. One of these observations from the field was, that often people need more care and combinations of care for more permanent healing.

I deeply believe that mental health care is a communal effort, that cannot be outsourced to faceless systems and protocols. Instead, perhaps it is time to go closer to our origins and adopt community-based existence as care that extends beyond any limited interventions. This way, mental health care would become an embedded practice, that supports the wellbeing of individuals, communities, and the whole planet. As the current system most certainly does not allow such changes, perhaps there is something in psychedelics that could assist us in coming back home.

This is to say, I do not think that psilocybin alone is a miracle we all have been waiting for but instead, we might need to combine substances and modalities. Thus, with this research, I also want to

enlarge the idea of how mental health care should be conducted. Perhaps it is now time to connect with nature, get out of the therapy offices' restrictions, and unite towards a healthy new life.

III. Results

Four themes with additional subthemes emerged from the interview material as can be seen below. In this section, I will elaborate on these themes with quotes followed by the discussion section where I will bring these findings to part of the larger body of research. To note, participant's quotes are in their original form to preserve the essence.

Theme 1: The long journey of personal transformation

- A promise for liberation after decades of suffering
- Experience like nothing before
- Importance of guiding

Theme 2: Retreat as a shared space of connection

- Multiple ways of group support
- Group as a trigger
- The social fabric of the groups outside of the retreat
- Maleness in the retreat space

Theme 3: Perceptions of psychedelic healing

- The role of the substance
- Psychedelic, not a magic bullet/quick fix
- Confrontation within an experience
- Holistic changes
- Strong prejudices towards the retreat model

Theme 4: Adverse effects?

- Unexpected psychedelic states after the retreat
- Increase in psychedelic use

Theme 1: The journey of personal transformation

The journey to the psychedelic spaces was challenging for many participants. After years of failed treatment attempts, media hype seemed to bring psychedelics to the attention of the participants. Psychedelic retreats were impactful, and especially the first retreats were often transformational. The following subthemes describe the participant's journeys to the psychedelic space and the essence of the retreats.

A promise for liberation after decades of suffering

The motivation for attending to a psychedelic experience was clear to all the participants – to seek care that was not available in the traditional medical system. Almost all participants reported having tried myriads of medicines and therapies, but nothing brought a fulfilling transformation. In an example, P1 explains his history with paroxetine, a common SSRI prescribed for depression in the UK: “[paroxetine] helped to lift my mood and allowed me just to become more functional. In sort of, you know, academically, work, and socially. But it didn't [small pause]. It didn't cure my depression.” (P1 27-28). In a way, P1 is expected to be happy and healed when he is performing better in academia or work, but this underlying sadness and anhedonia seem to affect his life deeply.

Some participants also experienced the medical system being dismissive and very expensive. P4 felt that the medical staff were suspicious of his motivations: “The reason the medication didn't work was because of a lack of effort on my side, and that I would tend to disagree with. Because on my side if I could be happy, healthy and all that. I mean, I don't get anything by feeling this way.” (P4 231-233). With this, P4 feels like the system inherently has disbelief in the patient, instead of the treatment modality, which most likely also affects the treatment effectiveness. Additionally, P2 felt that the doctors' capitalistic motivations were eroding trust: “So the psychiatrist who achieved nothing told just keep taking the SSRIs or increase the dose. That'll be fine. Cheerio will come back in three months. And

I'll take another £300 from me." (P2 407-409). When retelling this, P2 was slightly aroused, which is not a surprise, if these experiences are happening regularly.

Initiation to psychedelic experiences happened gradually and most of the participants had done extensive research before joining to their first experience. Increased media hype created expectations for this "silver bullet" which could potentially cure one's problems with only one session. As P2 explains: "Well, I was so fascinated by the articles you see in the newspapers and places, well, this could be the miracle answer to you know" (P2 417). For many, psychedelics were already in their life either due to microdosing (taking small doses frequently with unnoticeable acute effects) or through teenage experiences. Media hype acted almost like a reawakening bringing the attention back to psychedelic after decades of break. As P3 describes: "I knew the first night I took psychedelics when I was 17. How I knew that night, how powerful they are." (P3 197-198).

Before attending the retreat, many of the participants prepared carefully through knowledge gaining and therapy. For example, some attended to EMDR session while others were in an IFS process. In an example, P3 explains:

"I read a ridiculous amount of literature. Everything from the Classics Explorers guide this, and then I listened to 64... Podcast of the Psychedelic passage... I prepared as if I was going to get in the first rocket ever to go to the moon. I mean months and months and months and dozens and dozens and dozens of hours." (P3 425-427).

With this quote, P3 is highlighting his efforts to take this experience seriously. Perhaps here he is attempting also to calm the thinking mind, which might need more understanding around the otherwise non-understandable experience. This understanding could perhaps help to calm the mind, and therefore also increase trust in the process that would then mitigate panic and anxiety. Part of this trust-building

process was also creating a connection with the guide or the organisation that the participant was about to be involved with. As P1 illustrates:

“It was a matter of you know cost and availability and you know, obviously I knew them from the psychedelic society and they seem to know what they're talking about... The retreat was described sounds responsible that you know, there was a screening process, although it's probably less rigorous than would be done now, but still it was.” (P1 218-221).

By this P1 reflects how seriously many of the participants approached their psychedelic retreat experience. Vetting the organisation through recommendations, especially globally known psychedelic society, is almost like taking control of one's mental health system back into their own hands. While doing this, the participant is also discerning if he would be able to trust the organisation enough to let go and fully surrender to the psychedelic experience.

Experience like nothing before

At the time of the interview, two out of five participants had done one retreat while the rest had experienced between four to eight retreats. All participants experienced powerful psychedelic sessions that they remembered even almost a decade later. The whole journey from home to the location and back seemed to be something thrilling and sometimes scary. When asked how their first retreat experience was, almost all participants reported feeling somewhat nervous in the beginning. P2, who attended a retreat alone, reports:

“I mean the thought occurred to me: here I am in the middle of someplace in Holland. I don't even hardly know where it is, with a guy I don't know. No one knows where I am. You know, my travel insurance ain't gonna cover this if it goes wrong and if I'm about to jump off a cliff. It was only because of the time I'd spent with the guy than the trust that was developed that I felt I could go ahead.” (P2 87-89)

With this account P2 vividly paints, not only direct access to his cognition but also the emotional pressure he might have been feeling just before embarking on a psychedelic journey. The feeling of loneliness here is enlarged, and a new place of vulnerability is present. The trusting relationship with the guide was the only lifeline and anchor, in an otherwise unfamiliar landscape. This fear of the unknown was present in almost all accounts and resulted in a panic attack in the most extreme case. As P4 describes: "I was having a panic attack the first time before even taking it because I was like, I don't even know what's going to happen, even though I've taken MDMA lots. And I just didn't know what it was going to be like to take it in sort of environment." (P4 355-357). With this, P4 elaborates how not only the substance is affecting the experience, but also the context affects the experience.

None of the participants reported any specific therapeutic modalities being used in the retreats. After the initial anxiety, the psychedelic experiences offered participants something they had never experienced before. All participants experienced vivid hallucinations and strong emotions, and some were pulled into transpersonal worlds. P4 remembers: "I felt was this immediate like feeling of being a rocket, that that was blasted into the vacuum of space." (P4 734). As I observed participants talking about their psychedelic experiences, I noticed a change in their appearance and output. Body expressions grew larger, wording became more varied, and language more poetic. It felt like these experiences held significant power, that pulled also me into such a delicate, yet strong experience.

The nature of these vivid experiences resembled a state between sleep and awake. As P4 puts it: "Doesn't mean that you completely lose consciousness of what's happening around you. In fact, you go through moments of being totally in your world to being in the real world and hearing everyone else around you and what's happening, which is always interesting." (P4 381-383). With these words, P4 illustrates the essence of many psychedelic experiences. His voice contains a certain level of awe, and

what many of the other participants elaborated also, the expanded state of consciousness works as a liminal space where a person experiences reality in a new way.

The content of these experiences revolved around childhood, death, relationships, internal demons, and for a few women. Interestingly, almost all participants talked about their experiences, almost like they were watching a movie. In an example, P2 portrays a scene from his experience:

“This was me age, I guess approximately 7 standing in the sand dunes at a beach. Sometimes my sister was there, sometimes not. She's about the same age as me and. As I was standing, it was as if I was seeing from a camera that was going round and round me very slowly as I was just standing. I wasn't doing, I was just standing. This camera was going round. And the the the emotional strength of that.. It was huge. Huge. It's powerful feelings. Very poignant.” (P2 172-176)

Here, the P2 is taking almost an observer's role to his own life, where he could observe his life and emotions from a different perspective. With this, he can feel his emotions through witnessing the scenes without overly identifying with them and then becoming overwhelmed.

Elsewhere, P1 talks about his death experience: “I actually felt myself [small pause] going down into a grave, it was like literally I was going 6 feet down and you know, I thought well this is it and then. As soon as I hit the bottom again, that's you know that that passed, and I just moved on.” (P1 307-308). This visceral footage of witnessing own mortality was a palpable experience resembling something that is yet to happen. However, when experienced first-hand, it confronts P1 in a way that leaves him with no other option than to surrender and let go.

Although many of the experiences were directly linked to participant's lives, a few participants also reported transpersonal experiences. This statement from P4 below describes how intense and beyond understanding the experience can be:

I was birthed into a cave surrounded by cavemen and women, some wearing masks, some with sticks, almost a sort of, you know. How you'd imagine an ancient ritual-type thing around you? And then I also had a vision of being a chess piece on a board and looking up and seeing 2 gods playing chess with me as the piece, and weirdly enough, they're both gods. It wasn't obvious which God was good or evil, or whether there was such a thing as good or evil, but they did have Egyptian heads, which I found weird. There was kind of a Osiris and Anubis playing chess kind of thing. (P4 746-740)

Again, here participant is taking a third-person view during the psychedelic experience, which starts from another point, and then leads to something different. However, there is a deeper level to this account as he is being born into something larger than himself. First among a primal tribe where he is welcomed by a community but is being controlled by something larger than life where good and bad does not really exist.

While many of the participants managed to receive impactful insights during their experiences, the unpredictable nature of the psychedelic gave participants something else. For example, P3 arrived at the retreat to learn how to forgive. Instead, he gets something else:

I'm presented with a door. Neon pink. Do I go through the curtain looking for trauma is not there. I come out, I go through a second door. I'm looking for the trauma. It's not there. The same thing with the third door. I come out. And the medicines talking to me. And it says I'm not going to show you anything tonight. That's not valuable for you. (P3 283-285)

With this account, participants seem to have clear intentions, which in the end is not fulfilled. However, something that he classifies as an external power is stopping him. This theme repeated among those who attended more than one retreat, as they reported quite a significant variety between sessions. For example, P5 had a magical first experience and he went in on the second session with intentions, which

offered something different: “Why am I not feeling this or why am I, you know why? Why is this not happening the way I wanted it to happen or the way I thought it was going to happen, right? That then pulls you down into frustration spilled, but whatever.” (P5 497-499). P5 here interestingly describes how the loss of control in the experience can result in frustration. By questioning the process, he is also expressing how certain expectations might shape the experience.

Even if the participants above could not control the content of the experience, some were able to do it regarding of whether they wanted to go deeper into the experience. As P3 describes his experience when facing huge fear: “But it was medicine [psychedelic] saying: we can stop now or keep going. I said let's keep going. I go in. Go in.” (P3 378-379). With this, P3 has created a trusting relationship with the psychedelic and the expanded state, which allows him to make a full decision on whether to proceed into deeper processing facing more fear or to take a break and relax a little.

Importance of guiding

All retreat spaces contained some level of guiding, which all participants mentioned at some point. However, none of the participants mentioned what, if any, type of therapeutic intervention was used during the retreat. What was readable between the lines, is that most of the time guides adopted a non-directive approach and assisted only if the person was in great distress. As P2 states: “the guides don't really do very much” (P2 442). However, for many the guide acted as a knowledgeable assistant, who was compassionately guiding the participants through their whole experiences. For P2 guide was “my insurance policy” (P2 122), for others, the guides took a lighter role as a mirror or point of challenge. In an example, P3 remembers:

One of the guides, his name is ***, *** comes over to me, and... I said: I understand I did this whole work for [ex-girlfriend]. Why isn't she here tonight? And he [the guide] said, well, what would you say if she was? I would and then I would tell her please forgive me all these things.

And he's like we'll tell her now. And I started. And... My heart chest cavity opened up and my chest. My heart was the size of like a ball was red like this shirt with the yellow veins lifted out [showing with his hands]. (P3 320-325).

With this, the psychedelic experience, although it seems to be inward-directed, the person is aware of what is happening and can communicate with others. Here P3 might present an emotional lock in the communication, and when helped by someone else in the expanded state of consciousness, opening the lock becomes easier.

Apart from human guiding, also the music played an important part to most of the participants. As P4 would describe: "I don't know how to describe it like I mean the music that they were playing was helping me. It's like listening to the soundtrack of a movie type thing you felt immersed in the experience you were having." (P4 741-743). With this account, P4 is explaining the deeper meaning of the music which seems to go beyond this world touching something more primal, and captivating.

Theme 2: Retreat as shared spaces of connection

When asked what influence the group played in the experience, participants elaborated less than I would have expected. The clearest benefit was the increased feeling of belonging and opportunities for seeking support when the context felt overwhelming or otherwise difficult to understand. While I thought that the group-related accounts would be stronger than the stories of individual experiences, the importance of the group was revealed through subtle remarks visible between the lines. Although most of the group work seemed to be positive, sometimes the group acted as a trigger for uncomfortable emotions, but often these could have been mitigated via good facilitation or just turning back within to explore the reasons why one might have been triggered in the first place. Interestingly, the group acted also as an anchor point outside of the retreat setting. Especially during the

integration and preparation phases. This theme describes the nuances of the group dynamics and how it affected the participant's experiences.

Multiple ways of group support

When asked what role the group played in the experience, the responses were milder than expected. Many struggled to find words to describe their experiences as P1 describes: "There was probably some level of everyone kind of synchronising a little bit, maybe in breathing rates and pulse rates and how relaxed or otherwise we were feeling. So yeah, I think it's just an amplifier and you know feeling safer." (P1 388-390). With this account, the support seemed to be based on non-verbal cues, that would help the participant to relax. He is making sense of the experience through his body, which further indicates that sometimes there are no words to describe our experience.

Generally, the group container was somewhat weird and uncomfortable. P4 was surprised how the "ragtag group" (P4 647) of random individuals can be locked in together, without sharing much more than suffering from mental health challenges, and yet it would work somehow. P3 referred to the beginning of the retreat first time: "It's awkward, just like going to a dinner party. Awkward..." (P3 439-440). Emphasising the awkwardness of the situation, there is a layer of emotional discomfort present, that is strong and penetrating.

This said the overall arching pattern of attending the group retreat was receiving some level of support. P1 described the role of the group as "passively supportive" (P1 351) referring to the feeling of being in the shared space together, even without interfering with each other's experiences during the sessions. While many of the psychedelic sessions were spent in an individual bubble, MDMA and psilocybin retreats seemed to offer more opportunities for active interactions. In an example P3 explains "And then people are touching my hair. And I remember feeling very intimate, very close. Very held by a group of men I don't know. I went through this very intimate experience." (P3 446-447). This experience

of receiving care from unfamiliar people, which might have felt weird and scary before, acted as a corrective experience, that perhaps helped him to attend to some of the prior attachment injuries.

Although most of the psychedelic experiences participants spent in their world, the importance of the group started surfacing in the preparation and integration phases. All the group retreats offered sharing circles around the psychedelic experiences, which offered a way for participants to connect with others, feel heard, and witness other's progress. These points of contact helped the participants to withdraw from the solitude and bring themselves to experience belonging. This way, the perceived feeling of belonging was not individually experienced out of nowhere but rather supported by being around people. P3 explains: "The value in the discussion is a lot of things occurred during that journey that I didn't know, and I wouldn't have known maybe unless I'm hearing it from other men and now, I'm identifying." (P3 289-291). This way, the group is enforcing the third-person point-of-view the psychedelic experience has inside. This time, however, the point of view is taken to the real life. The group thus acts as a mirror, against which the participant can reflect on their life and gain new perspectives.

It was not only hearing other people's stories that might strengthen the group's power but also being seen and witnessed when sharing the experience is affecting at some level. As P4 says: "when the group is watching you and the therapist is watching you. You say what you say and at the end of it, everyone's sort of given a chance to, given their perspective of it. And that outside perspective is actually pretty powerful too, I would say." (P4 925-927). Here, through skilful facilitation, the sharing circle formed an equal no-mans-land in which people could be truly themselves, without judgement or discrimination. Thus, being seen becomes an even more validating and assuring experience.

Interestingly, among three participants who attended MDMA-assisted retreats, the notion of altruism became present. In an example, P4 explains: "You see these problems in each other, and you

just want to help. And that feeling of wanting to help each other is pretty powerful.” (P4 656-657).

When saying this, it is almost like P4 is seeing some level of very fundamental core tenets of humanity, where we all are on the same beautiful level with ourselves. Thus, there is a strong tenet of union and a feeling of belonging. By helping others, he is bringing himself to the community as a valid and full person who can make a difference in the world. Similarly, P3 experienced unity with his group members: “I was being helped by a bunch of men, not because I was in such great pain, and they were not. It was my turn to be helped by a bunch of men who were also in pain in this world in their way at this time.” (P3 345-346). With this, being in a space where the very human experience of pain is witnessed perhaps helped him to be in connection with the others who were in similar situations. Moreover, through witnessing the care, softer coping mechanisms were normalised, which then might allow more altruistic behaviours instead of resorting to old coping mechanisms.

P5 attended retreats where sound bath (a type of experience, where people lie on a mat while the facilitator creates different types of sound with specific crystal balls, cymbals, and other instruments) which triggered him the first time he participated. However, he later was able to solve the trigger point and felt an intense feeling of support and change: “All of a sudden, I felt this intense, like selfishness. Like I've made this whole thing about me, about like, what's going to happen to me in the sound bath. I was like, I'm not the only one who shit comes up for.” (P5 721-722). With this account, he was able to observe his previous actions from a different point of view, which then led him to choose differently. This aha-moment later expanded and he was connected to his role as a protector.

To highlight the importance of having the psychedelic experience in a group, P2 explains what he missed when taking part in the individual retreat: “The sense of being together with someone at these group retreats, it's very common for two strangers that are lying nearby, just to hold each other's hand. Nothing improper. You know, there's just there's somebody there. Such a little thing, you know.

(P2 453-455). In this account, he is expressing this slight, but human, need for connection. Although here it expresses in a form of wishing to have touch, I see this as a more fundamental need of being in connection.

Group as a trigger

Although many of the participants found being part of the group neutral or positive, there were moments when being part of the group became exhausting. Many reported experiencing slight annoyance towards group members or their actions at some point during their retreat experience, but these small inconveniences were minor and solved quickly by leaning in on one's own experience. Three participants reported major emotional effects that were triggered by the group. In an example, P3 experienced strongly the presence of women being a trigger point that caused paranoia which then led him to feel "Powerlessness. Emasculation. Maybe more powerlessness than emasculation, both. "(P3 522-525). He later connected his deep mother wound to this experience, which might have remained hidden if he had participated in men-only retreats. Elsewhere, P5 suffered PTSD flashbacks during a sound bath as the weird sounds and other people lying on the floor resembled a scene from a terrorist attack, he experienced decades ago. "This is late August 2023 in this sound bath seeing all these still motionless bodies strewn across the floor. And all of these, like weird sounds that were really uncomfortable to hear, like like, like pebbles and rocks. And all of that shit and like chimes and stuff. It just all like came together like this cacophony." (P5 548-550). Although the scene was not directly related to the group members activating his PTSD, the other members of the retreat acted as a mirror and trigger point for his PTSD.

Remarkably, almost all people used these difficult experiences as learning opportunities. P1: "You know, I need to be asking myself, you know, what's that about? And you know, is it just reflecting something I don't like about myself or in myself back to me." (P1 409-410) Saying this, the

uncomfortable moments allowed the participant to dive deeper, if they wanted to do so and direct the attention to oneself. P4 shares this with more elaboration:

You're trying to do something specific to yourself, but there's someone else having their experience cross the way. And that can interfere with your own experience and.. to be annoyed at that, I realise that now at the time, although I was annoyed about it for whatever reason, it was like someone was being very loud or is hearing something very specific about what was going on with them, which could interfere with my own therapy was that, that's what life is. (P4 454-458)

Here he is describing the initial annoyance which feels very real, but looking at the retreat experience later, there is this fundamental realisation of the nature of life. Others intervene in our lives in multiple ways, even if we don't want to, yet we can be with this sensation and learn from it.

The social fabric of the groups outside of the retreat

Almost all participants mentioned community as something that extends beyond the retreat setting. While some did not keep contact with their retreat colleagues outside of the retreat, some did create important connections with people who shared the experience with them. P5 elaborates: "Yeah, I mean like the connections and the relationships that were formed in those conditions extend out afterwards, and like last night, I was I was on the phone for two hours with somebody who, who I met journeying in this space." (P5 453-455). Here, extending the connection outside of the retreat space works as an anchor, that keeps the participant connected to the psychedelic experience. P3 resemble this phenomenon as a "fellowship" that is "very similar to Alcoholics Anonymous in this regard." (P3 232-234) indicating that this strong feeling of belonging in the retreat is brought to everyday life through the community around.

What was slightly surprising was the importance of the larger psychedelic community as a support and trust builder. As psychedelics are largely illegal around the world, people struggle to find reliable and trustworthy places to experience psychedelics, but also trusted peers who they can share the experiences with. Building connections for preparation and later finding like-minded people who understand the experience became a significant way of conducting a safer psychedelic experience. In an example, P2 explains: “The Psychedelic Society has integration circles every month where people like me, can you know the zoom you know, and you can talk with others in a similar position about what's happening and what's easy and what's difficult and what's, you know, you try to stay on top of it.” (P2 267-269). Although not in connection with the people who he went to a retreat with, there are spaces where people with similar experiences could join and process what has happened to them in such an important event.

Maleness in the retreat space

As this thesis is expanding the male point-of-view to mental health care, I asked what kind of role gender plays in psychedelic experiences. Surprisingly, maleness in the retreat space seemed to play only a minor but polarised role. While one participant thought that gender did not matter, the other three that attended a group retreat did feel that there was some level of difference. In an example P4 became aware of his masculinity-related traits through other men: “I guess some of what happened during that initial therapy was me realising that, you know, being too masculine about things, holding things in, you know, fighting emotions, stuff like that was not very effective. And hearing other men speak of their experience made me feel more comfortable about it.” (P4 512-515). This shared experience of openness was perhaps a corrective experience that later allowed him to be more in tune with his vulnerabilities. On the other hand, P3 felt difficulties being vulnerable in front of women:

In a retreat with men, I become a two-year-old or a three-year-old. I'm probably going to allow that to happen. I'll deal with some shame and guilt, and I'd probably allow that to happen. I would be really, really afraid to allow that to happen in front of women in a women's retreat because I want to hold them. I want to be the man I want to be viral and I want to be sexy compared to other men in the room who are getting attention. (P3 507-510)

With this account, gender becomes an obstructor for the process. Interestingly, P5 did not want to connect with guys and for him, he needed to have flirty energy in the house. "I go to a retreat where there's not that really like where there's not that sort of flirty female energy, you know like there was one retreat where it was like a lot of dudes and like, some older, like women. To and like I wound up going downstairs and reading The New Yorker while I was on the medicine." (P5 681-683).

Theme 3: Perceptions of psychedelic healing

Psychedelic experiences come in all shapes and colours, and it is not often clear how they improve wellbeing. Experienced effects are often subtle and require active work to consolidate. Despite the current psychedelic hype, all participants emphasised that this journey is not easy and might result in destabilisation, especially without support for integration. This theme depicts how the participants conceptualise the healing effects of the retreats.

The role of the substance

All the participants implied that psychedelic in the retreat setting is a powerful substance, that helps a person to become open and remove mental blocks. This way, the substance acts as an opener which allows the person to be easier to explore the depths of the psyched. Psilocybin, for example, is seen as a tool, that enhances personal development: "Psilocybin is a resource, and psilocybin is an enabler... It is nothing more and nothing less, but that's not to trivialize it." (P3 705-706). With this testimony, takes his control back as he is the one using the tool. With this incredibly powerful tool, the

process is almost automatic, as P2 talks about how he received his insights: “This just came into my head with no bidding whatsoever.” (P2 206-207). With this tool, the person is then able to intensify the personal transformation, that otherwise might take too long not to work. P2 elaborates: “What the psilocybin does is it just speeds up the whole process it clears the fog. And it lets you for a short time see something different.” (P2 384-385).

For those who attended MDMA retreats, it seemed like MDMA allowed the person to connect to the group and the process in a different way. Like P4 explains: “It makes you much more open. Much more open to hear yourself. You're in a monologue. It makes you more open to hearing others as well.” (P4 672-673). With this, he describes his everyday life as a monologue, but then when ingesting the substance, this closed space opens for hearing, connection, and new experiences. P4 later continued that this openness was beneficial for his psilocybin trip.

Lastly, these substances work as connectors that without, the experience would not happen as P5 briefly states: “I mean the journeys wouldn't happen without the psilocybin, right?” (P5 607). What he implies is, that these substances bring people together for a reason. Without the substance, people might not have a commonly shared goal that would facilitate liminal space as it is done currently. This said, there is a myriad of sober wellness retreats available but there might be some added benefits with psychedelics. As P1, who had attended meditation retreats without substances, mentions: “Having been on retreats without psychedelics, I think it's fair to say that it would have not affected me whatsoever. Or so minimal as to be unimportant”. (P1 686). Saying this he is implying that the power of this substance cannot be acquired from elsewhere.

Confrontation within an experience

When thinking about what it is that helps people in these experiences, the main word that comes up is confrontation. These retreats offer safer places for a person to face their fears, negative

thinking patterns, and even pre-natal and childhood abuse. In an example, P1 explains: “You know, that's really about facing your fears and not running away from them. And the lesson there is if you face your fears. They're never as bad as you imagine when you're running away from them.” (P1 443-445). This strong cognitive prediction of survival by running has been strongly embedded in his life but realising that this might not be true is liberating and instilling hope.

In his experience, P2 saw his depression as an animal in a cage:” The animal was growling and very angry and it was trying to get out. And I was trying to make it quiet like poking at it with this big stick which didn't actually help... I saw that I actually had to learn to love this animal. It doesn't mean I have to like it, but we just need a different relationship. Depression does not belong in a cage because it is actually an integral part of me.” (P2 204-209). By being face to face with this part of himself he is also in contact with uncomfortable feelings such as fear and disgust. Here, by assigning understandable meaning to the depression, he can see this darker side with compassion. Interestingly, he also sees how addictions or even traditional medical interventions are not the way that help him accept this side of himself. Once looking into the symbolic form of the condition, he confronts his predictions of what depression is. This liberating confrontation then soon changes the experience fully to acceptance and liberation.

Psychedelic, not a magic bullet/quick fix

Unfortunately, none of the participants reported fully being cured after the retreat. While many received powerful benefits, all the participants implied that this type of self-exploration is not a magical fix that would offer a simple cure. As P3 states: “Psychedelics isn't going to heal your depression. You experience depression.” (P3 663) the focus then shifts from managing the symptoms to understanding oneself. In other words, shifting the attention from something pathogenic and disruptive, he marks depression as a visitor that comes and goes but is something that is never to be destroyed. P1

elaborates further: "There certainly wasn't a quick fix silver bullet. But something a lot more profound, and some, you know. Some... Some. Yeah. You know profound lessons about facing up to things and connectedness and attitude towards death and what happens after that." (P1 611-613). Thus, what becomes important here is, that through confronting one's prejudices towards emotions, behaviours, and thoughts, true liberation can happen.

For many participants, life after the retreat was turbulent and unstable. P5 explains further: "I think as you as you take the psilocybin and as you do these retreats and have these experiences, you are stripping away a lot of these layers and you are kind of having some of these parts say I don't want to do this anymore." (P5 851-852). Here P5, using the IFS language, describes how the psychedelic experiences can increase the vulnerability to external factors if the context is not supportive enough. Hence, once the old protective mechanisms are not active anymore, a vacuum might appear which might cause severe reactions when the system is seeking to return to balance. In an example, P4 shows: "In fact, it's more I'm more aware of my worse qualities than I am of my good qualities kind of thing." (P4 533). As with the increased self-awareness, some of the hidden features of the self might have been revealed, which then has the potential to cause stress.

Moreover, sometimes the psychedelic experience did not change some typical behaviours participants had before. This was visible, especially regarding addictions. P3 reports: "If there has been one failure of my psilocybin experience is that 2 of my active addictions remain sugar, which I take and take far too much of in a very compulsive way, and overeating." (P3 742-743). Here P3 is framing the food addictions as a failure. By doing so, he is expressing slight disappointment towards the process, but perhaps also towards himself.

Through all the shared experiences, what was visible, was that insights, behavioural change, and understanding keep evolving as P1 shares: “It took me years to work out that there was a lesson for me to learn.” (P1 424). P3 continues elaborating more practical examples of what these lessons could be:

The psychedelics are interesting because that night a year ago the anger from my father disappeared. But I did not get over *** that night at all. The pain continued for a very long time. But I think. What started to happen was a loosening and I realized only until recently, until like 2 weeks ago, when I really had breakthrough. Is that this medicine takes so long it can take a long time to work, and you have to put in the work. P3 352-355

With this, he demonstrates two common things in psychedelic experiences: the unpredictability of the experience, and prolonged understanding of the sessions.

Holistic changes

Although none of the participants reported recovering from their mental health challenges fully after attending retreats, there was a noticeable sense of change and commitment to further self-development. In an example, P2 demonstrates: “I don't recall feeling suicidal in the last year and a bit at all.” (P2 294-295). All participants noted at least some level of profound changes in their lives that were also visible to the people around participants. One participant with three children reported becoming a better father after realising that he had adopted a very strict role of being a father. For those with addictions, it looked like decreasing intake or stopping completely. P2 shows an example: “For many, many months after the retreat I didn't drink. And again, not through effort, just wasn't interested.” (P2 497-498). On the other hand, two of the MDMA participants changed their sexual behaviour to a more controlled manner as P3 reports: “I stopped giving into sexual compulsion and I've stopped having. I've stopped having sex.” (P3 749-750). Those who continued using substances and alcohol did it less and with more self-awareness P4 explains:

You know, I still smoke. I still drink from time to time. I still have. Well, I've taken drugs in the past kind of thing. I've done all these things and although I do all of those things much less. I still do them because they're a coping mechanisms, so there's still some sort of disconnect there that I'm like not realising that I should be taking better care of myself.. P4 614-616

With these, almost all participants reported some level of feeling of increased power over their lives and decisions even if they did not solve the original issue of depression. In example P2 "The difference is that I know I'm able to recognise this and recognise that I actually have a choice." (P2 295-296). This sense of choice is important for persons who might have suffered traumatic experiences or are deep into depression. With increased understanding the control of one's destiny can be a powerful tool for increased wellbeing.

This feeling of control also instilled hope as P4 describes: "It's rare but I'm closer and closer each day to getting there because if I don't, then the other end of that is, you know, the opposite end of that answer is not a good one. It involves either being hospitalised or ending up dead or partaking in particularly risky behaviour that can end up in prison or whatever else it be." (P4 621-622) When saying this P4 realises the risks that his lifestyle might bring to him if he is not taking care of himself.

Some reported also that the feeling of love and being accepted as a significant validator: "feeling whole for the first time and feeling like I don't need to be anybody else other than who I am and people can love me to realize that my children are perfect." (P5 787-788). With this account, P5 is showing how the feelings of love managed to change his position within his family, but also increase self-acceptance.

Many participants adopted different perspectives on their emotions as many experienced corrective experiences of being accepted when sharing their difficulties. Likewise, their internal experience with emotions had changed as P3 elaborates: "I had been angry at my father forever... That night, when that anger went away, I'm pissed at the guy who's a fucking prick, right? And he doesn't get

a pass for abusing someone. But the anger. And definitely the anger. It's been a year has never come back, not in that way." (P3 310-312) With this change, it is almost like something had opened and his attachment to the anger was released. He is still able to feel the anger and resentment but not getting too attached to it.

Strong prejudices towards the retreat model

Three participants out of five showed some level of discomfort towards the retreat model and group work. P4 shows:

I start to question the methodology then, because I'm like, oh, this seems very sort of hippie to suddenly be. I've thought this was medically oriented kind of thing. And it made me a little bit worried about how it was going to go. I was having a panic attack the first time before even taking it because I was like, I don't even know what's going to happen, even though I've taken MDMA, lots of, and I just didn't know what it was going to be like to take it in sort of environment. P4 353-357

With this account, we see that the fear towards the unknown is expanding to a panic attack as the elements of something unfamiliar are brought into the context. The weird rituals smells, and habits might then trigger insecurities in people if not prepared correctly. P1 experienced a similar reaction, although a lot milder, to the ceremonial aspects of the retreats: "There was even before we took the psilocybin, which was made into a tea with ginger. We, you know, there was a little bit of a ritual with some smoking sage being and I was just kind of, yeah, this is all a bit woo woo. But whatever you know I'll just go with it." (P1 253-255). With this, he was able to go through the ceremony.

Group work was well tolerated, and there was only one participant who was over catastrophising. P3: "During the journey was is interesting because I was very nervous and very resistant to I'm going to do this with 17 people I don't know. What the fuck? And that's a lot of people. And if

something goes wrong, could be really, really bad. And I want I want more personalized attention.”

(P3 346-348). With this account, again the unfamiliarity of the process and ceremony is setting him on a path of uncertainty and fear.

Theme 4: Adverse effects?

Based on the declarations in this research project, none of the participants suffered adverse effects of any kind. Hence, according to the IPA manual by (Smith et al., 2009), this topic should not be mentioned as a theme. This said, as I have set one of the research questions to explore adverse effects, it would be sensible to include this theme as a part of the results. Continuing with this, two distinct phenomena were identified, that could be classified as something to be aware of in the future.

Unexpected psychedelic states after the retreat

Although none of the participants reported any direct flashbacks or hallucinogen-persisting perception disorder (HPPD), there were two stories where a person was taken back to a psychedelic state through a very vivid dream. For example, P3 was at home when he experienced the following: “And I'm laying down and I'm in a psychedelic state, no medicine. And I look over and my eyes were closed in the corner of the room. There's a demon. 12 feet tall. Black like Black Skinny mountain with red, red, red eyes.” (P3 361-363) Once this event occurred, he was able to continue exploring the scene and go through the motions, but had he been in a more vulnerable position or under significant stress, without appropriate support, there would have been a risk for significant destabilisation.

Increase in psychedelic use

Only one participant out of five had stopped exploring psychedelics after their retreat. The rest of the participants kept going to retreats, and some also started exploring other substances. For example, P1 attended an intensive Ayahuasca retreat and went through ketamine assisted therapy cycle, but also used LSD in a recreational setting. While classical psychedelics are not addictive, there

might be some level of risk for spiritual bypassing, which pushes people to discover new substances and avenues while not engaging in personal growth outside of the psychedelic states. This could set people in a position of vulnerability, which might backlash later.

IV. Discussion

In this master's thesis, I explored what are the lived experiences of men with a history of depression attending psychedelic-assisted retreats. I aimed to seek answers to three research questions on what the mental health implications of attending psychedelic-assisted retreats are, how group dynamics affect the experience, and what adverse effects these retreats might hold. In this section, I am seeking to bring the results in connection with the current literature and present the novel findings that might support understanding of this matter. Closing this chapter, I present the limitations of this study and some future directions for research and practice.

Psychedelic retreats as a kick-started for change

The results of this study show that psychedelic experiences might offer a variety of relief to the mental health challenges men might have. However, these effects are complex, and psychedelic itself did not act as a quick fix for any mental health condition. This said, there are a variety of interesting effects that offer an opportunity for deeper transformation. Psychedelics seem to act as a kick-stater for deeper transformation by offering an opportunity to explore one's psyche through different lenses. Increased self-awareness and control, changed perceptions, and increased hope for the future were significant improvers of participants' well-being in the form of increased openness to new situations, increased self-awareness, and increased empathy towards close family members. This resulted in decreased rumination, negative moods and addictive behaviours. These changes are well aligned with a large body of studies that have been published in psychedelic research (Example: Agin-Liebes et al., 2021; Belser et al., 2017; Turkia, 2022; Van Der Kolk et al., 2024; Watts et al., 2017).

This transformation seems to happen partly through psychedelic's ability to create a space of confrontation, as Wolff and colleagues (2020) suggested, where difficult emotions and mental blocks were met face to face instead of avoiding them. Moreover, as Watts and colleagues (2017) report,

psychedelics often increase feelings of acceptance, which propagates further mental health benefits. Thus, when a person is entering a psychedelic experience, the psychological space is open for self-exploration and new insights. Negative emotions are symbolised by images or sensations so that the mind can communicate and compassionately meet the discomfort. In an example from this study, once P2 saw his depression as a caged animal, he was able to make sense of his experience on a different level.

Although everyone was relatively happy with their experience, the road to healing was not easy. Almost all participants reported mental health challenges being a continuum, and even after multiple sessions, few participants suffered some level of difficulty. This is one of the key highlights of these findings, as the press and some clinical trials are frequently hyping the effects of psychedelics which creates false hopes and diminishes the importance of other factors to the minimum (Meling et al., 2024). This said, interestingly what was present in the current study, was the increased hope and rawness in front of the difficulties. Psychedelic retreats then offered a lifeline that increased motivation to continue self-development. When listening to the stories, it was almost like these men were opening up to full life experiences without needing to resort to typical avoidance behaviours such as addictions and violence.

Meaning of retreats

Multiple previous studies have suggested that one of the most impactful mental health benefits comes through psychedelics' ability to create increased feelings of connectedness with others (Agin-Liebes et al., 2021; Carhart-Harris, Erritzoe, et al., 2018; Kałużna et al., 2022; Kettner et al., 2021; Watts et al., 2017). Interestingly, in this study, the importance of connectedness seemed to be experienced primarily through creating connections within oneself. One met their depression, others were in a traumatic experience, and these were the points participants remembered most clearly.

It could be argued that if the connectedness was primarily felt within, the group would become obsolete. This is not the case as shown in this research and some prior studies. The ultimate benefit of these retreats is two-fold. Firstly, as this study shows, retreats seem to create a liminal space where a group of individuals come together with a similar goal – to ingest a psychedelic substance. The psychedelic space, when correctly facilitated offers a non-judgemental and allows space where love, transformation, and connection can grow as also was presented by some researchers (Lewis et al., 2023; Orozco & Harris, 2023; Stauffer & Anderson, 2024; Turkia, 2022). In this space, the individual can use the group as a tool for support, which can stabilise the psychedelic experience. Sometimes group was used as a trigger for self-awareness through questioning what is it that triggers me here. Although many of these experiences are spent alone in one's world, the group offers significant support and contact points outside of the experience. Sharing circles were seen as something that helped participants to make meaning out of their experiences and existence, a phenomenon that is reported also elsewhere (Orozco & Harris, 2023).

This notion connects with the findings of Turner and colleagues (2017) who are talking about *communitas* and the importance of the ceremony. According to the authors, the ceremony is a way of creating a space where almost all past social roles are undressed to give space for something new. Music, the decorations, the rites of passage in the space boost and create a ritual that connects us to something larger which then alleviates suffering. Although in the interview material, the emphasis was not on ceremonial dimensions, almost all participants something about the ceremonial aspects, normally through the experienced discomfort.

Secondly, as all the research participants were failed by the current medical system, it is almost impossible not to talk about the culture that psychedelic retreats are part of. Based on this study, the retreat model contributes to a wider psychedelic society, which promotes holistic healing, community,

and connection. Thus, the retreat model is in almost complete opposition to the current biomedical mental health approach, which is often based on diagnosis, labels, and individualism (Carhart-Harris & Goodwin, 2017; Labate & Cavnar, 2018; Omágua-Kambéba et al., 2023). Although the intentions of the biomedical model might be positive, the current structures might be promoting more harm than good (Watts et al., 2017). An example is the stigma and neglect men face in mental health care (Cochran & Rabinowitz, 2003; Staiger et al., 2020).

According to Urrutia and colleagues (2023), by emphasising the community-based mental health models, such as psychedelic retreats, the access and inclusivity of the care is widened which would decrease oppression and potential traumatisation that the medical system might hold. Reflecting on this, all the participants in this study reported some kind of failure of the medical system. If psychedelics, which inherently are non-specific multipliers (Grof & Grof, 2017), are implemented only in the medical system, then the systematic negative effects might be also multiplied.

This is something that also the participants in this research highlighted. Although these retreats would have not existed without the psychedelic, also the experience of support community in the form of psychedelic societies and informal groups would have not been there. These groups were an important gateway to expand that feeling of belonging that the retreat managed to create. In addition, sometimes the participants within the group would self-organise and create their collectives, which further increases their wellbeing and connection to society.

Finally, although many of the participants found benefits from the groups, this is not always the case. In an example, Beaussant and colleagues (2024) remind us that sometimes group participation heightens negative feelings and isolation. Moreover, as also presented in this research, sometimes gender might become an issue when dealing with deep childhood wounds (Orozco & Harris, 2023), and

therefore understanding the person's trauma history, especially around sexual abuse and parental neglect, is important before joining to a group retreat.

Adverse effects?

Adverse effects after psychedelic use are relatively rare (Yildirim et al., 2024) and classical psychedelics and MDMA have been suggested to be safe for consumption (Johansen & Krebs, 2015). Also in this study, none of the participants reported anything that would have caused them long-term discomfort. This said, interestingly almost all participants did report increased vulnerability, instability, and challenges in responding to difficult life events outside of the psychedelic space. In addition, two participants reported experiencing psychedelic-like dreams or states after attending a retreat. This highlights the need to see psychedelics as a phenomenon larger than the psychedelic experience itself.

Currently, many psychologists, coaches, guides, and peer offerings are there to support persons coming back from a psychedelic experience (Bathje et al., 2022), but there is no consensus on what effective integration is (Greñ et al., 2024). Scholar-practitioners, such as Aixalà and Bouso Saiz (2022) have proposed tools for effectively managing all sorts of experiences. Although this topic is interesting, expanding it further in this thesis, would take the course off the topic.

Are psychedelic retreats for healing?

This loaded question is interesting, and I believe the answer would potentially be yes. However, multiple dimensions should be discussed before advantages. The first and most problematic issue at hand is the legal classifications of psychedelic substances which affects greatly how the field is organised. While many of the locations are legalising these substances, in many countries psychedelics remain illegal which pushed psychedelic practitioners to work underground. With this, the participants, retreat facilitators, and other people involved might face legal action (Kruger et al., 2024). Moreover, as psychedelics remain illegal in many locations, there are limited ways to ensure the quality of the

substance used. This might increase the risk level, especially in retreats that use synthetic substances such as MDMA. Finally, as these substances are extremely strong, in some hands they might become extremely dangerous. There are reports of sexual misconduct along with physical and mental harm caused due to unprofessional facilitation in clinical and retreat settings (Harrison et al., 2025; Kruger et al., 2024).

Thus, considering the risk level, and lack of extensive research on the field, it could be stated that psychedelic-assisted retreats currently do not offer sustainable cures to present mental health crises. However, there is an opening for something potentially transformational which should be examined further in future research. Based on this research few new openings contribute to the field. First, there is no denying that the psychedelic experience itself is a watershed event of a lifetime. These profound events manage to create almost like a reset point, that splits the life before and after psychedelics. Along the journey, the community support from the retreat participants, but also the wider psychedelic society, helped the participants to mitigate the life beyond retreats.

The therapeutic effects of these psychedelic retreats then seem to happen in three layers, almost resembling a raw egg. In the centre, the yolk represents the experience itself. Rich in content and nutrition and is precious for the experiencer as it is. However, this undeveloped experience needs time and support to grow. The white matter around the yolk is the support a group can offer. It acts as a buffer stabilising the atmosphere and climate of the egg. Similarly, the group is supporting and creating a harmonious environment which will offer soft points of reference to the individuals participating in the ceremonies. Finally, the outer shell protects this experience from the outside world. This hard shell also creates boundaries and a frame that is there to keep the egg in shape. In retreats, this task is for the guides and setting. Together these two are creating a safe and contained environment for the egg to

become a young chick. If any of these areas have any deficit, the experience is spoiled and might cause disruptions to the process.

As many researchers and retreat participants in this study mentioned before, the mental health challenges do not disappear by taking psychedelics. Instead, the context and external support are the factors that determine what is the outcome of the retreats. Thus, treating psychedelics as a biomedical tool for healing would not necessarily unfold the potential of these substances. Moreover, if decreasing people's experiences to very small diagnostical categories, we would miss the full experience people will go through in their lives.

Limitations and looking forward

Like all the studies, also this has some limitations. The main limitation concerns the nature of the study, which is, that due to this being a qualitative study, the results cannot be generalised to a wider population. This should be corrected soon with quantitative, large-scale studies with a solid methodology. However, there are some other interesting openings. First, this study concerned only men, and it would be interesting to know what the female experience in the retreats would be. This study showed that some men do find gender an important factor for their safety and maximum benefit.

Another limitation this study has is the mixed substance profiles of the participants. For this reason, I cannot make conclusive explanations of what role did MDMA play versus psilocybin in the retreat. On paper, and based on the small subsample of this research, MDMA seem to offer an opening within the retreat space, that allows the psilocybin to be experienced more fundamentally. However, this link is not solid enough so that conclusions can be made. Research studies with a single substance should be considered moving forward.

Based on this study, future recommendations for mental health practitioners and research are following. As psychedelic experiences seem to be strong, understanding how to utilise therapeutic

modalities to support psychedelic experiences is crucial, especially among populations that are in vulnerable positions. The research topics could contain research on different therapeutic modalities but also include views from other practitioners than psychotherapists, such as coaches and psychedelic guides.

V. Conclusion

In this thesis research I explored how men with a history of depression experienced psychedelic-assisted retreats. A dataset based on five semi-structured interviews analysed through IPA showed that psychedelic experiences have a huge variety, but they are impactful on the person's life trajectory. Key findings show that psychedelic retreat experiences are often impactful and meaningful experiences, which are remembered even years after the event. These experiences come with many mental health benefits including heightened self-awareness and empathy, behavioural changes, and openness to explore more. Still, they do not fix or cure mental health conditions. Instead, they create an openness to be within and explore the connection with others and oneself. The psychedelic space promotes confrontation, where the brain symbolises difficult emotions in an understandable form, which then can be handled with care and compassion.

While many positive benefits followed the retreats, the healing path is not easy, and many points of vulnerability should be mitigated carefully. The group played an important role as a support and trust creator which then supported the participant's internal psychedelic experiences. In addition, the group often acted as a mirror or trigger point that provided participants with a contact point between themselves and the groups. This contact point was used as a learning opportunity most of the time, which then allowed the participants to dive deeper into their systems. Community outside of the retreats continued to support participants before and after the retreats helping the participants to feel belonging. None of the participants suffered any adverse effects, although feelings of vulnerability and instability were heightened after the retreats. This highlights the importance of therapeutic support before and after the retreats in a population that is vulnerable to mental health conditions. In general, retreats seem to offer a potential future way of addressing some mental health challenges, but

currently, it is too early to draw conclusive decisions. A significant amount of research is needed to ensure the safety and effectiveness of retreats in mental health care.

VI. Resources

Affleck, W., Carmichael, V., & Whitley, R. (2018). Men's Mental Health: Social Determinants and Implications for Services. *The Canadian Journal of Psychiatry*, 63(9), 581–589.

<https://doi.org/10.1177/0706743718762388>

Agin-Liebes, G., Ekman, E., Anderson, B., Malloy, M., Haas, A., & Woolley, J. (2021). Participant Reports of Mindfulness, Posttraumatic Growth, and Social Connectedness in Psilocybin-Assisted Group Therapy: An Interpretive Phenomenological Analysis. *Journal of Humanistic Psychology*,

002216782110229. <https://doi.org/10.1177/00221678211022949>

Ahmedani, B. K., Westphal, J., Autio, K., Elsis, F., Peterson, E. L., Beck, A., Waitzfelder, B. E., Rossom, R.

C., Owen-Smith, A. A., Lynch, F., Lu, C. Y., Frank, C., Prabhakar, D., Braciszewski, J. M., Miller-Matero, L. R., Yeh, H.-H., Hu, Y., Doshi, R., Waring, S. C., & Simon, G. E. (2019). Variation in patterns of health care before suicide: A population case-control study. *Preventive Medicine*, 127, 105796. <https://doi.org/10.1016/j.ypmed.2019.105796>

Aixalà, M. B., & Bouso Saiz, J. C. (2022). *Psychedelic integration: Psychotherapy for non-ordinary states of consciousness*. Synergetic Press.

American Psychiatric Association, & American Psychiatric Association (Eds.). (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed). American Psychiatric Association.

Anderson, B. T., Danforth, A., Daroff, P. R., Stauffer, C., Ekman, E., Agin-Liebes, G., Trope, A., Boden, M.

T., Dilley, P. J., Mitchell, J., & Woolley, J. (2020). Psilocybin-assisted group therapy for demoralized older long-term AIDS survivor men: An open-label safety and feasibility pilot study. *EClinicalMedicine*, 27, 100538. <https://doi.org/10.1016/j.eclinm.2020.100538>

- Andrade, C. (2021). The Inconvenient Truth About Convenience and Purposive Samples. *Indian Journal of Psychological Medicine*, 43(1), 86–88. <https://doi.org/10.1177/0253717620977000>
- Ballenger, J. C. (2008). Safety, Tolerability, and Efficacy of Psilocybin in 9 Patients With Obsessive-Compulsive Disorder. *Yearbook of Psychiatry and Applied Mental Health*, 2008, 242–243. [https://doi.org/10.1016/S0084-3970\(08\)70820-X](https://doi.org/10.1016/S0084-3970(08)70820-X)
- Barnett, L., Muthukumaraswamy, S. D., Carhart-Harris, R. L., & Seth, A. K. (2020). Decreased directed functional connectivity in the psychedelic state. *NeuroImage*, 209, 116462. <https://doi.org/10.1016/j.neuroimage.2019.116462>
- Barone, W., Beck, J., Mitsunaga-Whitten, M., & Perl, P. (2019). Perceived Benefits of MDMA-Assisted Psychotherapy beyond Symptom Reduction: Qualitative Follow-Up Study of a Clinical Trial for Individuals with Treatment-Resistant PTSD. *Journal of Psychoactive Drugs*, 51(2), 199–208. <https://doi.org/10.1080/02791072.2019.1580805>
- Barrett, F. S., Doss, M. K., Sepeda, N. D., Pekar, J. J., & Griffiths, R. R. (2020). Emotions and brain function are altered up to one month after a single high dose of psilocybin. *Scientific Reports*, 10(1), 2214. <https://doi.org/10.1038/s41598-020-59282-y>
- Barrett, K. (2022). Psychedelic Psychodynamics: Relational Knowing and the Unthought Known. *Psychoanalytic Dialogues*, 32(5), 484–496. <https://doi.org/10.1080/10481885.2022.2106141>
- Bathje, G. J., Majeski, E., & Kudowor, M. (2022). Psychedelic integration: An analysis of the concept and its practice. *Frontiers in Psychology*, 13, 824077. <https://doi.org/10.3389/fpsyg.2022.824077>
- Beaissant, Y., Tarbi, E., Nigam, K., Miner, S., Sager, Z., Sanders, J. J., Ljuslin, M., Guérin, B., Thambi, P., Tulskey, J. A., & Agrawal, M. (2024). Acceptability of psilocybin-assisted group therapy in patients with cancer and major depressive disorder: Qualitative analysis. *Cancer*, 130(7), 1147–1157. <https://doi.org/10.1002/cncr.35024>

- Bedi, G., Hyman, D., & De Wit, H. (2010). Is Ecstasy an “Empathogen”? Effects of \pm 3,4-Methylenedioxymethamphetamine on Prosocial Feelings and Identification of Emotional States in Others. *Biological Psychiatry*, 68(12), 1134–1140.
<https://doi.org/10.1016/j.biopsych.2010.08.003>
- Belser, A. B., Agin-Liebes, G., Swift, T. C., Terrana, S., Devenot, N., Friedman, H. L., Guss, J., Bossis, A., & Ross, S. (2017). Patient Experiences of Psilocybin-Assisted Psychotherapy: An Interpretative Phenomenological Analysis. *Journal of Humanistic Psychology*, 57(4), 354–388.
<https://doi.org/10.1177/0022167817706884>
- Berlinger, M. (2021, August 19). All-Inclusive Magic Mushroom Retreats Are the New Luxury ‘Trips’. *Bloomberg.Com*. <https://www.bloomberg.com/news/articles/2021-08-19/all-inclusive-magic-mushroom-ayahuasca-retreats-are-new-luxury-trips>
- Bird, C. I. V., Modlin, N. L., & Rucker, J. J. H. (2021). Psilocybin and MDMA for the treatment of trauma-related psychopathology. *International Review of Psychiatry*, 33(3), 229–249.
<https://doi.org/10.1080/09540261.2021.1919062>
- Bogenschutz, M. P., & Forcehimes, A. A. (2017). Development of a Psychotherapeutic Model for Psilocybin-Assisted Treatment of Alcoholism. *Journal of Humanistic Psychology*, 57(4), 389–414.
<https://doi.org/10.1177/0022167816673493>
- Branney, P., & White, A. (2008). Big boys don’t cry: Depression and men. *Advances in Psychiatric Treatment*, 14(4), 256–262. <https://doi.org/10.1192/apt.bp.106.003467>
- Bremner, R., Katati, N., Shergill, P., Erritzoe, D., & Carhart-Harris, R. L. (2023). Case analysis of long-term negative psychological responses to psychedelics. *Scientific Reports*, 13(1), 15998.
<https://doi.org/10.1038/s41598-023-41145-x>

- Brennan, W., Kelman, A. R., & Belser, A. B. (2023). A Systematic Review of Reporting Practices in Psychedelic Clinical Trials: Psychological Support, Therapy, and Psychosocial Interventions. *Psychedelic Medicine*, 1(4), 218–229. <https://doi.org/10.1089/psymed.2023.0007>
- Brownhill, S., Wilhelm, K., Barclay, L., & Schmied, V. (2005). 'Big Build': Hidden Depression in Men. *Australian & New Zealand Journal of Psychiatry*, 39(10), 921–931. <https://doi.org/10.1080/j.1440-1614.2005.01665.x>
- Calder, A. E., & Hasler, G. (2023). Towards an understanding of psychedelic-induced neuroplasticity. *Neuropsychopharmacology*, 48(1), 104–112. <https://doi.org/10.1038/s41386-022-01389-z>
- Callanan, V. J., & Davis, M. S. (2012). Gender differences in suicide methods. *Social Psychiatry and Psychiatric Epidemiology*, 47(6), 857–869. <https://doi.org/10.1007/s00127-011-0393-5>
- Carbonaro, T. M., Bradstreet, M. P., Barrett, F. S., MacLean, K. A., Jesse, R., Johnson, M. W., & Griffiths, R. R. (2016). Survey study of challenging experiences after ingesting psilocybin mushrooms: Acute and enduring positive and negative consequences. *Journal of Psychopharmacology*, 30(12), 1268–1278. <https://doi.org/10.1177/0269881116662634>
- Carhart-Harris, R. L., Erritzoe, D., Haijen, E., Kaelen, M., & Watts, R. (2018). Psychedelics and connectedness. *Psychopharmacology*, 235(2), 547–550. <https://doi.org/10.1007/s00213-017-4701-y>
- Carhart-Harris, R. L., Erritzoe, D., Williams, T., Stone, J. M., Reed, L. J., Colasanti, A., Tyacke, R. J., Leech, R., Malizia, A. L., Murphy, K., Hobden, P., Evans, J., Feilding, A., Wise, R. G., & Nutt, D. J. (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. <https://doi.org/10.1073/pnas.1119598109>

- 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.
<https://doi.org/10.1124/pr.118.017160>
- Carhart-Harris, R. L., & Goodwin, G. M. (2017). The Therapeutic Potential of Psychedelic Drugs: Past, Present, and Future. *Neuropsychopharmacology*, 42(11), 2105–2113.
<https://doi.org/10.1038/npp.2017.84>
- Carhart-Harris, R. L., Roseman, L., Bolstridge, M., Demetriou, L., Pannekoek, J. N., Wall, M. B., Tanner, M., Kaelen, M., McGonigle, J., Murphy, K., Leech, R., Curran, H. V., & Nutt, D. J. (2017). Psilocybin for treatment-resistant depression: fMRI-measured brain mechanisms. *Scientific Reports*, 7(1), 13187. <https://doi.org/10.1038/s41598-017-13282-7>
- Carhart-Harris, R. L., Roseman, L., Haijen, E., Erritzoe, D., Watts, R., Branchi, I., & Kaelen, M. (2018). Psychedelics and the essential importance of context. *Journal of Psychopharmacology*, 32(7), 725–731. <https://doi.org/10.1177/0269881118754710>
- Carhart-Harris, R. L., Wall, M. B., Erritzoe, D., Kaelen, M., Ferguson, B., De Meer, I., Tanner, M., Bloomfield, M., Williams, T. M., Bolstridge, M., Stewart, L., Morgan, C. J., Newbould, R. D., Feilding, A., Curran, H. V., & Nutt, D. J. (2014). The effect of acutely administered MDMA on subjective and BOLD-fMRI responses to favourite and worst autobiographical memories. *The International Journal of Neuropsychopharmacology*, 17(04), 527–540.
<https://doi.org/10.1017/S1461145713001405>
- Catlow, B. J., Jalloh, A., & Sanchez-Ramos, J. (2016). Hippocampal Neurogenesis. In *Neuropathology of Drug Addictions and Substance Misuse* (pp. 821–831). Elsevier. <https://doi.org/10.1016/B978-0-12-800212-4.00077-7>

- Celidwen, Y., Redvers, N., Githaiga, C., Calambás, J., Añaños, K., Chindoy, M. E., Vitale, R., Rojas, J. N., Mondragón, D., Rosalío, Y. V., & Sacbajá, A. (2023). Ethical principles of traditional Indigenous medicine to guide western psychedelic research and practice. *The Lancet Regional Health - Americas*, 18, 100410. <https://doi.org/10.1016/j.lana.2022.100410>
- Cochran, S. V., & Rabinowitz, F. E. (2003). Gender-sensitive recommendations for assessment and treatment of depression in men. *Professional Psychology: Research and Practice*, 34(2), 132–140. <https://doi.org/10.1037/0735-7028.34.2.132>
- Crowe, M., Manuel, J., Carlyle, D., & Lacey, C. (2023). Psilocybin-assisted psychotherapy for treatment-resistant depression: Which psychotherapy? *International Journal of Mental Health Nursing*, 32(6), 1766–1772. <https://doi.org/10.1111/inm.13214>
- Davey, M. (2023, July 5). Australian decision to allow psychedelic drug prescriptions criticised by mental health experts. *The Guardian*. <https://www.theguardian.com/australia-news/2023/jul/06/australian-psychedelic-drug-prescription-decision>
- Davies, J., Pace, B. A., & Devenot, N. (2023). Beyond the psychedelic hype: Exploring the persistence of the neoliberal paradigm. *Journal of Psychedelic Studies*, 7(S1), 9–21. <https://doi.org/10.1556/2054.2023.00273>
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2018). *The SAGE handbook of qualitative research* (Fifth edition). SAGE.
- Duerler, P., Vollenweider, F. X., & Preller, K. H. (2022). A neurobiological perspective on social influence: Serotonin and social adaptation. *Journal of Neurochemistry*, 162(1), 60–79. <https://doi.org/10.1111/jnc.15607>

- Evans, J., Robinson, O. C., Argyri, E. K., Suseelan, S., Murphy-Beiner, A., McAlpine, R., Luke, D., Michelle, K., & Prideaux, E. (2023). Extended difficulties following the use of psychedelic drugs: A mixed methods study. *PLOS ONE*, 18(10), e0293349. <https://doi.org/10.1371/journal.pone.0293349>
- Fagetti, A., & Mercadillo, R. E. (2022). Experiences With Sacred Mushrooms and Psilocybin In Dialogue: Transdisciplinary Interpretations Of The “Velada”. *Anthropology of Consciousness*, 33(2), 385–411. <https://doi.org/10.1111/anoc.12163>
- Fiori, K. L., & Denckla, C. A. (2012). Social Support and Mental Health in Middle-Aged Men and Women: A Multidimensional Approach. *Journal of Aging and Health*, 24(3), 407–438. <https://doi.org/10.1177/0898264311425087>
- Forstmann, M., Yudkin, D. A., Prosser, A. M., Heller, S. M., & Crockett, M. J. (2020). Transformative experience and social connectedness mediate the mood-enhancing effects of psychedelic use in naturalistic settings. *Proceedings of the National Academy of Sciences*, 117(5), 2338–2346.
- Fowler, K. A., Kaplan, M. S., Stone, D. M., Zhou, H., Stevens, M. R., & Simon, T. R. (2022). Suicide Among Males Across the Lifespan: An Analysis of Differences by Known Mental Health Status. *American Journal of Preventive Medicine*, 63(3), 419–422. <https://doi.org/10.1016/j.amepre.2022.02.021>
- Geiger, H. A., Wurst, M. G., & Daniels, R. N. (2018). DARK Classics in Chemical Neuroscience: Psilocybin. *ACS Chemical Neuroscience*, 9(10), 2438–2447. <https://doi.org/10.1021/acscchemneuro.8b00186>
- George, J. R., Michaels, T. I., Sevelius, J., & Williams, M. T. (2019). The psychedelic renaissance and the limitations of a White-dominant medical framework: A call for indigenous and ethnic minority inclusion. *Journal of Psychedelic Studies*, 4(1), 4–15. <https://doi.org/10.1556/2054.2019.015>
- Gill, H., Gill, B., Chen-Li, D., El-Halabi, S., Rodrigues, N. B., Cha, D. S., Lipsitz, O., Lee, Y., Rosenblat, J. D., Majeed, A., Mansur, R. B., Nasri, F., Ho, R., & McIntyre, R. S. (2020). The emerging role of

- psilocybin and MDMA in the treatment of mental illness. *Expert Review of Neurotherapeutics*, 20(12), 1263–1273. <https://doi.org/10.1080/14737175.2020.1826931>
- Gill, H., Puramat, P., Patel, P., Gill, B., Marks, C. A., Rodrigues, N. B., Castle, D., Cha, D. S., Mansur, R. B., Rosenblat, J. D., & McIntyre, R. S. (2022). The Effects of Psilocybin in Adults with Major Depressive Disorder and the General Population: Findings from Neuroimaging Studies. *Psychiatry Research*, 313, 114577. <https://doi.org/10.1016/j.psychres.2022.114577>
- Girn, M., Roseman, L., Bernhardt, B., Smallwood, J., Carhart-Harris, R., & Nathan Spreng, R. (2022). Serotonergic psychedelic drugs LSD and psilocybin reduce the hierarchical differentiation of unimodal and transmodal cortex. *NeuroImage*, 256, 119220. <https://doi.org/10.1016/j.neuroimage.2022.119220>
- Gómez-Escolar, A. (2022). *Essential guide to the Psychedelic Renaissance: All you need to know about how psilocybin, MDMA, ketamine, ayahuasca and LSD are revolutionizing mental health and changing lives* (V. Benavente, Trans.). Argonowta Digital. <https://perlego.com/book/3513637/essential-guide-to-the-psychedelic-renaissance-all-you-need-to-know-about-how-psilocybin-mdma-and-lsd-are-revolutionizing-mental-health-and-changing-lives-pdf>
- Goodwin, G. M., Aaronson, S. T., Alvarez, O., Arden, P. C., Baker, A., Bennett, J. C., Bird, C., Blom, R. E., Brennan, C., Brusch, D., Burke, L., Campbell-Coker, K., Carhart-Harris, R., Cattell, J., Daniel, A., DeBattista, C., Dunlop, B. W., Eisen, K., Feifel, D., ... Malievskaia, E. (2022). Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression. *New England Journal of Medicine*, 387(18), 1637–1648. <https://doi.org/10.1056/NEJMoa2206443>
- Gottert, A., Shattuck, D., Pulerwitz, J., Betron, M., McLarnon, C., Wilkins, J. D., Tseng, T.-Y., & on behalf of the Interagency Gender Working Group Male Engagement Task Force. (2022). Meeting men's

- mental health needs during COVID-19 and beyond: A global health imperative. *BMJ Global Health*, 7(4), e008297. <https://doi.org/10.1136/bmjgh-2021-008297>
- Gramaglia, C., Martelli, M., Scotti, L., Bestagini, L., Gambaro, E., Romero, M., & Zeppegho, P. (2022). Attempted Suicide in the Older Adults: A Case Series From the Psychiatry Ward of the University Hospital Maggiore Della Carità, Novara, Italy. *Frontiers in Public Health*, 9, 732284. <https://doi.org/10.3389/fpubh.2021.732284>
- Greń, J., Gorman, I., Ruban, A., Tylš, F., Bhatt, S., & Aixalà, M. (2024). Call for evidence-based psychedelic integration. *Experimental and Clinical Psychopharmacology*, 32(2), 129–135. <https://doi.org/10.1037/pha0000684>
- Grof, C., & Grof, S. (2017). Spiritual Emergency: The Understanding and Treatment of Transpersonal Crises. *International Journal of Transpersonal Studies*, 36(2), 30–43. <https://doi.org/10.24972/ijts.2017.36.2.30>
- Harrison, T. R., Faber, S. C., Zare, M., Fontaine, M., & Williams, M. T. (2025). Wolves Among Sheep: Sexual Violations in Psychedelic-Assisted Therapy. *The American Journal of Bioethics*, 25(1), 40–55. <https://doi.org/10.1080/15265161.2024.2433423>
- Hartogsohn, I. (2017). Constructing drug effects: A history of set and setting. *Drug Science, Policy and Law*, 3, 205032451668332. <https://doi.org/10.1177/2050324516683325>
- Hendricks, P. S., Johnson, M. W., & Griffiths, R. R. (2015). Psilocybin, psychological distress, and suicidality. *Journal of Psychopharmacology*, 29(9), 1041–1043. <https://doi.org/10.1177/0269881115598338>
- Hunt, G. E., Malhi, G. S., Lai, H. M. X., & Cleary, M. (2020). Prevalence of comorbid substance use in major depressive disorder in community and clinical settings, 1990–2019: Systematic review and

- meta-analysis. *Journal of Affective Disorders*, 266, 288–304.
<https://doi.org/10.1016/j.jad.2020.01.141>
- Ilic, M., & Ilic, I. (2022). Worldwide suicide mortality trends (2000-2019): A joinpoint regression analysis. *World Journal of Psychiatry*, 12(8), 1044–1060. <https://doi.org/10.5498/wjp.v12.i8.1044>
- Johansen, P.-Ø., & Krebs, T. S. (2015). Psychedelics not linked to mental health problems or suicidal behavior: A population study. *Journal of Psychopharmacology*.
<https://doi.org/10.1177/0269881114568039>
- John, A., DelPozo-Banos, M., Gunnell, D., Dennis, M., Scourfield, J., Ford, D. V., Kapur, N., & Lloyd, K. (2020). Contacts with primary and secondary healthcare prior to suicide: Case–control whole-population-based study using person-level linked routine data in Wales, UK, 2000–2017. *The British Journal of Psychiatry*, 217(6), 717–724. <https://doi.org/10.1192/bjp.2020.137>
- Johnson, J. G., Cohen, P., Kasen, S., & Brook, J. S. (2005). Personality disorder traits associated with risk for unipolar depression during middle adulthood. *Psychiatry Research*, 136(2–3), 113–121.
<https://doi.org/10.1016/j.psychres.2005.02.007>
- Johnson, M., Richards, W., & Griffiths, R. (2008). Human hallucinogen research: Guidelines for safety. *Journal of Psychopharmacology*, 22(6), 603–620. <https://doi.org/10.1177/0269881108093587>
- Kaelen, M., Giribaldi, B., Raine, J., Evans, L., Timmerman, C., Rodriguez, N., Roseman, L., Feilding, A., Nutt, D., & Carhart-Harris, R. (2018). The hidden therapist: Evidence for a central role of music in psychedelic therapy. *Psychopharmacology*, 235(2), 505–519. <https://doi.org/10.1007/s00213-017-4820-5>
- Kałużna, A., Schlosser, M., Gulliksen Craste, E., Stroud, J., & Cooke, J. (2022). Being no one, being One: The role of ego-dissolution and connectedness in the therapeutic effects of psychedelic

experience. *Journal of Psychedelic Studies*, 6(2), 111–136.

<https://doi.org/10.1556/2054.2022.00199>

Kettner, H., Gandy, S., Haijen, E. C. H. M., & Carhart-Harris, R. L. (2019). From Egoism to Ecoism:

Psychedelics Increase Nature Relatedness in a State-Mediated and Context-Dependent Manner.

International Journal of Environmental Research and Public Health, 16(24), 5147.

<https://doi.org/10.3390/ijerph16245147>

Kettner, H., Rosas, F. E., Timmermann, C., Kärtner, L., Carhart-Harris, R. L., & Roseman, L. (2021).

Psychedelic Communitas: Intersubjective Experience During Psychedelic Group Sessions Predicts

Enduring Changes in Psychological Wellbeing and Social Connectedness. *Frontiers in*

Pharmacology, 12, 623985. <https://doi.org/10.3389/fphar.2021.623985>

Kiraga, M. K., Kuypers, K. P. C., Uthaug, M. V., Ramaekers, J. G., & Mason, N. L. (2022). Decreases in State

and Trait Anxiety Post-psilocybin: A Naturalistic, Observational Study Among Retreat Attendees.

Frontiers in Psychiatry, 13, 883869. <https://doi.org/10.3389/fpsyt.2022.883869>

Kraehenmann, R., Preller, K. H., Scheidegger, M., Pokorny, T., Bosch, O. G., Seifritz, E., & Vollenweider, F.

X. (2015). Psilocybin-Induced Decrease in Amygdala Reactivity Correlates with Enhanced Positive

Mood in Healthy Volunteers. *Biological Psychiatry*, 78(8), 572–581.

<https://doi.org/10.1016/j.biopsych.2014.04.010>

Kramer, E. N., Reddy, K., & Shapiro, B. (2023). A suicide attempt following psilocybin ingestion in a

patient with no prior psychiatric history. *Psychiatry Research Case Reports*, 2(1), 100118.

<https://doi.org/10.1016/j.psycr.2023.100118>

Kratina, S., & Mayo, L. M. (2023). Tripping outside the lines: Lessons from observational studies of

combination psychedelic use beyond regulated clinical contexts. *The American Journal of Drug*

and Alcohol Abuse, 49(5), 541–545. <https://doi.org/10.1080/00952990.2023.2246637>

Kruger, D. J., Aday, J. S., Fields, C. W., Kolbman, N., Glynos, N., Barron, J., Herberholz, M., & Boehnke, K.

F. (2024). Psychedelic Therapist Sexual Misconduct and Other Adverse Experiences Among a Sample of Naturalistic Psychedelic Users. *Psychedelic Medicine*, psymed.2024.0011.

<https://doi.org/10.1089/psymed.2024.0011>

Kuehner, C. (2017). Why is depression more common among women than among men? *The Lancet*

Psychiatry, 4(2), 146–158. [https://doi.org/10.1016/S2215-0366\(16\)30263-2](https://doi.org/10.1016/S2215-0366(16)30263-2)

Kvam, T.-M., Goksøyr, I. W., Stewart, L. H., Repantis, D., Røssberg, J. I., & Andreassen, O. A. (2022). Study

protocol for “MDMA-assisted therapy as a treatment for major depressive disorder: A proof of principle study”. *Frontiers in Psychiatry*, 13, 954388. <https://doi.org/10.3389/fpsyt.2022.954388>

Labate, B. C. (Ed.). (2014). *Ayahuasca shamanism in the Amazon and beyond*. Oxford University Press.

Labate, B. C., & Carnar, C. (Eds.). (2018). *Plant medicines, healing and psychedelic science: Cultural*

perspectives. Springer. https://doi.org/10.1007/978-3-319-76720-8_3

Landi, H. (2020, October 23). *Demand for virtual mental health care is soaring. Here are key trends on*

who is using it and why | *Fierce Healthcare*. <https://www.fiercehealthcare.com/tech/demand-for-virtual-mental-health-soaring-here-are-notable-trends-who-using-it-and-why>

Laursen, T. M., Musliner, K. L., Benros, M. E., Vestergaard, M., & Munk-Olsen, T. (2016). Mortality and

life expectancy in persons with severe unipolar depression. *Journal of Affective Disorders*, 193, 203–207. <https://doi.org/10.1016/j.jad.2015.12.067>

Lewis, B. R., Byrne, K., Hendrick, J., Garland, E. L., Thielking, P., & Beck, A. (2023). Group format

psychedelic-assisted therapy interventions: Observations and impressions from the HOPE trial.

Journal of Psychedelic Studies, 7(1), 1–11. <https://doi.org/10.1556/2054.2022.00222>

Lutkajtis, A. (2021). Four individuals' experiences during and following a psilocybin truffle retreat in the Netherlands. *Journal of Psychedelic Studies*, 5(1), 22–32.

<https://doi.org/10.1556/2054.2021.00162>

Lutkajtis, A., & Evans, J. (2023). Psychedelic integration challenges: Participant experiences after a psilocybin truffle retreat in the Netherlands. *Journal of Psychedelic Studies*, 6(3), 211–221.

<https://doi.org/10.1556/2054.2022.00232>

Mahalik, J. R., Good, G. E., Tager, D., Levant, R. F., & Mackowiak, C. (2012). Developing a taxonomy of helpful and harmful practices for clinical work with boys and men. *Journal of Counseling*

Psychology, 59(4), 591–603. <https://doi.org/10.1037/a0030130>

Marseille, E., Stauffer, C. S., Agrawal, M., Thambi, P., Roddy, K., Mithoefer, M., Bertozzi, S. M., & Kahn, J.

G. (2023). Group psychedelic therapy: Empirical estimates of cost-savings and improved access.

Frontiers in Psychiatry, 14, 1293243. <https://doi.org/10.3389/fpsyt.2023.1293243>

Mason, N. L., Mischler, E., Uthaug, M. V., & Kuypers, K. P. C. (2019). Sub-Acute Effects of Psilocybin on

Empathy, Creative Thinking, and Subjective Well-Being. *Journal of Psychoactive Drugs*, 51(2),

123–134. <https://doi.org/10.1080/02791072.2019.1580804>

McAlpine, R., & Blackburne, G. (2024). *(Dis)connectedness, suicidality and group psychedelic therapies*.

[Preprint]. PsyArXiv. <https://doi.org/10.31234/osf.io/haeqs>

McCartney, A. M., McGovern, H. T., & De Foe, A. (2022). Psychedelic assisted therapy for major

depressive disorder: Recent work and clinical directions. *Journal of Psychedelic Studies*, 6(1), 10–

22. <https://doi.org/10.1556/2054.2022.00211>

McLachlan, G. (2018). Treatment resistant depression: What are the options? *BMJ*, k5354.

<https://doi.org/10.1136/bmj.k5354>

- Meling, D., Ehrenkranz, R., Nayak, S. M., Aicher, H. D., Funk, X., Van Elk, M., Graziosi, M., Bauer, P. R., Scheidegger, M., & Yaden, D. B. (2024). Mind the Psychedelic Hype: Characterizing the Risks and Benefits of Psychedelics for Depression. *Psychoactives*, 3(2), 215–234. <https://doi.org/10.3390/psychoactives3020014>
- Mertens, L. J., Wall, M. B., Roseman, L., Demetriou, L., Nutt, D. J., & Carhart-Harris, R. L. (2020). Therapeutic mechanisms of psilocybin: Changes in amygdala and prefrontal functional connectivity during emotional processing after psilocybin for treatment-resistant depression. *Journal of Psychopharmacology*, 34(2), 167–180. <https://doi.org/10.1177/0269881119895520>
- Miceli McMillan, R. (2021). Global bioethical challenges of medicalising psychedelics. *Journal of Psychedelic Studies*, 5(2), 57–64. <https://doi.org/10.1556/2054.2021.00188>
- Moreton, S. G., Szalla, L., Menzies, R. E., & Arena, A. F. (2020). Embedding existential psychology within psychedelic science: Reduced death anxiety as a mediator of the therapeutic effects of psychedelics. *Psychopharmacology*, 237(1), 21–32. <https://doi.org/10.1007/s00213-019-05391-0>
- Nayak, S. M., Jackson, H., Sepeda, N. D., Mathai, D. S., So, S., Yaffe, A., Zaki, H., Brasher, T. J., Lowe, M. X., Jolly, D. R. P., Barrett, F. S., Griffiths, R. R., Strickland, J. C., Johnson, M. W., Jackson, H., & Garcia-Romeu, A. (2023). Naturalistic psilocybin use is associated with persisting improvements in mental health and wellbeing: Results from a prospective, longitudinal survey. *Frontiers in Psychiatry*, 14, 1199642. <https://doi.org/10.3389/fpsy.2023.1199642>
- Oehen, P., & Gasser, P. (2022). Using a MDMA- and LSD-Group Therapy Model in Clinical Practice in Switzerland and Highlighting the Treatment of Trauma-Related Disorders. *Frontiers in Psychiatry*, 13, 863552. <https://doi.org/10.3389/fpsy.2022.863552>

Office for National Statistics. (2021, September 7). *Suicides in England and Wales: 2022 registrations*.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2022registrations>

Oliffe, J. L., Han, C. S. E., Ogrodniczuk, J. S., Phillips, J. C., & Roy, P. (2011). Suicide From the Perspectives of Older Men Who Experience Depression: A Gender Analysis. *American Journal of Men's Health*, 5(5), 444–454. <https://doi.org/10.1177/1557988311408410>

Oliffe, J. L., Kelly, M. T., Montaner, G. G., Links, P. S., Kealy, D., & Ogrodniczuk, J. S. (2021). Segmenting or Summing the Parts? A Scoping Review of Male Suicide Research in Canada. *The Canadian Journal of Psychiatry*, 66(5), 433–445. <https://doi.org/10.1177/07067437211000631>

Omágua-Kambebe, A., Labate, B. C., & Ribeiro, S. (2023). Psychedelic science and Indigenous shamanism: An urgent dialogue. *Nature Mental Health*, 1(11), 815–816.

<https://doi.org/10.1038/s44220-023-00150-9>

Orozco, M., & Harris, S. (2023). Psilocybin and the Meaning Response: Exploring the Healing Process in a Retreat Setting in Jamaica. *Anthropology of Consciousness*, 34(1), 130–160.

<https://doi.org/10.1111/anoc.12162>

Otten, D., Tibubos, A. N., Schomerus, G., Brähler, E., Binder, H., Kruse, J., Ladwig, K.-H., Wild, P. S., Grabe, H. J., & Beutel, M. E. (2021). Similarities and Differences of Mental Health in Women and Men: A Systematic Review of Findings in Three Large German Cohorts. *Frontiers in Public Health*, 9, 553071. <https://doi.org/10.3389/fpubh.2021.553071>

Pace, B. A., & Devenot, N. (2021). Right-Wing Psychedelia: Case Studies in Cultural Plasticity and Political Pluripotency. *Frontiers in Psychology*, 12, 733185. <https://doi.org/10.3389/fpsyg.2021.733185>

- Pantoni, M. M., Kim, J. L., Van Alstyne, K. R., & Anagnostaras, S. G. (2022). MDMA and memory, addiction, and depression: Dose-effect analysis. *Psychopharmacology*, 239(3), 935–949. <https://doi.org/10.1007/s00213-022-06086-9>
- Pellicano, E. (2021). Psychedelic Strategies; Alternative Phenomenologies, Translations, and Representations of the Human Body in Relation to Interior Space. *Journal of Interior Design*, 46(1), 125–142. <https://doi.org/10.1111/joid.12186>
- Phelps, J. (2017). Developing Guidelines and Competencies for the Training of Psychedelic Therapists. *Journal of Humanistic Psychology*, 57(5), 450–487. <https://doi.org/10.1177/0022167817711304>
- Pilarska, J. (2021). 6 The Constructivist Paradigm and Phenomenological Qualitative Research Design. In A. Pabel, J. Pryce, & A. Anderson (Eds.), *Research Paradigm Considerations for Emerging Scholars* (pp. 64–83). Multilingual Matters. <https://doi.org/10.21832/9781845418281-008>
- Pollan, M. (2018). *How to change your mind: The new science of psychedelics*. Allen Lane, an imprint of Penguin Books.
- Ponomarenko, P., Seragnoli, F., Calder, A., Oehen, P., & Hasler, G. (2023). Can psychedelics enhance group psychotherapy? A discussion on the therapeutic factors. *Journal of Psychopharmacology*, 37(7), 660–678. <https://doi.org/10.1177/02698811231155117>
- Primack, J. M., Addis, M. E., Syzdek, M., & Miller, I. W. (2010). The Men's Stress Workshop: A Gender-Sensitive Treatment for Depressed Men. *Cognitive and Behavioral Practice*, 17(1), 77–87. <https://doi.org/10.1016/j.cbpra.2009.07.002>
- Ratkovic, G., Sosteric, M., & Sosteric, T. (2023). A case-study evaluation of the “Copenhagen Music Program” for psilocybin-assisted therapy. *Frontiers in Psychology*, 14, 1156852. <https://doi.org/10.3389/fpsyg.2023.1156852>

- Read, J., Kirsch, I., & McGrath, L. (2019). Electroconvulsive Therapy for Depression: A Review of the Quality of ECT versus Sham ECT Trials and Meta-Analyses. *Ethical Human Psychology and Psychiatry*, 21(2), 64–103. <https://doi.org/10.1891/EHPP-D-19-00014>
- Rice, S. M., Fallon, B. J., Aucote, H. M., Möller-Leimkühler, A., Treeby, M. S., & Amminger, G. P. (2015). Longitudinal sex differences of externalising and internalising depression symptom trajectories: Implications for assessment of depression in men from an online study. *International Journal of Social Psychiatry*, 61(3), 236–240. <https://doi.org/10.1177/0020764014540149>
- Rice, S. M., Purcell, R., & McGorry, P. D. (2018). Adolescent and Young Adult Male Mental Health: Transforming System Failures Into Proactive Models of Engagement. *Journal of Adolescent Health*, 62(3), S9–S17. <https://doi.org/10.1016/j.jadohealth.2017.07.024>
- Roscoe, J., & Lozy, O. (2022). Can psilocybin be safely administered under medical supervision? A systematic review of adverse event reporting in clinical trials. *Drug Science, Policy and Law*, 8, 205032452210852. <https://doi.org/10.1177/20503245221085222>
- Rucker, J. J., & Young, A. H. (2021). Psilocybin: From Serendipity to Credibility? *Frontiers in Psychiatry*, 12, 659044. <https://doi.org/10.3389/fpsyt.2021.659044>
- Schartner, M. M., Carhart-Harris, R. L., Barrett, A. B., Seth, A. K., & Muthukumaraswamy, S. D. (2017). Increased spontaneous MEG signal diversity for psychoactive doses of ketamine, LSD and psilocybin. *Scientific Reports*, 7(1), 46421. <https://doi.org/10.1038/srep46421>
- Schmid, Y., Gasser, P., Oehen, P., & Liechti, M. E. (2021). Acute subjective effects in LSD- and MDMA-assisted psychotherapy. *Journal of Psychopharmacology*, 35(4), 362–374. <https://doi.org/10.1177/0269881120959604>

Sessa, B., Higbed, L., & Nutt, D. (2019). A Review of 3,4-methylenedioxymethamphetamine (MDMA)-Assisted Psychotherapy. *Frontiers in Psychiatry*, 10, 138.

<https://doi.org/10.3389/fpsy.2019.00138>

Shi, P., Yang, A., Zhao, Q., Chen, Z., Ren, X., & Dai, Q. (2021). A Hypothesis of Gender Differences in Self-Reporting Symptom of Depression: Implications to Solve Under-Diagnosis and Under-Treatment of Depression in Males. *Frontiers in Psychiatry*, 12, 589687.

<https://doi.org/10.3389/fpsy.2021.589687>

Shnayder, S., Ameli, R., Sinaii, N., Berger, A., & Agrawal, M. (2023). Psilocybin-assisted therapy improves psycho-social-spiritual well-being in cancer patients. *Journal of Affective Disorders*, 323, 592–597. <https://doi.org/10.1016/j.jad.2022.11.046>

Sloshower, J. (2018). Integrating Psychedelic Medicines and Psychiatry: Theory and Methods of a Model Clinic. In B. C. Labate & C. Cavnar (Eds.), *Plant Medicines, Healing and Psychedelic Science* (pp. 113–132). Springer International Publishing. https://doi.org/10.1007/978-3-319-76720-8_7

Smedfors, G., Glotfelty, E., Kalani, N., Hjelle, C. P., Horntvedt, O., Wellfelt, K., Brodin, A., Von Kieseritzky, F., Olson, L., & Karlsson, T. (2022). *Psilocybin Combines Rapid Synaptogenic And Anti-Inflammatory Effects In Vitro*. <https://doi.org/10.21203/rs.3.rs-1321542/v1>

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE.

Smith, K. W., Sicignano, D. J., Hernandez, A. V., & White, C. M. (2022). MDMA-Assisted Psychotherapy for Treatment of Posttraumatic Stress Disorder: A Systematic Review With Meta-Analysis. *The Journal of Clinical Pharmacology*, 62(4), 463–471. <https://doi.org/10.1002/jcph.1995>

Staiger, T., Stiawa, M., Mueller-Stierlin, A. S., Kilian, R., Beschoner, P., Gündel, H., Becker, T., Frasch, K., Panzirsch, M., Schmauß, M., & Krumm, S. (2020). Masculinity and Help-Seeking Among Men

- With Depression: A Qualitative Study. *Frontiers in Psychiatry*, 11, 599039.
<https://doi.org/10.3389/fpsyt.2020.599039>
- Stauffer, C., & Anderson, B. T. (2024). Psychedelic-Assisted Group Therapy. In J. A. Butler, G. Herzberg, & R. L. Miller (Eds.), *Integral psychedelic therapy* (pp. 254-). Routledge.
<https://doi.org/10.4324/9781003167976-13>
- Steffen, A., Thom, J., Jacobi, F., Holstiege, J., & Bätzing, J. (2020). Trends in prevalence of depression in Germany between 2009 and 2017 based on nationwide ambulatory claims data. *Journal of Affective Disorders*, 271, 239–247. <https://doi.org/10.1016/j.jad.2020.03.082>
- Strömberg, R., Backlund, L. G., & Löfvander, M. (2010). A comparison between the Beck's Depression Inventory and the Gotland Male Depression Scale in detecting depression among men visiting a drop-in clinic in primary care. *Nordic Journal of Psychiatry*, 64(4), 258–264.
<https://doi.org/10.3109/08039480903511407>
- Takizawa, T., Kondo, T., Sakihara, S., Ariizumi, M., Watanabe, N., & Oyama, H. (2006). Stress buffering effects of social support on depressive symptoms in middle age: Reciprocity and community mental health. *Psychiatry and Clinical Neurosciences*, 60(6), 652–661.
<https://doi.org/10.1111/j.1440-1819.2006.01579.x>
- Tempone-Wiltshire, J., & Dowie, T. (2023). Psychedelics and critical theory: A response to Hauskeller's individualization and alienation in psychedelic psychotherapy. *Journal of Psychedelic Studies*, 7(3), 161–173. <https://doi.org/10.1556/2054.2023.00270>
- Timmermann, C., Watts, R., & Dupuis, D. (2022). Towards psychedelic apprenticeship: Developing a gentle touch for the mediation and validation of psychedelic-induced insights and revelations. *Transcultural Psychiatry*, 59(5), 691–704. <https://doi.org/10.1177/13634615221082796>

- Trope, A., Anderson, B. T., Hooker, A. R., Glick, G., Stauffer, C., & Woolley, J. D. (2019). Psychedelic-Assisted Group Therapy: A Systematic Review. *Journal of Psychoactive Drugs*, 51(2), 174–188. <https://doi.org/10.1080/02791072.2019.1593559>
- Turkia, M. (2022). *Underground small-group therapy of treatment-resistant depression and complex post-traumatic stress disorder (C-PTSD) with psilocybin – a retrospective case study*. <https://doi.org/10.13140/RG.2.2.24250.06089>
- Turner, V., Abrahams, R. D., & Harris, A. (2017). *The Ritual Process: Structure and Anti-Structure* (First edition). Taylor and Francis.
- United Nations Office on Drugs and Crime. (2023). *World Drug Report 2023*. United Nations. <https://doi.org/10.18356/9789210028233>
- Urrutia, J., Anderson, B. T., Belouin, S. J., Berger, A., Griffiths, R. R., Grob, C. S., Henningfield, J. E., Labate, B. C., Maier, L. J., Maternowska, M. C., Weichold, F., Yaden, D. B., & Magar, V. (2023). Psychedelic Science, Contemplative Practices, and Indigenous and Other Traditional Knowledge Systems: Towards Integrative Community-Based Approaches in Global Health. *Journal of Psychoactive Drugs*, 55(5), 523–538. <https://doi.org/10.1080/02791072.2023.2258367>
- Van Court, R. C., Wiseman, M. S., Meyer, K. W., Ballhorn, D. J., Amses, K. R., Slot, J. C., Dentinger, B. T. M., Garibay-Orijel, R., & Uehling, J. K. (2022). Diversity, biology, and history of psilocybin-containing fungi: Suggestions for research and technological development. *Fungal Biology*, 126(4), 308–319. <https://doi.org/10.1016/j.funbio.2022.01.003>
- Van Der Kolk, B. A., Wang, J. B., Yehuda, R., Bedrosian, L., Coker, A. R., Harrison, C., Mithoefer, M., Yazar-Klosinski, B., Emerson, A., & Doblin, R. (2024). Effects of MDMA-assisted therapy for PTSD on self-experience. *PLOS ONE*, 19(1), e0295926. <https://doi.org/10.1371/journal.pone.0295926>

- Van Der Meer, P. B., Fuentes, J. J., Kaptein, A. A., Schoones, J. W., De Waal, M. M., Goudriaan, A. E., Kramers, K., Schellekens, A., Somers, M., Bossong, M. G., & Batalla, A. (2023). Therapeutic effect of psilocybin in addiction: A systematic review. *Frontiers in Psychiatry, 14*, 1134454. <https://doi.org/10.3389/fpsy.2023.1134454>
- Van Elk, M., & Fried, E. I. (2023). History repeating: Guidelines to address common problems in psychedelic science. *Therapeutic Advances in Psychopharmacology, 13*, 20451253231198466. <https://doi.org/10.1177/20451253231198466>
- Van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge, Taylor & Francis Group.
- Villiger, D., & Trachsel, M. (2023). With great power comes great vulnerability: An ethical analysis of psychedelics' therapeutic mechanisms proposed by the REBUS hypothesis. *Journal of Medical Ethics, 49*(12), 826–832. <https://doi.org/10.1136/jme-2022-108816>
- Walther, A., & Eggenberger, L. (2022). *Evaluation of Male-Specific Psychoeducation for Major Depressive Disorder Compared to Cognitive Behavioral Therapy Psychoeducation: A Randomized Controlled Investigation in Mentally Distressed Men*. <https://doi.org/10.31234/osf.io/ru9ca>
- Watts, R., Day, C., Krzanowski, J., Nutt, D., & Carhart-Harris, R. (2017). Patients' Accounts of Increased "Connectedness" and "Acceptance" After Psilocybin for Treatment-Resistant Depression. *Journal of Humanistic Psychology, 57*(5), 520–564. <https://doi.org/10.1177/0022167817709585>
- Wheeler, S. W., & Dyer, N. L. (2020). A systematic review of psychedelic-assisted psychotherapy for mental health: An evaluation of the current wave of research and suggestions for the future. *Psychology of Consciousness: Theory, Research, and Practice, 7*(3), 279–315. <https://doi.org/10.1037/cns0000237>

- Whinkin, E., Opalka, M., Watters, C., Jaffe, A., & Aggarwal, S. (2023). Psilocybin in Palliative Care: An Update. *Current Geriatrics Reports*, 12(2), 50–59. <https://doi.org/10.1007/s13670-023-00383-7>
- Wolff, M., Evens, R., Mertens, L. J., Koslowski, M., Betzler, F., Gründer, G., & Jungaberle, H. (2020). Learning to Let Go: A Cognitive-Behavioral Model of How Psychedelic Therapy Promotes Acceptance. *Frontiers in Psychiatry*, 11, 5. <https://doi.org/10.3389/fpsyt.2020.00005>
- World Health Organisation. (2023, March 31). *Depressive disorder (depression)*. <https://www.who.int/news-room/fact-sheets/detail/depression>
- Yaden, D. B., Yaden, M. E., & Griffiths, R. R. (2021). Psychedelics in Psychiatry—Keeping the Renaissance From Going Off the Rails. *JAMA Psychiatry*, 78(5), 469. <https://doi.org/10.1001/jamapsychiatry.2020.3672>
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15(2), 215–228. <https://doi.org/10.1080/08870440008400302>
- Yildirim, B., Sahin, S. S., Gee, A., Jauhar, S., Rucker, J., Salgado-Pineda, P., Pomarol-Clotet, E., & McKenna, P. (2024). Adverse psychiatric effects of psychedelic drugs: A systematic review of case reports. *Psychological Medicine*, 54(15), 4035–4047. <https://doi.org/10.1017/S0033291724002496>
- Zeifman, R. J., Wagner, A. C., Monson, C. M., & Carhart-Harris, R. L. (2023). How does psilocybin therapy work? An exploration of experiential avoidance as a putative mechanism of change. *Journal of Affective Disorders*, 334, 100–112. <https://doi.org/10.1016/j.jad.2023.04.105>
- Zeifman, R. J., Wagner, A. C., Watts, R., Kettner, H., Mertens, L. J., & Carhart-Harris, R. L. (2020). Post-Psychedelic Reductions in Experiential Avoidance Are Associated With Decreases in Depression Severity and Suicidal Ideation. *Frontiers in Psychiatry*, 11, 782. <https://doi.org/10.3389/fpsyt.2020.00782>

Zhao, L., Han, G., Zhao, Y., Jin, Y., Ge, T., Yang, W., Cui, R., Xu, S., & Li, B. (2020). Gender Differences in Depression: Evidence From Genetics. *Frontiers in Genetics, 11*, 562316.

<https://doi.org/10.3389/fgene.2020.562316>

VII. Appendixes

Appendix A: Information flyer

ARE YOU A MAN? HAVE YOU ATTENDED TO A PSYCHEDELIC ASSISTED GROUP RETREAT? WOULD YOU LIKE TO SHARE YOUR EXPERIENCE?

AIM OF THE STUDY

Depression is a common yet destabilizing condition that often goes untreated. While many current treatment options may not effectively address the condition, the recent resurgence of classical psychedelics may offer a way to tackle depression. Psilocybin-assisted group retreats have become popular and potentially offer an opportunity to address depression.

In this study, we aim to explore how 18-65 year-old men experience group dynamics on mental health in legal psilocybin-assisted retreats.

WHO ARE WE LOOKING FOR?

You might be able to participate if you are:

- Age: 18-65
- Gender: Male
- Participated on a psilocybin assisted group retreat 6 months BEFORE the research interview
- Suffered depression BEFORE the retreat
- You are NOT actively suicidal, or in acute crisis

PRACTICALITIES

Participating is easy. Just send an email at s.kahkonen@acg.edu.

- After, Primary researcher will contact you to schedule an interview that will last 1-2hours.
- Interview is conducted through Zoom.
- Participation is voluntary and there is no compensation involved.
- Participation is anonymous, which means that names and other sensitive information will be changed.



**DEREE -
AMERICAN COLLEGE
OF GREECE**

More information:
Primary researcher: Sauli Kahkonen
s.kahkonen@acg.edu

Research supervisor: Dr. Remos Armaos

Appendix B: Information Sheet



**The American College of Greece
Information sheet**

Exploring the lived experiences of men with depression attending the psychedelic-assisted retreats

Hi there,

My name is Sauli, I'm a master's student in Counselling Psychology and Psychotherapy at the American College of Greece, Athens. I'm conducting a small pilot study under the theme of psychedelic retreats and male mental health, and I'm looking for participants for a maximum of 2-hour online interview to share about their experiences of attending to a psychedelic retreat. More closely, I will be researching how men with history with depression perceive the mental health benefits of group interaction in a legal psychedelic-assisted retreat. Participation is voluntary.

Are you:

- Age: +18 years old
- Gender: Male
- Participated in a psychedelic-assisted retreat one month BEFORE the research interview
- Suffered depression BEFORE the retreat
- You are NOT actively suicidal, or in acute crisis

If you would like to participate in the research or have any questions regarding this study please contact student investigator, Sauli Kahkonen at s.kahkonen@acg.edu

Thank you and hope to talk to you soon!

Yours
Sauli Kahkonen

Appendix C: Informed Consent Form for Human Research Subjects

**The American College of Greece****Informed Consent Form for Human Research Subjects**

Thank you for showing interest in participating in a research project titled ***Exploring the lived experiences of men with depression attending the psychedelic-assisted retreats*** conducted by Primary researcher (PR) Sauli Kahkonen and supervised by Remos Armaos PhD, Associate Lecturer. The purpose of the research is to increase understanding on what could be the potential mental health benefits and disadvantages when attending psychedelic-assisted retreats. In this study, we will be looking at what kind of outcomes the group dynamics could result, and how the participants of these retreats are experiencing the role of the group.

As a participant, I would like to invite you to attend one online interview of a maximum of two hours (2h). During this interview, I will be asking you about your life before the retreat, about your experiences regarding the retreat you attended, how it affected your mental health, and how was your life after the retreat. There should not be any significant risk involved when participating in this study.

Your identity as a participant will remain confidential which means that your name will not be included in any forms, questionnaires, etc. and only the primary researcher and supervisor has access to the information containing your identity. The interview will be recorded, and transcribed. The recording will be saved for three months password protected in a secure cloud drive and deleted immediately afterwards. The transcript will be anonymized using a code, that will replace your name (e.g. P1, P2 etc.) and saved to a private, password-protected MS Teams cloud drive. Also, all the sensitive information will be anonymised in the transcript.



This consent form is the only document identifying you as a participant in this study and it will not be linked with any other personal details of you. This document is available only to the PR and the Supervisor. To note, that to protect your sensitive data, please refrain from communicating any sensitive information through emails.

While there is no direct benefit to your participation in the study, it is reasonable to expect that the results may provide information of value for the field of psychedelic and mental health research. Your participation in this research is **voluntary**. Refusal to participate (or discontinue participation) will involve no penalty of any kind and no further questions will be asked.

If you have questions about the research, you may contact the PR, Sauli Kahkonen at s.kahkonen@acg.edu or the faculty advisor Remos Armaos at rarmaos@acg.edu. If you are interested in seeing these results, you may indicate this during the interview, or contact the PR at any point after via email.



You have fully read the above text and have had the opportunity to ask questions about the purposes and procedures of this study. Your signature acknowledges receipt of a copy of the consent form as well as your willingness to participate.

Typed/Printed Name of Participant

Signature of Participant

Date and place

Sauli Kahkonen _____

Typed/Printed Name of Primary Researcher

Signature of Primary Researcher

Date and place

Appendix D: Video Recording Release Form

***The American College of Greece******Institutional Review Board******Video Recording Release Form***

I voluntarily agree to be video recorded during the study being conducted by **Primary Researcher Sauli Kahkonen**. I understand that the recording will be used only for study research purposes in the project under the title *Exploring the lived experiences of men with depression attending the psychedelic-assisted retreats*.

The recording will be transcribed verbatim, anonymised, and marked with a selected participant code (e.g., P1) for identification. The recording will be kept for 3 months on a secure, password-protected cloud directory, and the recording will be deleted after. The transcription is kept on the cloud drive for verification purposes. Only the Primary Researcher has access to the materials on the cloud drive. If needed, also the supervisor might be granted access to the files.

Signature of the Participant

Date and place

Signature of Primary Researcher

Date and place



Refusal to be Taped

I do not agree to be videotaped during this experiment conducted by **Primary Researcher Sauli Kahkonen**. I understand I will not receive compensation for such a refusal. By refusing to be videotaped, I understand that I may not continue to participate in the study.

Signature of the Participant

Date and place

Signature of Student Investigator

Date and place

Appendix E: Debriefing Statement



**The American College of Greece
Debriefing Statement**

Exploring the lived experiences of men with depression attending the psychedelic-assisted retreats

Thank you for taking part in a research project titled *Exploring the lived experiences of men with depression attending the psychedelic-assisted retreats* conducted by Primary researcher (PR) Sauli Kahkonen and supervised by Remos Armaos PhD, Associate Lecturer. The purpose of the research was to increase understanding on what could be the potential mental health benefits and disadvantages when attending psychedelic-assisted retreats. In this study, we are looking at what kind of outcomes the group dynamics could result, and how the participants of these retreats are experiencing the role of the group.

Your identity as a participant will remain confidential throughout the research, including the final master's thesis, which means that your name will not be included in any forms (apart from the informed consent you have signed before taking part in the research), questionnaires, etc. and only the primary researcher and supervisor has access to the information containing your identity. The interview was recorded, and the recording was saved for three months password protected in a secure cloud drive and deleted immediately afterwards. The recording is transcribed for analysis, and it will be anonymized using a code, that will replace your name (e.g. P1, P2 etc.) and saved to a private, password-protected MS cloud drive for further reference. Also, all the sensitive information will be anonymized in the transcript.

Although taking part in this research project holds minimal risk, it is possible that in a rare case, you might feel some negative emotions after taking part in the interview. In this case, you can always contact the primary researcher via email at s.kahkonen@acg.edu. If you experience prolonged or extreme level distress, please contact the local mental health unit or emergency care department.



If you have questions about the research, you may contact the PR, Sauli Kahkonen at s.kahkonen@acg.edu or the faculty advisor Remos Armaos at rarmaos@acg.edu. If you are interested in seeing these results, you may indicate this during the interview, or contact the PR at any point after via email.

Thank you again for taking part in this study!

Yours
Sauli Kahkonen

Appendix F: Interview guide

Introduction: Hi, my name is Sauli I'm conducting this master's thesis research on how men experience psilocybin-assisted retreats. I will start the interview by asking about your life before the retreat and what led you to decide to participate in the retreat. I will then focus on your experience on the retreat, especially from the group dynamics point of view and how you might have experienced the whole process through your body. We will end with talking about your life after the retreat. Just to let you know I will be recording this interview so that I can transcribe it later. The recording is only visible to me, and I will delete maximum three months after I have it transcribed.

I will anonymise all the data meaning that I will delete identifying information such as your name or any locations or connections to your relatives or other people. A final note, your participation is completely voluntary, and you can terminate the interview at any point without questions asked. And if you feel like at some point you would like to take a break or have any questions, I'm more than happy to support you. Do you have any questions? Okay, let's begin.

Demographics: Age, retreat,

1. *How was your life before the retreat?*
 - 1.1. MH conditions? Treatments?
 - 1.2. How did your gender affect MH challenges and treatments?
 - 1.3. How did you relate to others before the retreat?
 - 1.4. What made you contemplate the retreat?
 - 1.5. How was the preparation for a retreat?
 - 1.6. Any thoughts, emotions, feelings? Sensations?
2. *How did you experience the retreat?*
 - 2.1. In your own words, what happened?
 - 2.2. How would you describe the group?
 - 2.3. What thoughts, emotions, feelings, and sensations have you had?
 - 2.4. Where there anyone triggering you during the experience?
 - 2.5. What was specifically good?
 - 2.6. What was not good?
 - 2.7. How did your gender affect your experience?
3. *How was your life after the retreat?*
 - 3.1. How has your MH changed?
 - 3.2. What contributed to the change?
 - 3.3. How would you describe the meaning of the group now?
 - 3.4. If you could go back in time, what would you change, if any?

Additional questions:

4. *How would you describe your mental health state before and after the retreat?*
5. *How would you describe the facilitation of the retreat?*
 - 5.1. What did you sense?
 - 5.2. How did you relate to the facilitation team?
6. *How would you describe the adverse/difficult effects of your journey?*
 - 6.1. Own or witnessing others
7. *Do you have anything else you would like to add?*

Debriefing:

Thank you for taking part in this interview, I will now stop recording and we are complete with this. Now we have 30 minutes to discuss if you have anything you would like to address or ask.

No? Okay, thank you very much for your time. I will be sending you a debriefing email and if you wish, I can send you the final thesis once it is submitted and public. Have a nice day!

Appendix G: Master theme table

Theme	Subtheme	Quotes
Theme 1: The Journey of personal transformation	A promise for liberation after decades of suffering	<p>It helped to lift my mood and allowed me just to become more functional. In sort of, you know, academically, work, and socially. But it didn't [small pause] It didn't cure my depression. (P1 27-28)</p> <p>The reason the medication didn't work was because of a lack of effort on my side and that I would tend to disagree with because on my side if I could be happy, healthy and all that. I mean, I don't get anything by you know feeling this way. (P4 231-233)</p> <p>So the psychiatrist who achieved nothing told just keep taking the SSRIs or increase the dose. That'll be fine. Cheerio will come back in three months. And I'll take another £300 from me. (P2 407-409)</p> <p>Well, I was so fascinated by the articles you see in the newspapers and places, well, this could be the miracle answer to you know (P2 417)</p> <p>I knew the first night I took psychedelics when I was 17. How I knew that night, how powerful they are. (P3 197-198)</p> <p>I read a ridiculous amount of literature. Everything from the Classics Explorers guide this, and then I listened to 64... Podcast of the Psychedelic passage... I prepared as if I was going to get in the first rocket ever to go to the moon. I mean months and months and months and dozens and dozens and dozens of hours. (P3 425-427)</p> <p>It was a matter of you know cost and availability and you know, obviously I knew them from the psychedelic society and they seem to know what they're talking about... The retreat was described sounds responsible that you know, there was a screening process, although it's probably less rigorous than would be done now, but still it was. (P1 218-221)</p>
	Experience like nothing before	<p>I mean the thought occurred to me: here I am in the middle of someplace in Holland. I don't even hardly know where it is, with a guy I don't know. No one knows where I am. You know, my travel insurance ain't gonna cover this if it goes wrong and if I'm about to jump off a cliff. It was only because of the time I'd spent with the guy than the trust that was developed that I felt I could go ahead." (P2 87-89)</p> <p>I was having a panic attack the first time before even taking it because I was like, I don't even know what's going to happen, even though I've taken MDMA lots. And I just didn't know what it was going to be like to take it in sort of environment. " (P4 355-357)</p>

		<p>I felt was this immediate like feeling of being a rocket, that that was blasted into the vacuum of space." (P4 734)</p> <p>This was me age, I guess approximately 7 standing in the sand dunes at a beach. Sometimes my sister was there, sometimes not. She's about the same age as me and. As I was standing, it was as if I was seeing from a camera that was going round and round me very slowly as I was just standing. I wasn't doing, I was just standing. This camera was going round. And the the the emotional strength of that.. It was huge. Huge. It's powerful feelings. Very poignant. (P2 172-176)</p> <p>I actually felt myself [small pause] going down into a grave, it was like literally I was going 6 feet down and you know, I thought well this is it and then. As soon as I hit the bottom again, that's you know that that passed and I just moved on. (P1 307-308).</p> <p>I was birthed into a cave surrounded by cavemen and women, some wearing masks, some with sticks, almost a sort of, you know. How you'd imagine an ancient ritual-type thing around you? And then I also had a vision of being a chess piece on a board and looking up and seeing 2 gods playing chess with me as the piece, and weirdly enough, they're both gods. It wasn't obvious which God was good or evil, or whether there was such a thing as good or evil, but they did have Egyptian heads, which I found weird. There was kind of a Osiris and Anubis playing chess kind of thing. (P4 746-740)</p> <p>Doesn't mean that you completely lose consciousness of what's happening around you. In fact, you go through moments of being totally in your world to being in the real world and hearing everyone else around you and what's happening, which is always interesting." (P4 381-383)</p> <p>But it was medicine [psychedelic] saying: we can stop now or keep going. I said let's keep going. I go in. Go in. (P3 378-379)</p> <p>I'm presented with a door. Neon pink. Do I go through the curtain looking for trauma is not there. I come out, I go through a second door. I'm looking for the trauma. It's not there. The same thing with the third door. I come out. And the medicines talking to me. And it says I'm not going to show you anything tonight. That's not valuable for you. (P3 283-285)</p> <p>Why am I not feeling this or why am I, you know why? Why is this not happening the way I wanted it to happen or the way I thought it was going to happen, right? That then pulls you down into frustration spilled, but whatever. (P5 497-499).</p>
	Importance of guiding	<p>He was there. He was my insurance policy. P2 122</p> <p>One of the guides, his name is ***, *** comes over to me, and... I said: I understand I did this whole work for [ex-girlfriend]. Why isn't she here tonight? And he [the guide] said, well, what would you say if she was? I would and then I would tell her please forgive me all these things. And he's like we'll tell her now.</p>

		<p>And I started. And... My heart chest cavity opened up and my chest. My heart was the size of like a ball was red like this shirt with the yellow veins lifted out [showing with his hands]. (P3 320-325)</p> <p>I don't know how to describe it like I mean the music that they were playing was helping me. It's like listening to the soundtrack of a movie type thing you felt immersed in the experience you were having." (P4 741-743)</p> <p>the guides don't really do very much (P2 442)</p>
Theme 2: Retreat as a shared space of connection	Multiple ways of group support	<p>There was probably some level of everyone kind of synchronising a little bit, maybe in breathing rates and pulse rates and how relaxed or otherwise we were feeling. So yeah, I think it's just an amplifier and you know feeling safer." (P1 388-390).</p> <p>But since being in it and to go back to your question about feeling about the group, is that like there is a there is this like even though you're in this rag tag group of individuals who have nothing to do with each other other than you have specific, like uncontrollable feelings that you're trying to manage is that there's something underneath all that that locks you all together (P4 646-648)</p> <p>It's awkward, just like going to a dinner party. Awkward..." (P3 439-440)</p> <p>So it was kind of a a passively supportive. (P1 351-352)</p> <p>And then people are touching my hair. And I remember feeling very intimate, very close. Very held by a group of men I don't know. I went through this very intimate experience." (P3 446-447).</p> <p>The value in the discussion is a lot of things occurred during that journey that I didn't know, and I wouldn't have known maybe unless I'm hearing it from other men and now, I'm identifying." (P3 289-291).</p> <p>when the group is watching you and the therapist is watching you. You say what you say and at the end of it, everyone's sort of given a chance to, given their perspective of it. And that outside perspective is actually pretty powerful too, I would say." (P4 925-927)</p> <p>You see these problems in each other and you just want to help. And that feeling of wanting to help each other is pretty powerful." (P4 656-657)</p> <p>I was being helped by a bunch of men, not because I was in such great pain and they were not. It was my turn to be helped by a bunch of men who were also in pain in this world in their way at this time." (P3 345-346).</p> <p>All of a sudden I felt this intense, like selfishness. Like I've made this whole thing about me, about like, what's going to happen to me in the sound bath. I was like, I'm not the only one who shit comes up for." (P5 721-722).</p>

		<p>The sense of being together with someone at these group retreats, it's very common for two strangers that are lying nearby, just to hold each other's hand. Nothing improper. You know, there's just there's somebody there. Such a little thing, you know. (P2 453-455)</p>
	Group as a trigger	<p>You're trying to do something specific to yourself, but there's someone else having their experience cross the way. And that can interfere with your own experience and but at the same time, to be annoyed at that I realise that now at the time, although I was annoyed about it for whatever reason, it was like someone was being very loud or is hearing something very specific about what was going on with them, which could interfere with my own therapy was that, that's what life is. (P4 454-458)</p> <p>This is late August 2023 in this sound bath seeing all these still motionless bodies strewn across the floor. And all of these, like weird sounds that were really uncomfortable to hear, like like, like pebbles and rocks. And all of that shit and like chimes and stuff. It just all like came together like this cacophony. P5 548-550</p> <p>And the woman, *** I was sleeping with at the time, who I had the vision of going through her vagina. I had a vision of them conspiring. That's a division of them conspiring and.. Powerlessness. Emasculation. Maybe more powerlessness than emasculation, both. I don't remember that in February because it was with all women I remember.. P3 522-525</p> <p>You know I need to be asking myself, you know, what's that about? And you know, is it just reflecting something I don't like about myself or in myself back to me P1 409-410</p>
	The social fabric of the groups outside of the retreat	<p>I'm part of some community where you know it's kind of self organised and and you know there's there's you can do it much lower cost so. Yeah, this is. This is how I'd like. To do it in the future. P1 262-263</p> <p>It was a guy. Who wouldn't want to use his name without his permission, but he is well recognised and in fact was recommended to me by the British Psychedelic Society as a guide. A psychedelic coach. Yeah. So he was very experienced P2 36-37</p> <p>The Psychedelic Society has integration circles every month where people like myself, can you know the zoom you know, and you can talk with others in a similar position about what's happening and what's easy and what's difficult and what's, you know, you try to stay on top of it. P2 267-269</p> <p>There was nowhere else to turn nowhere. I wanted to turn, and these people were closest to me. They were the people who were spending time with me. Everything else would have been starting from Ground Zero. P3 222-224</p> <p>To be able to not go in to my apartment and feel lonely and disconnected and not</p>

		<p>sure how to reach out or where to reach.. Doubt it's to have a bunch of guys in this case who live mostly in proximity, where you can go on a walk where you can talk to them, where you can create fellowship. It's very similar to a Alcoholics Anonymous in this regard... P3 232-234</p> <p>Yeah, I mean like the the the connections and the relationships that were formed in those conditions extend out afterwards, and like last night, I was I was on the phone for two hours with somebody</p>
	Maleness in the retreat space	<p>I want to be the man I want to be viral and I want to be sexy compared to other men in the room who are getting attention. P3 509-510</p> <p>one of the things got said to me is like lots of people during the group therapy, they look for physical comfort. They look for hugs. They look for, you know, handshakes and things like that. I didn't. I didn't. And still don't search for those things. I don't know why that is. I mean, I have some ideas probably because to me, I still have this toxic masculinity of, like, I don't need anyone else's help. I can do this. All on my own type thing. But most of the other people don't have that. P4 566-570</p> <p>They're like, like when I go to a retreat where there's not that really like where there's not that sort of flirty female energy, you know, like there was one retreat where it was like a lot of dudes and like, some older, like women. To and like I wound up going downstairs and reading The New Yorker while I was on the medicine P5 681-683</p> <p>I have to protect my people because I need my people to protect me, P5 747-745</p> <p>If you know if I've been with the load of you know. Right wing people think that would have been made a bigger difference than, you know P1 527-528</p> <p>In a retreat with men and I become a 2 year old or a three-year old. I'm probably going to allow that to happen. I'll deal with some shame and guilt, and I'd probably allow that to happen. I would be really, really afraid to allow that to happen in front of women in a women's retreat because I want to hold them. I want to be the man I want to be viral and I want to be sexy compared to other men in the room who are getting attention. P3 507-510</p> <p>I guess some of what happened during that initial therapy was me realising that, you know, being too masculine about things, holding things in, you know, fighting emotions, stuff like that was not very effective. And and hearing other men speak of their experience made me feel more comfortable about it. P4 512-515</p>
Theme 3: Perceptions of psychedelic healing	The role of the substance	<p>And what the psilocybin does is it just speeds up the whole process it clears the fog. And it lets you for a short time see something different. P2 384-385</p> <p>I mean the journeys wouldn't happen without the psilocybin, right? P5 607</p> <p>Well, having been on retreats without without psychedelics, I think it's fair to say that it would have had no effect on me whatsoever. Or so minimal as to be</p>

		<p>unimportant P1 686</p> <p>Psilocybin for me is a tool. Psilocybin is a resource, and psilocybin is an enabler... It... It it it. Nothing more and nothing less, but that's not to trivialize it. P3 705-706</p> <p>I mean, it makes you much more open. Much more open to hear yourself. You're in a monologue. It makes you more open to hearing others as well. I mean, I would say open is the overarching idea to any of these substances. P4 672-673</p> <p>I mean, it makes you much more open. Much more open to hear yourself. You're in a monologue. It makes you more open to hearing others as well. I mean, I would say open is the overarching idea to any of these substances. P4 672-673</p> <p>And I saw and again this is without any prompting or any counselling or sitting for three weeks with some, you know, this was just this just came into my head with no bidding whatsoever. P2 206-207</p>
	Holistic changes	<p>Behavioural</p> <p>I stopped giving into sexual compulsion and I've stopped having. I've stopped having sex. P3 749-750</p> <p>I've stopped dating P5 395</p> <p>I haven't yelled at my children in well over a year like maybe once or twice, but not not in any meaningful way. I haven't put them down. You know, I I haven't asked them to be somebody that they're not like, doesn't mean that I'm not frustrated. P5 798-780</p> <p>for many, many months after the retreat I didn't drink. And again, not through effort, just wasn't interested. P2 497-498</p> <p>You know, I still smoke. I still drink from time to time. I still have. Well, I've taken drugs in the past kind of thing. I've done all these things and and although I do all of those things much less. I still do them because they're a coping mechanisms, so there's still some sort of disconnect there that I'm like not realising that I should be taking better care of myself.. P4 614-616</p> <p>my healing self love for me is setting boundaries, nothing more, nothing less. P3 678</p> <p>Psychological</p> <p>But the difference is that I know I'm able to recognise this and recognise that I actually have a choice. P2 295-296</p> <p>But it's rare but I'm closer and closer each day. To getting there because if I don't. There the the other end of that is, you know, the opposite end of that answer is not a good one. It involves either being hospitalised or ending up dead or partaking</p>

		<p>in particularly risky behaviour that can end up in prison or whatever else it be. P4 621-622</p> <p>Now, after the experience more able to be balanced. P2 234-235</p> <p>I used to have an internal voice going on that would talk myself down, go over negative thoughts, look for something to worry about. And it, the voice was now quiet. P2 228-230</p> <p>feeling whole for the first time and feeling like I don't need to be anybody else other than who I am and people can love me to realize that my children are perfect. P5 787-788</p> <p>I mean, I'm open to lots of different ideas, good or bad, and I may be able to think about them more openly without being too stressed or anxious about it. P4 688-689</p> <p>Emotional</p> <p>I don't recall feeling suicidal in the last year and a bit at all. P2 294-295</p> <p>I had been angry at my father forever... That night, when that anger went away, I'm pissed at the guy who's a fucking prick, right? And he doesn't get a pass for abusing someone. But the anger. And definitely the anger. It's been a year has never come back, not in that way. P3 310-312</p> <p>Accepting a little bit more. Of who I am accepting a little bit more of forgiveness for myself and others, allowing time to do the work of time, but showing the showing up. P4 694-695</p>
	Holistic changes	<p>You know, that's really about facing your fears and not running away from them. And the lesson there is if you face your fears. They're never as bad as you imagine when you're running away from them. P1 443-445</p> <p>The the animal was growling and very angry and it was trying to get out. And I was trying to make it quiet like poking at it with this big stick which didn't actually help P2 204-205</p> <p>I saw that I actually had to learn to love this animal. It doesn't mean I have to like it, but we just need a different relationship. Depression does not belong in a cage because it is actually an integral part of me. P2 207-209</p> <p>You I listened to you for 20 minutes. Now you listen to me. Respectfully, please sit down. No, not at the head of the table. Move over. I'm not exiling you. You have a seat at the table. I'm sorry that I've ignored you for so long. I won't do it again. Of course you're paranoid. I don't fucking listen. But and I've. I've given you your space and your time. Now I want my space. My time. P3 623-626</p>

	<p>Psychedelic, not a magic bullet/quick fix - Integration takes time</p>	<p>psychedelics isn't going to heal your depression. You experience depression. P3 663</p> <p>But if, if there has been one failure of my psilocybin experience is that 2 of my active addictions remain sugar, which I take and take far too much of in a very compulsive way, and overeating. P3 742-743</p> <p>I think also or it's also possible that just the intensity of of the last 18 months of of using psilocybin and MDMA, and like how intensely it's altered my life and changed the way that I think and see things and understand, it's possible that that yeah, so here's what I will say. P5 845-846</p> <p>there certainly wasn't a quick fix silver bullet. But something a lot more profound, and some, you know. Some... Some. Yeah. You know profound lessons about facing up to things and connectedness and attitude towards death and and what happens after that. Yeah. P1 611-613</p> <p>It is that powerful that strong, that, that wonderful it has that much potentiality. But it's not a magic wand P3 707</p> <p>In fact, it's more I'm more aware of my worse qualities than I am of my good qualities kind of thing. P4 533</p> <p>The psychedelics are interesting because that night a year ago the anger from my father disappeared. But I did not get over *** that night at all. The pain continued for a very long time. But I think. What started to happen was a loosening and I realized only until recently, until like 2 weeks ago, when I really had breakthrough. Is that this medicine takes so long it can take a long time to work, and you have to put in the work. P3 352-355</p> <p>I mean the truth about therapy in all its forms is most of the work has to come from you. You know, you can talk to whoever you like and they can show you the way. But ultimately it's you who's got to make a change. It's you who's got to make decisions. P4 909-911</p> <p>It took me years to work out that there was a lesson for me to learn, I mean. P1 424</p>
	<p>Strong prejudices towards the retreat model</p>	<p>There was even before we took the the psilocybin, which was made into a tea with ginger. We, you know, there was a little bit of a ritual with some smoking sage being and I was just kind of, yeah, this is all a bit woo woo. But whatever you know I'll just go with it. P1 253-255</p> <p>And I start to question the methodology then, because I'm like, oh, this seems very sort of hippie to suddenly be. I've thought this was medically oriented kind of thing. And it made me a little bit worried about how it was going to go. I was having a panic attack the first time before even taking it because I was like, I don't</p>

		<p>even know what's going to happen, even though I've taken MDMA lots of. And I just didn't know what it was going to be like to take it in sort of environment. P4 353-357</p> <p>During the journey was is interesting because I was very nervous and very resistant to I'm going to do this with 17 people I don't know. What the fuck? And that's a lot of people. And if something goes wrong, could be really, really bad. And I want I want more personalized attention. P3 346-348</p>
Theme 4: Adverse effects?	Unexpected psychedelic states after the retreat	<p>And I'm laying down and I'm in a psychedelic state, no medicine. And I look over and my eyes were closed in the corner of the room. There's a demon. 12 feet tall. Black like Black Skinny mountain with red, red, red eyes. P3 361-363</p> <p>Oh, I don't know, several, many months ago and I thought it. It really was a remarkable. Like a flashback almost. P2 240-241</p>
	Increase in psychedelic use	<p>So I did sign up for an ayahuasca retreat in Peru which was involved, I think, 7 ceremonies over about 10 days, two weeks and like that. P1 565-566 + Ketamine assisted therapy, and recreational LSD</p>