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## Self-Care Practices with Psychedelics – A Qualitative Study of Users’ Perspectives

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### ABSTRACT

This article explores the psychedelic experience from the users’ point of view and through the lens of self-care, a concept within the domain of health and well-being. In a time of renewed interest in psychedelic-assisted psychotherapy, we aim to contribute to a better understanding of these substances by exploring their role in different settings. A phenomenological approach was used in this study. We conducted semi-structured interviews with 19 psychedelic users and inquired about the relationship between their experiences and self-care. Analysis of the interview data was based on inductive content analysis. Most participants reported using psychedelics with self-care intentions in ceremonial, recreational, or private settings. Self-perception and existential meaningfulness were identified as the main mechanisms of self-care. Participants also mentioned difficult experiences and adversities that impair self-care. The results suggest that for some people, the use of psychedelics may be experienced as part of a self-care process and may improve self-care abilities in naturalistic settings.

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### KEYWORDS

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self-care; Qualitative  
Research

### Introduction

There are a growing number of clinical trials describing promising data on the safety and efficacy of psychedelics<sup>1</sup> as psychotherapy adjuncts in the treatment of chronic posttraumatic stress disorder (Mitchell et al. 2021); treatment-resistant depression (Carhart-Harris et al. 2016; Palhano-Fontes et al. 2018; Zarate et al. 2006); substance addictions (Bogenschutz et al. 2015; Johnson et al. 2014; Krupitsky et al. 2007); obsessive-compulsive disorder (Moreno et al. 2006); anxiety associated with life-threatening diseases (Gasser et al. 2014; Griffiths et al. 2016; Ross et al. 2016) and social anxiety in autistic adults (Danforth et al. 2018). Taken together, those results suggest the antidepressant, anxiolytic and antiaddictive effects of psychedelics, supporting the plausibility of further research. There is also a growing body of qualitative research addressing subjective experiences as ways to understand the potential psychological mechanisms behind psychedelics’ therapeutic effects in clinical and naturalistic settings (Maia, Daldegan-Bueno, and Tófoli 2020; see Breksema et al. 2020 for a review).

This study explores the psychedelic experience in terms of self-care, a phenomenon worth exploring because of the therapeutic interest in these substances. Self-care is a commonly used notion (Butler et al. 2019), yet not easy to define in precise terms

(Rupert and Dorociak 2019). Despite the lack of a systematized body of literature, there is some consensus regarding the aim of self-care in supporting healthy functioning and well-being (Dorociak et al. 2017) in physical, professional, relational and emotional dimensions (Butler et al. 2019). Self-care practices highlight the role of the individual in the regulation of their health and development (Denyes, Orem, and SozWiss 2001). Conceptually, it involves intentionality underlying the actions (Dorociak et al. 2017), which, in turn, allows the individual to address their own needs (Denyes, Orem, and SozWiss 2001). Thus, self-awareness and acknowledgment of needs precede self-care (Godfrey 2011). Self-care is accomplished via the individual’s agency, which contributes another aspect to its conceptualization; self-care is also an ability (Denyes, Orem, and SozWiss 2001). The relationship between this ability and its expression in actions of self-care is not linear, however, because it may be mediated by meaning (Soderhamn 2000). Finally, self-care is also conceptualized as a process; it adapts to changing needs, values, and experiences (Dorociak et al. 2017). It is performed through idiosyncratic strategies (Rupert and Dorociak 2019), which might enhance self-esteem (Godfrey 2011). In a broad sense, self-care addresses two types of goals, limiting negative

outcomes and enhancing positive ones. Thus, it entails both coping with adverse consequences and promoting healthy functioning (Butler et al. 2019).

This study explored the relationship between psychedelic use and self-care. Specifically, what mechanisms and dimensions of self-care do users identify, what needs psychedelics address, and how does the psychedelic experiences relate to their healthy functioning or well-being?

## Methods

A phenomenological epistemology guided our research design. Phenomenology aims to produce knowledge about participants' subjective experiences, recognizing that meaning is not posteriorly added to perception. Instead, perception is constitutive of experience itself (Merleau-Ponty 1945). We aimed to understand the feelings, thoughts, and perspectives that constitute participants' lived experiences (Creswell 1998; Willig 2013).

Inclusion criteria required that participants used psychedelics (criterion sampling), regardless of their experiences of self-care. A snowball strategy was used to recruit participants. Four participants were selected from the first author's informal social network given an expectation that these participants could provide information-rich descriptions of their psychedelic experiences (convenience sampling). After the interview, we asked them to suggest other possible participants. This way, we reached nine more participants. One participant suggested the Psychedelic Society of Porto, and six more participants responded to advertisement on its online group.

Nineteen participants were included in this study, all Caucasian (see Table 1). Data were collected between January and May 2019 through in-person interviews, lasting from 40 minutes to 3 hours, conducted by the first author. To make each participant feel as comfortable as possible, all interviews were

**Table 1.** Sample demographics and general characteristics of psychedelic use, N = 19.

Characteristic	M (SD)	Range	N (%)
<b>Age</b>	35 (7,13)	24–51	19
<b>Gender</b>			5 (26)
Female			14 (74)
Male			
<b>Education</b>			2 (11)
High School			1 (5)
College Diploma			8 (42)
Bachelor's degree			8 (42)
Graduate degree			
<b>Occupation</b>			1 (5)
Students			18 (95)
Employees and self-employed*			
<b>Motivations for using psychedelics</b>			10 (53)
Curiosity			9 (47)
Enjoyment and pleasure			8 (42)
Self-knowledge			8 (42)
Spirituality			6 (32)
Therapeutic and self-improvement			
<b>Types of psychedelics used</b>			17 (89)
LSD			14 (74)
Psilocybin			10 (53)
Ayahuasca			10 (53)
MDMA			8 (42)
DMT (changa)			7 (37)
Mescaline			3 (16)
Ketamine			3 (16)
New psychoactive substances			2 (11)
5-MeO-DMT			
<b>Settings</b>			14 (74)
Recreational (parties and festivals)			10 (53)
Ceremonial (ayahuasca and mescaline rituals)			10 (53)
Private (home or nature, alone or with friends)			
<b>Frequency of use</b>			3 (16)
No current use			10 (53)
Once a year			4 (21)
2 or 3 times a year			2 (11)
4 or 5 times a year			

\* 4 doctors, 3 teachers, 2 designers, 2 managers, 1 actor, 1 engineer, 1 harm reduction and advocacy professional, 1 agroforestry worker, 1 commercial salesman, and 1 artist

carried out in places chosen by them (participants' homes, gardens, libraries, and restaurants). Informed consent was obtained from all participants. Study procedures were approved by the ethics committee of the Faculty of Psychology and Education Sciences of the University of Porto.

Semi-structured interviews included two main parts. The first part elicited a free-ranging discussion with minimal intervention of the interviewer (Ritchie and Lewis 2003). Thus, an open-ended question asked participants about their experiences with psychedelics. More concrete questions were asked when participants found it challenging to respond (Ritchie and Lewis 2003), such as the types of substances used and motivations. The second part of the interview guided participants' reflections in terms of self-care, starting by eliciting their definitions of the concept. In order to establish a common ground, the researchers also provided their definition of self-care: the actions that people perform in order to promote health and well-being in various dimensions (such as physical, psychological, social). After an agreement on the definition, participants were asked (a) whether they ever used psychedelics with the intention of self-care or whether they ever had experienced self-care in their psychedelics use even without this particular intention; (b) if so, how psychedelics allowed them to take care of themselves or, conversely, impaired this process; (c) the meanings that they attributed to specific self-care experiences and (d) whether these experiences affected their life trajectory.

Interviews were recorded, transcribed, and analyzed using NVivo software. To guarantee confidentiality and anonymity, an alphanumeric code was assigned to each participant to replace all information that could identify them in the transcription and reporting. Content analysis (Bardin 1977) informed by phenomenology was used to analyze the interviews. Data were inductively analyzed, meaning that the categorical framework was shaped by participants' discourses considered in relation to the study purposes. The first author initially assessed all data by taking notes and identifying patterns of meaning, and generating themes, categories, and subcategories. Then, all data was codified according to mutual exclusivity and homogeneity criteria. Thus, each meaning unit was codified into only one category, and each category is concerned with only one dimension of analysis. The other authors evaluated the encoding and the categorization steps, discussing until reaching an agreement. The trustworthiness of findings was enhanced using

the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong, Sainsbury, and Craig 2007).

## Results

From the content analysis, four themes emerged, each including different categories and subcategories: (1) psychedelic self-care, characterizing the psychedelic experiences associated to self-care; (2) psychedelic states, including types of reported effects; (3) mechanisms of self-care emerging from psychedelic experiences, consisting of the intersection of psychedelic use with self-care and (4) challenges and difficult experiences, regarding adversities and their relationship with self-care. Table 2 shows the frequency of occurrence of themes and categories, and Figure 1 illustrates a thematic diagram of them.

### Psychedelic Self-Care

Participants' definitions of self-care identified several underlying mechanisms: the overall process of self-perception, including self-awareness ("become aware of your emotional, bodily and mental weaknesses" P14); self-knowledge ("to know what's good and what's bad for us" P10) and self-analysis ("a capacity to understand the different aspects of being human" P4). Self-care was related to a self-worth dimension ("self-love" P19; "self-respect" P13) and linked to self-agency ("make our own decisions" P5). Finally, a healthy functioning and well-being dimension was also related to self-care ("healing" P15; "quality of life" P17; "personal sustainability" P4).

When related to the psychedelic experience, 14 participants reported having used psychedelics with self-care intentions. The same number mentioned experiences in which they found self-care by serendipity. These psychedelic experiences associated with self-care took place in different settings. The most common was the ceremonial ("there are experiences already directed towards self-care due to the settings, such as rituals" P5). Self-care was also associated with recreational settings, especially Boom Festival, considered by a participant as a context "very connected to well-being, self-care, therapies" (P10). Lastly, self-care also occurred in private settings such as home or nature, alone or with friends. Concerning the substances associated with self-care, the more common were ayahuasca and psilocybin, followed by DMT and LSD. Although less frequent, some participants also mentioned MDMA, mescaline, and salvia.

Nearly all participants indicated having some preparation before these experiences. Set and setting were common topics. One interviewee mentioned: "every

**Table 2.** Themes and categories derived from content analysis.

Themes, Categories and Subcategories	Frequency of Occurrence N = 19
<b>1. Psychedelic Self-care</b>	
1.1 Participants' definitions of self-care - Mechanisms of self-care	
1.1.1 Self-perception	11
1.1.2 Self-worth	5
1.1.3 Self-agency	6
1.1.4 Healthy functioning	13
1.2 Dimensions of psychedelic self-care	
1.2.1 Physical	8
1.2.2 Psychological/emotional	8
1.2.3 Social	6
1.2.4 Spiritual	10
1.2.5 Interrelation	5
<b>1.3 Intentionality</b>	
1.3.1 Self-care intentions	14
1.3.2 Serendipity	14
<b>1.4 Settings</b>	
1.4.1 Cerimonial	10
1.4.2 Recreational	7
1.4.3 Private	6
<b>1.5 Substances</b>	
1.5.1 Ayahuasca	5
1.5.2 Psilocybin	5
1.5.3 DMT	4
1.5.4 LSD	4
1.5.5 MDMA	2
1.5.6 Mescaline	2
1.5.7 Salvia	1
<b>1.6 Preparation</b>	
1.6.1 Set and setting	16
1.6.2 Planning and scheduling	14
1.6.3 Ritualistic actions	13
<b>2. Psychedelic States</b>	
2.1 Effects	
2.1.1 Affect alterations	12
2.1.2 Perceptual alterations	8
2.1.3 Volition alterations	6
2.1.4 Intensity	11
2.1.5 Out-of-body and near-death experiences	4
2.1.6 Unity and ego dissolution	6
2.1.7 Aesthetic appreciation	4
2.1.8 Ineffability	9
<b>3. Mechanisms of Self-care Emerging from Psychedelic Experiences</b>	
3.1 The Experience of the <i>Self</i>	
3.1.1 Self-perception	18
3.1.1.1 Self-knowledge	17
3.1.1.2 Self-awareness	11
3.1.1.3 Self-analysis	11
3.1.2 Self-esteem	9
3.2 The Existential Experience	
3.2.1 Transcendence and spirituality	18
3.2.2 Worldview	17
3.2.3 Life purpose, values and orientations	14
3.2.4 Perspectives on death	6
3.3 Other Psychosocial Mechanisms	
3.3.1 Perspective change and problem-solving	13
3.3.2 Insightfulness	7
3.3.3 Emotional expression	9
3.3.4 Connection to others, empathy, and conflict resolution	14
3.4 Healthy Functioning	
3.4.1 Growth, change, or learning	17
3.4.2 Well-being	17
<b>4.Challenges &amp; Difficult Experiences</b>	
4.1 Adverse Effects	
4.1.1 Confusion	7
4.1.2 Control and resistance	5
4.1.3 Negative affect	17
4.1.4 Panic and paranoia	7
4.1.5 Somatic reactions	3
4.1.6 Difficult comedowns	7
4.2 Integration challenges/long-term consequences	13
4.3 Coping Strategies	

*(Continued)*

**Table 2.** (Continued).

Themes, Categories and Subcategories	Frequency of Occurrence N = 19
4.3.1 Looking for social support	9
4.3.2 Looking for a safe environment	6
4.3.3 Relaxation techniques	11
4.3.4 Meaning deriving	9
4.3.5 Emotional strategies	4
4.3.6 Preventive coping	8
4.4 "Healing crisis"	11

time I looked at these two aspects [set and setting], the result was self-care" (P5). Participants mentioned considerations about mood, the importance of the people present during the experience, and the chosen places. While half of them mentioned not using psychedelics in adverse moods, others reported the opposite ("maybe it will give me an answer, so I'll use it when I'm not so well" P17). Some participants mentioned a positive mood change after using psychedelics in a negative mood, and others described an intensification of the adverse emotions and feelings. Most participants indicated planning and scheduling these experiences, particularly having time to integrate them. Two divergent narratives emerged when asked about alternatives to psychedelics for the same type of self-care: while some believed that "there are things impossible to achieve without this help" (P9), others mentioned yoga and meditation as the main alternatives.

### **Psychedelic states**

Considering the types of effects experienced during psychedelic states, participants mentioned: affect alterations ("deep pleasure that is almost orgasmic" P17); perceptual alterations ("the music turned into visible waves" P6); volition alterations ("loss of control" P13); intensity ("everything is amplified" P11); out-of-body and near-death experiences ("I went out of my body, I thought I was dead" P5); unity and ego dissolution ("I was no longer me, this body ... I was everything, every atom of the universe" P1), aesthetic appreciation ("in these states, nature is sublime" P11), and ineffability ("language fails when the understanding is directly embodied" P1).

### **Mechanisms of self-care emerging from psychedelic experiences**

#### **The experience of the self**

References to how people experience the sense of self when using psychedelics, especially self-perception and self-esteem, were prominent in the data. Commenting

on self-care in psychedelic use, one of the interviewees said: "it [self-care] comes from self-perception and in response to it, everything improves" (P19). Participants described three different processes associated with self-perception: self-knowledge, self-awareness, and self-analysis.

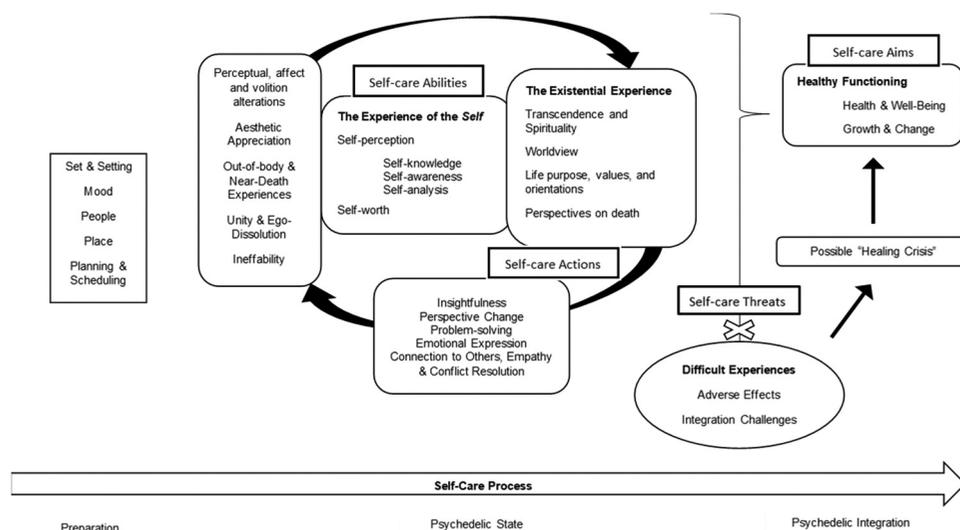
Nearly all reported improving self-knowledge ("you take a trip inside you ... the things that make you happy, the things that make you sad, what is bad for you, what is good ... " P3). Talking about this issue, an interviewee reported having realized her "fears, doubts, uncertainties, emotional blocks," but also "the tools to maintain harmony" (P7). Following an ego dissolution experience, one participant commented: "it provides an experience that is much deeper than how we usually conceive of ourselves" (P14), which resulted in a "much deeper peace" (P14).

Self-awareness was also significant. Some considered that psychedelic experiences allow self-care "in the sense that we become more connected with ourselves" (P10), as the following comment illustrates: "I felt my breath very consciously. It made me feel the need to take care of my body again" (P10). This view was echoed by another informant who mentioned that self-care "comes basically from self-awareness," which is seen as the first step to "make certain improvements and become more whole" (P19).

Finally, participants mentioned a process of self-analysis ("I stopped to analyze myself and bring these insights to my daily life" P16). Talking about the previous abuse of alcohol, one participant mentioned, "the experiences led me to redefine what brings me joy in life" (P19). Another one referred to this process as the mechanism behind his recovery from cocaine addiction:

"I started using it [LSD] therapeutically (...) I began to understand how it works and how it could help me. In this case, I gained some clarity in understanding my addiction and its causes (...) it prompted me to self-observation" (P4).

The same participant commented on tobacco use:



**Figure 1.** The self-care process in the psychedelic experience. Content diagram showing the relationships between data analysis categories and aspects of self-care conceptualization.

“Under LSD, I first became aware that when I threw a cigarette butt on the ground, I was doing something very harmful . . . I never did it again, and I started feeling disgusted towards the act of smoking, you know? (. . .) because I felt what it meant to me and for nature” (P4)

Besides self-perception, half of the participants also associated self-care with experiencing self-esteem during and after psychedelic use. They described a sense of self-worth (“I realized . . . that I never thought about how I’m such a nice person to others” P2); self-love (“it was self-care because I started to love myself so much more” P12), self-confidence (“psychedelics I think helped me . . . to have confidence in myself, to put myself together” P15) and self-acceptance (“psychedelics can say to you that it’s all right, it’s not wrong to feel this or want that” P6).

### *The existential experience*

The category concerning existential experience produced the largest number of references. Almost all participants mentioned spiritual or transcendent dimensions (“contact with the divine” P2, “concept of God” P17, “supra-human understandings” P4). Some reported feelings of “anguish and meaninglessness” (P11), making spirituality a motivation for using psychedelics: “I was always very rational, scientific and this is the opposite of spirituality . . . and only now in my 50’s, I think I’m missing this” (P19). Relating to self-care, one participant mentioned: “from the various dimensions of self-care, it’s a lot about the spiritual. I don’t believe in God (. . .) using psychedelics is a kind of self-care to try to find myself and that’s my kind of God”

(P15). For one participant, psychedelics occupied an exclusive space in the dimension of spirituality: “psychedelics are the only thing external to me that I identify with at this level, with which I can go deep, feeling I’m learning from something superior to me, having access to direct information” (P11).

Almost all participants mentioned the influence of the experiences on their worldviews (“the worldview is definitely built with psychedelics. I won’t say it’s the builder, but it’s one of the engineers” P5). This view was echoed by another participant who stated: “there are certain conclusions and basic attitudes to my comprehension of the world that were taught by psychedelics” (P11). This relationship was also described as a deconstruction: “[psychedelics] allow us to alter our understanding of the world, so all patterns that we have created tend to collapse very easily with a single take” (P4).

Additionally, half of the participants reported the impact of psychedelics on life purpose (“I could understand my purpose here” P2), as well on life values (“rearrange my priorities” P15) and life orientations (“psychedelics are a re-centering on the path” P9). A common topic among participants was “a better sense of what is important and what isn’t in life” (P10).

Finally, some participants referred to death and reported changing their perspectives about it. Commenting on an out-of-body experience, one participant said: “it was one of the most valuable experiences of making peace with death and with other dimensions of reality” (P5). Talking about a

psychedelic experience during a period of mourning, one interviewee stated: “it was very good for acceptance” (P9).

### **Other psychological mechanisms**

All participants described the relationship between psychedelics and self-care in terms of other psychological mechanisms: perspective change and problem-solving (“[psychedelics] explain to you that it’s not a problem after all” P12); insightfulness (“unexpected relationships within our mind” P4); emotional expression (“I exposed myself to some emotions and this led me to be aware of them and to release them and I think this is self-care P10); as well connection to other, empathy and conflict resolution (“there were times that things between my wife and me weren’t so good, and we looked at and solved a lot of things between us” P9).

### **Healthy functioning**

Participants were unanimous in the view that psychedelic experiences extend into everyday life (“it wasn’t just an analgesic; it also gave me tools to move forward P1). For the major part, the psychedelic experiences led to processes of growth, change or learning. Some described it as “fresh start” (P2) or “total reset” (P19). Changes at different levels were mentioned, for example eating habits, professional pathways, aesthetic sense, pro-environmental behaviors, religious orientations, personality characteristics and interpersonal relationships. One participant mentioned learning “how to overcome suffering” (P1). There were also comments about the individual willingness to change since psychedelics are only a “catalyst” (P17) or a “crutch” (P1).

Interviewees shared the view that psychedelics had a beneficial impact on their well-being (“we’re working on mental and spiritual well-being” P9). The ensuing states of well-being were described as ranging from a few days later to 6 months. For 2 participants, these states were associated with productivity and motivation (“I felt very motivated (...) I woke up more easily, more energetically, and I felt more focused” P15). Five participants associated well-being with the relief of stress, anxiety, or depressive symptoms: “[before taking psychedelics] I felt very down ... in the days after taking them I felt incredible. I had neither anxiety nor depressive symptoms” (P17).

### **Challenges and difficult experiences**

When asked about impairments to well-being, participants referred to several adversities. All of them reported adverse effects: confusion (“it seemed like I was listening to everyone in the room at the same

time” P18); loss of self-control and resistance (“a conscious side trying to control the side that wants to open, there are always both sides fighting” P13); negative affect, in particular, fear (“it looked like I could die at any moment” P2), panic and paranoia (“it was really hard because it was a panic attack in which I felt I was going crazy and would never come back from that state” P10); somatic reactions (“vomit” P17) and difficult comedowns (“there was a bad feeling in the comedown. I started to feel more closed” P13). Commenting on adverse experiences, one participant said it was one of the most difficult experiences of his life, and another mentioned a hospitalization during the psychedelic state. When asked about how they managed the adverse effects, participants mentioned different coping strategies: looking for social support or a safe environment; using relaxation techniques; deriving meaning from experience (“what I do is think about why it’s happening, what is the meaning” P14); emotional strategies (“observe the emotion with a certain distance” P1) and others emphasized preventive coping (“it’s the same as managing the side effects of medication, it’s prevention” P15). Thirteen participants also reported long-term difficulties such as problems in integrating the experience, social isolation, and trauma. One participant mentioned having panic attacks and fearing losing control for years after the experience. Others mentioned challenges related to the adjustment to society: “maybe this can cause more suffering (...) this way of thinking isn’t normal ... or expected” (P17). Lastly, 11 participants associated some difficult experiences with positive results (“I think it allowed me to learn how to relax” P15) or with a critical function in their development (“It’s a lever. It takes us out of our comfort zone. If it doesn’t happen, the person remains stagnant, and nothing happens” P19).

### **Discussion**

The main research question explored the users’ perspectives on the use of psychedelics and self-care. Different meanings were found: (1) the psychedelic experience as an act of self-care in itself, associated with self-care intentions; (2) the psychedelic experience leading to an improvement in self-care abilities following the experience; (3) the psychedelic experience as a threat to self-care. These meanings are discussed below with consideration of the secondary research questions, which sought to explore the dimensions, mechanisms and needs associated with self-care in the psychedelic experience, and their relationships with health and well-being.

### **Perceived mechanisms of self-care**

According to participants' perspectives, the main mechanisms of self-care that emerged from psychedelic experiences were self-perception and existential meaningfulness. Self-perception, in which we included the processes of self-awareness, self-knowledge, and self-analysis (Morin 2017), was mentioned by all participants although there were no questions in the interview regarding it. According to them, psychedelic experiences stimulated self-perception, a process that facilitates self-care, since it allows the acknowledgment of different types of needs and the actions required to address them (Godfrey 2011). Thus, our results suggest a perceived beneficial role of psychedelics in improving self-care abilities and leading to a subsequent increase in self-care actions across several dimensions (physical, emotional, social, and spiritual). Self-perception is a general aim of psychotherapy, given its importance both for self-care and for psychological and behavioral changes in general. Some participants described its crucial role in changing adverse behaviors such as addictive behaviors. These results are in line with previous studies reporting patient descriptions of a better understanding of the causes of addiction during psychedelic-induced states both in clinical and naturalistic settings (Loizaga-Velder and Verres 2014; Noorani et al. 2018). Qualitative studies with clinical populations also reported similar findings, such as improved self-awareness, deeper self-understanding (Barone et al. 2019), and connection to the self, including a boost of self-worth (Watts et al. 2017). On the other hand, these findings suggest a risk of experiencing complicated self-perception processes in non-supportive settings, impairing healthy functioning.

Concerning existential meaningfulness, some participants associated psychedelic experiences with spiritual self-care. For some, the use of psychedelics allowed them to deal with existential distress in adverse life situations. Spirituality promotes psychological well-being and might be experienced as a coping strategy in stressful situations (Pargament 2007). On the other hand, there is also a risk of developing an unhealthy relationship with spirituality, such as the "spiritual bypass," a defensive mechanism characterized by the use of spiritual practices and beliefs to avoid dealing with difficult emotions and developmental needs (Masters 2010). Changes in life values and orientations, worldviews and perspectives on death were also meaningful to the participants. These results also support previous research with psychedelics in clinical and naturalistic settings, which reflects reconciliation with death and transcendence (Swift et al. 2017), changes in the meanings of illness, the meanings of life (Maia, Daldegan-Bueno, and Tófoli 2020), and in

the usual frame of reference (Gasser et al. 2014), revised life priorities (Belser et al. 2017) and new directions in life (Kavenská and Simonová 2015; Winkelmann, 2005).

Finally, participants also identified perspective change, insightfulness, emotional expression, connection to others, empathy, and conflict resolution as significant mechanisms of self-care. These findings are consistent with a systematic review of patient experiences in qualitative studies (Breeksema et al. 2020). These similarities indicate the perceived benefits of psychedelics across different settings, suggesting the influence of other factors on the quality of the psychedelic experience.

### **Impairments to self-care**

The relationship between psychedelic experiences and self-care was also described in terms of impairments. They considered some experiences the opposite of self-care and associated it with decreased well-being. Some descriptions of adverse effects suggest a psychedelic induced crisis resembling mental health outbreak episodes (Carvalho et al. 2014). The adverse conditions also encompass the integration phase, which supports previous studies indicating long-term consequences on mental health reported by users (Carbonaro et al. 2016; Johnstad 2015). Reflections about self-care in the psychedelic experience must appraise the potential risks of these substances, particularly when used by vulnerable populations in non-controlled settings or when there is no support to integrate the experiences. Personal or family history of mental illness could predispose to adverse effects, such as psychotic episodes or long-term depersonalization (Frescka, Bokor, and Winkelmann 2016).

Study results show different users' perspectives on using psychedelics in adverse moods. Our findings are consistent with those of Mason, Dolder, and Kuypers (2020), who reported that users consider the potential impact of set and setting on their psychedelic experiences and described positive mood changes after using psychedelics in negative mood states. The set (mood, expectations, preparedness, personality, life trajectory) and setting (places, people, objects, cultural attitudes, and beliefs about substances) are extra-pharmacological factors associated with the psychedelic experiences' quality (Carhart-Harris et al. 2018; Hartogsohn, 2016). More important than considering each factor's influence may be the interaction between them, highlighting the biopsychosocial model, which considers the interplay of substance, person, and context.

There was also a counterintuitive association of some difficult experiences with increased self-care, resembling “healing crisis” (Brouwer & Carhart-Harris, 2021), in the sense of their significance to self-development (see also Carbonaro et al. 2016; Johnstad 2015). A possible explanation for this perspective is the use of coping strategies during the adverse effects followed by an effective transposition of them onto other situations in their daily lives. Successful integration of these experiences might impact self-care, providing resources for coping with adverse situations. Further studies regarding the boundaries between “healing crisis” and episodes of mental health decompensation, as well as the role of challenging experiences on therapeutic outcomes, would be worthwhile.

### Study limitations

Our phenomenological approach allowed us to gain access to the quality and idiosyncrasies of participants’ experiences, generating detailed descriptions about the phenomenon of psychedelic self-care. However, our study approach does not attempt to explore the underlying causes of reported experiences. Study findings may not generalize to other samples. Phenomenological approaches rely on perceptions and the role of language as the mean by which participants communicate their experiences (Willig 2013). The chosen words and their meanings construct a particular version of the experience, making it impossible to directly access someone’s experience (Willig 2013). The study also relies on retrospective data, which could result in issues with recalling the experiences.

Results come from a heterogeneous sample of participants who used different psychedelics in different settings and with different use patterns, and participants’ experiences may have been affected by these factors. In addition, some participants may have agreed to participate in the study due to identifying with the topic of self-care, which may bias responses toward reporting of self-care experiences. Finally, time constraints related to the master’s degree associated to this study ended the sampling process without consideration of theoretical or data saturation.

Despite the limitations, this study strengthens the idea that self-care is an important topic to be addressed in integrating psychedelic experiences, which could have significant implications for clinical studies and harm reduction services. Post-experience interventions can ensure that this possible increase in self-care abilities translates into an effective increase in self-care actions, promoting healthy functioning and well-being.

## Conclusion

From the users’ point of view, some people can experience the use of psychedelics as part of a self-care process. Self-perception and existential meaningfulness might be conceived as self-care mechanisms emerging from psychedelic experiences. Self-views and views of reality might be called into question, which can influence health and well-being.

## Note

1. For this study, we adopted the classification of psychedelics according to their effects, which includes not only the so-called “classical” psychedelics (LSD, psilocybin, DMT, mescaline) but also entactogens (like MDMA), and dissociatives (like ketamine and salvia divinorum) (Sessa 2012), since they were all mentioned by the participants of the study.

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