

UNVEILING THE HEALING POTENTIAL: A PHENOMENOLOGICAL EXPLORATION
OF MOTHERS' EXPERIENCES WITH PSILOCYBIN MUSHROOMS IN POSTPARTUM
DEPRESSION

by MADELINE HASKINS

A Thesis Submitted to the Graduate
Faculty of the University of West Georgia in Partial Fulfillment
of the Requirements for the Master of Arts in Psychology Degree

CARROLLTON, GEORGIA
2024

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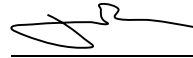
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ABSTRACT

MADELINE HASKINS: UNVEILING THE HEALING POTENTIAL: A PHENOMENOLOGICAL EXPLORATION OF MOTHERS' EXPERIENCES WITH PSILOCYBIN MUSHROOMS IN POSTPARTUM DEPRESSION

(Under the direction of Dr. Christine Simmonds-Moore)

Transitioning into motherhood is a critical time for both the mother and baby. Postpartum depression, which develops shortly after the mother gives birth and causes symptoms such as anxiety, depression, ruminating thoughts, self-doubt, etc. (Bašková et al, 2023; Jairaj & Rucker, 2022) is increasing globally. The lack of research and treatment options for postpartum depression has led some women to seek other healing methods. Psychedelic assisted therapy, specifically, psilocybin, has gained popularity in the past couple of years because of its significant positive results in working with experiences such as depression, anxiety, and PTSD (Barksdale & Pica, 2022). Psilocybin is the psychoactive ingredient in some species of fungi that can elicit healing experiences through processes such as affecting higher-level processing centers in the brain such as the Default Mode Network, and allowing for mystical-type experiences and ego dissolution to help create meaningful perspectives. This thesis aims to explore the lived experiences of mothers who took psilocybin mushrooms during their postpartum depression period as a way of navigational healing in their transition into motherhood. The participants filled out an online anonymous survey and an interpretive phenomenological analysis, laid out by Smith (2015), was used to gather the themes around their experiences. The main themes were the following: (a) Self-Doubt, (b) Situational Turbulence, (c) Pinnacle Moment, and (d) Self-

compassion. The themes are discussed about the mothers' transitions to their new selves and current research on postpartum depression.

Keywords: postpartum depression, psychedelic assisted therapy, psilocybin, default mode network, mystical experiences, ego dissolution, self

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DEDICATION

For my mother, Celeste. May you rest in peace knowing your pain was witnessed and will not have been in vain.

ACKNOWLEDGEMENTS

I would first like to acknowledge and thank Dr. Christine Simmonds-Moore for your energy, time, and support. Your ingenuity and curiosity are unmatched and something to aspire to. Thank you to the rest of my thesis committee, Dr. Tobin Hart and Dr. John Roberts for your support and guidance. Thank you to my life partner, Alex, for being the kind, understanding and patient energy I desperately needed as I conducted this thesis. You kept the light at the end of this very long, dark tunnel alive. Thank you to my best friend Jo for your genuine friendship and helping me laugh through the tough times. Last, but not least, a very special thank you to my three cats who never let me stay up all night working on this thesis alone.

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CHAPTER I

Introduction

In this thesis, I explore the lived experiences of women transitioning into motherhood, suffering from symptoms of postpartum depression, and the impact of psychedelics (specifically psilocybin) during this period. Postpartum depression is the time period after pregnancy when some women struggle significantly in different areas such as negative thoughts, bonding with their baby, feeling a connection to their family/community, handling tasks, etc. (Gabriel et al, 2023). These symptoms can also include but are not limited to feelings of depression, fatigue, anhedonia, sleep/eating disturbances, social engagement, ruminating thoughts, loss of identity, etc (Bašková et al, 2023; Jairaj & Rucker, 2022). Severe cases of postpartum depression lead to suicidal and homicidal thoughts (Atuhaire et al., 2021) and the prevalence of severe postpartum depression has increased to the point that suicide is now the leading cause of death in mothers globally in the year after giving birth, putting it even above heart disease (Patrick, 2013; Taylor et al, 2022). While there has been an increase in research on what is happening biologically in the mother during postpartum depression, and the effects it has on the child's development and attachment styles, there are limited resources and research on the experiential side of postpartum depression from the mothers' point of view.

Postpartum Depression

For a long time, it was believed that postpartum depression was due just to chemical imbalances from the intensity of pregnancy and giving birth and often confused with depression,

which is still partly true, but there is so much more to this time period than what is going on internally in the mother's body. The current response to when a woman is experiencing symptoms of postpartum depression is for it to get treated as Major Depressive Disorder or MDD. Depression, according to the National Library of Medicine, is a mood disorder that causes recurring negative experiences, emotions and thoughts such as sadness, lack of interest, irritable mood, etc. (Chand, 2023). While these symptoms are similar to postpartum depression symptoms, there are currently no lab tests available to test specifically for MDD, but lab tests can differentiate the illnesses that appear as MDD but is something else (e.g. complete blood cell count, blood urea nitrogen and creatinine tests) (Chand, 2023). This dominant discourse of depression has limited the efficacy of researching postpartum depression in its own domain category. Depression is just one symptom of postpartum depression, and focusing on that one aspect instead of the full picture can lead research down pathways that do not lead to proper healing or integration. According to the American College of Obstetricians and Gynecologists, postpartum depression is when women experience debilitating emotions of anxiety, depression, or despair (2021). This definition teaches the symptoms of postpartum depression but it does not explain what is actually going on. Culturally, socially, and psychologically the mother is now in the societal spotlight to see how she handles this new transformative time period, while dealing with new bodily issues and functions, a new sense of self, the responsibility of being the caretaker of another life, maintaining her old self-hood and merging it cohesively with her new identity as a mother, returning to work in an efficient time period while not letting her new responsibilities get in the way of her work ethic, making sure that she is maintaining a healthy and intimate relationship with her partner (if applicable), making time to cultivate and maintain friendships and on top of all of that, and probably what puts stress on all of the things in the list

above, is that she is expected to do all of this in a happy and positive mood. This is an intense amount of change and what Crawford et al. would consider a “work-life shock event”, which activates a mode of sensemaking or seeking to make sense of situations in this new territory of life (2019).

The postpartum period for a woman begins shortly after birth and lasts up to 6-8 weeks or when the body has somewhat returned to “normal” or pre-pregnancy. Biologically, during pregnancy, the body is making arrangements to ensure a conducive environment for the fetus. Post pregnancy, there is a huge drop and shift in the neuromolecules of the body and the added stress of passing the placenta puts the body and mind in high alert affecting areas that typically allow us to manage emotions and stress such as the hippocampus and cingulate cortex (Winstone-Weide et al, 2023). This causes a whirlwind of intense negative and positive emotions and if the mother is not able to navigate these new dual factored symptoms coupled with the new responsibilities of motherhood, then she is at risk of developing postpartum depression. This shift of events, such as caregiver burden or lack of support, is in line with the etiology of depression as its factors of origin are both genetic and environmental (Chand, 2023). When inquiring about depressive symptoms, it is typical to ask about behaviors that relate to taking care of the body such as sleep regulation, appetite, and overall sense of mood and energy (Chand, 2023). The factors most affected by the postpartum period and transition to motherhood are also neurovegetative in nature (e.g. sleeping and eating schedules for both mother and baby) and persist beyond the body and get looped into this psychosomatic wormhole of negative thinking and reaffirming negative thinking if not recognized in a timely manner.

Prevalence of postpartum depression in the United States ranges from 15-25% of women, but globally it is spread between .5% to 60% depending on the country (Abdollahi et al, 2011;

Arakawa et al, 2023; Bašková et al, 2023; Gabriel et al, 2023; Mickelson et al, 2017). Although postpartum depression is a very common side effect after giving birth, it is wildly undiagnosed and untreated with it being estimated 80% of cases go undiagnosed (Abdollahi et al, 2011, Bašková et al, 2023; Stewart & Vigod, 2019). This lack of diagnoses come from different areas such as stigma of being perceived as a “bad” mother, economic status, lack of knowledge, lack of support/time, etc. (Arakawa et al, 2023; Manso-Córdoba et al., 2020). Changing the conversations about postpartum depression and motherhood in general to a more honest and vulnerable conversation can help alleviate the negative effects of the stigmatization surrounding the concept. Social media is a good place to start for this.

Although social media networking sites have the ability to foster environments of honest, vulnerable conversations and allow a place of connection, there are problems in the areas of what is known as influencers (a.k.a paid advertisement). Influencers post positive promotional posts that can create an unrealistic expectation of what mothers “should” be feeling and doing and elicits an environment of compare and contrast. This over comparison and inconsistencies on what is posted online versus actual experience can cause anxiety and shame (Lee, 2022; Moujaes & Verrier, 2020). New mothers, especially ones at risk for PPD, should be mindful of their social media intake and how it may be affecting their self-esteem. Risk factors for PPD include but are not limited to perceived stigma of how a woman should feel about being a new mom, overall support from partner (if partner is present), social support from peers and family, ability to carry out birthing plan, economic status, healthcare provided to mom after pregnancy, education provided to mother, pressure to return to work, etc. (Bašková et al, 2023; Jairaj & Rucker, 2022; Ruble et al., 1990; Winstone-Weide et al, 2023). These are all experiences that can help or hurt our sense of self.

Self

The definition of self is definitely up for debate across the literature. The self can be looked at from a variety of different views and types. The self as a concept and in the beginning of life starts as a simple, diversifying note that we have this body and that we are our own specific piece to a very large social puzzle. As we maneuver through the experiences of our life we are constantly making choices to pick things up to carry with us and dropping others that no longer suit us. This picking and dropping of attributes, self-reflective thoughts, perceptions of ourselves, our reality and how we fit into that is all for the purpose of molding our essence into the shape of a self-concept that we not only recognize, but synthesize with. Through this synthesis, we are able to develop our identity as a human being in a society of other human beings (see Baumeister, 1997).

For the purposes of this thesis the self will be taken from a stance that the self is ever evolving and goes through peak, valley, and plateau experiences depending on our meaning making of our current state of reality. This definition describes a narrative self that continues to be constructed over the lifespan as new events and experiences emerge and we integrate them into our evolving self-concept and identity (McAdams & McLean, 2013). Identity issues and the sense of losing one's self comes from a difference in what a person wishes to be, or imagines their best self to be, and what they believe themselves to be currently and leads to negative experiences such as a decrease in self-esteem, trust in one's abilities to accomplish tasks, anxiety, and other adverse emotional states (Baumeister, 1997).

Major life changes can affect the sense of self. One of the most transformative experiences, for males and females, is when a person becomes a parent. This thesis focuses on

the transition for women into motherhood. The reader is referred to the discussion section, where the possible impact on fathers is discussed

Transition into Motherhood

Culturally, it is imperative for honest conversations about the transition into motherhood to happen to destigmatize the negative experiences these women are having. Pregnancy and women's postpartum period are often described in Western cultures as a beautiful and fulfilling experience, but the more that women are being talked to the more it is shown that this time period is the opposite for most. This time period is more destructive than the "baby blues" that are so commonly talked about. Postpartum depression cases are rising and are now being recognized globally as a major health concern for women (Skoog et al, 2017). Educating women on negative maternal emotions and postpartum depression's implications on the transition to motherhood and the overall health of the mother and child starts with understanding that it is not a fixed, one size fits all process.

In this process of learning how to be a mother and the new roles that go along with it, the mother is prevented from being able to reflect on what just happened to her "self". This lack of integration causes a disconnect or an identity crisis (spoken of in the previous section). Initially, the self may not feel any different but her whole external world has changed, and what she focuses on has changed and this caused a disconnect between who she was and who she is now (Arnold-Baker, 2019). This change and disconnect elicits the need for self-reflection and construction. Following the lines that the self is constructed through a narrative lens of experience and meaning making, research shows that the transition into motherhood and reacquainting ourselves with our new "self" happens gradually and first thoughts on answering big questions such as "what kind of mother will I be" are typically different once the reality of

having to enact the agency of motherhood sets in (Arnold-Baker, 2019). Meeting negative maternal thoughts and postpartum depression with a foundation of understanding and a sense of normalcy, can help break the pattern of self-doubt, anxiety, and distress and lead them to a state of self-compassion and a resolution of self (Raneberg & MacCallum, 2023).

Psychedelic Assisted Therapy

Postpartum depression (PPD) symptoms generally occur shortly after giving birth but can occur up to a year after giving birth (Gabriel et al, 2023). Treatment resistance, or lack of response to treatment, in postpartum depression has been increasingly noticed (Cepeda et al., 2019) and studies have shown that woman who are treated for postpartum depression with antidepressants not only have a longer response time for relief, but also need larger doses of the medication to feel relief showing that there is some separation from PPD and MDD (Sharma et al, 2020). With treatment resistance on the rise for women with PPD, and a lack of emphasis of the loss of self during this time period, it is important that we look at other treatment options that have been put in place and see if there are other options available that may be more viable solutions for these mothers.

Psychedelic assisted therapy is the administration of classic (psilocybin mushrooms, LSD) and non-classic (ketamine, MDMA) psychedelic drugs in the search for effective treatment of different mental health conditions which typically involve patients who have been labeled as treatment resistant. Psychedelic assisted therapy and research, specifically psilocybin, has gained popularity in the past couple of years because of its significant and positive results in working with experiences such as depression, anxiety, and PTSD (Barksdale & Pica, 2022). Psilocybin mushrooms (commonly referred to as magic mushrooms) are a type of mushroom that are found in every continent across the globe and have been used both ceremonially and recreationally

across history (NIDA, 2024). Ingesting ‘magic mushrooms’ creates a psychedelic experience in that the digestion process converts the psilocybin into the compound of psilocin that attaches to and activates serotonin receptors in the brain allowing for serotonergic effects, similar to the desired effects of antidepressants.

As we become more familiar with the abilities of this plant medicine, we can see new areas where it might be helpful. Looking into the potential for psilocybin to be a navigational and healing tool for women with postpartum depression makes sense for many reasons. One of the main reasons is psilocybin’s positive effects on relief from treatment resistant depression up to 6 months after receiving treatment (Cahart-Harris, 2018). It is important to understand that there is a part of the psychedelic experience where the person has to make a choice of “letting go” and allowing themselves to feel the intensity of their emotions and their experience (Fauvel et al., 2018). This letting go can be seen in the participants' survey responses in this research (see results in chapter 4 Discussion) and is crucial in changing negative self-ruminating thoughts into positive self-acceptance and compassion (Fauvel et al., 2018). As one of the key negative effects of postpartum depression is negative ruminating thoughts, it would benefit future research to look into psychedelics as a navigational healing technique in postpartum cases.

Aspects of Psychedelic Experience

Psychedelic experiences seem to have a process in how they elicit meaningful change and reflection on one’s sense of self through three key features: Default Mode Network (DMN), mystical experiences, and ego dissolution. How these features are connected to the psychedelic experience is discussed in chapter 2, but it is important to understand what they are by themselves first. The DMN stretches across the posterior and anterior cortical midline structures of the brain working mainly out of the medial prefrontal cortex, the angular gyrus, and the

posterior cingulate cortex and precuneus (Andrews-Hanna et al., 2014), and is responsible for episodic memory, self-referential processes, ruminating thoughts, imagery, etc. (Lanius et al., 2020). The DMN reflects the neural correlate of the self-concept formulation through the processing of external stimuli, internal stimuli (thought patterns/loops), and memory. Ego death or dissolution is classified as a state of disruption to the current state of one's sense of self (Nour et al., 2016). This disruption causes a person's subjective self to dissipate and turns their view from first-person to third person, allowing for new perspectives and thoughts to be formed. This experience is common under the influence of psychedelics and is typically associated as a precursor to having a mystical experience. Mystical experiences are unique states of consciousness with core features including a sense of unity both externally and internally, ineffability and sacredness of what they are experiencing, transcendence of time/space, an encompassing state of positive emotions, etc. (Barrett & Griffiths, 2018). In summation, postpartum depression is a significantly negative transitional time period that affects mothers shortly after giving birth, and can be intensified through factors such as economic status and level of support following the birth of their child. PPD rates are on the rise, and there are a significant number of women who are not seeking help, leaving these cases undiagnosed and untreated. This intense experience leads to a shift in the mother's internal relationship with herself and how she perceives her reality. With this in mind, it is logical to look at other experiences, such as psychedelic therapy, that are also eliciting changes of one's "self" and their relationship with the world around them, but in a positive manner. The following chapter is a literature review over the three important aspects pertaining to this thesis which are postpartum depression, transition into motherhood, and psychedelic therapy (specifically psilocybin).

CHAPTER II

Literature Review

Women's misrepresentation, misdiagnosis, and general lack of care started dating all the way back to 3rd century B.C (and even before) with Aristotle describing the women's body as "mutilated male" by saying their genitalia was the same as man's but inverted (Mayhew, 2010). With such prominent thinkers and philosophers wildly misunderstanding the female body, it is not a surprise that women to this day are still struggling to be represented fairly in the medical health field both as patients and leaders. As a species, it is time to look at women in their own separate light and stop comparing them to males, especially when it comes to pregnancy, postpartum depression, and how they should be perceiving themselves. The following literature review attempts to cover the current knowledge regarding the postpartum period and also to shed light on the areas where there are gaps in the literature. In looking at the scope of research done on postpartum depression, women's transitions into motherhood and psychedelic studies, there is support for the application of psychedelic therapies into other areas of mental health and wellbeing, including postpartum depression.

Risk Factors for Developing PPD

Alongside the biological risk factors (genetic or lingering physical problems due to giving birth) of postpartum depression there are also psychosocial components that can put a woman more at risk. These risk factors cause maladjustment during and after pregnancy that can lead to the development of postpartum depression. Risk factors include but are not limited to

perceived stigma of how a woman should feel about being a new mom, overall support from partner (if the partner is present), social support from peers and family, ability to carry out birthing plan, economic status, healthcare provided to mom after pregnancy, education provided to the mother, pressure to return to work, etc. (Bašková et al, 2023; Jairaj & Rucker, 2022; Ruble et al., 1990; Winstone-Weide et al, 2023). This transformative time requires an “all hands-on deck” attitude instead of the “not my problem” attitude that western cultures seem to have. It is not just about the mother, but the baby that will one day grow up and hopefully be an active member of our communities

Current Qualitative Research on PPD

While there are very few qualitative studies on women’s experiences with postpartum depression, there are some that have found some interesting results that can help guide future research (such as this thesis) and medical treatment options. A study done by Begley et al. found that women believed that the technical properties of their pregnancy (biologically, physically) and tending to their child was placed in priority over their mental and emotional states (2011). The birth of their child signifies a loss, or separation, of the mother and child. With the priority of the baby’s well-being taking effect immediately after the mother has given birth can resemble a second loss for the mother, a loss of support.

The process of pregnancy to the fruition of birth is a very long road and one that is filled with ample time for the mother to think about how she would like to deliver birth, the kind of mother she wants to be, the temperament of her baby, how she will manage her time with this new responsibility, etc. Once the baby has been delivered, this time of reflection gets cut into non-existence as the new responsibilities of the mother start to pile up. This instant shift creates “violated expectations” which is considered another loss for the mother as what she once thought

this experience would be, is now gone and can leave a damaging mark on the parent child relationship, and the mother's personal relationships such as with her significant other (Flykt et al., 2014). This research was supported by a qualitative study on the experiences of women with PPD by Hesse et al. (2021). According to Hesse et al. (2021), the main themes that came out of their qualitative study of interviewing mothers on their experiences with postpartum depression were "(a) Starting on a bad note: difficult experiences in birth and breast-feeding; (b) Support falling away: the absence of mother's support at key times in pregnancy and birth; (c) No space for mother's mind: the absence of space for processing experience in systems around women; and (d) Unwelcome familiar feelings: the contradictory responses evoked in motherhood" (p. 393). An interesting note from this data is they were able to find out that the mother can have a support system in place and yet still feel the experience of abandonment. Through this transition into her new self, she is also transitioning in her relationship with others, which can emphasize how she is no longer the same to herself or others and can lead to feelings like her support falling away (Hesse et al., 2021). Understanding where the anxiety and discomfort is being created from the mother's perspective allows for a wider scope of this complex experience.

Transition into Motherhood

The transition to motherhood is defined differently depending on what branch the research is coming from, whether it is from the psychology field, medical field, or even the women's studies field. The differences in belief on the transition to motherhood are also heavily influenced by cultural differences and the priority level of the mother's health and safety. For the remainder of this chapter, the transition into motherhood (TIM) will be taken from the side of women's studies that explains that TIM is a multifaceted, intricate process that deals with the integration of social, psychological, physiological, biological, cultural, and historical attributes in

this new role that fosters an environment of self-dissolution that allows for a new sense of self to come to fruition (Hwang et al., 2022). Going off of this definition, it seems postpartum depression occurs when there is a blockage in this transition whether it be due to any of the factors that are in play (socially, biologically, culturally), or problems in being able to fulfill the maternal role (detached bond to baby, unable to breastfeed, time management), which is in line with the risk factors for postpartum depression listed previously. This blockage stems from a difference in how the mother perceived her transition would come into fruition (e.g. wanting to breastfeed) and the actuality of how her transition is (not able to produce milk/get baby to latch on), or in other words, due to a loss of a sense of self. This can create a loop cycle of negative thoughts, which can be very detrimental while caring for a vulnerable newborn, making it very difficult for the mother to actualize her transition into her new self.

The process of TIM is not something one acquires but rather gets metaphorically downloaded into one's system and the new mother must deal with learning how this new intersectionality of all her identities that came before this transition (being a woman, race, partner, employee, family member, friend, etc.) and all of her identities that come during and after the transition (being a mother, food source, role model, etc.). This difficulty of transition and its implications can be explained well by social identity theory, in that TIM influences the mother's social categorization, comparison, and identity (Ellemers, 2024). The female who gave birth to a child is now in a new social categorization- mother, and is dealing with new comparisons- how she is parenting and dealing with the transition into parenthood compared to other mothers, and a new social identity- how she fits into her new role as a mother among other mothers. Wanting to succeed and finding a place in these intersectional groupings of different

identities can lead to excess stress on the mother and her navigating her new sense of self, making this transition more difficult and complex than she might have originally imagined.

There are some holes in the literature when it comes to looking into the “self” in the transition of motherhood and researching this time period as a transitional, transpersonal experience. Current literature is able to hit on a small portion of aspects of the self e.g. returning to work (see Moffet, 2018; Hennekam et al., 2019), but in trying to find research on the holistic transition of one’s sense of self in the aspect of motherhood is seemingly non-existent. This type of research is difficult to conduct on such a dense topic such as the self due to stipulations such as a lack of consensus of what proper adjustment during this time period requires (since all women start at different moments e.g. temporally, emotionally, spiritually, etc.), lack of proper testing measures that cover a large range of aspects of the transition into motherhood and reconstructing the self (surveys often only cover what is needed for the specific research topic at hand), and not testing across the different time periods of this transition to see consistency or fluctuations (e.g. construct comparability) (Ruble et al., 1990).

Current Medical Treatment for PPD

Postpartum depression has been around for centuries, yet medications specifically designed for it have only come about in the last five years. Throughout it being studied, Postpartum depression has been encouraged to be treated with antidepressants, specifically Selective Serotonin Reuptake Inhibitors (SSRIs). While this method has been effective on some women, there are not many studies supporting the effectiveness behind SSRIs and postpartum depression (Sharma et al., 2020). This type of treatment typically takes longer for women to see benefits and that it calls for the woman to take more medication than if they were suffering from a different type of depression (Sharma et al, 2020). Some studies show that antidepressants show

positive results against the placebo, but unfortunately due to the limited number of study samples and lack of information on potential risk to the child, they could not speak on the efficacy of antidepressants and postpartum depression (Molyneaux et al, 2014). PPD is often labeled as a major depressive episode, but there is evidence that PPD is difficult to get into remission labeling it potentially treatment resistant (Jairaj & Rucker, 2022). Getting the right medication the first time when treating depression is difficult and can take different trials to find the one that works best for the patient. Mothers having to go through repeated rounds of different antidepressants because they are not treating the PPD effectively could wait weeks to months to feel relief, which during that time period can lead to worsened PPD symptoms and put further strain on the relationship between the mother and her baby and the health of both (Sharma et al, 2020).

In 2019, the first medication specifically for postpartum depression was released. Zulresso (Brexnalone) shows promise as a treatment plan but the treatment is very expensive and time consuming. The average cost of this medication is around \$34,00 and requires hospitalization where the mother is subjected to side effects such as heavy sedation, loss of consciousness, and does not help prevent the resurfacing of postpartum depression (Jairaj & Rucker, 2022). Luckily, another medication came out in August of 2023 by the name of Zurzuva (Zuranolone). This medication shows more promise in that it is an oral medication that is 14 days long and that positive effects can be seen before those two weeks are up. This allows the mother to stay at home with her child, preventing her from having to find care, but it is still expensive, running on an average of \$15,000. This medication is a step in the right direction but as economic status is a major risk factor for developing PPD, it is imperative that we seek out medications that are more budget-friendly. Zurzuva side effects occur during the treatment and there are withdrawal symptoms from stopping the medication. These side effects include but are

not limited to drowsiness, dizziness, diarrhea, inability to operate heavy machinery/motor vehicle, and suicidal thoughts (see ZurzuvaeTM, 2023). This medication has been able to provide some relief for women struggling with postpartum depression, but further investigation into different methods of treating postpartum depression are needed due to the volume of women being affected.

Psilocybin

Postpartum depression symptoms are very similar to those of Major Depressive Disorder (listed in chapter 1) which is typically medicated with an SSRI. Psilocybin has been found to be more helpful with the symptoms of depression and rumination than typical SSRIs (Barba et al, 2022). This naturally occurring fungi helps foster environments in the mind of elevated mood and creativity, helps increase neuroplasticity in the Default Mode Network (DMN) in the brain, allows the person to feel a sense of reconnection and oneness with the world around them through mystical experiences, and through this can decrease the negative symptoms one might be experiencing such as depression, anxiety, and self-rumination (Van Elk et. al 2022, Rootman et al 2022, Barba et al 2022, Jairaj 2022). Neuroplasticity is the ability of the brain to adapt and shift in both its structure and function across the lifespan to its current needs of stimulus processing (Voss et al., 2017).

As is the case with most drugs, there is a fear of it being addictive or that there will be a withdrawal period when the medication is done. Psilocybin does not lead to “drug-seeking” behaviors and does not have a withdrawal period (Galvão-Coelho, 2021). In fact, psilocybin therapy has been effective in the treatment of symptoms of addiction (Fauvel et al, 2023). Although some symptoms of psychedelic use include negative effects during the trip (e.g. nausea, anxiety), these symptoms typically last the duration of the trip (4-8 hours) and contrary

to popular belief do not lead to further mental decline (e.g. psychosis) (Bienemann et al., 2020). With these symptoms having a less detrimental impact on the mother than those of antidepressants, it is logical to look at the use of psychedelics in the navigation of postpartum depression through the TIM.

Default Mode Network

It is important to note the DMN in this literature as it plays a major role in the institution of one's "self". As noted in chapter 1, the Default Mode Network is a large system of connected sections across the brain's midline that is predominantly active during rest and is active during a variety of internal experiences such as episodic memory, self-referential processes, ruminating thoughts, imagery, etc. (Lanius et al., 2020). This network receives not only more blood flow to this region but it also absorbs more energy too (Carhart-Harris et al., 2014). The DMN fosters an environment of self-inspection and deducing positions about ourselves physically and mentally allowing us to continually mold our sense of self through associating with the personal and social aspects of our lives (Lanius et al., 2020). The DMN is implicated in imagery which plays a role in its efficacy if a person's mental imagery of themselves or their life in reality is more positive or negative. Trauma and PTSD has shown to impact the DMN processes and in turn impacts one's sense of their perceived self (Lanius et al., 2020). Differential DMN connectivity due to trauma, depression, and anxiety is positively correlated with self-ruminating thoughts (Chou et al., 2023), which is a very common symptom of postpartum depression.

Pregnancy and the transition into motherhood is often characterized as a traumatic event. According to the National Institute of Health, 45% of women experience something called birth trauma, which can occur from a multitude of different scenarios ranging from the birthing plan not going accordingly, to the mother's child needing medical attention following birth, to the

mother not receiving the support that she thought she would receive following birth (Beck et al., 2018), which are the same risk factors when looking at women developing postpartum depression (Bašková et al, 2023; Jairaj & Rucker, 2022; Winstone-Weide et al, 2023). When the DMN is negatively affected by experiences such as trauma, extreme stress, or in this case birth, it constricts its abilities to allow information and new thoughts to pass freely to and from different areas of the brain leading to further experiences of negative ruminating thoughts, poor self-esteem, and overwhelm. When psilocybin is digested into psilocin, it attaches to higher level processing centers in the brain, such as the DMN, and helps break the constriction to allow for stimulus to continue to move freely again, calming the neural highways of self-referential thought, memory, and imagery processing, leading to a therapeutic effect.

Psilocybin and DMN

There seems to be a connection between psilocybin, default mode network, and ego death that leads to a change in selfhood. Psychedelic studies (specifically psilocybin) show from brain imaging that higher-level brain processes, such as the DMN, is primarily affected by the administration of psilocybin through its digestion and transition into psilocin (Tagliazucchi et al., 2014). The psychedelic experience of psilocybin has been described as a “high entropy state of consciousness” and allows us to experience a more “primary” state of being that is proposedly possible through psilocybin’s ability to break down the DMN and separate it from the medial temporal lobes (Carhart-Harris et al., 2014). Due to the nature of these areas in the brain dealing with self-reflection and information processing/routing, it is understandable why psychedelic states elicit experiences of a jeopardized self or “ego dissolution” (Tagliazucchi et al., 2014). Imagery is a helpful tool in understanding what is going on here. It is as if the DMN is a pottery wheel and the clay that is added on top are the experiences of existence throughout our days and

memories. As we mold the clay of our experiences into the shape of our sense of self, the DMN regulates the speed of the wheel, and when it is under stress, such as the effects of depression or PTSD, the wheel speed gets too fast or too slow and the clay becomes misshapen and the self turns unrecognizable and a fresh slab of clay is needed. Ego death or dissolution (explained in chapter 1) causes a disruption to “high level priors”, or what a person believes is their specific set of traits or personality, which in most cases of mental health disorders is usually negative. (Carhart-Harris & Friston, 2019). This dissolution of their highlevel priors in the default mode network causes a type of opening throughout the regions that the DMN extends to, allowing new or different stimuli to break through the cycle of ruminating thoughts for a new perspective on the sense of self (Carhart-Harris & Friston, 2019).

Mystical Experiences

This type of ego death or dissolution underpins an experience that is commonly known as a mystical experience (introduced in chapter 1). Mystical experiences have demonstrated to be transformative in areas where one might be struggling with identity issues, isolation, feelings of shame or guilt (ruminating negative thoughts), and self-acceptance (Fauvel et al, 2023; Jairaj & Rucker, 2022). Mystical experiences are not the same as other altered states of consciousness, such as intoxication from alcohol, and more pressing to note that even though they may be considered spiritual in nature by the person experiencing it, they are not a religious experience (Barrett & Griffiths, 2018). The basis of a mystical experience is a sense of unity to the world and reality around an individual, which in cases such as postpartum depression that can cause an identity crisis, is not only relieving but provocative of a new train of thought processes.

Mystical experiences are about connection and unity in areas where there is detachment distress. This connection can lead to a holistic experience with the self, a spiritual other, with

nature, and even with social others such as with one's child. An example of a mystical experience is if someone spends time in nature, and has a sudden feeling of connection and unity with the trees and the earth around them. They become aware of their relationship to the world around them and their sense of self is dissolved and extended into the universe around them, guiding them to a better understanding of their meaning of existence through the connection of their inside world of self, and the external world that their self is filtered through. This experience leads to a more transpersonal aspect of self that transcends past the ego to a union with the cosmic reality of our existence in this universe. The level of self-dissolution positively correlates to the intensity that one experiences mystical phenomena. Feeling a part of the world you live in and finding meaning in your connection to the different aspects of reality, or having a mystical experience, contributes to the betterment of one's mental health following a psychedelic experience (Barrett & Griffiths, 2017).

When looking at the influence psilocybin has over the DMN, ego dissolution, and mystical experiences and its abilities all together, it makes etiological sense as to why psychedelic therapy would be a helpful tool in terms of navigating the self post-pregnancy and during postpartum depression. The changing of one's perspectives about their sense of self has been the power source of psychedelic effectiveness in therapeutic settings (Milliere et al, 2018). In a study done by Griffiths et al. (2006) on psilocybin and mystical experiences, they were able to report that "volunteers rated the psilocybin experience as having substantial personal meaning and spiritual significance and attributed to the experience sustained positive changes in attitudes and behavior consistent with changes rated by community observers" (p. 268). Multiple studies have shown that along the lines of significant spiritual experiences, psilocybin was ranked within their top five experiences in over 67% of cases (Barrett & Griffiths, 2017; Griffiths et al., 2006,

2008, 2011, 2016, 2018). These results show that the effects of psilocybin are not only substantial but also long lasting which is important when dealing with a mother who is not only dealing with the responsibilities of motherhood but also a shift in her identity. The substantial and lasting effects of psilocybin treatment is more efficient for the mother when considering time and cost. The mother would not have to add an additional daily task to her stressful new regiment such as a daily medication/treatment.

In looking at the current literature on postpartum depression, transitioning into motherhood, and psychedelic studies and therapy, there is clear overlap that calls for a shift in attention on the potential efficacy of psilocybin treatment as a navigational healing mechanism in the instances of postpartum depression. This thesis research aims to answer the question: *how does psilocybin mushrooms affect the lived experiences of mothers transitioning into their new roles while suffering from postpartum depression?*

CHAPTER III

Methodology

Due to the personal and vulnerable nature of this research, a phenomenological approach and analysis was chosen. In looking at the lived experiences of mothers navigating their new sense of self in the turmoil of postpartum depression coupled with the use of psilocybin, an interpretive phenomenological analysis was conducted on their responses. The participants who participated in this study are a part of a very niche group of individuals, which makes their experiences important to study. Interpretive Phenomenological Analysis (IPA) epistemologically is more focused on the qualities and attributes of an experience as it is experienced by, in this instance, the mother and allows her to be in the “expert chair” on her experiences (Smith, 2015). This focus on the lived experience rather than the phenomenon itself, coupled with its expressivist ontological nature, gives reason to why this was the best method to go about researching how psilocybin affects the lived experiences of mothers transitioning into their new roles while suffering from postpartum depression.

Design and Materials

Safety of the mother and the child were important factors when deciding the inclusionary and exclusionary variables of this research. All participants were given a consent form that explained the research topic at hand, survey questions that they would be asked, and a list of help services if they think that they need further support. The reader is directed to Appendix A for the consent form used. Currently, psilocybin is registered as a schedule I drug and is in the midst of

review to be rescheduled under a schedule III drug, which would open it up to being able to be prescribed by doctors. Since it is still under review, maintaining anonymity and protecting the participants' identities was crucial. This research was conducted by an online open-ended survey that is completely anonymous to protect the identity of the mother and her child/children. The survey was created and administered through Qualtrics and the IP addresses were turned off to ensure anonymity.

The primary method of conducting IPA is through the use of open-ended semi-structured interview questions, or in this case open-ended survey questions. IPA was a good fit to the research question due to it being severely under researched and novice in nature, coupled with interpretive phenomenological analysis's "central analytic concern" on cognition that emphasizes the sense making and mental processes of the participants at hand (Smith, 2015). A quantitative study could show that something is happening with these women who took psilocybin mushrooms, but it could not speak on why this experience is important to the participant or shed light on other areas that the researcher may not have thought of previously. It can allow for updated changes in previous belief systems, and give a platform for the participant to share their voice. It was important to stay true to the ability of IPA to shed light on the lived experiences of the person experiencing the phenomenon and as such the open-ended questions were designed to allow the mother to freely express her experiences as they occurred in her reality so that future research and treatment plans can have a more holistic view on what is important during this transformative time.

When developing the survey questions, it was important to the researcher that the focus was on the mother's experiences and that the questions covered areas such as during pregnancy, postpartum, their symptoms of PPD, how they came about ingesting psilocybin, and the

meanings they received from their experiences. The reader is directed to Appendix A for the schedule of survey questions. Focusing on a temporal timeline of a “before, during, and after” their psychedelic experience was important to be able to witness any changes that the mother may have experienced during this time period. Due to the survey being online and anonymous, most questions were given with examples to where the mother could take her answers in the case she needed clarification of the nature of the questions.

Participants

Due to the psychopharmacological aspect of this study, criteria for women to participate covered different ethical areas to ensure safety, such as age, prior mental health history, and current medications being taken. Participants able to complete the survey had to be at least 21 years old, given birth to at least one child, a self-disclosed diagnosis of postpartum depression with no comorbidities (e.g. other mental health diagnoses such as schizophrenia), ingested psilocybin mushrooms during their postpartum depression period, and not currently taking any SSRIs. Each of the mothers was given a consent form with the survey questions attached (so they could decide before starting if this was something they wished to speak on as it is intimate in nature), and because it was anonymous they were given a list of mental health services and mom support groups in the case they needed some extra help after speaking on such a difficult time of their lives. The goal of this thesis was to attain as many survey responses as possible from mothers who fit the above criteria. A list on the inclusion/exclusion criteria can be found in the appendix section. The participants have been given pseudonyms and any identifiable information has been changed for their safety. There were a total of 4 participants in this study.

Procedure

Methodology of conducting this IPA research was followed by the guidelines laid out by Smith (2015). IPA emphasizes the active role of both the participants and the researcher, as access to this world of meaningful experience cannot happen singularly (Smith, 2015). The purpose of this study is to find out more about the experience of postpartum depression and the transition into motherhood from the perspective of the mother. This study does not aim to make any generalizations on the experiences of TIM, psychedelic experiences, or postpartum depression. It is looking at how these women have navigated this time period as a potential healing mechanism, and what thematic meanings they encountered during it which is in line with the goal of IPA (Smith, 2015).

Once the survey responses were received, the answers were then analyzed following Smith's (2015) IPA layout. There were two main steps in reviewing the responses. The first was an idiographic analysis of each participant's responses after being read through multiple times while taking notes as each time reading the data not only familiarizes the researcher with the data (see Appendix B), but also allows for different perspectives to be illuminated through each read. Taking notes through the readings includes an initial understanding of the meaning that the researcher is trying to decipher through the information given by the participant, and an initial coding of themes that reflect what is being said in the data. The next step was to sort and cluster the themes from the participants into a master set of overarching themes from the participants. As IPA is idiographic in nature and is concerned with both similar and different experiences lived by the participants, it was important that the participant's responses were analyzed individually first and then all together (Smith, 2015).

Ethics

This thesis was approved by the Institutional Review Board at the University of West Georgia under the guidance of Dr. Christine Simmonds-Moore. While I, nor anyone involved in this research, do not condone the use of illegal drugs outside of proper medical treatment or clinical research, I am an advocate for the continuation of psychedelic research and expanding our knowledge on the scope of what this research can do for humanity. Due to the vulnerable nature of this research and that the participants are anonymous to me, I have provided help services for the participants should they need further assistance after completing the survey. These services included help for mental health, parenting, and support groups. Details such as the survey schedule were included on the consent form so that the participant could make an educated decision on whether or not they wished to participate (the reader is directed to the ethics section of the consent form that can be located in Appendix A). Due to research currently being in progress on the comorbidity effects, participants mixing the use of psilocybin with SSRIs were extracted from the data pool.

Reflexivity Statement

IPA involves a double hermeneutic, in that the researcher is interpreting the participants' interpretations of their experiences. Due to the anonymous nature of the open-ended surveys in protection of the mother, there was some concern in the validity of the interpretations done by the researcher since it was not possible to check in with the participants themselves. The researcher has an academic background in psychedelic studies, both an academic and personal background in postpartum depression, and was careful to not make assumptions that could not be backed up by quotes given from the participants. Conducting an online survey instead of in person interviews, while difficult, lessens bias from the participants as they could not change

their answers based on the researcher. The researcher's mother suffered severely from postpartum depression and has not personally given birth to any children. This decreased bias as it allowed the researcher to stay consistent with the meanings that the participants were portraying, and not influence their interpretations by personal experience of transitioning into motherhood.

CHAPTER IV

Results

There were four participants that completed the series of open-ended questions. To protect their identities and to keep their personhood, the participants were given meaningful pseudonyms. This results section will analyze each of the mothers separately, going over emerging sub-themes that were illuminating through their responses. A table of these subthemes and examples from their responses can be seen immediately following each of their analyses. From the emerging sub-themes that were found, there were 4 main superordinate themes across the participants' responses which were: Living with Self-Doubt, Unexpected Situational Turbulence, Pinnacle Moment, and Self-Compassion. The main themes analysis and table can be found following the individual results of each mother (following Smith's (2015) IPA layout). While the themes from the different participants in this research aligned with each other, this was by happenstance from their emerging themes overlapping and was not an expectation of the researcher that they would be similar to one another.

Celeste

Celeste's experiences and subthemes gathered from her survey responses attributed to each of the superordinate themes of self-doubt, situational turbulence, pinnacle moment, and self-compassion. View Table 1 Celeste immediately following this write up to see emerging themes that were collected from Celeste's survey responses.

Self-Doubt

Her self-doubt came from sub themes of “fear of harming her baby” and the “pressures” to fulfill the role of motherhood. Self-doubt for Celeste is doubting her ability to complete actions to a certain standard and feeling that her internal thought processes are not of her mind, but rather “intrusive”. She had this overwhelming sense of pressure to fulfill her roles and a debilitating fear that her baby would be harmed in a violent and explicit manner. She also spoke of her support system and her significant other, that gave insight to her PPD experience as she still struggled even though she objectively had a strong support system. She spoke adamantly about her thoughts not being of her own and outside the realm of her control which showed a theme of being “acted upon”. These negative thoughts and feelings seemed contradictory to her speaking of her preparedness for the transition into motherhood, which was another one of her sub-themes.

The sub themes of “roles” and a sense of “pressure” were noted when Celeste referred to herself as the ‘food source for another being’ and spoke on the pressures of when feeding time does not go according to plan. This puts stress on the mother in two ways. 1- she recognizes that her primary job is to feed her child and she is unable to do so, and 2- hard times with lactation and feeding are often coupled with a lack of bond between mother and baby which can create negative feedback loops that can increase the level of self-doubt. Celeste’s sub theme of being “acted upon” or even violated comes from her experiencing intense intrusive thoughts. Celeste suffered from severe intrusive thoughts about ‘accidentally dropping my baby’ and ‘picture her skull being fractured and blood everywhere’. These thoughts are graphic, scary, and potentially dangerous for both the mother and the child and allude to this sense that the mother is being acted upon against her wishes alluding to a doubt of her “self”. The pressures she felt about ‘am I

stimulating my baby enough' and also feelings of 'tired, overtouch' show this push and pull between what she thinks she needs to be doing according to society and what her body is telling her.

Situational Turbulence

Situational turbulence for Celeste came from experiences throughout her pregnancy and postpartum that she felt like she understood and felt prepared for, but this did not end up being the case. The term situational turbulence assumes a disruption of expectations. Her experiences compared to her reality were very different from each other causing a disruption to her "self", and correlating to her self-doubt in an almost cyclical manner. The more situational turbulence she experienced the more she suffered from self-doubt.

Celeste was seemingly ready for her pregnancy with sub themes such as a supportive "significant other" and "support system" by her side. Her emerging subtheme of "readiness for transition" was illuminated when said she 'wanted this transition' and 'truly felt ready for it' and yet she still suffered from postpartum depression. She said that her 'support system has been truly remarkable' and that she and her husband were making time for 'intimacy and friendship'. She didn't 'realize how independent (she) was' until her independence was taken away. It is important to start a conversation on what the mother was expecting versus her reality. Her external world (intimacy needs, friendship, older) was in order for a smooth transition, yet her internal world was in turmoil. This shows that even though a lot of the risk factors that come with postpartum depression are external factors, that the change inward can still be a difficult task, especially left untreated. This difference in expectations compared to reality supports the superordinate theme of situational turbulence.

Pinnacle Moment

The pinnacle moment for Celeste came from her decision to try psilocybin due to seemingly being out of options for healing. Her pinnacle moment could also be viewed from the perspective of a rock bottom type experience where she could not elicit the changes she needed by herself. This pinnacle moment started from her decision to try psilocybin mushrooms, but also includes the sub themes of “shifts in perspective” (new thought patterns and beliefs) and feelings of “congruence and relief” (negative symptoms subsiding).

The relief she felt was directly in line with a calming of her intrusive thoughts, which allowed for a different mindset to take effect, eliciting her mystical experience. This allowed her to be able to not be bombarded by her feelings, but to welcome them in as a sense of her “self” again. Celeste immediately began to discuss the positive effects of her psilocybin experience. She ingested the mushrooms before, during (very small amount), and after pregnancy (larger amount). Although she did not recall any change during her pregnancy, there were major changes that happened after she took them during her postpartum period. Every word used to describe the effects of psychedelics was action positive. She said that they (meaning her experience with psilocybin mushrooms) ‘helped me feel’, ‘being in the moment’, ‘regulated intrusive thoughts’ and ‘helped balance out’. This pinnacle moment which touches on the emerging sub theme of “congruence” or “relief from psychedelics” alludes to the next superordinate theme of “Self-compassion”. This balancing out and regulation of intrusive thoughts can allow the mind to be able to focus on other things (e.g. process stimuli with a clearer head).

Self-Compassion

Self-compassion was supported through Celeste's sub themes of "acceptance" (taking in her situation as it is), "mystical experiences" (an experience unlike others that she has had), "feelings" (connection between her "self" and her child), and "wanting to share her experience" (belief in what she has been through and how it could benefit others). From these sub-themes, self-compassion for Celeste was her ability to love herself, her baby, and her new life as a mother free from judgment.

Psychedelics were not only able to work quickly, but effectively and 'sustained for weeks'. Celeste's mystical experience led to her 'mood being elevated' and her 'intrusive thoughts would go away' and that she 'wouldn't feel so narrowed in on myself or my feelings'. There is this shift from self-doubt to self-compassion and overlaps with the sub theme of "shift in perspective":

"I felt the energy to love and express love to my partner and others around me. I know that in order to feel loved and be loved, I have to open myself up to receiving love. Even if it's not the form I would seek at the time"

There is this introspection that is occurring where she is not only aware of the part that life is playing but also the part that she plays in this situation. She has been reopened to being open to love and acceptance as she gets more in tune with her new self. She is willing to accept that which she cannot change. She defines her core value of life is to be loved and with that knowledge she can act in accordance to achieving that goal. These new insights are powerful for any human, not just a mother transitioning into her new self. She thinks 'every mother should know about this and how positively it can impact them'. 'Every mother' shows the gravity of the mystical phenomena of psychedelics and how they can help bring back to life a part of them that

might feel like it died. The emerging sub theme of wanting to share this experience is important as it was previously explained that there is a lurking sense of shame that mothers feel from their diagnosis of postpartum depression, and wanting to share their experience alludes to a relief from that shame.

The judgment she felt or perceived turned into compassion and love and through that, she was able to realign herself with her new reality more cohesively and positively for herself, her baby, and her family. The table below shows Celeste's sub-themes as they relate to the main themes, including examples from her survey responses.

Table 1 Celeste

<u>1- Living with Self-doubt/Fear</u> <i>-Roles/pressure</i> <i>-Fear of harming baby</i> <u>2-Unexpected Situational Turbulence</u> <i>-Significant other</i> <i>-Support system</i> <i>-Acted upon</i> <i>-Readiness for transition</i> <u>3- Pinnacle moment/Shift in Perspective</u> <i>-Congruence/relief</i> <i>-Shift in perspective</i> <u>4- Self Compassion/Acceptance</u> <i>-Acceptance</i> <i>-Mystical/New Experience</i> <i>-Feelings</i> <i>-Want to share experience</i>	“It is a huge responsibility to be the food source for another being...” “I picture her skull being fractured and blood everywhere. It’s a fear I have had even for other people's babies babysitting over the years.” “worked with my husband on making sure we have alone time for intimacy and friendship.” “my support system has been truly remarkable” “I’ve experienced is intrusive thoughts “ “Honestly, being 31 I wanted this transition.” “As well it regulated intrusive thoughts. Helped balance out my feelings of emptiness or sudden sadness.” “I know that in order to feel loved and be loved I have to open myself up to receiving love.” “Even if it’s not the form I would seek at the time” “nothing compares” “it really helped me feel the “feelings” of happiness and acceptance of having a child’ “Every Mother should know about this”
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Tina

From Tina's survey responses there were many sub themes collected that attributed to the superordinate themes of "Self-doubt", "Situational Turbulence", "Pinnacle Moment", and "Self compassion". View Table 2 Tina immediately following this write up to see emerging sub themes that were collected from Tina's survey responses.

Self-Doubt

Tina's self-doubt came from a multitude of emerging sub-themes such as "acted upon" (feeling that her body was not under her control), "roles/pressure" (having to work, go to school, and be a mother), and her "disconnection to her baby" (not being able to bond with her), and "shift in perspective" (not realizing how different life would be). From these sub-themes, Tina's self-doubt can be defined as her feeling out of control in her life which leads to her doubting that it will end up working out or being a positive experience.

Her child was born so prematurely that her mother could only describe her as 'the most beautiful alien'. Immediately after giving birth, the reality of her traumatic birthing experience set in and she felt a "disconnection to her baby":

"I was unable to hold her for 6 weeks due to her being unstable and critical. I didn't get to bond with her I was a full-time student, and work full time"

Tina was unable to hold her "beautiful alien" for six weeks and was unable to bring her home for 5 months, which in a state of postpartum can highly increase the chances of developing ppd or postpartum psychosis. This time period is critical in forming a bond and can negatively impact both the attachment styles of the mother and the baby. Not to mention, hospital stays are very expensive and time consuming. Having to work and go to school full time immediately after pregnancy does not allow space or time for the mother to sit with herself and discover her new

self as a mother while still acting in the roles she played before pregnancy. Her anxiety was “crippling” which can lead to poor performance in other areas in her life that are necessary to provide for her child. Her doctor increased her medications to the fullest extent which results can take time, and the symptoms can make it harder to function in her new stressful schedule. Having to choose between mental health, and being able to support your livelihood is not a choice that anyone should have to make and can emphasize feelings of self-doubt. Tina experienced her sub theme “shift in perspective” immediately after finding out she was pregnant:

“I was married for 10 years before I had my daughter. I enjoyed living life to the fullest. The day I found out I was pregnant, everything changed”

The child became real for Tina as soon as she discovered she was pregnant. She must immediately change her lifestyle as soon as she finds out. This can change her ability to “live life to the fullest”, as she put it, and possibly some of her relationships, and this can cause selfdoubt. She spoke of crying ‘every day for months’ and that her pain was constant.

Situational Turbulence

Tina’s expectations of following what is suggested during pregnancy and having a good support system allowing for a positive transition into motherhood and the reality of her experiences were vastly different creating an environment of situational turbulence, or unexpected experiences. This superordinate theme of situational turbulence was supported by her emerging sub-themes of feeling “acted upon” (overlapped from self-doubt section), “unexpected birthing plan” (baby being born unexpectedly prematurely), and “significant other” (having objectively good support from spouse). Even though she spoke of a long lasting relationship with her significant other, which is an important aspect of her story, she contributed to the main theme of situational turbulence from her birthing plan not going according to how she thought it would.

Tina's pregnancy was very traumatic and did not go according to plan, which caused serious issues during her postpartum period. This sub-theme of "unexpected birthing plan" and feeling "acted upon", seen in Table 2 Tina below, is shown when she said:

"My daughter was in the NICU for 5 months due to prematurity. I felt like my body failed her even though I did everything possible to provide the best womb for her. I never smoked, consumed any drugs or alcohol, eliminated any caffeine, and followed any pregnancy rules there were. Unfortunately, my body decided to develop Hellp Syndrome."

Tina's effort to provide a healthy womb for her baby is obvious and it is interesting that her language assumes a separation between her and her body when she speaks of 'my body failed her' and 'my body decided' supporting her sub-theme of feeling "acted upon". From her language choice, it seems that she feels that her 'self' is being violated against its will. It is important to speak about how sometimes, even when you do everything right and you try your best, things can still go wrong, and that has nothing to do with the mother's love for her baby as she goes on to let us know that she has 'loved my daughter every second since her birth'. This separation from her body was an unexpected negative experience and contributes to the superordinate theme of "situational turbulence".

Pinnacle Moment

The pinnacle moment of change for Tina came through her sub-theme of this feeling of "congruence and relief" (a shift from negative thoughts to positive). Her husband did some research and suggested that she look into taking psilocybin as 'he believes in natural medicine.' Her psychedelic experience illustrates her theme of this congruence in thought and relief of painful symptoms:

“A light flipped inside of me. I know I could do this. I could handle any outcomes. The mushrooms gave me peace. For the first time in months I stopped crying, and finally smiled.”

There is this new-found trust in her ability to ‘handle any outcomes’, ‘overcome my hardships’ and she ‘finally smiled’ elucidates her pinnacle moment of change and leads her to a sense of self-compassion.

Self-Compassion

Self-compassion for Tina was present when she was able to believe in herself again and her abilities handle her transition into motherhood. Sub-themes from Tina that attributed to the superordinate theme of “self-compassion” were “mystical/new experience” (a new sense of self/meaning), “refinding/learning self” (remembering she is a capable person), and “feelings” (feeling she could do it, not just thinking she could). Self-compassion for Tina is her ability to not judge herself off of the situations that happened throughout her transition into motherhood that were outside of her control and believing in herself as much as she did prior to becoming a mother.

Self-compassion came from the psychedelics ability to allow for personal growth and introspection without judgment. She got this message through watching TV, ‘...I watched an episode of the office where Pam refused to have her baby because she was not ready...’ and mentioned that she knows it’s odd that this happened. Her mystical experience of connecting with the TV character’s self allowed Tina to ‘[get] a new meaning of self-worth’ was able to find this meaning through connecting her experience with her reality. Her having to preframe her experience with that it is odd, puts her in a position of feeling the need to defend her experience. This may be due to social stigma or people’s lack of information about psychedelic experiences.

Table 2 Tina

<u>1- Living with Self-doubt/Fear</u> <i>-Roles/pressure</i> <i>-Disconnection to Baby</i> <i>-Shift in Perspective</i> <u>2-Unexpected Situational Turbulence</u> <i>-Significant Other</i> <i>-Unexpected Birthing Plan</i> <i>-Acted upon</i> <i>-Worse than RegularAnxiety/Depression</i> <u>3- Pinnacle moment/Shift in Perspective</u> <i>-Congruence/Relief</i> <u>4- Self Compassion/Acceptance</u> <i>-Mystical/New Experience</i> <i>-Refinding/Learning Self</i> <i>-Feelings</i>	“full time student, and work full time.” “I didn't get to bond with her” “The day I found out I was pregnant everything changed.” “married for 10 years before I had my daughter.” “She had to be delivered at 26 weeks.” “my body decided “ “had severe depression and anxiety.” “A light flipped inside of me” “ meaning of self worth” “I could handle any outcomes.” “feel like I could overcome”
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Laura

Laura had two children and suffered from Postpartum depression after both of her pregnancies, but only ingested psilocybin mushrooms after her second child. She experienced a wide range of situations that contributed to the main themes of “self-doubt”, “situational turbulence”, “pinnacle moment”, and “self-compassion”. Review Table 3 Laura below to see her specific sub-themes and examples from her survey.

Self-Doubt

From Laura’s responses there were many insightful sub-themes that came out of her experience of self-doubt. These sub-themes help define what self-doubt looked like from Laura’s experiences. Her sub-themes were: “roles/pressure” (expectations of herself), “disconnection to baby” (not being able to bond), “disbelief in doctors” (did not feel like they could help her), “fear of harming baby” (believing that she will harm her baby), and “societal pressures” (feeling pressure from the culture that she lives in to be and perform a certain way). Laura’s self-doubt stems heavily from a distrust that leaks throughout the different areas of her life such as herself, medical doctors, and society

Her “disbelief in doctors” is shown when she speaks of her healing experience and says that her doctor is unable to “fix” what is going on, which can also increase her self-doubt placed on herself that help is not coming. Laura’s second pregnancy was filled with turmoil as ‘the father took off when I was 3 months pregnant’ and that ‘Both times my placenta stopped feeding my babies, so they were both delivered early’. These examples illuminate the sub-themes of “significant other”, and feeling “acted upon” which overlap some with the major theme of “situational turbulence” in that these unexpected situations increase her levels of self-doubt. She described her sub-theme of “disconnection to her baby” through her experience of pregnancy as

‘almost like an alien the baby growing inside depletes SO much of your Energy and Life-force’. She is having to relearn herself on an emotional, spiritual, and physical level. She feels as though pregnancy was an attack on her body and changed it against her. The separation of the bond to her child causes her to view her pregnancy as draining her life force. In her transition from being a single person to a mother she immediately feels the self-doubt inducing weight of her new “roles/pressures” and described this sub-theme as:

“Mind blowing! My first thought after my first day back home with her was, "Wait! I Have to do ALL of this EVERY single day!" It changed SO much in me, especially the FULL responsibility of the new life I brought into the world.”

There is a moment where reality sets in, and this new life has begun whether the mother feels ready for it or not. Laura talks of this immense change in her and the pressure of having to take care of her child every day by herself. It is understandable that in trying to figure oneself out, it would be hard to start a relationship with a new human, much more a baby who cannot talk, and is under your supervision. Parents make mistakes because they are people, but when dealing with intense anxiety and depression, small mistakes or changes can really impact the mother’s sense of self and increase her negative side effects to PPD. Laura described her state of postpartum depression as ‘absolutely terrifying’ and that ‘anxiety is not even the word’ showing this sub-theme of “fear of harming the baby”. Laura explained:

“I could not be left alone with my first daughter for almost 3 months, my mother literally had to sleep with me in bed. I felt hopeless and scared, no matter how hard I tried I could not shut off the loud chatter of how much I'll fail, and how my baby was so much better off without me! I had horrible visions that played right in front of me LIKE A MOVIE, of my baby burning

alive or getting some horrible disease. Every thought I had was negative and I could not escape the constant circle of negative thoughts.”

She has lost all of her sense of self and ability to not harm her baby. There are two very lucky things that happened in Laura’s scary and horrible experience above. The first is that she knew she needed help and asked for it, and the second was that her mother was around to help her through it. Social support in this situation was very important to the safety of Laura and her child, but did not seem to alleviate her symptoms of self-doubt. Often cases that get this severe go unnoticed until it is too late, and either the mother, the child, or both are harmed. Laura is not the only mother who has experiences like these, yet because of the fear of being stigmatized as a bad mother, it goes unspoken and the cycle continues. This is why research and platforms that allow moms to share their true experiences free from inhibition is so important. This is where ego dissolution and a “reset” is needed to break out of her own judgment, and intense self-doubt

Situational Turbulence

Laura experienced quite a bit more situational turbulence than the other mothers that participated in this research. Situational turbulence, for Laura, can be explained as experiences of violated expectations with hers having an emphasis on outside sources of turbulence, such as the children’s fathers not staying around. Sub-themes that emerged to support this superordinate theme of situational turbulence were: “unexpected birthing plan” (expectations of birth and comparison of pregnancies), “significant other” (not having the partner she thought she would”, and “support system” (saving herself and her child from herself), and “acted upon” (having something happen against her wishes).

Her powerful sub-theme of an “unexpected birthing plan” showed that how she thought her birth was going to come into fruition and how it actually happened were very different from

each other, alluding to situational turbulence being experienced. This is represented when she said: “Both times my placenta stopped feeding my babies, so they were both delivered early.”

She experienced adverse situations regarding her significant others and her support systems. In her experience, these themes were both positive and negative for her as she experienced both great support and great lack of support. Laura had two children and each one of her pregnancies were different from the other, but both resulted in her developing postpartum depression. In her first pregnancy, Laura describes it as ‘My first pregnancy was SO much easier than my 2nd’, and that the child’s father ‘fed me well and helped my mental health’. External support is very important during pregnancy and during the postpartum stage. With him having to leave immediately after her child was born (due to being incarcerated), this through off her mental health/eating regiment, coupled with the stigma of her child’s father being incarcerated, and her birthing plan not going according to plan, was all a recipe for a postpartum depression disaster.

From this and her intrusive thoughts, she also had a sense of feeling “acted upon” showing a split between her consciousness and what she perceives as herself and in the realm of her control. She stated that “no matter how hard I tried I could not shut off the loud chatter” which underpins the experience of her expectations being disrupted. Her sub-theme of “postpartum being different” from “regular” anxiety and depression shows that while these symptoms may be occurring, they do not quite describe the totality of the reality of their symptoms as they are experiencing them, alluding to the superordinate theme of situational turbulence.

Pinnacle Moment

Laura describes this state of feeling like there is “no way out” and this symbolizes a metaphorically rock bottom of her experience where there was no end in sight to her pain and discomfort. The pinnacle moment, in this experience, is a transformative moment of losing complete control to be able to start again. This was supported by her sub-themes of “congruence and relief” (a shift of symptoms from negative to positive), a “shift in perspective” (coming to a new understanding of what she needed), which was from this sense of feeling like there was “no way out” (feeling trapped), and the last sub-theme under this category was this sense of “saving” (feeling like her and her children’s lives were in jeopardy).

From her psychedelic experience, she speaks of this theme of being “saved” by her psilocybin experience and that through this saving she was able to have a “shift in perspective” and find congruence and relief in her struggle. Her language after her psychedelic experience was completely different and highlights the larger theme of having a pinnacle moment, where everything changed for her. Laura said:

“Psychedelics have and always will help me find my "center" again. Helped me to literally FEEL again. Where postpartum turned off my complete control mushrooms helped me find my way back. I could FEEL LOVE coursing through my soul. I would've never found my way back if it wasn't for Psychedelics. [My trip was] Terrible at first, throwing up horrible anxiety, a trip I could not control. But that's what was needed, I needed to lose complete control to feel the Energy of LOVE reopen my door too feeling. I KNEW I needed to self-medicate in a way that no doctor could fix.”

There is a big theme of feeling lost and then found again. She has to ‘lose complete control’ or what is often referred to as ‘ego death’ and build a new sense of self through her new

lens on life. There is an emphasis on ‘feeling’ which shows a lack thereof prior to her psychedelic experience. Even though she was uncomfortable at first, visceral reactions (e.g. throwing up) can appear from emotional states and cleanse the soul. She ‘felt’ the love ‘coursing’ through her soul as if it were some type of blood transfusion. She feels as though she would have never been found without psychedelics. It was truly her final resort, or her “pinnacle moment”

Self-Compassion

Laura’s ability to come to a point of self-compassion, understanding herself through love and flexibility instead of criticism, came from her experiences of the sub-themes “acceptance” (she is not postpartum depression, she is suffering from postpartum depression), “mystical experience” (connection to the energy of love), “refinding/learning about self” (understanding oneself better or in a different way), and “feelings” (to be able to feel instead of being numb).

It is important to note that this relief was felt without needing external changes to her life. Her relief was from internal introspection and work on new perspectives. She did not believe that another human could fix her in the way that this plant medicine was able to. She needed to ‘self medicate’ meaning that her “self” was in need of medication and can be affected by the mystical states that psychedelics foster. Laura goes on to speak about the relief and change in “feelings” she had:

“It helped me to FEEL again where I was just numb and full of fear. It shattered through those Fears and showed me the beauty I thought I could never find again”

She refers to a fear of not being able to see things as she did in her old life. The transition into motherhood is not one that starts with a blank canvas. There is the person the mother was before and that person is still there. It is her ability to take her new self combined with the old and infuse them together. Before her psychedelic experience she felt this sense of no way out and

describes it as feeling like “I could not escape”. This sense of hopelessness is a dangerous path to walk on when the self is currently disrupted.

Through her ability to cohesively merge the past self and her new self as a mother, she felt as though psychedelics “literally saved my life and my daughters” and that ‘it helped me find God and the spiritual path [that] I have been on ever since’. There is a lot to unpack in those two statements. The first is that her and her daughter’s life was in jeopardy so terrible that she felt that her and her daughters were saved because of her experience and the change it elicited in her. The “mystical experience” she had allowed her to find a connection to the “energy of love” and “God”. It is not every case where one finds a relationship with God through a psychedelic or mystical experience, although it does happen. This experience of a spiritual path and connection continued for her past her psychedelic experience, which is important because it shows a lasting effect and relief. Her long-lasting relief is important for the life of a mom who described motherhood “[as] the hardest job in the world and society makes us feel so much pressure”.

It is important for her to integrate how ‘psychedelics help us to see things in a new light, a different perspective’, which brings her closer to self-compassion allowing her to develop a sense of self and find meaning in her experience without negative judgment that is unhelpful to a conducive sense of identity. to maintain her sense of self and find meaning in her experience. New perspectives being revealed help break up ruminating thoughts, because it breaks the loop of the same thought and can allow us to understand why the negative thoughts are not true or not helpful.

Table 3 Laura

<u>1- Living with Self-doubt/Fear</u> -Roles/Pressure -Disconnection to Baby -Disbelief in Doctors -Fear of Harming Baby -Societal Pressures <u>2-Unexpected Situational Turbulence</u> -Significant Other -Support System -Unexpected Birthing Plan -Acted Upon -Pregnancy vs Postpartum -Symptoms Pregnancy -Worse than Regular Anxiety/Depression <u>3- Pinnacle moment/Shift in Perspective</u> -Congruence/Relief -Shift in Perspective -No Way Out -Saving <u>4- Self Compassion/Acceptance</u> -Acceptance -Mystical/New Experience -Refinding/Learning Self -Feelings-	"Wait! I Have to do ALL of this EVERY single day!" "NEVER felt "natural", completely "Alien" "in a way that no doctor could fix." "Fear of harming baby" "society makes us feel so much pressure" "father took off when I was 3 months pregnant" "He fed me well and helped my mental health." "Both times my placenta stopped feeding my babies, so they were both delivered early." "no matter how hard I tried I could not shut off the loud chatter" "Pregnancy messed with my body horribly!" "ALL my senses were heightened," "Anxiety wasn't even the word," "find my "center" again." "see things in a new light a different perspective." "I could not escape " "saved my life and my daughters." "I finally broke through postpartum" "I needed to lose complete control to feel the Energy of LOVE" "It changed SO much in me," "Helped me to literally FEEL again."
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Kelly

Kelly also had two children and suffered from Postpartum depression after both of her pregnancies, but only ingested psilocybin mushrooms after her second child. Her postpartum depression for her first child did not develop for her until one year after postpartum. This is on the later side of the timeframe window of when postpartum depression normally onsets. She experienced a wide range of situations that contributed to the main themes of “self-doubt”, “situational turbulence”, “pinnacle moment”, and “self-compassion”. Review Table 4 Kelly below to see her specific sub-themes and examples from her survey.

Self-Doubt

Kelly experienced a lot of self-doubt along her journey and transition into motherhood. Her selfdoubt stemmed overall from her believing that she was not doing enough across the board for her children. The shift in attention and priorities affected her confidence and ability to manage. Kelly contributed to the superordinate theme of self-doubt through her survey responses sub themes of “feeling pressure” (her needs are no longer a priority, only the children), a “disconnection to her baby” (not feeling a connection to them during her pregnancies), a “fear of harming her baby” (thinking something bad was going to happen to her babies), a disbelief in her doctors (thinking mushrooms were safer than other medications), and “feelings of guilt and shame” (not feeling like she was giving enough to each child). Self-doubt in Kelly’s case can be defined as the belief that she will make a mistake.

Feeling pressure can lead to introspection of one’s current abilities to complete the task(s) at hand. Fear of harming her baby coupled with her inability to connect with her child can seriously affect one’s self confidence levels as her fear is s reified by the lack of bond she has with her baby leading her to feeling a sense of guilt and shame. Other attributes to her

postpartum experience is her birthing plan not going how she thought it would be and this sense that her body was against her even though her efforts were in the right direction.

Kelly had two children and immediately stated that she “didn’t feel a bond with either baby until after they were born” because she was so fearful about something going wrong with her pregnancy that she didn’t want to get attached. The sub-themes “fear of harming baby” and “disconnection to baby” can be seen when she stated “I felt that not forming a connection would make me feel safer if anything bad were to happen”. Deep fear such as this during pregnancy shows a distrust in herself and her body and is a major risk factor for postpartum depression.

Kelly was struggling with the “pressures” and “guilt/shame” through her experience of “mother guilt from not giving enough to each kid”. Luckily, her lactation counselor saw these stressors and encouraged her to reach out for help. This is not a mandatory job for nurses, but it can be extremely beneficial for nurses to check in on both the baby and the mother’s well being. Kelly spoke on the pressures she feels to be a good parent and to protect her child, while she herself is having to relearn what she initially thought was “okay” and “normal”:

“It’s hard. The mother wound is real. Learning all the things I used to do to cope with everyday issues are not as easy to access. Things I used to do mindlessly are now nonexistent because my needs aren’t a priority. Keeping the kids alive is. I’ve spent the last 5 years unlearning and relearning what I thought was okay and normal, to try and be a better mother and more supportive guardian. Learning how to protect my children from the hardness that I felt I had endured...”

The term “mother wound” comes from characteristics of mother’s after pregnancy such as low self-esteem, fear of abandonment, and self-sabotaging behaviors. What once worked for the person to cope with the daily stresses of life such as going for a walk, drinking a beer,

watching a show are all now voided out of rotation because of the responsibility of taking care of the baby even though needing a break. The constancy of always having something else to accomplish, without being able to take the time to figure out who you are in these new roles can be very overwhelming on a person's system leading it to a less confident state of mind due to it not having time to rest.

Situational Turbulence

Kelly experienced situational turbulence in both how she thought she was going to feel as a mom and unexpected events causing further distance between expectations and reality. The sub-themes that support this superordinate theme from her responses were “support system” (old coping mechanisms no longer effective), “unexpected birthing plan” (hope versus reality), “acted upon” (feels she is not in control of her own healing), and “worse than regular anxiety/depression” (a separation between the degrees of intensity between PPD and anxiety/depression). See Table 4 Kelly for sub-themes and examples from her survey directly below this section.

Her birthing arrangements did not go according to plan (sub-theme “unexpected birthing plan”) and she “felt violated by the lack of healing I wished for”. Kelly seems to feel this sense of being “acted upon”. She tried to do the right things for her and for her child and yet she still suffered from feeling broken and discomfort.

She relayed a message of the anxiety and depression that she felt during her postpartum depression was significantly different from other anxiety and depression that she experienced outside the realm of postpartum depression. This unknown difference in the intensity of postpartum depression was revealed to Kelly and she said “I’ve always had anxiety and depression, but a new extreme hit around 10 [months]”. This “new extreme” being her

postpartum depression symptoms. These intense symptoms can be consuming and frustrating when things are not going as one may think they would. Her old “support systems”, or ways that she would cope with her anxiety and depression were no longer available to her (introduced in her Self-doubt section). Kelly spent a long time trying to heal from her postpartum depression and through research and doctor appointments she hit situational turbulence again, but this time it was more positive in nature. Her sub-themes of “support system” (or lack thereof), and “worse than anxiety/depression” are reflected when she said “I spent a good year coming in and out of deep depressive episodes before we turned a new leaf and learned that my PPD was a byproduct of undiagnosed disorders (like ADHD) and not just anxiety/depression.” This new information could lead her down a path that allows her to build proper coping skills for when she is having these negative side effects.

Pinnacle Moment

Kelly’s “pinnacle moment” derived from both her psychedelic experience and her work with her husband to get really honest about why she has been having such a hard time through her transition from pregnancy. This main theme is supported by the three sub-themes of “congruence and relief” (hopeful), “shift in perspective” (better self-awareness), and “saving” (changing the course of one’s life). A pinnacle moment for Kelly can be described as finally being able to take a breath of fresh air and feeling like a weight has been lifted.

Her husband also encouraged her to find help and through this inspection they were able to find a “shift in perspective”. They found “that a lot of my issues come from the inability to make time for me, to decompress, and cope”. She has not had time to reacquaint herself with her “self” and that she wasn’t able to “use my normal mindless coping strategies because I was too focused on everything else”. Her coping strategies that used to work before she transitioned into

a mother are no longer working for her as her world and priorities have changed through having a child (e.g. managing her old life schedule with the demands of a newborn who does not understand why you need a break).

Kelly's thoughts on psychedelics illuminating her "relief":

"They felt Safer. They gave me Hope. They are more natural compared to all the medications I was being pushed. I've learned how they have helped others. It felt doable and not overwhelming to try."

Kelly is using sensory words such as feeling instead of thinking. The research behind psychedelics can make someone think a certain way about them, but to feel a certain way about them can show an intuition or an unconscious longing for a different experience. Her language of being 'pushed' medications shows an underpinning theme of not being listened too fully by her doctors or whoever was "pushing" the medication on her.

Psychedelics gave her a restart on her new life as Kelly said "it can be life changing" gearing towards this sense of "saving" as her sub-theme. Her ability to feel "more of myself because of my experiences" shows an integration of her new experiences (as a mother), her previous experiences (before motherhood), and a deeper understanding of the complexities of the self and life in general. This is her pinnacle moment.

Self-Compassion

Positive sub-themes in the realm of self-compassion that Kelly experienced included those such as "acceptance" (ability to accept reality as it is), and "mystical experience" (reunion with herself and new meaning of purpose). Acceptance is not from the realm of her enjoying or wanting this experience, but the ability to take it for what it is and deal with it as such. These two sub-themes really allow for the meaning of self-compassion for Kelly to shine through. She is

accepting of herself, free from judgment, while also being able to find meaning and a connection to her experiences. She describes a “mystical experience” and an “acceptance” below:

“It gave me hope. I didn’t think I could go through a PP experience again, but knowing that there is support out there that I trust - I’m not so scared about the future anymore. It also allowed me to really research and lean into learning more about my own body and brain. It’s helped me realize how we aren’t alone and that we are so much more complex...I feel more open and ready to accept things around me. I listen more. I see the important simplicity and good in everyday things. It has made me a happier person, and feels freeing. In turn I am more relaxed and able to be more of myself because of my experiences. I guess I don’t feel so isolated and the hope that it has given me has impacted all aspects of my life.”

She is hopeful of the future again, which will make her care more about today and how she spends it. Knowing that there is a process of healing that can help during this time period can possibly help more women feel comfortable to have more children in the future. Kelly wishes that “it didn’t take me 4 years to find them”, and maybe that is why she participated in this research. It has opened a curiosity of her own health and body that can lead her child to better know how to take care of themselves. She knows she is not alone, which supports this oneness and mystical experiences of psychedelics, and that there is more to a mom than just being a good or bad mom. Kelly believes that the “universe provides” which notes on her belief that the universe is not only in control, but can provide for us if we are ‘intentional with all thoughts and actions because they shape everything that happens’. This is crucial, especially if there are women who do not have a great support system, or feel really isolated, that an aspect of the healing potential for psychedelic experiences is that they can help one feel a part of again through changes in perspective.

Table 4 Kelly

<u>1- Living with Self-doubt/Fear</u> <i>-Roles/Pressure</i> <i>-Guilt/Shame</i> <i>-Fear of Harming Baby</i> <i>-Disconnection to Baby</i> <i>-Disbelief in Doctors</i> <u>2-Unexpected Situational Turbulence</u> <i>-Support System</i> <i>-Unexpected Birthing Plan</i> <i>-Acted Upon</i> <i>-Pregnancy vs Postpartum</i> <i>-Worse than Regular Anxiety/Depression</i> <u>3- Pinnacle moment/Shift in Perspective</u> <i>-Congruence/Relief</i> <i>-Shift in Perspective</i> <i>-Saving</i> <u>4- Self Compassion/Acceptance</u> <i>-Acceptance</i> <i>-Mystical/New Experience</i> <i>-Refinding/Learning Self</i> <i>-Feelings</i> <i>-Sense of Connection</i> <i>-Want to share experience</i>	“because my needs aren’t a priority. Keeping the kids alive is.” “mother guilt from not giving enough to each kid.” “Learning how to protect my children from the hardness that I felt I had endured” “I didn’t feel a bond with either baby “ “They felt Safer.” “Things I used to do to cope with everyday issues are not as easy to access.” “My birth wasn’t anything I had hoped for” “I felt violated by the lack of healing I wished for” “but overall my mood was more stable during than it was after.” “I’ve always had anxiety and depression, but a new extreme hit” “They gave me Hope.” “my issues come from the inability to make time for me to decompress and cope.” “It can be life changing.” “I feel more open and ready to accept things around me” “I feel more connected,” “unlearning and relearning” “It felt doable and not overwhelming to try” “Universe provides. Listen to it.” <u>“I want it to not be taboo</u> and it to be talked about openly.”
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Cluster of Themes

Although there were many different themes that occurred across the mother's responses, it was combined down to four major themes for the sample of data that we received. Earlier coding and refinement of themes, including notes on interpretation, can be found in Appendix B. From the emerging sub-themes, the 4 main overarching themes across the mothers who participated are self-doubt, situational turbulence, pinnacle moment, and self-compassion. What is interesting about these major themes, is that they show the transition of motherhood through their psychedelic experience. It seems the first two themes involve this disintegration of self and their new life (pre-psychedelic experience) and the last two themes are how they were able to find integration and acceptance of their new life as a mom (post psychedelic experience). The sub-themes are categorized into the superordinate themes in the Table 5 Main Themes below.

Table 5 Main Themes

Self-Doubt	Situational Turbulence	Pinnacle Moment	Self-compassion
Roles/pressure Societal Pressures Guilt/Shame Fear of harming baby Disconnection to Baby Disbelief in doctors' No way out	Significant Other Support System Unexpected Birthing Plan Acted upon Readiness for transition Pregnancy vs postpartum Worse than Regular Anxiety /Depression	Congruence/Relief Being in the “Moment” Shift in perspective No way out Saving	Acceptance Mystical/New Experience Refinding/learning self Feelings- Want to Share Experience

Self-Doubt

Self-doubt is a term that is used commonly, but has a deeper context to it than just not being confident. It shows a lack of faith in one's abilities to complete tasks, actions, and in the

case of these participants, it can also stem from a lack of trust in one's own mental state. It shows a separation of how or what one thinks they should be, and what they perceive themselves to be currently, causing a loss of self and doubt.

While the emergence of self-doubt came from different areas of their lives for each mom, it was still an overarching theme that seemed to be the basis of their development of postpartum depression. Self-doubt can lead someone down a slippery slope of negative self-talk and a larger separation of self. This self-doubt stemmed from different areas such as birthing plans not being able to come into fruition (*"My birth wasn't anything I had hoped for and I felt violated"* - Kelly), not being able to feed or hold your child as you thought you might (*"I could not be left alone with my first daughter for almost 3 months"* - Laura), not being able to bond with your baby (*"I was unable to hold her for 6 weeks due to her being unstable"* - Tina), and if the symptoms become severe, it can be hard for them to trust their own minds (*"I picture her skull being fractured and blood everywhere"* - Celeste). These all stemmed from different aspects of the transition into motherhood. Although the level of support was different for each mother, most of them had some sort of support system and yet this did not seem to help mediate her levels of self-doubt. Social support seems to correlate with better safety of the mother and the child, but it did not seem to help remedy negative thoughts and visions affecting the mothers. Self-doubt leads into the next super theme of situational turbulence, which can increase self-doubt as well. There seems to be a loop cycle of self-doubt and turbulence that unless there is a shift or new perspective, will continue to happen until the mother cannot take reality anymore and harms herself or her child.

Situational Turbulence

Situational Turbulence in the context of this research is unexpected events that cause the mother further turmoil, which are normally happening outside the control of the mother, which increases the previous theme of self-doubt. The word “situational” was chosen because the mothers all experienced different types of events outside the realm of their control, whether it be their birthing plan being disrupted, or the father of the baby getting incarcerated, or the unexpected fact that just being you were ready to have a baby, does not mean that your sense of self will not be challenged.

The theme of situational turbulence derived from an overarching theme of the mother’s feeling ‘violated’ or acted upon against their will, which sometimes shows a split in integration of body and self. Other sub themes such as significant other/support system, readiness for transition, and postpartum depression being deemed worse than ‘regular’ depression/anxiety are also factors that can play into unexpected situations that cause further duress on the mother. Similar to the theme of self-doubt, this turbulence happened in all of the moms in different areas but the core theme of unexpected events, emotions, plans, etc. caused this internal frenzy of searching for something familiar in them. Celeste spoke on how she “*truly felt ready for it*” and had a ‘*remarkable*’ support system, yet there was this fear in her that caused her intrusive thoughts to spiral. Tina’s ‘*body failed her even though I did everything possible to provide the best womb for her*’. . Laura’s position was greatly impacted by the father of her child going to prison shortly after birth, and the father of her other child leaving soon after finding out she was pregnant. This was shown when she said ‘Wait! I have to do ALL of this EVERY single day!’ This situation is not only sad, but common for a lot of women. The shame is then taken on by the mother based on the father’s choices, which can be a hard thought cycle to break out of without a

solid community and support system around. These turbulent situations are seemingly common when talked about, but none of the mothers were prepared. It seemed to them that if they did their best, then their transition into motherhood would be smooth, and that is just simply not the case.

Pinnacle Moment

The third major theme that comes up seemingly in order after the two previous themes is this sense of a pinnacle moment, or a rock bottom so to speak where the only other place to go was up. Pinnacle moment was chosen instead of peak experience, as peak experiences have a richer history of different contexts, and pinnacle elucidates both a literal and figurative momentum of reaching a summit or the highest peak of the mountain. Although it refers to the highest peak, in this instance that is more closely in line with the fact that when reaching the end is where it is normally most steep and most difficult. In this case, for the mothers, their experience of postpartum has continuously been increasingly more difficult for them to the point where they had to go a different route, or in this case they tried psilocybin mushrooms.

The sub themes of this group include moments of shifts in perspective (*'A light flipped inside of me'* - Tina), saving (*'It literally saved my life and my daughters'* - Laura), and wanting relief (*'things I used to do mindlessly are now nonexistent because my needs aren't a priority'* - Kelly). This need for something different and the want to break out of this pattern leads them to looking for different ways of navigating and healing through this time. Some of the mother's had tried medications from doctors, but it is interesting that 3 out of the 4 moms found out about psilocybin mushrooms from their spouses and support systems. They trusted the people that were around them more than they trusted the doctors. This trust could also stem from psychedelics (specifically psilocybin) being a natural fungus and not lab created. The healing potential and

research on psychedelics gave the mother's thoughts about "*They are more natural compared to all the medications I was being pushed*" - Kelly, "*I KNEW I needed to self-medicate in a way that no doctor could fix*" - Laura. It is interesting to note the language of "*self-medicate*". The change that needed to happen was not only internal, but personal, which could show why she did not think a doctor could help her.

Self-Compassion

"Self-compassion is a mindful awareness and acceptance of one's own negative emotions and suffering with a nonjudgmental attitude and the recognition that these feelings are part of the shared human experience" (Fauvel et al., 2023, p. 89).

The theme of self-compassion is looked through the lens of the definition above. This theme originated from the sub set of themes such as acceptance ("*helped me feel the 'feelings' of happiness and acceptance*" - Celeste), mystical/new experience ("*I needed to lose complete control to feel the Energy of LOVE*" -Laura) and refinding/learning sense of self ("*I am more relaxed and able to be more of myself because of my experiences*" - Kelly). It is important to note that the terms mystical experiences and ego-dissolution for the women of this study are interchangeable, but typically these terms are only highly correlated.

In each of the mother's experiences this compassion happened during and after their psychedelic experience and is attributed directly to their psychedelic experience with psilocybin mushrooms. They are thankful to the plant teacher, and even thankful that they did not go down another navigational path. This finding supports research on how psychedelics affect the DMN, causes a type of ego dissolution, and is able to change self-doubt into self-compassion (see literature review section under psychedelics)

CHAPTER V

Discussion

The present study looks into the lived experiences of women transitioning into motherhood, suffering from postpartum depression, and using psilocybin mushrooms as a navigational method of healing. The research question at hand is “how does psilocybin mushrooms affect the lived experiences of mothers transitioning into their new roles while suffering from postpartum depression?”

The data collected from this research showed 4 main themes about the lived experiences of our mothers Celeste, Tina, Laura, and Kelly. These themes are Self-doubt, Situational Turbulence, Pinnacle Moment, and Self-compassion. This discussion will go through the four themes and show how they relate to current research and knowledge of these experiences, and how these findings expand our current understanding of women suffering from postpartum depression and what is happening to their “self”.

Self-doubt stems from a lack of faith or trust in one's ability to perform tasks. Almost immediately, the mothers felt a sense of uncertainty and questioned their ability to assume the role and responsibility of motherhood. This shift shows a separation between how they want to be or think they should be, and how they actually are. There were four mothers (Celeste, Tina, Laura, and Kelly) who participated in this study and the results were both surprising and in line with current research. These results showed that while the current risk factors listed for postpartum depression (e.g. support, financial stability, preparation for pregnancy) can make a

woman susceptible to postpartum depression, it does not mean that a mother who is not at high risk is not susceptible to postpartum depression. Three out of four of the mothers had seemingly solid support systems, yet their sense of self was still threatened and they developed postpartum depression. This disconnection and retreat while having objective support shows that there are unknown needs not being met, which is in line with the research from Hesse et al. (2021). This furthering of self-doubt can be increased by societal pressures and social media and spoken about from each of the participants. This adds further support to this over comparison and inconsistencies on what is posted online versus actual experience can cause anxiety and shame (Lee, 2022; Moujaes & Verrier, 2020), and further demonstrates this separation of self as it was defined in chapter 1.

Situational Turbulence refers to an unexpected event or situation that caused the mother further turmoil and a further shrinking of her sense of self. It is important to see how self-doubt is increased by situational turbulence and on the other hand, the mother's ability to manage this situational turbulence is directly affected by her level of self-doubt and her belief that she can accomplish what she needs to do. The turbulence that the mothers experienced were all different (unexpected birthing plan, body failure, unexpected negative thoughts, sudden incarceration), and yet they all affected the mother and her postpartum depression in a negative way. During this transitional time, there is already so much "new" happening to the mother as far as her new sense of self, new time management, new group identity and adding on unexpected situations can trickle stress and self-doubt into these areas causing a more difficult transition.

Often in Western culture, having a hard time with pregnancy or the transition to motherhood, it is automatically blamed on the mother's choices and what she could have done differently. Each of the mothers expressed their efforts and their readiness to have a child and yet

they had feelings of being “acted upon” or that their body was against them. What they wanted to happen during and after their pregnancy, and what actually happened were different which causes a split in her sense of self falling in line with Baumeister's (1997) explanation of how an identity crisis happens. This expands our knowledge on postpartum depression and its implications on the self through its negative side effects.

Information can be a key component to combat these situational turbulence experiences as it can normalize them for the mothers who are experiencing the turbulence and lessen the production of their self-doubt. This situational turbulence illuminates the “violated expectations” reported by Flykt et al. (2014) and supported by Hesse et al. (2021). If more women know that these fears and intrusive thoughts can happen, regardless of your preparedness to have a child, they may be able to notice them earlier and seek help. The goal is not to scare the women of what could happen to them, but knowing potential turbulence possibilities (especially when trying to do all of the right things) can normalize these experiences and start honest conversations while ending old stigmatizations on the topic. From Kelly's experience of undiagnosed ADHD compounding her side effects, looking into screening for possible undiagnosed disorders that could be compounding the mother's negative experiences of postpartum depression could save wasted time on treatments that are not the best fit and allow the mother to find a sense of healing faster, preventing her symptoms from getting worse.

As the progression of their postpartum depression got worse and they fell deeper into this lost sense of self, each of the mothers reached a point where they could not go on living the way they were and needed something to help break them free of the vicious cycles between self-doubt and situational turbulence. This theme is referred to as a pinnacle moment, and refers to the moments where they decided to try psilocybin mushrooms and felt relief from their postpartum

depression. The mothers spoke on this new perspective of thinking and believing that can “overcome any obstacles”. Relating back to the work that psilocybin does in the DMN (talked about in chapter 2), this generation of neuroplasticity and the ability to break free of ruminating thought patterns is in line with the results of this research and show that psilocybin had a positive impact on their navigation of transitioning into motherhood while suffering from postpartum depression. It was a common sub-theme for the mothers to speak of unity and guidance towards a spiritual path from their psychedelic experience which alludes to a dissolving of the self and moving into a mystical experience. One of the mothers was able to find a relationship with “God” and shifted her priorities to follow a more spiritual path. This connection to a higher being is a mainstay attribute of mystical experiences. It is not every case where one finds a relationship with God through a psychedelic experience, although it does happen, what is important in her share is that she has been able to maintain this path that she started on after one dose, noting the effects were lasting. Psilocybin research on other mental illnesses such as depression, also show a lingering of positive effects just after one, or a couple, of psychedelic experiences with psilocybin (see Carhart-Harris, 2018).

Self-compassion was the final major theme found from the results of this research. Fauvel, speaks on this transition of self-doubt to self-compassion through the lens of psychedelics and mystical experiences and this transition can be shown through the lived experiences of these mothers. From the relief of negative thoughts and this sense of “saving” that the mother’s felt through their psychedelic experience, they were able to shift the dynamics of their “high level priors” (see chapter 2) and were able to reevaluate their “self” from a less judgmental point of view. The etymology of acceptance in Latin is to “take what is offered”. There was this sense of acceptance, not only of themselves but of their situation that freed them

from their self-doubt and filled them with the confidence of love and trust. They “took” what was offered which was a new insight on themselves and their ability as a mother.

The four major themes that came out of the analysis of their survey responses were self-doubt, situational turbulence, pinnacle moment, and self-compassion. It is interesting that these themes also fit the pinnacle moments of a psychedelic experience. The process of the mother giving birth, developing symptoms for postpartum depression, and deciding to take psychedelics, and receiving relief of symptoms and ability to find meaning is very similar to the psychedelic experience in itself. Typically, with a psychedelic experience there is the moment you ingest (having a child), then you move upwards towards the peak which can be uncomfortable (trying to figure out new life as a mom while dealing with severe negative symptoms), then there is a peak (mystical experience or ego dissolution), and finally integration of new perspectives and new sense of self (when the participants were able to trust themselves and their ability to manage their new lives and still know themselves). From gathering phenomenological experiences of mothers transitioning and suffering from postpartum we can create a possible mapping of the course postpartum depression has on women, normalizing these experiences, and allowing for deeper insights on where research and medical treatments should move to next. From this we can start to create and add to a theoretical layout of the transition into motherhood in general through open, nonjudgmental conversations of what is going on when women are having these experiences.

This data is in line with how psychedelics elicit a dissolution of the ego to allow for a new sense of self and a decrease in negative ruminating thoughts. The findings on how the psilocybin mushrooms affected their transition and postpartum depression symptoms them were in line with other results from current qualitative research being conducted with psychedelics and

mental health conditions with symptoms similar to those of postpartum depression in how they elicit a dissolution of ego, mystical experiences, new perspectives, and lasting results (see Carhart-Harris et al. 2014; 2018; 2019; Fauvel et al. 2023; Griffiths et al. 2008; 2016).

In conclusion, there seems to be a core element of the self being lost or destroyed in the transition to motherhood which is intensified through postpartum depression, and without proper integration of the old self with the new self, then the mother is at risk for not only developing postpartum depression, but suffering with these symptoms for way longer than an average postpartum period. Psilocybin experiences had a positive effect on their navigation of this time and their new meaning making constructs.

Limitations and Future Research

The biggest limitation with this research is that psilocybin is still considered as a Schedule 1 drug, which makes researching it alongside the realm of indirectly dealing with children, causing this research to be conducted online and anonymously. This made the interpretation process of responses difficult as the researcher could not double check their interpretations or the ability to dive deeper past their first initial response. The participant group is a very niche group of individuals and the topic of research is still somewhat taboo to discuss openly, especially when dealing with mothers and children. The mothers that filled out this survey all had some type of support system in one way or another. While this is good and sheds light on how detrimental PPD can be even with a solid support system, it would benefit research in the future to focus on the psychedelic experiences of mothers who do not have solid support systems to see if it can still be used as a navigational tool during this transitional time period. Time was also a big factor as the deadline for this thesis research being completed may have prevented the study from getting more participants.

Future research should look into conducting this study in-person with semi-structured interviews to see what other information could be disclosed when this topic is of conversation and to be able to get a sense of the mother's emotional state as she is speaking on her lived experience. While IPA can be conducted on as little as one person, depending on the richness of the data collected, it would be beneficial to conduct this survey with a larger participant pool and inclusion of geographic location to see further similarities and differences cross-culturally. It is important to note that this research does not condone the use of illegal drugs, but with the political aspects of psychedelic drugs being under review for rescheduling, and the increase in psychedelic studies on mental health topics, it is important to learn about these experiences from first person points of view to make better ethical decisions when conducting future research. While previous research on postpartum depression focuses mostly on risk factors and prevalence rates, shifting research to have a focus on the narrative self during their transformative time period can add to the conversation of how to help treat and navigate this experience.

If I were to conduct this research again, I would implement a section in the interview to include a history of the attachment style of the mother with her parents, and what their parenting styles were. Hesse et al. (2021) found a theme of "unwelcome familiar feelings" which deals with trauma from the mothers' upbringing causing discomfort and PTSD for the mother in her present reality. This information, coupled with how effective psilocybin treatment has been with alleviating symptoms of PTSD, could expand our knowledge base on the utility of psilocybin treatment in the mental health realm. With this new perspective of the shift in transitioning to motherhood having severe impact on the sense of self, while suffering from postpartum depression, it would also be important to look at the transition of the father. This could shed light in two ways. The first is that the father could have more information about the experiences of

postpartum depression and how it affects family dynamics and roles. The other is that it could show whether or not actually giving birth to a child has a different effect on one's sense of self.

From this data, future psychedelic research should look into the administration of psilocybin mushrooms to mothers suffering from postpartum depression in clinical settings. Currently, this is why this thesis research is so important. It seems that the earlier postpartum depression is caught, the easier it is for the woman to start healing from it. If it will not be made mandatory for either nurses or pediatricians to survey mothers for postpartum depression, it should be taught by Gynecologists during their visits on how to screen for postpartum depression and family members should be taught to. This could be done in a potentially cost-effective manner such as an email discussing risk factors, myth's vs facts, and how people can show up for the mother during this time.

Conclusion

The main purpose of the research was to look at the current research surrounding postpartum depression, transition into motherhood, and psychedelic therapy effects on the brain. From this it was decided that there was a lot of research concerning the children and their safety, but not concerning the mother. This thesis is looking into the lived experiences of mothers who suffered from postpartum depression and took psilocybin mushrooms (magic mushrooms) during this time period.

Psilocybin ended up playing a crucial role in the mothers who participated being able to snap out of negative self-ruminating thoughts that typically lead to intense negative imagery in cases of postpartum depression that can make it hard for the mother to function, trust herself, and care for her new child. This shift in perspective and new meaning making is in line with other research involving psychedelics (e.g. major depressive disorder, addiction, and default mode

network). This research can help start the conversation of policy changes in where psychedelics are helping in the realm of mental health and future research should be done with more women to continue getting a whole picture of their journeys.

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is now available in the U.S. Sage Therapeutics, Inc. (2023, December 14).

[https://investor.sagerx.com/news-releases/news-release-details/zurzuvaetm-zuranolone-ci v-
landmark-oral-treatment-women](https://investor.sagerx.com/news-releases/news-release-details/zurzuvaetm-zuranolone-ci-v-landmark-oral-treatment-women)

APPENDICES

APPENDIX A

Survey Schedule

- 1- Are you at least 21 years old?
- 2-Are you a female who has given birth to a child and then experienced postpartum depression? (This does not include miscarriages/stillbirths)
- 3-How many children have you given birth to?
- 4- Are you currently taking a Selective Serotonin Reuptake Inhibitor (SSRI) medication (Examples Include but are not limited to: Escitalopram (Lexapro) Fluoxetine (Prozac) Paroxetine (Paxil, Pexeva)
- 5-Did you ingest psilocybin mushrooms during your postpartum experience?
- 6-How much did you eat?
- 7-Has it been at least 24 hours since you have ingested more than a microdose (.4 or less) of psilocybin mushrooms?
- 8-Describe what it was like to be pregnant (i.e : feelings or lack of feelings of connection, if it changed your sense of self or your “core you”, if you had more than one pregnancy, was it different for both of your pregnancies?) Describe the bond or lack thereof you had with your baby(ies)
- 9-Describe your transition from daughter to mother? This transition from single person to couple, from your independent self to your new dependent self.

10-Describe your experience of having postpartum depression (negative thoughts, suicidal/homicidal, anxiety, or lack thereof for any of these) on i.e Describe any pressures felt (family, friends, society, self, partner) - Feel free to speak on anything that was prominent in your experience during postpartum

11-What was it about psychedelics that helped you turn towards them during this time?

12-Describe your psychedelic (psilocybin) experience(s) post pregnancy

13-How did your experience with psychedelics impact your experience of postpartum (or not)?

14-Describe how your experience with psychedelics impacted your relationships in your life (self, baby, society)

15-Describe any new meanings, understandings, or perspectives that formed from your experiences with psychedelics

16-Is there anything else you would like to speak on about your experiences with motherhood and psychedelics?

Consent Form

Unveiling the Healing Potential: A Phenomenological Exploration of Mothers' Experiences with Psilocybin Mushrooms in Postpartum Depression

The purpose of this survey is to explore the lived experiences of mothers who have had psychedelic experiences (specifically psilocybin mushrooms) during their period of Postpartum Depression. Your participation in completing this survey is voluntary and you may decide to stop at any time with no penalty, and continue later. All responses are anonymous and no data about your identity is being collected. No data about your identity is being collected. The Qualtrics survey platform does not collect the IP address or geo-location of your computer. This survey should not take more than 60 minutes.

This research will be looked at through an interpretive phenomenological analysis (IPA). IPA is a qualitative approach which aims to provide detailed analysis of personal lived experiences. It is very important that you be as detailed and thorough in your responses. Your anonymity is important. Please refrain from using any identifying information. Any personally identifiable information inadvertently provided by you will be removed or changed. The survey questions are posted below so that you may think about them and decide if you would like to participate in this survey.

Survey Questions:

- 1- Are you at least 21 years old?
- 2-Are you a female who has given birth to a child and then experienced postpartum depression?
(This does not include miscarriages/stillbirths)
- 3-How many children have you given birth to?

4- Are you currently taking a Selective Serotonin Reuptake Inhibitor (SSRI) medication

(Examples Include but are not limited to: Escitalopram (Lexapro) Fluoxetine (Prozac)

Paroxetine (Paxil, Pexeva)

5-Did you ingest psilocybin mushrooms during your postpartum experience?

6-How much did you eat?

7-Has it been at least 24 hours since you have ingested more than a microdose (.4 or less) of psilocybin mushrooms?

8-Describe what it was like to be pregnant (i.e : feelings or lack of feelings of connection, if it changed your sense of self or your “core you”, if you had more than one pregnancy, was it different for both of your pregnancies?) Describe the bond or lack thereof you had with your baby(ies)

9-Describe your transition from daughter to mother? This transition from single person to couple, from your independent self to your new dependent self.

10-Describe your experience of having postpartum depression (negative thoughts, suicidal/homicidal, anxiety, or lack thereof for any of these) on i.e Describe any pressures felt (family, friends, society, self, partner) - Feel free to speak on anything that was prominent in your experience during postpartum

11-What was it about psychedelics that helped you turn towards them during this time?

12-Describe your psychedelic (psilocybin) experience(s) post pregnancy

13-How did your experience with psychedelics impact your experience of postpartum (or not)?

14-Describe how your experience with psychedelics impacted your relationships in your life (self, baby, society)

15-Describe any new meanings, understandings, or perspectives that formed from your experiences with psychedelics

16-Is there anything else you would like to speak on about your experiences with motherhood and psychedelics?

Below are resources should you feel like you need help working through any memories that come up. If you have any questions please contact me at 770-885-0196

National Parent Helpline- (1-855-427-2736)

Suicide Hotline/Helping- Dial 988 or Text 988

Reach out for support through The Grow network from Mom's on Mushrooms-

<https://www.momsonmushrooms.com/>

Future research: Anonymous data will be saved and may be used for future research. You will not be told specific details about these future research studies as the researchers will not be able to identify you to contact you regarding future research.

If you have any questions or concerns about the nature of this research or the survey please contact Madeline Haskins, Graduate Student/Principle Investigator, 770-885-0196,

mhaskin1@my.westga.edu ,

Faculty Supervisor- Dr. Christine Simmonds-Moore csimmond@westga.edu or

University of West Georgia IRB: irb@westga.edu.

I am at least 21 years old, have read the above information, my questions concerning this study have been answered and provide my consent to participate under the terms above.

___ I agree to participate in this study

___ I do not agree to participate in this study

Remember to print or save a copy of this consent for your records.

APPENDIX B

Interpretations and Notes from Researcher:

CELESTE- MOM 1- ONE KID/LESS THAN TWO GRAMS INGESTED

Question	Themes	Answer	Interpretation
8-Describe what it was like to be pregnant (i.e : feelings or lack of feelings of connection, if it changed your sense of self or your “core you”, if you had more than one pregnancy, was it different for both of your pregnancies?) Describe the bond or	-feelings -being in the “moment” -Congruence/relief Acted upon	I ingested pre-pregnancy, during pregnancy, and post-postpartum. During pregnancy i took a very small amount and I didn’t see any implicit change. For my postpartum it really helped me feel the “feelings” of happiness and acceptance of having a child. Of being in the “moment”. As well it regulated intrusive thoughts. Helped balance out my feelings of emptiness or sudden sadness.	Relief from lack of feelings. She talks about being in the moment as if something is keeping her from being able to be present. Postpartum is the metaphorical roadblock to her reaching a state of present being. Regulation of intrusive thoughts can give room for work with the new self. The words describing what the mushrooms did were all positive action words: helped, regulated, balanced out.

lack thereof you had with your baby(ies)			
9-Describe your transition from daughter to mother? This transition from single person to couple, from your independent self to your new dependent self.	-significant other -Roles/pressure mystical/new experience Support system Readiness for transition	From being daughter to mother had been incredible. Honestly, being 31 I wanted this transition. And truly felt ready for it. Of course I have felt overwhelmed. But nothing compares to having a child. I have worked with my husband on making sure we have alone time for intimacy and friendship. I didn't realize how independent I was. And it is a huge responsibility to be the food source for another being. I have struggled with working with my baby on bottle feeding. However, I am working with it and my support system has being truly remarkable	This mother was ready to start a family and had an excellent support system and still suffered from postpartum depression. She admitted that she knew it was going to be a 'transition' Looking at things such as support, intimacy needs, and friendship being met, it shows that there is something else that postpartum derives out of. The stress of being completely responsible for life to be the "food source" with a baby that is having a hard time accepting the food can make one feel like a failure. After pregnancy took away her independence and showed her how independent she was beforehand. This shift in personal roles can

			cause stress to the self. It is also interesting to see how she described herself as a “food source” instead of sole provider, could show
10-Describe your experience of having postpartum depression (negative thoughts, suicidal/homicidal, anxiety, or lack thereof for any of these) on i.e Describe any pressures felt (family, friends, society, self, partner) - Feel free to speak on anything that was prominent in your experience during postpartum	Acted upon Fear of harming baby Feelings -Roles/pressure	Biggest thing I’ve experienced is intrusive thoughts about accidentally dropping my baby. It’s a fear I suppose when I really think about it. I picture her skull being fractured and blood everywhere. It’s a fear have had even for other peoples babies babysitting over the years. So I suppose it is compounded for my own child. At times maybe only a few times 3-4 have experienced just feeling bland, tired, over touched probably and lack of feelings all around. Just would feel “down”. Pressures would feel like an I am stimulating my baby enough. I don’t want to just hold her all day and her get behind developmentally. So wanting to read	The stress of responsibility over another life can cause fear that exasperates into intrusive thoughts of the baby getting harmed. The images are detailed and explicit. Interestingly this fear does not just stay on the mother’s baby but can leak over to other babies and fear of them being hurt. There is a dual factor of struggle in the mother’s mind as she feels “overtouched” but worried that she is not stimulating her baby well enough for it to stay on the proper developmental timeline. This split increases the split of the old self and new self of a cycle of

		enough and play tummy time.	worry and discomfort.
11-What was it about psychedelics that helped you turn towards them during this time?	significant other Belief in research	My husband did some research and found a peer reviewed article on psilocybin with PPD.	If she did not have a husband to do research for her, she may not have found the relief she received from psilocybin. This also shows a belief in research over the law.
12-Describe your psychedelic (psilocybin) experience(s) post pregnancy	Negative psychedelic side effects	I would have the stomach cramps and the lightheadedness.	Negative side effects during trip were physical
13-How did your experience with psychedelics impact your experience of postpartum (or not)?	• Congruence/relief • Length of congruence • -Acted upon	But the impact is my mood being elevated and sustained for weeks. The intrusive thoughts would go away and I wouldn't feel so narrowed in on myself or my feelings etc.	Through the one dosage after pregnancy she was able to feel relief in an elevated mood 'for weeks' after. It helped with the ruminating thoughts and self-compassion. With these two things being balanced out, the mother can learn to love and be confident in her new self as

			a mother. She also describes a broadening of thought process away from narrow minded, ruminating thinking
14-Describe how your experience with psychedelics impacted your relationships in your life (self, baby, society)	Feelings Significant other Support system	I felt the energy to love and express love to my partner and others around me	It seems important to note the language of feeling instead of thinking. Feeling has a more fluid, dynamic nature to it rather than thinking which is more rigid and structured. Feeling can also note a belief that she believed in the energy in her to love and to be able to express love to the ones in her life.
15-Describe any new meanings, understandings, or perspectives that formed from your experiences with psychedelics	Shift in perspective Feelings Acceptance Congruence/relief	I know that in order to feel loved and be loved I have to open myself up to receiving love. Even if it's not the form I would seek at the time. The intention is to be loved. So I see that and I am trying to work on that pattern.	There is this introspection that is occurring where she is not only aware of the part that life is playing but also the part that she plays in this situation. She has been reopened to being open to love and acceptance as she gets more in tune with her new self. She is willing to accept

			that which she cannot change. She defines her core value of life is to be loved and with that knowledge she can act in accordance to achieving that goal.
16-Is there anything else you would like to speak on about your experiences with motherhood and psychedelics?	Congruence/relief Want to share experience	Every Mother should know about this and how positively it can impact them.	It is interesting here to note that she includes all mothers here. She does not just mean new mothers, or even mothers who are struggling with postpartum depression. “Every mother” shows the gravity of the mystical experience of psychedelics and how they can help bring back to life a part of them that might feel like it died.

TINA- MOM 2- ONE KID/3-5 grams

Question	Themes	Answer	Interpretation
Describe what it was like to be pregnant (i.e :	Unexpected birthing plan		Instantly, the plan of her pregnancy did not go as she thought it would. She seems let down by her body even

feelings or lack of feelings of connection, if it changed your sense of self or your “core you”, if you had more than one pregnancy, was it different for both of your pregnancies?) Describe the bond or lack thereof you had with your baby(ies)	-Acted upon/possible change code to separation of self and reality - disconnection to baby Roles/pressure Negative treatment effects outside of psychedelics	My daughter was in the NICU for 5 months due to prematurity. I felt like my body failed her even though I did everything possible to provide the best womb for her. I never smoked, consumed any drugs or alcohol, eliminated any caffeine, and followed any pregnancy rules there were. Unfortunately, my body decided it to to developed Hellp Syndrome. We were unable to get any steroids due to medical emergency. An hour before she was born we were given odds of survival and possible long term side effects such as cerebral palsy, blindness, deafness ect. She had to be delivered at 26 weeks. She weighed 1 lb 1 oz. She looked like the most beautiful alien. Babies born before 32 weeks do not have fat yet. Her eyes were not even open. I was	though her effort and actions were all in line to help have a healthy pregnancy. Speaking in a language such as “my body decided” shows a split in the woman’s self. She shows that her body and her are not one in the same, and that she is being acted upon against her will and her effort. Receiving bad news such as survival rates and possible health issues of your baby right before a stressful situation like giving birth can compound the mother’s belief in her ability to be a “good mother” In such a transitional time period, it also makes the mother ask the real hard questions such as “am I capable of taking care of a child with long term health issues?” This is not saying that the mother doesn’t want to take care of the child, but when you are already in doubt
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		unable to hold her for 6 weeks due to her being unstable and critical. I didn't get to bond with her. I was a full time student, and work full time. I hysterically cried everyday for months. My physicians increased my SSI's the the max dosage recommended. I developed crippling anxiety on top of depression. My hormones were insane.	and the task at hand becomes harder, it is a recipe for self confidence and compassion to plummet. The mother was unable to hold her "beautiful alien" for six weeks which in a state of postpartum can highly increase the chances of developing ppd or postpartum psychosis. This time period is critical in forming a bond and can negatively impact both the attachment styles of the mother and the baby. Her doctor increased her medications to the fullest extent which results can take time. Having to work and go to school full time immediately after pregnancy does not allow space or time for the mother to sit with herself and discover her new self a mother while still acting in the roles she played before pregnancy. Her anxiety was "crippling" which can lead to poor performance in
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			other areas in her life that are necessary to provide for her child. Having to choose between mental health, and being able to support your livelihood is not a choice that anyone should have to make.
9-Describe your transition from daughter to mother? This transition from single person to couple, from your independent self to your new dependent self.	Shift in perspective Significant other	I was married for 10 years before I had my daughter. I enjoyed living life to the fullest. The day I found out I was pregnant everything changed.	Even though she was in a stable relationship and truly enjoy her life, it was still a drastic change when she found out she was pregnant. The child begins for the mother as soon as she discovers she is pregnant. She must immediately change her lifestyle as soon as she finds out. This can change her ability to “live life to the fullest” and possibly some of her relationships, and this can cause self-doubt.
10-Describe your experience of having postpartum depression		I cried everyday for months. I had severe depression and anxiety.	This pain is constant and seemingly never ending. This was not just “regular” depression and anxiety but severe, daily impacting

(negative thoughts, suicidal/homicidal, anxiety, or lack thereof for any of these) on i.e Describe any pressures felt (family, friends, society, self, partner) - Feel free to speak on anything that was prominent in your experience during postpartum			depression and anxiety.
11-What was it about psychedelics that helped you turn towards them during this time?	Significant other Belief in research Feeling Congruence/relief from psychedelics	My husband's believes in natural medicine. One week we had covid and was unable to see my daughter, I was an emotional week. I had never missed a day visiting her. I felt lost. My husband recommended mushrooms to ease the pain. He believes in natural medicine. The first hour I was was still devastated. I watched an episode	Again, it is the husband that has done the research and proposed psilocybin to the mother of his child. Mentioning that psilocybin is a natural medicine indicates the belief that other medicines are not natural and in turn not good for the body. Not being able to visit her baby due to being sick made her feel lost and emotional. She was not able to

		of the office were Pam refused to have her baby because she was not ready. (This was the same episode that made my husband ready to be a father when I was pregnant). I know it seems odd. A light flipped inside of me. I know I could do this. I could handle any outcomes. The mushrooms gave me peace. For the first time in months I stopped crying, and finally smiled.	look at it from a stance of keeping her baby sick from Covid, but rather focus on her perfect record of seeing her baby and that being interrupted made her lose her sense of self. Soon into her psychedelic trip she felt a “light flipped inside” of her and she remembered that she could do this. She could “handle any outcomes”. For the first time in months she stopped crying and smiled and she was able to do this through the psychedelics ability to allow for personal growth and introspection without judgment. She got this message through watching TV and mentioned that she knows it’s odd that this happened. Her having to preframe her experience with that it is odd, puts her in a position of feeling the need to defend her experience. This may be due to social stigma or
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			people's lack of information about psychedelic experiences.
12-Describe your psychedelic (psilocybin) experience(s) post pregnancy	Length of congruence	Very rarely. Only when I have a weekend away. And my daughter is the her grandparents. 1-2 times a year.	Although this answer did not match the question at hand, it is important to note that this medicine was used very rarely and was still able to provide relief and restore sense of self.
13-How did your experience with psychedelics impact your experience of postpartum (or not)?	Readiness for transition -Congruence/relief Feelings	Mushrooms made me feel like I could overcome my hardships.	Trusting in ones ability to manage life is a key in self confidence and compassion. It is hard to trust oneself after a new major life change because the mother is new to own self. Exploring herself and abilities in a nonjudgmental way seems to lead to a better relationship with herself as a mother.
14-Describe how your experience with psychedelics impacted your relationships in	Postpartum did not effect love of baby	I have loved my daughter every second since her birth. It did not impact my love.	It seems important to the mother that even though she had PPD, it did not impact the love she had for her baby.

your life (self, baby, society)			
15-Describe any new meanings, understandings, or perspectives that formed from your experiences with psychedelics	mystical/new experience Readiness for transition	I got new meaning of self worth, and the ability to overcome obstacles	The ability to overcome obstacles is mentioned multiple times meaning that at one point she did not feel equipped to handling what life situations that are given to her. She was able to develop new meanings of her self worth which can give her confidence in her ability to be a mother.
16-Is there anything else you would like to speak on about your experiences with motherhood and psychedelics?		N/A	

LAURA- MOM 3- 2 children/Doesn't remember amount eaten

Question	Themes	Answer	Interpretation
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Describe what it was like to be pregnant (i.e : feelings or lack of feelings of connection, if it changed your sense of self or your “core you”, if you had more than one pregnancy, was it different for both of your pregnancies?)	-disconnection to baby Difference in pregnancies Support system Unexpected birthing plan symptoms of postpartum Symptoms pregnancy Phenomena	Being Pregnant too me NEVER felt "natural", always felt completely "Alien" like too me. My first pregnancy was SO much easier than my 2nd, but I also had it much easier first time around. My Oldest daughter's father helped me through my pregnancy till he went to prison a week after she was born. He fed me well and helped my mental health. My 2nd pregnancy the father took off when I was 3 months pregnant, and I fell into a HORRIBLE depression. I ended up with postpartum depression in both of my pregnancies. Pregnancy messed with my body horribly! Nauseous the ENTIRE way through. Both times my placenta stopped	Pregnancy is described as some foreign acting upon the woman's body. It was as if the baby was an “alien” invader. Between the two pregnancies, the support level that the mother received effect the “easiness” of the pregnancy. Having someone to help remember to eat well and socialize with helped with her mental health, even though he did was incarcerated after the mother gave birth. Apart from the support given or not given during the pregnancy, this mother experienced PPD after giving birth to both of her children. The mother speaks not only on how it affected her mentally and her new self, but also what the pregnancy did to her body. She is having to relearn herself on an
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		feeding my babies, so they were both delivered early. But pregnancy is unlike anything you could ever explain. ALL my senses were heightened, especially scent. I could smell things through the cans they were in!! I could see better...even my intuition was on point! But almost like an alien the baby growing inside depletes SO much of your Energy and Life-force. But a couple months after my first daughter was born and her father had been locked up, I finally broke through post partum. The LOVE I felt coursing through me for the new life I just brought into this world. I found so much literal Healing, I started energy healing and working with Spiritual people.	emotional, spiritual, and physical level. She feels as though pregnancy was an attack on her body and changed it against her. The separation of the bond to her child causes her to view her pregnancy as draining her life force. The language of breaking through postpartum shows that it was a wall that was separating the mom from fully living her new life. Through her mystical experience she was able to find the love for her baby and healing. From this she was able to start doing other holistic methods of healing such as energy healing and working with spiritual people. When her love and self came back to her, she wanted to make healthier choices as well. Self-care
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			is a big part of loving the self.
9-Describe your transition from daughter to mother? This transition from single person to couple, from your independent self to your new dependent self.	-Roles/pressure- 2 -Readiness for transition	Mind blowing! My first thought after my first day back home with her was , "Wait! I Have to do ALL of this EVERY single day!" It changed SO much in me, especially the FULL responsibility of the new life I brought into the world.	Sense that someone was going to help? There is a moment where reality sets in and this new life has begun whether the mother feels ready for it or not. The mother talks of this immense change in her and the pressure of having to take care of her child every day by herself. It is understandable that in trying to figure oneself out, it would be hard to start a relationship with a new human, much more a baby who cannot talk, and is under your supervision. Parents make mistakes because they are people, but when dealing with intense anxiety and depression, small mistakes or changes can really impact the mothers sense of self and increase

			her negative side effects to PPD.
10-Describe your experience of having postpartum depression (negative thoughts, suicidal/homicidal, anxiety, or lack thereof for any of these) on i.e Describe any pressures felt (family, friends, society, self, partner) - Feel free to speak on anything that was prominent in your experience during postpartum	Worse than regular anxiety/depression Fear of harming baby Support system Acted Upon No way out	Postpartum depression is and was a state of mind that is absolutely terrifying! Anxiety wasn't even the word, full blown panic attacks and full blown VISIONS of the most horrible things. I could not be left alone with my first daughter for almost 3 months, my mother literally had to sleep with me in bed. I felt 😞 hopeless and scared, no matter how hard I tried I could not shut off the loud chatter of how much I'll fail, and how my baby was so much better off without me! I had horrible visions, that played right I'm front of me LIKE A MOVIE, of my baby burning alive or getting some horrible disease. Every thought I	It is interesting that she speaks of PPD in the past and present even though she is not in her postpartum stage anymore. The memory of it seems present in her mind. This mother is describing a worst type of Postpartum depression which is called postpartum psychosis which happens in the worst cases of PPD. The ruminating thoughts terrorized the mother to the point where she could not be left alone with her child. Luckily her mother was able to help but there are cases where there is no support system and that is where PPD can be dangerous and why it should be considered as a major health problem. She does not see a

		had was negative and I could not escape the constant circle of negative thoughts.	way out of this as her body feels acted upon and not like her own anymore. The thoughts keep circling and keeps compounding the problem of the lost of the sense of self.
11-What was it about psychedelics that helped you turn towards them during this time?	Lost Feelings	Psychedelics have and always will help me find my "center" again. Helped me to literally FEEL again. Where postpartum turned off my complete control mushrooms helped me find my way back. I could FEEL LOVE coursing through my soul. I would've never found my way back if it wasn't for Psychedelics.	The language used here is past, present, and future. She says that it helped her find her center, situating her as feeling lost and not able to find herself. There seems to be a loss of senses that numbs the mother. Typically mushrooms help people release control, but here it was postpartum that made her feel as such and that mushrooms allowed her to regain access to herself. She felt the love "coursing" through her soul as if some type of blood transfusion. She feels as though she would

			have never been found without psychedelics. It was truly her final resort.
12-Describe your psychedelic (psilocybin) experience(s) post pregnancy	Negative psychedelic side effects mystical/new experience Disbelief in doctors	Terrible at first, throwing up horrible anxiety, a trip I could not control. But that's what was needed, I needed to lose complete control to feel the Energy of LOVE reopen my door too feeling. I KNEW I needed to self medicate in a way that no doctor could fix.	Visceral reactions can appear from emotional states and cleanse the soul. Even though the experience was not positive, she was grateful to it and found meaning in it, which is in line with other research of “bad” trips. The psychedelics stripped her back into nothingness and allowed her to come back on her own terms. The use of “door” shows that she felt closed off from something and didn’t have the key. There is a disbelief in doctor’s abilities to heal this. This could be from either a difference in gender, not feeling understood, or that the true help comes from internal work of the self.

13-How did your experience with psychedelics impact your experience of postpartum (or not)?	Saving	It literally saved my life and my daughters.	The use of the word saved shows that at one point that they felt in danger. It is interesting that in helping herself she knows that it would help her daughters lives too.
14-Describe how your experience with psychedelics impacted your relationships in your life (self, baby, society)	hopelessness	It helped me to FEEL again where I was just numb and full of fear. It shattered through those Fears and showed me the beauty I thought I could never find again.	There is strong language that insinuates that breaking through this time period is no easy task. The mushrooms are referred to as a guide that helps show them things that were lost when they went into transition. There is a thought that this would last forever.
15-Describe any new meanings, understandings, or perspectives that formed from your experiences with psychedelics	mystical/new experience	They are a life changer a Life SAVER. It helped me find God and the Spiritual path I have been on ever since. I have used Ketamine legally to help in depressive states I could not get out of. If I feel "stuck" in life I	Psychedelic experience can save people's lives as they know them. Through mystical experiences we can find ourselves one with the universe and a belief system that helps us get out of our own ways. It is interesting that she knows when

		know I need a good Trip.	psychedelics are needed, meaning that they are not something that is needed all of the time. They help us overcome obstacles.
16-Is there anything else you would like to speak on about your experiences with motherhood and psychedelics?	Saving Societal pressures Shift in perspective	It can save Lives! I know from a personal perspective! Motherhood is the hardest job in the world and society makes us feel so much pressure. Psychedelics help us to see things in a new light a different perspective.	The different perspectives that psychedelic experiences give us allows us to not base our merit on societal pressures with this new role of motherhood. Mother wholly believes that this saved her life and in turn she is continuing on the path of healing through spirituality and a relationship with a higher being. New perspectives being revealed help through ruminating thoughts, because it breaks the loop of the same thought and can allow us to understand why the negative thoughts are not true or not helpful.

KELLY - MOM 4- 2 kids/less than two grams

Question	Themes	Answer	Interpretation
Describe what it was like to be pregnant (i.e : feelings or lack of feelings of connection, if it changed your sense of self or your “core you”, if you had more than one pregnancy, was it different for both of your pregnancies?) Describe the bond or lack thereof you had with your baby(ies)	disconnection to baby Fear of harming baby Pregnancy vs postpartum (SPD = symphysis pubis dysfunction)	I didn't feel a bond with either baby until after they were born. I feared that worst and I think that I felt that not forming a connection would make me feel safer if anything bad were to happen. My pregnancies were pretty easy. I worked out consistently. Felt good for the most part. Dealt with a little SPD, but overall my mood was more stable during than it was after.	During the pregnancy the mother did not feel a relationship with her babies until they were outside of her. Interesting that her mood during pregnancy was more stable than after. Fearing the thought of something bad happening so much that she did not want to form a relationship with her baby shows the distrust of self in this new environment of past and new roles that need to be played out. Since this fear of something bad happening started in pregnancy, it is an indicator that she would end up with postpartum depression in some manner.
9-Describe your transition from daughter to mother?	Readiness for transition		The term “mother wound” comes from characteristics of mother's after pregnancy such as low self esteem, fear of abandonment, self

This transition from single person to couple, from your independent self to your new dependent self.	-Roles/pressure- 2 Lost Refinding/learning self	It's hard. The mother wound is real. Learning all the things I used to do to cope with everyday issues, are not as easy to access. Things I used to do mindlessly are no nonexistent because my needs aren't a priority. Keeping the kids alive is. I've spent the last 5 years unlearning and relearning what I thought was okay and normal, to try and be a better mother and more supportive guardian. Learning how to protect my children from the hardness that I felt I had endured (but didn't realize I was) due to generational trauma. It's been a hard, but healing, journey. But so so hard.	sabotaging behaviors. What once worked for the person to cope with the daily stresses of life such as going for a walk, drinking a beer, watching a show are all now voided out of rotation because of the responsibility of taking care of the baby even through needing a break. Keeping the kids alive is a larger priority than the sanity of the mother and that simply does not have to be the case. There should be a way to do both. 5 years to unlearn and relearn is way longer than the time period set for ppd. She is aware that her generational trauma could be passed down and that is a stressor that can hurt her ability to relearn herself. Relearning how to be "normal" or "okay" to be a better mother signifies a lacking in the conversations being held about motherhood and its transitions.
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10-Describe your experience of having postpartum depression (negative thoughts, suicidal/homicidal, anxiety, or lack thereof for any of these) on i.e Describe any pressures felt (family, friends, society, self, partner) - Feel free to speak on anything that was prominent in your experience during postpartum	Worse than regular anxiety/depression Lost Unexpected birthing plan Acted upon Guilt/shame Significant other Refinding/learning self Worse than regular anxiety/depression -Roles/pressure-	Kid 1) PPD didn't hit hard until 1 year PP. I've always had anxiety and depression, but a new extreme hit around 10m. Didn't recognize I had fallen into a deep pit until it was debilitating. Kid 2) hit me harder. My birth wasn't anything I had hoped for and I felt violated by the lack of healing I wished for. So I started out not strong. Then the mother guilt from not giving enough to each kid. My IBCLC pushed me to get help sooner this time, as she noticed. So did my husband. We learned that a lot of my issues come from the inability to make time for me to decompress and cope. But I spent a good year coming in and out of deep depressive episodes before we turned a new leaf and learned that my PPD was a byproduct of undiagnosed disorders (like ADHD) and not just anxiety/depression. That I wasn't able to	Her ppd experience happened later after pregnancy. She is separating anxiety and depression apart from postpartum depression as it was worse than her regular anxiety/depression. Didn't realize how bad it was until it was already very severe. The use of the word "hit" here shows that it is an outside force acting on her. Violated by the lack of healing that she wished for shows the hopelessness in the mother and that it is almost like a stranger is acting against her. Having two kids compounded her shame thoughts of "doing enough" for her child. Through the help of a lactation doctor and her husband she was able to not only get help earlier but narrow down what is actually going on. The issues came from the inability of her to have a relationship with her new self. It is in their darkest moments that mushrooms seem to
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	Last resort Belief in research Appreciation of psychedelics	use my normal mindless coping strategies because I was so focused on everything else. I have since leveled so much, but I still drop into episodes once in a while. But from about 3m-2yrs PP it was a dark dark place. It's where I learned about magic mushrooms. When I couldn't live with it anymore and considered ketamine. I'm thankful I found mushrooms instead. I feel safe and supported.	find their way into their lives. She had considered other psychedelic treatments but felt lucky that she landed on mushrooms.
11-What was it about psychedelics that helped you turn towards them during this time?	Disbelief in doctors Belief in research	They felt Safer. They gave me Hope. They are more natural compared to all the medications I was being pushed. I've learned how they have helped others. It felt doable and not overwhelming to try.	Something about the mushrooms felt safer for the mother. Maybe it is because they are natural or that they often get the word magic in front of their name to make it seem more appealing. She mentions being pushed certain medications that were not as "natural" as the mushrooms. She did research on other people's experiences and felt safe enough to try them. There is something to be said if people are not

			trusting in the “authority” in their situations such as doctors.
12-Describe your psychedelic (psilocybin) experience(s) post pregnancy	mystical/new experience Shift in perspective	I cycle through some microdose regimes every couple of weeks. I feel more connected, yet less overwhelmed. My brain slows down, but I’m not weighed down. There is clarity and hope with each dose.	Microdosing helps connection without overstimulation. She speaks of clarity and hope as if there is a fog that is clearing and in that clearing is her true self.
13-How did your experience with psychedelics impact your experience of postpartum (or not)?	Shift in perspective Belief in research Sense of Connection	It gave me hope. I didn’t think I could go through a PP experience again, but knowing that there is support out there that I trust - I’m not so scared about the future anymore. It also allowed me to really research and lean into learning more about my own body and brain. It’s helped me realize how we aren’t alone and that we are so much more complex.	Knowing that there is a process of healing that can help during this time period can help more women feel comfortable to have more children in the future. It has opened a curiosity of her own health and body that can lead her child to better know how to take care of themselves. She knows she is not alone which supports this oneness of life and that there is more to a mom than just being a good or bad mom.

14-Describe how your experience with psychedelics impacted your relationships in your life (self, baby, society)	Acceptance Mystical experience	I feel more open and ready to accept things around me. I listen more. I see the important simplicity and good in everyday things. It has made me a happier person, and feels freeing. In turn I am more relaxed and able to be more of myself because of my experiences. I guess I don't feel so isolated and the hope that it has given me has impacted all aspects of my life.	She feels able to accept life on life's terms. It has given her a new positive perspective and ability to move through life in a more relaxed state. She feels connected again and is able to more of herself.
15-Describe any new meanings, understandings, or perspectives that formed from your experiences with psychedelics	Sense of Connection Trust in universe Mystical experience	Universe provides. Listen to it. There are reasons. Be intentional with all thoughts and actions because they shape everything that happens.	Interesting that when it comes to doctors wanting to give out certain medications, that is not considered the universe providing. Being intentional shows a certain presence or being in the moment and purposeful. Shift from things happening against her wishes and against her in general to her own thoughts and actions can help shape the reality that she is in.

16-Is there anything else you would like to speak on about your experiences with motherhood and psychedelics?	Want to share experience Societal pressure	I wish it didn't take me 4 years to find them. I wish I had the ability to experience the healing before my second kid. <i>I want it to not be taboo</i> and it to be talked about openly. It can be life changing. We just moved so I'm trying to find my tribe/people/group, but having a supportive group "gets it" and is walking this journey with you makes all the difference.	Her wanting to have this experience before her second child was born eludes to the idea that having had this experience prior could have helped her in her second transition from mom of one to mom of two. She recognizes that it is still taboo to talk about and wants to help change that by providing her story. Speaking on her experience is labeled as "life changing".
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