

## Psilocybin as a Healer: A Transcendental Phenomenological Study of Individual Experiences of Microdosing Psilocybin

*Kavita Golia*

Alef Trust and Middlesex University

This phenomenological research explored the fast-growing societal trend in psilocybin microdosing, whereby a sub-perceptual amount of the psychedelic is consumed regularly. Anecdotal reports of microdosing have suggested that individuals can experience the relief of depressive symptoms, greater creativity and focus, deeper connections, and improvements in several mental health issues. Research on the lived experience of psilocybin microdosing, however, is lacking. Semi-structured interviews were conducted with 12 individuals to explore their lived experiences of microdosing. Seven central themes were observed in most individuals: 1) Mental Health; 2) Dose effects; 3) A feeling of connection to self, nature, or something 'bigger'; 4) An increase in productivity; 5) An increased state of wellbeing; 6) Navigating problems more effectively; 7) Participants with a musical background experienced an increase in their levels of creativity. By providing support for the use of psilocybin microdosing, the findings are valuable in the growing field of psychedelic research. However, as these purported benefits are based on self-reports, further controlled studies are necessary.

**Keywords:** Psilocybin, microdosing, psychedelic research, mental health, creativity, connection

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Correspondence concerning this article should be addressed to Kavita Golia. Email: [kavitagolia@hotmail.com](mailto:kavitagolia@hotmail.com)

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The use of psychedelic microdosing is a growing trend in popular culture. The practice is thought to have been sparked by Silicon Valley executives as an attempt to increase performance (Passie & Nichols, 2019) and has been featured in *The Guardian* (Garlick, 2019), *Marie Claire* (Haigh, 2019), and *Vogue* (Burney, 2020). Microdosing involves the self-administration of psychedelic substances in small doses below the perceptual threshold that does not impair normal cognitive functioning (Kuypers et al., 2019). No consensus currently exists as to what exact dose constitutes a microdose. It has been stipulated that a microdose and ‘sub-perceptual’ dose of a psychedelic is usually one-tenth of a usual dose. In the case of psilocybin, this sits between 0.1g and 0.5g of dried psilocybe mushroom (Fadiman, 2011). It is reported that most microdosers adjust their dose through trial and error (Lea et al, 2019).

Research into psychedelic microdosing began in 1955, with the majority of studies being published recently (i.e., since 2018). Polito and Liknaitzky (2022) carried out a systematic review on low-dose psychedelics between 1955 and 2022. The authors found that several outcomes stood out across these studies with several sources of data indicating direct drug effects. Although evidence of improved mental health, cognition, wellbeing, nature relatedness, and increased energy, for example, have been found consistently, many of these effects are from self-report studies and have not been well investigated in laboratory studies. Effects found in both laboratory and self-report studies were altered state, perception, pain tolerance, and changes in conscious state. Further, bi-directional effects were found, whereby increases and decreases were reported on the same measures. Placebo effect is hard to control in microdosing due to participants breaking blind and correctly guessing between the placebo and microdose as a result of microdosing perceptual effects and expectancy effects. Perceptual effects were manifested as changes in conscious awareness. Establishing well-controlled studies using adequate blinding methods, and the long-term effects and safety of microdosing are important. With microdosing becoming increasingly popular, as well as having a prominent effect on people’s lives, research must continue (Polito & Liknaitzky, 2022).

The majority of evidence providing support for the commonly-reported benefits of microdosing is based on anecdotal reports. Polito and Stevenson (2019) analysed daily assessments of 98 micro-dosers over 6 weeks in a prospective observational study that microdosed a range of psychedelics. Dosing days correlated with a general increase in psychometric measures of mood, attention, wellbeing, mystical experiences, personality, creativity, and a sense of agency. However, neuroticism also appeared to increase following microdosing, which contradicts the belief that microdosing psilocybin improves mental health. Participants were asked to share their expectations regarding the effects of the microdosing. Participant expectations of their microdosing experience were found to be unrelated to the observed outcomes. This study was limited due to the lack of a non-microdosing control group (Polito & Stevenson 2019). In another study, on a content analysis of discussions about microdosing from the online forum Reddit, Lea et al. (2019) found that self-reported benefits of microdosing included cognitive

and creative enhancement, reduced depression and anxiety, increased mindfulness and self-awareness, improved outlook on life, and improved connection to self and others. The authors also found that some individuals experienced adverse physical effects, no improvement in mental health, undesirable feelings on some days, and concerns about illegality and dependence (Lea et al., 2019). Further, in a qualitative interview study, Johnstad (2018) found a therapeutic effect of microdosing LSD and psilocybin for pain management, obsessive-compulsive disorder, narcolepsy, and migraines.

Limited research exists solely relating to psilocybin microdosing. In an open-label study, Prochazkova et al. (2018) found that microdosing psychedelic truffles increased both convergent and divergent thinking, providing some evidence of creativity and improved cognition. This study design did not control for factors such as dosage, mental health background, and other drugs that may have been consumed, including alcohol. The most recent longitudinal study, over two years, benefits from the use of a control group, and found that psilocybin micro-dosers demonstrated greater improvements in mood and mental health after one month than non-microdosing controls (Rootman et al., 2022). Although few adverse effects have been reported in comparison to the widely reported benefits of microdosing, they cannot be ruled out. In a recent survey, micro-dosers reported adverse effects such as physical discomfort, anxiety, overstimulation, cognitive interference, and uncertainty of effect (Anderson, Petranker, Christopher, et al., 2019).

Dressler et al. (2021) investigated microdosing LSD and psilocybin with self-reported microdoses. Participants reported increased conscientiousness, decreased neuroticism across time points, a positive correlation between neuroticism and the duration of prior microdosing experience, and a positive correlation between extraversion and both the duration of prior microdosing experience and lifetime number of microdoses. Rootman et al. (2021) found that adults who microdose psychedelics reported health-related motivations and lower levels of anxiety and depression compared to non-microdosers. In their study, 85 percent of the participants used psilocybin as their substance of choice. Although both studies report positive outcomes, the use of self-reports means that reliable assumptions cannot be made.

Van Elk et al. (2022) studied the effects of psilocybin microdosing on feelings of awe and art perception in a placebo-controlled study. Participants felt more awe in response to videos representing funny animals and moving objects in the microdosing compared to the placebo condition. However, about two-thirds of the participants were breaking blind to their experimental condition. Expectancy effects were found to be a likely driving factor of subjective reports of microdose benefits. In an observational study, Anderson, Petranker, Rosenbaum et al. (2019) found that current and former LSD and psilocybin micro-dosers scored lower on dysfunctional attitudes, negativity, and emotionality, and higher on wisdom, open-mindedness, and creativity compared to non-microdosing controls. However, in a placebo-controlled study by Marschall et al. (2022) self-reported psilocybin microdosing, over three weeks, did not affect emotion

processing or symptoms of anxiety and depression compared with placebo. Upon further exploration, psilocybin microdosing was not found to affect self-reported interoceptive awareness, and the symptoms of stress and depression were significantly reduced in the first block compared to baseline, but the participants broke blind in the second block and no effect of expectations was observed. The authors recognised that further research is needed with substance-naive participants with clinical anxiety and depressive symptoms (Marschall et al., 2022).

Lea et al., (2020) examined microdosing motivations. The survey asked 525 participants over the age of 16 their motives for microdosing either psilocybin or LSD, of which 55% were microdosing with psilocybin. Results showed the main motivations were to improve mental health (40%), personal development (31%), and cognitive enhancement (18%). These motivations are likely to be due to positive reports of studies as well as popular media, possibly leading to some of the placebo effects in self-reporting measures.

It is important to note the importance of ‘set and setting’ in the use of psychedelics. An early study conducted by Leary et al. (1963) proposed that the user’s personality, intention, and expectation (set) in conjunction with the social and physical surroundings in which the drug experience takes place (setting) significantly affects the psychedelic experience. Carhart-Harris, Roseman, et al. (2018) also considered set and setting, context, possible interactions, and subsequent experiences of psychedelics. They concluded that “it seems vital that new studies be conducted to test the hypothesised primacy of context in shaping the nature of the psychedelic experience, to mitigate risks and foster the development of optimal treatment approaches” (p. 727). In a lecture held by Fadiman and Korb (2017) it was suggested that “microdosing should be further investigated for its therapeutic efficacy as to slow down cognitive decline, OCD [obsessive-compulsive disorder] and depression.”

The scientific credibility of microdosing psychedelics is a key issue. Although double-blinded studies have been carried out, placebo effects are likely, due to participants of such studies being enthusiastic about microdosing. A recent study found that positive expectations predict improved mental health observations linked to microdosing (Kaertner et al., 2021). Szigeti et al. (2021) found little evidence of differences between microdosing and placebo conditions using a ‘self-blinding’ citizen design. The study measured commonly-reported effects of microdosing including well-being, social connectedness, improved mood and cognitive performance. Differences between microdosers and placebo were assumed to be due to breaking blind. Although consistent reports of benefits have been obtained, the majority of these outcomes have been measured by self-reports. These may not be genuine changes that would be picked up in controlled studies.

Research on the lived experience of psilocybin microdosing, however, is lacking. Thus the research question for the present study was: *What are the lived experiences of individuals who microdose psilocybin?*

## Method

As the focus of this study was to explore the lived experiences of individuals who microdose psilocybin, a transcendental phenomenological study was conducted (Creswell, 2013). Lived experience refers to a representation of the experiences and choices of a given person, and the knowledge that they gain from these experiences and choices (Given, 2008). Twelve participants, who reported the practice of psilocybin microdosing, were interviewed. I aimed to identify the common theme(s) or experience(s) leading to the description of the phenomenon. Epoche was the first step of the phenomenological reduction. This was an essential process of the study whereby I set aside my preconceptions of the phenomenon to allow me to focus on the experiences of the participants (Moustakas, 1994). This process required me to bracket out my personal experience of microdosing to remain objective when attempting to understand the participant's experience.

### Sampling strategy

Twelve participants were selected, all of whom self-reported microdosing with doses that they had calibrated to be below the threshold of obvious perceptual effect. Participants were initially selected through the author's social network. The remainder were recruited from the online microdosing forum on Reddit (<https://www.reddit.com/r/microdosing/>) and via a Facebook post. In both cases, willing participants responded via email or private message in order to gain more information and share their willingness to take part in the study. The criteria stipulated that participants microdosed between 0.1g and 0.5g of psilocybe mushrooms at least twice a week for at least a month (microdosing defined by Fadiman, 2011).

In some cases, the exact dose was unknown due to a course of microdosing being purchased with no exact dose stipulated. The participants were confident that the pre-measured doses were from a trustworthy source and were sub-perceptual. One participant had been microdosing 0.05g and was included due to the reported effects. Participants were excluded if they used any other additional class A drugs during the period under study. Final doses of psilocybin ranged from 0.05g to 0.3g. The study sample is depicted in Table 1. All participants were Caucasian.

**Table 1***Participant Demographic, Psilocybin Dose, and Length of Time Microdosing*

Participant number	Location	Age	Gender	Nationality	Dose of psilocybe mushroom	Length of time microdosing
1	London, UK	35	Female	British	0.3g	5 two-month courses over two years
2	London, UK	36	Female	British	Supplied microdose. Exact dose unknown	6 months intermittently
3	London, UK	32	Female	Italian	0.1g	1 year continuously
4	London, UK	33	Female	British	Supplied microdose. Exact dose unknown	A month and 5 years and 3 months ago
5	London, UK	32	Male	British	0.2g	2.5 months
6	London, UK	36	Male	British	0.1g-0.3g	3-4 years intermittently
7	Lake Tahoe, US	30	Male	American	0.3g	6-7 months consistently
8	North Carolina	38	Male	American	0.05g	9 months
9	Los Angeles, US	24	Male	American	0.18g-0.2g	6 weeks
10	New York, US	36	Male	American	0.25g-0.3g	6-8 months
11	Puerto Vallarta, Mexico	35	Female	Australian	Estimated microdose by consuming tiny parts of psilocybe mushroom	9-10 months
12	Tel Aviv, Israel	29	Female	Swedish	0.3g	2.5-3 months

**Interviews**

Semi-structured interviews were conducted with all twelve participants. The data collection and sampling strategy were conducted in line with the Middlesex University ethics committee and at no point were participants encouraged to microdose. Once interviews had been carried out, one participant's data was omitted due to the number of supplements that were being taken to support microdosing. The interview protocol

was original and formulated by keeping in mind the criteria outlined by Moustakas (1994) by which the questions aimed to discover what the participants experienced and how they experienced psilocybin microdosing. Participants were sent a participant information sheet explaining the background, the aim of the research, and a consent form. These were sent and signed digitally via the DocuSign platform and a convenient time was then set for the interviews. Each interview, except for one, was conducted via a Zoom call and an iPhone voice recording app. One interview was carried out face to face. Once times were agreed, a Zoom link was sent to the participant via email. Ten minutes were set aside before each interview so that I could meditate and ground, allowing me to clear my mind to look at data ‘with fresh eyes’, in line with the requirements of epoche (Moustakas, 1994). Participants were encouraged to relax and take a few deep breaths before the interview commenced to allow a sense of grounding and connection. The interviews lasted between 10 and 40 minutes. The participants were asked about their location, age, the length of time they had been microdosing psilocybin, and the dosage amount. The semi-structured questions acted as a guideline and the structure evolved through the interview process. All interviews were transcribed verbatim.

Typical questions used to guide the interview were:

1. How long have you been microdosing psilocybin?
2. What dosage of psilocybin do you use?
3. How do you schedule your microdosing?
4. What made you try microdosing?
5. What do you experience when you microdose?

### **Data analysis**

A process referred to by Creswell (2013) as horizontalisation of data was carried out. Immersion in the data followed to find statements that were deemed to be significant in demonstrating an understanding of each participant’s lived experience of microdosing psilocybin. Any expressions that overlapped, repeated, or consisted of vague language were removed. A total of 365 significant statements emerged. These statements were then analysed to identify emerging themes described by Moustakas (1994) as invariant constituents. Seven clear themes emerged from the data.

## **Results**

The seven themes identified were mental health, dose effects, connection, productivity, wellbeing, navigating problems, and creativity. These themes were explored through the statements within the transcribed interviews.

### **Mental Health**

Significant statements were expressed 92 times throughout the interviews and powerful experiences were mostly felt by participants who began microdosing in an attempt to

alleviate or process symptoms of adverse mental health. Eight of the twelve participants suffered from either depression, ADHD (attention-deficit/hyperactivity disorder), anxiety, or PTSD (post-traumatic stress disorder). Four participants experienced phenomenal breakthroughs and believed that microdosing facilitated their progress. One participant experienced a worsening of symptoms as an initial response. This would suggest that experiences are not consistent between individuals.

Those night terrors I was telling you about... that was debilitating to me because I would be just sat here talking to you and I would not have been able to do this interview six months ago. There is no way, not even a thought of it. It has for one completely taken that away. I don't get those terrors anymore. My anxiety is slim to none. (Participant 1)

I think it essentially brings up to the surface suppressed emotions and things that you haven't dealt with for you to deal with. (Participant 2)

Trauma relating to a rape experience began to surface which became challenging, however, they explained:

I think it enabled me to access those memories and suppressed emotions and process them in a healthy way. (Participant 2)

### **Dose effects and integration**

Participants either sourced ready-made microdoses in the form of capsules with no exact knowledge of quantity, or had self-measured quantities. Dose effects were expressed 74 times throughout the interviews. The ranges of dose and subsequent reported effects varied significantly between participants.

What some people go for what they call a microdose, for me that would be a mini dose. (Participant 3)

I wasn't doing anything by a regimented schedule as much as allowing my own inner state and feeling to determine when I was ready or when I needed more time. (Participant 12)

Integration of the microdosing experience into everyday life was an important aspect of the process for the more seasoned microdosers. The way in which this was achieved varied from person to person.

It was very intense, a lot of crying, a lot of feelings of hopelessness, flashbacks from some of my traumas. I had a few panic attacks. (Participant 12)



Upon being asked if she would recommend microdosing psilocybin, the participant replied:

It can help you extremely, but it can also open you up to feel the same things you are feeling on a profound level, and without the ability to work through that the right way there's a potential that people can end up in a worse place than when they started. (Participant 12)

### **Connection**

Connection was expressed 73 times throughout the interviews, either as connection to others, to self or a spiritual practice, to nature or 'something bigger'.

With me and my wife, you know, just sitting here talking about real things you know... when we talk, we communicate in-depth about life and struggles and depression. It totally made me open up about it, which is huge. (Participant 1)

It's about feeling connected rather than disconnected. It's a connecting experience. So when you are approaching problems, you feel like they are part of you and you're connected to them rather than a feeling of separation, or I have to win this or I'm on my own, no one cares for me. (Participant 4)

### **Productivity**

Regardless of the participant's initial intention for microdosing, most participants experienced an increase in productivity in some capacity. This mainly manifested in the workplace. Productivity was expressed 58 times throughout the interviews.

I think it gives me a sense of perspective which I don't normally have... microdosing has really helped. I have noticed I can let the little things go. (Participant 3)

I became very, very focused and got a lot of work done over a four-hour period. I just nailed what I would normally nail out in a day in about four hours. (Participant 2)

### **Improved state of well-being**

Of the twelve participants, eleven expressed an increased sense of wellbeing in some capacity. Well-being was expressed 31 times throughout the interviews.

I can meditate better, I'm more empathetic, I'm more sensitive to others as well as myself. My life just got so much easier. (Participant 7)

What we have is all I need and we are happier than we ever were. (Participant 1)

## **Navigating problems**

Six of the participants shared that microdosing facilitated the management of stress. Stress management and problem-solving were expressed 28 times throughout the interviews.

Without microdosing I would have had a much tougher time..... my level of acceptance is beyond anyone that I know. (Participant 7)

I would say that the biggest difference I have noticed is that I am a lot more relaxed, especially in high-stress environments. (Participant 5)

## **Creativity**

Creativity was expressed 9 times throughout the interviews and by four of the twelve participants. Interestingly, this was observed solely in participants with a musical background.

In my mind, my ideas have gone from very creative and quite daring to completely mind-blowing. (Participant 7)

My creativity is back. I used to play the guitar all the time. I didn't play for six, seven years and now I play every day again. (Participant 1)

## **Discussion**

The lived experience of psilocybin microdosing was demonstrated through the key themes. These were mental health, dosage, productivity, connection, creativity/navigating problems, and wellbeing.

### **Mental Health**

Carhart-Harris, Bolstridge, et al. (2018) provided support for the use of high dose psilocybin and therapy for treatment-resistant depression. The authors found that many individuals attributed the effectiveness of psilocybin to a greater willingness to accept emotions and emotional breakthrough and resolution as a result of a challenging return to old traumas. Two participants in the present study experienced resurfacing and subsequent resolution of trauma after microdosing when supported by breathwork and meditation, or therapy. An increase in neuroticism was demonstrated in the previous study by Polito and Stevenson (2019). Although the research in these reports focuses on a high dose accompanied by therapy, they provide some indication that microdosing experiences in the case of mental health may not be due to placebo effects. Resurfacing of trauma was not always expected by participants in the present study, but was reported as being well-managed due to their ability to integrate their experience effectively with well-practised methods, such as meditation, journaling, and breathwork. This will inevitably not be the case for everyone and without proper guidance

and integration, this could prove to be a challenging adverse effect of microdosing. This could be particularly dangerous for those already experiencing difficulties with their mental health. One participant experienced significant alleviation of the symptoms of depression without the support of integration therapy or practices. This would suggest that further research into depression and microdosing alone would be valuable. One participant also found that microdosing encouraged progress in therapy sessions for anxiety, describing lower baseline anxiety even after more extended periods between microdoses. This observation is congruent with Rootman et al. (2021) who found that adults who microdosed psychedelics reported lower levels of anxiety and depression compared to non-microdosers. It would be useful to research whether psilocybin microdosing may also work in the case of anxiety. However, with all reports in previous and the present study being anecdotal, it cannot be assumed that what was reported were actual effects.

### **Dosage**

The present study reported varying doses and the effects were highly individual. Although the inclusion criteria stipulated a minimum dose of 0.1g, one participant was included regardless. They explained that 0.1g led to the experience of perceptual effects and a feeling of being “high”, and therefore used a sub-microdose of 0.05g. The doses used by participants in this study ranged from 0.05g to 0.3g. Dosages were chosen intuitively by participants of this study in a ‘trial and error’ manner. In some cases, individuals felt more noticeable effects than what would be the recommended sub-perceptual level, resulting in the reduction of the dose. The difference in dose tolerability may be inaccurate, as the study design made it impossible to know for certain the dose, potency, and psilocybe mushroom species. It also points to the need to better understand psilocybin’s pharmacodynamics as dose thresholds may be affected by an individual’s pharmacogenetics and other variables.

### **Productivity**

Productivity is dependent on the ability to focus, which is dependent on the down-modulation of the default mode network (DMN). Carhart-Harris et al. (2012) found that psilocybin deregulated the DMN and increased focused attention. Similarly, decision making can also become more difficult under states of anxiety (Starcke & Brand, 2012) and a decrease in anxiety could lead to productivity via more effective decision-making skills. Two participants experienced improvements in productivity as well as depression and baseline anxiety.

### **Connection**

Seven participants described a deeper connection to themselves, their spiritual practice, nature, other individuals, or those close to them. Griffiths et al (2006) found that 30mg psilocybin/70kg of body weight increased measures of mystical experience, personal meaning, and spiritual significance. In a later study (Watts et al., 2017) patients who took part in an open-label trial of psilocybin for treatment-resistant depression were interviewed at a six-month follow up. A clear observation was a change from disconnection (from the world, self, and others) to connection. Similar results regarding this theme of connection were found among participants in the present study.

Research has shown that participants who had mystical experiences in their macrodose psilocybin sessions experienced a significantly higher baseline of openness for more than a year after the session (MacLean et al., 2011). Two participants experienced deeper and more open conversations with peers or loved ones. Braithwaite and Holt-Lunstad (2017) as well as Chen and Harris, (2019) showed that closer relationships are beneficial for mental health. Further research into microdosing and connectedness could be beneficial for those who struggle with relationships. A growing body of evidence exists relating to psychedelic therapy and its connection with nature; it has been suggested that maximising nature relatedness may benefit psychedelic integration practices and therefore improvements in mental health (Gandy et al., 2022).

### **Creativity/Navigating problems**

Some overlap exists in the area of creativity and problem-solving. Increases in convergent and divergent thinking were demonstrated by Prochazkova et al. (2018). Their research suggested that psilocybin microdoses of between 0.06g and 0.1g induced creativity in solving picture-based problems.

Three participants in the present study reported an increase in creativity in addition to being able to navigate problems more effectively. Research has shown that psychedelics induce levels of entropy, suggesting that brain activity becomes more random and cognition becomes more flexible (Carhart-Harris et al., 2014). It is interesting to note that in my study, participants who experienced changes in creativity had musical backgrounds in some capacity. Research into microdosing in those who have particular creative abilities would be insightful.

Watts et al. (2017) found that participants demonstrated higher levels of acceptance after psilocybin was administered for treatment-resistant depression. Four of my participants described a feeling of acceptance. This area again has not previously been researched with the use of microdosing, yet there is some indication that it could provide similar results to macro-dosing in some individuals.

### **Well-being**

Lyons and Carhart-Harris (2018) found that depressed individuals demonstrated a more positive outlook as a result of psilocybin with psychological support. Eleven out of twelve participants described improved well-being ranging from overall contentment, better emotional state, and feeling more peaceful. Psilocybin retreats are becoming increasingly common, the most notable being *Synthesis* which has contributed to the Ceremony study at Imperial College, London. Results of questionnaires demonstrated a 10% increase in well-being four weeks after attending the retreat (Kettner et al., 2021). The process involves large doses of psilocybin, breathwork, meditation, and therapy. It cannot be concluded that these results are purely due to the effects of psilocybin and it would be expected that all attendees of the retreat expected some positive outcomes.

### **Limitations of the research**

The bracketing of my own experience is an essential part of phenomenological research, yet limitations exist. I have had positive experiences with psilocybin and although I attempted to practice the suspension of judgement it is difficult to exclude personal belief entirely. This may have influenced the interpretation of the data. A microdose was defined as between 0.1g and 0.5g, and as the supply of psilocybin is illegal and unregulated, I cannot be certain that participants were microdosing. In cases of participants trusting the integrity of a supplier, the psilocybe mushroom strain and subsequent effects could also vary. The nature of the study design lends itself to possible misinterpretation of what caused the reported effects. Each participant believed in the practice of microdosing and it cannot be certain that the reported effects weren't enhanced by belief due to the placebo effect. It is suggested that set and setting are important factors in the experience of psilocybin microdosing (Leary et al., 1963). Previous and current mental health, access to support and guidance, knowledge of integration, and environment, are all important to consider when embarking on a microdosing course. As Carhart-Harris, Roseman, et al. (2018) suggest, primacy is a factor that was not measured in the present study. As Kaertner et al. (2021) suggest, expectancy effects could be a factor in positive reports relating to mental illness. Placebo effects are difficult to control in psychedelic studies and all participants in this study were enthusiastic about their microdosing journey, expecting positive outcomes.

### **Delimitations**

The nature of a phenomenological study means that results provide anecdotal evidence which is not generalisable, making it difficult to make prescriptive conclusions. I used 'rich, thick' descriptions as much as possible when analysing interviews (Creswell, 2013). In this way, transferability can be more accurately ascertained. All participants were of Caucasian ethnicity. A sample with more ethnic diversity would be more representative of the population as a whole. I interviewed twelve individuals for my study and stopped when the data had reached saturation. A larger participant number could provide a deeper insight.

### **Practical implications and future research**

The majority of studies reporting positive outcomes relating to psilocybin microdosing have been found through self-reporting measures. This calls for randomised placebo-controlled clinical trials, however, these are difficult to execute due to legalities and expense. A mixed-method study whereby identical doses of psilocybin are administered to participants would be insightful. In addition to the quantitative measurements, interviews could then be carried out in the same way as the present investigation, exploring the lived experience of microdosing.

From anecdotal evidence, the dosage varies significantly between participants. It is highly subjective, and is largely dependent on the intuition of an individual. Although this study provided interesting observations, these are merely self-reported observations and cannot be used to make robust conclusions.

The development of supported integration practices could be a way in which individuals can work through a process of 'trial and error'. Although integration coaches are becoming increasingly popular, this option is only available to those who can afford a coach, it is not a solution for everyone.

## **Conclusion**

The practice of psilocybin microdosing by the public is increasing at a fast pace. Although evidence of the possible benefits is also growing, current research demonstrates that dosage and subsequent effects are highly subjective. Underlying mental health, lifestyle variables, previous experience, and the ability to integrate the experience are all factors that could affect individual outcomes of microdosing. Although this study provides some insight into the lived experiences of psilocybin microdosing, the lack of a universal consensus on dosage and integration in addition to possible adverse effects calls for further research.

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## About the Author

Kavita Golia is an embodiment and psychedelic integration coach. Kavita's mission is to help individuals connect with their true essence so that they can live with integrity and move forward with decisions that align with their embodied values.



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