

The mechanism of action in a spontaneous resolution of chronic depression, anxiety, and burnout—a retrospective case study

Mika Turkia

mika.turkia@alumni.helsinki.fi, psychedelichtherapy.fi, April 9, 2024

Abstract

There is currently no generally agreed-upon definition of the mechanism of action of psychedelic therapy. Existing proposals have approached the issue from various perspectives, utilizing concepts on many layers of abstraction. Most commonly, mechanisms based on neurotransmitters have been proposed. From a clinical perspective, explanations on the psychological level would be more useful. This study provides one such explanation, focusing on the destabilization of trauma-related memories and their replacement with memories that allow for more adaptive behaviors. This mechanism is not specific to psychedelics, and the study therefore illustrates a non-pharmacological process involving it.

The study features a male entrepreneur in his early fifties who suffered from chronic but non-debilitating anxiety and depression since his teenage years. In his mid-30s, he suffered from severe burnout but partially recovered. The amount of alcohol consumed was constantly relatively high. More recently, due to simultaneous relationship and workplace stress, he experienced a more severe episode of burnout, depression, anxiety, and insomnia. He felt completely exhausted when trying to get something done and became fearful of the workplace. Psychotherapy and various pharmaceutical medications provided little benefit.

After three months on sick leave, a trip to the mountains triggered severe insomnia. Sleep deprivation likely contributed to a spontaneous experience of altered states of mind, including a two-day period of hallucinatory visions. There was the feeling of being a complete failure, but through a new relationship initiated just before the trip, he received love and validation from his new partner, which contradicted the feeling of worthlessness. The combination of an altered state of mind and love induced an alteration of identity that resolved his depression, burnout, and sleep disorders. After three more months of self-organized rehabilitation, he successfully returned to work.

Six months after the trip, financial decline caused by his absence and unchanged stressful conditions at the workplace led to disappointment, motivational issues, and stress, but his work performance remained good regardless. One year after the trip, although his work-related stress had increased rather than decreased due to the financial situation of his company being more demanding than before his burnout, the positive outcome prevailed, proving its long-term stability.

Keywords: psychedelic therapy, psychedelics, altered states of mind, memory, spontaneous remission, burnout, depression, anxiety, insomnia, sleep disorders, sleep deprivation, love, self-compassion, forgiveness, grace, post-traumatic stress disorder, PTSD, C-PTSD, pivotal mental state, IFS

Introduction

In 2023, Burbach et al. provided a comprehensive review of treatments for (complex) post-traumatic stress disorder, or (C-)PTSD (Burbach et al., 2023). In their discussion about research related to fear circuitry and memory, they described that memory reconsolidation theory states that remembering an event could cause the memory trace to transition from a stable to an unstable state. A destabilized memory could be altered either pharmacologically or through new experiences before it was restabilized through protein synthesis-dependent memory reconsolidation processes (Raut et al., 2022). Long-term memories could thus be updated, but only if new information contradicting the previous memory was present at the time of recall (Popik et al., 2020; Sevenster et al., 2013).

Brouwer and Carhart-Harris introduced the concept of the 'pivotal mental state': a hyper-plastic state aiding rapid and deep learning that could mediate psychological transformation (Brouwer and Carhart-Harris, 2020). Chronic stress and neurotic traits were considered primers for a pivotal mental state, whereas acute stress could be a trigger. They noted that before the relatively recent advent of secular psychology, religious traditions provided useful resources to prepare and guide individuals through these states in order to achieve self-transformation and growth. They said that religions provided excellent narrative and infrastructural resources for dealing with such 'psychological rebirth'. Such support was mostly lacking in modern society. The authors proposed that psychological crises should not be interpreted as emergencies requiring immediate suppressive intervention but as opportunities for development and growth, provided that a supportive context was provided for the process.

The present case study exemplifies the above-described phenomena by illustrating how chronic stress and eventual near-total sleeplessness induced an altered or pivotal state, which likely destabilized the memory. Unexpected validation received in a new relationship provided the necessary new information for a new memory concerning his whole identity to become established and stabilized.

The information was acquired through a 1.5-hour semi-structured interview conducted two months after the period of hallucinatory visions, a short follow-up four months after the first interview, and a one-hour interview ten months after the first interview, or a year after the period of hallucinatory visions.

Case description

A man in his early fifties had been a successful entrepreneur for 25 years, had been married but divorced six years ago, and had two children currently in their teens. His own depression originated in his teenage years. It had not involved suicidality and could be characterized as major depressive disorder, recurrent, moderate (ICD-10 F33.1). He described it as having 'eliminated all happiness from ordinary life'. His background feelings involved self-hatred. The related anxiety led him to use significant amounts of alcohol for decades, although he remained employed.

His first burnout was in his mid-30s, when he was an employee at a company. There was too much work, conflicts with other people at the workplace, and he had small children at home. He took SSRI medication for a while but did not attend therapy or take a sick leave. The situation was resolved by a career change, i.e., becoming an entrepreneur and founding his own company. Regardless, a dissonance between his fundamental values and the type of business remained. He felt like he was in the wrong field, forced to 'work for money'. Entrepreneurship eased the dissonance somewhat but did not eliminate it.

There were attempts to reduce the dissonance by changing his environment in a somewhat impulsive manner. For example, the family moved to different cities several times. Achievements failed to produce satisfaction. His method for coping with the lack of satisfaction was to take on progressively larger challenges, going further and further out of his 'comfort zone'. This method did produce noticeable financial and social success. In the end, he felt that he had achieved what could be achieved in the field, and 'nothing of interest' remained.

Coincidentally, he received funding to expand business abroad and founded a startup in another field, of which he knew practically nothing. He described it as 'a dream job', and although the work was very demanding, it progressed well. Despite succeeding, dissatisfaction in his life was 'in some way constantly accumulating'. This was largely due to a 'very turbulent' recent relationship, with the turbulence caused by the partner's (complex) post-traumatic stress disorder. The relationship did not reduce stress but increased it; it became even more stressful than work. His body got stuck in a chronic state of hyperalertness, and he lost sleep. Sedatives helped a bit. A year before, he had already enrolled in psychotherapy in order to discuss his dissonance issues and impulsivity, but therapy provided little benefit.

He commented that the exhaustion was not only related to work but all-encompassing—exhaustion towards life. He began experiencing bouts of obsessive, panicky anxiety. He woke up crying, feeling that he could no longer tolerate his life. To him, alcohol appeared as the only substance and method that could alleviate his anxiety: 'for a moment, it completely dissolved the anxiety, producing a hopeful feeling'. However, it gradually amplified his sleep disorder. He tried ending his relationship, but his partner refused.

At this point, the international conflict in Ukraine brought unprecedented uncertainty that stagnated financial markets and resulted in the unavailability of further rounds of financing and the failure of numerous startups, including his own. Despite there having been nothing that he could have done to prevent the failure, he felt like a failure regardless. The feeling of failure was also associated with his childhood and teenage uncertainties related to his relationship with his father and the father's demands (although the father had already passed away).

Three months before the crux of his burnout, he visited a psychiatrist, who put him on sick leave and prescribed vortioxetine (5 mg) for depression, oxazepam (15 mg) for anxiety, and mirtazapine for insomnia. He was also prescribed amitriptyline, but he never took it. He took oxazepam for insomnia for one month, but noticed its propensity to induce addiction and stopped taking it. For the last month, he took oxazepam again.

His hyperalert state caused his senses to be oversensitive. Colors appeared unnaturally bright, and he was 'extremely sensitive to receiving anything'. Several times during the three-month sick leave, he traveled to the mountains, spending half of his time there. He was too exhausted to maintain his relationship and met with his partner for only a few days during this period. The relationship finally ended, but instead of being a relief, it caused a feeling that there was 'nothing to hold on to'. For 'three to six hours a day', he cried. Every morning, he woke up to 'an overwhelming anxiety'. He was completely exhausted, sleeping either too much or not at all. He was incapable of taking any initiative. There was an overwhelming feeling of hopelessness. He could not even think about working or planning anything. In order to briefly visit his workplace, he needed to take oxazepam. Regardless, he could not do anything at the workplace, becoming desperate about his condition.

During this period, mirtazapine helped somewhat, and his insomnia was not as bad. He was unable to perform cognitive tasks but was physically in good condition and trained hard in sports; it was the only thing that made him feel good. He was also able to handle his parenting tasks quite adequately for two weeks a month. However, when he was not with his children or doing sports, he could only rest and consume subscription video on-demand streaming services.

He felt that he would never recover and be able to work. Eventually, the only thing he could take care of was his role as a parent. Still having a relatively high social status and a good financial situation, he found numerous interested women on a dating app. However, one-hour meetings with them rendered him completely exhausted. He was also in contact with a former acquaintance and suddenly found an emotional connection with her. It led to a new relationship with strong feelings of infatuation, which, however, worsened his hyperalertness.

To overcome the quagmire, he took another trip to the mountains with the aim of going snowboarding. It was an 18-hour drive. During the last hour, his new date sent him a beautiful story she had written about him. This completely flabbergasted him, so much so that he could barely drive to his destination. Upon reaching it, he could not concentrate on anything and went to bed, finding that he could not sleep; his hyperalertness had exploded. During the next three days, he got only five hours of sleep. Mirtazapine had no effect on his insomnia.

His physical condition 'collapsed'. A week before, he had taken a 70-kilometer bicycle tour. Now, an attempt to walk 100 vertical meters up the mountain raised his pulse to 170 bpm, and he had lost his balance and coordination to such a degree that he could not stay standing on a snowboard. Doing sports was thus out of the question, and he remained at the cottage for the whole time.

For the first two days, there was a 'burning sensation' inside him, and he saw hallucinatory visions. His identity appeared to him as 'an old, stinking, sick hide', which he could no longer tolerate. He felt that he needed to get it off him, even though he would then be 'naked and defenseless'. The visions were associated with very concrete somatic sensations. He was afraid of 'going crazy'; on the other hand, the process appeared to him as 'a purification'.

Simultaneously, there was the 'accepting gaze' of his new date. It produced a feeling that he was not completely alone and allowed him to feel compassion towards himself. His base feeling was sadness about having ended up in such a state. There was sorrow about having tried so much but having failed regardless; he felt 'completely beaten up'. Yet there was a simultaneous feeling of self-compassion; he wondered how he had been 'so hard on himself for so long'.

He 'intentionally delved into these issues for the whole time', forcing or 'autosuggesting' himself into a constant contemplation of his problems. He 'wanted to and needed to go through the whole process'. He was totally sick of his life and did not want to continue in the same way. It had to change; he had to release it all and give it all up. He also wrote a diary, documenting all his thoughts and 'describing the events to himself', in order to 'concretize what was happening'.

He described how he could 'clearly and concretely see himself from the outside, as if in a lucid dream'. He said that the process 'continued for very long, with the same visions repeatedly appearing'.

His visions included 'personifications' of the contents of his mind. Previously, these had been 'an undifferentiated mess'. In psychotherapy, he had recognized the demanding nature of his personality, but mostly in an undifferentiated way, although facing the demanding voice had been 'occasionally harsh; it was completely unforgiving'. Yet he had recognized it 'as himself', always considering every project a failure, no matter how well it had factually succeeded. It represented 'extreme pessimism about his overall competence, eating out all happiness from life'.

In the mountains, the demanding nature of his personality has emerged as a personified character: 'a punisher', always demanding or complaining about something. More importantly, two previously unrecognized characters had been differentiated (unblended). There was 'an impulsive guy', whose positive aspects included creativity, bravery, fearlessness in taking risks, and the capacity for taking initiative. Negative aspects included a tendency to give up easily in the face of adversity, as well as leaving the resulting chaos to others to sort out. His impulsivity had been a major problem for his partner in the previous relationship; he was now contemplating what impulsivity actually meant and why it had been such a problem for her.

There was also 'a wise man', but he was demanding and judgmental; only his opinion and his moral correctness were of importance. Previously, these two characters were in constant conflict. After the process in the mountains, these opposing parties no longer existed. Instead, 'his whole person was a dialogue'.

He described that 'having been good enough for someone' had been 'extremely empowering'. The acceptance had been provided 'in a very surprising situation', in which he had felt completely inadequate. This had produced a feeling of 'grace': that he could, after all, be good enough for himself and even for someone else.

Previously, he had been unable to name these characters, and they had appeared to him as 'forces which one could not fight'. One remained at the mercy of these forces. Naming them 'tamed them a bit'.

On the third day, the hyperalertness lessened a bit, and he was able to sleep three hours per night, although badly. Giving up the old beliefs, issues, and identity had felt 'so good', and the 'experience of solace' had appeared immense. He tried not to involve other people too strongly in the process, feeling that it 'might have been dangerous'. In the end, forgiving himself by himself, without too much external influence, was likely 'the most important factor'. He had thought that he needed to forgive his father or his narcissistic colleague, but this was revealed to be a false conception. Instead, the essence was about forgiving himself.

In addition, there had been other snowboarders at the same mountain cottage, with whom he had had long discussions; he mentioned that this had also been a significant factor. The relationship with the new date, maintained on the phone, became more romantic. Due to all this, his anxiety lessened, but he assumed that the issue was not completely resolved and that at home he would feel anxious again. He also 'felt silly' about having such a childish crush on someone.

After nine days, he was able to drive back home, although 'barely'. Upon returning home, he 'felt as if peace had settled'. The anxiety was gone, and he slept for eleven hours on the first night. After that, he had no problems with sleep. In addition, his impulsivity, overreactivity, anxiety, and depression were 'simply gone'. The new relationship involved 'factors that were potentially hard', but in his new state of mind, these appeared inconsequential: there was 'calmness and a newfound trust that everything would go well'.

He emphasized the suddenness of changes. The eventual collapse had been sudden, and the recovery from the worst state of mind was almost as sudden. After returning home, insomnia disappeared, he slept slightly more than usual, and he had largely physically recovered after a week. The psychological and emotional recovery took three months and involved 'regaining self-confidence'.

The vortioxetine dose was also increased to 15 mg, in his view, 'post-recovery, or after healing'. At this point, he had been taking it for nine months. During the last month of the three-month recovery period, he began visiting the workplace a few times a week, a few hours a day, performing small, tentative tasks. After a sick leave of 7.5 months, he returned to full-time work, but it took a few more months to regain full productivity and partially relearn the line of business, as he had been involved in another field of business for two years.

He mentioned that the healing process resembled a conversion to religion, involving 'an experience of enormous forgiving', not by a higher power or God, but by oneself: 'inside oneself, one could find the strength to care for oneself'. Subsequently, 'a quiet consciousness about forgiveness having happened prevailed, and the outcome appeared permanent'. Seeing himself from the outside had been 'a powerful experience'; grace had followed from 'seeing oneself from the place of compassion'. An outsider's perspective had allowed for 'separating from the experience'. Normally, one was 'so locked in one's pains, impulses, and bad feelings that one was unable to gain an outsider's perspective'. While this was possible 'in theory', it could not be 'felt'.

He had become 'significantly more forgiving towards himself'. He still occasionally got frustrated, and the burnout had 'left its mark'; for example, his tolerance to stress remained low. In this sense, he 'had not completely turned into another person', but the depression had completely dissolved. He was able to go to work normally and had started two new projects. With the help of a two-month program supervised by a personal trainer, his physical condition had improved so much that he was able to do sports normally. In short, 'before this, life was horrible; now it's wonderful'.

The resolution of his symptoms still appeared 'unbelievable' even to himself; some of his friends had been in similar situations but had failed to achieve similar outcomes. There was also a slight residual fear about the permanence of the outcome. While in his previous working life he had felt inadequate if he had failed to achieve '17 things a day', this feeling was now absent, and he was able to be satisfied with what he had gotten done. He had not regained the capability for 'hypereffectiveness', and assumed he never would, but could, regardless, work, and it was 'ok and enough'. In retrospect, he considered that his previous projects had been 'massive, maybe too large for one person'. They had been due to the 'demanding guy' personality in him, his 'father's voice' criticizing him for 'not having been able to do this or that better', a constant residing in inadequacy, something that could never be fulfilled.

He had discussed the events and the outcome with his psychotherapist as well as his psychiatrist. The latter interpreted the events in Freudian terms, focusing on his crush and comparing the situation to Freud's 1890 description of the case of the pseudonym Anna O. His psychotherapist, in turn, he described as 'unable to provide any tools for processing my issues', appearing overly unfrontational and non-directive. He had 'needed to figure out everything by himself', mostly from books. The thought of forgiving oneself had 'appeared spontaneously'.

He was grateful for having had the financial resources to be able to take the time for the process. He was also able to see many positive aspects of his previous life, which he had missed or not been able to appreciate due to constantly feeling so bad. He now felt more capable of appreciating the many people and valuable things in his life. Previously, he had felt that happiness 'always resided somewhere else, never here, no matter how perfect the company or the surroundings'.

Six months after the trip, he described that, during his absence, the financial situation of the company had severely

suffered. At the time, he had 'kind of ignored all that'. Regardless, after his return, he had been able to turn the situation towards the better, which he assigned to him 'being too good at his job'. Personally, however, the return to work had been 'a disappointment' as the motivational issues related to being in a personally unfulfilling type of business prevailed, and he had not been able to change the ways of working as he had envisioned. Despite that, his work performance had been good, and his new relationship was stable.

Nine months after the trip, he described that the financial situation remained difficult, the company was making a loss, and a complete reorganization of the management team and personnel was ongoing. The process was emotionally very stressful for him. The new relationship endured, however.

One year after the trip, i.e., ten months after the first interview, he described being 'relatively well but at capacity'. His working life was 'as bad as before', but he had been able to handle it without getting depressed, and the financial situation of the company had improved somewhat. His emotional stability was 'surprisingly good', his relationship functional, and his emotional state calm.

However, he still had the propensity to get addicted to alcohol and could thus not consume it. He suspected that he remained more sensitive and that his resistance to stress had permanently lowered, but he was better able to control it, was more forgiving towards himself, and was better able to maintain personal boundaries. He occasionally felt anxious, but it was relatively slight and transient. He kept taking vortioxetine and had considered attending psychotherapy but 'done nothing about it'. Concerning the concept of burnout, he saw it as a combination of factors; in his case, the contributing factors had been the responsibility for children, the stress caused by his previous relationship, factors related to working life, and personal vulnerabilities originating from childhood and later experiences.

Discussion

Psychedelic therapy aims at utilizing substance-induced altered states to achieve similar therapeutic outcomes (Read and Papaspyrou, 2021). The interviewee had occasionally smoked cannabis in his twenties, but had not experienced particular psychedelic effects from it, nor had he had any other experience with classical or other psychedelics. The presented case thus illustrates how the same outcome can occur without the use of substances by spontaneously 'becoming receptive' or destabilized. In the context of bipolar disorder, similar spontaneous inductions have been described (Grof, 1990). The case may also suggest that a retreat, or 'dieta' type (O'Shaughnessy and Berlowitz, 2021), continuous, intense process likely produces better results than occasional, short therapy sessions.

The case also illustrates that being in destabilized states is not enough unless subjectively believable new information is available to substitute for previous beliefs. Conversely, new information provided without destabilization, such as in psychotherapy, may have no effect on foundational, identity-related memories. Occasionally, the required kind of new, unexpected information may be produced endogenously, without social interaction, induced by substances and innate mechanisms of healing. Alternatively, it can be produced by specific nuances in music (de Mori, 2009; Verma et al., 2024); the selection of music is thus essential. In practice, psychedelics may allow for recombination of memories in new ways, producing new interpretations, or allow for revisiting traumatic events and seeing them 'from a distance', giving an overall view of the past.

However, it is crucial to note that the wrong kind of social interaction or 'new information' in such altered states may be counterproductive and lead to negative outcomes having similar permanence as the positive outcome in this case. Thus, if therapeutic processes or clinical trials fail to take into account that people have very different needs and vulnerabilities, therapy may produce harm, and clinical trials may show no efficacy or adverse events, purely due to procedural failure instead of the properties of the substance.

Psychosis likely induces the same kind of trauma memory destabilization (Corlett and Taylor, 2013). It is unfortunate that current treatment methods may produce 'new information' that is counterproductive and may thus induce permanent negative consequences. For example, patients are often told that they are permanently ill. This may create a permanent, counterproductive identity. Approaches that aim at creating more positive identities include the Open Dialog model (Bergström et al., 2022; Mosse et al., 2023) and Christina Grof's paradigm of psychosis as a 'spiritual awakening' (Grof, 1990); more recently, a similar attitude was also recommended by Brouwer and Carhart-Harris (2020).

In the present case, the entrepreneur had autonomous control over the process; he was free to relocate himself, regulate his social contacts, and decide on the methods and interventions. The process could run its natural course into its completion without external interference or attempts to stop the hallucinatory visions with, say, antipsychotics or strong sedatives. The social environment was fully supportive of the process. From the perspective of pivotal mental states (Brouwer and Carhart-Harris, 2020), both chronic stress and neurotic traits were present as precursors, and acute stress functioned as the eventual trigger.

A Finnish psychiatrist, Juhani Mattila, considered that people were energized by meaningfulness, and burnout was due to a loss of meaningfulness and a repressed anxiety about this loss (Mattila, 2021). Meaninglessness was

due to a loss of authentic human connections; authenticity was a prerequisite for meaningfulness. The solution to burnout was to find ways to authentically (re)connect with people.

In the current case, meaningless was due to the field of business being somewhat in conflict with the entrepreneur's personal ethics. His intention was to solve the most pressing problems in the world, yet the nature of his business was somewhat more mundane. The startup aligned better with his life goals but failed due to external circumstances. With regard to human connections, while he had a family, lots of friends, and social status, their meaningfulness was reduced by endogenous devaluation. Also, since his relationship before collapse was plagued by the transgenerational trauma, it failed to fulfill the need for an 'authentic connection'.

An interpretation based on the Internal Family Systems method

Internal Family Systems (IFS) is a therapeutic model that views the mind as composed of sub-personalities, or 'parts' (Schwartz, 2021). Parts may be categorized based on their function: 'exiles' are dissociated parts that carry emotional burdens originating from traumatic events; 'managers' try to proactively keep things under control; and 'firefighters' react to overwhelming emotions. Proactive managers and reactive firefighters are protectors who protect against the unbearable emotions originating from exiles. 'Self' is not a part but the 'true essence' of a person that carries unlimited compassion, love, and healing powers; it is an innate healing mechanism.

The entrepreneur was not familiar with the IFS model, yet he described his experience in compatible terminology. His 'named personifications' essentially corresponded to IFS parts and interacted in the same manner. His history of depression, self-criticism, and worthlessness pointed to the presence of exiles carrying childhood burdens, i.e., shame and the feeling of being a failure.

The 'punisher' or the 'demanding voice' resembled a protector, driving him towards achievement, likely with the intent to shield him from the pain of failure and the feelings of worthlessness carried within exiled parts. The 'impulsive guy' resembled a proactive manager, perhaps with reactive firefighter aspects. Impulsivity, i.e., chasing new experiences, may have attempted to fill the inner void and keep boredom and painful emotions originating from the exiles at bay. Workaholism appeared as an attempt to protect against feelings of worthlessness by achieving external validation to compensate. His use of alcohol appeared indicative of a reactive firefighter trying to numb the occasional overwhelming emotional pain. The nature of the rigid, judgmental 'wise man' appeared difficult to interpret; it may have represented a blend of an exiled part and his emerging Self-energy.

The characterization of his inner experience as an 'undifferentiated mess' indicated that, in general, his parts were blended with each other and the Self. The failure of managers and firefighters eventually led to collapse; the previously rigid protector system was destabilized. Simultaneously, he had the motivation to process the issues through self-reflection. Love and acceptance (new information, or 'corrective experience') from his new partner energized his Self, allowing it to take over and reorganize the parts into a more harmonious existence; a dialogue. Resolution of symptoms involved differentiating the parts, i.e., clarifying the boundaries and roles of the parts, as well as sorting out the conflicts between these parts with self-compassion, i.e., updating the parts working from the position of the Self (in the memory reconsolidation paradigm, Whelton (2015) referred to this as 'self-reorganization'). He moved away from full identification with the parts and towards witnessing them with compassion from the position of the Self. The IFS interpretation thus contained aspects of destabilization of memory and the provision of new information but added some detail over the process, featuring another perspective or a layer of abstraction over the conceptualization of the process.

General perspectives

A few general observations could be derived from the interview data. Mental health challenges may be longstanding and prevail across the lifespan, with adolescence often serving as a critical period for their onset. Work-related stressors, such as high job demands and low autonomy, have been linked to an increased risk of burnout, but identity-related factors may be more essential. Traditional treatments possess limited effectiveness. A pivotal experience may lead to a breakthrough related to identity, which affects the fundamentals of the situation; in the end, identities appeared relatively fluid. Deep interpersonal relationships, particularly supportive romantic relationships, may be an essential factor that enables access to identity-level childhood trauma. The present case may be considered one of 'post-traumatic growth and resilience'. The environment may pose challenges to sustaining the gains, and there may be a breaking point that cannot be exceeded if the gains are to be sustained.

Central to the case was the theme of transformation and growth in the face of adversity, with an interplay between internal and external factors. The case illustrated the complexity of mental health care and the need for comprehensive, holistic approaches to intervention and recovery, as well as the need for a transdisciplinary, synthetic perspective. The shifts between periods of struggle, breakthroughs, setbacks, and resilience emphasized the importance of the etiological perspective. Challenges faced by individuals vary and are individual depending on factors such as age, gender, occupation, wealth, and interpersonal relationships. The central theme of the case was existential exploration, i.e., meaning-making, or the construction of meaning and identity; specifically, the aim for subjectively meaningful outcomes through work. This happened in the context of specific societal norms, cultural influences, and systemic factors, reflecting the interconnectedness of humanity and the psychohistory of societies.

Case studies may also invite a contemplation of universal principles, such as the universality of the themes of struggle and growth. Due to its universality, the process of struggle and growth might be considered an 'archetype' belonging to the 'collective unconscious'. Also, harmony on all levels, including the social-interpersonal or even the 'cosmic', might appear as the eventual goal of the individual.

Conclusions

Personal identity can be altered by inducing an altered state of mind that destabilizes the mind while simultaneously providing new information to replace memories central to the identity. In the present case, a self-deprecating identity originating from childhood was substituted with an identity of being good enough. Psychiatric and other symptoms related to the previous dysfunctional identity dissipated as a result. The newfound resilience was strong enough to sustain a return to the same work environment.

The case illustrated that the mechanism of memory alteration can be utilized either non-pharmaceutically or pharmaceutically, but the pharmaceutical option, i.e., psychedelic therapy, is generally feasible whereas the non-pharmaceutical is not. However, the described kind of long, continuous, uninterrupted retreat-type process is likely more conducive for healing than processes divided into intermittent, short appointments.

Abbreviations: The following abbreviations are used in this manuscript:

C-PTSD complex post-traumatic stress disorder
IFS Internal Family Systems therapy (Schwartz and Sweezy, 2020)
PTSD post-traumatic stress disorder

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Author details: Independent researcher, Helsinki, Finland. ORCID iD: 0000-0002-8575-9838

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