We Are All Interconnected: A Qualitative Study of Embodied Connectedness Through MDMA Use

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Abstract

This qualitative study investigates the subjective experience of connectedness among adults who have used MDMA in non-clinical, social contexts. Amid growing cultural concern around social disconnection, the research explores how MDMA-facilitated altered states may reveal or reawaken felt forms of relational presence. Using Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019), the study is informed by phenomenological and embodied frameworks, particularly Merleau-Ponty's concept of the lived body, Fuchs's theory of intercorporeality, and Massumi's notion of affect as pre-reflective intensity.

Nine adults with diverse histories of self-reported recreational MDMA use participated in semi-structured interviews. The analysis identified three overlapping domains of connection to: self, others, and the world. These were not experienced as separate categories but as entangled, somatically felt processes. Participants described connection as something revealed, not induced, a quality of being temporarily accessible through softening of defenses, emotional resonance, and embodied presence.

Rather than framing MDMA as a therapeutic tool or treatment mechanism, the study positions it as a relational amplifier, a substance that enables access to connection already within reach but often obscured by disconnection, trauma, or social conditioning.

This work contributes to psychedelic studies by foregrounding non-clinical, first-person experiences, and expands understandings of healing by emphasizing embodied safety, affective presence, and co-regulation. It holds implications for social work, trauma-informed care, and

relational practice, suggesting that connectedness is not a secondary benefit but a central condition for healing.

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Chapter 1

In recent years, the concept of connectedness has drawn increasing attention across disciplines such as psychology, social work, neuroscience, and cultural studies. Connectedness is associated with a broad range of emotional and relational benefits, including improved resilience, reduced psychological distress, and enhanced well-being (Baumeister & Leary, 1995; Cacioppo & Cacioppo, 2018; Hari, 2019; Holt-Lunstad et al., 2010). As a multidimensional construct, connectedness includes not only relational ties to others but also a felt sense of connection to oneself and to the broader world (Watts et al., 2022; Yaden & Griffiths, 2020).

Despite growing recognition of its importance, many people today continue to report experiences of disconnection, alienation, and emotional distress, reflecting broader patterns of social fragmentation and relational strain (Cacioppo & Cacioppo, 2014; Gergen, 2009). Scholars have argued that contemporary life is increasingly shaped by neoliberal ideologies and digital technologies that prioritize autonomy, competition, and productivity, often at the expense of emotional presence, interpersonal reciprocity, and community belonging (Putnam, 2000; Turkle, 2011). Together, these conditions have contributed to what some describe as a crisis of connection, with particularly pronounced effects among younger generations (Twenge et al., 2018).

This thesis explores how connectedness is experienced by adults who self-report using 3,4-methylenedioxymethamphetamine (MDMA) in non-clinical social settings. While MDMA is commonly categorized as a stimulant or psychedelic, it is increasingly understood as an empathogen, a substance associated with emotional openness, interpersonal sensitivity, and embodied awareness (Earp & Savulescu, 2020; Heifets & Malenka, 2016). Although a growing body of clinical research has demonstrated MDMA's therapeutic potential, especially in treating trauma-related disorders (Mithoefer et al., 2016; Sessa et al., 2021), far less is known about how MDMA users experience connection in naturalistic environments. These environments refer to familiar, non-controlled settings shaped by context, relationships, and social meaning rather than clinical structure (Hartogsohn, 2016).

Much of the existing literature on MDMA emphasizes neurochemical mechanisms or clinical efficacy, often using structured instruments to assess outcomes (Bedi et al., 2010; Preller et al., 2018; Watts et al., 2021). While these approaches contribute important insights, they tend to

underrepresent the sensory dimension as it is felt in lived experience. Drawing on phenomenology, embodiment theory, and affect studies, this thesis repositions connectedness not as a fixed trait or clinical outcome, but as a lived process unfolding through bodily presence, gesture, and intersubjective resonance (Fuchs, 2016; Merleau-Ponty, 1962).

1.2 Background and Context

Social connectedness is recognized as essential not only for psychological well-being but also for physical health, emotional resilience, and relational stability. Research demonstrates that social isolation is a significant risk factors for adverse outcomes, including increased psychological distress, chronic illness, and early mortality (Cacioppo & Cacioppo, 2014; Holt-Lunstad et al., 2015; Wang et al., 2023). In response, both the World Health Organization (WHO) and the U.S. Surgeon General have identified loneliness and social separation as urgent public health issues (Bzdok & Dunbar, 2020; Jaffe, 2023).

Connectedness, as conceptualized in contemporary research, involves more than interpersonal affiliation or emotional security. It is a layered sense of relation to self, others and the world, grounded in cognitive, emotional, and bodily dimensions (Hagerty et al., 1993; Watts et al., 2022). While these forms of connection are widely valued, the social structures that sustain them are increasingly unstable. As discussed earlier, dominant cultural forces such as individualism and digital mediation, can interfere with the development of meaningful, embodied relationships. These influences not only impact how people connect with others, but also how they attend to their own affective and sensory experiences in everyday life (Cushman, 1996; Rokach, 2015; Turkle, 2011).

Amid these shifts, academic and clinical interest in the therapeutic potential of psychedelics, especially MDMA, has resurfaced. MDMA was originally used in psychotherapeutic contexts prior to its criminalization and has since re-emerged in clinical research as a tool for supporting emotional healing and trauma processing (Grob & Grigsby, 2022; Sessa et al., 2021). MDMA is widely reported to expand emotional openness, trust, and interpersonal sensitivity, making it a potential lens through which to explore affective, relational, and embodied experiences of connection. While promising, most existing research on MDMA remains limited to clinical settings and tends to emphasize symptom reduction over lived experience.

Little is known about how MDMA users interpret and make meaning of connection in non-clinical, everyday contexts, such as festivals, gatherings, or intimate social encounters. This study seeks to explore those subjective dimensions, emphasizing participants' own language and embodied narratives to understand how connection is sensed, enacted, and remembered.

1.3 Problem Statement

Although the mental and physical health impacts of social disconnection are now widely recognized, including at the institutional level, prevailing frameworks continue to overlook how connection is felt, disrupted, and re-established in everyday life. Much of the existing research emphasizes individual traits or clinical symptoms, leaving the relational, sensory, and embodied dimensions of connection underexplored—particularly in non-clinical and socially complex contexts (Turkle, 2011; Cacioppo & Cacioppo, 2014; Holt-Lunstad et al., 2015).

Contemporary models of connectedness often emphasize internal psychological traits, such as attachment or empathy (Bowlby, 1988; Decety & Lamm, 2006), or neurochemical mechanisms linked to prosocial behavior, such as the role of oxytocin in fostering trust and bonding (Zak, Kurzban, & Matzner, 2004). While these approaches offer important insights, they risk reducing connection to individual traits or outcomes and often overlook the complex, embodied processes through which people feel, lose, and re-access connection in everyday life (Fuchs, 2016; Merleau-Ponty, 1962; Massumi, 2002). This limitation is particularly significant given the growing need for trauma-informed and culturally responsive approaches to healing and mental health. Trauma-informed frameworks emphasize the widespread impact of trauma and prioritize safety, empowerment, and relational sensitivity across both clinical and community contexts (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

In this thesis, the term *embodied* refers to how connection is experienced, expressed, and made meaningful through the body. This includes somatic awareness and subtle bodily shifts, such as feeling more relaxed, present, or open, as they unfold within social and emotional contexts. Rather than viewing embodiment as a purely biological or symbolic process, this study draws on phenomenology and affect theory to frame it as a dynamic interplay between sensation, emotion, and relational presence (Merleau-Ponty, 1962; Fuchs, 2016; Massumi, 2002).

MDMA has gained visibility for its therapeutic applications, particularly in clinical studies addressing Post Traumatic Stress Disorder (PTSD) and emotional processing (Sessa et al., 2021;

Heifets & Malenka, 2016). Yet most of this work remains confined to controlled settings, emphasizing outcome metrics over phenomenological detail. Less is known about how MDMA-induced connection is experienced and interpreted in informal, relational spaces. Even less is known about how such states are felt through the body, how users describe changes in feelings, perception, senses and presence, and how these sensations may reveal deeper processes of connection and disconnection.

This study responds to gaps in existing literature, which will be presented in the next chapter, by exploring how adults who use MDMA in naturalistic contexts describe their experiences of connection. Drawing on phenomenology, embodiment theory, and affect studies, the research focuses how connection, to self, others, and the world, is lived and enacted through lived body and affective processes. In doing so, it aims to expand prevailing models of relational well-being and offer a more holistic understanding of connectedness in contemporary life. While this study does not aim to evaluate psychological models of connectedness, it does offer a phenomenological perspective that highlights aspects often underrepresented in dominant frameworks, particularly the embodied, relational, and affective dimensions of connection. In doing so, it contributes to a more holistic conceptualization of connectedness, with implications for both psychological theory and social work practice.

1.4 Research Aim and Objectives

The aim of this study is to explore how adults who have used MDMA in social settings describe their experiences of connectedness, focusing on the subjective and embodied dimensions as expressed through sensation, emotion, and interpersonal interaction. While disconnection was not a central focus, participants frequently shared contrasting experiences of disconnection or fragmentation. These accounts provide critical insight into how connection is interpreted, interrupted, and reconstituted in lived experience.

Research Objectives

1. To explore how adult MDMA users describe their experiences of connectedness to self, others, and the world.
2. To examine how embodied, sensory, and affective processes shape participants experiences of connection.

3. To contribute to a broader conceptualization of connectedness by identifying common themes across participant narratives.

1.5 Research Questions

This study is guided by one central research question and two sub-questions that explore the affective and embodied contours of participants' experiences.

Primary Research Question

How do adults who use MDMA in social settings subjectively experience connectedness?

Sub-Questions

In what ways do participants describe embodied sensations, perceptions, and emotional states that contribute to feelings of connection?

How are experiences of connectedness to self, others, and the world articulated in the context of MDMA use, and what relational or environmental conditions appear to shape these experiences?

1.6 Structure of the Thesis

This thesis is organized into six chapters, each of which contributes to an exploration of the embodied and relational dimensions of connectedness in the context of MDMA use:

- **Chapter 1: Introduction**
  Presents the research topic, conceptual framing, and study rationale. It outlines the research aims, objectives, and questions, and highlights the societal relevance of connectedness.
- **Chapter 2: Literature Review**
  Reviews key psychological, neuroscientific, and phenomenological models of connectedness. It develops a conceptual framework that centers embodied, relational, and affective dimensions and identifies key gaps in MDMA literature.
- **Chapter 3: Method**
  Describes the study's qualitative, phenomenologically informed design. Includes details on data collection, sampling, ethics, and the use of reflexive thematic analysis.

- **Chapter 4: Findings**

  Presents the thematic structure derived from participant narratives, with emphasis on how connectedness to self, others, and the world was described through bodily and emotional experience.
- **Chapter 5: Discussion**

  Interprets the findings in relation to the literature and conceptual framework. Engages with broader issues in social work, trauma theory, and public health, and offers a critical reflection on dominant psychological and empirical models of connectedness.
- **Chapter 6: Conclusion**

  Summarizes the study's contributions, discusses limitations, and proposes directions for future research. Reflects on the broader implications for understanding and supporting embodied connection.

Chapter 2: Literature Review

This chapter critically reviews interdisciplinary literature on connectedness and disconnection as lived, embodied phenomena, in order to establish the conceptual foundation for the framework developed in this study, particularly in relation to how MDMA-related experiences have been framed and studied. Drawing on phenomenology, embodiment theory, and affect studies, this review develops a conceptual approach that understands connectedness as an interwoven process involving bodily presence, affective attunement, and relational openness across three domains: to self, to others, and to the world.

The framework is grounded in the work of Maurice Merleau-Ponty, whose phenomenology of the lived body offers a foundation for understanding perception as embodied. His work builds on, yet departs from, earlier phenomenologists such as Husserl and Heidegger by emphasizing the body as the primary site of knowing and being-in-the-world (Zahavi, 2003). It is further developed by Thomas Fuchs, whose work on intercorporeality and relationality foregrounds co-regulation and mutual bodily resonance; and by Brian Massumi, whose affect theory emphasizes pre-reflective intensities and embodied shifts that elude conscious interpretation. Together, these perspectives support a view of connection as not only emotional or cognitive, but as something sensed, moved through, and lived often beneath or beyond language.

While MDMA is often associated with prosocial or connective effects (Bedi, Hyman, & de Wit, 2010), these have rarely been examined through the lens of lived, first-person experience outside clinical trials. By identifying key conceptual gaps, particularly the lack of qualitative, phenomenologically informed studies on MDMA and connection in naturalistic settings. This review provides the foundation for the study's methodological and theoretical orientation. The following sections examine how connectedness and disconnection have been conceptualized across psychological, neuroscientific, and phenomenological literatures, and outline the relevance of these frameworks for exploring how MDMA users describe their subjective experiences of connection and disconnection in everyday life.

2.1 Framing Connectedness: Psychological and Cognitive Perspectives

Connectedness has been examined across diverse fields, including psychology, neuroscience, and sociology, where it is increasingly recognized as a fundamental human motivation essential to well-being and social functioning (Baumeister & Leary, 1995). Broadly, it refers to a felt sense of meaningful connection to oneself, others, and the broader world (Watts et al., 2021; Hagerty et al., 1993; Lee et al., 2001). Early psychological models, shaped by cognitive and emotional paradigms, have conceptualized it as belonging, intimacy, or secure attachment (Baumeister & Leary, 1995; Bowlby, 1969; Cacioppo et al., 2015), emphasizing internal processes such as relational appraisals or perceived support (Santini et al., 2015). While such frameworks have advanced our understanding in measurable terms, they often prioritize individual functioning and abstract internal states. What remains underexplored is how connection emerges in lived, bodily, and relational experience. Addressing this gap requires turning to phenomenological and affect-oriented approaches that highlight the sensory, affective, and intersubjective dimensions of connection as it is felt and enacted in everyday life.

In particular, cognitive models often emphasize the evaluative and representational aspects of connection. Attachment theory, for example, links secure early caregiving relationships with emotional resilience and relational trust in adulthood (Mikulincer & Shaver, 2007). Social cognitive neuroscience has examined how individuals mentally simulate others' emotional and cognitive states through mechanisms such as theory of mind and mirror neuron activity. Theory of mind refers to the capacity to infer the thoughts, feelings, and intentions of others, supported by a network of brain regions including the medial prefrontal cortex and temporoparietal junction (Schurz et al., 2021). Mirror neuron systems, located primarily in the premotor and parietal cortices, are believed to underlie embodied understanding by activating both when performing an action and when observing others perform the same action (Keysers & Gazzola, 2018). While these insights contribute to understanding social cognition, they often overlook how connection unfolds through embodied interaction, treating it more as internal simulation then lived relational presence.

Contemporary neuroscience has sought to bridge the gap between internal representations and relational processes by mapping the neurobiological underpinnings of social bonding. Research has identified the roles of oxytocin, serotonin, and amygdala modulation in facilitating trust, empathy, and emotional openness (Heifets & Malenka, 2016; Preller et al., 2018). Schilbach

et al. (2013), for instance, propose a second-person neuroscience model that centers embodied and affective reciprocity, suggesting that interpersonal connection arises through dynamic, co-regulated neural and behavioral processes. Complementing this, Siegel's (2020) framework of interpersonal neurobiology conceptualizes the mind as emerging from patterns of energy and information flow within and between people, framing mental life as inherently relational. This perspective aligns with phenomenological and embodied accounts by underscoring that connection is not merely an individual brain function, but a co-created process rooted in lived, bodily interaction.

Structured measures such as the Watts Connectedness Scale (Watts et al., 2021) and the Social Connectedness Scale–Revised (Klussman et al., 2021) attempt to operationalize connectedness by dividing it into distinct domains, including connection to self, others, and the world. While these tools have contributed to efforts to quantify relational experience—particularly within psychedelic research—they may also reduce connection to a set of internal self-reports, limiting attention to its more dynamic and embodied dimensions. In contrast, a growing body of qualitative research on MDMA use (e.g., Agin-Liebes et al., 2022; Garcia-Romeu et al., 2022; Watts et al., 2022) offers a more textured view of connection as a lived, affective process. Across these studies, participants describe experiences such as feeling "at home" in their bodies, emotionally softened, or attuned to others in subtle, nonverbal ways. Taken together, these findings point to a dimension of connectedness that is grounded in bodily presence, warmth, and openness, qualities that often elude capture through structured assessment tools.

This methodological contrast reflects a deeper epistemological divide: dominant psychological models often rely on emotional or cognitive proxies, while overlooking how connection is enacted through presence, movement, posture, and relational attunement. As Merleau-Ponty (1962), Fuchs (2016), and others argue, connection is not merely felt *about* the world, it is lived through the body in relation to it. Recent work by Schilbach et al. (2013) and Fuchs and De Jaegher (2009) expands on this, emphasizing participatory sense-making, mutual bodily responsiveness, and intersubjective engagement as core to relational life.

In light of these insights, this chapter foregrounds a phenomenological and embodied understanding of connectedness. The next section introduces key concepts from embodiment theory and phenomenology, which together offer a framework for rethinking connection not as an abstract internal state, but as a dynamic, lived, and relational process.

2.2 Embodied Perspectives on Connectedness

While dominant psychological and neuroscientific models have advanced our understanding of connectedness, they often abstract the experience from the body, framing it primarily as a cognitive, emotional, or neurobiological state. In contrast, embodied perspectives emphasize that connection is not simply thought, interpreted, or inferred, it is lived. These frameworks, drawn from phenomenology, embodiment theory, affect theory, and critical social work, position the body as the site through which connection is felt, enacted, and disrupted. Critical social work, in particular, draws attention to the political and social structures that shape disconnection, highlighting how systemic oppression, inequality, are not only conceptual but embodied through chronic stress, emotional suppression, and constrained relationality (Fook, 2016; Garrett, 2013). From this view, disconnection is not simply intrapsychic but also socially produced, and its repair must involve attention to both the individual and collective body.

Central to this view is Merleau-Ponty's (1962) notion of the lived body, which challenges the Cartesian split between body and mind. For Merleau-Ponty, the body is not an object we possess but the medium through which we experience the world. Connection, in this sense, is not just interpersonal or cognitive, it is a pre-reflective, sensorial orientation toward others and the world, arising through posture, gesture, movement, and presence. This orientation grounds what Fuchs (2016) calls *intercorporeality*, defined as the mutual bodily responsiveness and sensorimotor coordination that form the basis of empathy, attunement, and social understanding (p.194).

From this perspective, intercorporeality involves not only visible forms of coordination but also what Fuchs (2016) describes as bodily resonance, referring to the subtle affective dynamics through which bodies mutually influence one another. Affect theory deepens this understanding, particularly through the work of Massumi (2002), who describes affect as pre-cognitive intensity that flows between bodies. He defines affect as "a prepersonal intensity corresponding to the passage from one experiential state of the body to another and implying an augmentation or diminution in that body's capacity to act" (p. 30). These intensities precede and exceed emotion, moving between bodies in ways that are not always consciously registered but that shape the quality of relational experience. Connection, then, is not only registered cognitively but emerges through visceral, nonverbal dynamics, such as a trembling voice, changes in breath, or subtle shifts

in tone and presence. These felt shifts are central to what it means to "be with" another and are often excluded from mainstream psychological models of connectedness.

Complementing these embodied approaches, Gergen's (2009) theory of relational being reframes the self not as an autonomous interior entity, but as an emergent product of relational processes. While Gergen's work is grounded in a social constructionist epistemology, it offers valuable insight into how identity and meaning are co-constituted through interaction, dialogue, and mutual responsiveness. This framing aligns with, but does not fully encompass, the ontological stance of this thesis. Drawing from phenomenological and affective perspectives, I adopt a relational ontology, which understands the body as porous, inter-affective, and always in relation with others and the world. From this position, connectedness is not something that exists within an individual, but something that arises through relational and embodied processes, shaped by context, mutual attunement, and shared presence. Connection is therefore inseparable from the relational field in which it unfolds and cannot be reduced to individual traits or isolated outcomes.

Importantly, these models also help us understand how disconnection functions, not simply as a lack of connection, but as a *withdrawal from interaffective resonance* (Massumi, 2002) or a *disruption in the relational field* (Fuchs, 2016, 2021). In such moments, the body no longer co-regulates or responds fluidly to others, and the subtle cues that normally sustain relational presence may collapse. This affects not only interpersonal interactions but the very sense of being-with others in the world. Understanding disconnection in these terms adds conceptual depth to participants' descriptions of numbness, guardedness, or absence, and frames reconnection as a process of restoring resonance, not only within, but between bodies.

Within psychotherapy and trauma studies, embodiment is also increasingly recognized as foundational. Van der Kolk (2014) argues that trauma disconnects individuals from their bodies, leading to states of dissociation, numbness, or hypervigilance that hinder relational presence. Porges' (2007) polyvagal theory supports this view by showing how defensive autonomic states, such as fight, flight, or freeze, shut down the body's capacity for co-regulation and social engagement. Restoration of connectedness, then, is not only a matter of insight or emotional expression but also of re-establishing a sense of bodily safety and openness.

These embodied dimensions are not only clinical but also deeply social and political. Scholars in critical social work and relational sociology have emphasized that disconnection cannot be understood solely at the individual level. Fook (2016) and Garrett (2022) argue that

neoliberal cultural norms, such as self-reliance, hyper-productivity, and individualism, actively undermine embodied relationality and encourage dissociation from bodily rhythms and mutual interdependence. These dynamics are further exacerbated by digital technologies that privilege abstraction over sensory presence, contributing to what Turkle (2011) describes as a "flight from conversation." In this context, the very conditions necessary for embodied connection are eroded, positioning its restoration as not only therapeutic but socially and politically transformative.

These insights are particularly relevant to the experience of MDMA. Although much of the literature frames MDMA's effects in neurochemical terms, such as serotonin and oxytocin release. Users often describe profound bodily shifts, including sensations of warmth, softness, and safety (Bedi et al., 2010; Heifets & Malenka, 2016). These embodied states appear to facilitate affective openness and relational presence, enabling connection not through cognitive interpretation, but through felt, somatic alignment with others and the world. Understanding such experiences demands more than clinical outcome measures; it requires attending to how connection unfolds through the lived body.

This section lays the foundation for a broader rethinking of connectedness, not as a discrete psychological state, but as a multidimensional, embodied process. The following section builds on these insights to present an integrated conceptual framework of connectedness to self, others, and the world, drawing on participants' experiences and interdisciplinary theory alike.

2.3 Embodied Connectedness: A Conceptual Framework

While phenomenology provides an essential foundation for understanding embodied connection, it can be enriched by affect theory, particularly Brian Massumi's (2002) account of affect as intensity. Massumi defines affect "not as a personal feeling but as an intensity" that "corresponds to the passage from one experiential state of the body to another" and "implies an augmentation or diminution in that body's capacity to act" (p. 30). These intensities are pre-conscious and relational; they move through the body before becoming emotion, thought, or language.

This view challenges traditional psychological models that equate affect with emotion or cognition and instead situates it as a dynamic, embodied force. In the context of MDMA-assisted states, where participants often describe sensations of warmth, expansion, or energetic flow that

precede meaning-making, Massumi's theory helps explain how connection may be felt before it is interpreted or verbalized.

Massumi also emphasizes the temporal and pre-linguistic nature of affect, suggesting that the most transformative aspects of connection may resist narrative capture. Participants who struggle to articulate their experiences are not necessarily inarticulate; they may be engaging with intensities that elude symbolic form. This framing supports the analysis of moments when connection is described through metaphor or paradox such as "melting," "merging," or "being outside time." These are not merely poetic images but embodied traces of affective events that exceed cognitive processing (Massumi, 2002, pp. 30–31).

In relation to Merleau-Ponty's (1962) understanding of perception as the body's openness to the world, and Fuchs's (2016) articulation of intracorporeal resonance, Massumi brings a crucial emphasis on the nonlinear, pre-personal, and often unpredictable dimensions of felt experience. Rather than locating experience at the level of conscious emotion or cognition, his work foregrounds affect as a pre-reflective bodily intensity that unfolds through transitions in lived experience and cannot be fully captured in language. Affect, in this sense, exceeds semantic meaning and conscious awareness, moving across bodies and situations in ways that remain partially indeterminate. Taken together, these perspectives offer a layered understanding of connection as something lived in the flesh, co-constituted through bodily attunement, and registered as intensity before being translated into emotion, language, or insight.

This theoretical triangulation grounds the present framework in an expanded notion of embodiment that moves across sensation, perception, resonance, and affective charge. Expanding beyond individual bodily experience, this model also draws from critical social work and relational theory, which emphasize that well-being is not only affective and embodied, but also contextual and situated. It emerges through the interplay of lived experience, structural conditions, and practices of care (Banks, 2012; Ferguson, 2009; Ruch, 2005).

What follows is an integrated conceptual framework that defines connectedness across three interrelated domains: to self, to others, and to the world. These dimensions are not understood as discrete or sequential, but as mutually reinforcing and dynamically enacted through the body. Connectedness is lived through breath, movement, and affective presence rather than solely through cognition (Fuchs, 2016; Merleau-Ponty, 1962; Massumi, 2002). For example, emotional safety and connection often emerge through subtle bodily cues such as relaxed breathing, softened

gaze, or synchronized movement (Fisher, 2021; Porges, 2007; Van der Kolk, 2014). This framework also identifies how disconnection operates as an embodied disruption of relational flow and how connection may re-emerge through memory, imagination, or a felt sense of presence beyond physical co-presence.

2.3.1 Connectedness to Self

Connectedness to self, refers to a deeply felt sense of bodily presence, emotional coherence, and internal alignment (Stern, 2004; Fogel, 2009). Rather than being reducible to introspection or self-reflection, it is an embodied phenomenon grounded in sensorimotor awareness, affective openness, and the capacity to inhabit one's body with safety and compassion, that is, to feel present, grounded, and emotionally attuned through the body itself. In phenomenological terms, this reflects a mode of being in which the self is not something one observes but something one lives through, a pre-reflective bodily subjectivity (Merleau-Ponty, 1962; Gallagher & Zahavi, 2012). From this perspective, self-connectedness is not simply about knowing oneself cognitively, but about feeling oneself into being through presence and embodied coherence.

Embodiment theorists emphasize that a coherent sense of self is built through lived bodily experience: through posture, breath, emotional attunement, and sensory clarity (Fuchs, 2016; Ogden et al., 2006; Fisher, 2021). When the body feels safe and receptive, individuals may become more attuned to internal signals such as tension, release, or warmth, which contribute to a sense of emotional grounding and authenticity. Neff (2003) argues that self-compassion, the ability to extend care, non-judgment, and acceptance inward. is deeply intertwined with embodied awareness and the ability to soothe internal distress somatically.

As suggested by phenomenological accounts (Merleau-Ponty, 1962; Fuchs, 2016), states of self-connectedness are often described as unfolding beneath the threshold of cognitive awareness, arising through pre-reflective bodily processes rather than deliberate thought (Fuchs, 2016; Merleau-Ponty, 1962). Under ordinary conditions, self-monitoring, internal dialogue, and linguistic framing shape how one relates to the self. However, MDMA appears to suspend these filtering mechanisms, allowing for direct access to somatic and affective experience before it is cognitively interpreted. As Heifets and Malenka (2016) note, MDMA reduces fear responses and enhances emotional openness, creating conditions in which the body can feel before the mind

analyzes. This aligns with Merleau-Ponty's (1962) claim that our most fundamental relation to the world and to ourselves is bodily rather than intellectual. Fuchs's (2012) concept of affective resonance further illustrates how emotional meaning often emerges through bodily movement and sensory dynamics rather than conscious cognition. Within this framework, connectedness to self is not only experienced somatically, but is made possible through the loosening of cognitive and narrative constraints, opening the way for a deeper, more intuitive mode of knowing.

Importantly, connectedness to self is often shaped by the presence or absence of bodily safety. Trauma research shows that chronic stress, emotional overwhelm, or adverse experiences can sever the felt connection to one's body, resulting in dissociation, numbness, or internal fragmentation (Van der Kolk, 2014; Porges, 2007). Polyvagal theory, for instance, describes how the autonomic nervous system modulates relational availability based on cues of bodily safety or threat. In a state of hyperarousal or shutdown, access to emotional self-awareness may be impaired, reinforcing cycles of disconnection and internal alienation (Dana, 2018; Porges, 2007).

In contrast, moments of reconnection to self, such as those facilitated by body-based therapeutic practices or altered states of consciousness, can involve a loosening of these defensive patterns. These states are often described as involving a sense of coming home to the body, of feeling internally unified, emotionally open, and experientially present (Fisher, 2021). Somatic psychotherapists argue that reconnection to self is supported not through verbal insight alone, but through processes that allow for the re-inhabiting of the body, the softening of muscular tension, and the release of previously held emotional states (Ogden et al., 2006).

Such reconnection may be facilitated by practices or altered states that loosen cognitive control and enable access to embodied knowing. For instance, body-based practices like yoga, breathwork, or MDMA-assisted therapy can evoke a felt sense of internal spaciousness, or even emotional self-recognition, without requiring rational explanation (Sessa et al., 2021; Caldwell, 2018). These experiences do not rely on reflective thought but instead operate through somatic coherence and nervous system safety.

Self-connectedness also includes a temporal and existential dimension. It can involve a felt remembering of one's deeper self: a re-alignment with one's values, vitality, or sense of purpose. These are not merely memories in the narrative sense, but bodily recognitions of who one has been, who one is becoming, or what it feels like to "return to oneself." Such experiences resonate with what Ratcliffe (2008) describes as existential feelings: pre-reflective, bodily states that shape how

one finds oneself in the world, including one's sense of possibility, orientation, and belonging. They also align with Fuchs's (2013) notion of body memory, in which past states are re-lived through embodied resonance rather than verbal recollection. Within this framework, self-connectedness is not a static identity but a fluid, recoverable experience that unfolds through time, affect, and bodily attunement.

From this integrated perspective, connectedness to self is not a fixed psychological trait, but a dynamic, embodied condition that often emerges pre-reflectively, prior to conscious thought or verbal articulation. As Merleau-Ponty (1962) emphasizes, the body is not an object we observe but the very medium through which we experience the world, including ourselves. Connection to self may therefore arise before reflective awareness or linguistic formulation. In this sense, affect can be understood as a bodily intensity that shapes experience as it unfolds, operating prior to cognitive recognition or emotional labeling. Feeling "at home" in one's body may thus emerge as a quiet, visceral knowing that is not immediately translated into language or cognition, yet remains deeply real and experientially meaningful.

2.3.2 Connectedness to Others

In this study's framework, connectedness to others refers to a dynamic, bodily capacity for affective resonance, intersubjective attunement, and mutual presence. This form of relationality is not reducible to verbal communication, behavioral proximity, or cognitive understanding of another's mind. Instead, it emerges through what Fuchs (2016) and De Jaegher and Di Paolo (2007) describe as intercorporeality: the spontaneous, sensorimotor coordination and shared emotional rhythms that arise between bodies in interaction. From this view, connection is not something individuals cognitively infer or consciously construct, but something they live through in the immediacy of bodily engagement.

This orientation challenges cognitive models that conceptualize social connection primarily as perspective-taking or mental simulation. Theory of mind frameworks, for instance, define relational understanding as the capacity to infer another person's thoughts, feelings, and intentions (Schurz et al., 2021). While these models have contributed significantly to the study of social cognition and representational processes, they tend to situate connection within individual cognitive operations, separating it from the embodied and interactive contexts in which it is actually lived. In contrast, the phenomenological and enactive perspectives guiding this

framework, particularly Merleau-Ponty's (1962) notion of the lived body and Fuchs's (2016) concept of intercorporeality, understand connection as something that emerges through bodily engagement rather than mental simulation. From this viewpoint, relational understanding unfolds through pre-reflective processes such as posture, movement, proximity, and gesture. These forms of bodily attunement enable direct responsiveness between people and create the conditions for lived intersubjective experience grounded in presence, rhythm, and shared corporeal orientation.

These embodied processes do not occur in isolation but are immersed in affective atmospheres, relational fields that shape how connection is felt and expressed. As Ahmed (2004) explains, emotions are not confined within individuals but circulate between bodies, attaching themselves to expressions, gestures, and environments in ways that influence how we orient toward others. This dynamic is further illuminated by Massumi's (2002) theory of affect as intensity, which describes affect as a pre-conscious, non-representational force that moves between bodies before it becomes emotion or thought. From this perspective, being with another is not simply a matter of physical proximity. It is a process of mutual shaping in which affective intensities are exchanged, sensed, and registered through the body, often before awareness or language can intervene.

Experiences of heightened connectedness, particularly in altered states of consciousness such as those facilitated by MDMA, are often described in the literature as involving boundary dissolution, communal merging, or a deep sense of unity. Across several qualitative studies, participants report sensations of merging with others, experiencing shared feelings, or perceiving a collapse of social hierarchies and normative distinctions (Garcia-Romeu et al., 2022; Sessa et al., 2021; Bedi et al., 2010; MacLean et al., 2012). Although Irigaray (1993) does not write specifically about psychedelics, her feminist theory of intersubjectivity offers a valuable lens for understanding these forms of connection. She argues that ethical relationality depends not on mastery or sameness, but on bodily openness and a willingness to become with the other. From this perspective, connection does not require the erasure of difference. Instead, it invites a co-emergent process of being-with, where relational presence unfolds through shared vulnerability, responsiveness, and embodied reciprocity.

Feminist scholars such as Bordo (1993) and Ahmed (2000) further critique dominant Western frameworks for reducing social connection to rationality, agency, or emotional control. Instead, they foreground how relational presence is shaped by power, gender, and embodiment.

For example, the ability to feel safe in relational proximity may be unequally distributed shaped by histories of trauma, marginalization, or social expectation. Cvetkovich (2003) expands this argument by showing how trauma and affect are not merely individual experiences but also public and cultural phenomena, embedded in collective memory and social narratives. From this perspective, relational disconnection is not simply intrapsychic but often reflects broader histories of exclusion and silencing. In this sense, connectedness to others is not only an intersubjective capacity, but a political and social condition, shaped by relational histories and cultural narratives.

Trauma theory echoes this complexity. Dana (2018) and Van der Kolk (2014) both highlight how trauma can impair the body's capacity for co-regulation, inhibiting openness to others through muscular rigidity, hypervigilance, or emotional shutdown. Disconnection may result not from choice or emotional unavailability, but from the body's protective response to relational threat. Conversely, moments of safety, whether in therapeutic contexts, altered states, or caring relationships, can facilitate somatic loosening, enabling bodies to resynchronize with others and re-enter relational flow.

Moreover, relational connectedness can occur across time and space. It may emerge through memory, imagination, or symbolic resonance, not just physical co-presence. Fuchs (2013) describes this as body memory, the idea that relationships are sustained through embodied traces and felt presence. Similarly, Ratcliffe (2008) argues that existential feelings shape our sense of belonging, temporality, and interpersonal connection, even in the absence of others. These affective orientations stretch across time, enabling a continued sense of relational closeness that is not dependent on spatial immediacy. Cvetkovich (2003) further contends that affective experiences are archived in the body and culture, forming reservoirs of relational meaning that link individuals to collective histories and imagined communities. From this perspective, connectedness to others includes not only immediate bodily interaction, but also the enduring, affective resonance of past and imagined relational ties.

In sum, connectedness to others is a dynamic, embodied process that unfolds through affective resonance, bodily synchrony, and intersubjective openness. It is shaped by personal history, relational safety, and cultural context, and often exists beyond words, as a felt sense of attunement that binds us to others in both subtle and profound ways. By centering the body, not only as the site of communication, but as the medium of connection, this framework highlights

that being with others is not something we think our way into, but something we feel our way through.

2.3.3 Connectedness to the World

Connectedness to the world expands the conceptual framework beyond the intrapersonal and interpersonal to include environmental, transpersonal, and existential forms of relationality. While connection to others involves attunement with another body, connection to the world is described in the literature as involving a broader dissolution of boundaries, a merging with nature, collective humanity, or the cosmos itself. While interpersonal connection unfolds between bodies, world-connectedness extends relationality outward, encompassing the nonhuman, the ecological, and the transpersonal as part of one's felt sense of being (Abram, 1996; Braidotti, 2013). These states are not merely imaginative or symbolic; they are lived through the body in ways that exceed individual cognition or conventional social engagement.

This dimension of connection is deeply rooted in Merleau-Ponty's later phenomenology, especially his notion of the "flesh of the world" (*la chair du monde*) (Merleau-Ponty, 1968). Here, the self and the world are not separate entities, but co-emergent and materially intertwined. The body is not just located in the world, it is made of the same expressive substance, capable of both sensing and being sensed. In this ontological view, perception is participatory, and world-connectedness is not abstract or intellectual, but somatic and immersive.

In altered states such as those induced by MDMA, boundary-dissolving experiences often become more accessible. Research in psychedelic science has documented what are commonly referred to as "mystical-type experiences," characterized by a sense of unity, timelessness, ego attenuation, and merging with a greater whole (Griffiths et al., 2006; MacLean et al., 2012; Letheby, 2021). These works are not cited here for detailed empirical analysis, but rather for the conceptual language they offer in articulating how such experiences may be lived and described. Letheby (2021), for example, refers to this phenomenon as "unselfing", a loosening of the self-referential mind that enables a felt sense of embeddedness within a broader relational field. These experiences are typically described not through cognitive insight, but through sensory and affective shifts, emerging as warmth, lightness, expansion, or energetic flow.

The affective dimension of this connection is also central. Drawing on affect theorists such as Massumi (2002) and Ahmed (2004), affect may be understood as operating pre-consciously and

relationally, enabling bodies to resonate with environments, atmospheres, and broader social or ecological fields. From this perspective, affective shifts unfold through bodily transitions that occur prior to cognitive recognition or emotional categorization. Such encounters often involve aesthetic or sensory intensities, such as being moved by wind, music, or collective presence, that open the self to something larger than itself. In this way, connection to the world emerges as a felt phenomenon, grounded in pre-reflective bodily openness rather than in ecological concern or spiritual belief alone. Importantly, this mode of connectedness has been taken up by feminist and posthumanist scholars to challenge dominant models of bounded, individualistic subjectivity. Rosi Braidotti (2013) critiques the humanist ideal of an autonomous, self-contained individual and instead proposes the *nomadic subject*, which she describes as "relational, affective, intensive, transformative and multiplicitous" (p. 81). This subjectivity is constituted through ongoing processes of entanglement with human and nonhuman others, grounded in movement, difference, and co-emergence. In a complementary vein, Astrida Neimanis (2017) offers the concept of *watery embodiment*, arguing that our bodies are materially and hydrologically entangled with other bodies, ecosystems, and planetary flows. From these perspectives, world-connectedness is not only sensory or existential, but also material, ethical, and political, anchored in vulnerability, interdependence, and a refusal of separateness.

Under MDMA, such experiences may be further amplified by the softening of ego boundaries and the suspension of habitual identity categories. Garcia-Romeu et al. (2022), in a qualitative study of MDMA-assisted therapy for social anxiety, found that participants frequently reported a deepened sense of emotional intimacy, self-acceptance, and interconnectedness with others. These experiences often involved spontaneous compassion, reduced fear of judgment, and a felt dissolution of separateness. Sessa et al. (2021) similarly observed that participants undergoing MDMA-assisted psychotherapy described "a breaking down of social barriers" and a strong sense of trust and mutual recognition within therapeutic dyads. Bedi et al. (2010), in a controlled study, reported that MDMA significantly increased prosocial feelings, including heightened empathy and emotional closeness, particularly during interpersonal tasks. Across these accounts, users often describe temporary dissolutions of social hierarchies, roles, and binaries experiences of unity with strangers, nature, or humanity as a whole. In these moments, difference is not erased but embraced as part of a larger field of connection, where relationality takes precedence over division. These insights resonate with critical social theories that frame

connection not just as a personal achievement, but as a politically charged and embodied response to disconnection, alienation, and fragmentation in contemporary life (Braidotti, 2013; Garrett, 2022).

In sum, connectedness to the world is not a vague sense of appreciation for nature or a philosophical abstraction about unity. It is a felt, situated, and often transformative mode of being, in which the body opens to broader fields of meaning, materiality, and relation. Whether described as spiritual, ecological, or cosmic, these experiences represent expansive forms of connection that challenge static, egoic models of the self and invite a deeper recognition of embodied interdependence across all levels of existence. Abram (1996) describes such connection as rooted in a sensuous, participatory engagement with the more-than-human world. Letheby (2021) argues that psychedelic experiences can dissolve boundaries between self and world, allowing for a felt encounter with a deeper ontological continuity. Similarly, Watts (1966) emphasizes that mystical consciousness reveals the self not as isolated, but as inherently embedded in a larger cosmic process. Together, these perspectives suggest that world-connectedness is not reducible to metaphor or belief but emerges through direct, embodied experience.

Yet, as with other forms of connection, access to world-connectedness can be fractured. Trauma may disrupt not only interpersonal relationships but also one's fundamental sense of belonging in the world. Herman (1992) and Laing (1960) describe how traumatic experience can fragment one's felt continuity with the environment, leading to emotional numbness, existential dislocation, or a sense of unreality. From this perspective, disconnection from the world is not merely an absence of awe or engagement, it reflects a deeper ontological rupture in how one orients to life itself.

States of world-connectedness, such as those described in transpersonal or psychedelic literature, may thus be especially meaningful when they emerge after trauma, not as escapist visions, but as embodied recoveries of relation, grounding, and meaning (Letheby, 2021; Van der Kolk, 2014). MDMA's capacity to soften hypervigilance and reawaken a sense of safety or reverence in the body may play a crucial role in enabling such reconnection.

2.3.4 Disconnection as an Embodied Phenomenon

While psychological frameworks often conceptualize disconnection in terms of detachment, avoidance, or emotional withdrawal, such models frequently privilege cognitive and

behavioral processes over embodied experience. In contrast, this framework approaches disconnection as a somatic phenomenon, emerging through disruptions in sensorimotor regulation, affective attunement, and bodily safety. Trauma, stress, and emotional overwhelm can disrupt the body's capacity to remain open and attuned, resulting in muscular constriction, sensory withdrawal, or dissociation (Fuchs, 2011; Van der Kolk, 2014; Porges, 2007). In this view, disconnection is not simply an emotional or interpersonal state, but a neurophysiological shift, a disorientation in the body's felt sense of safety and relational availability.

One of the most significant embodied expressions of disconnection is dissociation, understood as a protective process involving the numbing, fragmentation, or withdrawal of sensation, emotion, or memory (Fisher, 2021). Dissociation may manifest as depersonalization, emotional numbing, or a diminished awareness of the body and environment. Lanius et al. (2018), drawing on neuroimaging studies of trauma-affected individuals, identify altered connectivity in brain regions associated with self-awareness, emotional regulation, and interoception, demonstrating how dissociation disrupts embodied self-experience at a neural level. While dissociation is often framed as pathological, trauma-informed theorists emphasize its adaptive function. Ogden et al. (2006) describe dissociation as the body's way of buffering against overwhelming experience by limiting sensory and affective input. Fisher (2021), drawing on extensive clinical work, similarly emphasizes that dissociation is not a failure of engagement but a survival strategy that protects the nervous system from intolerable emotional intensity. However, when dissociative patterns persist over time, they can impair interoceptive awareness, erode a coherent sense of self, and constrain the capacity for relational presence and co-regulation.

As a fundamentally embodied phenomenon, disconnection often manifests in subtle, pre-reflective ways, including shallow breathing, rigid posture, loss of proprioception, and affective flattening. Drawing on phenomenological psychopathology, Fuchs (2011) describes such bodily disruptions as forms of "corporeal disattunement," defined as disturbances in the body's capacity to engage rhythmically and responsively with its environment (p. 209). Similarly, Ogden et al. (2006), in somatic clinical work, identify these physical patterns as core indicators of trauma, reflecting a collapse in self-regulation and affective presence. These somatic expressions may go unnoticed, yet they shape how one moves, relates, and inhabits the world. When co-regulation breaks down and intercorporeal synchrony is lost, Fuchs (2016) argues, connection does not simply vanish, it lingers as a felt absence, a kind of embodied silence that undermines mutual presence.

Cvetkovich (2003) extends this argument by conceptualizing disconnection as a cultural and affective archive, an embodied history of pain, loss, or marginalization that shapes collective emotional life. Crucially, this absence rarely remains confined to one domain. Disconnection from self, through emotional numbing or internal fragmentation, often spills into difficulty trusting others or sensing the world as meaningful. These dimensions of connection to self, others, and the world, are dynamically interrelated; disconnection reverberates across them, altering the entire field of embodied relationality.

This framing is further strengthened by a critical social lens. Structural conditions, such as racism, poverty, colonization, and systemic trauma, can erode one's sense of bodily safety and relational inclusion. As Garrett (2022) argues, disconnection is not simply an internal or emotional deficit but a socially produced condition arising in response to environments that negate, marginalize, or overwhelm the body's need for safety, belonging, and expression. In this way, disconnection is not merely an individual deficit but a situated, political experience echoing earlier critiques of neoliberal individualism, cultural hyper-productivity, and the erosion of collective bodily presence (Fook, 2016; Garrett, 2022; Turkle, 2011).

Restoring connection, then, cannot rely solely on cognitive strategies or verbal insight. Trauma theorists emphasize the importance of bottom-up processes, therapeutic approaches that work through the body to re-establish safety, sensory integration, and emotional fluidity. Ogden et al. (2006), for example, describe somatic interventions that support regulation through movement, breath, and proprioceptive awareness, while Fisher (2021) highlights how restoring interoception and embodied presence can reopen pathways for relational engagement in trauma survivors. Altered states, such as those induced by MDMA, may temporarily soften defensive patterns, creating access to affective and relational states that are otherwise difficult to reach. In preclinical research, Heifets and Malenka (2016) found that MDMA enhances prosocial behavior and reduces fear-based responses, effects potentially linked to serotonergic modulation. While Porges (2007) does not address MDMA directly, his polyvagal theory offers a useful framework for understanding how the calming and connective qualities often reported during MDMA experiences, such as openness, emotional safety, and co-regulation may reflect states consistent with ventral vagal activation. Together, these perspectives offer a somatic and neurophysiological foundation for understanding how connection may re-emerge even after profound disconnection.

2.3.5 Imagined and Remembered Connection

While many models of connectedness emphasize immediate, co-present interaction, this framework also recognizes forms of connection sustained or reawakened through memory, imagination, and embodied affective recall. These are not merely cognitive recollections but lived, felt experiences, relationally meaningful and sensorially vivid, even in the absence of physical proximity.

Phenomenologically, Merleau-Ponty (1962) reminds us that perception is not limited to what is immediately visible or tangible. The body carries forward traces of relational experience, gestures, affects, and rhythms embedded in what Fuchs (2013) calls body memory: the embodied sedimentation of past interactions that can be re-evoked through posture, affective tone, or sensory cues, without requiring narrative recall. Similarly, Stern's (2004) concept of implicit relational knowing, a preverbal, non-conscious form of memory shaped by early affective exchange shows how relational imprints remain active in the body, shaping experiences of safety, intimacy, or disconnection, often beyond awareness.

In this sense, connection to others can be re-lived rather than simply remembered. It may resurface through a smell, a song, or a bodily sensation. Such experiences often emerge more vividly in altered states of consciousness, such as those facilitated by MDMA, where internal boundaries loosen and affective imagination becomes more accessible. Participants in these states frequently report sensations of being "with" or "held by" others who are not physically present, experiences that may defy rational explanation but are nonetheless phenomenologically real and relationally potent (Agin-Liebes et al., 2022).

Affect theory offers further support by framing emotion as a circulatory force rather than an internal state (Ahmed, 2004). Emotions "stick" to memories, places, and relationships, forming affective atmospheres that can be reactivated in solitude, reverie, or sensory engagement. From this perspective, imagined or remembered connection is not a substitute for physical presence but a modality of relational continuity, a way of sustaining attunement across absence, distance, or fragmentation.

Fuchs (2012) notes that individuals who have experienced relational rupture may turn to memory not to reconstruct the past cognitively, but to feel their way back into relational presence. These embodied re-engagements described as warmth in the chest, tears, or softening in the body

underscore that imagined or remembered connection is not abstract but somatically integrated and neurologically patterned.

This dimension also carries existential weight. In moments of grief, disorientation, or isolation, the ability to access a remembered bond may offer not just comfort but a renewed sense of grounding or belonging. For individuals navigating trauma or affective disconnection, these sensory traces can function as reparative anchors. In MDMA-assisted contexts, such remembered connections may reappear with amplified clarity not created anew but re-accessed through heightened affective and somatic availability (Agin-Liebes et al., 2022; Fisher, 2021).

By integrating imagined and remembered forms of connection, this framework expands beyond co-presence to include the temporal and affective textures of relational life. These modes of connection are often overlooked in cognitive or clinical paradigms, yet they are vital for understanding how relationality persists even in the face of loss, separation, or fragmentation. When direct relational engagement is unavailable, affective memory and sensory imagination may serve as embodied strategies of continuity, not idealized fantasies but lived ways of remaining in relation.

This section completes the conceptual framework by emphasizing that connection to self, others, and the world may be not only felt in the moment but also reawakened across time through embodied memory and imagination. The following section shifts to empirical literature on MDMA and its effects on connection, highlighting how current research has often focused on outcomes while under examining the lived, subjective, and affective processes through which relational experiences are accessed and made meaningful.

2.4 MDMA, Connectedness, and Subjective Experience

This section reviews existing research on MDMA and its reported effects on connectedness, with a particular focus on embodied, affective, and relational dynamics. While extensive studies have explored MDMA's neurochemical and therapeutic effects particularly in clinical trials, far less attention has been given to the lived, first-person experience of connection as it emerges in both clinical and naturalistic settings. To contextualize the present study's focus, this literature review highlights key findings from empirical research while identifying conceptual and methodological gaps. The section is organized into five sub-sections: clinical trials, naturalistic

research, contextual vulnerability, conceptual gaps, and the rationale for the framework adopted in this thesis.

2.4.1 Clinical Studies: Connection and Symptom Reduction

Most of the existing literature on MDMA's therapeutic effects stems from clinical research, particularly in the treatment of PTSD and end-of-life anxiety. These studies focus primarily on symptom reduction and therapeutic outcomes, though many also report secondary benefits related to connection and emotion regulation.

Mitchell et al. (2021, 2023) conducted two Phase 3 randomized controlled trials of MDMA-assisted psychotherapy for PTSD (MDMA-AT), enrolling participants across sites in the U.S., Canada, and Israel. In these studies, participants (n=90 and n=104) received either MDMA or placebo in conjunction with structured psychotherapy. The findings demonstrated that MDMA-AT resulted in substantial symptom reduction: specifically, 71.2% of participants in the MDMA group no longer met diagnostic criteria for PTSD after treatment, compared to 47.6% in the placebo plus psychotherapy group. Additionally, measures of functional impairment and overall clinical response were significantly more improved in the MDMA group than in those who received psychotherapy alone. While both treatment arms emphasized the therapeutic alliance and emotional processing, only the MDMA-AT group consistently produced statistically and clinically significant improvements, highlighting the added efficacy of MDMA in facilitating therapeutic outcomes for individuals with moderate to severe PTSD. The trials did not explicitly examine embodied or relational processes through which therapeutic connection was accessed or reawakened, instead focusing on symptom reduction and remission as primary endpoints

Agin-Liebes et al. (2022) conducted a mixed-methods, open-label feasibility trial at New York University (NYU) Langone Health with 17 participants experiencing anxiety related to life-threatening illness. Participants received three MDMA-assisted sessions (125 mg + optional 62.5 mg), integrated within a structured therapeutic protocol. In addition to improved mental health outcomes, participants described profound somatic and relational shifts, such as "feeling at home in the body," increased emotional openness, and a renewed sense of connection to self and others (p.431). These findings suggest that MDMA may help reduce internal barriers to connection, allowing previously muted or fragmented experiences of relationality to re-emerge. While the qualitative reports highlight embodied shifts, the small sample size and open-label design limit

generalizability. Moreover, as in other early-phase trials, relational outcomes were participant-reported rather than systematically measured.

Notably, the study did not include a control group. As a single-site, proof-of-concept trial, its primary aim was to assess feasibility, safety, and preliminary therapeutic outcomes, key priorities in early-phase research. The absence of a control condition reflects the study's exploratory design rather than a methodological flaw, and it was intended to inform the development of future randomized controlled trials.

Wolfson et al. (2022) further explored the existential dimensions of MDMA-assisted therapy in a qualitative study with six women undergoing treatment for cancer-related anxiety. Using interpretative phenomenological analysis (IPA), the authors examined interviews conducted three months after participants completed three MDMA sessions. Findings highlighted profound emotional softening, a sense of peace, and embodied connection to self and others, often described in transpersonal or spiritual terms. These accounts suggest that MDMA supports not just emotional regulation but lived reorientation toward relational and existential meaning. Though rich in experiential depth, the study's small sample (n=6) and retrospective interview design make it difficult to assess how these relational shifts evolve over time or across broader populations.

Jerome et al. (2020) conducted a pooled analysis of six Phase 2 trials of MDMA-assisted therapy for PTSD involving 107 participants. At 12-month follow-up, 67% of participants no longer met diagnostic criteria for PTSD, demonstrating durable symptom reduction. The analysis revealed that 82% of participants exhibited clinically significant symptom improvement at treatment exit, with average Clinician-Administered PTSD Scale (CAPS-IV) scores dropping by 44.8 points. PTSD symptoms continued to improve after the end of treatment, with an additional average decrease of 5.2 points in CAPS scores over the follow-up period. Participants also reported improvements beyond symptom relief, including better interpersonal relationships, increased emotional presence, and enhanced spiritual well-being. However, because all participants had received active MDMA by the long-term follow-up, the study lacked a long-term control group, limiting causal inferences about the durability of treatment effects. Despite this limitation, these findings support the potential for MDMA-assisted therapy to promote sustained recovery from PTSD alongside meaningful psychosocial benefits (Jerome et al., 2020).

Bershad et al. (2016) conducted a double-blind, placebo-controlled crossover study at the University of Chicago with 68 healthy adults (ages 18–35). The research was carried out in a non-

clinical but highly controlled laboratory environment, where participants received 1.5 mg/kg of MDMA in one session, placebo in another, and (in some conditions) amphetamine as a comparator. Using behavioral tasks and self-report measures, the study assessed emotional expressiveness, sociability, and tactile responses. Participants reported increased emotional openness, enhanced enjoyment of physical touch, and reduced social inhibition during the MDMA condition.

2.4.2 Naturalistic Studies: Clubs, Festivals, and Everyday Attunement

While clinical trials provide important insight into MDMA's therapeutic mechanisms, they are often conducted in highly structured environments that prioritize symptom reduction and pharmacological control. In contrast, studies conducted in naturalistic settings such as clubs, festivals, or private gatherings, offer important insights into how embodied connection unfolds in socially immersive environments where movement, music, and collective emotion are central.

Duff (2008), in an ethnographic study of MDMA use in Melbourne's club scenes, found that participants often described experiences of deep social attunement, physical openness, and collective euphoria. These effects were not experienced as drug-induced in isolation but as co-emergent with environmental and relational factors such as bass-heavy music, dim lighting, and synchronized dancing. Duff emphasizes that connection under MDMA is not pharmacologically predetermined but arises through an assemblage of bodily, spatial, and affective elements that shape how users feel with and through others.

Similarly, Davis et al. (2021) conducted a mixed-methods study involving 84 participants who had used MDMA in recreational contexts. Quantitative findings showed that participants rated themselves as significantly more empathetic, emotionally expressive, and socially connected during MDMA use. Qualitative data reinforced this: users described experiences of emotional catharsis, affectionate touch, boundary dissolution, and an increased capacity to be vulnerable with others. These effects were especially pronounced in environments characterized by mutual trust, music, and physical proximity.

While Karila et al. (2016) provide a broader narrative review of MDMA's social effects, drawing on observational and survey studies from nightlife and festival contexts, they also note that MDMA's impact on sociability and emotional expression is highly context dependent. Across studies, users reported heightened warmth, reduced social anxiety, and spontaneous acts of touch

or verbal intimacy, effects often interpreted as restoring access to embodied relationality previously dulled by fear, inhibition, or emotional constriction.

Together, these studies suggest that MDMA's capacity to facilitate connection in real-world settings is not simply the result of neurochemical shifts, but of a complex interplay between body, environment, and affective resonance. These findings echo the present study's emphasis on embodied connectedness, a relational process that arises not in isolation, but through the felt presence of others, often beneath or beyond language. These findings offer valuable precedent for the present study, which further explores how embodied connectedness is experienced and articulated by individuals who have used MDMA in non-clinical settings. Existing research gestures toward these dynamics, few studies have examined them through a phenomenological lens grounded in lived experience. The following chapter addresses this gap.

2.4.3 Vulnerability and Limits: When Connection Falters

Not all MDMA experiences are therapeutic or connective. Barrett et al. (2016) conducted a large-scale retrospective study with 1,993 participants, many of whom had used MDMA in uncontrolled environments. Using the Challenging Experience Questionnaire (CEQ), the study found that emotional overwhelm, somatic distress, and psychological vulnerability were especially pronounced among those with unresolved trauma or insufficient relational safety. Participants reported nausea, muscular rigidity, and dissociation, suggesting that disconnection, too, manifests somatically under certain conditions.

These findings affirm that MDMA's relational effects are not universally positive nor pharmacologically guaranteed. Rather, they are contingent upon psychological history, interpersonal dynamics, and the broader environmental context. In the absence of emotional safety or relational support, MDMA can intensify vulnerability instead of alleviating it, exacerbating emotional overwhelm, dissociation, or somatic distress. While rare, more serious adverse effects such as panic, anxiety spikes, or re-traumatization may also occur, particularly among individuals with complex trauma histories or those in unsafe relational environments (Sexton et al., 2020).

This perspective aligns with harm reduction approaches, which emphasize the critical role of *set and setting* in shaping psychedelic experiences (MAPS, 2020). Without adequate preparation, integration, or support, MDMA use can generate unexpected psychological and somatic reactions that inhibit rather than facilitate connection.

This underscores a central claim of this thesis: connection is not an automatic outcome of MDMA, but a contingent, affectively charged, and bodily mediated process that depends on the conditions under which it unfolds.

2.4.4 Conceptual Gaps: Trauma, the Body, and First-Person Experience

Despite growing interest in MDMA's prosocial effects, most studies remain limited in their conceptual depth. Many focus on symptom scores or neurochemical changes while neglecting how connection is bodily enacted and relationally felt. For instance, while Karila et al. (2016) note increased empathy, they do not investigate how empathy is somatically expressed or how it may be shaped by trauma histories and attachment patterns.

Few studies adopt trauma-informed or intersectional frameworks that address how race, gender, or cultural context shape access to relational safety. Even fewer explore how connection unfolds beneath language, through gesture, movement, or embodied resonance. These limitations underscore the need for a framework that can account for both the fragility and potency of connection as it is lived and felt. This is precisely the contribution of the framework developed in section 2.3: to explore connection as a dynamic embodied, and relational process that unfolds beneath conscious awareness.

2.4.5 Conclusion: Why This Framework Matters Now

Taken together, the literature suggests that MDMA does not simply induce connection, but alters the embodied conditions under which connection becomes possible. Rather than generating relationality *ex nihilo*, it appears to reveal or re-enable latent capacities for affective openness, bodily attunement, and intersubjective presence, capacities that are often obscured by trauma, stress, or social fragmentation. By loosening defensive patterns and enhancing affective permeability, MDMA may facilitate a temporary reorganization of how the self is lived in relation to others. However, most existing research does not fully theorize these shifts, often overlooking their somatic, situated, and relational complexity.

By centering the body as both the site of disconnection and the ground of relational repair, this study offers a necessary expansion of current models, foregrounding connection not as a static trait or pharmacological effect, but as a dynamic, lived, and contextually emergent process.

This thesis responds to these conceptual and methodological gaps by proposing a phenomenologically informed framework of embodied connectedness, organized around three interrelated domains: self, others, and world. Rather than interpreting MDMA's effects through psychological or cognitive lenses alone, this framework understands connection as something felt, enacted, and lived through the body.

By centering the body as the medium of both disconnection and relational repair, this study offers a necessary expansion of how MDMA's effects are understood. It brings theoretical rigor to an under-theorized terrain, contributing a more embodied, affective, and clinically relevant perspective to ongoing psychedelic research.

2.5 Disconnection in Context: Social, Cultural, and Physiological Barriers to Relational Attunment

While MDMA is widely recognized for its capacity to enhance prosocial emotion and relational openness, such effects must be understood against the backdrop of disconnection as a pervasive condition. As established in the conceptual framework, disconnection is not merely a cognitive state, but an embodied phenomenon marked by a loss of attunement to self, others, and the world. This section extends that framing by exploring how disconnection is shaped by broader physiological, social, and cultural forces that constrain the body's capacity for openness, presence, and relational engagement.

From a trauma-informed perspective, the body's ability to connect is deeply tied to its perception of safety. Van der Kolk (2014) emphasizes that trauma lives in the body, disrupting the nervous system's capacity to regulate emotion and sustain social bonds. Polyvagal theory (Porges, 2007) deepens this view, suggesting that the autonomic nervous system continuously scans for cues of safety or threat—a process Porges calls neuroception. When a threat is detected, the body may enter protective states (fight, flight, or freeze), suppressing the physiological systems that support social engagement. In such states, affective resonance and interpersonal availability may be blocked not by choice but by embodied necessity. As Dana (2018) notes, individuals in a dorsal vagal state may appear withdrawn or unresponsive, not due to emotional unwillingness but due to nervous system shutdown.

Beyond trauma, disconnection can also be produced through everyday stressors and sociocultural conditions. Scholars such as Cushman (1996) and Rokach (2015) argue that contemporary Western culture fosters isolation through consumerism, digital overstimulation, and

hyper-individualism. These forces may not result in trauma per se but can erode embodied presence and relational depth. In such environments, people may be surrounded by others yet feel profoundly alone, a condition not of physical solitude but of attenuated resonance and diminished shared presence. Here, disconnection manifests as a loss of felt relationality, shaped by both internal regulation and external structure.

Embodied research further shows that these barriers to connection often express themselves at the sensorimotor level. Fuchs (2016) describes disconnection as a breakdown in intercorporeal synchrony, where bodily rhythms such as breath, gaze, and movement fall out of relational alignment. Ogden et al. (2006) observe that individuals who are disconnected often exhibit postural rigidity, reduced facial expressiveness, or flattened affect, signs that the body itself is no longer oriented toward connection. These disruptions may operate below conscious awareness, yet they shape how individuals move through the world and relate to others.

In light of these barriers, substances like MDMA may play a reparative role not by generating connection from nothing, but by loosening the somatic and affective constraints that inhibit it. As noted in prior sections, MDMA can reduce fear responses (Heifets & Malenka, 2016), soften muscular tension (Agin-Liebes et al., 2022), and enhance affective permeability (Wolfson et al., 2022). These effects suggest that MDMA may temporarily reconfigure the embodied conditions under which connection becomes possible, particularly for those whose relational capacity has been narrowed by trauma, social dislocation, or physiological defense.

By reframing disconnection as a dynamic, situated, and bodily condition, this section underscores the need to move beyond purely psychological models of relational detachment. Disconnection does not always arise from pathology; it can emerge from cumulative stress, cultural alienation, or disrupted nervous system regulation. Understanding connection, and disconnection as relationally enacted and physiologically constrained offers a more nuanced account of how MDMA might support re-attunement. This view strengthens the foundation for analyzing participants' accounts of connection and disconnection in the context of non-clinical MDMA experiences, where relational presence is often restored not through insight or language, but through shifts in the body's capacity to feel, engage, and be with others.

2.6 Summary and Gaps in the Literature

Despite a growing body of research examining the effects of MDMA, the literature remains dominated by clinical, outcome-driven paradigms that emphasize symptom reduction, neurochemical mechanisms, and standardized psychometric scales. These studies, particularly those focusing on trauma-related conditions such as PTSD (e.g., Jerome et al., 2020; Mitchell et al., 2021, 2023), demonstrate significant therapeutic efficacy, including marked decreases in anxiety, depression, and trauma symptoms. However, they often reduce MDMA's effects to internal psychological states or neurobiological events, overlooking the lived, relational, and embodied dimensions of experience.

Qualitative studies, while fewer in number, offer more textured accounts of participants' experiences. For example, Agin-Liebes *et al*. (2022) report themes such as embodied safety, relational repair, and reconnection to self and others. Yet, even in these studies, such themes are often presented descriptively rather than analytically, rarely situated within sustained theoretical frameworks such as embodiment, affect theory, or phenomenology. In many cases, the transformative effects of MDMA are treated as outcomes generated by the drug, rather than processes of re-accessing or disinhibiting pre-existing relational capacities.

This distinction is critical. The prevailing assumption in much of the psychedelic literature is that MDMA creates connection through pharmacological action. Yet emerging scholarship, including in affect theory and phenomenology, suggests a different reading: that MDMA may loosen defensive bodily patterns, modulate neurophysiological threat responses, and facilitate access to relational capacities that were previously suppressed or occluded. In this view, MDMA is not generating connection *ex nihilo*, but revealing or amplifying a latent capacity for attunement that is already embedded in the relational and bodily fabric of experience.

This interpretive gap is further underscored by Yaden *et al*. (2022), who argue that psychedelic science remains limited by its overreliance on standardized outcomes and insufficient engagement with participant narrative, embodied context, and first-person meaning-making. They call for more qualitative and mixed methods approaches that can capture the richness of psychedelic experience as it unfolds within social, sensory, and temporal fields. The present study responds to this call by adopting a phenomenologically informed, embodiment-focused methodology capable of attending to these under-theorized layers of experience.

Additionally, the current literature tends to privilege positive accounts of MDMA-related connection, often underplaying the significance of disconnection. Yet, as reviewed in Section 2.5, disconnection is not merely the absence of sociality, it is a felt, embodied state marked by sensory numbing, muscular tension, emotional blunting, and relational withdrawal (Fuchs, 2011; Van der Kolk, 2014; Porges, 2007). These states often operate below the level of conscious awareness, impeding one's capacity for interpersonal engagement and self-regulation. Framing disconnection in this way challenges the overly idealized portrayals of MDMA as universally connective and emphasizes the need for trauma-informed, context-sensitive analysis.

In response to these gaps, this thesis proposes a conceptual framework that views connectedness not as a static trait or chemically induced state, but as an emergent, embodied process. Drawing on embodiment theory, affect studies, and phenomenology, the framework introduced in Section 2.3 conceptualizes connectedness across three interrelated dimensions: connection to self, to others, and to the world. Each of these domains is shaped by bodily presence, affective resonance, and relational safety, and each can be disrupted, reconstituted, or imaginatively sustained. Importantly, this framework is not limited to clinical or therapeutic contexts; it is designed to capture the subtle, affective textures of connection as they arise in everyday, non-clinical settings.

By foregrounding embodiment and relationality, this study contributes to a growing movement in psychedelic and mental health research that seeks to move beyond disembodied metrics and abstract psychological constructs. It positions the body not as a passive recipient of pharmacological effects, but as the active ground through which connection and disconnection are lived, repaired, and made meaningful.

The next section continues this critical trajectory by examining the theoretical limitations of structured and neuroscientific models of connectedness, offering a phenomenological critique of their assumptions and conceptual blind spots.

2.6.1 A Phenomenological Critique of Structured and Neuroscientific Models of Connectedness

While structured psychological and neuroscientific models have advanced the study of connectedness, particularly in the context of psychedelic research they remain limited in their ability to account for its lived, bodily, and relational dimensions. These models often conceptualize

connection as an internal trait or as a neurochemical outcome, thereby abstracting it from the affective and intersubjective contexts in which it unfolds.

A prominent example is the Watts Connectedness Scale (WCS), which defines connectedness across three domains, connection to self, others, and the world and is widely used to assess changes following psychedelic interventions (Watts et al., 2021). While this model aligns conceptually with the domains explored in this thesis, it treats connection as a discrete, self-reported outcome. Such operationalization risks reifying connection into a fixed variable, rather than engaging it as a dynamic, embodied process. The WCS might capture whether someone feels more connected, but not how that connection emerges, through breath, gesture, affective rhythm, or bodily openness. As a result, the sensory, temporal, and relational texture of connection is often lost.

Neuroscientific research similarly emphasizes measurable correlates, such as serotonergic and oxytocinergic activity, or changes in amygdala reactivity (Heifets & Malenka, 2016; Duerler et al., 2022; Preller et al., 2018). While these insights are valuable for understanding the neurobiology of social cognition, they struggle to account for the felt immediacy of connection as lived in real time. As Fuchs (2016) argues, reducing relational experience to brain states disembodies the very qualities that make connection transformative: mutual responsiveness, vulnerability, and attuned presence.

This critique is echoed by scholars in embodiment and affect theory who caution against collapsing subjective experience into its neural correlates (Gallagher & Zahavi, 2012; Massumi, 2002). From these perspectives, connection is not something we simply observe or report, but something we enact through intercorporeal processes, through posture, breath, rhythm, and shared movement. Phenomenologically, connection is a pre-reflective event that arises in the relational space between bodies, not within isolated subjects.

Cognitive models such as predictive coding and theory of mind frameworks (e.g., Clark, 2013) further reinforce an abstracted view of connection, treating it as the product of inference or internal modeling. While these frameworks may account for perceptual accuracy, they downplay the embodied and affective dimensions through which connection is sensed and lived. This is especially problematic in psychedelic contexts, where cognitive monitoring is often suspended and relational presence becomes felt more through vulnerability and openness than interpretation or analysis.

The conceptual framework developed in this thesis directly challenges these reductionist assumptions by foregrounding connectedness as a bodily and relational process, enacted, not simply reported or measured. Connection is experienced through gestures, sensory attunement, and the loosening of defensive patterns. From this view, MDMA does not induce connection in a pharmacological vacuum; rather, it may reveal or disinhibit latent relational capacities by softening fear responses and enhancing bodily safety. Connection, in this context, is not caused but allowed a possibility that becomes accessible when the body shifts into states of openness and resonance.

Crucially, this perspective does not reject structured measures or neuroscientific inquiry. Instead, it argues for an integrative approach in which first-person, embodied accounts are treated not as anecdotal, but as essential to understanding what connection feels like and how it unfolds. By grounding the study in phenomenology, affect theory, and embodiment research, this thesis aims to complement existing models by offering a view of connectedness that includes, but also exceeds, what is currently quantifiable.

This phenomenological orientation frames connection as something recoverable, not manufactured, something that emerges when the bodily preconditions for relational presence are restored. In doing so, the study contributes to a growing effort in psychedelic science to move beyond abstraction and toward the fullness of lived, sensory, and intersubjective experience.

2.7 Conclusion

This literature review has critically examined how connectedness has been conceptualized across psychological, neuroscientific, and phenomenological frameworks, with particular attention to the embodied, relational, and affective dimensions of experience. While cognitive and neurobiological models have yielded valuable insights, particularly in the context of clinical psychedelic research, they often reduce connectedness to discrete, measurable outcomes or internal psychological states. Such models risk abstracting connection from the lived, dynamic, and intersubjective contexts in which it unfolds. Treating it as a trait to be assessed, rather than a relational process to be sensed, enacted, or disrupted.

Through the integration of embodiment theory, phenomenology, and affect theory, especially the work of Merleau-Ponty (1962), Fuchs (2016), and Massumi (2002), this thesis reorients connectedness as a pre-reflective, intercorporeal phenomenon. The conceptual framework developed in Section 2.3 articulates connectedness across three interrelated

dimensions: to self, to others, and to the world. These are not isolated domains but co-emergent, fluid processes shaped by sensory attunement, affective resonance, and bodily presence. Disconnection, as explored in Section 2.5, likewise emerges not simply as absence or avoidance, but as an embodied state, marked by physiological defense, relational withdrawal, or affective flattening.

Despite growing interest in the therapeutic and prosocial effects of MDMA, much of the existing research remains anchored in clinical efficacy trials and neurobiological models. As demonstrated in Section 2.4, while MDMA has been associated with emotional openness, interpersonal resonance, and embodied safety, most studies stop short of exploring how these processes unfold as lived experiences. Furthermore, these effects are frequently interpreted as pharmacologically induced rather than as relational capacities that become available when bodily defenses soften and attunement becomes possible. Methodological critiques (e.g., Yaden et al., 2022) further emphasize the need for qualitative approaches that can illuminate how connection is felt, remembered, and re-accessed, not simply measured.

This study addresses these limitations by adopting a qualitative, phenomenologically informed approach that seeks to understand not only how participants describe states of connection and disconnection under MDMA, but how these states are accessed, embodied, and made meaningful. The conceptual framework developed here offers a new lens for understanding relational well-being, one that foregrounds sensation, movement, co-regulation, and the body's role in disclosing connection as a lived potential, rather than a fixed outcome.

Chapter 3: Methodology

This study explores the subjective experiences of connectedness in adults who have used MDMA, with attention to how these experiences unfold across bodily, relational, and existential dimensions, toward self, others, and the world. A qualitative approach was selected to privilege participants lived experiences and the meaning they make of connection, beyond cognitive or neurobiological explanation. Reflexive Thematic Analysis (RTA) was employed not as a tool for uncovering pre-existing themes, but as a dynamic, interpretive process through which meaning is co-constructed between researcher and data (Braun & Clarke, 2006, 2019, 2021).

Although the study does not adopt a formal phenomenological methodology, it is philosophically grounded in phenomenological traditions, particularly the work of Maurice Merleau-Ponty (1962), who conceptualizes the body as the primary medium of perception and relationality. His notion of the lived body (*Leib*) informs the analytic stance, positioning connectedness not as a static insight or trait but as a process enacted through breath, gesture, sensation, and intersubjective presence.

This orientation is further supported by the work of Thomas Fuchs (2016, 2021), whose accounts of intercorporeality and bodily resonance describe affective meaning as emerging not within the individual, but between them. Drawing from this framework, the study approached participants' experiences not as discrete internal states but as relational phenomena, arising in movement, mutual attunement, and atmosphere. In this context, atmosphere is understood as an emergent field of affective intensity, a shared sensory and emotional tone that shapes how connection unfolds between bodies (Massumi, 2002).

In moments where participants' accounts pointed toward intensities that eluded language or conscious articulation, the concept of affect as pre-cognitive intensity drawn from Brian Massumi's (2002) affect theory, served as a sensitizing concept. While not forming part of the analytic method itself, Massumi's framing supported the interpretive stance that such moments, metaphors, bodily imagery, or felt shifts may express relational meaning that precedes cognition and exceeds narrative coherence.

This analytic sensibility was further informed by post-qualitative perspectives (St. Pierre, 2021; Aagaard, 2022), which resist prefigured categories and invite openness to affect, ambiguity,

and emergence as valid forms of knowledge production. Together, these frameworks supported a methodological approach that treated connectedness not as a measurable variable, but as an unfolding, co-constituted process. This chapter outlines the epistemological positioning and methodological design of the study. It begins with the analytic framework and rationale, followed by sections on sampling, recruitment, data collection, and reflexivity. Throughout, the emphasis remains on understanding connectedness as something lived through the body and shaped by relational and contextual conditions.

3.1 Epistemological and Analytical Orientation

This study is situated within an interpretivist and experiential epistemology, which holds that knowledge is co-constructed, relational, and rooted in embodied experience. Rather than assuming that meaning is fixed or objectively discoverable, this stance understands knowledge as arising through context-specific, affective, and dialogical engagement between researcher and participant (Finlay, 2006; Denzin & Lincoln, 2018). Meaning, in this view, is not extracted but emerges through the felt sense of encounter, through gesture, voice, language, silence, and the researcher's own reflexive presence.

Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019) was selected for its flexibility, its emphasis on researcher subjectivity, and its compatibility with inquiries that are affectively rich, non-linear, and not easily reduced to cognitive or categorical frames. The analysis was not approached as a search for objective truth but as a process of attunement to metaphor, silence, bodily language, and the emotional texture of speech.

Reflexivity, understood here as an ongoing, critical awareness of the researcher's positionality, assumptions, and embodied responses, was central throughout (Finlay, 2002). Rather than being treated as a procedural step, reflexivity shaped the entire analytic process, recognizing meaning as co-constructed and emergent within the researcher–participant encounter.

Although not a phenomenological study in the strict methodological sense, the analysis was shaped by a phenomenological sensibility, particularly Merleau-Ponty's (1962) conception of the body as the ground of perception and relational knowing. This sensibility resonates with post-qualitative approaches that question assumptions of stable meaning and instead view analysis as a creative, embodied process through which knowledge becomes felt, spoken, and sensed (St. Pierre, 2021; Aagaard, 2022).

3.2 Positionality Statement

As a clinician with over two decades of trauma-informed practice, and a background in somatic therapies and contemplative traditions, I entered this work with a strong attunement to the embodied and emotional dimensions of human experience. My personal interest in altered states of consciousness and prior exposure to psychedelic-assisted frameworks shaped the curiosity with which I approached participants' stories. This orientation was not treated as bias to be eliminated, but as a relational lens through which meaning could emerge, shaped by embodied knowledge, affective attunement, and situated experience.

Reflexivity was maintained through journaling, memo writing, and analytic dialogue—both internal and external—including ongoing feedback and discussions with my master's thesis supervisors. These practices supported the surfacing of assumptions, the refinement of interpretations, and the maintenance of transparency throughout the analytic process.

3.3 Recruitment and Sampling Strategy

Participants were recruited through a combination of purposive and snowball sampling, both commonly used in qualitative research to identify information-rich cases and extended participation through social networks (Palinkas et al., 2015; Noy, 2008). Invitations were shared via social media platforms (e.g., Instagram, LinkedIn), professional networks, and informal personal channels. This strategy allowed the study to reach individuals with reflective, first-person accounts of MDMA use—particularly those who may not have responded to formal calls but had rich, experiential insights to share. Several participants were referred by others who had already expressed interest, reflecting the relational nature of the recruitment process.

Inclusion criteria required participants to: (1) be over 18 years old; (2) have used MDMA at least once in the past five years; (3) speak English or French; and (4) be willing to reflect on their experience of connection under or after MDMA use. The study welcomed a range of settings (e.g., recreational, therapeutic, informal) and both positive and challenging experiences.

While participants were not required to have used MDMA in clinical settings, the sample reflected a wide spectrum. The majority had used MDMA in social or underground therapeutic contexts, and one participant had taken part in a Health Canada–approved clinical trial. In response to this diversity, the inclusion criteria were revised early in the process to clarify that the study's central concern was the lived experience of connection, not therapeutic efficacy.

Interest in the study was high, but not all inquiries met the eligibility criteria. One individual was actively experiencing psychosis and seeking therapeutic support; for ethical and safety reasons, was not included. Others misunderstood the nature of the research, assuming it involved MDMA provision. These instances highlighted the importance of clear, up-front screening, which was conducted via email prior to enrollment. All participants interviewed were independent of the researcher's clinical work. No compensation was offered to research participants.

In total, nine participants were included in the final sample. This size is consistent with qualitative designs emphasizing depth over breadth, particularly in studies using Reflexive Thematic Analysis (Braun & Clarke, 2019). The small, information-rich sample allowed for a nuanced exploration of complex, affective, and embodied dimensions of MDMA-related connectedness.

3.4 Participant Description

Nine individuals participated in the study, ranging in age from 20 to 53. The age distribution included three participants in their twenties, two in their thirties, and four aged forty and above. Five participants identified as women and four as men. While most identified as white and Canadian-born, three participants identified as Black, Indigenous, or People of Colour (BIPOC). Although participants came from varied racial and cultural backgrounds, their narratives of connectedness were not typically framed through identity-specific language. Rather, their accounts emphasized relational, emotional, and bodily experience—often described as deeply human and existing beyond fixed social categories.

Participants' histories with MDMA varied in both frequency and setting. Four had primarily engaged with the substance in recreational contexts, such as raves, music festivals, or social gatherings, where sensory stimulation and collective atmosphere were central to their experiences. Two participants described a trajectory from recreational to more emotionally reflective or intimate use, often in quieter, intentional environments. Three participants mainly in the older cohort, had engaged in underground therapeutic sessions guided by trained facilitators. Notably, one participant had taken part in a Health Canada–approved clinical research trial involving MDMA. These more structured or therapeutic contexts were typically described as

emotionally significant and transformative, and were often followed by formal psychotherapy or structured integration work.

Although some participants entered the study with a therapeutic orientation, others did not locate their MDMA use within a healing framework. Nevertheless, across the sample, participants demonstrated a high level of introspective capacity and emotional articulation. This was evident regardless of how frequently they had used MDMA: one participant had used it only once; another described themselves as a regular user; the rest reported occasional use within the past five years.

The following section outlines the ethical procedures and safeguards that supported participants in sharing these personal, complex, and often vulnerable accounts.

3.5 Ethical Considerations

This study received approval from *the Université du Québec en Outaouais* Research Ethics Board (Approval #2024-3285) and was conducted in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2, 2022). Given the legal status of MDMA in Canada and the sensitivity of the topic, including altered states, emotional vulnerability, and trauma, ethical integrity was prioritized throughout the research process.

Participation was entirely voluntary. Interested individuals received a study information sheet, consent form, and confidentiality agreement. They were explicitly informed of their right to withdraw at any time, skip questions, or pause the interview for any reason. Participants were invited to choose a pseudonym, turn off their camera, and select the interview language (English or French). As mentioned previously, all participants were external to the researcher's clinical practice.

Recruitment occurred through professional networks and social media. Occasionally, individuals outside the inclusion criteria responded, such as those currently in psychosis or seeking MDMA access. These cases were handled with care and ethical boundaries, and individuals were excluded following a brief screening to confirm emotional readiness and alignment with the study's scope. No active MDMA use was involved.

Interviews were conducted via secure Zoom calls and audio-recorded with consent. Transcriptions were completed by the researcher and anonymized. Identifying information was removed, recordings were deleted after transcription verification, and all data were stored on an encrypted, password-protected device.

A trauma-informed and relational ethic underpinned all aspects of the study. The researcher drew on over two decades of clinical experience to ensure safety, attunement, and respect for participants' pacing and emotional comfort. Participants were not pressured to offer coherent narratives; silences, metaphors, and affective ambiguity were welcomed as meaningful. Although several participants described encounters with trauma, emotional intensity, or healing, no acute distress emerged during interviews. All were provided with follow-up mental health resources.

Ethical reflexivity was integrated throughout. Journaling, memo-writing, and regular supervisory dialogue supported awareness of relational dynamics, power, and positionality. In keeping with a reflexive and post-qualitative orientation, ethics was treated not as a one-time procedural task, but as an ongoing practice of relational responsibility.

3.6 Interview Procedures

Following initial contact via email, participants received a study information sheet, consent form, and confidentiality agreement. Interviews were scheduled at a mutually convenient time and conducted via Zoom, a secure video platform that allowed participants to engage from a space of their choosing.

Each interview began with a verbal review of the study's aims and ethics, followed by a moment to ask clarifying questions. This helped establish an open, attuned space where participants felt invited, not pressured to explore experiences that were often deeply personal, embodied, and affectively rich.

Interviews followed a semi-structured format based on ten open-ended questions designed to explore participants' experiences of connection across self, others, and the world. While consistent in thematic focus, the guide allowed for flexibility and emergent dialogue. Follow-up prompts were used to clarify meaning or invite further reflection. Silence, metaphor, and non-linear narratives, stories that do not follow a chronological or structured sequence but unfold through emotion, memory, or embodied insight were welcomed as valid forms of expression.

Each interview lasted between 60 and 120 minutes. Conversations were held in either English or French, depending on participant preference. One interview was conducted entirely in French and later translated by the researcher during transcription. This bilingual approach reflected linguistic realities in the Canadian context and contributed to inclusive participation.

All interviews were audio-recorded with consent and transcribed verbatim by the researcher. During transcription, special attention was paid to affective tone, rhythm, and metaphor, treating these not as peripheral but as essential to the meaning-making process. The interview space itself often functioned as a site of reflection and integration, underscoring the relational, embodied, and co-constructed nature of the data (Ellis et al., 2011; Finlay, 2005).

3.7 Data Collection

The interview guide was developed to explore participants' experiences of connectedness across intrapersonal, interpersonal, and existential domains, without steering them toward predefined outcomes (Braun & Clarke, 2016, 2019). Its structure was aligned with the study's experiential and embodied epistemology, inviting open reflection rather than eliciting fixed or linear narratives. Participants were encouraged to describe how connectedness arose in the context of MDMA use, including how it was felt in the body, in relation to others, and in broader existential or transpersonal dimensions. All participants reflected on both the immediate experience and how it reverberated afterward. The timing of their most recent MDMA use varied considerably, ranging from the previous week to several years ago, with most reporting a session within the past five years. This variation supported the emergence of both acute and enduring forms of connectedness, including reflections on integration, relational shifts, and long-term meaning-making.

A pilot interview was conducted prior to formal data collection. With a 28-year-old white woman who identified as heterosexual. While not included in the final analysis, it served a vital role in refining phrasing, pacing, and the flow of questions. Her feedback led to the removal of one closed-ended question and the rewording of several prompts to encourage greater nuance and emotional resonance.

The final guide consisted of ten open-ended questions, with optional follow-ups that supported conversational depth. This format allowed participants to reflect at their own pace and explore themes such as emotional shifts, bodily awareness, interpersonal resonance, and lingering effects of MDMA-related connection. The guide, along with the recruitment flyer and consent form, are included in Appendices A–C.

All interviews were transcribed manually by the researcher. This process was not only practical but interpretively valuable, it fostered an embodied familiarity with the data and allowed for early attentiveness to tone, pacing, metaphor, and silences. These sensory-textual elements

became important in the later stages of analysis, particularly given the affective and pre-verbal dimensions of many participants' accounts.

3.8 Data Analysis

Data were analyzed using Braun and Clarke's (2006, 2019) six-phase Reflexive Thematic Analysis (RTA), a qualitative method that emphasizes researcher subjectivity, contextually situated meaning, and themes as interpretive rather than purely descriptive. This approach was selected for its compatibility with embodied, interpretive inquiry, particularly within epistemologies that view knowledge as relational and emergent. The six phases include familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. These were approached not as rigid steps, but as a recursive and interpretive process developed through sustained engagement with the material.

Manual transcription of interviews initiated early immersion in the data, allowing the researcher to begin sensing patterns of tone, rhythm, and affective language. Coding was performed manually using Microsoft Word. This was an intentional decision that supported a slower, more attentive engagement with the material and reflected a post-qualitative sensibility that resists analytic containment and emphasizes presence, ambiguity, and emergence (St. Pierre, 2021).

Initial codes were drawn not only from semantic content but also from what lingered in the interviews: pauses, metaphors, tonal shifts, and emotional textures that pointed to dimensions of experience not easily articulated. Meaning was treated as co-emergent between participant expression, researcher receptivity, and the relational space of the interview encounter, consistent with relational-embodied approaches to qualitative research (Finlay, 2011; Ellingson, 2009).

Themes were identified not by frequency but by their conceptual and emotional resonance. Some themes were renamed, refined, or merged as analysis progressed. Particular attention was paid to moments of contradiction, silence, or emotional intensity, which were treated as meaningful in themselves and reflective of the complexity of lived experience.

Although interviews were conducted online, this was not seen as a limitation. The focus of the study was not on observing physical behavior in real time but on exploring how participants described their embodied, relational, and existential experiences. The data were approached as

affectively and somatically informed narratives, with analytic attention to the language of the body, sensory metaphors, and emotional tone.

The analytic stance was informed by phenomenological perspectives, particularly Merleau-Ponty's (1962) conception of the body as the ground of perception and Fuchs's (2016, 2021) theory of intercorporeality and bodily resonance. These frameworks supported an interpretation of connection as something not only described but also sensed, gestured, and co-constituted in relational space.

Reflexive practices such as journaling, memo-writing, and supervisory dialogue were central in maintaining transparency and ethical engagement. Reflexivity, understood here as an ongoing, critical awareness of the researcher's positionality, assumptions, and embodied responses, was integral to the analytic process (Etherington, 2004; Finlay, 2002). Subjectivity was not treated as a source of bias but as a site of insight that grounded interpretation in emotional resonance, theoretical coherence, and epistemological integrity.

3.9 Embodiment and Phenomenology in Interpretation

In parallel with Braun and Clarke's (2006, 2019) six-phase model of Reflexive Thematic Analysis, this study's interpretation was shaped by a phenomenological and embodied sensibility. Rather than approaching participants' narratives as cognitive or emotional reports, their accounts were treated as expressions of lived experience, sensed, gestured, and often spoken through metaphor or silence.

Participants frequently described sensations such as warmth, constriction, softness, or expansion, suggesting that connection was not only an idea but a somatic reality. Drawing on Merleau-Ponty's (2012, p.94) concept of the lived body (*Leib*), the body was understood as the perceptual ground through which relational presence and meaning emerge. Experience, in this view, does not happen *to* the body, it unfolds *through* it.

Fuchs's (2016, 2021) theory of intercorporeality and resonance helped illuminate moments where participants described "feeling in sync," "being seen without fear," or "melting into others." These were rarely articulated in analytic terms but surfaced through gestures, shifts in voice, or evocative metaphors such as "becoming just human" or "coming home." These moments pointed to pre-reflective registers of relational knowing subtly informed by Massumi's (2002)

conceptualization of affective intensity as bodily forces that exceed emotion and proceed cognition.

Reflexive Thematic Analysis offered a flexible structure for engaging with these layered, affective expressions. During familiarization and coding, attention was paid not only to what was said but *how* it was said, to pauses, rhythm, emotional tone, and what lingered. Some insights could not be cleanly coded, yet they signaled deep relational truths. Rather than treating ambiguity or silence as noise, these were held open as invitations to listen differently.

This stance aligns with post-qualitative ethics as articulated by Aagaard (2022, pp. 309-310; St. Pierre, 2021, pp. 44-46), which emphasize openness, indeterminacy, and a refusal of analytic finality. St. Pierre draws on Deleuzian philosophy to challenge the representational assumptions of conventional qualitative research, advocating for an ethic of becoming that resists stable categories or fixed meanings. Aagaard, working from a phenomenological tradition, describes post-qualitative ethics as an orientation to data that privileges ambiguity, relationality, and affective resonance over methodological procedure. While their theoretical lineages differ, both authors foreground an ethical commitment to remaining with what cannot be fully named or resolved. In this study, such an ethic shaped interpretation not as a process of closure, but as one of attunement, where the unsaid, the silences, and the visceral resonances within the data were treated as meaningful. Interpretation thus became both analytical and affectively responsive, grounded in the body and shaped by the researcher's relational and sensory engagement with participants' expressions.

3.10 Thematic Analysis Process

Thematic development followed Braun and Clarke's (2006, 2019) six-phase model of Reflexive Thematic Analysis (RTA). These phases were not applied mechanically but approached as a recursive, relational, and embodied process.

Familiarization

Transcripts were read and re-read multiple times. Familiarization extended beyond text; it involved listening with the body. Following St. Pierre (2021) and Aagaard (2022), this stage included staying present to what could not be easily named: silences, hesitations, or shifts in breath that signaled affective weight.

Generating Initial Codes

Coding was broad, inductive, and done manually to remain close to the data. Codes captured both semantic elements (e.g., "feeling safe," "softening into self") and latent affective features (e.g., "voice slowed," "gesture before speaking"). Consistent with RTA, meaning was understood as co-produced between participant, text, and researcher. Some codes reflected what was felt as much as what was stated.

Searching for Themes

Initial codes were grouped based on affective resonance, conceptual coherence, and experiential intensity. Themes emerged not as discoveries but as interpretive movements, what Braun and Clarke (2019, p.591) describe *creative analytic practice*. Attention was given to emotional contour and metaphorical depth, not just pattern frequency.

Reviewing Themes

Themes were refined through repeated review, ensuring internal consistency and emotional fidelity. Some were merged or renamed, while others remained intentionally porous reflecting the entangled and nonlinear ways connection was described. Moments of contradiction or ambiguity were not treated as analytic flaws but as indicators of complexity and significance.

Defining and Naming Themes

Theme names were crafted to remain close to participants' language and metaphor (e.g., "melting walls," "coming home," "becoming just human"). These names did not reduce experience but gestured toward its depth. Naming was an ethical act, a way to honor how participants made sense of what often felt ineffable.

Producing the Report

Themes were presented not as objective findings, but as relational contours of lived experience woven with illustrative quotes and interpretive commentary. A visual thematic map was developed to show how domains of connection (self, other, world) overlapped and moved

through each other. Experiences were not compartmentalized but described as fluid, affective, and co-emergent.

Throughout the process, reflexivity was central. The researcher maintained an analytic journal, wrote memos, and engaged in supervisory dialogue to surface emotional responses, interpretive dilemmas, and moments of intuitive resonance. Meaning was not extracted from data, but emerged through relationship between researcher, participants, and the text itself.

In line with trauma-informed principles, moments of vulnerability particularly around trauma, intimacy, or identity, were held with care. The aim was not to resolve or explain these moments but to stay with them, allowing their ambiguity and resonance to speak.

Finally, consistent with Braun and Clarke's (2019) experiential orientation, themes were selected not for frequency, but for their emotional depth, complexity, and interpretive richness. What emerged was not a stable map of outcomes, but a textured portrayal of connection as felt, remembered, and carried forward.

3.12 Thematic Overview

The analysis yielded three overarching themes, each corresponding to a dimension of connectedness: toward the self, toward others, and toward something larger or transpersonal. These dimensions were not experienced in isolation but frequently arose together entwined through gesture, emotion, and relational presence.

Thematic development was grounded in participants' language and interpreted through a phenomenological and embodied lens. Merleau-Ponty's (1962) notion of the *lived body* helped situate these experiences not as cognitive insights but as relational and somatic shifts, felt through breath, sensation, and movement. The themes that emerged reflect the relationality of these moments, not as fixed states but as affective processes unfolding in the body and between bodies.

Theme 1: Embodiment and the Rediscovery of the Self

- **Altered Bodily Awareness**

  Participants described shifts in somatic perception, softening, opening, or inhabiting their body in new ways.

- **Emotional Remembering**
  Connection often surfaced as a return to emotional aliveness, sometimes described as a remembering of something long obscured.
- **A Lasting Reconnection**
  For many, these moments left a lingering sense of wholeness, subtle but meaningful.

Theme 2: Interpersonal Connectedness

This theme emerged as a cohesive whole, encompassing trust, openness, mutual attunement, and bodily resonance in relation to others. It was rarely described as discrete events but as a fluid intersubjective process, being-with others in ways that felt safe, unguarded, and deeply human.

Theme 3: Transpersonal Connectedness: Feeling Part of Something More

- **A Felt Sense of Belonging Beyond the Self**
  Participants described moments of merging with nature, space, or collective humanity often outside of language.
- **Boundless Empathy as Relational Reversal**
  Some experienced a temporary dissolving of ego boundaries, perceiving others with profound compassion.
- **Enduring Connection and the Lingering Field**
  These sensations often left a residue, described as “staying in the body” or subtly re-shaping relational presence.

Rather than fixed categories, these themes are offered as relational contours, mapping how connection was lived, sensed, and remembered across emotional, social, and existential terrains. These moments were not just significant at the time of occurrence; they often continued to shape how participants felt themselves and others long after the experience. This thematic structure forms the foundation for the interpretive discussion in the next chapter, where these experiences are situated within broader theoretical and clinical frameworks.

3.13 Trustworthiness and Reflexivity

Trustworthiness in this study was established through layered practices of reflexivity, thick description, and methodological transparency. Rooted in Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019), the analytic process treated the researcher not as a detached observer but as a co-creator of meaning, actively engaged in the interpretive process through embodied listening, affective responsiveness, and relational attunement. Consistent with an experiential and interpretivist epistemology, reflexivity was not treated as a procedural step but as a continuous ethical stance and a practice of listening, witnessing, and interpreting with care.

A reflexive journal was maintained throughout the research process to document emotional responses, theoretical insights, and moments of uncertainty. Analytic memos supported a recursive and transparent interpretive trail, tracing the evolution of codes and themes. These tools were not used to eliminate subjectivity but to engage it critically as a source of depth and insight.

To support credibility and dependability, triangulation across data forms was employed, including transcripts, field notes, and reflexive memos. Triangulation in qualitative research enhances trustworthiness by drawing connections across multiple data sources and promoting analytical depth (Patton, 2015). Thick description (Geertz, 1973) was used to evoke the sensory, relational, and emotional qualities of participants' experiences, anchoring interpretations in embodied detail. Regular supervisory dialogue created space to explore positionality, blind spots, and ethical dilemmas throughout the research process.

The study was guided by a trauma-informed and relationally attuned approach. Trauma-informed research emphasizes safety, transparency, and responsiveness to the emotional needs of participants and researchers alike (Fisher, 2021; Siegel, 2010). Relational attunement was expressed through careful attention to participants' pacing, language, and affect, as well as the researcher's own embodied reactions. These practices supported an atmosphere of respect and co-regulation, especially when navigating emotionally charged or vulnerable material.

The researcher's background in somatic therapy and trauma work informed the interpretive lens, offering sensitivity to nonverbal communication, gesture, and affective nuance. At the same time, this expertise required sustained reflexive awareness to avoid over-identification or therapeutic framing. This was addressed through ongoing self-reflection and adherence to methodological integrity.

Ultimately, reflexivity was not seen as a checkpoint to satisfy rigor but as a condition for it. It was an ethical and embodied engagement with knowledge-making. The analytic process was understood not as a neutral discovery of findings but as a relational and affectively co-constituted process shaped by attentiveness to the unsaid, the sensed, and the softly emergent (Finlay, 2002; Pillow, 2003).

Chapter 4: Results

4.1 The Multidimensional Experience of Connectedness

This chapter presents the findings from participants' interviews, focusing on their subjective experiences of connectedness as something revealed, reawakened, or made newly accessible, rather than simply induced. Across their narratives, participants described connection as a fluid, embodied phenomenon unfolding in overlapping ways: toward the self, others, and the world. While the themes in this chapter are organized into distinct domains. Connectedness to Self, Connectedness to Others, and Connectedness to the World, participants often experienced them as interwoven and inseparable. The analytic structure is thus a heuristic device, intended to surface shared patterns while honoring the complexity and continuity of lived experience. This multidimensional framework is visually illustrated in Appendix D, which presents a circular thematic diagram mapping the interconnected nature of these three domains.

Connectedness to Self (Intrapersonal Connectedness): Participants described a heightened attunement to themselves, experienced through sensations of relaxation, groundedness, presence, and connection to their inner world. This often involved a shift away from states of anxiety or disconnection, allowing for a fuller inhabiting of the body and a more compassionate relationship with the self. Some described this experience as feeling unfamiliar yet deeply reassuring, like returning to a part of themselves that had long been out of reach. These moments of reconnection were not described as abstract ideals, but as felt realities, lived through the body and anchored in the present moment.

Connectedness to Others (Interpersonal Connectedness): Participants described a sense of connection to others that felt accessible, liberating, and deeply genuine. This was often marked by a feeling of openness, social ease, and shared presence, both in direct interaction and in imagined or remembered connection. What stood out was not just the act of relating, but how different it felt: unguarded, free from fear or self-consciousness, and grounded in a sense of mutual recognition. For many, this ease came as a surprise, highlighting how their usual experience of social anxiety, guardedness, or disconnection was unexpectedly suspended. Touch, laughter, closeness to others, or simply being with others felt more immediate and emotionally available. Some spoke of making close bonds quickly, describing these relationships with words like "best

friends" or "love", not as exaggerations, but as a reflection of the emotional depth made possible in those moments. Whether among friends, strangers, or intimate partners, the common thread was a temporary but powerful glimpse into what it could feel like to be with others in a way that felt deeply human, accepting, and safe.

Connectedness to the World (Transpersonal Connectedness): Some participants described experiences of connectedness that reached beyond themselves or their relationships, touching something more expansive and difficult to name. These moments were often characterized by a sense of merging with the world, a softening of boundaries between self and other, or a feeling of being held within a larger existence. This sense of connection unfolded through stillness, immersion in nature, or powerful inner realizations that reoriented how participants felt in the world. It was not always verbal or conceptual, many described it as a bodily knowing, a certainty that they belonged to something greater than their individual self.

For some, this took the form of feeling emotionally or energetically connected to all beings, even to others that had caused them harm. For others, it was a deep attunement to nature, where animals, light, and landscapes became relational rather than distant. Others still described time-dissolving experiences where every relationship or feeling they had ever held seemed to exist at once. These moments were often accompanied by a profound sense of calm, being, and recognition, offering not just comfort, but clarity.

While participants did not always use the word "spiritual," their descriptions pointed toward something transpersonal: a brief but lasting awareness that connection was not limited by time, space, or even presence. The experience of being part of something greater, humanity, life, nature, or an unnamed force, often lingered long after the moment had passed, shaping how participants related to themselves and the world around them.

Although the themes that follow are presented as distinct, participants often spoke of their experiences as fluid, layered, and inseparable. Connection to self, others, and the world appeared to move in and out of focus, each influencing the other in a continuous unfolding. This chapter begins by exploring participants' descriptions of connectedness to self, not as a starting point, but as one facet within a broader, dynamic experience of being in relation.

Across the interviews, participants often struggled to articulate the full scope of their experience. Several paused, trailed off, or reached for metaphors to describe sensations and emotions that resisted language. Rather than indicating confusion, these moments revealed the

intensity of affect, suggesting that the experience was often felt more than thought. This difficulty in verbal expression underscores the embodied and pre-reflective nature of connectedness, which at times exceeded discursive clarity.

4.2 Theme 1: Connectedness to Self (Intrapersonal Connectedness)

Participants described their experiences of connectedness to self in various ways, reflecting a deeply personal, subjective, and inwardly felt phenomenon. This connection was often articulated as a turning toward oneself, a moment of awareness or attunement that felt meaningful and, at times, unfamiliar. Several participants used language that conveyed the immediacy and significance of this connection.

For example, Participant 10 reflected, “Connectivity. So, when you first ingest the MDMA and you go inward, there was a massive connectivity with self.”

This account illustrates how participants framed their experience as a form of inward connection, often perceived as profound and deeply felt. While the ways in which this connection was experienced varied, participants consistently described it as significant and impactful.

The following sub-themes explore the different dimensions of this intrapersonal connectedness as expressed by participants:

1. **Altered Bodily Awareness** — describing how participants experienced and connected to their increased sensory awareness and physical presence.
2. **Rediscovering the Self: Emotional Connection** — focusing on how participants reconnected with feelings of self-compassion, self-love, and emotional acceptance.
3. **Embodying a New Sense of Self** — capturing how participants came to inhabit a different relationship with themselves, often through deeply felt emotional or physical experiences.

4.2.2 Sub-Theme 1: Altered Bodily Awareness

Participants described experiencing an increased and altered awareness of their bodily sensations during their MDMA experience. This sensory awareness was consistently described as pleasurable and unlike their usual experience of their body. Many participants emphasized how the sensations felt heightened, how good their body felt, and how they became acutely aware of

their physical state in ways that were stimulating, relaxing, exciting, or surprising. Some participants spoke of sensing their body with more attuned awareness and intensity.

Participant 11 reflected on this shift:

Sight is felt differently. Breathing felt. The breath feels fuller. There's sort of a tingle from your toes through your hands… you feel your heart going too, which sounds scary, but it feels good, kind of.

In this account, the participant described an amplification of sensory input, how their breath, tingling sensations, and heartbeat became more noticeable and pleasurable. They observed the contrast between sensations often associated with physical arousal or alertness, such as a racing heart, and the pleasurable quality of these sensations within the experience. This contrast was described without distress, but rather with a sense of fascination and enjoyment. It reflected a different kind of attunement to bodily sensations, one marked by curiosity, pleasure, and heightened presence.

Participant 8 also expressed how pleasurable and grounding this bodily awareness felt, "I was feeling so great. More present in my body rather than being like kind of sitting back in my mind. Like a general feeling of more lightness in my body."

For this participant, the experience was characterized by a clear awareness of feeling well in their body. They contrasted this physical presence with a usual tendency to feel mentally preoccupied, highlighting how the MDMA experience allowed them to feel grounded and light at the same time. The participant's use of "lightness" reflected a bodily sensation of feeling unburdened.

Participant 18 emphasized the intensity and sensory quality of their experience, "It hits you all of a sudden… it comes in a wave. Then I feel relaxation, I feel very, very good, especially with everything about my body. I feel stimulated while I feel relaxed."

During the interview, Participant 18 shared that they had struggled with negative feelings toward their body throughout their life, particularly in relation to an eating disorder. In this context, the participant's emphasis on feeling "very, very good" in their body and describing the experience as exciting and profound took on particular significance. The heightened sensory experience appeared to stand in contrast to their usual relationship with their body, making the pleasurable sensations especially meaningful.

For Participant 1, bodily awareness was described through sensations of relaxation and ease of breathing, "My body felt super relaxed, my breathing was the slowest it ever was. It feels safe to relax, so it was the safety that I guess allowed me to breathe more slowly."

This participant noted during the interview that they typically experienced anxiety in daily life. They highlighted how the ability to breathe deeply and slowly during the experience stood out as a remarkable aspect of their bodily sensations, allowing them to associate the experience with a sense of safety they did not usually feel.

Finally, Participant 3 succinctly described the impact of this bodily experience, "I felt really present." For this participant, physical sensations were associated with a sense of presence and attentiveness to the moment, described in contrast to their usual experience of feeling disconnected from the present. This participant reported usually feeling disturbed with thoughts of critical judgment of themselves taking them away from feeling present.

Across participants' accounts, this sub-theme reflects how the MDMA experience was described as producing a heightened, altered, and pleasurable awareness of bodily sensations. Whether through increased attention to sensory details, feelings of lightness, physical stimulation, or deep relaxation, participants emphasized how their bodily experience felt intensified and different from their ordinary state. For some, this shift was particularly meaningful, providing a rare opportunity to feel good in their bodies and to experience bodily sensations in a vivid and enjoyable way.

Across these accounts, bodily awareness was not simply a sensory phenomenon but a gateway to deeper self-connection. The vividness and emotional quality of participants' physical experiences often supported a sense of presence, grounding, and safety in themselves. For many, this altered bodily state created the conditions for a more compassionate, attentive relationship with the self, laying a somatic foundation for the emotional reconnection explored in the next sub-theme.

4.2.2 Sub-Theme 2: Rediscovering the Self: Emotional Connection

For many participants, the sense of connectedness did not remain confined to the self. Participants also described a deepening sense of connectedness with others. These experiences did not unfold in isolation but were situated within a broader sense of relational dynamics, where openness to others and receptivity from others emerged fluidly. Connection was experienced not

just in the physical presence of others, but as a mutual, felt phenomenon, sometimes spontaneous, sometimes enduring. Reflecting a softening of boundaries and a heightened relational attunement.

Beyond the immediate sensations of bodily presence described in the previous sub-theme, many participants spoke of a deeper, more emotional process of reconnecting with themselves. For many, the sense of openness and safety described in Theme 1 created a foundation for connectedness with others, suggesting a natural unfolding rather than distinct phases. This was not experienced as a transformation into someone new, but rather as a rediscovery or remembering of aspects of themselves that had felt distant, difficult to access, or overlooked in their daily lives. Participants described this reconnection as a deeply felt process, emerging alongside feelings of safety, self-compassion, and self-acceptance. For some, this reconnection was accompanied by a powerful emotional experience.

Participant 10 described accessing a sense of self-compassion in a way they had never felt before, “I never felt such a massive amount of self-compassion.” This statement reflects how the participant’s experience extended beyond physical sensations and into a meaningful emotional discovery. The participant emphasized the magnitude of this feeling, marveling at how much self-compassion they were able to access, something that had previously felt out of reach. Several participants described how this sense of self-connection was accompanied by a release from habitual feelings of insecurity and fear.

For Participant 3, this relief involved feeling less preoccupied with self-judgment, “It helped me feel way less insecure in my body, I was not analyzing.” Similarly, Participant 4 reflected on the absence of a familiar emotional state, “There was no fear.” These brief statements were delivered with noticeable emphasis and, during the interviews, participants often expressed astonishment at the simplicity and unfamiliarity of these feelings. The relief of not feeling insecure or fearful was described as striking, almost incredible, precisely because it contrasted so sharply with how they typically related to themselves. Their accounts suggested that these feelings of safety and ease were not only new, but surprising in their very existence, revealing how uncommon it was for them to feel unburdened by self-consciousness.

Participant 10 reflected on how the MDMA experience made them realize the depth of disconnection they had been living with. They stated, “I realized I did not know I could be connected to myself.” This insight did not emerge from deliberate introspection but arose spontaneously as a felt contrast. The participant emphasized that the experience made them aware

of something that had always been missing, revealing the extent of emotional guardedness they had come to normalize. This connection was not seen as something newly created, but as something uncovered. At times, participants appeared to struggle to articulate the depth of what they were describing. Hesitations, trailing sentences, and the use of metaphor signaled that the experience often exceeded the limits of language and was instead felt as something more intuitive and embodied.

For others, this emotional reconnection was experienced as a profound realization. Participant 18 reflected:

> I now know what the feeling is of love, it's because I lived it and felt it that I know now. I saw a psychologist once that was telling me I need to love myself; I could not connect to that feeling in myself before. Now that I have felt it profoundly, I now know what that feeling feels like. I am connected to my self-love.

This participant framed their experience as a turning point, what had previously been an abstract, elusive idea became a lived emotional reality.

Other participants emphasized that this rediscovery was not about becoming someone new but about remembering or uncovering something that had always been present. Participant 8 explained, "It does not create anything new; it really helps to bring to the surface something that is already there." Similarly, Participant 3 shared, "It does not always need to create anything new but can remind us of what we forgot." These reflections suggest that, for many, the experience of connection to self was about bringing forward parts of themselves that were already within but had been lost, hidden, or dulled by everyday habits and patterns of self-judgment.

Across these accounts, participants described an emotional reconnection to themselves that was marked not only by feelings of safety and self-compassion but also by astonishment and discovery. Many participants conveyed that it felt almost unbelievable to access these feelings, as if they were encountering, for the first time, a version of themselves unburdened by insecurity, fear, or self-criticism. This rediscovery was experienced not through analysis or reflection but as a felt sense, emerging in the moment and carrying with it a powerful emotional significance.

4.2.3. Sub-Theme 3: Embodying a New Sense of Self

Several participants described a shift in how they perceived themselves during the experience, not only emotionally, but cognitively and visually. These moments were often marked

by a surprising clarity, softness, or appreciation that contrasted with their typical relationship to self. These shifts were described with emotional intensity and a sense of discovery, suggesting that participants had encountered aspects of themselves they rarely accessed in everyday life.

For some, this shift involved a sudden recognition of self-love and worth. Participant 18 reflected, "Feeling so much love for myself saved my life… I realized for the first time I am lovable." During the interview, they explained that this realization was in direct contrast to a lifelong reliance on external validation, a strategy that had never felt sufficient and had left them with enduring feelings of unworthiness and suicidality. This moment of self-love was not simply comforting; it was described as life-affirming. They spoke of it not as an intellectual understanding, but as a profound emotional connection to a part of themself that they had never truly encountered before. Later in the interview they expanded, "It was like coming back to something I forgot I knew how to feel, how to be with others, how to just be."

Here, connection to self was not narrated as a new discovery, but as a remembering, a return to an embodied way of being that had once been known but became inaccessible over time. This sense of rediscovery carried not only emotional weight but existential depth, pointing to a shift in how the participant related to themselves and the world. The use of the phrase "just be" signals more than emotional relief, it conveys a grounded presence and a release from striving, self-judgment, and habitual fragmentation. In this way, their experience became a turning point where love and worth are no longer sought externally, but felt internally, with immediacy and depth.

Participant 3 added a vivid metaphor of self-perception using the image of a mirror:

> You know when you look at yourself in the mirror and you're on MDMA, you start noticing things you appreciate about yourself rather than what you regret. It kind of gives you a different perspective outside of your habitual way of thinking.

This metaphor illustrates a momentary yet impactful shift in perception. The mirror becomes a symbolic medium through which participants encountered themselves differently, free from habitual criticism. It reflects how participants experienced not just an emotional softening, but a perceptual reorientation.

Some participants described these perceptual changes as realizations, not necessarily new, but newly accessible. Participant 4 reflected, "I realized I did not know I could be connected to myself." This insight was expressed with a tone of astonishment, as if what had once seemed

unreachable had suddenly become available. The connection to self was not described as an achievement, but as a recognition of something that had been missing, a sense of knowing oneself in a fuller, more intimate way.

For Participant 8, this shift was tied to a suspension of mental activity that allowed for a clearer, more honest experience of the self, "It lowers the filters we have with ourselves. So, it allows the kind of overthinking that we do in our minds to potentially just quiet down for a bit and let us just kind of be." This account goes beyond mental stillness; it points to a moment of unfiltered presence. The participant described how, when the usual cognitive filters dropped, they were able to access themselves without judgment or distortion. In that space of quiet, what emerged was not just less overthinking but a clearer perception of who they were**,** undisturbed by habitual self-doubt.

Across these accounts, participants described a shift in how they saw and related to themselves, moments that were fleeting but meaningful. These were not abstract realizations but visceral experiences of seeing themselves differently: with love, with appreciation, or with clarity. What unified these accounts was not only the change itself, but the surprise and wonder that accompanied it. For many, the ability to see themselves without filters, fear, or judgment was experienced as rare and revelatory a momentary but powerful connection to a self that felt more authentic, present, and whole.

Taken together, the three sub-themes illustrate how participants experienced intrapersonal connectedness as a layered and emotionally resonant phenomenon. Whether through heightened bodily awareness, rediscovery of emotional self-connection, or shifts in how they perceived themselves, participants described feeling more present, compassionate, and attuned to who they were. For many, these moments were surprising and unfamiliar a glimpse into a different relationship with themselves that stood in contrast to everyday patterns of disconnection or self-judgment. These deeply personal experiences of connectedness to self, laid the groundwork for other dimensions of connection explored in the following themes.

As participants described a profound connection to themselves, this sense of openness to themselves as a place of being extended beyond the self to others. For many, the feeling of being grounded in themselves created space for engaging more freely with others. Whether through physical closeness, shared presence, or imagined relational bonds, participants described a widening field of connection, one that extended beyond the self and into the social world. The next

theme explores how interpersonal connectedness emerged, often shaped by bodily attunement, easeful interaction, and the softening of relational boundaries.

4.3 Theme 2: Interpersonal Connectedness

Participants described experiences of interpersonal connectedness that felt spontaneous, emotionally resonant, and marked by a sense of openness and ease. While this theme did not break into distinct sub-categories, the accounts collectively reflected a powerful shift in how participants related to others. Whether through touch, conversation, shared energy, or unspoken presence, connection was often felt as immediate and unguarded. For many, these moments stood in contrast to their usual social experiences, revealing a kind of relational freedom that was rarely accessed in everyday life. This theme explores how participants experienced being with others in ways that felt natural, fluid, and deeply human.

For some participants, the connectedness they felt with others extended beyond the moment of experience, shaping how they related to people in everyday life. As Participant 8 reflected, "It definitely has helped me with social openness and ease… it makes it a lot easier for me to just be in the world like how I am because I felt it." This quote highlights how the sense of interpersonal connection was not fleeting, it became a lasting reference point. Across accounts, connectedness to others was described as unfolding through shared presence, emotional openness, and physical closeness. While distinct from the inward experiences of connectedness to self-explored in Theme 1, this theme did not emerge as entirely separate. In fact, the sense of safety and inner openness described previously often appeared to create the conditions for connection with others, allowing participants to feel more fluid, trusting, and expressive in social encounters.

These moments of interpersonal connection were expressed through affection, resonance, and a felt sense of being with others, whether physically present, remembered, or imagined. The following accounts explore how this relational ease and intimacy was experienced, often in ways that felt liberating, surprising, and deeply meaningful. Participant 3 described this shift as an embodied experience of being open to others in a way that felt liberating and breathtaking, "I felt so open, like no barriers, no anxiety, no fear, just being present with others." Rather than questioning this state as something to resist, the participant expressed it as a recognition, realizing that it was possible to feel this open. The absence of fear and worry made it possible to fully feel

present with others, to be among them without the habitual weight of anxiety. The relational ease they described was not something actively pursued, but something encountered and allowed.

Participant 8 was moved to tears by their experience in a shared social space, "I was crying about how beautiful it was to be in that shared space with everyone. I made a lot of friends." In the interview, Participant 8 reflected that making friends had always been difficult for them. In this moment, however, the openness and warmth of the environment made connection feel effortless. What moved them to tears was not a single relationship, but the collective experience of being welcomed, of feeling part of something without having to work for it or prove anything. The social barriers they had grown used to seemed to dissolve, replaced by a shared emotional openness that felt unfamiliar and deeply meaningful.

Participant 2 described how being in a rave environment on MDMA allowed for a surprising shift in how they felt around others, "My feelings of anxiety and shyness go away… MDMA takes away the harsh discomfort that I feel." "I feel happy, excited, like very euphoric. I feel safe, connected to everyone around me." In the interview, this participant shared that social situations were typically marked by shyness, anxiety, and a guardedness that made connection feel difficult or out of reach. What stood out in this experience was how being on MDMA, alongside others who were also on MDMA seemed to lift those usual burdens. The shared context created a space in which they could feel emotionally free, safe, and open. This unexpected elevation allowed them to experience connection not just with one person, but with everyone around them. The feelings of happiness, safety, and euphoria they described were inseparable from this newfound ability to be socially present and emotionally engaged.

Participant 9 described how relational ease and affection flowed freely in their group:

> We were all like, we all loved each other… One of my gay guy friends just kissed me, while I was with my girlfriend, and it felt very loving… It eliminates boundaries between people, more free, more open… You're like, we are all just humans.

In this moment, the participant described a kind of social and emotional freedom that allowed for spontaneous gestures of closeness. The kiss was not romantic or complicated; it was an expression of care that transcended conventional relational roles or identities. What mattered was not the gender or relationship configuration, but the feeling of being safe, unjudged, and human together. This interaction captured a deeper sense of relational fluidity, where connection could exist outside the usual scripts and instead be rooted in affection, trust, and shared emotional

freedom. Participant 1 similarly reflected on the intensity of relational connection and physical closeness, “It’s almost like this tight cuddling… like when you want to get closer, but you can’t, like there’s grabbing, grabbing… otherwise, you’d be inside my body.”

The participant’s words conveyed a kind of closeness that was not only physical but deeply emotional marked by a desire to be with another person in a way that felt almost boundaryless. The experience was not distressing or overwhelming, but moving and rare a moment in which the body itself became a medium for connection. The physical desire to “get closer” reflected more than comfort; it suggested a longing to dissolve the usual distance between self and other, to be fully with someone else without fear or restraint. In that moment, connection was felt as something profoundly intimate and safe, both tender and immersive.

In another reflection, Participant 1 spoke about the emotional significance of forming connections in a social setting, something they noted was usually difficult due to a history of trauma:

> I really connected with this gay guy that was there… I usually don’t connect with people that much… I have a history of trauma, but I did feel comfortable… I met these girls after and we were talking like best friends. She even told me, ‘I never connected with someone so much.’

Participant 3, speaking about a shared experience with their intimate partner, described a moment of profound emotional merging, “The layers fell off… It was like this really lovely love bond… It felt symbiotic.” In this account, the participant did not describe love as something that needed to be expressed or negotiated, it was simply felt. The metaphor of “the layers falling off” evokes a striking sense of emotional nakedness: a moment where defenses dropped and nothing needed to be hidden. What emerged was a feeling of being bonded by love, not as a performance or affirmation, but as a shared experience of oneness. The use of “symbiotic” reflects the depth of this encounter where boundaries between self and other softened, and connection was not just emotional, but immersive. Rather than protecting the self, the participant described the experience as one of deep vulnerability, where being seen and felt by another was not only possible, but safe and profoundly moving.

Participant 10 shared a powerful account of feeling connected to others through a combination of inner emotional transformation and shared presence in a psychotherapy session:

> The first sensation was a sense of compassion for others… in my journey inward, I felt empathy, where I would usually feel fear, anger, resentment. That just turned everything on its head. Instead of "someone tried to kill me", I feel bad for that person who had to do a terrible thing. I guess forgiveness was a part of it. And I was able to just move on… Then when I was brought out of the experience, the feeling of connectivity to the two therapists was just so amazing. I felt safe, secure, and at peace. It was just flowing through me.

This narrative reveals how the experience of connection was not dependent on external interaction alone but could arise from a profound shift in inner orientation. The participant described how MDMA enabled them to access empathy and compassion in situations where only fear and resentment had existed before. The sensation of forgiveness was not described as cognitive insight, but as something that "flowed" through the body reshaping how others were seen and felt. The connection to the therapists was similarly embodied and emotional: a visceral sense of being safe, held, and at peace in the presence of another. This account blurs the lines between the internal and external, showing how deeply personal insight can give rise to a felt sense of relational closeness. They elaborated on this shift in powerful terms.

4.4 Theme 3: Transpersonal Connectedness

Participants described experiences of connectedness that extended beyond their immediate relationships, encompassing a broader sense of unity with humanity, nature, or an ineffable universal presence. Unlike interpersonal connection, which was rooted in direct or imagined relational experiences, this form of connectedness was often characterized by expansion, boundarylessness, and a dissolution of separation between self and world. For some, transpersonal connection was deeply embodied, manifesting as sensations of merging, attunement, and feeling held by something larger than the self. For others, the experience was perceptual or emotional a shift in orientation toward life, people, or existence itself.

While presented here as a distinct theme, these experiences often overlapped with those described in the first two themes. Transpersonal connection was not always separate from self or others but frequently emerged in fluid, unbounded ways blurring the distinction between internal, relational, and existential experiences. The following sub-themes highlight how this broader sense of connection manifested in participants' narratives.

The following sub-themes explore the dimensions of transpersonal connectedness as described by participants:

1. **Expansive Love and Connection** – Participants described a deeply emotional experience of love that extended beyond individual relationships, encompassing humanity or those who had caused them harm. This state of love dissolved usual defenses and opened a space for forgiveness and connection.
2. **Boundless Empathy** – A participant expressed a reversal in habitual emotional responses such as fear and resentment, describing a spontaneous emergence of compassion that reshaped how they related to others, even those associated with past harm.
3. **Enduring Connectedness** – Several participants described a connection that transcended time, physical proximity, or specific relationships. Whether felt through nature, memory, or presence, this sense of connection endured beyond the MDMA experience, integrated into their way of relating to the world.

4.4.1 Sub-Theme 1: Expansive Love and Connection

Some participants described a powerful, emotionally immersive experience of love that extended far beyond their immediate social relationships. This was not romantic or interpersonal love, it was boundless, unconditional, and often directed toward humanity as a whole. For many, it dissolved previous emotional defenses and opened a space in which compassion and forgiveness became spontaneously accessible.

Participant 18 shared that they experienced a powerful emotional shift that softened their usual guardedness toward others.

> I felt infinite love. It wasn't just for me or one person it was for everyone, even people that harmed me. The power of feeling infinite love for others allowed me to let go of resentment and forgive. I felt a lot of love for others. My defenses against others seemed to naturally fall away. It no longer mattered what they did to me. I just felt I had so much love to give. This is how I felt my connectedness to others.

Their account emphasized the emotional magnitude of this love; it was not dependent on external circumstances or specific individuals but seemed to emerge from within as a boundless force. The experience was described as deeply healing, not only in the moment but also in how it allowed the participant to relate differently to past pain. Feeling connected, for this participant, did

not require others to behave differently; it required only that they access this internal source of love.

Participant 4 expressed a similar sense of shared emotional resonance, particularly in relation to collective pain. Their experience of connectedness emerged not only through joy but through a recognition of shared grief, "Just like being linked together, as opposed to all being caught up in our chains of pain. We were united through sadness, not just any sadness, maybe the sadness of grief." Here, the connection to others was not diminished by difficult emotions but deepened by them. Rather than feeling isolated in their pain, the participant felt joined with others through it. This shared emotional field became a source of unity, a recognition that individual suffering can become a pathway to collective belonging.

Taken together, these accounts point toward a form of connectedness that is expansive, emotional, and boundaryless. Love was not only felt for others, but through others as if the participants were tapped into a wider field of connection that transcended personal history or social roles. In these moments, connection did not need to be earned or explained, it was simply there, abundant and real. These narratives illustrate how the experience of connection could unfold as an expansive emotional field, one that was not defined by individual relationships, but by a felt sense of unity, compassion, and shared humanity.

4.4.2 Sub-theme 2: Boundless Empathy

Although this sub-theme draws primarily from a single participant's experience, the depth and clarity of what was expressed offer a distinct dimension of transpersonal connectedness. Here, the shift in relational experience was not simply about openness or bonding, it was described as a reversal of deeply rooted emotional responses. The emergence of empathy was so profound that it temporarily dismantled habitual patterns of fear, anger, and resentment.

Participant 10 reflected on this emotional transformation, "The first sensation was a sense of compassion for others. I felt empathy where I would usually feel fear, anger, resentment. That just turned everything on its head." This statement captures a spontaneous and unexpected reorientation in how others were felt and perceived. What had previously evoked defensiveness or emotional distance, was now met with softness and understanding. The participant's use of the phrase *"turned everything on its head"* conveys the magnitude of this change, not as a minor shift, but as a collapse of emotional structures that had long defined their orientation toward others.

Rather than intellectual insight or deliberate forgiveness, the experience was described as a moment of boundless empathy, in which compassion arose without effort or resistance. This quality makes the sub-theme distinct from other forms of interpersonal or imagined connection: here, empathy emerged not as a moral obligation, but as an involuntary force that redefined the participant's relationship to others, even those they had once feared or resented.

While the experience of boundless empathy emerged vividly for one participant, other accounts pointed to a different kind of shift, one that transcended individual relationships altogether. These participants described a sense of belonging to something much larger: not just other people, but the shared fabric of existence itself. The next sub-theme explores this deeper expansion of connection, where participants spoke of feeling attuned to the whole of humanity, nature, or an ineffable presence beyond the self.

4.4.3 Sub-Theme 3: Enduring Connectedness

For several participants, the experience of connection was not confined to the moment, it lingered. Whether felt through nature, a sense of truth, or a quiet shift in their view of humanity, these experiences were marked by a lasting emotional and existential imprint. This sense of connectedness did not rely on interaction, and it remained accessible even when participants were alone. Participant 10 described this enduring presence, "It's a mystical thing to feel… like I was plugged into something so much bigger than I was." The participant recalled that, prior to MDMA, feelings themselves had felt distant or difficult to access. This moment was not just about connection to others it was about the discovery of a larger existence. The phrase "plugged into" captured the suddenness and depth of this awareness, which was felt more than understood. Participant 18 offered another vivid account, "It was like I could feel every connection I've ever had, all at once." This quote expressed a collapse of time and distance. The participant did not remember their relationships they felt them. The experience was immersive and bodily, dissolving the boundary between past and present. Rather than being defined by linear time, connection was experienced as an ever-present field that the participant could inhabit.

Participant 11 described a merging with the natural world, "The water looked so beautiful… we watched the sun rising with ducks coming out around the port… it all felt so serene, so calm… you feel in touch with the ducks… nothing feels scary or dangerous." Here, the experience of connection emerged through sensory attunement rather than interpersonal

interaction. There was no spoken insight, only presence. The world was not observed but inhabited. The participant described a dissolution of fear replaced by serenity and communion with their surroundings. Nature was not background it became relational.

Participant 3 described an experience of absolute clarity, “There were no questions. Very, very in touch with the knowing.” This was not insight in the intellectual sense; it was a complete felt certainty. There was no striving to understand or evaluate; the participant was simply aligned with a truth that could not be disputed. The absence of analysis reflected a form of deep, grounded awareness, an embodied encounter with something real and essential.

Participant 8 expressed a quieter but lasting shift in how they saw others:

It definitely helped me to just reconnect with the humanity aspect of people… just being, because we’re just all humans. So, there’s no need to kind of overthink things or to be scared of one another. I mean, within context and awareness of course… at the core, we’re just people who want to do people things.

This was not described as a dramatic revelation, but a softening. The participant spoke of shedding fear and hesitation in relating to others, a return to the shared condition of being human. The connection they described was not momentary; it became part of how they saw the world, and themselves in it.

Finally, Participant 10 described a shift that continued even in solitude, “Even when I was alone, I still felt like I was connected to others.” This was especially meaningful in contrast to their earlier experience of aloneness, even when surrounded by people. What had changed was not their environment, but their internal world. Connection was no longer something to seek externally it was something that could be carried, felt, and trusted. Here, connection was not dependent on interaction—it became a way of being. The transpersonal did not dissolve into abstraction; it was carried forward, embedded in the body as a remembered orientation toward the world.

These accounts point toward a form of connectedness that endures, not always vividly, but with emotional resonance that persists. Whether felt through nature, timeless memory, or a shift in orientation, participants described being changed. The experience of connection was not an event it was something that lived on.

4.5 The Role of Intention and Support in Shaping Connection

In several accounts, participants reflected on experiences within therapeutic or guided contexts. Those who had engaged in such settings often described MDMA as enabling access to emotional states that had previously felt unreachable through conventional talk therapy. However, they did not present the substance as a cure or quick fix. Instead, it was described as a facilitator of embodied insight, emotional release, and relational presence, particularly when used with clear intention and appropriate support. These accounts emphasized MDMA's potential to help individuals reconnect with themselves and others in ways that felt grounded, affectively resonant, and enduring.

Notably, across all participants, descriptions of connectedness were rooted in embodied language. Rather than abstract or spiritual terms, participants consistently spoke in sensory and affective registers, using metaphors of breath, touch, stillness, or bodily openness. The experience of connection was often described as a kind of "coming home", not to a philosophical ideal, but to the felt immediacy of one's own body, emotions, or relational belonging.

In one striking example, a participant reflected on how their experience with MDMA allowed social markers of gender and sexuality usually experienced as heavily charged to recede temporarily. In that space, they described a profound sense of "just being human." Though not a central theme across participants, this reflection echoes a broader pattern of softened self-consciousness, expanded empathy, and the temporary loosening of habitual self-concepts.

Rather than portraying MDMA as a means of escape or radical transformation, most participants characterized it as a substance that illuminated emotional and relational capacities already present but often difficult to inhabit in ordinary life. When engaged with intentionally or in resonant interpersonal environments, MDMA was described as amplifying a felt sense of connection that was subtle, embodied, and emotionally nuanced.

Conclusion

At this stage, these accounts suggest that participants experienced MDMA as creating conditions for a heightened sense of connection, to themselves, to others, and to the larger world. While the forms and expressions of connectedness varied, participants consistently described these experiences as emotionally significant and, at times, transformative. The findings illustrate a dynamic interplay between intrapersonal, interpersonal, and transpersonal forms of awareness,

often described as fluid, embodied, and difficult to put into words. Although this chapter does not offer theoretical claims or causal explanations, it highlights how participants themselves understood and made meaning of these experiences. The following Discussion chapter will consider how these accounts relate to existing literature, and broader questions about the role of MDMA in fostering connection and healing.

Chapter 5: Discussion

This chapter expands on the experiential themes presented in Chapter 4 by examining how participants' accounts of connectedness under MDMA contribute to a broader understanding of relationality, embodiment, and disconnection in contemporary life. Returning to the central question, *how do individuals subjectively experience connectedness under MDMA* use? - this discussion moves beyond description to explore how these lived experiences challenge dominant psychological frameworks and reveal a deeper, often forgotten, human need for connection.

Drawing on phenomenological theories of embodiment (Merleau-Ponty, 1962; Fuchs, 2016), affect theory (Massumi, 2002), and recent research on psychedelic integration (Watts et al., 2017), I interpret participants' narratives not as isolated moments of insight, but as sites of relational remembering. These insights speak to broader social concerns, including the epidemic of loneliness, the fragmentation of relational life, and the role of social work in addressing disconnection both clinically and structurally.

Building on this, participants consistently described connection as something that unfolded through bodily presence, emotional vulnerability, and relational openness. These experiences were not framed as conceptual understandings or the result of rational insight, but as deeply felt, surprising, and often difficult-to-articulate events. This presents both a challenge and an opportunity for interpretation. Rather than imposing a rigid theoretical scaffold onto participants' accounts, this discussion draws from their narratives with the aim of remaining close to the textures of their lived experience. As outlined in Chapter 3, this approach is consistent with a reflexive form of thematic analysis, in which the researcher's perspective, experiences, and analytic decisions are understood as central to how meaning is constructed (Braun & Clarke, 2019). This interpretive stance is further influenced by post-qualitative inquiry (St. Pierre, 2021; Aagaard, 2022), which resists prefigured categories and embraces affect, ambiguity, and emergence as valid sites of knowledge production.

It is worth noting that while disconnection was not explicitly addressed in the interview questions, several participants spontaneously contrasted their MDMA experiences with previous states of emotional or relational detachment. These unprompted reflections were treated as meaningful emergent insights, illuminating the felt significance of connectedness and enriching the analysis by highlighting how participants understood connection through its contrast with

disconnection. The analysis thus attends closely to how participants experienced connection as experienced through the lived body, how they interpreted these sensory and relational shifts, and how such moments lingered as emotional and existential reference points.

5.2 Revisiting Disconnection as a Lived Backdrop

Although this research centered on participants' experiences of connection, many participants spontaneously referenced prior states of disconnection, even though they were not explicitly asked about it. Several described being surprised by how deeply connected they felt, often emphasizing how unfamiliar or unprecedented the experience was. For instance, (Participant 4) reflected, "I realized I did not know I could be connected to myself," suggesting that the MDMA experience revealed something previously absent. Others noted a shift away from habitual patterns of insecurity, fear, or emotional guardedness that had long shaped their relationships with self and others. These reflections point to disconnection not simply as the absence of connection, but as an embodied and emotional state that many participants recognized only in contrast to what they accessed during the experience. Such states may be understood not only cognitively but affectively, as disruptions in the embodied, relational field (Fuchs, 2016), or as a withdrawal from interaffective resonance (Massumi, 2002, p.30). As such, disconnection forms an implicit backdrop in this study, one that underscores the significance of the connection's participants described and helps contextualize the emotional depth and novelty of those moments.

In this way, the discussion does not seek causal explanations or generalizable claims. Rather, it centers the richness of subjective experience, treating participants' narratives as sites of meaning-making, transformation, and relational vulnerability. This orientation is supported by a qualitative, reflexive approach to thematic analysis (Braun & Clarke, 2006, 2019), which centers participants' voices while acknowledging the researcher's interpretive role in co-constructing meaning. To further explore how connection was experienced and understood, the next section turns to embodiment as a lens for interpretation.

5.3 Embodiment Across Disciplines: Critique of Reductionism

Participants' descriptions of connection frequently invoked bodily sensation, presence, and emotional openness—suggesting that connection was not cognitively deduced, but felt. This section explores how such experiences challenge prevailing disciplinary framings of embodiment,

particularly those in psychology and neuroscience that reduce embodiment to measurable physiological processes. Drawing on phenomenological and affect theory, I engage with two interrelated analytical concerns: first, how dominant frameworks tend to fragment or instrumentalize the body (5.3.1); and second, how participants' narratives instead portray the body as an active, relational ground through which connection unfolds (5.3.2). Rather than treating these points as themes, they are discussed here as critical lenses for interpreting the meaning and implications of the embodied connectedness reported by participants.

5.3.1 Critiquing Disciplinary Reductions of Embodiment

While the concept of embodiment has gained visibility across disciplines, its meaning often becomes diluted or fragmented. In psychology and neuroscience, embodiment is frequently reduced to physiological mechanisms or affective markers; heart rate variability, cortisol levels, or mirror neuron activity (Gallese & Sinigaglia, 2011; Seth & Friston, 2016). These accounts offer valuable data, yet they risk abstracting the body from lived experience, treating it as a measurable substrate rather than a *site of meaning-making*. Such frameworks tend to prioritize internal, cognitive explanations over relational, sensorial, and affective dimensions of human experience (Fuchs, 2017).

In contrast, this study highlights embodiment not as background noise or a set of physiological correlates, but as the *primary mode through which participants experienced connection*. Participants did not describe "thinking about" being connected, they described *feeling* it in the rhythms of breath, in warmth in the chest, in bodily stillness, or a felt softening of tension. As Participant 1 stated, "My breathing was the slowest it ever was… it feels safe to relax." Here, connection is not an insight or belief; it is a visceral, affective state where safety becomes perceptible through the body itself. Participant 8 noted "a general feeling of more lightness in my body," emphasizing presence over cognition.

These accounts not only resonate with Merleau-Ponty's (1962) view of the lived body, but they also expose the inadequacy of models that treat embodiment as a set of internal states to be observed from the outside. The participants' narratives contest such reductionism by offering an alternate ontology: one in which connection is enacted through the body, not merely reflected upon afterward. In this way, their descriptions become a form of embodied theorizing.

These findings do not just support phenomenological or post-qualitative theory, they extend it by revealing how embodied connectedness is lived in altered states that are rarely captured in mainstream research. They demonstrate that the richness of connection, its depth, its nuance, its emotional charge is often lost when reduced to neural activity or behavioral outcomes.

Ultimately, this study calls for a reorientation: away from models that seek objectivity through abstraction, and toward approaches that honor the immediacy of felt experience. This critique aligns with post-qualitative perspectives (St. Pierre, 2021), which argue that knowledge is not only cognitive, but emerges through *affect, sensation, and relation*. In valuing the participants' bodily accounts as epistemologically valid, this study affirms embodiment as not merely the medium of connection, but it's very condition of possibility.

5.3.2 Embodiment as a Site of Connection, Not Containment

Participants frequently described feeling connection as arising through the body, felt in sensations of warmth, openness, quietness, or emotional release. These were not treated as isolated physical states but were interwoven with emotional vulnerability, relational memory, and shifts in self-perception. In this study, such expressions are interpreted not as biological indicators, but as phenomenological traces of transformation, moments where the body became a medium of relational and affective knowing.

Following Merleau-Ponty's (1962, 2012) conception of the lived body (*Leib*), these accounts suggest that the body is not merely a vessel for experience, but the pre-reflective condition through which experience unfolds. Across the sample, participants described moments where habitual defences, self-consciousness, or anxiety seemed to loosen, giving way to a deeper sense of bodily openness and relational presence. As Participant 2 reflected: "I felt so open, like no barriers, no anxiety, no fear just being present with others." This expression encapsulates a broader sentiment in the data: connection was not accessed through deliberate effort or insight, but through a softening of bodily tension and psychological boundaries, a shift in embodied orientation that enabled mutual attunement.

In Siegel's interpersonal neurobiology, the mind is understood as an emergent process of energy and information flow within the body/brain and between people; connection is thus inherently relational and embodied. From this perspective, moments of co-regulation are read as integration, linking differentiated neural and relational processes, meaning distinct yet connected

patterns of bodily experience and interpersonal exchange which supports flexibility and resilience (Siegel, 2012; 2020). Such descriptions support a view of embodiment as a dynamic site of relational becoming, a concept I use to describe how connection emerges through intercorporeal resonance rather than introspective awareness. This framing resists biomedical and cognitive-behavioural models that localize emotion and connection within discrete systems. Instead, it affirms embodiment as the ground through which affect, perception, and relationality arise together, in context.

5.4 The Limits of Language in Expressing Affect

As noted in the Results, several participants appeared to struggle to articulate the depth and truthfulness of connection they experienced under MDMA. Their words often faltered, trailing off mid-sentence, or were prefaced by hesitation: "I don't know how to explain it." Rather than viewing this as a failure of expression, this section draws on affect theory to interpret such moments as indicative of pre-verbal intensity. According to Massumi (2002), affect is not merely an emotional state but a non-conscious, bodily force, an intensity that precedes cognition and disrupts linear articulation. From this perspective, participants' linguistic difficulties become meaningful in themselves: they signal the immediacy and magnitude of what was felt.

As Participant 3 describes: "There were no questions. Very, very in touch with the knowing." This brief but resonant reflection captures what can be understood as a moment of embodied insight accessed not through rational reflection, but through presence. The knowledge participants described was not propositional but lived. This resonates with Merleau-Ponty's (1962) phenomenology, which holds that perception and meaning emerge through our embodied engagement with the world, often exceeding the scope of language.

Taken together, these accounts suggest that connection was not experienced as something conceptually constructed or easily narrated. It was sensed as intensity affectively profound, often disorienting, and at times ineffable. These were not simply linguistic limitations, but signs of affect's excess: moments that resisted neat representation, instead lingering as embodied truths.

These affectively rich but linguistically elusive accounts invite a critical re-evaluation of how connectedness is conceptualized in dominant psychological discourse, an issue the following section now explores.

5.5 Reframing Connectedness: Critiquing Psychological Reductionism

As participants described their experiences of embodied, affective connection, it became clear that these moments did not align with dominant psychological framings of connectedness. Much of the literature treats connection as a measurable trait, interpersonal skill, or therapeutic outcome often operationalized through self-report metrics, diagnostic categories, or behavioral assessments. While these frameworks offer clinical utility, they risk flattening the depth, complexity, and emergent quality of connection as it was lived and described by participants in this study. As Gergen (2009) critiques, "the richness of relationship…[and] the subtle and shifting contours of human connection, are frequently lost" in approaches that prioritize measurement over meaning.

Rather than a stable state or trait, connection emerged here as an event—affective, relational, and often irreducibly embodied. Participants spoke of feeling "open" and "present with others" in ways that defied quantification. These expressions were often delivered with a striking sense of coherence and certainty, revealing the experiential nature of connection as something not easily articulated yet deeply known. For instance, several participants described sensations of softening, openness, or groundedness in the body, which preceded any cognitive awareness. Others reported a dissolution of habitual defenses, particularly anxiety and self-judgment which made space for a spontaneous openness to self and others. These accounts suggest that connection was not produced through deliberate effort or reflective insight, but rather arose unpredictably through bodily presence, affective resonance, and relational safety.

This experiential richness stands in tension with individualist psychological models that frame connectedness as a discrete internal attribute or treatment goal (Gergen, 2009). The findings of this study challenge those assumptions, offering instead a view of connection as co-created, fluid, and context dependent. In particular, the notion that connection can be fully captured through language or measured through standardized tools is called into question by participants' frequent difficulty in expressing what they felt. This was not a failure of articulation, but a reflection of the affective intensity and non-linear temporality of the experience, what Massumi (2002) describes as affect: a force that precedes cognition and disrupts linguistic containment. Likewise, Merleau-Ponty's (1962) view of the body as the pre-reflective ground of perception supports the idea that connection unfolds first and foremost through embodied encounter.

In light of these insights, this study advances a non-reductive, relational understanding of connectedness, one that does not treat it as a static property within the individual, but as a dynamic process arising between bodies, shaped by context, attunement, and vulnerability. Connection, in this sense, is not something we "have" but something we enter into, a shared field of resonance that can neither be predicted nor prescribed.

To remain faithful to these emergent, affective dimensions of experience, I include reflective notes throughout this chapter. These notes are not intended as objective commentary but as part of a relational and embodied epistemology. As a researcher working within an interpretive framework, I acknowledge that meaning arises not only through participants' narratives but through my own situated engagement with their words, silences, and affective resonances. These reflections aim to honor the felt complexity of the data and to foreground the intersubjective nature of qualitative inquiry.

Reflective Note

As I worked through these accounts, I was reminded of the paradox inherent in thematic analysis. While participants' experiences defied boundaries and categories, the analytic process required me to impose structure: to name, to separate, to frame. This tension echoed participants' own ambivalence, many spoke of connection in ways that blurred distinctions between self, other, and world. Their words did not seek clarity; they evoked something felt.

This ambiguity prompted a different kind of listening, attuned not only to what was said, but to what pulsed beneath the surface. It reminded me that in qualitative research, meaning is not always contained in the explicit, but often in the unmentionable, in the expression, or in the pause. Reflexivity here became not only a methodological stance, but an ethical one, an openness to the unspeakable, the unresolved, and the deeply human.

Yet another layer of tension emerged, not from the data itself, but from the academic context in which I was asked to position it. As a researcher drawing on phenomenology, I felt conflicted about framing participants' descriptions in contrast to dominant clinical or psychological models. I am not attempting to offer a new diagnostic construct, nor do I seek to "measure" connection. Rather, I felt compelled to show how current models might obscure what these participants revealed: that connection is often felt in the body, lived relationally, and sensed beyond language. This unease with thematic finality reflects a broader methodological tension

articulated in post-qualitative scholarship (St. Pierre, 2021), which questions whether lived, affective experience can, or should, be contained within analytic codes.

In this way, the critique of psychological reductionism is not an academic gesture, but a necessary positioning. It serves to protect the integrity of the accounts shared, and to affirm that some ways of knowing, particularly those rooted in embodiment and affect, cannot and should not be reduced to metrics or trait-based explanations. This tension has remained with me throughout the process, not as a flaw in the work, but as a sign of its fidelity to the phenomenon at hand.

5.6 Reframing Connectedness: From Trait to Relational Ontology

This section deepens the critique of psychological and clinical framings of connectedness by exploring how participants experienced connection not as a trait, state, or skill, but as a relational, embodied mode of being. Rather than viewing connection as a measurable outcome or therapeutic effect of MDMA, participants' narratives suggest that connectedness is an ontological orientation, emerging through presence, resonance, and relational movement. This understanding challenges not only cognitive and biomedical models, but also conventional qualitative paradigms that seek thematic coherence at the expense of lived complexity (St. Pierre, 2021). This reframing draws from Merleau-Ponty's phenomenology and Gergen's theory of relational being to understand connectedness as an existential unfolding, rather than a cognitive achievement or behavioral outcome.

Participants did not describe connection as something they acquired, but as something remembered, uncovered, or returned to. Often evoked through metaphor or emotional intensity, these moments suggest that connection is not something constructed through thought but sensed through a shift in relational being. In this way, connectedness appeared not as a counterpoint to disconnection, but as a re-orientation of self in relation, marked by softening, presence, and mutuality. This aligns with Merleau-Ponty's (1962, 1968) view of perception as an embodied act, and with Gergen's (2009) theory of relational being, where the self is understood as emergent through relational interaction rather than autonomous or bounded.

This ontological lens challenges both psychological and biomedical models that treat connection as a static construct. Existing literature tends to frame connectedness as an interpersonal skill (Baumeister & Leary, 1995), a therapeutic effect (Pietromonaco & Collins, 2017), or a neurochemical shift (Carhart-Harris et al., 2018). In contrast, participants described

connection as arising through attunement, within themselves and with others and carried through a felt shift in their way of being. This supports a co-emergent understanding of connectedness: not located in the individual, but enacted between bodies, moments, and shared affective space.

Given the affective depth and ambiguity of these narratives, the following two sections build on this ontological framing by exploring how participants described connectedness through embodied perception and, at times, beyond the limits of language. Together, they further articulate connection as a relational event that resists fixed representation.

5.6.1 Embodied Connection: Presence, Perception, and Lived Transformation

Participants did not attempt to define connectedness in abstract or intellectual terms. Instead, they described what it felt like, often with a sense of awe, surprise, or reverence. Many noted that the experience was unlike anything they had encountered before. What they shared was not framed as analysis, but as reflection: an attempt to stay close to something that had been deeply moving, sometimes wordless, and often remembered as significant.

In these accounts, connection was not a concept to be explained, but something lived. Participants spoke of unexpected shifts, moments that arrived without anticipation, and feelings that were "new," "huge," or "beyond words." Rather than describing these experiences as happening in or through the body in a technical sense, participants evoked the sensation of being more fully there with themselves, with others, and with the world around them.

This aligns with Merleau-Ponty's (1962) phenomenology of embodiment, which posits that the body is not merely an object in the world but the medium through which the world is experienced. The body, in this view, is integral to perception and consciousness, serving as the foundation for our engagement with the world.

One participant reflected, "I now know what the feeling is of love, it's because I lived it and felt it that I know now" (Participant 18). Another shared, "When I looked in the mirror, I saw things I appreciated, not what I usually regret" (Participant 12). At first glance, these reflections might appear to describe isolated intrapersonal insights. However, when situated within a phenomenological and relational framework, they reveal much more. These are not solitary realizations detached from others, but affective shifts made possible through a body that has been shaped in and through relationship. Following Merleau-Ponty (1962), perception, even self-perception is never purely internal; it arises through our embodied engagement with a world that

includes others. In this sense, “seeing oneself differently” is not a neutral act, but one charged with relational sediment how one has been previously seen, judged, or cared for. In the language of Interpersonal Neurobiology (IPNB), as articulated by Siegel (2012, 2020), such shifts can be understood as increases in *integration*, the linking of differentiated neural processes within the brain and relational processes between people. From this view, self-perception reorganizes when individuals feel safely “received,” allowing new patterns of energy and information flow to emerge in connection. Here, integration is not only a neurological event, but an embodied, relational one: the mind itself is seen as arising within and between bodies.

Fuchs’s (2016) concept of intercorporeal resonance further deepens this interpretation. Consistent with IPNB, such resonance is not ancillary to mind; it is constitutive of it, the between shapes the within (Siegel, 2020). Even when participants were alone, the affective shift they described was not generated in isolation. It emerged within a body already attuned by prior interactions, what Fuchs calls the “shared affective space” of relational life. That is, self-connection is always mediated by others, both past and present, and shaped through the embodied memory of how one has been held, neglected, or affirmed. In this light, the MDMA experience may loosen ingrained emotional patterns, allowing for a new resonance to emerge, one that participants experienced as love, appreciation, or softening toward the self. As one participant described, “It felt like every connection I’ve ever had at once” Participant 10.

Importantly, this was not simply poetic exaggeration. Rather, it reflected a moment in which boundaries dissolved, and the self was sensed through relation, with others, with the world, with one’s own body. These descriptions echo Massumi’s (2002) notion of affect as pre-reflective intensity, something sensed and lived before it is understood or verbalized. Such moments exceeded language not because they were vague, but because they were so immediate and saturated with meaning that they overflowed representation.

In this context, participants’ difficulty articulating their experiences was not a methodological limitation but a meaningful dimension of the data itself. It was not that they paused, hesitated, or struggled to find the right words, it was that words themselves could not hold the fullness of what was felt. These were not moments of uncertainty, but of experiential excess: what was known in the body, lived in emotion, but irreducible to language. This aligns with a post-qualitative sensibility (St. Pierre, 2021; Aagaard, 2022), in which data includes the unspeakable, the felt, and the sensed not only what is verbalized. These moments challenge the conventions of

self-report and thematic clarity; they call for an inquiry attuned to what resists articulation yet remains profoundly real. As one participant expressed, “There were no questions. Just a knowing” (Participant 3).

These experiences reflect what Gergen (2009) describes as relational being, a view of the self not as an independent interiority, but as a co-emergent process shaped by ongoing dialogue with others and the world. From this view, even intrapersonal insights (“I saw something I liked in myself”) are always relationally mediated they are not solitary achievements, but expressions of prior and present interconnection.

This understanding reframes transformation itself. It is not always cognitive, insight-driven, or narratively coherent. Sometimes, it is somatic. Sometimes, it is a shift in how one feels oneself in relation to others. These are not abstract realizations; they are relational events embedded in the body, in silence, in affective resonance.

As this section shows, healing as experienced under MDMA may not be achieved through intellectual mastery. It may unfold as a return to something already known but rarely accessed: the body’s capacity to feel-with, to open, and to remember itself through connection. In this light, transformation becomes not a cognitive arc, but an embodied event, a moment when self, body, and world briefly realign in presence.

Reflective Note

While working with these narratives, I noticed my own body subtly responding my breath slowing, my chest softening, as though I were being drawn into the affective field participants described. These weren’t fleeting reactions; they lingered. I found myself emotionally moved, often without clear reason, as if my body knew before my mind could catch up.

What struck me most was the immediacy and honesty with which participants spoke. Connection wasn’t something they achieved or performed, it was something they felt, entered, and tried to hold onto. Their descriptions, sometimes unclear, sometimes metaphorical often bypassed polished language. Yet this reality was part of the truth.

Rather than analyzing these accounts from a distance, I found myself sensing into them, attuning to the tone, pacing, and pauses. There were moments when I paused too, unable to move on quickly, caught in the emotional weight of what was said. This wasn’t just interpretation; it was presence.

These embodied responses reminded me that analysis is not only intellectual, but sensory and relational. Some of the most powerful truths did not emerge through content alone, but through the resonance they created within me. Letting myself be moved by silence, by awe, by the unspoken, became a way of knowing that honoured the depth of what participants shared.

5.6.2 Connection Beyond Language: A Post-Qualitative Reflection

Across participants' narratives, connection was often described in ways that exceeded the limits of language. Phrases such as "it was all at once," or "there were no questions, just knowing" (Participant 3), signal not just emotional intensity, but a collapse in conventional meaning-making. Participants frequently paused, turned to metaphor, or trailed off mid-sentence, evoking something sensed, rather than explained.

These moments challenge traditional qualitative expectations of coherence, clarity, and interpretability. Instead, they point toward what Massumi (2002) terms pre-reflective intensity: affective experiences that arise before cognition and escape easy articulation. What was felt in these moments was not unclear, it was too saturated with meaning to be reduced to narrative. One participant shared, "It felt like every connection I've ever had, all at once" (Participant 10), capturing an experience that was overwhelming in its immediacy and depth.

This speaks directly to the limits of conventional qualitative analysis. As St. Pierre (2021) argues, post-qualitative inquiry resists the containment of experience within fixed themes or linear logics. Meaning, from this view, is emergent, affective, and relational surfacing through bodies, atmospheres, and encounters rather than through representation. The difficulty of naming what participants experienced should not be treated as a deficit, but as an epistemological insight: a reminder that knowing is not always verbal.

Post-qualitative scholars such as St. Pierre (2021) and Aagaard (2022) emphasize that conventional methods often demand closure, classifying and finalizing experience into analyzable parts. But these participants' accounts resisted such containment. Instead of offering tidy insight, they offered gesture, intensity, and ambiguous presence. In this light, the post-qualitative lens legitimizes precisely what eludes capture: silence, affective saturation, and what pulses in-between.

This shift also aligns with the ethics of attunement that guided this research. Rather than interpreting every pause or metaphor as a lack of clarity, these were held as meaningful in

themselves, as relational signals, as affective truths. Meaning was sensed in the rhythm of a sentence, in the space before speech, or in the trembling cadence of a voice remembering something felt, not known.

In this way, analysis became less about distilling meaning, and more about being present with what escaped meaning. As a reflexive, post-qualitative stance, this required a loosening of analytic certainty and an openness to ambiguity, not as a failure of method, but as a methodological ethic, one that values presence, openness, and co-emergent meaning.

5.7 Relational Softening and the Dissolution of Boundaries: Connection as Permeability

Expanding on the embodied and ontological framing of connectedness developed in previous sections, participants often described connection as a *softening*, a loosening of habitual emotional, sensory, and perceptual boundaries that typically delineate self from other. These were not abstract or transcendent experiences. Instead, they were *viscerally lived shifts* in how participants felt themselves *in relation*, to others, to the world, and to their own bodies. In this context, vulnerability was not experienced as exposure or fragility, but as *permeability*, a capacity to be touched, moved, and changed in relation.

Several participants described moments where the usual emotional protections, fear, defensiveness, internal judgment receded, making space for presence and empathy. Participant 10 reflected: “The first sensation was a sense of compassion for others… I felt empathy where I would usually feel fear, anger, resentment.” These accounts did not describe internal insight, but *a shift in how the world was perceived through the body*. These experiences resonate with Massumi’s (2002) theorization of affect as *pre-reflective intensity* a non-conscious force that precedes cognition and reorganizes perception before it is named.

Such reorientations align with Fuchs’s (2016) concept of *interaffectivity*, which understands emotion and feeling not as internal states, but as relational processes that emerge between bodies in shared space. From this perspective, connection is not something produced through introspection or self-regulation; it arises from the *loosening of internal separation* and the emergence of shared affective fields. These relational transformations were not imposed by MDMA but *disinhibited* by it, allowing latent capacities for empathy, resonance, and care to surface.

Importantly, this softening of self-other boundaries supports Gergen's (2009) theory of *relational being*, in which the self is not an autonomous unit, but a dialogical process, *an unfolding that happens through and with others*. Participants did not speak of "achieving" connection. Rather, they described *entering it*, being *opened by it*, or *returning to it*. As one noted, *"It felt like everything softened at once."* This was not a cognitive shift; it was an affective one, experienced through body, space, atmosphere, and presence.

In staying close to these lived intensities, this analysis aligns with post-qualitative inquiry as articulated by St. Pierre (2021) and Aagaard (2022). Rather than abstracting data into thematic containers, I treated these accounts as sites of *emergent meaning*, co-constituted in the interaction between participant, body, and world. These moments resisted tidy conceptualization; they called for *attunement*, not dissection.

This orientation also echoes Butler's (2005) argument that vulnerability is not merely a lack, but a condition of relational becoming. In this view, dissolving boundaries does not lead to a loss of self, but to a more ethical subjectivity, one grounded in openness to the other. Participants' descriptions of mutual presence, feeling "held" without touch, or "seen" without explanation, suggest that healing was not achieved through internal mastery, but through shared, embodied presence.

Such an approach challenges the individualistic and linear models of psychological change common in clinical discourse. Rather than insight, catharsis, or regulation, participants described a *transformation of relational atmosphere*, an emergence of connectedness through *perceptual and emotional permeability*. These are not side-effects of MDMA; they are revelations of what has been possible all along but rarely accessed.

Reflective Note

While my earlier reflection centered on how participants' stories affected me emotionally and physically, this note marks a deeper shift in how I approached meaning-making itself. In the final stages of analysis, I became increasingly aware that participants' accounts did not lend themselves to conventional thematic segmentation. Their stories moved in waves, through metaphor, pause, contradiction, and sensory imagery, defying neat categorization.

One participant shared, *"It wasn't just one thing, it was everything at once."* Another described feeling *"held"* not by words or actions, but by the atmosphere of the group. These accounts challenged my inclination to impose order. They asked for presence, not parsing.

Instead of extracting meaning, I found myself staying with moments, letting ambiguity be. This was not simply a methodological adjustment; it was an epistemological shift. Post-qualitative thinkers like St. Pierre (2021) offered grounding here, naming what I was beginning to sense that some insights arrive not through interpretation, but through attunement.

This reflection does not revisit the emotional resonance of earlier notes but highlights how these narratives reshaped my analytic posture. I no longer sought definitive answers, but allowed myself to be shaped by the multiplicity and opacity of what was shared. In this, analysis became less a tool of control and more a practice of ethical accompaniment.

5.8 Connection as Co-Emergent and Holistic: Beyond Thematic Categorization

Across the diverse accounts presented in this study, participants consistently described connection not as a stable trait, emotional state, or therapeutic endpoint, but as a co-emergent, interpersonal unfolding. Connection was not something one possessed or achieved; it was something revealed, sensed in the immediacy of shared presence and carried forward as a shift in relational being.

Importantly, the domains of connectedness (intrapersonal, interpersonal, and transpersonal) are offered here as orienting lenses, not rigid analytic categories. Participants rarely separated these domains in their descriptions. Instead, they spoke of how feeling at ease in their body enabled emotional openness with others; how being gently witnessed by another softened longstanding self-judgment. These shifts were not discrete or sequential, they were braided, entangled, and often simultaneous.

Participant 10 encapsulated this interwoven quality when they said: "It felt like every connection I've ever had at once." This statement reflects more than emotional intensity; it gestures toward a holistic experience that resisted segmentation. Rather than identifying specific dimensions of connectedness, the participant described an overwhelming simultaneity, where memories, relationships, and affective threads converged in a single moment of profound resonance. Their experience challenges thematic categorization not because it lacks clarity, but because it exceeds it, evoking a quality of relational wholeness that unfolded beyond linear

narrative or analytic parsing. In this way, Participant 10's account illustrates how connection emerged as an atmosphere, a field, or a felt reality that could not be easily traced back to discrete domains or sequences.

This simultaneity aligns with Merleau-Ponty's (1962, 1968) understanding of perception as embodied, relational, and temporally folded. In his ontology of the *flesh*, meaning and experience are not assembled from parts but *emerge through interrelation*. In this study, connection was not experienced in cognitive stages, but as an *affective event* a whole-body shift in how participants sensed themselves in relation.

This reframing stands in direct contrast to dominant psychological models that reduce connection to a sum of measurable parts, emotional regulation, social skills, interpersonal efficacy (e.g., Baumeister & Leary, 1995; Pietromonaco & Collins, 2017). In such models, connectedness is often quantified and compartmentalized. However, participants here described it as *irreducible*, not composed of parts but *felt as a whole*. It was not abstract or representational; it was *sensory, atmospheric, embodied*.

Fuchs's (2021) account of *intercorporeality* reinforces this insight, emphasizing that the body is not a container but a relational field, attuned through history and interaction. Massumi's (2002) theory of affect as intensity further helps explain why participants often struggled to verbalize what they experienced. These were not failures of articulation; they were signals of *meaning exceeding language*. They were moments saturated with presence.

This interpretive stance is indebted to post-qualitative inquiry, where meaning is treated as emergent, affectively distributed, and co-produced (St. Pierre, 2021; Aagaard, 2022). Participants' words often came through metaphor, silence, or bodily gesture. What could not be said became part of the data. Connection, in this light, was not only what participants described, it was *how they described it*. Their accounts pulsed with affective force, resisting finality or closure.

Rather than generating new psychological constructs, this analysis affirms the value of *staying with ambiguity*. MDMA did not fabricate connection, it temporarily made space for it to be felt. Participants described these moments not as psychedelic anomalies, but as *returns* to something previously inaccessible, yet intimately familiar. As one participant expressed, *"It wasn't new. It was like remembering something very old."*

Healing, then, was not narrated as mastery or insight, but as *re-attunement*: a sensory and relational reorientation toward life. These were not experiences to be coded, but moments to be

accompanied. Connection, in this study, emerges as a way of *being-with*; affective, embodied, and irreducible to theme. These tensions between lived, affective complexity and analytic categorization also surfaced in my own process of analysis as I describe in the following reflective note.

Reflective Note

This final reflection considers how these narratives challenged my analytic stance and deepened my post-qualitative orientation. As I worked through these final participant accounts, I found myself moved, not just by what was shared, but by how it was shared. Their stories unfolded not in linear or diagnostic terms, but through felt intensities, metaphor, and moments of wordlessness. "It wasn't just one thing," one participant said. "It was everything at once." Another described feeling "held" by the group, not physically, but atmospherically.

These accounts disrupted my habitual research posture. The desire to segment experience into analytic units felt incompatible with the wholeness participants evoked. What was required of me was not interpretation alone, but presence—a methodological humility that allowed me to stay with ambiguity, contradiction, and resonance.

Post-qualitative thought, particularly as articulated by St. Pierre (2021), gave me language for this shift. As she writes, sometimes the most significant meaning resides in what resists capture. Letting participants' voices remain unresolved, textured, and alive became an ethical imperative. In this way, analysis was less about what could be known and more about remaining with what could be felt. These accounts continue to shape not only my understanding of healing, but my evolving view of inquiry itself. The following section builds on this shift, exploring how participants experienced connection through the softening of boundaries and the opening of relational space.

5.9 When Connection Is the Mechanism: A Critical Reflection on Therapeutic Framing

While this study did not set out to examine healing or therapeutic outcomes, the theme of healing emerged organically through participants' reflections on connection. Several described their MDMA experiences in ways that suggested emotional reorientation, softening of internal defenses, or a renewed sense of presence with self and others. Though the term "healing" was not prompted, it appeared as a meaningful frame through which some participants understood what

unfolded. As such, the following sections interpret healing not as a clinical endpoint or measured outcome, but as a participant-defined process often relational, embodied, and affective in nature.

Although this study did not aim to assess the clinical efficacy of MDMA-assisted therapy, therapeutic discourse formed an important backdrop for many participants. All were aware of current clinical trials and the expanding public narrative that frames MDMA as a treatment for post-traumatic stress disorder (PTSD). Three participants had direct experience with MDMA in therapeutic contexts, two in underground settings, one in a formal trial, while others described intentional or socially supported use. Across these accounts, healing was not rejected, but reframed.

Rather than positioning MDMA as a pharmacological intervention that "treats" trauma in a conventional clinical sense, participants described it as opening an affective space where emotional safety, self-compassion, and relational clarity became accessible. Participant 10 shared, "With the therapist there, I could let go. I knew I was safe to go inward." Participant 4 reflected, "You can't always know what's buried. If someone's experienced trauma, that container matters before, during, and after." These insights underscore the importance of support, but do not attribute transformation to technique or diagnosis. Instead, they foreground trust, containment, and relational resonance as the conditions through which connection and, by extension, healing became possible.

This distinction is significant. While clinical trials often frame MDMA as a "treatment for PTSD," such framings rely on a diagnostic logic rooted in symptom reduction, standardization, and measurable outcomes. These models operate within what Foucault (1973) described as a *medicalized regime of truth*, in which healing is legitimized only when it conforms to regulatory norms and evidentiary hierarchies. In contrast, what emerged in participants' narratives was a fundamentally different ontology of healing: connection was not something MDMA *produced* as an outcome, but something it *revealed*, a dormant capacity for openness, relational presence, and affective attunement that had long been obscured or forgotten.

Within this reframing, MDMA is not a tool for targeted intervention, but a relational catalyst. Healing did not emerge from the substance itself, nor from the application of therapeutic technique. Rather, it unfolded in moments of softening, vulnerability, and presence described not as breakthroughs, but as *returns*. As one participant put it, it was about "remembering I'm not

broken." This was not the acquisition of new insight, but the reawakening of something already known, felt in the body, held in relation, and often made accessible for the first time.

Importantly, this is not a rejection of therapeutic value, but a reconsideration of where and how healing becomes possible, less in technique and more in relational conditions of trust and attunement. This orientation reflects a post-qualitative ethic (St. Pierre, 2021), in which healing is not framed as a discrete or measurable outcome, but as an emergent process that resists containment and unfolds through embodied, affective, and relational presence.

Reflective Note

As a researcher and a trained clinician in both psychological and social work traditions, I entered this project with questions about MDMA's role in healing. I carried assumptions, some shaped by clinical discourse, others by personal experience. At the outset, I wondered if MDMA worked because it generated connection. But over time, my thinking shifted. What if MDMA doesn't create connection, but reveals it? What if it's not the chemical or the therapist, but the moment when fear recedes just enough for the body to remember it is already connected?

This shift unsettled me, and still does. I remain cautious about the instrumentalization of MDMA as a trauma treatment, especially when tied to systems that require diagnostic legibility and market viability. And yet, I also honor the courage of those seeking healing through these pathways. My stance is not oppositional, but complex. I see MDMA's potential. But I also see the danger of reducing connection to a clinical protocol or a side-effect to be optimized.

Connection is not a drug effect. It is a human capacity, fragile, powerful, and deeply relational. MDMA may reveal it, but it is the presence of others, the softening of defenses, and the reawakening of embodied safety that makes healing possible. As researchers, clinicians, and humans, our task is not to manufacture that connection, but to make space for it. And sometimes, the most profound healing is not what we explain, but what we remember.

5.10 Diagnosing Disconnection: The Limits of Clinical Language

"Yes, I have PTSD, but what I felt on MDMA wasn't about fixing it. It was about remembering I'm not broken." — Participant 10

This reflection captures a central tension in contemporary therapeutic discourse: while MDMA is primarily legitimized through its role in treating post-traumatic stress disorder (PTSD), participants lived experiences often exceeded or diverged from this framing. For Participant 10, healing was not symptom reduction or diagnostic resolution, it was an existential shift, a re-sensing of self that challenged the assumption of brokenness.

PTSD has become the dominant diagnosis authorizing the medical use of MDMA in clinical research. While this offers pragmatic advantages for regulatory approval, it also reveals deeper limitations within mainstream mental health discourse. Diagnostic categories like PTSD operate within what Foucault (1973) described as a "regime of truth," where suffering becomes institutionally legible only when articulated through sanctioned symptoms and treatment pathways (p.131). Yet participants in this study rarely spoke in such terms. Their accounts emphasized emotional safety, presence, and connection, not flashbacks, hypervigilance, or avoidance.

What MDMA seemed to reveal was not only the residues of trauma, but the absence of connection as a wound in itself, a rupture in the capacity to feel safe with others, to be seen without fear, or to inhabit one's body without defense. These experiences align with Fuchs's (2017) view that trauma is not merely psychological, but intersubjective and embodied rooted in disruptions of mutual resonance. In this view, MDMA becomes more than a pharmacological agent; it acts as a relational catalyst, exposing the underlying conditions, trust, openness, co-regulation through which healing may emerge.

Participant 18's account (discussed in the results) further illustrates this shift, describing a reawakening of an internal capacity to feel, relate, and simply "be." This was not framed as catharsis or therapeutic breakthrough, but as a remembering, a return to an embodied state of connection that had long been obscured. As Merleau-Ponty (1962) suggests, healing can involve a reorganization of the corporeal schema, not a cognitive achievement, but a shift in how the body relates to itself and the world (p.164).

These accounts challenge what Gergen (2009) calls the individualizing grammar of Western psychology, where suffering is located inside the person and solutions are externally applied. Participants instead described healing as emerging between self and other, relational, affective, and embodied.

Thus, while clinical trials continue to frame MDMA as a treatment for PTSD, such framings risk flattening the depth of lived experience. The participants in this study did not reject

therapeutic discourse altogether, but they offered a different ontology of healing, one in which connection, rather than diagnosis, was the mechanism of transformation.

5.10.1 Social Work, Structural Awareness, and the Ethics of Relational Healing

The insights emerging from this study hold particular resonance when viewed through a social work lens, not only in relation to ethical practice, but in terms of how connection is supported, sustained, and structurally shaped. Social work has long affirmed that healing is not solely an individual matter, but one interwoven with histories of trauma, collective memory, and the conditions in which care is offered and received.

Participants did not frame connection as a luxury or epiphany; they described it as a vital, often absent, condition for emotional survival. As one by participant 18: “I realized I could feel again. That I was worthy of love. Not because someone told me, but because I felt it, like in my bones.” These moments were not merely emotional shifts, but recognitions of relational capacity that had been foreclosed by fear, neglect, or systemic disconnection.

This has implications for how social work practitioners conceptualize integration, support, and ethical care. Rather than defaulting to hierarchical models in which therapists are positioned as gatekeepers or fixers, the findings here suggest a more humble, attuned role, one that honors the participant’s relational intelligence, emotional agency, and somatic wisdom. Healing, in this view, is not delivered through technique, but made possible through trust, presence, and attunement.

These insights also extend beyond the therapy room. They invite social work to reclaim its role not just as a helping profession, but as a field deeply concerned with relational justice. Disconnection, whether due to trauma, marginalization, or social neglect is not just an internal state, but a structural condition. In this light, MDMA may not “treat” trauma in the conventional sense, but it may help reveal the conditions under which connection becomes possible. This includes not only the presence of supportive others, but the absence of fear, shame, or coercion.

The ethical challenge, then, is not simply how to optimize MDMA-assisted therapy, but how to support relational spaces, clinical or otherwise where connection can safely unfold. Social work’s commitment to embodied ethics, relational presence, and social accountability is well positioned to meet that task.

Reflective Note

As a social work practitioner and researcher, I found myself returning often to the tension between structure and presence, between what systems demand and what people actually need. Participants did not ask for expertise; they asked to be seen, to be held, to be allowed. And yet I also recognized the risk of romanticizing connection. Safety does not emerge from good intentions alone.

What I heard again and again, especially from those exploring trauma, was that connection is only possible when the container be it a person, a space, or a practice feels trustworthy. As someone with insider experience, I could feel when participants shifted not just in words, but in tone, pace, and gaze. In those moments, something unspoken was shared: a recognition not explainable, but felt. This reinforced for me that our ethical role is not to elicit insight, but to make space for emergence. Sometimes, the most powerful thing we can offer is not a question or intervention but the stillness that allows connection to arrive.

5.11 Clarifying the Scope of Interpretation

It is important to clarify that this study does not claim to evaluate the efficacy of MDMA-assisted psychotherapy, nor does it seek to offer prescriptive conclusions about treatment protocols. Rather, its focus lies in exploring how individuals experience connection under MDMA, and what such experiences might reveal about the relational, embodied, and affective dimensions of healing.

The emphasis here is not on determining clinical outcomes, but on understanding how healing emerges when certain relational and affective conditions are made possible. Participants did not describe change in terms of symptom reduction or psychological insight. Instead, they spoke of shifts in presence, safety, and self-perception often using metaphor, gesture, or silence to convey what was felt but difficult to name. These descriptions challenge prevailing assumptions in clinical psychology, which often privilege standardized measures of change over the textures of lived experience.

This reframing does not reject the value of clinical support particularly when working with trauma, but it invites a reconsideration of what constitutes healing. The findings suggest that connection itself, whether facilitated in therapy or outside it, may be the deeper mechanism of transformation. In this view, the therapeutic context may support but does not manufacture the

conditions for relational presence. Such a perspective aligns with relational ontology (Gergen, 2009) and with phenomenological understandings of embodied perception (Merleau-Ponty, 1962), where change arises not through instruction, but through felt reorientation.

Importantly, while PTSD is occasionally referenced in this analysis, it serves more as a discursive shorthand for relational rupture than as a diagnostic claim. Not all disconnection constitutes PTSD, and not all healing fits into a clinical framework. However, the dominance of PTSD in psychedelic clinical research reflects institutional imperatives: diagnoses produce legibility, fundability, and regulatory clarity. In contrast, the accounts in this study foreground connection as a relational and affective remembering something not diagnosed or resolved but uncovered and lived.

This methodological humility reflects a broader post-qualitative orientation (St. Pierre, 2021; Aagaard, 2022), which resists the urge to finalize or contain complex affective processes within narrow analytic boundaries. What this study offers, then, is not a model of change, but an invitation to listen differently to, attend to how healing may surface in the spaces between language, in the presence of others, and in the body's quiet return to safety.

5.12 Reflexivity and Methodological Considerations

While this study was guided by a clear research question and analytic framework, the process of meaning-making unfolded in dynamic, relational, and sometimes unexpected ways. Conducting a reflexive thematic analysis (Braun & Clarke, 2019) required attentiveness not only to patterns within the data, but also to ambiguity, contradiction, and moments that resisted easy categorization. As the researcher, I was not positioned outside of this process. My interpretations were shaped by relational sensitivity, intuitive resonance, and embodied responsiveness as I engaged with participants' accounts.

A central tension in this project emerged in working with experiences that were difficult to articulate, accounts saturated with affect, gesture, or silence, rather than language. Participants often hesitated, reached for metaphor, or acknowledged that what they felt defied words. These moments did not signal confusion; they marked intensity. Following post-qualitative scholars such as St. Pierre (2021) and Aagaard (2022), I approached these fragments not as data failures, but as sites of meaning that exceed linguistic representation. Meaning here was emergent and felt, not

always stated, but nonetheless real. MDMA did not simply "produce insights"; it opened conditions for connection to be sensed; quietly, relationally, and through the body.

At times, my own embodied responses, feeling stillness, warmth, or discomfort became part of the analytic process. For example, I recall moments where my breath slowed as participants described profound shifts in presence or connection. These embodied cues were not bracketed as researcher bias; they were treated as part of the relational field of meaning-making. Reflexive thematic analysis supports this kind of engagement, viewing the researcher not as detached observer but as an interpretive presence within the research encounter (Braun & Clarke, 2019). In alignment with post-qualitative inquiry, I understood this presence not as interference, but as generative an entangled mode of knowing with and through the data (Aagaard, 2022).

Another methodological consideration concerned the relationship between experiential depth and theoretical abstraction. Frameworks such as Merleau-Ponty's (1962) phenomenology of embodiment, Fuchs's (2016) intercorporeality, and Massumi's (2002) theory of affect helped locate participants' experiences within relational and ontological frameworks. Yet I remained cautious not to allow theory to eclipse voice. Consistent with Leavy's (2015) emphasis on honoring participant meaning making, I returned frequently to the transcripts to ensure that theoretical engagement did not overwrite experiential nuance.

Additionally, the non-linearity of the narratives often challenged traditional thematic boundaries. Participants' descriptions of connectedness traversed domains self, other, world in ways that were simultaneous, atmospheric, and affectively entangled. Rather than forcing clarity where none existed, I allowed themes to remain porous and overlapping. This methodological fluidity reflected both the phenomenon under study and my epistemological commitment to complexity and co-emergence (Gergen, 2009; St. Pierre, 2021).

In sum, this project affirmed the value, and challenge of engaging with affective, embodied, and relational meaning-making in qualitative research. Reflexivity emerged not only as a methodological stance, but as a form of epistemological responsibility: a recognition that knowledge arises not only in what is said, but in what pulses beneath the surface, what is felt, paused upon, or remembered in the body. As St. Pierre (2021) suggests, post-qualitative inquiry requires us to remain with what eludes capture, to treat the unspeakable as a legitimate trace of meaning. In this way, interpretation became not an act of fixing experience, but of staying present with its unfolding.

As a trauma-informed mental health professional, a yoga therapist and meditation teacher with over two decades of experientially driven clinical experience, I approached this research with a deeply relational and embodied lens. While I do not work directly with MDMA in a clinical setting, my sustained engagement with altered states, emotional intensity, and therapeutic presence informed my sensitivity to the kinds of transformations participants described. Rather than seeking to translate these accounts into diagnostic frameworks, I listened for affective shifts, for somatic softening, and for moments of relational attunement. These sensibilities shaped how I interpreted the data, not as objective knowledge, but as situated insight grounded in encounter.

Throughout the interviews, there were moments when participants would pause and say, "You know what I mean," or "It's hard to explain, but I think you get it." These weren't just conversational gaps they were moments of embodied recognition. As someone with insider experience, I could often meet those inquiries not with explanation, but with presence. There were times when a glance, a shift in tone, or a nod of the head conveyed more than words could. This wasn't bias; it was resonance. My background didn't place me outside the data; it allowed me to attune to what participants could not always name. These moments shaped not only what was shared, but how it was shared. They reminded me that meaning is sometimes co-produced in silence, in gesture, in the space of the unsaid.

While this study sought to remain faithful to the complexity and resonance of participants' experiences, it was inevitably shaped by methodological and relational constraints. The following section reflects on these limitations not to undermine the insights offered, but to situate them within the broader context of experiential, co-produced knowledge.

5.13 Limitations

While this study offers rich insights into the relational, embodied, and affective dimensions of connectedness under MDMA, it is important to acknowledge its limitations, not as disqualifiers of value, but as situated boundaries that shape how meaning was co-produced.

This was a small, self-selecting sample composed of individuals already familiar with MDMA. As such, the findings are not intended to be generalized, but to deepen understanding of how connection was experienced and interpreted in specific contexts. This orientation aligns with a post-qualitative framework (St. Pierre, 2021), where the purpose is not representational closure, but the unfolding of situated, affective knowledge.

The study relied on retrospective, self-reported narratives, which are shaped by memory, interpretation, and context. Rather than treating these qualities as bias, I approached them as central to how participants made meaning of their experiences. In this sense, the "limitation" of retrospection is also a strength as it allows us to see how participants remember and re-embody their experiences over time, not just how they narrate events as they happened.

Verbal interviews, while generative, also constrained what could be expressed. Participants often struggled to articulate what they felt, turning to metaphor, gesture, or silence. These moments were not treated as failures of language, but as signals of affective intensity and excess. As previously discussed, post-qualitative inquiry resists the assumption that meaning must be fully verbalized to be valid (Aagaard, 2022; St. Pierre, 2021). What remained unsaid, paused upon, or gestured toward became part of the interpretive field.

Though the study included a diverse range of age and gender, it did not systematically examine how factors such as race, class, or cultural background shaped experiences of connection. These dimensions undoubtedly influence access to psychedelics, perceptions of safety, and the meaning of relational openness. Future research could attend more directly to these intersecting positionalities particularly as psychedelic spaces become more publicly visible and institutionalized.

Another consideration concerns the largely non-clinical nature of participants' use. While one participant had taken part in a government-approved MDMA trial, most described personal, social, or underground contexts. This study did not seek to evaluate therapeutic outcomes, nor did it follow standardized intervention models. Rather, it explored how participants described connection, how it was sensed, lived, and remembered, without assuming a clinical arc of healing or change.

Finally, the use of reflexive thematic analysis, while attuned to nuance and researcher subjectivity, nonetheless required choices of selection, emphasis, and language. These acts inevitably shape how experience is represented. As van Manen (1990) and Vagle (2018) argue, qualitative research that engages with embodied or pre-verbal meaning must remain alert to the limits of representation. This inquiry accepted those limits not as flaws, but as part of its ethical stance. What could not be fully captured was not discarded; it was held as meaningful, nonetheless.

In this way, the limitations of this study mirror its findings: that connection, like knowledge, is not always fixed, linear, or fully sayable. It is emergent, relational, and sometimes only sensed in the space between.

5.14 Implications for Practice and Future Research

This study reveals how moments of deep connection often described as relational, affective, and embodied brought to light the extent of disconnection many participants carried, sometimes without fully realizing it until the experience unfolded. While participants did not always explicitly link this disconnection to trauma or loneliness, their narratives echo broader cultural concerns about the fragmentation of relational life and the erosion of shared meaning. Disconnection, in this sense, is not merely a personal struggle, but a social condition shaped by the cumulative effects of individualism, speed, and emotional suppression in contemporary life (Gergen, 2009; Han, 2015).

What emerged was not simply a temporary emotional shift, but the recognition that connection is a fundamental need, one that participants remembered in their bodies, felt as truth, and, in many cases, carried forward. This supports an embodied-relational view of transformation, aligning with Merleau-Ponty's (1962) notion of perception as lived through the body, Fuchs's (2016) articulation of intersubjective resonance, and Massumi's (2002) theorization of affect as pre-cognitive intensity. These theoretical frames help clarify why participants spoke less in terms of insight and more through metaphor, gesture, and relational movement.

For practitioners particularly those engaged in altered state integration, somatic work, or trauma-informed care, these findings suggest that therapeutic spaces must do more than contain content or facilitate insight. They must make space for affective presence, somatic permission, and relational attunement. Healing, as described here, was not achieved through cognitive reappraisal, but emerged when defenses softened and presence became possible. This is not easily protocolized. It calls for practice grounded in the body's temporality, in attuned witnessing, and in the ethics of not-knowing.

Traditional psychotherapeutic models that privilege verbal coherence or interpretive clarity may struggle to engage the kinds of transformation participants described. Rather than imposing structure or insight, practitioners might instead act as companions to unfolding, creating relational conditions in which what is not yet sayable can be felt, held, and metabolized over time. In this

light, integration work may benefit from arts-based, movement-oriented, or ritual-informed practices that reflect the non-linear, sensory qualities of transformation. These modalities can meet affective intensity on its own terms, without translating it prematurely into narrative or diagnosis.

From a social work perspective, these insights also point to the need for structural and systemic support that extends beyond the therapeutic encounter. Connection must be cultivated not only in clinical settings but in communities, institutions, and everyday relational contexts. What participants described was not merely emotional relief, it was a temporary reorientation of self-in-relation. For that to take root, practitioners must attend to the broader ecosystems that enable or restrict relational safety: access to care, housing, community belonging, and culturally situated support systems. This is especially vital for those navigating chronic disconnection rooted in marginalization or relational trauma.

While this study centers on participants' experiences in largely intentional and supported settings, it is important to acknowledge the broader public health risks associated with unregulated MDMA use. In many contexts, substances sold as MDMA may be adulterated with potentially harmful or lethal compounds, including opioids or synthetic cathinones. These adulterants increase the risk of overdose, toxicity, and dependence, particularly for individuals seeking therapeutic effects outside of clinical trials or underground sessions. From a social work perspective, this underscores the urgent need for harm reduction strategies, including drug checking services, accurate public education, and culturally responsive support. Addressing these systemic risks is essential to any ethical consideration of MDMA's therapeutic potential, particularly as it moves further into public discourse and non-clinical use.

Future research should continue exploring how affective shifts are sustained and transformed over time, not as static "outcomes," but as dynamic, lived processes. Longitudinal or follow-up studies could examine how participants integrate connection into their lives or identify when and how it becomes obscured again. Post-qualitative and arts-based methods (Leavy, 2015; Aagaard, 2022; St. Pierre, 2021) may be especially suited to capturing the layered, embodied, and pre-verbal dimensions of these shifts, attending to silence, movement, and metaphor as valid sites of knowing. What is required, ultimately, is not simply a new set of tools, but a reorientation: one that sees connection not as a treatment goal, but as the relational ground of healing itself, emergent, embodied, and always in movement.

Taken together, these findings extend beyond immediate clinical or social implications. At a broader level, this thesis contributes to the evolving interdisciplinary conversation on MDMA, connection, and the body. By grounding connection in the lived immediacy of embodied experience, it challenges dominant psychological and neuroscientific paradigms that tend to privilege cognition, neurochemistry, or symptom reduction. In doing so, it opens space for therapeutic, social, and theoretical possibilities that more fully account for how connection is sensed, disrupted, and restored. By offering one of the first sustained, phenomenologically grounded examinations of MDMA's relational effects in non-clinical settings, this study expands the conversation beyond clinical efficacy or neurobiological models. It invites a deeper understanding of how connection is not only felt, but re-opened, remembered, and made possible through the body, often in ways that resist linear explanation but remain experientially undeniable.

Reflective Note

As I considered the practical and clinical implications of this work, I kept returning to a question that quietly shaped the entire project: *What if connection itself is the healing?* Not a technique, not a goal, but the condition through which transformation becomes possible. Listening to participants describe moments of openness, tenderness, and attunement, I was struck not just by the content of what was shared, but by what it revealed about our collective hunger for presence for being felt, seen, and held.

What became clear was that much of what unfolded in these narratives resists linear application or prescriptive models. And perhaps that resistance is itself a kind of wisdom. Connection, as participants described it, does not lend itself to protocol. It cannot be administered or optimized. It must be sensed, allowed, and held in relational space.

For me, this is where social work and psychedelic inquiry converge: in their shared commitment to relationality, to ethical presence, and to the possibility that healing is not something we deliver, but something we make space for. These accounts remind me that the most powerful insights are often the least explainable, the ones we feel in our bodies, in silence, and in the company of another who understands, without needing to be told.

5.15 Between the Felt and the Said: Exploring the Embodied, Relational, and Unspoken Dimensions of Connection

This chapter began as an inquiry into how individuals experience connectedness under MDMA. What emerged, however, extended beyond any singular construct or interpretive frame. Beneath the themes, across the stories, was a relationality that resisted reduction, a felt sense of presence so immediate, so intimate, it often eluded language. Participants did not describe connection as something gained or achieved. They spoke of it as a return, as if something once obscured had stirred, become visible, and was carried forward as a quiet remembering.

In writing about these moments, I encountered the same tension my participants described: the difficulty of putting into words what was lived through pause, breath, sensation, or gaze. Yet this is not a limitation of language alone, it is part of what gives these moments their meaning. Following Merleau-Ponty's (1962, 1968) insights into embodied perception, Massumi's (2002) account of affect as pre-reflective intensity, and Fuchs's (2016, 2021) work on resonance and intersubjectivity, these accounts of connection often articulated through metaphor, gesture, or silence invite a different kind of attention. They ask us to listen not only to what is said, but to what pulses underneath: to what is sensed, evoked, or withheld.

In this sense, the discussion does not close with a summary, but with a gesture, a movement toward the liminal spaces where meaning lives: in the folds of experience, the reach of metaphor, and the silence that follows a truth felt but not yet named. This approach reflects a post-qualitative sensibility (St. Pierre, 2021; Aagaard, 2022), one that does not seek finality, but remains attuned to ambiguity, emergence, and relational knowing.

As we turn to the concluding chapter, one insight continues to resonate: connection is not an add-on to experience, but something already present, awaiting conditions that allow it to surface. What MDMA appears to offer is not escape but return: a return to the relational ground of being that our culture often renders inaccessible, yet one that may hold vital conditions for healing, meaning, and the fuller expression of our shared humanity.

Taken together, these findings suggest that connection is not simply a psychological state or social skill, but a way of being, revealed through attunement, embodied presence, and relational openness. The next chapter brings these insights into conversation with clinical, ethical, and disciplinary implications, and offers closing reflections on how connectedness might be more fully supported across therapeutic, communal, and cultural contexts.

5.16 Reclaiming Connectedness in Social Work: Closing the Loop

While the previous sections explored the experiential and philosophical dimensions of connectedness, this final part of the discussion returns to the professional and ethical terrain of social work. Here, I revisit the discipline's foundational commitment to relational care, contextual healing, and social transformation, framing connection not as a therapeutic technique, but as a collective responsibility.

This study set out to explore embodied experiences of connectedness during MDMA use outside formal clinical settings, with one participant involved in a government-approved trial. While therapeutic discourse often loomed in the background, participants did not speak in diagnostic or outcome-oriented terms. Instead, their stories revealed something deeper: a profound hunger for relationality that exceeds medical or psychological models, a hunger to feel, to be seen, to belong. These accounts echoed the broader cultural crisis outlined in Chapter 1, in which loneliness and disconnection are increasingly recognized as public health concerns (Bzdok & Dunbar, 2020; Jaffe, 2023).

However, dominant responses to this crisis, such as resilience training, self-help models, or digitally mediated interventions remain largely individualistic. They fail to engage with the structural, affective, and embodied dimensions of disconnection that participants described. The narratives in this study suggest that connection is not a trait to be acquired or a skill to be taught, but a condition that emerges when emotional safety, somatic presence, and mutual attunement are made possible.

These insights have critical implications for social work. Rather than treating connectedness as a clinical by-product, social work can center it as a foundation, both in practice and in policy. This includes cultivating relational conditions across care systems, institutions, and communities that support embodied safety and emotional openness. It also involves resisting the reduction of suffering to individual dysfunction and attending to the social, historical, and structural forces that shape relational life.

Importantly, this does not mean that MDMA or other psychedelics are the solution to relational fragmentation, nor are they without risk, particularly in unregulated contexts where substances may be regulated or misused. Rather, the experiences participants shared highlight the conditions under which connection becomes possible conditions that social work is uniquely equipped to foster trust, presence, community, and embodied care.

In this light, social work is not peripheral to the future of psychedelic healing, it is central. Its longstanding commitment to trauma-informed care, relational ethics, and community practice offers a powerful lens through which to interpret and support the kinds of transformation described in this study. Whether through direct practice, public health, or social policy, social work can help reclaim connectedness not as an individual achievement, but as a shared ground of healing and resistance.

These narratives invite us to reconsider the nature of connectedness not as something between individuals alone, but as something that unfolds within the self through a relational matrix. Even self-connection, as participants described, was mediated by how they had been held, seen, or neglected by others. In this sense, MDMA did not fabricate connection, it revealed the body's latent memory of it. These reframing challenges individualistic models of healing and gestures toward a more radical proposition: that connection, whether to self, others, or world is co-emergent, relationally constituted, and remembered through the body.

This insight forms a conceptual bridge into the concluding reflections of this thesis, where its ethical, therapeutic, and structural implications are drawn out in full.

Chapter 6: Conclusion

This concluding chapter brings together the central insights of the study, offering an integrated reflection on its contributions, limitations, and implications for future research and practice. Framed within a phenomenological, relational, and embodied lens, the research sought to illuminate the often-neglected affective and sensory dimensions of connectedness as experienced in non-clinical MDMA use. Rather than proposing a universal model or prescriptive framework, the study has traced how connection is sensed, remembered, and carried forward through the emotional, relational, and embodied life of participants.

6.1 Overview of the Study

This thesis set out to explore how adults who use MDMA in non-clinical social settings describe and make sense of their experiences of connectedness. In response to growing public and clinical concern around disconnection, loneliness, and emotional fragmentation in contemporary life, the study examined whether and how altered states of consciousness might reveal suppressed or forgotten forms of relational presence.

Using a phenomenologically informed qualitative methodology and Reflexive Thematic Analysis (Braun & Clarke, 2019), the research approached participants' accounts not as extractable data points, but as affective, situated narratives. Connectedness was treated not as a psychological trait but as a relational, sensory phenomenon emergent through the body, the atmosphere, and intersubjective attunement.

The central research question how do adults who use MDMA, in non-clinical settings, subjectively experience connectedness, was supported by sub-questions addressing the affective contours and relational conditions shaping these experiences.

6.2 Summary of Key Findings

Across participant accounts, connectedness emerged as a deeply embodied and affectively rich phenomenon often one that resisted articulation. Rather than being cognitively constructed or emotionally regulated, connection was described as something revealed as if uncovered beneath layers of self-protection. These experiences were lived *through* the body, not simply *in* it, and often marked a shift in how participants oriented toward self, others, and the world.

The study's guiding framework connection to self, others, and the world was affirmed, though participants did not experience these domains as distinct. Instead, they emerged relationally and simultaneously. Descriptions of touch, warmth, softening, or stillness often signaled affective presence that transcended language, reinforcing the importance of pre-verbal and non-linear dimensions of healing (Massumi, 2002; Merleau-Ponty, 1962).

For many, the experience of connectedness was most palpable in contrast to what preceded it: numbness, guardedness, or a habitual sense of relational distance. MDMA did not "produce" connection so much as make it accessible by temporarily loosening internal constraints and social defenses.

6.3 Contribution to Knowledge

This thesis makes several key contributions to the fields of psychedelic studies, embodiment theory, and relational mental health:

- Reframing Connection: The study challenges prevailing models that treat connectedness as a discrete psychological state or neurochemical outcome. Drawing from phenomenology, affect theory, and intercorporeality, it reframes connection as an emergent, embodied process shaped in and through relational encounters.
- Centering Non-Clinical Contexts: By documenting MDMA experiences in informal and underground settings, the research fills a gap in psychedelic science literature, which often centers clinical trials and outcome measures. It shows how relational presence can arise in spontaneous, everyday environments outside of therapeutic protocols.
- Conceptual Innovation: The study introduces a triadic framework, connection to self, others, and world—not as discrete targets but as interwoven strands of lived relationality. These findings support a relational ontology of healing, where connection is co-created rather than achieved.
- Phenomenology of Disconnection: It offers a nuanced reframing of disconnection not as a lack, but as an embodied condition what one participant described as a "ghost body." This spectral metaphor captures how trauma, emotional unsafety, and cultural alienation can shape withdrawal from felt presence, without erasing the longing for connection.
- Implications for Social Work: Finally, the study calls for a critical renewal of social work's relational roots. It argues that healing is not simply a therapeutic goal, but an ethical and

political imperative requiring practitioners to cultivate embodied safety, collective care, and attuned presence within systems often marked by fragmentation.

6.4 Implications for Practice

The findings offer practical relevance for clinicians, social workers, and psychedelic practitioners. Participants consistently described connection not as an incidental benefit but as a core mechanism of transformation. Healing was rooted in presence, trust, and affective resonance not merely catharsis or cognitive insight.

Practitioners might consider:

- Centering the felt body as a site of relational knowing.
- Incorporating non-verbal integration practices such as somatic, creative, or sensory work.
- Supporting co-regulation of nervous systems shaped by trauma or relational rupture.
- Expanding beyond individual treatment to include community-based healing, ritual, and relational repair.
- Attending to the structural and cultural conditions that shape safety and access to connection.

These practices reflect a movement toward embodied, collective, and justice-informed care—aligned with the ethical commitments of relational professions.

6.5 Final Reflections

This study began as an inquiry into MDMA and connection but became something more elemental: a meditation on the human need to belong, to feel, and to be with others in ways that exceed language. Participants did not describe new capacities, but remembered one: quiet truths that emerged in stillness, in gesture, in warmth.

As Merleau-Ponty (1962) reminds us, perception is not passive, it is our body's way of knowing the world. In those moments of loosening, participants did not escape themselves; they returned. Not toward some transcendent ideal, but into the texture of their own felt presence. Connection was not created by MDMA, it was revealed.

As a researcher-clinician, I did not stand outside these stories. I listened with my body, held space with care, and recognized in their words something familiar: that healing often begins not with explanation, but with presence. With someone staying long enough for the unsaid to

become felt. In a world marked by speed, division, and fragmentation, these stories call us back, not only to each other, but to the conditions that make connection possible: slowness, softness, safety, and witness. Ultimately, the findings suggest that connectedness is not a metric to be measured, but a ground of being to be reclaimed. And in that reclamation lies the possibility not just for healing but for the reweaving of a more relational, just, and embodied world.

References

Aagaard, J. (2021). Troubling the troublemakers: Three challenges to post-qualitative inquiry. *International Review of Qualitative Research, 15*(3), 311–325. https://doi.org/10.1177/19408447211052668

Aagaard, J. (2022). *Postqualitative inquiry and its implications for educational research*. Routledge. https://doi.org/10.4324/9781003232905

Abram, D. (1996). *The spell of the sensuous: Perception and language in a more-than-human world*. Pantheon Books.

Agin-Liebes, G., Malone, T., Yalch, M. M., Mennenga, S. E., Ponté, K. L., Stauffer, C., ... & Ross, S. (2022). A qualitative analysis of MDMA-assisted psychotherapy for anxiety associated with life-threatening illness. *Journal of Psychopharmacology, 36*(2), 207–219. https://doi.org/10.1177/02698811211067495

Ahmed, S. (2000). *Strange encounters: Embodied others in post-coloniality*. Routledge.

Ahmed, S. (2004). *The cultural politics of emotion*. Routledge.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*(3), 497–529. https://doi.org/10.1037/0033-2909.117.3.497

Bedi, G., Hyman, D., & de Wit, H. (2010). Is ecstasy an "empathogen"? Effects of MDMA on prosocial feelings and identification of emotional states in others. *Biological Psychiatry, 68*(12), 1134–1140. https://doi.org/10.1016/j.biopsych.2010.08.003

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Bershad, A. K., Miller, M. A., Baggott, M. J., & de Wit, H. (2016). The effects of MDMA on socioemotional processing: Does MDMA differ from other stimulants? *Journal of Psychopharmacology, 30*(12), 1248–1258. https://doi.org/10.1177/0269881116667705

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.

Braidotti, R. (2013). *The posthuman*. Polity Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publications.

Butler, J. (2005). *Giving an account of oneself*. Fordham University Press.

Bzdok, D., & Dunbar, R. I. M. (2020). The neurobiology of social distance. *Trends in Cognitive Sciences, 24*(9), 717–733. https://doi.org/10.1016/j.tics.2020.05.016

Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. *Social and Personality Psychology Compass, 8*(2), 58–72. https://doi.org/10.1111/spc3.12087

Carhart-Harris, R. L., Roseman, L., Haijen, E., Erritzoe, D., Watts, R., Branchi, I., & Kaelen, M. (2018). Psychedelics and the essential importance of context. *Journal of Psychopharmacology, 32*(7), 725–731. https://doi.org/10.1177/0269881118754710

Cushman, P. (1996). *Constructing the self, constructing America: A cultural history of psychotherapy*. Da Capo Press.

Dana, D. (2018). *The polyvagal theory in therapy: Engaging the rhythm of regulation*. W. W. Norton & Company.

Decety, J., & Lamm, C. (2006). Human empathy through the lens of social neuroscience. *The Scientific World Journal, 6*, 1146–1163. https://doi.org/10.1100/tsw.2006.221

Denzin, N. K., & Lincoln, Y. S. (2018). *The SAGE handbook of qualitative research* (5th ed.). SAGE Publications.

Duff, C. (2008). The pleasure in context. *International Journal of Drug Policy, 19*(5), 384–392. https://doi.org/10.1016/j.drugpo.2007.08.002

Ellingson, L. (2009). *Engaging crystallization in qualitative research: An introduction*. Sage Publications. https://doi.org/10.4135/9781412991476

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Forum: Qualitative Social Research, 12*(1), Article 10. https://doi.org/10.17169/fqs-12.1.1589

Etherington, K. (2004). *Becoming a reflexive researcher: Using ourselves in research*. Jessica Kingsley Publishers.

Finlay, L. (2002a). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research, 2*(2), 209–230. https://doi.org/10.1177/146879410200200205

Finlay, L. (2002b). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research, 12*(4), 531–545. https://doi.org/10.1177/104973202129120052

Finlay, L. (2005). "Reflexive embodied empathy": A phenomenology of participant–researcher interaction. *The Humanistic Psychologist, 33*(4), 271–292. https://doi.org/10.1207/s15473333thp3304_4

Finlay, L. (2006). 'Rigour', 'ethical integrity' or 'artistry'? Reflexively reviewing criteria for evaluating qualitative research. *British Journal of Occupational Therapy, 69*(7), 319–326. https://doi.org/10.1177/030802260606900704

Fisher, J. (2021). *Transforming the living legacy of trauma: A workbook for survivors and therapists*. PESI Publishing & Media.

Fogel, A. (2009). *The psychophysiology of self-awareness: Rediscovering the lost art of body sense*. W. W. Norton & Company.

Fook, J. (2016). *Social work: A critical approach to practice* (3rd ed.). SAGE.

Foucault, M. (1973). *The birth of the clinic: An archaeology of medical perception* (A. M. Sheridan, Trans.). Pantheon Books.

Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972–1977* (C. Gordon, Ed.; C. Gordon, L. Marshall, J. Mepham, & K. Soper, Trans.). Pantheon Books.

Fuchs, T. (2011). The disappearing body: Dementia and the loss of embodiment. In T. Fuchs, H. C. Sattel, & P. Henningsen (Eds.), *The embodied self: Dimensions, coherence and disorders* (pp. 115–138). Schattauer.

Fuchs, T. (2016). Embodied communication: From body schema to body memory. *Phenomenology and the Cognitive Sciences, 15*(4), 707–720.

Fuchs, T. (2016). Intercorporeality and interaffectivity. *Phenomenology and Mind, 11*, 194–209.

Fuchs, T. (2017). Trauma and the lived body. In G. Stanghellini & M. Aragona (Eds.), *An experiential approach to psychopathology* (pp. 285–299). Springer.

Fuchs, T. (2021). *In defense of the human being: Foundational questions of an embodied anthropology*. Oxford University Press.

Gallese, V., & Sinigaglia, C. (2011). What is so special about embodied simulation? *Trends in Cognitive Sciences, 15*(11), 512–519. https://doi.org/10.1016/j.tics.2011.09.003

Garrett, P. M. (2022). *Dissenting social work: Critical theory, resistance, and pandemic*. Routledge.

Geertz, C. (1973). *The interpretation of cultures: Selected essays*. Basic Books.

Gergen, K. J. (2009). *Relational being: Beyond self and community*. Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195309404.001.0001

Griffiths, R. R., Richards, W. A., McCann, U., & Jesse, R. (2006). Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. *Psychopharmacology, 187*(3), 268–283. https://doi.org/10.1007/s00213-006-0457-5

Han, B. C. (2015). *The burnout society* (E. Butler, Trans.). Stanford University Press. (Original work published 2010)

Hari, J. (2019). *Lost connections: Uncovering the real causes of depression – and the unexpected solutions*. Bloomsbury.

Hartogsohn, I. (2016). Set and setting, psychedelics and the placebo response: An extra-pharmacological perspective on psychopharmacology. *Journal of Psychopharmacology, 30*(12), 1259–1267. https://doi.org/10.1177/0269881116677852

Heifets, B. D., & Malenka, R. C. (2016). MDMA as a probe and treatment for social behaviors. *Cell, 166*(2), 269–272. https://doi.org/10.1016/j.cell.2016.06.045

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science, 10*(2), 227–237. https://doi.org/10.1177/1745691614568352

Irigaray, L. (1993). *An ethics of sexual difference*. Cornell University Press.

Jaffe, S. (2023). The loneliness epidemic: A public health crisis. *The Lancet Public Health, 8*(3), e188. https://doi.org/10.1016/S2468-2667(23)00042-4

Karila, L., Lafaye, G., Scocard, A., Cottencin, O., & Benyamina, A. (2016). MDMA (ecstasy)–Pharmacology, patterns of use, and health consequences. *Dialogues in Clinical Neuroscience, 18*(4), 447–452. https://doi.org/10.31887/DCNS.2016.18.4/lkarila

Keysers, C., & Gazzola, V. (2018). *A plea for cross-species social neuroscience.* Current Opinion in Neurobiology, 53, 115–121.

Leavy, P. (2015). *Method meets art: Arts-based research practice* (2nd ed.). Guilford Press.

Letheby, C. (2021). *Philosophy of psychedelics*. Oxford University Press.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

MacLean, K. A., Johnson, M. W., & Griffiths, R. R. (2012). Mystical experiences occasioned by the hallucinogen psilocybin lead to increases in the personality domain of openness. *Journal of Psychopharmacology, 25*(11), 1453–1461. https://doi.org/10.1177/0269881111420188

Massumi, B. (2002). *Parables for the virtual: Movement, affect, sensation*. Duke University Press.

Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). Routledge & Kegan Paul. (Original work published 1945)

Merleau-Ponty, M. (1968). *The visible and the invisible* (C. Lefort, Ed.; A. Lingis, Trans.). Northwestern University Press.

Merleau-Ponty, M. (2012). *Phenomenology of perception* (D. A. Landes, Trans.). Routledge. (Revised translation)

Mitchell, J. M., Bogenschutz, M., Lilienstein, A., Harrison, C., Kleiman, S., Parker-Guilbert, K., ... & Doblin, R. (2021). MDMA-assisted therapy for severe PTSD: A randomized, double-blind, placebo-controlled phase 3 study. *Nature Medicine, 27*(6), 1025–1033. https://doi.org/10.1038/s41591-021-01336-3

Mitchell, J. M., Lilienstein, A., & Gorman, I. (2023). MDMA-assisted therapy in a double-blind, placebo-controlled study for severe PTSD. *Psychopharmacology Bulletin, 53*(2), 23–35.

Noy, C. (2008). Sampling knowledge: The hermeneutics of snowball sampling in qualitative research. *International Journal of Social Research Methodology, 11*(4), 327–344. https://doi.org/10.1080/13645570701401305

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. W. W. Norton & Company.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Pietromonaco, P. R., & Collins, N. L. (2017). Interpersonal mechanisms linking close relationships to health. *American Psychologist, 72*(6), 531–542. https://doi.org/10.1037/amp0000129

Pillow, W. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education, 16*(2), 175–196. https://doi.org/10.1080/0951839032000060635

Porges, S. W. (2007). The polyvagal perspective. *Biological Psychology, 74*(2), 116–143. https://doi.org/10.1016/j.biopsycho.2006.06.009

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. Simon & Schuster.

Ratcliffe, M. (2008). *Feelings of being: Phenomenology, psychiatry and the sense of reality*. Oxford University Press.

Schurz, M., Gower, K., Mair, R., Kogler, C., & Perner, J. (2021). *Social cognition in the brain: A meta-analysis and a connectivity-based perspective of the theory of mind network.* Neuroscience & Biobehavioral Reviews, 120**,** 141–157.

Sessa, B., Sakal, C., O'Brien, S., & Nutt, D. (2021). First study of safety and tolerability of 3,4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy in patients with alcohol use disorder: Preliminary data on the first four participants. *BMJ Case Reports, 14*(1), e240472. https://doi.org/10.1136/bcr-2020-240472

Seth, A. K., & Friston, K. J. (2016). Active interoceptive inference and the emotional brain. *Philosophical Transactions of the Royal Society B: Biological Sciences, 371*(1708), 20160007. https://doi.org/10.1098/rstb.2016.0007

Siegel, D. J. (2020). The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are (3rd ed.). Guilford Press.

Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. W. W. Norton & Company.

Stern, D. N. (2004). *The present moment in psychotherapy and everyday life*. W. W. Norton & Company.

St. Pierre, E. A. (2021). *Post qualitative inquiry: Thinking and doing differently*. Routledge. https://doi.org/10.4324/9780429347386

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884). https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Tri-Council Policy Statement (TCPS2). (2022). *Tri-Council Policy Statement: Ethical conduct for research involving humans*. Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council. https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html

Turkle, S. (2011). *Alone together: Why we expect more from technology and less from each other*. Basic Books.

Vagle, M. D. (2018). *Crafting phenomenological research* (2nd ed.). Routledge.

Varela, F. J., Thompson, E., & Rosch, E. (2016). *The embodied mind: Cognitive science and human experience* (Revised ed.). MIT Press. (Original work published 1991)

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Watts, A. (1966). *The book: On the taboo against knowing who you are*. Pantheon Books.

Watts, R., Day, C., Krzanowski, J., Nutt, D., & Carhart-Harris, R. (2017). Patients' accounts of increased "connectedness" and "acceptance" after psilocybin for treatment-resistant depression. *Journal of Humanistic Psychology, 57*(5), 520–564. https://doi.org/10.1177/0022167817709585

Watts, R., Kelly, J. R., Davies, J., & Luoma, J. B. (2022). Connectedness and psychedelic-assisted therapy. *Journal of Humanistic Psychology, 62*(6), 801–832. https://doi.org/10.1177/00221678211012218

Yaden, D. B., & Griffiths, R. R. (2020). The subject of psychedelics: A philosophical analysis. *Journal of Consciousness Studies, 27*(1–2), 74–94.

Yaden, D. B., Potash, M. N., & Griffiths, R. R. (2022). Psychedelics in psychiatry—Keeping the renaissance from going off the rails. *JAMA Psychiatry, 79*(2), 103–104. https://doi.org/10.1001/jamapsychiatry.2021.3970

Zahavi, D. (2003). *Husserl's phenomenology*. Stanford University Press.

Zak, P. J., Kurzban, R., & Matzner, W. T. (2004). The neurobiology of trust. *Annals of the New York Academy of Sciences, 1032*(1), 224–227. https://doi.org/10.1196/annals.1314.025

Appendices

Appendix A: Interview Guide (English)

Semi-Structured Interview Guide (English and French)

English Interview Guide

Section 1: Initial MDMA Experience

1.1 Can you describe your initial experience with MDMA in a recreational or non-clinical setting? How did you feel physically, emotionally, and in terms of connectedness?
1.2 What prompted you to try MDMA?
1.3 What were your expectations regarding the use of MDMA and the experience of connectedness it might offer?

Section 2: Connectedness Experiences

2.1 Could you share specific instances or feelings of connectedness you've experienced during or after MDMA use, both on an emotional and physical level?
2.2 How did MDMA influence your sense of connectedness to yourself, others, and the world during the experience?
2.3 Can you describe any physical sensations that accompanied these feelings?

Section 3: Impact on Interpersonal Relationships

3.1 Have you noticed any changes in your relationships with others after using MDMA?
3.2 How did these changes manifest physically and emotionally?
3.3 Can you describe any particular experiences of enhanced connectedness with friends or loved ones following MDMA use?

Section 4: Well-Being and Mental Health

4.1 In your opinion, has MDMA use had any lasting effects on your overall well-being or mental health?
4.2 How have these effects related to your sense of self, your relationships with others, and your connection to the world around you?
4.3 How do you perceive the role of MDMA in enhancing emotional well-being or personal growth, including its impact on your physical and emotional experiences of connectedness?

Section 5: Challenges and Risks

5.1 Were there any potential challenges or risks related to your MDMA experiences?
5.2 How did these challenges or risks manifest physically and emotionally?
5.3 How do you manage any potential downsides or difficulties in terms of your physical and emotional well-being experiences?

Section 6: Setting and Context

6.1 How do the setting and social context influence your experiences of connectedness while using MDMA?
6.2 Can you describe any physical sensations that change with different settings or people?
6.3 Have you noticed differences in connectedness when using MDMA in various settings or with different people, and how do these differences manifest physically and emotionally?

Section 7: Long-Term Impact

7.1 Do you believe that your experiences with MDMA have left a lasting impact on your life or your relationships?
7.2 How have these lasting impacts affected your physical and emotional experiences of connectedness to self, others, and the world?
7.3 Have your experiences with MDMA influenced your perspective on connectedness in everyday life, and if so, in what ways?

Section 8: Integration and Reflection

8.1 How do you integrate the insights gained from MDMA experiences into your daily life or relationships?
8.2 What role does reflection play in understanding and applying your connectedness experiences, both on a physical and emotional level?

Section 9: Support and Guidance

9.1 Have you sought or received support, guidance, or counseling related to your MDMA experiences and their impact on connectedness?
9.2 How has this support influenced your physical and emotional well-being and sense of connectedness?
9.3 How important do you consider professional support for individuals who use MDMA to navigate the physical, emotional, and connectedness aspects of their experiences?

Section 10: Advice and Insights

10.1 What advice or insights would you offer to others who are considering or have experienced MDMA use in non-clinical settings, particularly in terms of managing their physical and emotional experiences and connectedness?
10.2 Is there anything else you would like to share about your experiences with MDMA and connectedness, including any physical sensations or emotional insights that you believe are important to understand?

Appendix B: Guide d'Entrevue (Français)

Guide d'Entrevue – Version Française

Section 1 : Expérience initiale avec la MDMA

1.1 Pouvez-vous décrire votre expérience initiale avec la MDMA dans un contexte récréatif ou non clinique ? Comment vous a-t-elle fait vous sentir physiquement, émotionnellement et en termes de connexion ?
1.2 Qu'est-ce qui vous a poussé à essayer la MDMA ?
1.3 Quelles étaient vos attentes concernant les sensations physiques et la connexion que la MDMA pourrait offrir ?

Section 2 : Expériences de connexion

2.1 Pourriez-vous partager des sentiments ou des moments spécifiques de connexion que vous avez vécus pendant ou après la consommation de MDMA ?
2.2 Comment la MDMA a-t-elle influencé votre sentiment de connexion à vous-même, aux autres, et au monde ?
2.3 Pouvez-vous décrire les sensations physiques qui ont accompagné ces sentiments ?

Section 3 : Impact sur les relations interpersonnelles

3.1 Avez-vous remarqué des changements dans vos relations avec les autres après avoir utilisé de la MDMA ?
3.2 Comment ces changements se sont-ils manifestés sur le plan physique et émotionnel ?
3.3 Pouvez-vous décrire des expériences particulières de connexion accrue avec des amis ou des proches ?

Section 4 : Bien-être et santé mentale

4.1 À votre avis, la consommation de MDMA a-t-elle eu des effets durables sur votre bien-être général ou votre santé mentale ?
4.2 Comment ces effets se sont-ils manifestés en lien avec votre sentiment de soi, vos relations

aux autres et votre connexion au monde ?
4.3 Comment percevez-vous le rôle de la MDMA dans l'amélioration du bien-être émotionnel ou de la croissance personnelle ?

Section 5 : Défis et risques

5.1 Y a-t-il eu des défis ou des risques liés à vos expériences avec la MDMA ?
5.2 Comment ces défis ou risques se sont-ils manifestés physiquement et émotionnellement ?
5.3 Comment gérez-vous les éventuelles difficultés liées à votre bien-être physique et émotionnel ?

Section 6 : Cadre et contexte

6.1 Comment le cadre et le contexte social influencent-ils vos expériences de connexion sous MDMA ?
6.2 Avez-vous remarqué des différences dans les sensations physiques selon les contextes ou les personnes présentes ?
6.3 Comment ces différences se manifestent-elles sur les plans physique et émotionnel ?

Section 7 : Impact à long terme

7.1 Pensez-vous que vos expériences avec la MDMA ont laissé un impact durable sur votre vie ou vos relations ?
7.2 Comment ces impacts ont-ils affecté vos expériences physiques et émotionnelles de connexion ?
7.3 Vos expériences ont-elles influencé votre vision de la connexion dans la vie quotidienne ?

Section 8 : Intégration et réflexion

8.1 Comment intégrez-vous les enseignements tirés de vos expériences avec la MDMA dans votre quotidien ou vos relations ?
8.2 Quel rôle joue la réflexion dans la compréhension et l'application de ces expériences ?

Section 9 : Soutien et orientation

9.1 Avez-vous recherché ou reçu un soutien ou une orientation en lien avec vos expériences de connexion sous MDMA ?
9.2 Comment ce soutien a-t-il influencé votre bien-être émotionnel et physique ?
9.3 À quel point le soutien professionnel vous paraît-il important pour accompagner ces expériences ?

Section 10 : Conseils et idées

10.1 Quels conseils ou idées offririez-vous à ceux qui envisagent ou ont expérimenté la MDMA dans un cadre non clinique ?
10.2 Y a-t-il autre chose que vous aimeriez partager à propos de vos expériences avec la MDMA et la connexion ?

Appendix C: Consent Form French

Université du Québec en Outaouais (UQO)

Case postale 1250, succursale HULL, Gatineau (Québec) J8X 3X7

www.uqo.ca/ethique

Comité d'éthique de la recherche

FORMULAIRE D'INFORMATION ET DE CONSENTEMENT

Titre du projet de recherche:	Exploration de l'expérience subjective de connexion dans le contexte de l'utilisation de MDMA
Directeur(s) de recherche :	Geneviève Pagé, Ph.D. Statut : Professeure Département de travail social UQO, Université du Québec and Outaouais Téléphone : (819) 595-3900 poste 2849 Courriel : genevieve.page@uqo.ca
Codirecteur :	Paul Samuel Greenman, Ph.D. Statut : Professeur Titulaire Département de psychoéducation et de psychologie UQO, Université du Québec and Outaouais (819) 595-3900, poste 2281 Courriel : Paul.Greenman@uqo.ca

Chercheur étudiant : Chrystal Assee

Statut : Étudiante/candidate à la maitrise

Département de travail social

UQO, Université du Québec and Outaouais

Téléphone : [redacted]

Courriel : assc14@uqo.ca

Financement : Cette recherche n'est pas financée

Approbation du Projet de recherche : Ce projet a été approuvé par le Comité d'éthique de la recherche de l'UQO

Introduction

Nous sollicitons votre participation volontaire à ce projet de recherche qui vise à mieux comprendre l'expérience subjective de connexion à soi-même, aux autres et au monde suite à l'utilisation de MDMA. Veuillez examiner attentivement ce document pour comprendre les conditions de participation. N'hésitez pas à poser des questions à la personne qui vous présente ce document, en particulier si vous rencontrez des mots qui vous sont inconnus. Ne pas hésiter à demander des éclaircissements sur toute information qui vous semble peu claire

Objectifs de recherche

Les objectifs de ce projet de recherche sont de contribuer aux domaines du service social et de la psychologie en fournissant des aperçus sur la manière dont les individus peuvent accéder à un sentiment de connexion dans leur vie quotidienne. Ces compréhensions peuvent éclairer les approches thérapeutiques, améliorer le bien-être et contribuer à une compréhension plus large de l'expérience humaine au sein des contextes sociaux.

Procédure de projet de recherche

Attente de participation

Vous êtes invité à participer à un projet de recherche qui impliquera de répondre à des questions au cours d'un entretien semi-structuré d'une durée approximative de 90 à 120 minutes. Les entretiens seront enregistrés audio et pourront se dérouler via Zoom, Teams, téléphone, ou en

personne, selon votre préférence. Nous emploierons une analyse thématique pour examiner et interpréter les données qualitatives recueillies.

Critères d'inclusion et démographie :

Notre étude vise à enquêter sur les expériences subjectives de connexion parmi les adultes qui ont consommé du MDMA. Afin d'assurer une exploration complète de ces expériences, les critères d'inclusion ont été élargis pour englober une gamme diversifiée de participants sans exigences restrictives concernant le cadre.

Âge et Genre : Les participants doivent être âgés de 18 ans et plus, tous genres confondus, pour participer à cette étude. Ces facteurs démographiques contribueront à une compréhension approfondie de la manière dont les expériences de connexion peuvent varier selon les différents groupes d'âge et genres.

Expérience de MDMA : Les individus ayant eu une expérience récréative de MDMA au cours des 5 dernières années seront incluses afin de pouvoir atténuer l'impact du biais de mémoire.

Fréquence de l'Utilisation de MDMA : Les participants ayant des fréquences d'utilisation de MDMA variées sont invités à participer pour explorer comment la fréquence d'utilisation peut influencer les expériences de connexion.

Diversité Ethnique et Culturelle : Nous cherchons des participants de diverses origines ethniques et culturelles.

Expériences Positives et Négatives : Les individus ayant rencontré des expériences positives et négatives avec le MDMA sont encouragés à partager leurs perspectives.

Disponibilité pour les Interviews : Les participants doivent être disposés à s'engager dans des entretiens réflexifs sur leurs expériences et avoir la capacité de se rencontrer sur Zoom et de parler français ou anglais.

Les avantages, les inconvénients et les risques associés à ce projet de recherche.

Les risques associés à votre participation sont minimes. Bien qu'il n'y ait pas de bénéfices directs ou de risques associés à la participation à cette étude, votre participation enrichira le corpus de recherche sur la connexion. Le chercheur s'engage, le cas échéant, à mettre en œuvre les moyens nécessaires pour les réduire ou les atténuer. Les bénéfices directs anticipés sont les contributions à l'avancement des connaissances sur la connectivité. Aucune compensation monétaire n'est fournie.

Participation volontaire et droit de retrait.

Votre participation à ce projet de recherche est entièrement volontaire, ce qui vous donne la liberté de refuser ou de vous retirer sans fournir de raison. Il suffit d’informer le chercheur pour que votre retrait soit effectif, sans aucune conséquence sur votre décision. Si vous choisissez de vous retirer, veuillez contacter le chercheur ou le chercheur étudiant en utilisant le numéro de téléphone ou

l'adresse courriel fournis. Le fait de ne pas participer ou de se retirer n'affectera pas la qualité des soins ou des services que vous recevez dans tout service de conseil. Toutes les informations personnelles et les données recueillies peuvent être détruites à votre demande. Cependant, si vous vous retirez ou êtes retiré, les informations collectées peuvent être stockées, analysées ou utilisées pour maintenir l'intégrité du projet. Il est important de noter qu'après le début du processus de publication, les analyses et les résultats liés à vos données ne peuvent être détruits.

Utilisation des données de recherche

La confidentialité des données recueillies lors de ce projet de recherche sera assurée conformément aux lois et règlements applicables dans la province de Québec et aux politiques de l'Université du Québec en Outaouais*. Ni les données recueillies, ni les résultats de la recherche ne pourront mener à votre identification. Toutes les réponses seront anonymisées dès le début du processus de transcription, en utilisant des pseudonymes ou des codes pour protéger votre identité.

À moins que vous ne consentiez à une utilisation secondaire comme décrit plus tard, les données recueillies ne seront pas utilisées à d'autres fins que celles décrites dans ce formulaire de consentement.

Confidentialité

Les résultats seront diffusés sous forme de mémoire de maîtrise. Les données recueillies seront stockées de manière sécurisée à l'UQO et uniquement accessibles à des individus spécifiés. Les données seront détruites à un moment déterminé et selon une méthode spécifiée. Au Québec, les chercheurs au niveau de la maîtrise doivent adhérer aux normes éthiques établies par les comités d'éthique de l'université en termes de gestion des données. Ces protocoles sont conçus pour assurer la confidentialité des participants, maintenir l'intégrité des données et préserver la réputation de l'institution académique.

Diffusion des résultats

Les résultats seront généralement diffusés à travers le mémoire de maîtrise, sous réserve de révision par le directeur de thèse et d'approbation par le comité d'éthique de l'université.

Protocole de stockage des données

Les chercheurs sont tenus de stocker les données recueillies de manière sécurisée. Les données physiques sont souvent conservées dans un classeur verrouillé au sein de l'établissement universitaire, tandis que les données numériques sont stockées sur des serveurs universitaires sécurisés et protégés par mot de passe. L'accès est limité au chercheur, à leur superviseur et à tout autre individu autorisé.

Politique de destruction des données

Après une période de rétention spécifiée, la destruction des données sera effectuée de manière sécurisée. Les documents physiques seront détruits par déchiquetage croisé, et les données numériques seront définitivement supprimées à l'aide de méthodes empêchant la récupération des données. Ce processus de destruction est documenté et réalisé conformément à la politique et aux directives éthiques de l'université.

Conformité

Ces pratiques sont conformes à l'Énoncé de politique des trois Conseils : Conduite éthique de la recherche impliquant des êtres humains (EPTC 2) et exigent que les chercheurs complètent le Cours d'éthique de la recherche (CÉR) avant de commencer leurs activités de recherche.

Si vous avez des questions sur les aspects éthiques de ce projet, veuillez contacter; André Durivage : andre.durivage@uqo.ca, président du Comité d'éthique de la recherche à l'Université du Québec en Outaouais.

*Aux fins de contrôle et de vérification, vos données de recherche peuvent être consultées par le personnel autorisé de l'UQO, conformément au Règlement sur l'utilisation des ressources informatiques et des télécommunications.

Votre signature atteste que vous avez clairement compris les informations concernant votre participation au projet de recherche et indique votre accord pour participer. Cela ne signifie pas que vous renoncez à vos droits ou que vous dégagez les chercheurs ou les responsables de leurs responsabilités légales ou professionnelles. Vous êtes libre de vous retirer du projet de recherche à tout moment sans préjudice. Votre participation doit être aussi informée que votre décision initiale de participer au projet, et vous devez être conscient de tous les enjeux au cours du projet de recherche. Par conséquent, vous ne devez jamais hésiter à demander des éclaircissements ou de nouvelles informations pendant le projet.

Méthodes de Collecte de Données Utilisées dans Cette Étude

Nous utiliserons les méthodes suivantes pour collecter des données pendant l'étude :

Prise de notes : Des notes écrites seront prises pour consigner les observations ou les communications verbales.

Enregistrement audio : Les échanges verbaux lors des entretiens ou discussions seront enregistrés pour une analyse ultérieure.

Fichiers numériques : Les données collectées pourront également être stockées sous forme numérique pour faciliter l'analyse et la conservation.

Consentement à l'utilisation des méthodes de collecte de données

En signant ce formulaire, vous donnez votre consentement explicite à l'utilisation de ces méthodes pour la collecte de données. Vous avez été informé(e) de l'utilisation précise de ces données, ainsi que de la manière dont elles seront traitées, stockées, et à qui elles seront accessibles.

Protocole de Stockage et de Destruction des Données

Les données collectées seront gérées comme suit :

Notes écrites : Les notes seront conservées dans un lieu sécurisé avec un accès limité. Après la fin de l'étude, elles seront détruites par déchiquetage.

Enregistrements audios : Les enregistrements seront stockés sur un serveur sécurisé avec un accès restreint et seront détruits par effacement sécurisé après la fin de l'étude ou à votre demande.

Fichiers numériques : Tous les fichiers numériques seront cryptés et stockés sur un serveur sécurisé avec un accès restreint. Ils seront effacés de manière définitive et sécurisée après la fin de l'étude ou sur demande du participant.

Ces protocoles de stockage et de destruction des données sont en place pour assurer la confidentialité et la sécurité de vos informations et pour respecter les normes éthiques de recherche.

Accord du Participant

Je, soussigné(e) _____confirme avoir lu et compris les méthodes de collecte de données, les protocoles de stockage et de destruction de ces données. Je consens à ce que mes données soient collectées, stockées et détruites conformément aux procédures décrites dans ce document.

Signature du Participant : _____

Date : _____

Ayant pris connaissance des informations concernant ma participation à ce projet de recherche, je signe ci-dessous pour indiquer mon accord libre de participer.

Le formulaire est signé en deux (2) exemplaires, et je conserve une copie.

CONSENTEMENT À PARTICIPER AU PROJET DE RECHERCHE :

Votre participation à ce projet de recherche est entièrement volontaire. Vous avez le droit de vous retirer à tout moment sans préjudice.

Nom du participant : _____ Date : _____

Signature du participant : _____

Nom du chercheur : _____ Date : _____

Signature du chercheur : _____

UTILISATION SECONDAIRE DES DONNÉES RECUEILLIES (SI NÉCESSAIRE)

Avec votre permission, nous aimerions pourvoir conserver les données recueillies à la fin du présent projet pour d'autres activités de recherche dans le(s) domaine(s) suivant(s) : travail sociale et psychologie**,** sous la responsabilité de Chrystal Assee, pour lequel vous êtes aujourd'hui invité à participer. Afin de préserver vos données personnelles et votre identité, les données seront anonymisées, c'est-à-dire qu'il ne sera plus possible à quiconque de pouvoir les relier à votre identité. Nous nous engageons à respecter les mêmes règles d'éthique que pour le présent projet.

Il n'est pas nécessaire de consentir à ce volet pour participer au présent projet de recherche. Si vous acceptez, vos données seront conservées pour une période de 5 ans après la fin du présent projet et ensuite détruites.

CONSENTEMENT À UNE UTILISATION SECONDAIRE :

- ◊ J'accepte que mes données soient conservées pour une utilisation secondaire.
- ◊ Je refuse une utilisation secondaire des données que je vais fournir.

Nom du participant : _____ Date : _____

Signature du participant : _____

Nom du chercheur : _____ Date : _____

Signature du chercheur : _____

Droit de Retrait et Procédures de Sécurité des Données

Cher(e) participant(e), ce formulaire vise à vous informer de vos droits et des mesures de sécurité mises en place pour protéger vos données dans le cadre de notre étude. En signant ce document, vous consentez à participer en connaissant vos droits et les mesures de sécurité applicables.

Droit de Retrait

Retrait Partiel : Vous avez le droit de demander la destruction de certaines données que vous avez fournies. Pour cela, veuillez contacter; Chrystal Assee : assc14@uqo.ca. Votre demande sera traitée dans les 72 heures.

Retrait Complet : Si vous souhaitez vous retirer complètement de l'étude, y compris la destruction de toutes vos données, veuillez remplir le formulaire de retrait disponible en ligne ou en format papier. La chercheuse principale confirmera votre demande et procédera à la suppression sécurisée de vos données dans un délai d'une semaine.

Mesures de Sécurité des Données

Vos données seront protégées par des mesures de sécurité, par exemple, cryptage, accès restreint. Ces mesures visent à prévenir tout accès non autorisé ou toute utilisation inappropriée de vos informations.

En signant ce formulaire, vous reconnaissez avoir compris vos droits et les mesures de sécurité mises en place pour protéger vos données. Vous confirmez également avoir été informé de la possibilité de vous retirer de l'étude à tout moment.

Signature du Participant : _____

Date : _____

Droits d'Accès aux Données pour le Participant

Droit d'Accès à Vos Données

En tant que participant(e) à cette étude, les données que nous collectons vous concernant, qui peuvent inclure des informations personnelles, des déclarations et des réponses, vous appartiennent. Vous avez le droit de demander l'accès à ces informations à tout moment pendant ou après l'étude.

Demande d'Accès

Pour demander l'accès à vos données, veuillez soumettre une demande écrite à la chercheuse, Chrystal Assee : assc14@uqo.ca. Votre demande sera traitée et nous vous répondrons dans un délai, généralement 14-30 jours.

Méthode de Transmission des Données

Sur votre demande, vos données vous seront fournies de la manière suivante :

Si les données ont été collectées de manière anonyme, il n'est pas possible de vous restituer vos données individuelles. Cette limitation sera clairement communiquée dans nos documents d'étude et formulaires de consentement.

Pour les données non anonymisées, nous transmettrons vos informations de manière sécurisée, en utilisant l'une des méthodes suivantes, selon votre choix :

Courriel crypté pour assurer la protection de vos informations personnelles

Courrier postal à votre adresse fournie dans un format scellé et sécurisé

Livraison en personne, où vous pouvez recevoir vos données verbalement ou sous forme imprimée lors d'un rendez-vous planifié

Toute autre méthode convenue qui assure la sécurité et la confidentialité de vos données

Veuillez indiquer ici votre méthode préférée de transmission des données : _____

Consentement Éclairé

En signant ce formulaire de consentement, vous reconnaissez avoir été pleinement informé(e) de vos droits d'accès à vos données et des méthodes selon lesquelles vos données peuvent être demandées et reçues. Vous acceptez les termes énoncés dans cette section et donnez votre consentement pour que les chercheurs collectent, stockent et gèrent vos données comme décrit.

Signature du Participant : _____

Date : _____

Veuillez noter que toutes les méthodes de transmission des données adhèrent aux normes les plus élevées de protection et de confidentialité des données.

Politique de Protection et de Rétention des Données

Introduction

Cette politique est conçue pour répondre aux normes éthiques énoncées dans l'Article 5.1 de l'EPTC2 et pour se conformer aux exigences du Comité d'Éthique de la Recherche (CER) de notre institution. Nous reconnaissons l'importance de protéger la confidentialité et l'intégrité des données collectées auprès des participants à la recherche.

Mesures de Protection des Données

Stockage Sécurisé : Toutes les informations confidentielles, quel que soit leur format, seront stockées de manière sécurisée. Les documents physiques seront conservés dans des classeurs verrouillés accessibles uniquement à l'équipe de recherche, tandis que les fichiers numériques seront stockés sur des disques chiffrés ou des serveurs sécurisés à accès restreint.

Chiffrement des Données : Les données numériques seront chiffrées en utilisant des méthodes standard de l'industrie. L'accès à ces données nécessitera une authentification à plusieurs facteurs pour garantir que seul le personnel autorisé puisse y accéder.

Protocole de Manipulation des Données : Les membres de l'équipe suivront des protocoles stricts lors de la manipulation des données pour éviter toute utilisation ou divulgation non autorisée. Cela inclut des protocoles pour la transmission des données, tels que l'utilisation de canaux de communication sécurisés et chiffrés lors de l'envoi de données entre les membres de l'équipe.

Durée de Rétention des Données

Rétention Minimale pour les Données Identifiables : Les données identifiables seront conservées pendant un minimum de 5 ans après l'émission de la lettre de clôture du dossier de recherche. Cette période permet des suivis potentiels ou des audits par le CER ou d'autres organismes de réglementation.

Protocole d'Anonymisation : Après la période de rétention de 5 ans, les données identifiables seront irréversiblement anonymisées pour éliminer la possibilité de réidentifier les participants, assurant ainsi leur confidentialité continue.

Les participants seront clairement informés des périodes de rétention des données et du processus d'anonymisation à travers le processus de consentement éclairé. Ils comprendront qu'une fois les données anonymisées, il ne sera plus possible de récupérer leurs données individuelles.

Accusé de Réception du Formulaire de Consentement

En signant ce formulaire de consentement, les participants reconnaissent leur compréhension et leur accord avec les politiques de protection et de rétention des données décrites ci-dessus. Ils sont conscients que ces mesures sont mises en place pour protéger leur vie privée et la confidentialité de leurs données.

Signature du Participant : _____

Date : _____

Signature du Chercheur : _____

Date : _____

Appendix C: Consent Form English

Université du Québec en Outaouais (UQO)

Research Ethics Committee

P.O. Box 1250, Station HULL, Gatineau (Quebec) J8X 3X7

www.uqo.ca/ethique

Research Ethics Committee

CONSENT AND INFORMATION FORM

Title of the research project: Exploration of the Subjective Experience of Connection in the Context of MDMA Use

Research Director: Geneviève Pagé, Ph.D.

Status: Professor

Department of Social Work

UQO, Université du Québec en Outaouais

Telephone: (819) 595-3900 ext. 2849

Email: genevieve.page@uqo.ca

Co-Director: Paul Samuel Greenman, Ph.D.

Status: Full Professor

Department of Psychoeducation and Psychology

UQO, Université du Québec en Outaouais

(819) 595-3900, ext. 2281

Email: Paul.Greenman@uqo.ca

Student Researcher: Chrystal Assee

Status: Master's candidate

Department of Social Work

UQO, Université du Québec en Outaouais

Telephone: [redacted]

Email: assc14@uqo.ca

Funding: This research is not funded

Research Project Approval: This project has been approved by the UQO Research Ethics Committee

Introduction

We are requesting your participation in the research project entitled above, which aims to better understand the subjective experience of connectivity to oneself, to others, and to the world following the use of MDMA. Please carefully review this document to understand the conditions of participation. Feel free to ask questions to the person presenting this document, particularly if you come across unfamiliar words. Don't hesitate to seek clarification on any information that seems unclear.

Nature and objectives of the research project

The objectives of this research project are to contribute to the fields of social work and psychology by providing insights on how individuals may access a sense of connection in their everyday lives. These understandings may inform therapeutic approaches, enhance well-being, and contribute to a broader comprehension of the human experience within social contexts.

Procedures of the research project

Participation expectations

You are invited to participate in a research project which will involve answering questions during a semi-structured interview lasting approximately 90 to 120 minutes. The interviews will be audio-recorded and may be conducted via Zoom, Teams, telephone, or in person, as per your preference. We will employ thematic analysis to examine and interpret the collected qualitative data.

Inclusion and demographics criteria:

Our study aims to investigate the subjective experiences of connection among adults who have consumed MDMA. To ensure a comprehensive exploration of these experiences, the inclusion

criteria have been broadened to encompass a diverse range of participants without restrictive setting requirements.

Age and Gender: Participants must be aged 18 and over, and all genders are welcome to take part in this study. These demographic factors will contribute to a deeper understanding of how experiences of connection may vary across different age groups and genders.

MDMA Experience: Individuals who have had recreational MDMA experience within the last 5 years will be included to mitigate the impact of memory bias.

Frequency of MDMA Use: Participants with varying frequencies of MDMA use, from occasional to more frequent use, are invited to participate to explore how the frequency of use may influence experiences of connection.

Ethnic and Cultural Diversity: We are seeking participants from diverse ethnic and cultural backgrounds.

Positive and Negative Experiences: Individuals who have had both positive and negative experiences with MDMA are encouraged to share their perspectives.

Availability for Interviews: Participants should be willing to engage in reflective interviews about their experiences and can meet on Zoom/Teams and speak French or English.

The benefits, disadvantages, and risks associated with this research project.

The risks associated with your participation are minimal. Although there are no direct benefits or risks associated with participating in this study, your participation will enrich the body of research on connection. The researcher commits, where necessary, to implementing the necessary means to reduce or mitigate them. The direct anticipated benefits are the contributions to the advancement of knowledge about connectivity. No monetary compensation is provided.

Voluntary participation and right to withdraw.

Your participation in this research project is entirely voluntary, granting you the freedom to decline or withdraw without providing a reason. Informing the researcher is sufficient for withdrawal, with no consequences for your decision. Should you choose to withdraw, please contact the researcher or student researcher using the provided phone number or email address. Opting out or withdrawing will not affect the quality of care or services you receive at any counseling services. All personal information and data collected can be destroyed upon your request. However, if you withdraw or are withdrawn, the collected information may be stored, analyzed, or used to maintain the project's integrity. It's essential to note that after the initiation of the publication process, analyses and results related to your data cannot be destroyed.

Use of data research

The confidentiality of data collected during this research project will be ensured in accordance with the laws and regulations applicable in the province of Quebec and the policies of the Université du Québec en Outaouais*. Neither the collected data nor the results of the research will be able to lead to your identification. All responses will be anonymized at the beginning of the transcription process, using pseudonyms or codes to protect your identity.

Unless you consent to secondary usage as further described later, the collected data will not be used for any purposes other than those described in this consent form.

Confidentiality

The results will be disseminated in the form of a master's thesis. The collected data will be securely stored at UQO and only accessible by specified individuals. The data will be destroyed at a determined time and by a specified method. In Quebec, master's level researchers must adhere to the ethical norms established by the university's ethics committees in terms of data management. These protocols are designed to ensure the confidentiality of participants, maintain data integrity, and preserve the academic institution's reputation.

Results Dissemination

The results will typically be disseminated through the master's thesis, subject to revision by the thesis supervisor and approval by the university's ethics committee.

Data Storage Protocol

Researchers are obligated to store the collected data securely. Physical data is often kept in a locked filing cabinet within the university's premises, while digital data is stored on secure, password-protected university servers. Access is limited to the researcher, their supervisor, and any other authorized individuals.

Data Destruction Policy

After a specified retention period, data destruction will be conducted securely. Physical documents will be destroyed by cross-cut shredding, and digital data will be permanently deleted using methods that prevent data recovery. This destruction process is documented and conducted in accordance with the university's policy and ethical directives.

Compliance

These practices are in line with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2) and require researchers to complete the Course on Research Ethics (CORE) before beginning their research activities.

If you have questions about the ethical aspects of this project, please contact Andre Durivage: andre.durivage@uqo.ca. Chair of the Research Ethics Committee at the Université du Québec en Outaouais.

*For the purpose of control and verification, your research data may be accessed by authorized UQO personnel, in accordance with the Regulation on the use of computing resources and telecommunications.

Your signature attests that you have clearly understood the information concerning your participation in the research project and indicates your agreement to participate. This does not signify that you waive your rights or release the researchers or those responsible from their legal or professional responsibilities. You are free to withdraw from the research project at any time without prejudice. Your participation should be as informed as your initial decision to participate in the project, and you must be aware of all the ins and outs during the course of the research project. Consequently, you should never hesitate to ask for clarifications or new information during the project.

Data Collection Methods Used in This Study

We will use the following methods to collect data during the study:

Note-taking: Written notes will be taken to record observations or verbal communications.

Audio Recording: Verbal exchanges during interviews or discussions will be recorded for later analysis.

Digital Files: Collected data may also be stored digitally to facilitate analysis and preservation.

Consent to the Use of Data Collection Methods

Consent to the use of data collection methods

By signing this form, you give your explicit consent to the use of these methods for data collection. You have been informed of the precise use of these data, as well as how they will be processed, stored, and who will have access to them.

Data Storage and Destruction Protocol

The collected data will be managed as follows:

Written Notes: Notes will be kept in a secure location with restricted access. After the study's conclusion, they will be destroyed by shredding.

Audio Recordings: Recordings will be stored on a secure server with restricted access and will be destroyed by secure erasure after the study's conclusion or upon your request.

Digital Files: All digital files will be encrypted and stored on a secure server with restricted access. They will be permanently and securely erased after the study's conclusion or upon the participant's request.

These data storage and destruction protocols are in place to ensure the confidentiality and security of your information and to comply with ethical research standards.

Participant Agreement

I, the undersigned _____confirm that I have read and understood the data collection methods, storage protocols, and destruction of these data. I consent to my data being collected, stored, and destroyed in accordance with the procedures described in this document.

Participant's Signature: _____

Date: _____

Having read the information concerning my participation in this research project, I sign below to indicate my free agreement to participate.

This form is signed in two (2) copies, and I retain one copy

CONSENT TO PARTICIPATE IN THIS RESEARCH PROJECT

Your participation in this research project is entirely voluntary. You have the right to withdraw at any time without prejudice.

Participant Name: Date: _____

Participant Signature: _____

Name of research: Date: _____

Signature of researcher: _____

SECONDARY USE OF COLLECTED DATA (IF NECESSARY)

With your permission, we would like to be able to retain the data collected at the end of this project for other research activities in the following field(s): social work and psychology under the responsibility of Chrystal Assee for which you are being invited to participate today. In order to preserve your personal data and identity, the data will be anonymized, meaning that it will no longer be possible for anyone to link them to your identity. We commit to respecting the same ethical rules as for the present project.

It is not necessary to consent to this part in order to participate in the current research project. If you agree, your data will be kept for a period of 5 years after the end of the current project and then destroyed.

CONSENT TO SECONDARY USE:

- ◊ I agree that my data can be retained for secondary use.
- ◊ I refuse secondary use of the data I will provide.

This form is signed in two (2) copies, and I retain one copy.

Participant Name: Date: _____

Participant Signature: _____

Name of the researcher: Date: _____

Signature of the researcher: _____

Right to Withdraw and Data Security Procedures

Dear participant, this form is intended to inform you of your rights and the security measures put in place to protect your data as part of our study. By signing this document, you consent to participate, knowing your rights and the applicable security measures.

Right to Withdraw

Partial Withdrawal: You have the right to request the destruction of certain data that you have provided. To do this, please contact Chrystal Assee: assc14@uqo.ca. Your request will be processed within 72 hours.

Complete Withdrawal: If you wish to withdraw completely from the study, including the destruction of all your data, please fill out the withdrawal form available online or in paper format. The principal investigator will confirm your request and will proceed with the secure deletion of your data within a week.

Data Security Measures

Your data will be protected by security measures, for example, encryption, restricted access. These measures are designed to prevent any unauthorized access or inappropriate use of your information.

By signing this form, you acknowledge that you have understood your rights and the security measures put in place to protect your data. You also confirm that you have been informed of the possibility of withdrawing from the study at any time.

Participant's Signature: _____

Date: _____

Participant Data Access Rights

Right to Access Your Data

As a participant in this study, the data we collect from you, which may include personal information, statements, and responses, belongs to you. You retain the right to request access to this information at any point during or after the study.

Requesting Access

To request access to your data, please submit a written request to the researcher Chrystal Assee: assc14@uqo.ca. Your request will be processed, and we will respond within 14-30 days.

Method of Data Transmission

Upon your request, your data will be provided to you in the following manner:

If the data were collected anonymously, it is not possible to provide individual data back to you. This limitation will be clearly communicated in our study materials and consent forms.

For non-anonymized data, we will transmit your information securely, using one of the following methods, as per your choice:

Encrypted email to ensure the protection of your personal information.

Postal mail to your provided address in a sealed and secure format

In-person delivery, where you can receive your data verbally or in print format during a scheduled appointment.

Any other method agreed upon that ensures the security and confidentiality of your data.

Please indicate your preferred method of data transmission here: _____

Informed Consent

By signing this consent form, you acknowledge that you have been fully informed about your rights to access your data and the methods by which your data can be requested and received. You

agree to the terms laid out in this section and give your consent for the researchers to collect, store, and handle your data as described.

Participant's Signature: _____

Date: _____

Please note that all data transmission methods adhere to the highest standards of data protection and confidentiality.

Data Protection and Retention Policy

This policy is designed to fulfill the ethical standards set forth in Article 5.1 of the EPTC2 and to adhere to the requirements of our institution's Ethics Review Committee (CER). We recognize the importance of safeguarding the confidentiality and integrity of the data collected from research participants.

Data Protection Measures

Secure Storage: All confidential information, regardless of format, will be securely stored. Physical documents will be kept in locked filing cabinets accessible only to the research team, while digital files will be stored on encrypted drives or secure servers with restricted access.

Data Encryption: Digital data will be encrypted using industry-standard methods. Access to these data will require multi-factor authentication to ensure that only authorized personnel can access them.

Data Handling Protocol: Team members will follow strict protocols when handling data to prevent any unauthorized use or disclosure. This includes protocols for data transmission, such as using secure, encrypted communication channels when sending data between team members.

Data Retention Duration

Minimum Retention for Identifiable Data: Identifiable data will be retained for a minimum of 5 years after the issuance of the closure letter of the research file. This period allows for potential follow-ups or audits by the CER or other regulatory bodies.

Anonymization Protocol: After the 5-year retention period, identifiable data will be irreversibly anonymized to remove the possibility of re-identifying participants, thus ensuring their ongoing confidentiality.

Extended Retention for Anonymized Data: Anonymized data will be kept for 25 years to enable longitudinal studies and comparative research. This extended retention period is recommended by the CER and reflects our commitment to the responsible stewardship of research data.

Participant Communication

Participants will be clearly informed about the data retention periods and the anonymization process through the informed consent process. They will understand that once the data are anonymized, it will no longer be possible to retrieve their individual data.

Compliance with Funding Agencies and Legal Requirements

Our data retention practices will be in full compliance with the guidelines and requirements of our funding agencies and any applicable laws. We will also stay informed of and adapt to any changes in data protection legislation that might affect our data retention policies.

Consent Form Acknowledgment

By signing this consent form, participants acknowledge their understanding of and agreement with the data protection and retention policies as described above. They are aware that these measures are in place to protect their privacy and the confidentiality of their data.

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

Appendix D: Circular Thematic Diagram of Connectedness

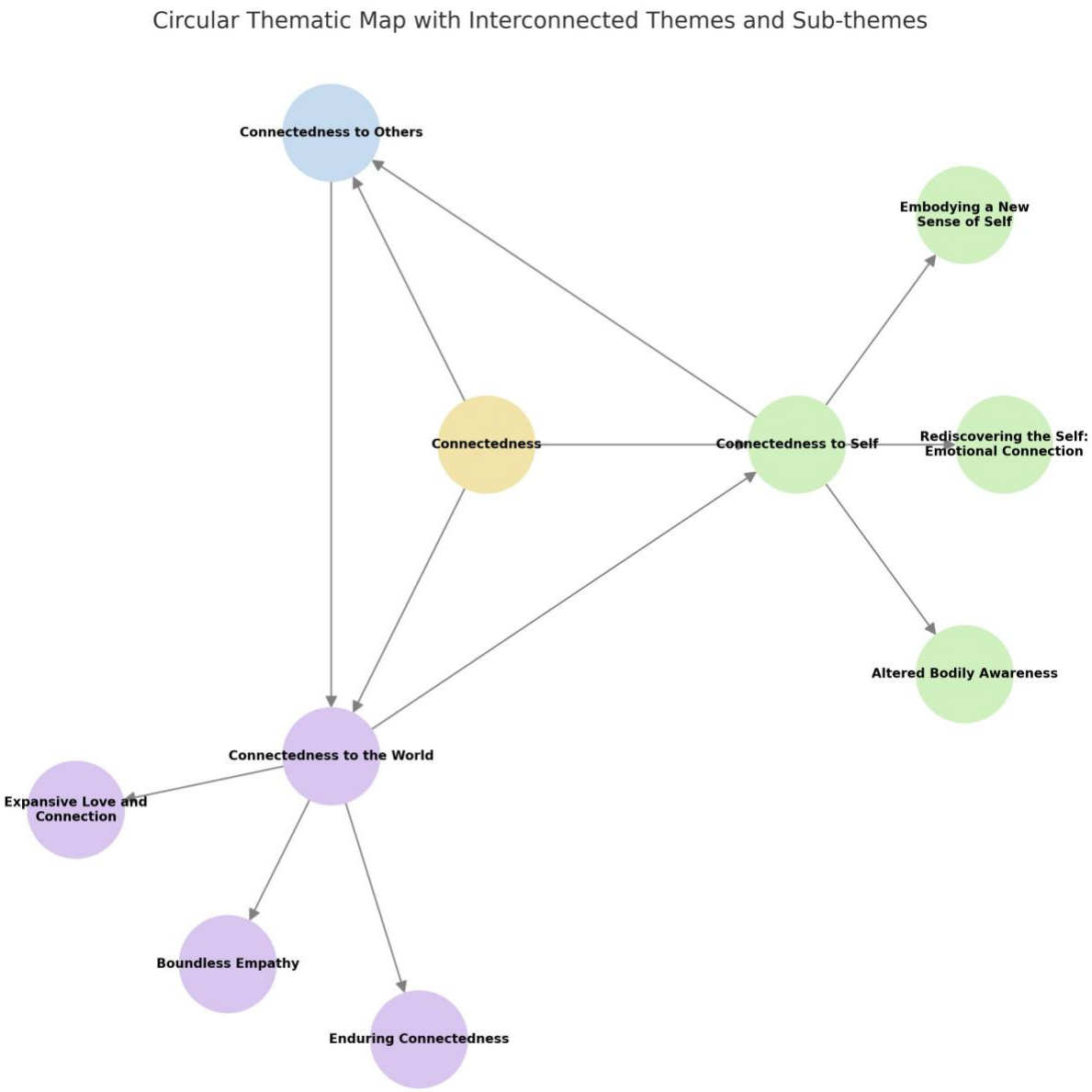

Figure D1. Circular Thematic Map of Connectedness. This map visually represents the overarching theme of Connectedness as described by participants, along with its three interrelated domains (Connectedness to Self, Others, and the World). Sub-themes are positioned around each domain, and arrows illustrate the dynamic and cyclical nature of these connections.

Appendix E: Letter of Ethics Approval from the Research Ethics Board

Le 10 juin 2024

À l'attention de :
Chrystal Assee
Étudiante, Université du Québec en Outaouais

Objet : Approbation éthique de votre projet de recherche

Projet #: 2024-3285
Titre du projet de recherche : L'exploration de l'expérience subjective de connexion dans le contexte de l'utilisation de MDMA

Votre projet de recherche a fait l'objet d'une évaluation en matière d'éthique de la recherche avec des êtres humains par le CER de l'UQO. Suivant l'examen de la documentation reçue, nous constatons que votre projet de recherche rencontre les normes éthiques établies par l'UQO.

Un certificat d'approbation éthique qui atteste de la conformité de votre projet de recherche à la *Politique d'éthique de la recherche avec des êtres humains* de l'UQO est par conséquent émis en date du 10 juin 2024. Nous désirons vous rappeler que pour assurer la validité de votre certificat d'éthique pendant toute la durée de votre projet, vous avez la responsabilité de produire, chaque année, un rapport de suivi continu à l'aide du formulaire *F9 - Suivi continu*. Le prochain suivi devra être fait au plus tard le :

10 juin 2025.

Un rappel automatique vous sera envoyé par courriel quelques semaines avant l'échéance de votre certificat.

Si des modifications sont apportées à votre projet, vous devrez remplir le formulaire *F8 - Modification de projet* et obtenir l'approbation du CER avant de mettre en œuvre ces modifications. Finalement, lorsque votre projet sera terminé, vous devrez remplir le formulaire *F10 - Rapport final.*

Notez qu'en vertu de la *Politique d'éthique de la recherche avec des êtres humains*, il est de la responsabilité des chercheurs d'assurer que leurs projets de recherche conservent une approbation éthique pour toute la durée des travaux de recherche et d'informer le CER de la fin de ceux-ci.

Nous vous souhaitons bon succès dans la réalisation de votre recherche.