



Psychedelics and the liberation of the self

How the psychedelic experience can aid in coming to terms with death

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Abstract

Psychedelic substances has a long history of being used in association with spiritual and religious practices. In the West, scientific interest into these substances and their effects, was scarce until the synthesis of LSD by swiss chemist Albert Hofmann in 1943.

Originally thought of as a means of inducing and studying psychosis, studies into these substances quickly discovered that their potential reached far beyond mimicking psychosis.

Throughout the 50s and 60s psychedelics were studied extensively as means of alleviating several different psychological ailments. However, they escaped the lab and became an integral part of the 60s counterculture, resulting in the criminalization of these substances and effectively shutting down all research.

Today a renaissance of psychedelic science is occurring, supporting many of the findings from the early research, and producing new ones, using more rigorous study designs.

In this paper it is argued that the psychedelic experience produced by these substances play a particularly important role in their therapeutic effect. The experience and its role in alleviating psychological ailments, is understood through an existentialist framework where death anxiety is understood as a core conflict underlying a plethora of psychological ailments.

It is concluded that psychedelics produce a unique experience that promotes a confrontation with death, which alleviates death anxiety and allows one to live a more meaningful and fulfilling life.

Introduction

Ancient cultures have used psychedelics for thousands of years, often in relation to mystical, spiritual or other ritualistic practices (Dutta, 2012; Johnson et al., 2019). In the West, scientific interest in psychedelic substances was scarce, until the synthesis of LSD in 1943 by Swiss chemist Albert Hofmann (Dutta, 2012; Hofmann, 1958; Rinkel, 1958). It was first thought of as a means of inducing and studying psychosis (Osmond, 1957; Rinkel, 1958). However, it quickly became apparent that LSD and other psychedelics possessed great value for psychotherapy (Alnæs, 1964; Leary et al., 1963; Mogar, 1965)

Despite this, public opinion on psychedelics in the west is often that psychedelics are either tools for recreational fun or an unnecessary risk. This is largely due to the War on Drugs that started in the 1970's, as a response to psychedelics being associated with the 1960's counterculture (Dutta, 2012). Because of the War on Drugs, research into psychedelics was stopped in the 1970's and it would remain somewhat of a "forbidden field" for decades to come (Dutta, 2012).

Modern investigations into the therapeutic potential of psychedelics started in the mid-1990s and today the field of psychedelic research is experiencing a renaissance, with studies showing potential for treating a range of disorders, such as PTSD, depression, anxiety and substance use disorder (Watts et al., 2017; Wheeler & Dyer, 2020). In treatment, psychedelics are not used alone, but play an integral part of psychotherapy, in a novel type of treatment called "Psychedelic-Assisted Psychotherapy". More research is needed to confirm the therapeutic effects of psychedelics and many questions are still left unanswered, but in a qualitative follow-up study on patients with treatment-resistant depression by Rosalind Watts and colleagues, all participants favored psychedelic therapy, as opposed to traditional therapy (Watts et al., 2017). Furthermore, studies have shown long-term improvements (up to 4.5 years) in conditions such as anxiety and depression, after a single dose of psilocybin (Agin-Liebes et al., 2020). This might come as a surprise to many who aren't occupied with this field, but that a single psychedelic experience could lead to long-term improvements, was already hypothesized in a 1964 study using LSD (Savage et al., 1964). However, the question remains: How does psychedelics alleviate such a range of different psychological ailments?

One understanding is that psychedelics might work on a more fundamental level. In the existentialist understanding of psychopathology, many disorders are a product of core existential

conflicts (Yalom, 1980). Therefore, this paper will explore how the subjective experience of psychedelics, can be understood to alleviate core existential conflicts.

Research question

How can the psychedelic experience be understood to alleviate fundamental existential concerns?

Basic scientific understanding

This paper is built upon existential and phenomenological theory. The existential aspect has to do with the understanding that everyone is subject to core existential conditions of life. This means that this paper will be informed by the existential understanding of psychopathology (Yalom, 1980). The phenomenological aspect entails the understanding that the subjective or lived experience is of particular import (Husserl, 2004). In the context of this paper, this means that when I refer to *The Psychedelic Experience* (TPE), I am referring to the subjective experience that comes as a result of ingesting psychedelics. This has important methodological implications, since some researchers attempt to reduce the therapeutical effects of psychedelics to its neurochemical implications (Olson, 2020). In the phenomenological existentialist view of this paper, this is a nonsensical reduction, since one must necessarily accept the possibility of reducing the subject itself to its neurochemical components, if one is to accept a neurochemical explanation of psychedelics and its therapeutic effects as adequate (Elder-Vass, 2005). However, this does not mean that the neurochemical components of TPE are disregarded, rather it entails an emergentist view (Elder-Vass, 2005). This means that the neurochemical aspects of psychedelics are accepted as necessary for TPE, whilst at the same time arguing that they are in no way satisfactory means for understanding the therapeutic effects of psychedelics. To illustrate this, I will use Simo Køppe's model of ontological levels, as shown below (Sonne-Ragans, 2019).

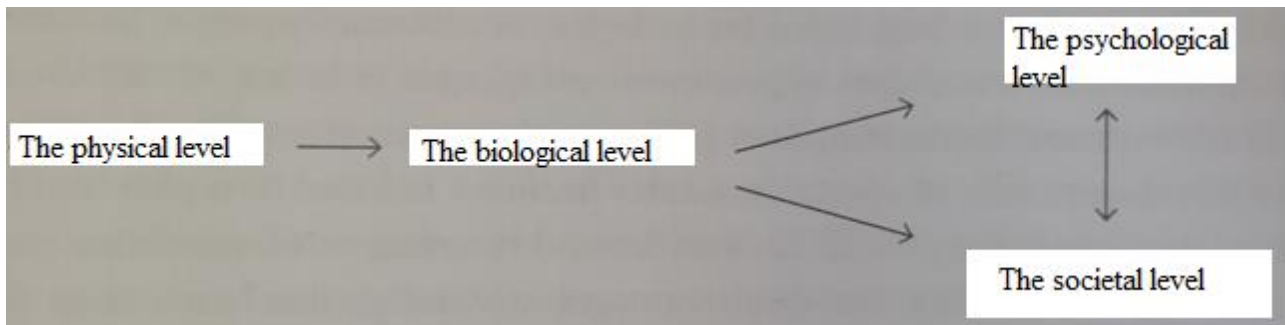


Figure 1: Simo Køppes model of ontological levels (Sonne-Ragans, 2019).

As the picture illustrates, this model differentiates between four distinct levels of reality and puts these in ascending order, apart from the last two levels. The first level is the physical, which refers to the laws of nature. To place the explanation of TPE here, would be to view the altered sense of perception, as a change in the material world, not in the subjective experience of the world. The second level – emerging from the physical – is the biological. On this level you find the neurochemical explanation of TPE, where the focus is on biological changes. The third level is the psychological, which is where the primary focus of this paper is, that is the subjective experience. The fourth and final level, is the societal level, that is what social structures and conventions characterize society. Here, between the third and fourth level, is the only place without a unidirectional progression. Rather, the arrows point both ways between the psychological and societal level, indicating a reciprocal relationship. This makes sense because the societal structures and conventions are formed by subjects, but subjects are also understood as being formed or at least influenced by societal structures and conventions.

Literature has been found by systematically searching for psychedelic studies, predominantly focusing on subjective experience.

Psychedelics

By now it should be clear that this paper will investigate the therapeutic properties of psychedelics. But what is *psychedelics*? For the purpose of this paper – with its focus on subjective experience – *psychedelics* will be broadly defined as: *Any substance capable of producing a psychedelic experience* (Alnæs, 1964). This definition can hardly be deemed satisfactory, instead it calls for a definition of TPE, which I will return to in the next section.

Firstly, it is important to clarify the term “psychedelics” itself, as the substances that are classified here as *psychedelic*, are also known as *Hallucinogen*, *Psychotomimetic*, *Psychotropic* and *Entheogens* (Dutta, 2012; Pollan, 2019; Ruck et al., 1979). It is important to be conscious of

the terminology, as each name carries with it a different understanding of the effects of these substances.

Entheogen has somewhat religious connotations and translates into something like “Becoming the God within” (Ruck et al., 1979). *Psychomimetic* and *Psychotropic* translate into “a mind drug that mimic psychosis” and something that “turns one toward a psychotic state” and thereby view psychedelics as tools to mimic and study psychosis (Ruck et al., 1979).

Hallucinogen and *Psychedelic* translate into “To wander the mind” and “Mind-manifesting” (Dutta, 2012; Pollan, 2019). This implies neither a neurochemical nor religious understanding, but rather that the *mind*, that is, the psychological level, is what’s essential. *Psychedelic* was chosen over *hallucinogen*, because the latter could connote an understanding that TPE is merely hallucinations, thus robbing the experience of its legitimacy. Studies have shown that the “hallucinations” occurring during TPE are almost always recognized as unreal and that they are therefore better classified as “pseudo-hallucinations” (Studerus et al., 2011, p. 1445). As noted by Ruck et al. (1979), the term *psychedelic* can be said to suffer from being too associated with the 1960s hippie culture. However as argued above, *psychedelic* is the term best suited for the understanding of this paper.

Even though “psychedelics” are defined by their ability to produce a certain experience, it seems in order to mention what substances actually fall into this category.

Psychedelics are often separated into two main categories, the classical psychedelics and the nonclassical psychedelics (Wheeler & Dyer, 2020). The classical psychedelics include lysergic acid diethylamide (LSD), psilocybin (the psychoactive compound of magic mushrooms) and sometimes also mescaline (which is derived from the peyote cactus) (Krebs & Johansen, 2013). The nonclassical psychedelics include 3,4-methylenedioxymethamphetamine (MDMA), ketamine, dimethyltryptamine (DMT) and sometimes other substances as well (Garcia-Romeu & Richards, 2018; Wheeler & Dyer, 2020). Most of the studies used in this article have used psilocybin. There are two main reasons for this: 1. The effects of psilocybin have a shorter duration than LSD, which was the choice for many of the earlier studies (Dutta, 2012; Grof, 1970; Pahnke, 1969). 2. Psilocybin is free from the cultural connotations of recreational use, that substances like LSD and MDMA suffer from (Farber, 2017; M Ter Bogt & M E Engels, 2005; Pahnke, 1969).

“Psychedelics” have long been and still is a poorly defined group of substances (Weech & Bibb, 1970). An example of this is cannabis, which is sometimes included and at other times left out

(Wheeler & Dyer, 2020). By defining psychedelics by their ability to produce a certain type of experience, rather than by specific substances, debates over what substances fall into the category are of little concern.

The Psychedelic Experience

Defining TPE is at least as difficult as defining what substances are classified as psychedelics. On a general note, TPE is characterized by being a state of consciousness that is remarkably different from ordinary everyday consciousness, but how so?

In 1957, one of the pioneers of psychedelic research Humphry Osmond, described TPE as such:

“One or more sensory modalities combined with mood, thinking and, often to a marked degree, empathy, usually change. Most subjects find the experience valuable, some find it frightening, and many say that it is uniquely lovely.”
(Osmond, 1957, p. 427)

Diving deeper, TPE is often characterized as a “mystical” experience (Griffiths et al., 2006; MacLean et al., 2011; Pahnke, 1969). Originally thought of as a tool to measure religious experiences, Ralph W. Hood create a scale to measure mystical experiences, called the *mysticism scale* (Hood, 1975). The scale has since been psychometrically validated as a tool to measure the acute effects of psilocybin and is now referred to as the Mystical Experience Questionnaire (MEQ) (Yaden & Griffiths, 2020; Yaden et al., 2017). The scales is divided into four subscales (Yaden & Griffiths, 2020). These are:

“1, an authoritative sense of unity or connectedness accompanied by feelings of reverence; 2, positively valenced feelings such as love or peace; 3, alterations to the sense of both time and space; and 4, difficulty with putting the experience into words.” (Yaden & Griffiths, 2020, p. B).

When reading the fourth parameter of the scale, describing TPE can seem like a daunting task, since the ineffability of the experience is one of its most prominent characteristics (Marsh & Osmond, 1965). However, taken in conjunction with the rest of the parameters, it supports the initially stated notion, that TPE is remarkably different from everyday consciousness. The

ineffability of TPE can be understood as a result of it creating such altered experience of consciousness, that it is difficult to encompass using our language, that is tailored to our everyday experience of consciousness. In an article by Marsh and Osmond (1965) a similar argument is described:

“The experience is nondual and infinitely valued. Language is dualistic and two-valued. Attempting to express the drug experience in language is like trying to stuff the cosmos into a trunk” (p. 410).

It might seem rather silly trying to describe an experience by describing how indescribable it is and people who have tried psychedelic substances might argue that the only way to really understand the experience, is to try it. But since I cannot expect every reader to have had a psychedelic experience nor mail out these substances to the reader, I will attempt to describe the qualities of the experience.

Figure 2 shows a graph of the subjective effects reported by participants while under the influence of psilocybin. Based on this, TPE clearly entails many perceptual qualities, but also a different sensation of time and space (Swanson, 2018). Furthermore, a supernatural quality is described which could be likened to the aforementioned mystical quality. Notice also the experience of disintegration with the self or ego, what is called *ego dissolution* or *ego death* (Letheby & Gerrans, 2017). Interestingly though, despite this painting a picture of a very powerful experience, participants did not report feeling significantly more afraid, paranoid or afraid of “losing their mind”, than participants in the placebo condition (Swanson, 2018).

Subjective effects of psilocybin

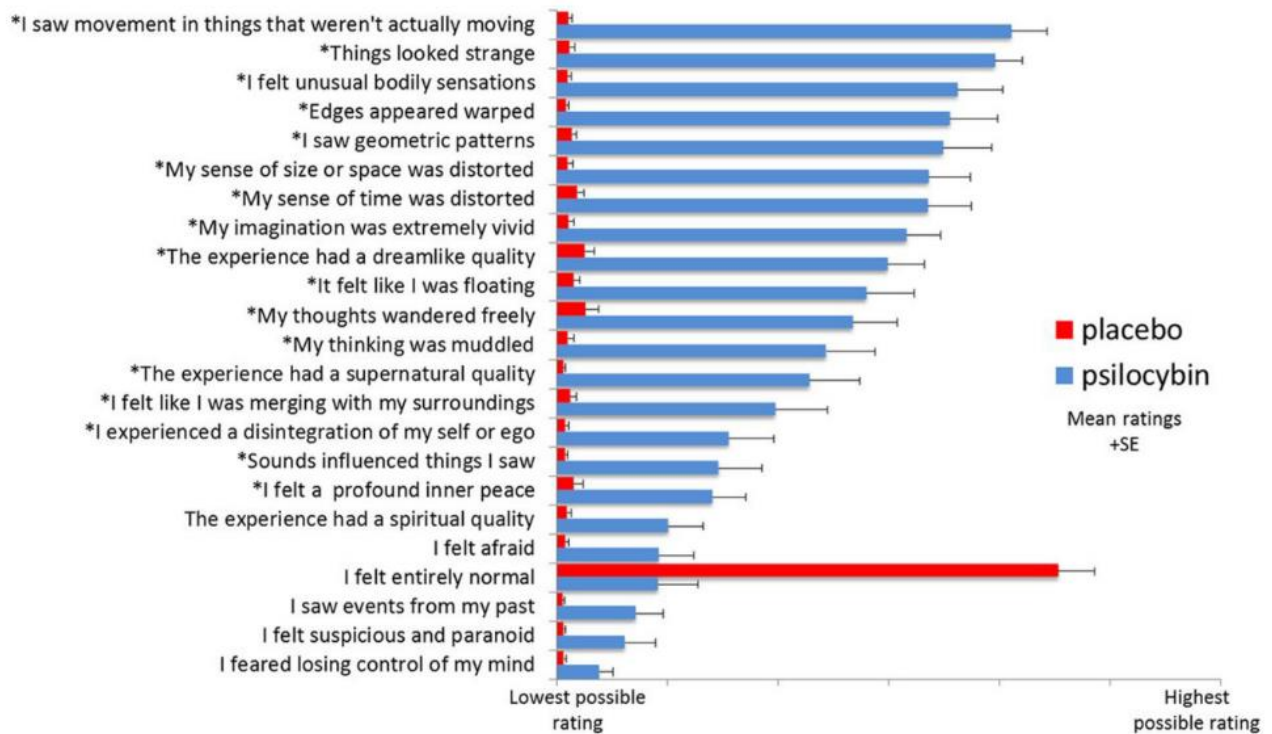


Figure 2: Differences in subjective experience between psilocybin and placebo. Items marked with an asterisk scored significantly higher for psilocybin than placebo (Swanson, 2018, p. 4).

It seems some of the most prominent qualities of TPE are profound experiences of love, increased openness and a feeling of interconnectedness or unity (MacLean et al., 2011; Phelps, 2017). This experience is described by a client in a follow-up study by Rosalind Watts and colleges, using psilocybin on clients suffering from treatment-resistant depression:

“[During the dose] I was everybody, unity, one life with 6 billion faces, I was the one asking for love and giving love, I was swimming in the sea, and the sea was me.” (Watts et al., 2017, p. 535).

Here we see a description of the deeply felt love and unity, that extends to all other human beings and at the same time, the ineffability of TPE is apparent in the use of the sea metaphor. Much in line with this description, the experience has also been called *oceanic boundlessness*, referring to the loss of distinction between self and other, or as described by this patient, the feeling of simultaneously being a part of a whole and being the whole (Roseman et al., 2017; Watts et al., 2017).

Although experiences may vary across different psychedelics in regard to objective aspects, such as the duration of the experience, studies have suggested similar effects across different psychedelics (Johnson et al., 2019). Furthermore, Hood (1975) originally described the mystical experience as “[...] a universal experience that is essentially identical in phenomenological terms [...]” (p. 30). Taken together this supports the premise of this paper, that psychedelics can be used as a category, rather than having to separate between the different substances that fall into this category.

Psychedelic-Assisted Psychotherapy

As this type of psychotherapy is not currently a mainstream practice, no official guidebook or manualized treatment exist (Phelps, 2017). A number of unofficial guides exist, such as Timothy Leary’s *The Psychedelic Experience*, which is built on *The Tibetan book of the dead* (Leary et al., 1964). In current research a certain trend is emerging as well.

The reason behind describing the clinical practice around the administration of psychedelics is, that the framework around TPE has important implications for the outcome of the experience.

When research into psychedelic-assisted psychotherapy (PAP) is conducted, it often follows a three-step model consisting of preparatory sessions, the “psychedelic sessions” and integration sessions (Garcia-Romeu & Richards, 2018; Holoyda, 2020). The duration of the therapy is generally short, often lasting no more than 1-3 months and the number of preparatory, psychedelic and integrational sessions differ (Garcia-Romeu & Richards, 2018). The preparatory sessions are meant to familiarize the clients with the therapists in order to build a trusting relationship and also to inform the clients about what might happen during TPE (Garcia-Romeu & Richards, 2018). During the psychedelic session, therapists generally take a non-directive approach and encourage the client to follow the experience wherever it might take them (Garcia-Romeu & Richards, 2018). Lastly, the integrational session is where the client talks about TPE with the therapist, in order to make sense of the experience and how it might benefit the client (Garcia-Romeu & Richards, 2018).

The reason why this whole framework is built around TPE is that it has long been recognized that what is commonly known as “set” and “setting” play an important part in whether the experience is pleasant or horrifying (Leary et al., 1963; Mogar, 1965). *Set* refers to the mindset of the clients before the experience, a pleasant mood and positive expectations sets the stage for

a positive experience (Leary et al., 1963). This is part of the rationale for the preparatory sessions, to make sure the client knows that the substances themselves are safe and that there are reliable people available to help, should anything go wrong (Garcia-Romeu & Richards, 2018). *Setting* refers to the physical surroundings, if they are viewed as comfortable and safe by the clients, a positive experience is more likely to occur (Leary et al., 1963; Mogar, 1965). This is why the psychedelic session is done in “home-like” surroundings, as opposed to earlier studies, where psychedelics were given with little to no preparation in more sterilized hospital-like settings (Garcia-Romeu & Richards, 2018; Leary et al., 1963). Furthermore, clients are usually encouraged to lie down on a couch, wearing eyeshades and headphones that are playing a pre-made playlist¹ (Garcia-Romeu & Richards, 2018).

Despite this best-practice framework starting to take form, there is a general agreement, that if PAP is to be a mainstream therapy, both manualized therapeutical frameworks and comprehensive training programs for therapists has to be made (Phelps, 2017). A comprehensive paper by Janis Phelps points to 6 essential competencies for psychedelic therapists (2017). These are: an empathetic abiding presence, trust enhancement, spiritual intelligence, knowledge of physical and psychological effects of psychedelics, therapist self-awareness and ethical integrity and proficiency in complementary techniques (Phelps, 2017, pp. 460–472). Many of these competencies coalesce with the description above, but they do call for elaboration. An *empathetic abiding presence* entails both empathy for the client, but also a respecting the deeply personal meaningfulness of the experience, by being supportive when needed, but also non-directive (Phelps, 2017). *Trust enhancement* entails facilitating both a trusting view of the therapist, but also facilitating the clients trust in their own ability to handle the TPE by normalizing the experience (Phelps, 2017). *Spiritual intelligence* relates to the mystical qualities of TPE, by for example understanding the process of ego death (Phelps, 2017). Ego death is understood as a dissolution of the boundaries between self and other² (Nour et al., 2016). *Knowledge of physical and psychological effects of psychedelics* means both understanding the subjective and physiological qualities of the experience, so as to be aware of any signs of adverse

¹ If the reader is curious as to what kind of music, the playlist “Psilocybin Research: Johns Hopkins, Sacred Knowledge, William A. Richards” is available on Spotify.

² Ego death will be described in more detail, later in this paper.

reactions, in order to decrease their likelihood (Phelps, 2017). *Therapist self-awareness and integrity* entails scrutiny of one's motivation for conducting PAP, as TPE can be pulled in a negative direction if so desired, but also by accident, as studies have shown that an unsettled therapist can elicit a distressing response from the client (Phelps, 2017). A *proficiency in complimentary techniques* can be important as a large "therapeutic toolbox" can be useful in order to increase likelihood of a positive experience and outcome (Phelps, 2017).

The importance of experience

I have previously explained how this paper maintains that to understand the therapeutic effect of psychedelics, one cannot reduce TPE to its neurochemical components. In this section I will investigate available literature to analyze whether this understanding is supported empirically.

To this end it is necessary to investigate what qualitative reports on TPE are available. The study by Rosalind Watts and colleagues was done, in a framework similar to the one described above (Carhart-Harris et al., 2016; Watts et al., 2017). In this study they gathered qualitative reports from the patients. Only three patients reported no positive changes in their depression and interestingly these three patients also had no psychedelic experience (Watts et al., 2017). Two of them reported experiencing no effects at all and the third only reported some perceptual distortions (Watts et al., 2017). The remaining 17 were able to describe TPE and its effect on their depression, in much greater detail, which could indicate that TPE gave them a unique opportunity to reflect on their life (Watts et al., 2017). In support of this, one patient describes an episode during TPE:

"I had an encounter with a being, with a strong feeling that that was myself, telling me it's alright, I don't need to be sorry for all the things I've done. I had an experience of tenderness towards myself. During that experience, there was a feeling of true compassion I had never felt before." (Watts et al., 2017, p. 531)

That TPE offers a unique sense of insight and perspective on one's life, is a recurring theme in the studies that have been made (Griffiths et al., 2006; Studerus et al., 2011).

It was a common theme to compare this PAP with other types of talking therapy, which was viewed as unhelpful and sometimes even as worsening the depression (Watts et al., 2017). One

patient describes how therapists “[...] try and motivate you but it doesn’t work if the motivation is coming from your therapist, it has to come from inside” (Watts et al., 2017, p. 545). This seems to be a key difference between the therapeutic effects of PAP and other types of therapy, as the changes to depression during TPE are described as “[...] felt rather than thought about” (Watts et al., 2017, p. 532). It seems that the alteration of consciousness that TPE provides, is what allows for deeper and more profound therapeutic benefits, than interventions without TPE (Wheeler & Dyer, 2020). In contrast to other types of therapy that seem to only succeed in dampening the symptoms of the depression, TPE seems to be a cathartic experience that allows patients to open themselves up to experiencing emotions that have been suppressed (Watts et al., 2017).

TPE is often characterized by a surge of a plethora of emotions so intense, that being able to surrender oneself to the emotions proves challenging for some (Watts et al., 2017). However it seems that the ability to let go or surrender to ones emotions, could be an important if one is to benefit from TPE, as Watts and colleges found that the patients who had been unable to let go, showed less improvement (Watts et al., 2017). Some described reconnecting to who they were before their depression, which can be viewed as a type of *rebirth* (Watts et al., 2017, p. 531). Several studies have found that TPE significantly correlates with therapeutic efficacy of psychedelics and is predictive for long term treatment success (Nichols et al., 2017; Roseman et al., 2017; Yaden & Griffiths, 2020; Zamaria, 2016). In further support of the importance of experience, several patients describe how, even after returning to a depressed state, TPE had provided them with greater meaning in their lives, that provided a valuable compliment to their psychotherapy (Watts et al., 2017; Zamaria, 2016). One patient’s description of TPE illustrates this:

“[The treatment] flicks on a switch. It opens a door. I can appreciate life [now] and because of that I can go on living. You feel it on the inside—it’s from the inside out. I’m looking at life and it doesn’t feel bad. There will always be suffering. If you only focus on that then you don’t get to see the beauty around you.” (Watts et al., 2017, p. 559).

The notion that TPE, rather than the drugs that provide it, is what is important is also described in some of the older literature:

“[...] the drug experience is like any experience: its meaning lies primarily within the person, not within the drug, which merely liberates. What it liberates into, insanity or ecstatic insight, depends on the subject and the circumstances” (Marsh & Osmond, 1965, p. 411).

This quote also illustrates both the importance of proper screening of subjects and the earlier mentioned themes of “set” and “setting” (Leary et al., 1963).

As noted in the introduction, PAP has shown to be beneficial to several different psychiatric conditions, which could indicate that TPE impacts fundamental and perhaps universal issues (Watts et al., 2017). TPE has been associated with a process of ego death and rebirth (Watts et al., 2017; Wheeler & Dyer, 2020). The experience of ego death, which can be defined as disintegration or dissolution of one’s sense of self or identity and at the same time a sense of merging of one’s consciousness with a greater whole, seems to be particularly relevant for understanding the therapeutic effects of TPE (Nour et al., 2016; Wheeler & Dyer, 2020). This experience seems to provide a sort of distancing from one’s everyday sense of self along with an enhanced autobiographical recollection, that allows a more objective view of oneself which makes it easier to notice and modify unwanted aspects of oneself (Johnson et al., 2019; Wheeler & Dyer, 2020).

Existentialism

As noted earlier, this paper will be built on existentialist thinking. In this section I will elaborate on what role existentialism plays in this paper.

Existentialist philosophy has been influenced by many great thinkers, since the time of Søren Kierkegaard, who is often credited for creating the school of existentialist philosophy (Yalom, 1980). There will naturally be some differences between the works of each thinker, which is why it is appropriate to clearly state what works are central in this paper. The existentialist understanding of this paper, will be based largely on the book *Existential Psychotherapy* by Irvin D. Yalom (1980). This book has been chosen as the foundation of the existentialist understanding in this paper, since Yalom (1980) not only does a great job explaining the general lines of existentialism and its historical origins, but also communicate the philosophy in a psychotherapeutic perspective, which is particularly relevant for this paper.

Central to existentialist philosophy, is the understanding that all humans are subject to ultimate existential concerns and that these are an inescapable part of the human experience (Yalom, 1980). In his book, Yalom (1980) points to four such concerns: “[...] *death, freedom, isolation and meaninglessness*” (Yalom, 1980, p. 8). *Death* is understood as a fundamental concern, since humans generally wish *to be*, but at the same time are aware that we will one day die, that is, *cease to be* (Yalom, 1980). The conflict between the wish to be and the knowledge of death's inevitability, entails a *mortal terror* as Yalom (1980, p. 8) calls it, or *death anxiety* as it will be referred to in this paper (Kesebir, 2014). *Freedom* can seem positive, in that it posits the ability to choose how one wishes to live one's life (Yalom, 1980). However, freedom thereby also means that the sole responsibility for your life lies with yourself, that there is no external structure to rely on (Yalom, 1980). On *isolation* Yalom (1980, p. 9) writes: “No matter how close each of us becomes to another, there remains a final, unbridgeable gap; each of us enters existence alone and must depart from it alone”. The existential aspect lies in the conflict between this knowledge and the wish for connectedness (Yalom, 1980). *Meaninglessness* is somewhat of a synthesis between the three previous concerns. One will eventually die, there is no inherent structure to rely on and one is forever alone, so what is the point of existence at all (Yalom, 1980)?

So far, existentialism can seem like a rather bleak philosophy and this paper will focus on perhaps the bleakest of the four concerns, that of death. However, throughout his paper, I hope to demonstrate that the knowledge of death is not necessarily a bad thing, in fact, it can be quite the opposite, as Yalom (1980) puts it: “Although the physicality of death destroys man, the idea of death saves him” (p. 30).

To understand this, we must explore the concept of death and its implications for the existential concept of death anxiety. In existential theory, death is not just understood as something that happens at the end of life, rather life and death exist side by side (Yalom, 1980). In fact, Yalom (1980) presents evidence that even in children are concerned about death from an early age. He argues that children deal with these concerns, by creating “immortality myths” or embracing immortality myths passed on from adults (Yalom, 1980, p. 109). These immortality myths take different forms. A common myth is that children do not die, that death is only for old people and as such, the child may come to believe that it can avoid death by simply not growing old (Yalom, 1980). Yalom (1980, p. 97) presents a case where a boy equated growing old with getting a

beard. The boy then thought that if he never shaved, the beard would keep growing and so would he, thereby delaying death indefinitely (Yalom, 1980). Another common immortality myth is that of an afterlife (Yalom, 1980). The belief that physical death is just the death of the body and that one's "spirit"³ will live on. Most – if not all – religions abide by this principle in some form (heaven and hell, reincarnation etc.) and as such, religion can be viewed as the largest socially sanctioned death-denial system (Dutta, 2012; Yalom, 1980).

So, death concerns are present even in childhood. But of course, one does not outgrow these concerns, one must come to terms with one's own mortality, one must confront and accept death as a part of life. In fact, in the view of Yalom (1980), psychopathology is what happens when one fails to do so, when one fails to obtain "death transcendence" (p. 109).

The paradigm for psychopathology that Yalom (1980) presents, "rests [...] on the assumption that psychopathology is a graceless, inefficient mode of coping with anxiety" (p. 110) and revolves around two fundamental ways of coping with death anxiety: a belief in one's *specialness* and a belief in an *ultimate rescuer*. The belief in one's specialness, is the irrational belief that death comes to everyone, except oneself (Yalom, 1980). Like the child denying its own death, by believing that death is only for old people and that it can therefore be avoided by not growing old, so does the adult unconsciously cling to the belief, that mortality only applies to everyone else (Yalom, 1980). But, at some point we must all come to terms with death, as Yalom (1980) puts it: "Reality always creeps in – the reality of our helplessness and our mortality; the reality that, despite our reach for the stars, a creaturely fate awaits us" (p. 127).

The belief in an ultimate rescuer is the belief that someone or something other than ourselves protects us (Yalom, 1980). This is the case for the child, in the form of the parent. But one cannot forever rely on protection from one's parents and as such, adults find these rescuers elsewhere. For some the rescuer takes the form of a religious belief in an omnipotent and benign god, for others the rescuer is of earthly origin, such as a leader or romantic partner (Yalom, 1980).

³ By this I mean some immaterial entity that encapsulates one's self.

Yalom (1980) stresses that these two defenses against death anxiety are to be understood as interdependent, not as dialectic but more as opposite ends of a spectrum. Yalom (1980) describes the relationship of the defenses as such:

“*Because* we have an observing, omnipotent being or force continuously concerned our welfare, we are unique and immortal and have the courage to emerge from embeddedness. *Because* we are unique and special beings, special forces in the universe are concerned with us. Though our ultimate rescuer is omnipotent, he is at the same time, our eternal servant” (p. 141).

In sum, death is to be understood as an ever-present and universal concern. A concern that we attempt to hide from by believing we are somehow unique and protected by some ultimate rescuer. But a concern we must come to terms with if we are to live a fulfilling life. Failure to do so, results in death anxiety, which is the basis for psychopathology.

Throughout this paper, death and death anxiety will be the tools used for understanding the therapeutic effects of TPE, how this makes sense will become apparent in the next section.

Psychedelics and death

Yalom (1980) briefly mentions being aware of psychedelics being used in conjunction with existential psychotherapy, but it does not seem to be something that has stirred up much interest in his own work. But perhaps it should have, because he also mentions that an experience that can catalyze a confrontation with one’s existence, is not readily available in psychotherapy (Yalom, 1980). Based on the previously stated accounts of patient’s psychedelic experiences, it seems that TPE facilitates this confrontation (Moreton et al., 2020). As stated, the patients in the study by Watts et al, (2017) who were not able to *let go*, did also benefit less from the experience. Yalom (1980) references Martin Heidegger in his argument that awareness of death can lead to a more *authentic* mode of being. This means that one is more aware of being and so, experiences life to a more fulfilling extent. Elsewhere it has been described as “[...] the ability to see the self in true perspective” (Kesebir, 2014, p. 610). It has furthermore been found that ego death, commonly associated with TPE, serves as not only a buffer of death anxiety, but also offers valuable perspective and insight (Kesebir, 2014; Nour et al., 2016; Wheeler & Dyer,

2020). Calling the experience *ego death* can seem terrifying, as it could be interpreted to mean that the very personality, the self, that one is used to, ceases to exist. Ego death is also known as ego-dissolution or “relaxed ego boundaries”, which may sound somewhat less frightening, but in the existentialist context of this paper, *ego death* seems fitting (Mogar, 1965, p. 151; Nour et al., 2016). The ego is, however, not to be understood as the entirety of the self, but rather as the part of one that keeps one from an authentic mode of being and locks one in an inauthentic mode of being, or what has been called *game* existence (Marsh & Osmond, 1965). How this process is facilitated by TPE, has been described as such:

“He has seen through the game, and though his ego still functions as the integrative principle which holds his personality together, it has become transparent and no longer dominates the self.” (Marsh & Osmond, 1965, p. 416).

This quote describes the effects of TPE in very similar terms to how Yalom (1980) describes that the confrontation with death saves one. TPE does not make you lose who you are, rather it frees you to be who you want to be (Kesebir, 2014; Marsh & Osmond, 1965; Savage et al., 1964). This is very similar to how many of the patients suffering from depression in the Watts et al. (2017) study described TPE as the process of moving from being disconnected with themselves to connecting with who they were before the depression, who they truly wished to be. A feeling that persisted even when symptoms of depression returned, where the insight and perspective gained during TPE remained (Watts et al., 2017). Varsha Dutta (2012) references Noyes, who in his work with near death experiences, points to three phases in the process of dying (p. 337). First, an initial resistance is observed, followed by an appraisal of one’s life and lastly a state of transcendence, described as a dissolution of the separation between self and everything else (Dutta, 2012). When reading this it is hard not to get struck by the uncanny resemblance between these three phases of dying and TPE. Noyes goes on to explain how people who had experienced ego death “expressed a certain lucidity about the transition of death and rebirth.” (Dutta, 2012, p. 337).

Curiously, the ways in which TPE seem to reduce death anxiety, seem to both confirm and contrast Yalom’s (1980) existentialist understanding of psychopathology. On one hand, TPE seem to facilitate a process of confrontation with one’s own mortality, in the form of realizing that one is not separate from nature and other people. According to Yalom (1980) this could provoke death anxiety by reminding one of one’s creaturely origin and removing the sense of

specialness. In contrast to this, it seems to provide an experience that not only allows one to accept this, but also to derive great meaning from it. Rather than suffer from the removal of uniqueness, TPE allows one to prosper from interconnectedness, both with nature and other people. As one patient described it:

“This connection, its just a lovely feeling . . . this sense of connectedness, we are all interconnected, it’s like a miracle!” (Watts et al., 2017, p. 534).

This can be understood as providing a form of death-transcendence and thereby reducing death anxiety (Moreton et al., 2020). As described earlier, TPE can create a mystical-type experience, that has the potential to create great meaning (Griffiths et al., 2008; Griffiths et al., 2006).

Another interesting discovery, is that TPE has been found to produce changes in the personality structure of the five-factor model (MacLean et al., 2011). Longitudinal studies support the central notion within the theory underlying this model, trait theory, that personality traits are stable after the age of 30 (MacLean et al., 2011). However, TPE has even been shown to create changes in the personality trait Openness that remained over a year after TPE (MacLean et al., 2011). The trait Openness “encompasses aesthetic appreciation and sensitivity, imagination and fantasy, and broad-minded tolerance of others’ viewpoints and values” (MacLean et al., 2011, p. 3). This suggests that there is a change, regardless of methodological standpoints.

Furthermore, it may be that the mystical aspect of TPE offers a form of spiritual transcendence, which reduces death anxiety (Piotrowski et al., 2020). In relation to ego death, this spiritual transcendence could also be understood as a dissolution of the familiar boundaries of the self, that enlarges one’s understanding of what constitutes the self, which in turn makes death less frightening as the self is understood not just as contained within the body, but as part of a larger whole (Dutta, 2012; Moreton et al., 2020). One patient’s account of TPE illustrates this point:

“Before I enjoyed nature, now I feel part of it. Before I was looking at it as a thing, like TV or a painting. You’re part of it, there’s no separation or distinction, you *are* it” (Watts et al., 2017, p. 534)

If we dive deeper into Yalom’s (1980) existentialist understanding of psychopathology, it does make sense that TPE could alleviate death anxiety. As described specialness and the belief in an ultimate rescuer, were merely means of coping with death anxiety, merely ways of postponing

the confrontation with death (Yalom, 1980). But as described, the reality that one is going to die, will *creep in* and must be confronted (Yalom, 1980). Instead of waiting until one's deathbed and thereby locking oneself in an inauthentic life, with death as "a dark, unsettling presence at the rim of consciousness" (p. 27), TPE – and particularly its ability to stimulate ego death – seem to offer an effective way of confronting death and thereby liberating oneself from death's dark presence and obtaining death transcendence (Yalom, 1980). The liberation lies in moving from a life wherein everyday is filled with nothing, or "idle chatter", as Yalom (1980) puts it – that is, the inauthentic mode of being – to living life to its full extent, by daring to seek true connectedness with other people, with nature, with everything – that is, the authentic mode of being (Pahnke, 1969). As Walter Pahnke (1969) described it in a study with dying patients:

"It seems as if the mystical experience, by opening the patient to usually untapped ranges of human consciousness, can provide a sense of security that transcends even death. Once the patient is able to release all the psychic energy which he has tied to the fear of death and the worry about the future, he seems able to live more meaningfully in the present." (p. 8)

Newer studies support Yalom's idea that death is a valuable transdiagnostic construct and that death acceptance is adaptive (Iverach et al., 2014; Philipp et al., 2019). Interestingly, large correlations have been found between death anxiety and many of the disorders TPE has been shown to help alleviate (Moreton et al., 2020). That TPE can facilitate this process has been hinted in earlier psychedelic studies, as a study by Savage and colleagues (1964) found that: "12 months after LSD, 89 % of participants reported an "Increased interest in universal concepts" (p. 164). That death could be a central *universal concept* is supported by a recent study that found enduring reductions in death anxiety 4.5 years after a single dose of psilocybin, when used in PAP (Agin-Liebes et al., 2020). This is also supported by a double-blind placebo controlled study by Griffiths and colleagues (2016), that found substantial decreases in death anxiety along with increases in quality of life, that were sustained 6 months after PAP in patients suffering from life-threatening cancer. This response was found to be mediated by a mystical-type experience, thus further supporting the notion that the effects resulted from TPE (Roland R Griffiths et al., 2016).

Discussion

Throughout this paper I have presented the case for therapeutic use of psychedelics, through the alleviation of death anxiety. However, the effects of the war on drugs still linger in public opinion and as such, these substances are by many considered to be no more than illegal drugs. Contrary to this, recent studies find that psychedelics do not carry many of the adverse effects often associated with drugs, such as craving, addiction and psychosis (Dutta, 2012; Watts et al., 2017; Wheeler & Dyer, 2020). In fact, studies show promising results in using psychedelics for the treatment of addiction (Bogenschutz et al., 2015; Johnson et al., 2017). Furthermore, studies have shown that psychedelics are nontoxic (Dutta, 2012; Nutt et al., 2010). When looking at the graph in the appendix, one will find a presentation of different drugs, that stand in stark contrast to how the line between legal and illegal has been drawn in most western countries (Nutt et al., 2010). In general, the use of psychedelics in a clinical context seem to be both safe and effective, with the most prevalent side effects being anxiety, headache and nausea, all of which seem to subside after the psychedelic sessions (Andersen et al., 2021).

Whereas drugs are often thought of as an escape from reality, psychedelics seem instead to offer the possibility of a confrontation with a reality that has been repressed in ordinary states of consciousness (Dutta, 2012; Osmond, 1957). In the context of this paper, that reality can be understood as the awareness of our own mortality. In support of this, Yalom (1980) describes how death anxiety often manifests itself in other forms, that could be considered “disguises” that we are able to understand in our everyday state of consciousness (Dutta, 2012).

This begs the question: If psychedelics are to be understood as much less harmful than legal vices, such as alcohol and tobacco, why were they made illegal in the first place? There must be a proper rationale behind the illegal status, right?

These questions are fair to ask and of course there is some rationale behind criminalizing these substances. However, when investigating the literature, it seems that this rationale is more based on political attitudes and poorly constructed science, than on concerns for public safety.

When LSD was first synthesized, it was not yet known how it might be useful, and as such, many different people and institutions used it for many different purposes. One of the less fortunate uses, was the exploration of LSD and other substances as a truth serum and a means of mind control, in the infamous CIA program “MK-ULTRA” (Dutta, 2012; Passie & Benzenhöfer,

2018). During the 1950s research into these substances on healthy young volunteers began to be considered problematic and as a result, researchers started using them on psychiatric patients, without their informed consent (Passie & Benzenhöfer, 2018). As little were known about these substances at the time “dosage levels were set not by research on toxicity, but by guess.”, sometimes resulting in fatalities (Passie & Benzenhöfer, 2018, p. 76). Furthermore the US military also has a history of testing LSD as an *incapacitating agent*, without success (Johnson et al., 2019). Other militaries, such as that of Nazi Germany has also conducted research into mescaline and its derivatives, as a means “to eliminate the will of the person examined” in order to extract secrets (Passie & Benzenhöfer, 2018, p. 73).

As these studies were not conducted with the well-being of the participants in mind (in fact the goal was often quite the opposite), they often resulted in very negative experiences for the participants. It seems likely that when the public became aware of the results of experiments like these, it could create the idea that these substances themselves are dangerous, when it likely had more to do with how they were used.

A 1964 video shows how LSD was tested as an incapacitating agent on British soldiers (PsychedelicsReview, 2012). If one can overlook the obvious concerns of giving consciousness altering substances to unknowing and armed soldiers, the video is rather amusing. One soldier seems to get somewhat overwhelmed by the experience, but no one is harmed and the rest of the soldiers start to fool around and laugh (PsychedelicsReview, 2012). 70 minutes into the experiment, the troop commander concludes: “I cannot do anything about this, I cannot control the men and I can take no action myself. I am wiped out as an attacking force” (PsychedelicsReview, 2012, p. 2:00-2:09). In this case, it can be said that LSD was rather successful in incapacitating the soldiers.

Aside from cases where psychedelics have been used to deliberately provoke adverse reactions, it seems that the negative effects of psychedelics, have largely been blown out of proportion. Both population studies and studies using psychedelics for therapeutic goals consistently report little to no adverse effects, both acutely and long term (Alnæs, 1964; Roland R Griffiths et al., 2016; Johnson et al., 2017; Krebs & Johansen, 2013; Studerus et al., 2011). When acute adverse reactions do occur, they are often resolved by interpersonal support (Studerus et al., 2011). One population study concluded that:

“Case reports of mental health problems following psychedelics are often comparable to case reports of mental health problems linked to intensive

meditation [57–61], visiting holy sites[62,63], or viewing beautiful artwork and sublime natural scenes” (Krebs & Johansen, 2013, p. 8)

Furthermore, one study found that having used psychedelics was significantly associated with a *decreased* probability of psychological distress and suicidality (Johnson et al., 2019).

In sum, it seems that adverse responses to psychedelics has more to do with the context in which they are used, than with the substances themselves, further supporting the importance of set and setting (Johnson et al., 2019; Leary et al., 1963; Studerus et al., 2011). This stresses the importance of developing proper guidelines for conducting PAP and training therapists (Phelps, 2017). Another important concern is proper screening of subjects, as survey research found 1 case of prolonged psychiatric reaction (more than 48 hours after administration) among 1200 healthy subjects (Johnson et al., 2019). This subject was the identical twin of a schizophrenic patient (Johnson et al., 2019). Further supporting proper screening of subjects, is a case report of a 34 year old man, who after suffering a traumatic brain injury, develops a severe drug abuse problem (Sami et al., 2015). Over a six month period he uses a number of substances recreationally, including cannabis, ketamine, DMT, cocaine, LSD and a number of designer drugs (Sami et al., 2015). After this period of substance abuse, the man developed psychosis and it is concluded that the substance abuse likely played a role in this (Sami et al., 2015). However, it is still argued that the most likely diagnosis is s Psychotic Disorder due to Traumatic Brain Injury (Sami et al., 2015).

In general however, when administered in the proper context, studies consistently report no serious adverse effects, as a result of administering psychedelics (Johnson et al., 2019). As mentioned, psychedelics were originally studied as a means of inducing psychosis, which may be why many still believe that they drive one mad (Hofmann, 1958; Rinkel, 1958). Furthermore, that the War on Drugs was based more on political opinion than concern for public safety, is evident in the following quote:

“It is deeply troubling to read an interview with John Ehrlichman, advisor to US President Richard Nixon, in which he explains that the War on Drugs was ‘really about’ hurting ‘the antiwar Left, and black people’, and openly admits, ‘Did we know we were lying about the drugs? Of course we did’” (Krebs & Johansen, 2013, p. 277).

Central to Yalom's (1980) understanding of the existential concerns, is their universality. This is supported by Iverach et al. (2014), who in their review found death anxiety to be a significant issue, theoretically as well as clinically, in both clinical and non-clinical populations. If TPE can alleviate death anxiety safely, it is then logical to assume that TPE can be beneficial, not just to clinical populations, but to all humans (Gasser et al., 2014; Schmid & Liechti, 2018). This further supports the case for decriminalization of psychedelics substances and in Portugal where this has been done – not just for psychedelics but other previously illicit substances as well – decriminalization has done little to escalate recreational use (Dutta, 2012).

An extension of this discussion that has been going on since the early days of psychedelic research, is whether therapists working with PAP should experience psychedelics themselves (Osmond, 1957). Osmond (1957) references others who have used psychedelics to “[...] enlarge the sympathy of members of a psychiatric staff for patients in their care.” (p. 424). He goes on to argue that therapists working with PAP should subject themselves to TPE:

“Those who have had these experiences know, and those who have not had them cannot know and, what is more, the latter are in no position to offer a useful explanation.” (Osmond, 1957, p. 428).

Going back to Phelps (2017) essential competencies of psychedelic therapists, subjecting oneself to TPE could be a means of developing ones *spiritual intelligence*, by having first-hand experience of how it feels to lose oneself in the unity with everything else.

A counterargument to this is, that psychologists, psychiatrists and other therapists, are trained in understanding and working with people in various psychological states. One could then reasonably ask whether a therapist should have experienced depression, PTSD, schizophrenia etc. to work with people suffering from these ailments. On the other hand, one can easily enter TPE and exit it again, which is sadly not the case for mental illnesses.

Criticism and limitations

An aspect psychedelic use that has also received some attention in recent studies but has not been included in this paper, is *microdosing* (Kaertner et al., 2021; Ona & Bouso, 2020). That is, ingesting amounts of psychedelics that are not large enough to stimulate a psychedelic

experience, over an extended period of time (Szigeti et al., 2021). As the aim of this paper was to investigate the therapeutic effects of TPE, investigations into microdosing were irrelevant.

In this paper, an existentialist understanding of psychopathology has been used. This is of course only one understanding of psychopathology and it could be argued that this limits the understanding of TPE, as many other theoretical frameworks exist, that would possibly have led to a different understanding of what underlies the therapeutic effects of TPE (Watts et al., 2017). Furthermore, Yalom (1980) argues that all the four ultimate concerns in his book bring important aspects to the understanding of psychopathology and psychotherapy. In this paper only the concern of death has been used, which somewhat limits the analysis. As mentioned, large correlations have been found between death anxiety and conditions alleviated by TPE (Gasser et al., 2015; Moreton et al., 2020). However, other studies have found no improvement on death anxiety after TPE (Ross et al., 2016). The same study did however conclude that TPE “decreased cancer-related existential distress, increased spiritual wellbeing and quality of life, and was associated with improved attitudes towards death” (Ross et al., 2016, p. 1177).

Throughout this paper I have argued for a non-reductionistic emergentist view of the therapeutic effects of psychedelics, in which the subjective experience is central for understanding the therapeutic effects. However, more research is needed to come to a conclusion on whether this is the case and not everyone agrees with this stance. One of them is David E. Olson, who argues that the neurochemical influence is the key component (Olson, 2020). As previously described, these substances have been called by many names, which all carry important implications for how their effects are viewed. Olson (2020) classifies psychedelics as *psychoplastogens* referring to their ability to induce a heightened state of neuroplasticity (p. A). He argues that this is the central aspect of their therapeutic effects and criticizes research indicating a connection between TPE and therapeutic outcome for being largely correlational (Olson, 2020). He argues that therapeutic benefits are observed with compounds that induce neuroplasticity, without TPE (Olson, 2020). However, the research he refers to are predominantly studies using rodents and it seems unlikely that rodents would have the same capacity as humans for psychedelic experiences. (Olson, 2020).

Research sometimes differentiate between *psychedelic* and *psycholytic* therapy, the difference being that psychedelic therapy includes high doses of psychedelics in order to achieve the aforementioned mystical or peak experiences that hold the capacity for transcendent experiences

such as ego death, whereas psycholytic therapy uses lower doses of psychedelics (Johnson et al., 2019). This paper has exclusively dealt with psychedelic therapy, as studies have suggested that these mystical-type experiences are mediators in therapeutic outcome (Johnson et al., 2019).

Furthermore, it should be noted that despite modern research applying more rigorous placebo-controlled double-blind research designs, expectancy effects cannot be ruled out. This applies both to the participants in the studies, but also for researchers, as it has been found that trained session monitors are able to accurately differentiate between sessions using active placebo and sessions using psilocybin and LSD in 77-95 % of sessions (Garcia-Romeu & Richards, 2018, p. 293).

The ineffability of TPE can be said to pose some problems for the phenomenological approach. About the experiences of people on LSD Osmond (1957) wrote: “We seem to have almost no language suitable for communicating them. [...] Such work can be done only by those who are used to these substances.” (p. 426). The ineffability of TPE has likewise become evident throughout this paper, as most – if not all – of the descriptions of TPE referenced here, resort to some form of metaphors, comparisons etc. in attempt to describe TPE.

Another important limitation of this paper and psychedelic research in general, is that it is still in its early phases and many of the studies being conducted have a relatively small sample size, thus warranting larger studies to confirm safety and efficacy of psychedelics (Andersen et al., 2021).

Further perspectives

Returning to the model of ontological levels, the psychological and societal level had an reciprocal interaction (Sonne-Ragans, 2019). This means that psychological research into psychedelics can provide information on the benefits and lack of harm of psychedelics, which can bring about a change in legislation. Furthermore, Yalom’s (1980) existential concerns apply not just to mentally ill people but are understood as universal for all human beings. Using psychedelics as a means of alleviating these concerns may then hold the potential to not just change public opinion on psychedelics, but also to help destigmatize psychological treatment and mental illness.

The current psychedelic research has been criticized for using predominantly white participants, thus limiting generalizability of their effects (George et al., 2019). This critique extends to the societal level, as the indigenous cultures that have used these substances for centuries, often aren't recognized for their contribution to the current psychedelic renaissance (George et al., 2019). Furthermore, the War on Drugs has disproportionately affected minorities (George et al., 2019). As the quote at the end of the discussion illustrates, this has not just been an unfortunate byproduct of the War on Drugs, but may in fact have been its goal (Krebs & Johansen, 2013). Further studies should strive to include people of different cultures, ethnicities and backgrounds, both for the sake of scientific generalizability and to right past wrongs (George et al., 2019).

Conclusion

Throughout this paper, I have investigated the value of the psychedelic experience. Through use of literature from both the first wave of scientific interest in psychedelics and from the current renaissance. Based on this literature, I have argued that the subjective psychedelic experience, seems to play an important role in the therapeutic use of psychedelics, by alleviating the core existential concern of death.

To understand why the subjective effects play such an important role, I have proposed the existentialist understanding of both psychopathology and general human struggle, with a focus on death and death anxiety. It seems TPE is particularly good at allowing people to confront and handle the existential concern of death, thus allowing one to live a more meaningful and fulfilling life. As the existential concern of death is to be understood as an unavoidable part of being human, it seems likely that both clinical and healthy populations could potentially benefit from TPE. However, psychedelic research is still in its early phase and more studies with larger and more diverse sample sizes are needed, in order to confirm the benefits of TPE. Furthermore, as the framework around TPE seems to be important, it is necessary to study what framework best supports the production of a beneficial psychedelic experience.

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Appendix

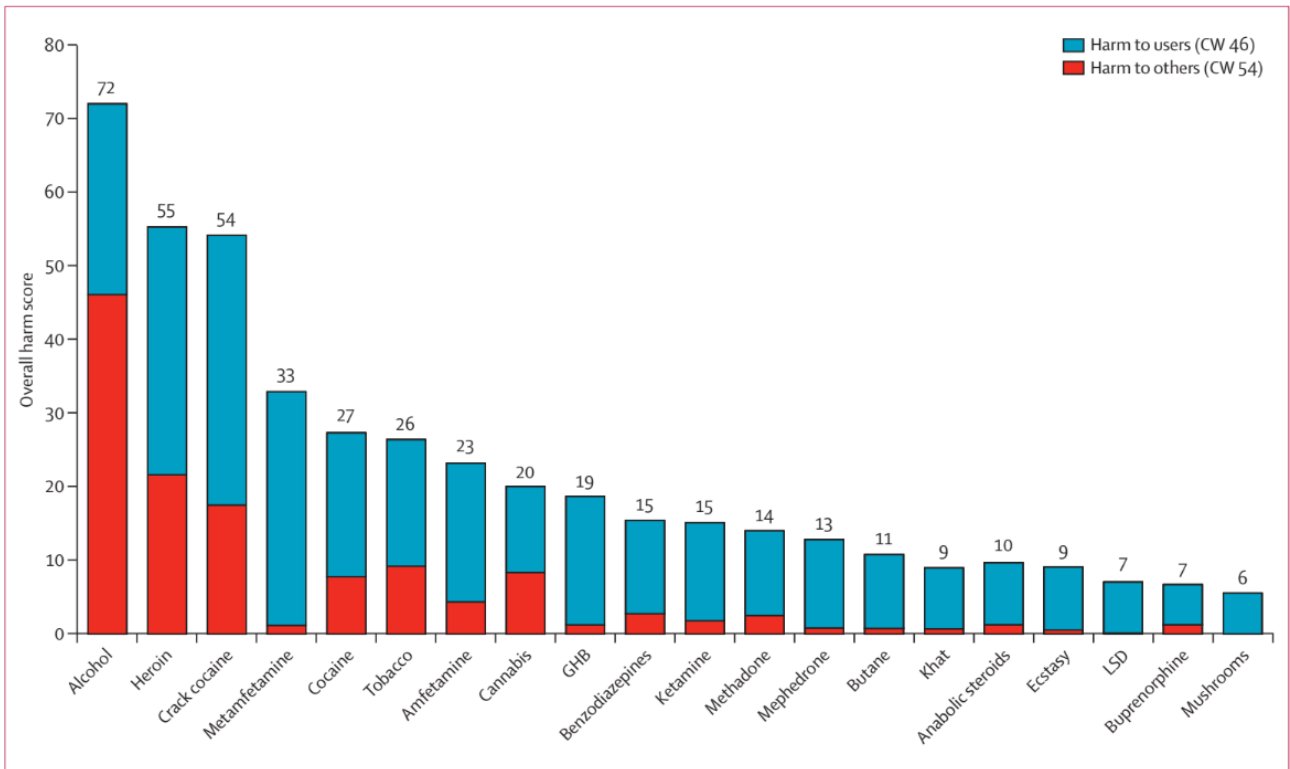


Figure 3: Overall harm scores of individual drugs, separated between harm to users and harm to others. See (Nutt et al., 2010) for more information.