The Nature of Healing in the Psychedelic Experience

by

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Abstract

Users of psychedelic drugs frequently report various types of healing effects after the experience has completed. How these substances actually do the healing work is still being understood. I argue that the phenomenology of the psychedelic experience is relevant to and doing at least some of the healing work. This occurs in part via the phenomenon of transformative experiences. Psychedelic experiences provide insight into first and second order desires of an individual. They alter an individual’s self-narrative and provide an ideal to aim for in addition to the motivation to achieve that ideal. Additionally, psychedelic experiences foster feelings of connection to other people and nature. This heals through altering an individual’s in-group/out-group perceptions and provide a sense of oneness which increases accurate perspective taking. The experience of ego-dissolution had under psychedelics can be compared to the ultimate transformative experience—death—which facilitates the healing process. These experiences promote social healing and serve as a reopening of previously closed possibilities due to trauma or mental illness.

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CHAPTER 1

**Introduction**

As rates of diagnoses of mental illnesses have increased over time, people have sought out new treatments to alleviate the suffering they cause. Psychedelics have been hailed as a wonder drug for the current mental health crisis.[[1]](#footnote-1) As there has been a resurgence of interest in psychedelic drugs, growing numbers of researchers have devoted their time and attention to studying these substances. Most of this research is focused on figuring out the biological mechanisms of action for these substances. In addition to this, there is substantial evidence of these substances providing relief to those distressed by various mental illnesses. How exactly these substances heal mental illnesses is not yet fully understood.

These substances, rather than requiring the daily ingestion of a pill or months of psychotherapy, can work in as few as one or two sessions. One unique, key factor in this treatment approach is the utilization of experience, specifically an altered state of consciousness, in healing. I will argue against the conception that the sole causes of healing are non-psychological but that phenomenological evidence suggests that the psychedelic experience plays a causal role in healing.

To do this, first, I will lay out the role that an individual’s experience plays in their overall health and well-being. I do this by elucidating the biopsychosocial model of medicine and that each aspect affects the other parts of the individual using PTSD and depression as examples.

Then I will present data suggesting that it is the mystical *experience* itself that is doing at least some healing work in individuals who take psychedelic drugs. These experiences are cases of transformational change—experiences where an individual is transformed and, in some cases, healed. There are two types of this change, gradual and immediate. The psychotherapeutic process could fall under the gradual transformative changes. I will argue that psychedelics work in both gradual and immediate transformational changes.

Before getting into the aspects of the experience that seem to be key in the healing process I give a brief introduction to the physical and mental effects of a psychedelic experience, noting some aspects that are of particular importance to the healing process.

Once the basic experience is understood, I argue that one function of healing that psychedelic experiences can provide is insight into one’s own patterns of behaviors. I utilize Harry Frankfurt’s language regarding desires and volitions. David Velleman has a theory of motivation behind actions which centrally argues for the role unconscious narratives play in driving our actions. I utilize this argument to elucidate how the psychedelic experience provides both the ideal to aim for and the motivation to act out the ideal, which allows people to re-contextualize their lives and make fundamental changes resulting in healing.

I then explore how psychedelic experiences foster feelings of connection to other people and to nature and the central role that this plays in healing people’s relationships. The empathy-altruism hypothesis and in-group/out-group frameworks are utilized as a vehicle for this connection. I then discuss the concept of ego-dissolution and the role of death/rebirth in the psychedelic experience utilizing Evan Thompson’s conception of death as the ultimate transformative experience. This leads to the individual surrendering to death during the experience and to a transformation. Here I utilize L. A. Paul’s conception of personal and epistemic transformation and show how this pertains to healing of individuals.

I then suggest that the traumatic experience is a negative transformational experience that limits possibilities available to an individual and that the psychedelic experience works as a sort of reversal of that process. Part of that is promoting social healing which might be necessary for those with mental illnesses. Finally, I look at the role integration plays in causing lasting change from the psychedelic experience.

**Biopsychosocial Model**

In parts of medicine, the biopsychosocial model has been utilized to change the way we think about healing. This model views the biological, psychological, and social components as all playing a role in understanding people and their healing. In general, the biological components of pain, sickness, and health are readily accepted as causal. Somewhat less acknowledged are the psychological and social components. These are both experiential components. These other components were of core to one of the biopsychosocial model’s first proponents, George Engel.[[2]](#footnote-2) He strived to elucidate a more holistic approach to health recognizing that patients are situated in a particular world that includes all of their experiences, their thoughts, feelings, and their personal history. Acknowledging this, he argued, gives doctors a more complete understanding of their patients and what is needed to treat them. Engel argued that the body alone doesn’t contribute to an illness. The individual’s psychological and social factors play an important role in both the cause of an illness and in the treatment of an illness.

This model is particularly relevant to health and wellness. The experiences of a person greatly change the way their physiology functions and how they experience it. What is salient to a person is directed or guided by their social and psychological experiences. For example, how tired someone feels can greatly increase the amount of pain they experience compared to when they are well-rested.[[3]](#footnote-3) The more tired they are, the more pain they feel. The amount of stress one is under changes the way pain is felt, generally increasing the severity of the pain in a similar manner to tiredness.[[4]](#footnote-4) The familiarity with a certain type of pain alters the experience of it. Repeated exposure to a specific physical pain lessens the felt pain, despite the levels of pain remaining constant.[[5]](#footnote-5)

Social interaction influences the way our bodies work as well. The general feeling of loneliness is associated with higher blood pressure and risk for heart disease.[[6]](#footnote-6) Additionally, experiencing loneliness for a sustained period of time increases the chance of dying by 26 percent, particularly in elderly people.[[7]](#footnote-7) People of all ages who are lonely are more susceptible to diseases and less able to fight off immediate threats to their body or immune system.[[8]](#footnote-8) Felt pain is decreased by those who feel a sense of social inclusion and greater in those who felt socially isolated. Those with a healthy sense of social inclusion are more able to fight off illness and diseases.[[9]](#footnote-9) Robert Sapolsky, a neuroendocrinologist, found that a “fighting-spirit” as he calls it, and a healthy support system and coping mechanisms greatly increase the body’s capacity to fight cancer and, in almost all cases, increase the life-span of cancer patients.[[10]](#footnote-10) Those without healthy social support are more likely to have worse and more frequent relapses of symptoms in chronic illnesses than those with social support systems.[[11]](#footnote-11)

In a study on depression in patients with rheumatoid arthritis, researchers found that “helplessness and passive coping were significant mediators of the relationship between physical disability and depression and pain.”[[12]](#footnote-12) What was also noted though, was that previous experiences of pain and past and current social support also influenced the participant’s well-being and ratings of pain. Those with less pain reported less intensity of depression and greater social support and those with tried and effective coping mechanisms also reported less pain similarly to the research done by Robert Sapolsky noted above.

Experience is shaped by biological, psychological, and social factors. We are fundamentally embodied and social beings. The way experiences are psychologically or socially perceived shape the way our bodies respond to the world around us. Pathological experience is driven by and leads to problems physically, mentally, and socially. In a similar fashion, the etiology of mental illnesses can be found in not just the biological functions of the body, but in the environment and social context in which an individual is situated. It is well documented that many mental illnesses develop from the environment in which an individual is located. There are infinite situations in which a mental illness can develop. PTSD can occur in soldiers in war, a social conflict. It can occur in individuals who experienced emotional, physical, or sexual abuse at any age of life, a social and psychological conflict. Depression or anxiety can find their cause in any sort of abuse, neglect, or repeated situations in which the individual attempts to adapt to a negative environment. Look at children who were attached and whose needs were being met consistently while young and those whose needs were not. Children who had soothing can auto regulate emotions and the self. They can be healthy functioning adults. Those whose needs weren’t met must calm and regulate through some other method, be it complete dissociation (resulting in severe trauma), partial dissociations, or other coping mechanisms that helped the individual survive the circumstances which later became problematic.[[13]](#footnote-13)

These sorts of examples illustrate the circumstance, the social and psychological environment, playing a role in the development of a disorder, which leads to changes in their physiology and biology. In other words, their experience plays a causal role in the development of their physiology. In cases of trauma, a single moment can lead to lasting physical changes in the brain. Experiences, whether personal or subpersonal, are imprinted on both the mind *and* the body. Cells imprint and record memories.[[14]](#footnote-14) This information is used in development and growth of new cells. The experience itself, whether positive or negative in nature, alters the physiology.[[15]](#footnote-15) If these negative experiences can have long-lasting negative effects on mental health and physiology, then it is only logical that a positive experience can have long-lasting positive effects on mental health and physiology. If this is true, then just as a single negative experience can transform an individual in an instant, a single experience can facilitate healing and changes in individuals. This is exactly what is occurring in the healing effects of the psychedelic experience. It is not just the physiological effects of the drug that is causing the healing in the individuals, though it probably has a beneficial effect on it. I will argue that it is the experience had under the influence of the drug itself that is doing the work for the individuals in healing. One illness it is particularly potent for is depression.

Depression is an example of this social and psychological context for mental illness. It has been characterized as a sense of disconnection from other people in addition to one’s self.[[16]](#footnote-16) Matthew Ratcliffe has been working on the phenomenology of the experience of depression. He notes that the theme of painful disconnection from other people is a prominent feature of nearly every first-person account of depression, regardless of the source it comes from.[[17]](#footnote-17) Furthermore, he notes that in depression people say their world has been altered. He suggests that the ‘world’ that is altered in depression is a rough comparison to the experiential world that one is immersed in, the one that phenomenology attempts to investigate. And, in depression, the shift in the experienced world can be described in terms of an altered sense of the way one experiences them‘self’, a change in the way one experiences possibility in the world.[[18]](#footnote-18)

On the experiential aspect of depression, David Karp notes,

It was impossible to listen to depressed people without being struck by the frequency with which themes of “isolation,” “withdrawal,” and disconnection” came up. As with all feelings and emotions, isolation is experienced in different degrees and hues. Some individuals feel obligated to withdraw from virtually all arenas of social life. Most people though, unless they become hospitalized, struggle through their daily obligations, sometimes heroically maintaining a façade of “normalcy.” Others may continue to associate with friends and family while nevertheless feeling disengaged, uncomfortable, marginal, and profoundly alone.[[19]](#footnote-19)

What Karp’s observations exhibit is the social and psychological impact of a pathological experience. The way these people experience the world drives them to outward and inward isolation. Despite the proximity of people around them, the possibility of connection does not exist. Their lived world is different than from before.

Further characterizing this isolation, Karp continues,

We all necessarily make distinctions among people in terms of their capacity to appreciate our inner life. Thus, the decision to keep the pain of depression private casts others into the status of strangers, persons who are near and distant at the same time. They may be proximate in an immediate physical way, but they are perceived as distant because we do not share with them the perceptions and emotions that most centrally define our experience of the world. Since depression dominates one’s ‘lived world,’ keeping it secret dramatically distances sufferers from everyone, including family and friends with whom they might have a significant volume of daily conversation.[[20]](#footnote-20)

One consequence of the characterization of depression by Karp and Ratcliffe shows that those with depression, distance themselves socially. This distance, social isolation and loneliness, then causes increased risks of diseases and death and decreased ability to fight off infections and illness, which is to say that their experience alters their physiology.

The way one experiences the world plays a role in their health and wellness. Problematic experience can lead to problematic biological functions. If this is the case, then healing or fixing a problematic experience, can help heal the physical. Help a person connect, and their depression will begin to abate. Connection is an experience and it gives rise to other experiences. If so many types of experience can cause a mental illness to occur, it would make sense then that an experience could facilitate the healing of said illness. Likewise, the psychedelic experience helps a person heal themselves.

In psychotherapy, one way to treat pathological experiences, it isn’t any drug that is doing the work. It is the experience and process of therapy that lead to healing. Drugs can and are used in conjunction with therapy, but they aren’t the whole picture. Likewise, the pharmacological part of psychedelics in healing is relevant, but it isn’t the whole picture. The experience is part of the healing picture. According to some researchers, it is a specific type of experience that is doing healing work—a mystical experience.

**Psychedelic Healing and Mystical Experiences**

It is well-understood that psychedelics are healing. Substances such as psilocybin,[[21]](#footnote-21) LSD,[[22]](#footnote-22) ketamine,[[23]](#footnote-23) ayahuasca,[[24]](#footnote-24) etc. are known to alleviate PTSD, depression and anxiety generally, depression and anxiety in end-of-life cancer patients, obsessive-compulsive disorder, addictions, and other ailments. The biological mechanisms of action behind the beneficial effects is not fully understood as of yet, but progress continues to be made.

Some might argue that the experiences and healing that occur to people who take psychedelics is just an epiphenomenon of the drug’s interaction with the brain. In other words, the experience itself is simply a byproduct that has no causal impact on the healing process. This is not the case. The experience itself does play a causal role in the healing property of psychedelic drugs. This is not to say that the physiological effect of the drug isn’t providing any benefit, but rather to say that the experience is *also* playing a causal role in the healing. Beyond people simply attributing their healing to the experience they have on psychedelic drugs, there is empirical evidence that the experience itself is correlated with improved outcomes in various patients. For example, the mystical experience has been implicated in studies regarding end-of-life cancer patients, those with depression, anxiety, addictions, and OCD. What these studies show is a correlation between a certain type of experience, a mystical one, and a positive healing outcome after a psychedelic experience. What they don’t explicitly exhibit is a cause or an explanation for what parts of this certain type of experience leads to healing outcomes and why. They explore certain neurological correlates of these outcomes, but what I am interested in here is the specific experiential aspects of healing in the psychedelic experience. This cause or explanation for the parts of the experience that lead to certain healing outcomes will be what I will undertake.

A mystical experience exhibits a few key features. They include internal unity (pure awareness, merging with ultimate reality, loss of internal boundaries within the self or external boundaries between the self and environment), external unity (unity of all things, all things are alive) transcendence of time and space, ineffability and paradoxically (claim of difficulty describing the experience in words), a sense of sacredness (awe), a noetic quality (i.e. sense of direct knowledge of ultimate or higher reality), and a deeply felt positive mood (e.g. joy, peace, love, connection, etc.).[[25]](#footnote-25) The exact characterizations of the experience differ widely from person to person, but these features are common among most mystical experiences.

In end-of-life cancer patients, high doses of psilocybin, which are more likely to induce mystical experiences, significantly improve depression and anxiety compared to those given lower doses which are less likely to induce mystical experiences. The analysis done suggested that it was the mystical experience produced by the high dose of psilocybin that caused the positive therapeutic outcomes in patients.[[26]](#footnote-26) In two studies, researchers found that the mystical experience was the mediator between the psilocybin experience and the healing of depression and anxiety.[[27]](#footnote-27) Participants were either given a large or a small dose of psilocybin in two sessions. All were placed in a similar aesthetic environment with the same music. After the session, participants were given four questionnaires to answer regarding the session: Hallucinogen Rating Scale, 5-Dimension Altered States of Consciousness, Mysticism Scale (Experience-specific 9-point scale), and the States of Consciousness Questionnaire. Additionally, therapeutically relevant measures were given prior to the session, at their baseline level, 5 weeks after each session, and 6 months after the last session. What they found was a strong correlation between the reduction of symptoms of those with depression and anxiety and the strength of the mystical experience had during the psilocybin session. Without that type of experience present during a session, healing occurs with substantially less frequency.

It appears that the LSD experience provides the same mystical experience/healing effect as psilocybin when given at higher doses. In a study done using 20 micrograms of LSD as the placebo (not enough to induce strong experiences) with 200 micrograms of LSD as the effective dose (150 micrograms is typically a “blast-off” dose), the group that received 200 micrograms of LSD reported significant reductions in anxiety at a 2-month follow-up exam, while those who received 20 micrograms actually reported increased anxiety over the same period at the follow-up.[[28]](#footnote-28)

In patients suffering from depression and anxiety, higher ratings of the mystical experience were significantly related to lower depression scores 5 weeks after the psilocybin treatment.[[29]](#footnote-29) In another study using ayahuasca in non-patients, individuals who participated in the ceremony had significantly decreased ratings of depression and anxiety in the days and months after the ayahuasca ceremony compared to before the ceremony occurred.[[30]](#footnote-30) Further, the size of the ratings of decreased depression and anxiety after the ceremony were significantly related to the extent of the mystical experience or ego dissolution that occurred in the experience.[[31]](#footnote-31)

Additionally, in the case of addictions, the mystical experience plays a factor in the ability to quit and continually abstain from the substance of choice. One study focusing on smoking addictions found that the participants with stronger mystical experiences in psilocybin sessions were more likely to be successful in quitting smoking than those with weaker ones.[[32]](#footnote-32) In another study, which focused on alcohol addiction, found a significant relation between higher mystical-type experience scores in the first psilocybin session and decreased alcohol use.[[33]](#footnote-33) It is important to note that it is not just the intensity of the psychedelic experience in general that is key factor in producing positive outcomes; it is the intensity of the mystical experience within the psychedelic experience that is correlated with positive outcomes in those who are addicted.[[34]](#footnote-34) A study done with ketamine focused explicitly on whether the mystical experience or dissociative effects were relevant to the therapeutic benefits.[[35]](#footnote-35) They created two separate measures, one for mystical experience effects and another to measure dissociative experience effects (feelings of detachment from self or environment or loss of sense of reality). They found that scores higher on the mystical experience factor regardless of the dissociative level or dosage was correlated with increased motivation to quit cocaine usage. This was not the case with a higher score of dissociative experiences. The mystical experience, not the dissociative effect, was the key factor in motivation to quit cocaine.

It is already well established in the psychedelic literature and community that set and setting play an important role in the psychedelic experience and efficacy of the drugs. The environment in which one does the drugs impacts the healing efficacy of the drugs. Drugs taken in an unsafe space, around unfamiliar people have a greater chance of inducing a so-called “bad trip” while drugs taken in a safe environment, with trusted individuals, and with support are more likely to have a positive trip and have increased healing effects.[[36]](#footnote-36) That is, the environment one takes the drug in alters and shapes the nature of the experience the individual has which in turn influences the healing efficacy of the drug. If the environment plays such an important role in the healing effects, then it would seem that the biological and physiological effects of the drug cannot be solely responsible for the healing that occurs.

As the above studies show, the specific physical effects of the drug alone can’t account for the lasting therapeutic benefits.[[37]](#footnote-37) For any substance to change behavior for extended periods of time after a single use would need to permanently alter brain physiology. These changes would be considered biological, but the psychological response to the experiences had under the effects of the drug could potentially play a role in changing the physiology as well. This would be similar to the biological brain changes that are induced by psychologically traumatic experiences. And, while it is vital to understand the biological mechanisms of action behind these drugs, a closer look at the experience itself and how it plays a role in healing can shed light into the nature of the healing process more generally. One major player in the healing process is that of transformational change.

**Transformational Change**

Transformational change has been associated with positive therapeutic and healing outcomes in various mental illnesses and disorders. What I will argue is that psychedelic experiences aid in and produce transformational change, both gradual and instantaneous. Psychedelics produce noetic moments, or moments of insight, which lead to healing and/or change. They also take an individual through the therapeutic process which results in a healing outcome.

There are two major types of healing or change therapeutically, there is a gradual process of transformation and there is an immediate healing or transformation. Most are familiar with the gradual processes of types of healing, but the immediate healing is less well-known.

Psychiatrist Richard Miller has done research and what he calls quantum change, but also is known as transformational change, building on the work of William James’ *The Varieties of Religious Experience*. William James and Edwin Starbuck distinguished two types of transformational change: “a volitional type in which the change is gradual and consciously directed, and a self-surrender type, which is rapidly climactic and whose direction seems to come from outside the self. [[38]](#footnote-38) In his clinical field, focusing on additions, Miller notes that “it is common to encounter reports of sudden and permanent transformations, frequently of a profoundly spiritual character,”[[39]](#footnote-39) especially in the context of Alcoholics Anonymous meetings. Miller broke down the immediate transformations into two different types: an insightful type (consisting in a breakthrough of internal awareness) and a mystical type (having a sense of being acting upon by some outside force).

Miller notes that the mystical type of transformative experience are distinctly different from normal consciousness. They are

experienced passively, not a product of personal will or control, and has a difficult time expressing the experience in words. They usually are intensely positive, joyful experiences, and often the person senses the presence of an awe-inspiring transcendent Other. Often there is a noetic element of revelation, a sudden knowing of a new truth. An experience of unity is common; for example, an ineffable oneness with all of humankind, with nature, or the universe.[[40]](#footnote-40)

In other words, they can be categorized as mystical experiences, containing most of the requirements developed by Stace and Pahnke for categorizing mystical experiences.

The second kind of quantum or transformational change Miller argues, which centers on insight, lies more in the world of psychotherapy.[[41]](#footnote-41) Stories of this type lack the characterizations of the mystical experience—all but one—the noetic moment. The noetic moment is a moment of insight—a sudden realization or knowing. Miller notes that these types of insights are different from traditional “a-ha” moments that can occur in ordinary consciousness. He explains, “These [noetic] awakenings break upon the person with great and sudden force, and in the moment of seeing, the person recognizes them for authentic truth (or Truth). Their effect tends to be a reorganization of one’s perceptions of self and reality, usually accompanied by intense emotion and a cathartic, even ecstatic, sense of relief and release.”[[42]](#footnote-42)

The question “so what changed?” naturally arises after this sort of experience. The standard response Miller cites as being given (and the standard response after a psychedelic experience) is “Everything has changed.”[[43]](#footnote-43) So what is changing? Miller notes that the common areas of transformation in the narratives were a sudden release from chronic negative affectivity (e.g., fear, resentment, depression, anger), that was replaced with a complete sense of well-being, safety, joy in living, and peacefulness that he found endured for decades afterwards.[[44]](#footnote-44) They feel as though they have passed through a one-way door and are essentially new people.

These type of transformational change experiences are a critical detonation point of an individual’s past experience. They are built on one’s personal history, the narratives of their life.[[45]](#footnote-45) In this type of change, it is as though therapy was fast-tracked. In all cases of transformative experiences, both gradual and immediate, there is a critical point, a turn, a realization of the need to change or alter one’s behavior.

White lays out two previous models of the stages of transformative experiences. The first described three stages of the entire transformative process: unrest and conflict (feelings of unworthiness, shame, and incompleteness), the “conversion crisis” (sudden breakthrough of illumination), and a sense of “peace, release, and inner harmony.” The second has five similar stages which were called the “logic of transformation.” These stages were: conflict (a dissonance in the soul), interlude for scanning (search for a resolution), intuitive insight (breakthrough experience of truth), release and openness for new patterns of thinking and being, and interpretation and verification (experience is filtered through significant others for validation).[[46]](#footnote-46)

Likewise, in the traditional therapeutic process or relationship there exists stages. There is the initial commitment to therapy and the therapist or to bettering oneself. This is based on a motivation which could be internal (a desire to get better) or external (forced by an outside party).

The second stage of therapy consists of the process, the various therapeutic techniques utilized. Within this stage there are sub stages at work. The first is the searching for patterns of psychological phenomena and behavioral manifestations. These patterns might consist of repetitions of behavior, triggers to the repetitions, vicious circles, of a trigger leading to a repetition of behavior which leads again to the trigger and so on.

The second sub stage consists of the acquisition of new information on the part of the patient. This could take the form of a therapist identifying the patterns to a patient, a subsequent realization of the patterns on the part of the patient, and ways to avoid or escape the patterns. Both of these sub stages produce an insight, information that was not known to the patient prior to the revelation.[[47]](#footnote-47) Insight into one’s predicament plays a substantial role in the therapeutic process. The extent to which a patient realizes their experiences are due to their illness or mal adaption, or in other words, how much insight a patient has, affects the patient’s chances of recovering. It is one of the foundations that the third stage, change, builds on and uses to make progress.

The third stage is the change, which represents conclusion and a success of outcome. de Rivera notes that there are three important aspects to this stage required to ensure permanent therapeutic results. The first is the complete repudiation of the illness and all related elements. This includes the getting over any positive reasons for remaining ill and realizing that the new, healthy function is better in every way. The second is the implication of voluntary patterns of action replacing old pathological behaviors and third, the sustaining of these patterns requiring the creation of mental structures that can detect, interrupt, and neutralize any pathological mechanisms that could reappear.[[48]](#footnote-48)

The last stage is the “graduation” of the individual as an expert in the functioning of their own mind. This stage is where the individual becomes aware of their own responsibility for their life and behavior.[[49]](#footnote-49) Psychotherapy is meant to be an educational experience where patients learn something new about themselves whether that be patterns of thought, connections between experiences, the best coping mechanisms, etc.[[50]](#footnote-50)

The goal of therapy is to heal, to change the experience of the individual(s) who comes to therapy. This constitutes a gradual transformative change. As noted prior, transformative changes are just that, transformative in every respect. The person who existed before the experience, their subjective affects, personality, and world view, might not be the person who comes out of the experience. This is a scary thought. One doesn’t know what life is without the mental disorder or what this “new” life might look like. This is the benefit of the psychedelic experience. It serves as both the transformative experience *and* gives a glimpse at what life after the transformative experience might be like. The difference between therapeutic approaches and the transformative experience that occurs via the psychedelic experience is the direct, experiential encounter with the new realm. Psychedelics, and the proper integration, exhibit the properties of these sorts of both processes—therapy and transformative experiences. Now we’ll start to look at how this sort of thing occurs.

CHAPTER 2

**What a Psychedelic Experience is Like**

Now that I have characterized experience, including the psychedelic experience, as having the capability of playing a causal role in the healing, the question remains, what exactly is the psychedelic experience? What is it like? And how does it actually do the healing? In this section I will first characterize the basic effects it has on the mind and body that are usually consistent from person to person. Then I will explore the content of the non-ordinary states of consciousness that exist within the psychedelic experience and how they produce a modality for insight, an affectively charged place to experience said insight, and an empathetic place for these to occur which all play a role in healing an individual.

The closest thing many people think they’ve had to a psychedelic experience is a bizarre dream—and that might be right, though dreams and psychedelics are of a different nature. Imagine trying to explain a bizarre dream you had to someone who had never experienced what a dream was like before. Telling someone you experienced things that seem to break the laws of physics, such as flying through the air, or died but not really died, or saw some mythical creature would sound absurd! Similarly, imagine trying to describe the color red to someone who has only ever seen blue and green. The task is quite difficult. Likewise, explaining the experiences one has on psychedelics is an extremely difficult task. An added difficulty of describing a psychedelic experience is that it is unique to the individual and their circumstances. Here I will try to give an accurate, but brief, description of some of the types of physical and mental effects that occur to people on psychedelics.

One particularly salient aspect of the psychedelic experience is the changes in a person’s visual field. These changes can include a number of things. These can include an increased sense of visual acuity, an enhanced clarity of vision or an increased ability to perceive the edges and distinctions between objects.



Figure 1. Visual Acuity.[[51]](#footnote-51)

Another example is an enhancement of color as seen in the figure below. Colors become much more vivid, vibrant, and bright.



Figure 2. Enhancement of Color.[[52]](#footnote-52)

Others can include distortions of size where one feels objects are much larger or smaller than they actually are. The room one is in might seem small and tight or the user might feel as if they are a giant. Objects might also begin shrinking and growing.

Another phenomena is drifting, which can include the phenomena of flowing, where the surface of an object seems to be flowing like a river, melting, where the objects edges melt into themselves or liquefy into blobs of color, or breathing/undulating, where an object is expanding and contracting, looking as though it is breathing in and out.[[53]](#footnote-53)

One LSD user described, “When I opened my eyes and looked at the objects around me, it was as if they were made of tallow and were melting. There was a drippiness of colors, and it also seemed that these things might be made of waxen candy. It occurred to me that this was probably due not only to my heightened awareness of objects, but also to the liquid in my eyes that now imparted to everything a liquid coating.”[[54]](#footnote-54) Others can include symmetrical repetition, as seen below.



Figure 3. Symmetrical Repetition.[[55]](#footnote-55)

Synesthesia-like experiences are common as well. “I see every note, every sound and it was mostly like in three major primary colors blue, green, and red most of the time and it was three dimensional . . . almost like flax in the wind but ah almost maybe like northern lights. I could see music . . . I was thinking I gotta remember what this looks like because it’s so beautiful.”[[56]](#footnote-56) Others report tasting musical instruments, feeling the color yellow, or seeing the feeling of the dampness of a cloud.[[57]](#footnote-57) Synesthesia-like experiences are sometimes predominant in experiences of connection to others.

The number of physical effects experienced can be vast and range from drug to drug. A list provided here is meant to show the vast range of physical effects that can occur. These include: color shifting, tinting, patterning, auditory distortions and enhancements, spontaneous bodily sensations, tactile enhancement and suppression, enhanced and suppressed smell, synesthesia, increased or decreased libido, nausea, itchiness, stamina enhancement or suppression, fatigue, muscle relaxations or spasms, perception of bodily heaviness or lightness, increased muscle control, and euphoria, among other things.

One of the most common experiences had by those who ingest psychedelic substances is that of time distortion. The most common is time expansion.[[58]](#footnote-58) This is the feeling that time has slowed down. One potential cause of this is that people have the sense that they experienced days, months, years, and lifetimes during a trip. This compression of a sense of vast amounts of experience into the duration of the trip gives the sense that time has expanded. Frequently there is a felt progression of time distortion—time slowly dissipates. A subject who had taken Peyote “became acutely aware of the [time] distortion, the ‘slowing down’ of time. Seconds were hours, and minutes were like days. . . [An] hour was ten centuries. . . a minute was longer than his ‘whole life up to that point.’”[[59]](#footnote-59) This capacity is what allows for an individual to feel like they have experienced many lifetimes worth of experiences in the short duration of the experience.

Mental effects, besides time dilation, are numerous as well. Some of the more generic ones are enhanced creativity, increased or suppressed felt emotions, increased empathy, affection, and sociability, increased focus, increased appreciation for music, increased memory, greatly increased sense of humor, memory enhancement, disinhibition, compulsions, thought loops, spatial disorientation, among others. Psychological effects can include catharsis, delusions, depersonalization, derealization, depression, déjà vu, ego dissolution, anxiety, paranoia, psychosis, mania, mindfulness, among others. Listing these is meant to give an appropriate sense of how vast and wide-ranging the possibilities are for different types of psychedelic experiences. Each of these different effects can play a role in characterizing the experience had and can play a role in the healing value of the experience. Both the functions of the body and of the mind on psychedelics are salient in the healing of an individual

As shown in prior sections, psychedelics seem to heal those with depression, anxiety, PTSD, OCD, or otherwise ailed. The question is *how* they heal. I’ve shown the role the psychological, the experience, plays in people’s health and well-being. I’ve explained the basics of the psychedelic experience and the nature of the types of experiences had under the influence. What I want to focus on here is non-ordinary states of consciousness (NOSC) and the role specific experiences in these states play in the healing process.

Psychedelic experiences, like Miller’s quantum change experiences, are frequently characterized by mystical experiences, but don’t always include such transcendent experiences. There are other non-ordinary states of consciousness that can occur under their influence. Four such states include:[[60]](#footnote-60)

1. Empathogenic Experience

This potentially includes an awareness of body; feelings of comfort and relaxation; reduced ego defenses; empathy, compassion, and warmth; love and peace; euphoria; mind can be dreamy with colorful visual effects.

2. Out-of-Body Experience (OBE)

This potentially includes a complete separation from one’s body, significantly diminished ego defenses; visits to mythological realms of consciousness; encounters with non-terrestrial beings; emotionally intense visions (e.g. deceased relatives, spirits, etc.); vivid dreams of past and future incarnations; a re-experiencing of the birth process.

3. Near-Death Experience (NDE)

This potentially includes a departure from one’s body; complete ego dissolution/loss of identity; experienced physical (bodily) and psychological (mind) death; experience being a single point of consciousness simply aware of itself; reliving one’s life; aware of how actions have affected others, with moral judgment of self.

4. Ego-Dissolving Transcendental Experience

This potentially includes an ecstatic state of the dissolution of boundaries between the self and external reality; complete dissolution of one’s body and self (soul); transcending normal mass/time/space continuum; collective consciousness; unity with Nature/Universe; or sacredness.

These states are by no means exclusive or total. One could have an Empathogenic experience with a feeling of unity with Nature or the Universe and a sense of sacredness or a NDE without reliving one’s life. These are a way to characterize the space one enters when encountering certain phenomena.

**Insight in the Psychedelic Experience**

Beginning the psychedelic journey though, “forces an encounter with fear—of the unknown, of the lurking dangers believed hidden in one’s own mind, of coming back altered. In the encounter the first period is generally absorbed with the personal—relationships, guilt, love, longing, grief, attachments, self-concepts. This encounter opens the possibility of examination, release, and change of reframing and heightened awareness of self and the other(s)” according to Phil Wolfson, a psychiatrist working with ketamine-assisted psychotherapy. [[61]](#footnote-61)

The first portion of the experience is generally focused on what might be called stage two of the psychotherapeutic process. It is concerned with uncovering patterns of psychological phenomena and behavioral manifestations within an individual’s life, hence Wolfson’s claim of the first period being absorbed with things like relationships, guilt, love, longing, grief, and attachments. It isn’t until these are uncovered and worked through that an individual can be healed. These patterns, manifestations, and insights can be understood as one of the first aspects of the healing process that occurs in the psychedelic experience.

In these initial stages of the experience, realizations are made. A common experience is seeing one’s whole life, past, present, and future, in front of them. The experience of time expansion allows for this. Specific aspects of past experience are made salient to the individual. One common therapeutic practice, as mentioned earlier, is to identify patterns of psychological or behavioral manifestations. Frequently, individuals who have a psychedelic experience characterize it as their unconscious coming forward or their natural or learned defense mechanisms melting away.

The journey outside of one’s own self starts with a re-experiencing one’s own life. “I (G) saw my whole life flash before my eyes. I commented on it from third person. I saw it through third person. It was the trip G watching the earth G live his life and commenting on it, providing feedback.”[[62]](#footnote-62) Another example of this type of experience that a woman had described to Benny Shannon. He calls this experience thematic serials. She “saw a series of snapshots depicting various moments in her biography. The shots were not ordered chronologically, but rather juxtaposed thematically. The juxtaposition revealed some patterns in the drinker's personality and conduct of which she had not been previously aware.”[[63]](#footnote-63) This type of experience and feedback can lead to moments of insight into one’s life and experience that come from having a view outside one’s self. In other cases, one’s own values and goals become clearer.

Take for example, this ketamine user’s experience:

I am an aspiring musician, one that was constantly praised as a child, a piano-prodigy I was. My approach to musicianship was now more relaxed, and warped by the constant and exotic stream of drugs I had been taking over the last few years. I thought of what had happened, the dissipation of ambition via everyday weed-smoking, the self-disappointment, the sadness, the tragedy of my self-betrayal. Once I had such high-respect for myself, and now I ran away from responsibility. My life recently seemed like one insincere apology after another. I thought of the horrendous spiral of addiction, and was able then to view my actions, my drug-using as self-mutilation. My greatest fear was to fizzle and to become boring, and at University the fact I carried at least 5 different substances at all times made me in character the very opposite. But at that moment, while the walls flashed with that white, neutral and enchanting light so familiar, I felt that my life was becoming mechanical, alienated, and boring. . .

I felt that not only I was viewing my self in that room from the 3rd person, but I was looking upon my entire life, history, identity and trajectory from a metaphysical platform a great distance away, able to analyze and reflect with greater perspective than I could remember. Resigning myself to the recreation of dancing or talking felt a waste, meaningless. I went alone to the bathroom and began to cry with regret. I was crying out to myself, lamenting my losses and urging a turnaround, but it felt more real and more rewarding than any music, dance or conversation. In that moment, I did what I felt to be a noble gesture of redemption.

I took from my wallet the large green pill of Oxycodone, an object that I then assigned as a symbol of my apathy, escape, and impending misery, and dramatically flung it into the toilet bowl and flushed it away. Although immersed in the intoxication of the K, I felt at that moment more sober and clear-headed than at any moment in recent memory. I stared at myself in the mirror and became tranquil and very still, similar to how I feel to be after a session of meditation.

I returned downstairs and rejoined the scene with a new optimism: a sense that I would return to be the switched-on and ambitious young man I once was. I did not need the primitive and undeserved contentedness of opiates to swallow me.[[64]](#footnote-64)

As shown prior, there is repeated evidence of ketamine and other psychedelic substances aiding in the addiction recovery process. The person above gained insight into his life and addiction. What is particularly salient in this case, is that the individual was distanced from their life enough via ketamine to recognize their true desires, their second order volitions, to use the terminology of Harry Frankfurt.

In Frankfurt’s view, there are first order desires, desires to do or not to do something. There are second order desires, the object of which is a first order desire that you want to have. Finally, there is a second order volition, which is a desire to be moved to act by a first order desire that one actually has.[[65]](#footnote-65) In the case given above, the individual had first order desires to do oxycodone and to not practice music competitively—his lived narrative. However, he had second order desires to be a hardworking musician and be an interesting person—his ideal narrative. What he lacked were second order volitions, a desire to act on first order desires that he actually had. What the ketamine experience gave him was the a removal or decrease in strength of the negative first order desires (being an addict, being lazy, etc.) and increased the strength of the positive first order desires he was seeking. He had the second order desire (he wanted to have the first order desire of being a hardworking musician and an interesting person), but he lacked strong enough first order desires to overcome his addiction and laziness. Decreasing the strength of those negative first order desires and strengthening the positive first order desires gave him the ability and insight to change what he needed to. These moments of insight, the noetic moments found in transformative experiences, can give the motivation needed to make a change or break the problematic cycle an individual might be in.

Mere insight into one’s desires and volitions is not enough to promote lasting change and healing. Insight into one’s life can be given by therapists, family, and friends among others. The difference between a normal therapeutic or healing process and the psychedelic healing process is that while both can produce insight, the former is a passing of pseudo insights, insights whose foundation is in the therapist, family-member, or friend’s worldview and understanding, which are not understood and integrated by the individual on the receiving end of such insights.[[66]](#footnote-66) These might be abstract and not understood. The latter, the psychedelic-driven process, promotes genuine healing, which can only come from a more complete insight grounded in an embodied an enacted insight, whose foundation is the lived-experience of the patient. Many theorists agree that “the most substantial and transformative insights occur in an affectively charged environment and at the experiential level of processing. Insight at this level is thought to promote broad, therapeutic changes in one's view of self and others, hope, and behavior.”[[67]](#footnote-67) The psychedelic experience provides the modality for an insight to be generated and, more importantly, experienced. The importance of this claim can be found in David Velleman’s theory of motivation for moral actions.

**The Role of Narrative in Healing**

Velleman argues that “motivation is manifested in our behavior under guidance of story: how we act on them is determined by the story that we are enacting.”[[68]](#footnote-68) He claims that we have motives for taking various different actions at any given point, but the action that we end up taking is the story we have decided to act out. So, we can make up a story as we go about our various actions assuming we act in line with our story. But this is only possible as long as it is a possible story based on the motives we actually have—our first order desires that we actually have.

This process depends on the unconscious motive of desiring to make sense of what we are doing. Because we desire to make sense of what we are doing, the actions we end up taking are ones that we can make sense of. But, because of this, the scales are tipped towards taking actions that make sense to us—actions that fit into the already enlisted narrative we tell ourselves to make sense of what we are doing. [[69]](#footnote-69)

Velleman provides the example of an individual who quit smoking. This individual was asked how he managed to quit smoking. He replied stating the answer was to not think of himself as a smoker—something which he was not. Velleman claims this individual was motivated by an *ideal*—“an image of another person or a currently untrue image of oneself, that one can get carried away with enacting. To imagine oneself in that image, and to act accordingly, is to identify with and emulate the ideal.”[[70]](#footnote-70) This desire to resemble a certain ideal can only turn to action by motivating a deliberate turn towards pretending or make-believing that one is already the ideal, which Velleman points out is irrational, but that momentary irrationality leads to permanent rational gains (quitting smoking). There are two keys here—the ideal and the motivation to enact the ideal. The former can be found in a person one wants to be or be like, or a behavior (or lack thereof) among other things. The latter is much harder to come by. This is what the psychedelic experience can provide.

Psychedelics allow for an escape of the self-narrative which, as seen above, guide what actions we take and what actions are possible. A change in the narrative tips the scales from taking actions that fit into currently enlisted narrative to a different narrative, one in which the actions we take are also plausible. It tips the scales by providing insight into and revealing the problematic patterns of behavior or the first order desires which guide action *and* by providing the motivation to/experience of actually *being* the ideal. The individual is in fact a non-smoker. “It felt like I’d died as a smoker and was resurrected as a nonsmoker. Because it’s my perception of myself, and that’s how I felt. So I jumped up and I said ‘I’m not a smoker anymore, it’s all done.’”[[71]](#footnote-71) In these cases, it does not feel like make believe to the individual having the experience. It is reality—whether that reality persists following the experience seems to depend somewhat on the intensity of the mystical experience had specifically. It seems that one way the psychedelic experience seems to aid in the healing process is by providing this motivation for being the ideal and providing a shift in the self-narrative.

Another potential phenomenological evidence for the experience’s role in healing is that psychedelics, in revealing one’s own psychological patterns, also allow for insight beyond one’s self. Revealing the patterns of behavior of others can cause the restriction their actions (harmful or otherwise) placed on the individual’s narrative to be lifted. One such example is of an individual who took LSD and subsequently realized where their feeling of deadness was coming from.

I looked at several pictures and then one of my father—a stern, steely looking one. The feeling immediately overwhelmed me. A heavy hand fell on my neck and a pain pierced my left eye. I said, “That’s what it is—those eyes. I’m dead when he looks at me. He’s killed all the feeling in me. . . I feel it, the shutting down, the dullness. . . . He never liked me. You’ve still got your hand on my neck, haven’t you? . . . I did it for years. You wanted me to bow my head so badly. I just wanted to be free. His hand is still on my neck after 30 years.” *Then I began to feel compassion for him—how he had wanted to force me to love him and how proud and yet fearful he was. I told him that I understood his pain, and I would try and help him,* but that you cannot demand love from your children, but must let them be free. *I felt how alike we were, so proud and so afraid we won’t be loved; I cried for him*. Then I realized that it was my expectations of myself that caused that feeling of deadness to come. I myself condemn myself—I carry him with me, inside.[[72]](#footnote-72)

The realization of the patterns of behavior and their effects and restriction on this individual’s life freed the individual from that self-narrative, giving them the ability to change the dominant narrative.

These sorts of shift in understanding of other people and subsequently one’s self are common to the psychedelic experience. This third-person viewpoint provides not only the ability to analyze one’s life but also allows for one to realize that one’s own worldview is not the only possible worldview that matters. Take for example, this individual’s experience on psilocybin who had been abused by his mother from a young age: “I realised that my mother was out on an [sic] ledge, we were two people out on an ledge, she too was completely unconnected, disconnected. I felt some compassion for her . . . a different perspective, that it wasn’t an all-powerful world and universe against me, my mother too was out on a ledge.”[[73]](#footnote-73) This type of experience would fall under the first state, an Empathogenic experience, as would the following:

All growing up I felt like the whole world was out to get me, my parents, siblings, people at school, etc. I sometimes felt like their whole existence in life was to cause me pain [His parents had been emotionally abusive growing up]. During my ketamine trip I saw myself from a third person perspective. I saw my parents too. I saw that my dad’s dad and my mom’s mom had both acted towards them the same way they acted towards me. They didn’t know anything else. I realized for the first time they had their own lives and struggles to work through too. They weren’t malicious towards me. Maybe, in their own fucked up way, they did love me and were just trying to do the best they could with what they experienced.[[74]](#footnote-74)

This individual later reported an increasing bond with his parents that he had never had before. This outside perspective, humanizing the people around them, opens the door to healing. There are studies being done on the use of MDMA in healing and strengthening relationships.[[75]](#footnote-75) There are ample reports of this specific type of use of MDMA and the Empathogenic experience in first-person reports across the psychedelic forums.

Relationships, even if not intended towards at the outset of a trip, tend to be a focus in the psychedelic experience. Moving outside one’s self leads to the understanding of other people as people. Participants describe coming to “an acceptance of the human experience.” This begins to allow for the realm of connection that occurs in the psychedelic experience and this acceptance paves the way for releasing resentment towards others for the way they treated said individuals. “I felt like my family was doing their best and that people tried as hard as they could. And that even people that weren’t there for me did their best, and certain things from the past were in the past. [pause] And that was okay.”[[76]](#footnote-76)

Herein lies a particular nuance in the psychedelic experience that is important. Individuals both gain an acceptance for the human experience, an acceptance of the situation they find themselves in while also experiencing a narrative rewrite. Like in acceptance and commitment therapy,[[77]](#footnote-77) individuals undergoing the psychedelic experience gain contact with the present moment, the circumstance they are in at that time in their life and accept that this is how it is. At the same time, revealing patterns behavior leading to how things have been and how things are, whether internal or external, causes a shift in perspective—a rewriting of the narrative they tell themselves—leading to the motivation to act towards the ideal presented. Thus, the individual is simultaneously accepting and rejecting the narrative or story of who they are at that exact moment. One key shift in these narratives is the sense of connection and changed perspective that pervades the experiences.

**The Healing of Connection in the Psychedelic Experience**

This shift can be seen in another individual in the psilocybin study who reported “I got a wider perspective, I stepped back. It helped me appreciate that the world is a big place that there’s a lot more going on than just the minor things that were going on in my head” and “I would look at people on the street and think “how interesting we are”—I felt connected to them all.”[[78]](#footnote-78) The conductors of this study argue that that this sense of connection in the psychedelic experience is key in healing those with depression. They further view a connection to self as an essential springboard to connection to others.[[79]](#footnote-79) The sense of connection that is apparent in and grows out of these experiences likely does work in the healing process. As mentioned earlier, feelings of isolation and loneliness are detractors from and causes for physical and mental (non)well-being. Beyond a connection to the self and to others, connection with nature and to animals is associated with improved well-being and health.[[80]](#footnote-80) In a study on psilocybin’s effect on smoking cessation, one participant reported,

I had always had the sense of everything being connected. And [the psilocybin session] reinforced that, very strongly… [If I were to smoke] I would be a polluter…ashtrays and butts all over the place, and you’re causing harm to other people’s health as well. And so you were re-looking at your place in the universe and what you were doing to help or hinder it. The universe as such. And by smoking, you wouldn’t be helping.[[81]](#footnote-81)

While many reasons are given for the cessation of smoking by these participants, most had to do with connection to the universe, nature, or their bodies in some sense. A connection to nature is a widespread phenomenon in these experiences. Another is a connection to animals, which is quite common in those with pets:

At one point [during the trip], our cat come and curled up next to me. The essence of my husband and cat blended in with me and we all became one. I could then sense my cat taking over and he was 'showing' me, through feelings, what he had experienced before my husband and I rescued him (he had been an abandoned cat). He showed me the torture some boys had put him through and I could sense his love and gratefulness for us having saved him and loved him.[[82]](#footnote-82)

Bonds between loved ones can be and are strengthened under the influence of psychedelics. And while non-pet owners might balk at the idea of becoming one with a cat, a pet is seen as part of the family in many cases. Besides that, empathy with non-human creatures or objects is fairly common in these experiences. Beyond becoming one with a cat, many psychedelic experiences lead to a total dissolution of the self/ego. In many cases, either identifying as one with the universe and/or everything or claiming that everything is intertwined and connected. One can be as small as an atom and be as big as the whole universe at the same time.

I felt as though I was inextricably a part of everything that has been, is, and ever will be. I felt my existence as though it was a thread being woven into an enormous tapestry of space-time that was infinite in all regards. I lost my sense of singularity and instead experienced a profound sense of interconnectedness. I came to understand that all separation, all beginnings and endings are nothing more than illusions created by a binary mind struggling to cope with the complexities of survival. I realized that I was no different that the many things that created the bed I was lying on. Everything time, blankets, people, rocks, stars, and lamps were all different states and patterns of the same essential substance.[[83]](#footnote-83)

That is when “I” disappeared. I felt this wave of energy flowing through me, it was the eternal life force that is all consciousness. There was an immediate connection to all beings, “I” was now simply a letter to identify my body. It had no connection to my true self. At this point, there was no difference to what I was seeing with my eyes open, vs. closed.[[84]](#footnote-84)

This experience is often called the feeling of “oceanic boundlessness.” The feeling of being part of a much greater and larger entity than simply one person exists. Much of this sense of connection persists after the experience has concluded.

This sense of connection might provide the healing and empathetic outcomes in two different ways. The first through the empathy-altruism relationship, and the other through in-group out-group perceptions.

**In-Group/Out-Group Perceptions**

The empathy-altruism hypothesis was first developed by Bateson and his associates. They argue that empathetic concern leads to purely altruistic, selfless actions that can and do occur if it is preceded by the specific psychological state of empathetic concern for another. In other words, empathy leads to purely altruistic, selfless actions. This empathy consists of an emotional reaction that includes feelings like compassion, sympathy, tenderness, etc. These feelings are caused by the action of perspective taking, of taking the viewpoint of another person.[[85]](#footnote-85) So, in the cases given above, individuals viewing their lives from a third-person point of view during the psychedelic experience can have empathy for themselves and take purely altruistic actions towards themselves. Likewise, in other cases, individuals are shown another person’s perspective, which causes empathy for the other individual, resulting in relationship-building actions.

Bateson’s empathy-altruism hypothesis focuses on the selfless aspects of the actions produced by empathy. An alternative to this is one that is non-altruistic, which is articulated by Cialdini and his colleagues.[[86]](#footnote-86) They argue that the conditions that cause empathetic concern to arise also cause a greater sense of self-other overlap—a sense of oneness. They claim that this could mean that helping others is not inherently selfless, but also is aimed towards the self, an expanded sense of self. They suggest that when one takes the perspective of another person, the individual comes to incorporate or place their own self within the boundaries of what would be the other person.[[87]](#footnote-87) A conceptual merging of one’s self and another most likely occurs under the conditions at work in the empathy-altruism model of attachment, relationship closeness, and perspective taking. They suggest that the benefit of this interpretation is that relationships may elevate benevolence not because of individuals feeling more empathetic concerns for the other person but because they feel more at one with the other individual.[[88]](#footnote-88) Cialdini clarifies that this sense of oneness that they are utilizing is directed towards an individual person, but that there is also a sense of we-ness that occurs in a group setting. This is where in-group out-group comes into play.

An in-group is a group of people to which a person psychologically identifies as being a member, while an out-group is a social group that a person does not identify with. Examples of these groups can include families, communities, political parties, religious groups, and sports teams among other things. An individual might be a part of one family (in-group) and not another one (out-group). They might be a fan of the basketball team the Utah Jazz and would see other fans of the Jazz as a part of their in-group and fans of any other team a part of the out-group.

As mentioned earlier, having social support, or being a part of an in-group, is associated with health, recovery, and well-being, while being socially isolated, viewing one’s self as only an out-group, is associated with increased rates of illness and negative well-being. For example, individuals with anxiety often perceive themselves as being excluded by non-sufferers, as being out-group but desire to be included or considered as an in-group member.[[89]](#footnote-89) This is also the case in those with depression and other mental illnesses. What can happen is the feeling of social isolation can become so pervasive that an individual feels like they are not a part of any in-group. They are out-group to everyone. Completely alone. The term entitativity is used to refer to the perceiving of the “groupness” of groups. A group at its very minimum is a collection of individuals, but not all collections of individuals are groups.[[90]](#footnote-90) Two variables in measuring the entitativity of a group are the similarity among group members and the sharing of common goals and common fate.[[91]](#footnote-91) What might be the case in cases of depression and anxiety is two-fold. As mentioned prior, a common theme among depressed individuals is that no one understands what they are going through or the futileness of attempting to convey it to non-depressed individuals.[[92]](#footnote-92) In other words, the similarity between group members is not there, leading the depressed individual to view themselves as an out-group member. Another possibility might be a depressed individual believing that they share different goals and different fates from other people. Remember, one salient shift in depressed individuals is a shift in the way they experience possibility.[[93]](#footnote-93) Things that were once possible no longer are. Their fate is sealed, while it seems others’ fate is open to change. So, it seems the way those with mental illnesses view group entitativity, their perceived groupness, has changed. In depression specifically, it seems that the threshold for the individual being included in a group has become much more difficult to attain. What is interesting is how psychedelics change all of this.

The feeling of “oneness” is one of the most common associations with psychedelic experiences. Reports of feeling “at one” with everything is pervasive as can be found in reports presented earlier. One thing the psychedelic experience might be doing that is aiding in the healing of individuals is cultivating the sense of oneness that Cialdini identifies. Psychedelic experiences increase feelings of attachment to others, increases the feelings of relationship closeness, and increases perspective taking abilities, putting one’s self in another’s position, something that occurs frequently within the experience itself. In other words, the boundaries between one’s self and other become blurred, an individual begins to see themselves in another, and another in themselves. Psychedelics either solidify one’s feeling of being in-group or gives them the opportunity to feel like they are back being in-group. Not only that, the psychedelic experience *expands* one’s group. In the experience, one’s self is identical with the universe and everything contained within the universe. People, plants, animals, the earth—everything becomes one.[[94]](#footnote-94) This oneness is also the we-ness that Cialdini identifies. It applies to other individuals and to groups because the self can be found in all of them under the influence of psychedelics. Thus, perhaps one way the psychedelic experience heals is by expanding and increasing the size of the in-group and who one’s self can be seen in, thereby increasing one’s ability to accurately engage in perspective taking and engage in empathetic relationships.

The entitativity, the perceived groupness, under the influence of psychedelics increases drastically, or the threshold for being a part of a group is significantly decreased, resulting in everything being contained in one’s group. Perhaps this drastic change in entitativity reverses or balances out the depressed individual’s pathological grouping abilities enabling them to perceive themselves as part of a group as they previously could. As will be discussed in a later section though, the positive changes, including the personality trait of openness persists months-to-years after the psychedelic experience, suggesting that it isn’t just a reversal of pathological grouping systems, but a fundamental shift in the way entitativity is perceived. Further studies need to be done on the way psychedelics influence individuals’ in-group/out-group perceptions and the way they perceive group entitativity.

**The Role of Ego-Death and Rebirth in Healing**

In addition to the sense of oneness that facilitates in-group/out-group distinctions, the dissolution of the self into the “fabric of reality” as it might be called, provides another way of healing in the psychedelic experience. This is through the experience of dying. This dissolution is one way that death is experienced in the psychedelic experience. The other is a more explicit experience of “dying” that occurs. These experiences of death play an important role in the healing of people who use psychedelics in general, but also people who are taking them in an end-of-life circumstance more specifically.

Those who received psilocybin who had terminal cancer had a greatly enhanced life after than those who received just the placebo. Levels of depression and anxiety decreased. Feelings of calmness, acceptance, and love increased.[[95]](#footnote-95) One way to approach the healing or acceptance that occurs is through death-anxiety. Death is the ultimate unknown because it is final. While “real” or physical death and felt death that occurs in the psychedelic experience differ in obviously important ways, the experience might still teach similar things. The *process* of dying might be the same and in turn would teach similar things.

Evan Thompson has argued that

Death is the ultimate transformative experience. I mean the whole process of dying, culminating in the end of a person’s life. . . Death’s power to reveal new truths about your self and your life is exceptional. Dying comprises prospective and retrospective perspectives that differ from those of any other experience. Death is epistemically transformative because it teaches you things you cannot learn until you undergo it, and it is personally transformative because it deeply changes how you experience your self.[[96]](#footnote-96)

He notes that in the context of illness and in dying, the majorly salient component of experience is that “one’s future appears highly contracted and one feels alone and often powerless.” In the context of depression, this isolation and powerlessness is particularly robust as seen in the comments of David Karp and Matthew Ratcliffe noted earlier. The sense of isolation and utter aloneness along with the inability to describe or have others experience what one is experiencing is a major theme in depression and illness in general, but also in the case of death and dying. As Ken Chung wrote, while dying of cancer, “It means that no matter how much some of you are there for me, I still feel alone. You do not know what it’s like to be dying, and you probably can’t know, until it happens to you.”[[97]](#footnote-97) Replace “dying” with “depressed”, or “suffering from PTSD”, or any other number of ailments and the sentence remains intelligible. In this sense, dying, depression, PTSD, etc. are all cases of transformational experiences. After their occurrence, one cannot remain the same. So, it would make sense that another transformational experience might heal them.

Things change when psychedelics are involved, death still occurs, but it is not final any longer. Many people experience their death on psychedelics, whether through the dissolution of the self into interconnectedness or through the explicit experience of dying. To some, the sense of interconnection provides the respite from the feeling that death is the end of them. They feel that, despite their impending death, their consciousness will live on or still exist as a part of the universe, whatever that might mean—providing relief from the death anxiety and allowing them to focus on the remaining time they have left. To others, death doesn’t seem so bad. The fear of dying is removed. This constriction of their narrative which limits their perceived actions available disappears.

For some individuals, dying in the experience is essential, and, is a necessary part of the transformative experience. By the very nature of a transformative experience, the person who enters into the experience is not the same one that comes out of it.[[98]](#footnote-98) The person, or part of their personality, who ingested the drug is dead and has been reborn as someone else as seen in the case of the smoker who was “reborn” a non-smoker. The examples given above of those whose “I” disappeared or died were people who might have felt alone and isolated before the experience, but have been reborn with a sense of connection to others and to the world around them. Another stark example is:

During his LSD session he had suddenly felt his life "flickering and about to go out, like a burned down candle." He had "died" and then been "reborn," awakening to find himself "all curled up like a fetus in the womb." Once he had "pushed free and unrolled from that position" he had "entered into a new life exactly like someone who has died and been reborn, leaving behind all the torments of the old life."[[99]](#footnote-99)

On some, death is forced upon them. On others, choosing death, choosing to surrender to it is the key in transformation.

As he approached the point of ego loss he felt, in his own words, “that I was taking my last breath and thought I was about to die.” At this moment the patient had enough trust to let himself be completely swept into the experience, just as he had been instructed. . . He then experienced positive ego transcendence and felt that he entered another world which subjectively had great meaning for him in terms of his own religious tradition. He felt great joy and a sense of profound peace. His facial expressions depicted serene relaxation and quiet ecstasy.[[100]](#footnote-100)

Cases of an individual needing to accept death or accept the dissolution of their ego are common. One piece of advice commonly given among psychedelic users is to just surrender, to not try to control the experience, but let it unfold as it may. Those who fight the experience or try to control the narrative can get stuck in negative loops or not have the “full” mystical experience. This isn’t to say that if someone is having a very difficult experience, they shouldn’t be pulled out of it, or led to believe they just have to submit to it—this isn’t universal advice. But, what it does say, is that there is something important about submitting one’s self to a new experience after having chosen to undergo the experience rather than fighting it. What seems to be important about submitting is the acceptance of an epistemic transformation of one’s worldview.

**Personal and Epistemic Transformations**

L. A. Paul characterizes an epistemic transformation astutely:

When a person has a new and different kind of experience, a kind of experience that teaches her something she could not have learned without having that kind of experience, she has an *epistemic transformation*. Her knowledge of what something is like, and thus her subjective point of view, changes. With this new experience, she gains new abilities to cognitively entertain certain contents, she learns to understand things in a new way, and she may even gain new information. For any epistemic transformation, the degree of epistemic change depends on how much the person already knows, and on the type of experience that is involved.[[101]](#footnote-101)

Everything contained in a psychedelic experience, the changes in vision, hearing, the body, and the experience itself are all novel and could be considered epistemic transformations. Substantial insights that occur can constitute an epistemic transformation. It changes the way one experiences the world. L. A. Paul also characterizes another type of transformative experience, a personally transformative experience. These sorts of experiences change how you experience being who you are.[[102]](#footnote-102) Experiences of death or of interconnection with everything are cases of both epistemic *and* personal transformations. These sorts of transformations are what are at stake in the psychedelic experience.

As mentioned earlier, one key step in the therapeutic process is a complete repudiation of the prior illness and any positive associations it might hold. For example, depression might be used as a crutch or excuse when something doesn’t go the way an individual wants, and the individual does not want to let go of that crutch. For the therapeutic process to be complete, the individual has to disavow any positive connections to the illness—the have to fully embrace the new, non-depressed life they can now live. Obviously there is an inverse to this, one shouldn’t just submit to traumatic transformational experiences, assault, wartime experiences, abuse, terminal illnesses, etc. These transformations are imposed on a person. Healing experiences cannot be imposed. They have to be accepted and chosen, which is why the submission of an individual to the experience is essential for healing to occur.

People come out of the experience changed, hence the term “transformational change”. Even a year after the fact, people will continue to report that the experience positively changes their attitudes towards themselves, life, and other people. They say they are more outgoing, more generous and kind, and more loving towards everyone and everything. They also actually make changes in their behavior, taking better care of themselves, others, eating more healthily, exercising more, and taking care of their surroundings.[[103]](#footnote-103) While these sorts of changes are made across the spectrum of psychedelic users, there are cases of more specific causes of their changes. In ayahuasca ceremonies, researchers found that there were nine major improvements people reported after their ceremonies:

(1) A change in health behaviors including diet. Participants also often gave up alcohol or cigarettes, (2) Enhanced clarity, recognition, and sensibility, (3) Increased physical well-being, (4) Energy, power, and strength, (5) Better coping with problems and ‘‘daily hassles,’’ (6) Confidence and tranquility, (7) A renewed sense of happiness, love, and joy, (8) A change of life orientation sometimes including a strive for non-materialistic values, (9) Improved social competences.[[104]](#footnote-104)

What is unique in these cases specifically though, is that

Participants reported to have actively ‘‘learned’’ all these things in the rituals. Three participants stated that they had received help from other ‘‘entities’’ or ‘‘spirits.’’ For some people these ‘‘entities’’ emerged as ‘‘spiritual doctors’’ performing ‘‘spiritual operations’’ (as it is well known in Brazilian healing cultures) or alternatively as ‘‘spirits’’ providing people with helpful insights (for example not to eat particular food in order to avoid allergic reactions).”[[105]](#footnote-105)

Likewise, “Some interviewees have described quite dramatic interactions with the spirits that assist in their healing. One of them said that once the spirits performed open-heart surgery on him.”[[106]](#footnote-106) This was in order to heal a “shattered and traumatized heart” and had to be approved by him.

An example of the conception of submission in the psychedelic culture is through an idea that is prominent in some areas of psychedelic culture: these substances are “plant-teachers”. Some people within the psychedelic culture believe that these substances have “agency” or are sentient in some way. This is especially common in peoples whose ancestors have been using these substances for thousands of years including the Mazatec, Tucano, etc. Trying to control the experience is denying the agency of the plants and subsequently denying the medicine they can provide. Surrendering to the agency of the plant to heal where it sees fit allows for the substance to do so.

Whether one believes these substances are sentient is irrelevant. The point is that this imagery is used in traditional medicine as well. Something about submission to the experience is key. In all areas of medicine patients acknowledge their lack of knowledge in how to heal themselves—a broken bone, an anxiety-ridden individual, a diseased kidney, etc.—so they go to a medical professional and sign various forms consenting to be treated. In traditional medicine and psychedelic medicine people *allow* or submit themselves to be healed.

**Healing Trauma**

This is particularly relevant in the role of psychedelics in healing traumatic experiences. Traumatic experiences are imposed upon people. They are experiences in which one cannot escape. Saj Razvi has proposed four stages of stress/trauma that occur in individuals.[[107]](#footnote-107) The first two stages are of stress and can be imposed or voluntarily taken on. The last two stages are of trauma which is imposed on the individual. The stages are experienced linearly, but the duration of each stage can vary greatly. The first stage is mild stress. It is characterized by danger being present but not being immanent. It represents a lower level of nervous system arousal and is relatively stable. The symptoms of this first stage can include anxiety, fear, anger, insomnia, excitement, nervousness, somatic tension, etc. We enjoy slight amounts of this stage through horror movies, roller coasters, etc.

The second stage is one of high stress. This involves maximum activation and performance of the nervous system. It only occurs in short durations and is very unstable. This type of stress is the kind that keeps you alive, it is an activation of the sympathetic nervous system. Robert Sapolsky characterizes this type as the stress which a zebra undergoes when being chased by a lion. It is the type that keeps it alive during the chase and disappears after the chase is over. These first two types of stress don’t cause trauma. Trauma emerges with overwhelm when the sympathetic nervous system is overwhelmed and the fight or flight fails to resolve the situation.

Stage 3 is mild trauma.[[108]](#footnote-108) It is when both the sympathetic and parasympathetic activate simultaneously. Stage 3 can be characterized as a potentially escapable shock, but the possible solution did not work. Stage 4 is an inescapable shock. There is a complete absence of any sort of solution. The difference between the two stages would be something like stage 3 is like an abused child who can go over to a friend’s house once a week to escape, there is a band-aid solution. In stage 4 there is no friend’s house to escape to. Stage 4 is severe trauma. In this state numbness, disconnect, and dissociated states can occur. In these sorts of traumatic experiences the psyche has to fragment to survive.

In stages 3 and 4—the traumatic stages—talk therapy isn’t the solution to heal. You cannot take someone straight from stage 4 to stage 1 or 0 (no stress/trauma). To get someone back to 0 from 4, you must go through stages 3, 2, and 1. This cannot be done through simple talk therapy alone. There are defense mechanisms at play with fail-safes in place to allow for an avoidance of re-experiencing it. There are three things that need to happen for the healing of trauma, both bodily and mentally, to occur. They are “a need for the intellectual memory of the trauma to be coupled with the emotional memory of it, and for this to happen in an empathic setting. Empathy is different from sympathy, when we might hear: ‘oh, that must have been hard for you.’ It’s about really feeling that the person in front of you understands your experience. In many cases with empathy, there isn’t even a need for words.”[[109]](#footnote-109)

This is the sort of occurrence that is happening in the trials that are occurring with MDMA-assisted psychotherapy for PTSD. Normal talk therapy might be able to work through the intellectual memory of the trauma, or perhaps through the emotional memory of the trauma, but not together. It cannot take the person’s nervous system or experiences through the levels of traumatic experiences, allowing them to break through the cycle. While talk therapy alone might not be able to provide this, one of the key strengths of the healing potential of psychedelic drugs is the coupling of the emotional and intellectual memories of traumatic experiences both major and minor. The reason some talk therapies fail and a coupling is necessary is because trauma ultimately changes the body in addition to the psyche. One cannot only address the bodily component or only the mental component and expect healing to occur. Healing must occur on both facets. The experience is imprinted on both the mind *and* the body. All one needs to do to realize the role of the body and the experience in the healing process is watch a patient undergoing psychedelic-assisted psychotherapy with respect to a specific type of trauma.[[110]](#footnote-110) As the patient works through the traumatic experiences, you can see their body seize up, contort, convulse, and many other movements in the areas where the trauma is most salient. In cases like these, the healing of the body and the healing of the mind are one and the same.

Whether reliving one’s life from an outsider’s perspective, during the psychedelic experience, or reliving the experience directly, trauma or not, the intellectual and emotional facets of the experience are coupled together. And, as shown previously, the psychedelic experience promotes and facilitates feelings of interconnection, love, and empathy which provides the grounds for the healing to occur. As mentioned in experiences offered here, the individuals frequently felt connection and empathy for their prior selves and the negative experiences that were had, the subsequent reactions to, and actions taken whose origin is found in the traumatic experience.

While the traumatic experience was a negative transformative experience, both epistemically and personally, the psychedelic experience offers another transformative experience—a positive one—that works to reverse some of the negative effects of the prior experience. While trauma limits the individual and inhibits their normal capacities, psychedelics open the capabilities of having ranges of experiences back up, sometimes further than they were before the event occurred. For example, in the study of psilocybin for depression, patients reported feeling like they were back to the person they were before they became depressed and, in some cases, felt like they had progressed more than before.[[111]](#footnote-111) While this may not be possible in cases of more severe trauma, it might offer a possible turning point, a reinvention of self distanced from the traumatic experiences of the past. In these individuals and others suffering from mental illnesses, a sense of possibility and openness of the world can be lost. The transformative experience had under the influence of psychedelics allows for the sense of possibility to be recovered. This sense of possibility can pervade all aspects of life—physically, mentally, socially, etc.

There is a social aspect of healing needed for those suffering from traumas, PTSD, or any other illness. Trauma or illness breaks connection to others. This occurs in some cases by causing the individual, whether unconscious or conscious, to not feel safe around other people. This obviously causes a rift in their ability to connect to other people. These difficulties can be compounded by other changes that occur as a result of the trauma or illness. For example, people suffering from PTSD have been found to have decreased theory of mind abilities compared to prior to the traumatic events and having a harder time forming and maintain intimate relationships.[[112]](#footnote-112) Depending on the nature of the traumatic experiences going out with family or friends, or even going out at all, might be difficult because of potential triggers or the state of hypervigilance the body might experience.

Likewise, people with depression may struggle to leave the house or their bed to connect with other people. Social anxiety might keep someone from meeting a friend for coffee. There are a myriad of illnesses or reasons people are unable to form intimate connections and have healthy social relations. As argued before, social connection and support is key in healing, recovering from illness, and surviving. “The act of bearing witness to traumatic events . . . reintegrates the survivor into a community, reestablishing bonds of trust and faith in others.”[[113]](#footnote-113) This hinges on those around the individual listening, “hearing well”, the stories of those who have been dehumanized, oppressed, abandoned by those who should have supported, or traumatized in any way.[[114]](#footnote-114)

Psychedelic experiences can promote the types of connections or experiences of connection needed, which are key for those suffering from illnesses of any type, but even more important might be psychedelics’ ability to promote connection, empathy, and support from those individuals *around* an ill individual. Sometimes even simply the sharing of an experience one has on psychedelics, can bring people closer together or cause the individual to hear the sufferers. This is evident in the case of Mike, a father of three daughters suffering from anxiety, who also sometimes struggled to understand. He had this vison of his daughters:

“Bit by bit, my daughters were turning into these radiant beings, cleansed of all these fears. It was incredibly emotional, because it was something I have, as their father, long known, but it’s a very great pain when you see your children being victimized by fears . . . to see these beautiful beings not realizing their essence.”

Later that night, after the psilocybin session, Mike had a powerful moment of connection with his daughter. He explained the vision he had to one of daughters, “And she started crying. She came over, and she hugged me and was just holding onto me, and I knew that I had reached the place that I knew I could reach in her.” [[115]](#footnote-115)

Part of psychedelic’s ability to heal and facilitate connections does depend on the people who surround the individual. People wouldn’t expect a recovering alcoholic to do well if sent back to a family of alcoholics who think “recovery” doesn’t exist. Someone who is depressed likewise wouldn’t do well if the people they were surrounded by told them that it was all in their head or they just need to exercise and they’d be fine. After a psychedelic experience, an individual who was anxious or depressed prior to the experience—who might have felt like an outsider or an out-group member even within his own family—could come out of the experience believing themselves to be a part of the in-group, whether a family group, friend group, or society as a whole. To have believed members of an in-group reject (whether knowingly or unknowingly) an individual in such a vulnerable state as an out-group member would be devastating to the said individual. It might halt the healing progress that was being made. Social support is key. In Mike’s case, his daughter was open to the idea of his vision, she didn’t reject it saying he was crazy or that it was purely fictional. How disappointing it would be to have a beautiful, transformative experience and want nothing more than to share it with loved ones, only to know they would dismiss the experience as fictional. This and other factors play a role in the integration of an experience.

**Integration**

The final step in the psychedelic experience and in the therapeutic process is the integration phase. This is in many ways just as important as the experience itself. It is how an individual understands and works what they learned from the experience into their own lives. Without the integration, a psychedelic experience is basically a wild ride that one takes for a few hours that might provide an escape or enjoyment but soon fades into distant memory.

Real bravery doesn’t come from taking a third of fourth cup of ayahuasca, or five or six tabs of acid. It’s really about going back to work the following week and seeking to make peace with the coworker that irritates you. It could be calling a sibling you haven’t spoken to in nine months because you felt they aren’t as “enlightened” as you, and choosing to love them anyway. These healing interactions are truly where we find the long-term benefits of this work.[[116]](#footnote-116)

Psychedelics might show an individual what needs to be done. But they do not do it for them. What needs to be done might even be hidden from plain view on returning from the experience. Psychedelics are a tool—hence the name psychedelic-*assisted* psychotherapy. This is not to say that they cannot heal on their own—they do—but that is the exception rather than the rule. What they do provide is the experiential and motivational grounds for utilizing the insights that are given by therapists and the experience itself. How to allow these insights to gain traction and what to do with them can be guided by the therapist.

As these types of experiences are undoubtedly transformative by themselves, just *how* transformative they will be can be heavily dependent the integration process. Given a newfound sense of connection or love for other people, creatures, or plants, how should one act? Were there specific people that one felt connected to or that they needed to connect to? Were there grudges to be let go of? People to forgive? Themselves, perhaps? Do they never touch a cigarette or alcohol again? How do they act so as to embody their ideal? Despite the experience, one might not choose to act on the experience had or only on some parts that might’ve seemed relevant.

**Conclusion**

The renaissance of psychedelic research as medicine has given us the opportunity to potentially utilize transformative substances to the healing of those who might need it most. Central to this healing are not only the physiological effects of the drugs, but the experience itself. I have characterized the role the psychedelic experience plays in healing. I first argued that experience itself can play a causal role in shaping physiology and contributing to the well-being or lack thereof of an individual. Here I utilized PTSD and depression to illustrate the role of experience in health. After establishing that claim, I presented data and arguments that suggested that it is the mystical *experience* itself that is doing the healing work in individuals who undergo a psychedelic experience. I characterized the nature of general transformative experiences and the role they play in healing individuals and the positive effects that the experience has on them.

I then characterized the two types of transformative change, gradual and immediate. I argued that the psychotherapeutic process falls under this gradual transformative change and that psychedelics work both gradually and instantaneously.

After elucidating the basics of the psychedelic experience, I argued that psychedelic experiences can provide unique insight into one’s own patterns of behaviors. This stems from a change in the way one views one’s self, this can take the form of the ability to see one’s self from a third-person perspective or changing the dominant self-narrative by which a person lives. I characterized this using Harry Frankfurt’s language regarding desires and volitions, arguing that psychedelics give proper second order volitions by decreasing the strength of negative first order desires and increasing the strength of the positive first order desires that one seeks. This gives the individuals the ability and insight to change what they need to.

I then argued, using David Velleman has a theory of motivation behind actions, that psychedelics provide both an ideal to aim for and motivation to act out the ideals they want to aim for. This liberates people from their potentially harmful self-narratives and allows for people to re-contextualize their lives and make the necessary changes to improve their existence. These sorts of experiences happen not only in the individuals themselves, but in relation to other people.

Psychedelic experiences foster feelings of connection to other people and to nature. This sense of connection plays a central role in healing people’s relationships. I argued that one way to conceptualize the work this sense of connection is doing is through the empathy-altruism hypothesis and in-group/out-group frameworks. Psychedelics increase the sense of oneness between people by allowing them to view their own self in other people or things. They also case a drastic increase in the size of an individual’s felt in-group, possibly by decreasing the barriers to perceived entitativity of a group.

I then argued for the role of ego-dissolution and death/rebirth experience in the healing of psychedelic experiences utilizing Evan Thompson’s conception of death as the ultimate transformative experience. This ego-dissolution leads to the individual surrendering to death during the experience and subsequently to a transformation. Here I utilized L. A. Paul’s conception of personal and epistemic transformation, arguing that psychedelic experiences are both personally and epistemically transformative experiences, both of which can lead to healing outcomes.

I then suggested that the traumatic experience is a negative transformational experience that limits possibilities available to an individual and that the psychedelic experience works as a sort of reversal of that process, opening up new possibilities for those suffering. A major part of that reversal and opening of possibilities is promoting social healing for those with mental illnesses. I argued that the role of the people surrounding the individual after the experience has concluded is paramount. Understanding, compassion, and openness are key to a sustained transformation. This is part of what allows for integration of the experience and lasting change from the psychedelic experience.

These substances offer us a new avenue to explore the nature of healing. They give us insight into the types of experiences, ordinary or non-ordinary, that facilitate healing. Knowing these specific types of experiences can have a healing effect opens an avenue of research for understanding and facilitating these types of experiences of insight, connection, and healing in perhaps ordinary, everyday lives.

These substances also offer us another shot at helping people who might have been harmed without cause, in needless suffering, or living a painful existence and provide them a chance at a more enjoyable and less pain-filled existence.

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