

## Review Article

# Repression of death consciousness and the psychedelic trip

### ABSTRACT

Death is our most repressed consciousness, it inheres our condition as the primordial fear. Perhaps it was necessary that this angst be repressed in man or he would be hurled against the dark forces of nature. Modern ethos was built on this edifice, where the 'denial of death' while 'embracing one's symbolic immortality' would be worshipped, so this ideology simply overturned and repressed looking into the morass of the inevitable when it finally announced itself. Once this slowly pieced its way into all of life, 'death' would soon become a terminology in medicine too and assert its position, by giving a push to those directly dealing with the dying to shy away from its emotional and spiritual affliction. The need to put off death and prolong one's life would become ever more urgent. Research using psychedelics on the terminally ill which had begun in the 1950s and 1960s would coerce into another realm and alter the face of medicine; but the aggression with which it forced itself in the 1960s would soon be politically maimed, and what remained would be sporadic outpours that trickled its way from European labs and underground boot camps. Now, with the curtain rising, the question has etched itself again, about the use of psychedelic drugs in medicine, particularly psychedelic psychotherapy with the terminally ill. This study is an attempt to philosophically explore death anxiety from its existential context and how something that is innate in our condition cannot be therapeutically cured. Psychedelic use was immutably linked with ancient cultures and only recently has it seen its scientific revival, from which a scientific culture grew around psychedelic therapy. How much of what was threaded in the ritual and spiritual mores can be extricated and be interpreted in our own mechanized language of medicine is the question that nudges many.

**KEY WORDS:** Death consciousness, LSD, psychedelic drugs, psychedelic therapy, terminally ill

### INTRODUCTION

#### Denial of the death consciousness

Our most primordial angst stems from the repression of our consciousness of death. Buddhism sends us this augury to a lost, perhaps reluctant vision. The dramatic illusion of self-consciousness rests in the way in which Buddhism deconstructs this pervious 'sense of self' as an interplay of the mental and the physical.<sup>[1]</sup> This primeval angst that was inherent in the human condition, had to be repressed in man or he would be lost in the vast openness of nature, of the unknowing.<sup>[2]</sup> It had to be shaped and grounded in a way so he could reconcile with his existence. By overcoming the fear of this repressed death angst, one in fact emerges as his own preserver and nourisher, interpreted as the "Oedipal project".<sup>[3]</sup> Buddhism situates this to the effort of the ideational "sense-of-self" at self-autonomy; the relentless pursuit of wanting to tame this conditioned consciousness, as the symbolic immortal.

Not being equipped to face the totality of his dual existence, one that had flowered as the birthing wound, and the other, more brutal repression of the

inevitable- his imminent death; a duality birthed out of the same fear, paradoxically.<sup>[1]</sup> Right from the time when the birthing wound emerged as the 'conditioned consciousness' it had to cocoon its preservation, find meaning in existence, become real. With this his consciousness would come to being grounded, being ingrained in a reality of his own construct, in a world that he had himself envisaged, history's own doing entrenched in man's collective psyche, hurling him into the continuous spin of objectifying himself in the real world.<sup>[4]</sup>

But had he not secured this real world that he lived in, he would have been thrown into the abyss of non-being, a vacuum that would gnaw the core of his existence had he not reassured his place in the world. This underlies the Buddhist deconstruction of the ego's anxiety about its own 'sunnyata'(emptiness) and its ignorance of the subject-object dualism. Rooted deeply in the Mahayana and Advaita Vedanta tradition, this primary sense of illusory split between the self and the world was because of ignorance.<sup>[1]</sup>

Kant in his 'first Critique', tried to show this fundamental flaw that underlies traditional

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metaphysics, “the presupposition that substantive knowledge claims can be made about the world independently of experience.” He stabbed at the very heart of metaphysical ideology by claiming that, “it is impossible to know anything a priori about the world as it is, independently of our cognitive apparatus”.<sup>[4]</sup> “Though we can make certain synthetic a priori claims, these claims are not about reality per se, but only about reality as it is experienced by us. It is only because we possess certain cognitive principles enabling us to experience the world that we can make certain claims about the world as it appears”.<sup>[4]</sup> This fallacy was mooted right from the way we observe this objective reality as the other, as for this objectivity to remain consistent, each of us kept constructing reality in a way that it concealed from us the knowledge that we have constructed it. This can be seen in the way we experience reality, the way things appear to us, as though it were independent of our nature.<sup>[5]</sup>

### CONSTRUCTING AN INTELLIGIBLE WORLD

It was when Western civilization began to explode as the Renaissance, that it brought along a new wave of success, and with it isolation and despair.<sup>[1]</sup> This wave spilled over to the later centuries, sprouting along new seeds, of man's urgent craving for self eminence and notoriety, something that grounded a strong hold in his consciousness as an obscure craving for his own symbolic immortality.<sup>[1]</sup>

To secure this superfluous subjective self he had to keep holding onto the objective world, play his part, an inescapable act of self consciousness itself that had been endowed through his act of birth. This burden was not for him to bear alone, this had to be leveled with the social act of being itself, attempt itself in solidarity with his fellow human beings so it could be recompensed collectively. This ever repetitive act of man became sedimented in his collective consciousness from which there was no looking back.<sup>[5,6]</sup> This experiential self in the midst of his self constructed realism became the whole in which he began to grasp his truest capacity of being, often lived in bad faith, *mauvaise foi* as decreed by Sartre.<sup>[7]</sup> Man's view of himself became fixed and repetitive, determined by a collective madness that was beyond his control. It was this “pretence of unfreedom that gave him more liberty to disown responsibility in good conscience”.<sup>[7]</sup> This trickles down to man's search for unity and meaning in his existence when there was none, because when there is a ‘demand’ for meaning instead of ‘search’ he knew that this demand was futile as it was made in the death of his historical and metaphysical ideologies.<sup>[7]</sup>

This awareness only gnawed despair, and the sense of its futility was to become ever more severe when one was dying. One was simply not prepared for this; the consciousness of separating from the self, from life had never seemed so real.

Modern ethos was built on the edifice in which the ‘denial of death’<sup>[8]</sup> while ‘embracing one's symbolic immortality’ began to be worshipped, so this ideology simply overturned, rather

repressed looking into the morass of the inevitable when it came calling.<sup>[9,10]</sup> Despite its uncomfortable Western origin, this gradually started dwelling into all developing cultures.

### DEATH IN MEDICINE

Once ‘death’ became a terminology in medicine, it only asserted this position, giving a leverage to those directly associated with the dying to shy away from its poignant emotional and spiritual side that naturally came with it. The need to put off death and prolong one's remaining days became ever more urgent, even when the flicker of life was fast fading away.<sup>[11]</sup>

A change did come, when this poignancy revealed itself as a banal fear that was clinging to the very act of dying and not simply its aftermath. Kubler Ross,<sup>[12]</sup> would soon bring about the Hospice movement in England where changes in the experiences of the dying would take a more benevolent turn. Simultaneously, research using psychedelics on the terminally ill had already begun in the 1950 s and 60 s which would alter the face of medicine as it coerced into another realm.

Noyes,<sup>[13]</sup> who worked with near death experiences, emphasized on the key phases of dying, where in the final phase of transcendence, (*after initial resistance and a final appraisal of one's life*) the mystical state of consciousness occurred and personal boundaries dissipated. One felt that the sense of separation that existed in reality was fast dissolving as he was coming in harmony with everything around him. Noyes<sup>[14]</sup> explained that people who had these experiences induced in them either artificially or naturally, expressed a certain lucidity about the transition of death and rebirth. This symbolic significance of death transcendence would peek out to Western culture and lend it a perceptive glance, through psychedelic therapy a few decades prior to Noyes's observation.

### PSYCHEDELICS AND THE HISTORICAL GLANCE

From the accounts of Grof and Halifax (1977),<sup>[11]</sup> Valentina Pavlovna Wasson, a pediatrician intrigued by the use of psychedelic mushrooms by Mexicans was the first recorded Westerner to be initiated into a sacred ritual led by a *Mazatec curandera* (*medicine woman*); this was inherent in indigenous Columbian cultures, and spread wide across Central America. The effect of the mushrooms left a deep impression upon the Wassons, and made Valentina reveal later that it could be used to study deep psychic experiences and perhaps could even be extended to other medical uses. The mushrooms were botanically identified as *Psilocybe mexicana* (*Psylocybin*).

Alduous Huxley, was the first to declare that psychedelic drugs could be used to assist the dying. His interest in death and its spiritual transition stemmed from his own experiences. Huxley declared that these drugs “could make death a more

conscious experience," this was from his close encounter with the dying, when through a psychedelic-induced hypnosis, he helped his first wife in her final hours as she lay dying from cancer. On his own deathbed too in 1963, it was lysergic acid diethylamide (LSD) that relieved him.<sup>[11]</sup>

But before the West ventured out into exploring the benefits of psychedelic therapy, legend surrounding the mystical healing powers of psychedelic plants was rife across most ancient cultures. It formed an intrinsic part of all their communal rituals including death, which they understood as a form of transcending reality into the next dimension. Its symbolic meaning was to prepare one for the nascent experience and clear one's insight toward the awakening of the transient nature of consciousness.<sup>[15]</sup> This would be an extended part of a commonly shared experience, where the shaman or the wise leader would often ingest these psychedelic plants or would make the group do so through a ritualistic process.

Psilocybin, marijuana and mescaline were ritually practiced for spiritual experiences. There is evidence of the first medicinal and ritualistic use of cannabis in China in the book *Pên-ts'ao Ching*, of about 2000 B.C.;<sup>[16]</sup> its application was preponderant in an array of medical disorders, from psychological malaise to its use as an anesthetic in surgical operations.<sup>[17]</sup> Later of course the hallucinogenic opium would replace cannabis around the 8<sup>th</sup> century AD. Herodotus, the Greek historian himself witnessed the use of marijuana among the Scythians of North Central Asia around 5<sup>th</sup> century B.C. He recorded that its use was at the heart of the ceremonial core of honoring the dead.<sup>[18]</sup> The Sumerians of the Near East were among the first to use cannabis and right from Mesopotamia to Peru, marijuana use was a common ritualistic practice, the use of which also finds mention in the Old Testament.<sup>[19]</sup> The Yaqui tribe of South America religiously used psilocybin and mescaline during meditation.

A notable allusion to the psychologically penetrating influence of cannabis finds mention in the *Atharva Veda* (fourth book of the Vedas, 2000-1400 B.C.). Cannabis in India, was time honored since its association with the mythological God Siva. It was extolled for its mind altering properties and was intimately woven with the communal, religious, and medicinal context.<sup>[20]</sup> To attain deep spiritual experiences or sadhana (spiritual), this practice was unparalleled and is still common among the *Aghoras* and the *Shaivites*, of the Tantra sect. Even among the Tantric Buddhists its use is well-known. Sushruta, elucidated its therapeutic benefits for a wide range of ailments, including its use as an anesthetic for minor surgeries and as cure for fevers.<sup>[21]</sup>

Between 1893-94, the Indian Hemp Drugs Commission was authorized to look into the use of cannabis in India; they recognized its potential benefits in medicine and deemed it an important drug.<sup>[22]</sup> Despite being entrenched in the religious, cultural and medical ethos the British Indian Government in

1896 enforced an act that deterred the use of cannabis as an intoxicant. 1930 saw the Dangerous Drugs Act being passed, which even at the state level made the sale and possession of manufactured drugs, including medicinal cannabis difficult. The final nail was hammered in 1964, when the government sanctioned the Single Convention on Narcotic Drugs Act, and by mid 1980 s, the cultivation, possession and consumption of cannabis was severely penalized and came under strict vigilance of the Narcotic Drugs and Psychotropic Substances Act, 1985. Also a hallucinogen, cannabis was often referred to as "Phantastica",<sup>[23]</sup> that which causes euphoria, and is known to accentuate sensual perceptions, by distorting body boundaries and warping the sense of space and time.<sup>[23]</sup>

The active psychedelic properties of most of these hallucinogenic plants came under the scrutiny of Western scientists only recently. The psychedelic properties that were pharmacologically synthesized are: rye fungus (LSD), the psilocybin mushroom or 'magic mushrooms' (psilocybin), and the peyote cactus (mescaline).<sup>[24]</sup> Since LSD first appeared, psychiatrists and psychologists would often lend themselves the experience of the psychedelic states of temporary psychosis, which would let them trudge on the otherwise frozen territories.<sup>[25]</sup>

The word "hallucinogen" is alternately used as psychedelic, and has its roots in Greek, which literally means "to wander in the mind." Since these drugs do not actually produce true hallucinations but provokes an illusion, it is implicit that it is an effect of the drug.<sup>[26]</sup> Most of the chemical structures of these psychedelics were also found to closely resemble the chemical properties of the neurotransmitters in the human brain, so this chemical gateway would inevitably provide a sympathetic understanding of psychotic states.<sup>[27]</sup>

## THE PSYCHEDELIC TRIP

Since its early days LSD began to be seen as a convenient way "of gaining access to the chronically withdrawn patient" and would soon gain repute as an adjunct to psychotherapy.<sup>[28]</sup> Others would soon follow, and it was Sandison in 1953 who opened the first LSD clinic in England. Sandison and his group were to opine that LSD therapy worked best with the obsessively neurotic and other anxiety groups.<sup>[29]</sup> But, it was Osmond who would revolutionize its use with chronic alcoholics in 1957.<sup>[30]</sup> He would use high doses of LSD (300 mcg. or more), sometimes in combination with the other hallucinogens, and soon the wave "psychedelic therapy" caught on after Osmond first coined it. Later, psychedelic psychotherapy, as an adjunct would invigorate the barriers of consciousness to unravel its mystical qualities across a range of therapeutic settings.<sup>[31,32]</sup> Before Kast and Collins in 1964,<sup>[33]</sup> embarked on their research on the use of psychedelics with the dying, reports from the Sherwood *et al.*, and the Savage *et al.*, studies had already shed light on how most patients overcame their fear of death.

Kast's early work in the 1960s on analgesics led him to LSD, which he learnt could "markedly distort body image and alter body boundaries", besides LSD could obstruct the body's own need to selectively concentrate on the physiological sensation of pain. In 1964, he and his colleague, Collins published their work on LSD where they compared its pain relieving effects with the opiate analgesics, Dilaudid (dihydromorphinone) and Demerol (meperidine) on a group of patients with severe physical pain, among whom were several with different types and stages of cancer. LSD turned out to be a superior drug. What struck them was that patients after their LSD experience could easily cast off their fear of an impending death. What followed later was his study on 128 patients with metastatic cancer, in a nonpsychotherapeutic setting, but where he extended it to their psychological aspects of attitudes, emotions and sleep patterns associated with their illness and death. An administered dose of 100 µg of LSD not only remarkably reduced their pain, that lasted for about 12 hours, but also reduced its intensity for 3 weeks. Ten days following the session, sleep too improved in the group and they seemed less occupied with death.<sup>[11,25]</sup>

1966 saw Kast being intensely occupied with the personal and philosophical experiences of patients with terminally malignant diseases who had but just a few weeks or months ahead of them, an imminent reality they were aware of. Like before, not only did 100 µg of LSD have a relieving effect on physiological pain, emotions and sleep pattern but Kast went on to describe, "happy, oceanic feelings", "that would overpower the fear of death and would bring in a sense of community with which they would perceive themselves and those around them with a certain philosophical and religious precept that was beyond the rationalization of any numerical data or graphs".<sup>[11,34]</sup>

Kast had set the mould from which future research would take shape. Gary Fisher,<sup>[35]</sup> another researcher in 1970 in his work highlighted the more personal experiences of the dying, and he discussed this in light of transcendental experience gained from practice, either spiritually or induced artificially through psychedelics. Fisher emphasized on the experiences of the dying patient whose concern about death had mitigated as he began to see it less as a physical departure and more as a continuity of life force.

Around the 1960s simultaneous work on LSD exploring its psychotherapeutic benefits was being headed by Stanslav Grof in Prague, Czechoslovakia.<sup>[11]</sup> Grof's work with LSD was based on the theory and practice of psychoanalysis on psychiatric patients which would soon grow out of it to become an independent school of its own and take into its ambit the transpersonal and transcendental experience. This would over the years be integrated into the psychedelic therapy associated with the dying. Influenced by his work with psychiatric patients who reported a mitigated feeling toward their own fear of death with LSD therapy, Grof went on to

inculcate these same ideas with those patients for whom death was an imminent reality, and this led him to his work with cancer patients. He would soon work with other researchers at Spring Grove, which later became the Maryland Psychiatric Research Center (MPRC) using a specific form of psychedelic therapy with the terminally ill.<sup>[36]</sup>

What began in MPRC in 1963, as an exploration of the therapeutic potential of LSD on alcoholics and neurotics would soon find its way, although unexpectedly attending to the terminally ill. This would unfold in an event when one of its own research team member developed metastatic cancer, and in the face of it underwent severe depression and anxiety; LSD therapy proved to be a peak personal experience for her wherein she could confront and resolve her fears of the unknown.<sup>[11]</sup>

What was initiated as psychedelic therapy was soon dubbed as psychedelic peak therapy,<sup>[36]</sup> as one often attained a peak transcendental experience with a high dose of psychedelics (350-400 mcg.), but for this to be conducive, patients would initially undergo intensive psychotherapy that would last at least 20 hours.

The work at Spring Grove would grow to become the most well-documented psychedelic research of that time,<sup>[37]</sup> and research would remain unrelenting until 1976, when the Comprehensive Drug Abuse Prevention and Control Act of 1970 was enforced under political pressure because of the escalating problems of drug abuse.<sup>[37]</sup>

Dipropyltryptamine (DPT), another psychedelic was also examined in two cancer studies in lieu of the LSD, since its properties were similar to LSD but was less time consuming.<sup>[38]</sup> It took about 1 ½ to 6 hours to act, and its effects too wore off easily unlike the LSD that demanded a considerable amount of time. Post-therapeutically DPT's benefits would mimic LSD. It was suggested to be a better alternative than LSD, but because of its quick onset, patients often found the sudden psychological upheaval overwhelming.<sup>[39]</sup>

Psychedelic research would soon see its decline in the U.S., and whatever sporadic research continued would be published anecdotally. Even though it was interred deep in medical research in the 1950s and 1960s,<sup>[40]</sup> drug use in the recreational scene attained a cult status in the 1960s, following which it became a medical and sociopolitical taboo.<sup>[41]</sup>

Another class known as the entactogens comprising of the agent MDMA (3,4-methylenedioxymethamphetamine), has been popular as the street drug ecstasy since the last two decades. In the early 80s, it begun to be used in the psychotherapeutic setting, as it enhanced one's state of contemplative insight,<sup>[42]</sup> and helped delve into the repressed parts of the psyche. This it did by mitigating fear in an otherwise emotionally surcharged moment;<sup>[43]</sup> which is why

its potent use was grasped for the terminally ill.<sup>[44]</sup>

The classical psychedelics (LSD and psilocybin) are nonaddictive, known not to cause any physiological dependency and are nontoxic<sup>[45-47]</sup> which is why current researchers are making a stab at bringing back these drugs for their exceptional use in relieving the existential encumbrance that comes with the terminally ill.

Psychedelic research is once again starting up, but cautiously. Research continued in Europe throughout the 80 s, but was mostly restricted to private practice. It was in Switzerland, however, where it met the least resistance, and research continued despite the world-wide ban in 1971. Licenses were granted by the government for exclusive research in MDMA, psilocybin, and LSD psychotherapy in 1988.<sup>[25,48]</sup>

### CURRENT WAVE

Contemporaneous research into psychedelics is delicately being burrowed out of its political tentacles that has not just rendered it deleterious to contemporary health but also kept tightening its fist around any attempted research that could have otherwise proved its authenticity. What also discouraged its use was that pharmaceutical companies would not stand to gain by it as there were no patents to be had and also these drugs do not require regular use. A few sessions of therapy were mostly enough, and sometimes even a single LSD trip could alter one's life.

Most of the current research is being targeted on patients who have developed secondary anxiety-related disorder associated with end-stage cancer, and were refractory to anxiolytic therapy and psychotherapy.<sup>[45]</sup> Their line of work is inspired by the earlier works of Kast, in which the drug therapy is used as an adjunct with psychotherapy.

LSD and psilocybin are both structurally similar to the neurotransmitter serotonin and can directly affect its pathways in the brain. A study using psilocybin, is being conducted in the University of California in Los Angeles UCLA, USA, by Charles Grob, who waited more than 10 years before he got the approval for a pilot study in 12 patients with advanced-stage cancer, who had developed severe anxiety disorder. The reason why psilocybin was opted instead of LSD is because its action is shorter, and also the effects can be easily controlled.<sup>[45,49]</sup> Patients were placebo-controlled and assisted with psilocybin in the double-blind study. Implicit to the study is that the psilocybin group will fare better than the controls while they experience reduced pain, anxiety and depression, the effects of which, it is presumed will continue beyond the study period; and will also curb their need for anxiolytic and analgesic therapy. Influenced by Grob's work a similar study was undertaken by Sameet Kumar, TBD, USA in stage IV melanoma patients.<sup>[49]</sup>

Similar research has been initiated by John Halpern at the McLean Hospital, Harvard Medical School, using MDMA as adjunct to psychotherapy for patients with anxiety secondary to end-stage cancer. In May 2012, the annual report on the Swiss study by Peter Gasser was submitted by the Multidisciplinary Association for Psychedelic Studies (MAPS). Gasser and his team are conducting research on LSD-assisted psychotherapy in twelve subjects with anxiety related to advanced-stage illness (cancer, metabolic and autoimmune diseases).

Psilocybin-assisted psychotherapy is also underway at the Johns Hopkins University, Baltimore, USA; where the principal investigator is Roland Griffiths. This study will accommodate patients with early, nonterminal cancer.

### THE WAY OUT

Ethical concerns for the most part will linger with the use of these psychedelic drugs in human subjects, but to grasp the full extent of these ethical concerns behind such research one also needs to empathize with the views of patients changing perspective toward their lives, particularly when they see the inevitability of a perishable self. But a psychedelic trip enhanced realization of continuity, which dissipates the ego into a boundary-less whole is what seems comforting to the dying.<sup>[50]</sup> Soon after LSD caught on a new wave in medical research, Albert Hoffman, who engineered its invention opined that psychedelics could see its way into the future through transpersonal psychology.<sup>[51]</sup> He went on to add that *"it was only through this route of transpersonal psychology that we could gain access to the spiritual world."*<sup>[51]</sup>

Stanslav Grof was a proponent of this school of transpersonal therapy, along with Abraham Maslow, who posited that altered states of consciousness (ASCs) were the key to realizing one's psychological well being. Psychedelic-induced ASCs "could catalyze a therapeutic response" by adding meaning to therapy.<sup>[50]</sup> This practice was well known among most spiritual disciplines, particularly Buddhism where most of the monks had had experiences with psychedelics, in keeping with their traditional vow.

When we go back to the history of psychedelic research it is not hard for anyone to see that field held much promise in its incipient stages, before it was cracked down in the 1960 s and 70 s. First the complacency in which researchers and therapists controlled their supply of LSD and later the booming of the counter-culture movement led by the Harvard psychologist Tim Leary led to its indiscriminate use in the most profane way. So the grip tightened more out of societal concerns than any medically linked problems with LSD and the other psychedelics.<sup>[52]</sup>

A favorable shift in the trend toward bringing psychedelics back into the research was because of researchers like Strassman and the concerted efforts by organisations like the

Multidisciplinary Association for Psychedelic Studies (MAPS) and the Heffter Organization, which have pioneered the medical research of these drugs.

For research to continue, and remain unscathed from political breaches, it becomes the responsibility of the individual or researchers directly associated with it to make a conscious effort to steer clear from the lackadaisical attitude of the past that had created much of the unnecessary moral and medical hysteria about psychedelic use.<sup>[53]</sup> Some of the scandals involved the early known psychotomimetic research sponsored by the CIA under (MK-ULTRA),<sup>[54]</sup> where LSD was being explored as the truth serum had done enough to tarnish its repute; but, even after a prohibition in conventional research, psychedelic use proliferated as an underground culture, and legal restrictions had little to do with it. So the problem is not whether medical research would give recreational use more leverage and escalate its abuse, the question is how much of this medical ease will actually unrestrain itself from its own excesses. One could see that the removal of criminal penalization for use of non-addictive drugs did little to escalate its recreational use in Holland and Portugal.

Lastly, we are bound by this inescapable concern of anxiety being inherent to our condition; it is the core of who we are, something that we cannot put an end to, because such an end would require the annihilation of the ego-self first (existential school). But because it cannot be overcome therapeutically,<sup>[55,56]</sup> since one cannot face the terrible possibility of one's condition (our mortality) without anxiety; we had to repress this truth. We have fractionized reality to an extent where we can partially deal with this anxiety, by confining our world within its narrow realm, where we have accessibility and control. But when one is faced with the imminence of death, this anxiety cracks open in all its floridness, the paradoxical stance of the death wound undoing the birth wound conditions itself once again. Death transcending into another alternate realm is the central theme of most religious traditions, but the problem ascends when we try to demythologize these myths,<sup>[1]</sup> when we try and wheedle out their deeper meaning. The problem is we cannot extricate it out from the myth of our own mechanized language that we are used to (language of modern science), since we can only project ourselves from what we have learnt to learn, with our own cognitive apparatus that does not safeguard us from this duality of life and death.

So psychedelic therapy is not a cure to this eternal morass, it eases our burden alright, giving us a peek into what might be, but we never know, but as long as it helps one wade through one's existential fear, or just numb the reality of pain, then why not? Anxiety dissipates here, the unknown becomes more acquainted, and the knowing becomes obsolete and we feel cured like "the artist who carries death in him like a good monk his breviary" (Boll).

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