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Psychedelics and Dying Care: A Historical Look at the Relationship between Psychedelics and Palliative Care

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ABSTRACT

This article examines the historical relationship between psychedelics and palliative care. Historians have contributed to a growing field of studies about how psychedelics have been used in the past, but much of that scholarship focused on interrogating questions of legitimacy or proving that psychedelics had therapeutic potential. Palliative care had not yet developed as medical sub-specialty, more often leaving dying care on the margins of modern, pharmaceutical-based treatments. As psychedelic researchers in the 1950s began exploring different applications for psychoactive substances such as LSD and mescaline, however, dying care came into clearer focus as a potential avenue for psychedelics. Before that application gained momentum in clinical or philosophical discussions, psychedelics were criminalized and some of those early discussions were lost. This article looks back at historical discussions about LSD's potential for easing the anxiety associated with dying, and considers how those early conversations might offer insights into today's more articulated discussions about psychedelics in palliative care.

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Introduction

On November 22, 1963, writer and philosopher Aldous Huxley died of metastatic cancer, but not before the LSD he took began altering his consciousness. Huxley had first encountered mescaline in 1953 when Canadian-based psychiatrist Humphry Osmond visited his home and guided him through his first experience, the one that inspired him to write *Doors of Perception*. From that initial meeting, Huxley became enchanted with the possibilities of using psychoactive, consciousness-raising substances to alter one's perception, and even to encourage consumers to appreciate ways of thinking that were more often described as mystical, sacred, or philosophical. He continued to correspond regularly with Osmond as they worked through their ideas on the value of psychedelics as tools for mind science, and their relationship became best known for introducing the word "psychedelic" into the English lexicon.

A few months after their first meeting, Osmond wrote to Huxley: "We have sold ourselves for the refrigerator, the hoover, and the washing machine and gracious living and gardens of rest and competitive living and free enterprise. But the bargain has been a hard one and much has been lost. We have now got a chance to use our wonderful technology to help us to find again some of those things which it has taken away from us" (Bisbee et al. 2018, 23). In this passage, Osmond referred to how a mescaline experience helped to reorient one's perspective by filling one with rich feelings, and sometimes hallucinations, that moved beyond the material realities of life, and caused consumers to confront larger, philosophical and ontological questions about life's meaning or purpose. In this way, they saw in psychedelics a tool for exploring human consciousness on a philosophical level, which they valued as part of the healing enterprise, and later also recognized as valuable for dying care. For them, psychedelics inspired the perfect blend of modern science with philosophy and mysticism, features that they felt were critical in the nascent field of dying care.

These two early psychedelic thinkers combined elements of Western science, but Huxley, in particular, ruminated on how the reaction compelled him to confront "the Sacred." He elaborated on this idea by drawing attention to the rituals associated with peyote, which both witnessed by participating in local Church of Native American Church ceremonies. Part spiritual, part medicine, they later acknowledged that Indigenous ways of knowing peyote imbued a deep cultural appreciation for the substance, values that involved modesty, humility, tolerance, and empathy, often culminating in a more holistic conceptualization of healing that embraced body, mind, and spirit. Such an experience, for Huxley, was a valuable salve for strained human relations, especially those scarred by generations of

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colonialism and paternalism that had, in his estimation, negatively affected people on an evolutionary scale and in terms of mounting resistance to further political discrimination (Kahan and Dyck 2016).

While they explored many avenues for psychedelics, dying care claimed a special interest for these early psychedelic thinkers. Huxley's decision to take LSD on his deathbed emerged from his own personal experience as a caregiver to his first wife, Maria (née Nys). Eight years before his own death, Maria had died from cancer, and Aldous nursed her through her final days. Throughout their marriage, Maria had been an abiding source of support to Aldous, aiding him with his writing as his eyesight failed, and challenging him intellectually and philosophically with her deep interest in mysticism and parapsychology (Bisbee et al. 2018). His explorations with Maria, including the poignancy of using psychedelics at her deathbed, convinced him that caring for dying individuals was something that modern human civilization was ignoring, to the detriment of our evolution as emotional beings, and that psychedelics offered a solution.

Maria and Aldous had direct experience with mescaline and LSD, and had become interested in mysticism, Indigenous rituals, hypnotism, and parapsychology more broadly during their time in California. They had moved to Hollywood from England in 1937, and had their first mescaline experience in 1953 (Bisbee et al. 2018). In a personal letter that he later shared with Humphry Osmond, Aldous reflected on how those experiences had helped both him, as caregiver, and Maria, as a decreasingly conscious patient, during her final hours. He said: "I would ask her to open the eyes of memory to the desert sky and to think of it as the blue light of Peace, soft and yet intense, gentle and yet irresistible in its tranquilizing power" (Bisbee et al. 2018, 614). He spoke of Peace, of moving past memories of life, and overcoming the barriers created by regrets, remorse, and anxiety. In her final hours, Maria lay quietly in Aldous' embrace with him whispering, "Let go, let go. Forget the body, leave it lying here; it is of no importance now." He later wrote that her breathing ceased and she surrendered life "without any struggle" (Bisbee et al. 2018, 615).

Aldous did not conceal this intimate moment, but used it to inspire his writings and explorations into human consciousness, mysticism, and death care. He shared his initial and raw musings with his close friend and fellow philosopher and science writer, Gerald Heard, who then encouraged him to pursue the topic further with the intention of improving care. Although neither Heard nor Huxley were clinically trained, both were connected with the clinical psychedelic community and were enthusiastic about its potential for improving human behavior. Huxley consulted psychiatrist Humphry Osmond, indicating that Heard thought "it might be a good thing to write something about the whole problem of death and what can be done by those who survive to help the dying—and incidentally themselves. What do you think? If I wrote it, I would do so anonymously and after consultation with people who had a wide experience. The subject is enormously important, and it is hard to know how it ought to be treated so as to be helpful for contemporary readers who have to face the problem here and now, in the mental climate of today" (Bisbee et al. 2018, 168).

Osmond responded by stepping back from the immediacy of the situation and placing their grief in a broader human context:

> I suppose that the only importance of the Roman last rites etc. is that these are a way of preparing the dying one for a peaceful and calm transition. We have got the whole idea upside down. It is not as the priests would have us believe a passport to eternity letting one into heaven, purgatory or hell. It is just a way across the border, an easing of the strands that bind to this world and which if too strong may hold one in that treacherous inter-phase which separates the two. I feel that your keeping contact with Maria until she was finally through that strange and sometimes distressing barrier must have made the journey a gentle and happy one, knowing that you were doing this. I am sure that the worry and anxiety for you must have been greatly lessened, and so the way eased and the strands gently eased, loosened and finally cast off. Dear Maria." (Bisbee et al. 2018, 169)

A few years later, Huxley transposed his thoughts about Maria into a more specific clinical application: "Yet another project—the administration of LSD to terminal cancer cases, in the hope that it would make dying a more spiritual, less strictly physiological process" (Bisbee et al. 2018, 373).

Huxley's views on this topic were neither flippant nor superficial. In the decade leading up to his death, he continued to write and lecture on the nature of human evolution and modern civilization, contributing to fields of philosophy and evolutionary biology that had long been part of his work. But, since his first mescaline experience in 1953, his work had taken on a new set of perceptions guided by his personal curiosity about mind-altering drugs, mescaline, and LSD in particular. He shared many of these experiences with Maria, whom he later credited for introducing him to new degrees of confidence in mysticism, which further enabled him to accept different ways of thinking and, ultimately, courage in the face of death.

Importantly, Huxley was an intellectual thinker who identified most with a humanist tradition, but who was firmly associated with the history of biology through his family connections. His writings reflected this blending of science with philosophy. In the latter stages of his life, as he became interested in psychedelics, this longstanding fascination became even more animated as he wrote about human evolution in the context of psychedelics. Historians have highlighted Huxley's role in stimulating interest in psychedelic drug research through his gravitas as a writer and thinker, and perhaps owing in part to his personal and familial networks. Aldous was the great-grandson of Thomas H. Huxley, better known as Charles Darwin's "bulldog" or fierce advocate of human evolution. Aldous' brother, Julian, was the president of the British eugenics society and was later knighted for his contributions in biology. Well-versed in the science of heredity, Huxley nonetheless preferred to devote his intellectual skills to questions of philosophy, and to apply scientific reasoning to the historical and classical texts in literature, music, and arts. Author of 50 books, and many essays and screenplays, he was perhaps best known for his dystopic views about the modern world and his satirical take on society's blind acceptance of conformity (Banco 2009; Sexton 2007).

Notably, he developed a keen interest in parapsychology and mysticism, and became enchanted with the idea that there may be lessons from beyond the grave that guided human development on a sub-conscious level. His correspondence with Osmond exposed their shared conviction that science was best handled in partnership with a humanist tradition, and psychedelics offered the ideal bridge. When it came to medical science, humanism involved spiritual adherence in the most expansive sense. This subject captivated Huxley: "My own experience with Maria convinced me that the living can do a great deal to make the passage easier for the dying, to raise the most purely physiological act of human existence to the level of consciousness and perhaps even of spirituality" (Bisbee et al. 2018, 465). Osmond concurred, "It seems that having miraculously found out how to reduce pain greatly by pharmacological means, we don't want to be bothered any more…. I suspect that the dying need some direction which encourages letting go not only of their bodies but also of their past—indeed the latter may be even more difficult and more essential" (Bisbee et al. 2018, 466).

Huxley and Osmond's reflections on the art of dying and psychedelics were significant because they showed a cultural ambivalence at that time towards the mechanization of human healing, which was consistent with their trepidation about technology overall. Their entry point to this discussion came from psychedelics, while contemporary oncologists, nurses, and social workers were beginning to articulate similar concerns as they witnessed patients dying on hospital wards. The mid-century drive towards modern hospital care, including an embrace of pharmacology and biomedical technology, may have helped to stimulate some of these discussions that stepped back from mechanization, whether of the hospital or the human body, and looked for psycho-spiritual aspects of healing.

Palliative care

The death rate worldwide is expected to rise from approximately 13 million deaths per year to 70 million deaths per year by the year 2030 (Bone 2018). Our aging population means that the demands on death care are increasing. The way we die is also changing because we tend to live longer, sometimes acquiring multiple illnesses requiring complicated pain management regimens and professional medical care. The pressure these conditions place on palliative care units in hospitals is also growing, with researchers predicting a 40% increase in the number of people seeking care in facilities that provide specialized medical services as part of the process of compassionate dying care.

Palliative care itself is a relatively new idea. For thousands of years, dying had been considered part of the inevitable outcome of living, and not as a distinct medical specialty or a challenge to be tackled using invasive technology or specialized health care teams. In the Western context, dying care has steadily moved into clinical spaces. Over the last 50 years, dying care has changed considerably, often making it a much more medicalized experience than ever before in human history.

Different belief systems throughout history tell different stories about how we should understand the dying process, but all of these interpretations allow for acceptance, sometimes reconciliation, and closure for the dying person, as well as for the caregivers, family, and friends left behind. And for centuries, these rituals were understood as social, cultural, and religious practices outside the domain of medicine or healing sciences.

Medical historians suggest that, despite the inevitability of death, the practice of medicine is preoccupied with life, recognizing death as a defeat, and something beyond the grasp of modern medicine. Only in the latter half of the twentieth century has the idea begun to be accepted that death fits into a clinical category of its own, complete with its own spiritual needs, specialized care teams, and a philosophical acceptance of human mortality. Medical history underscores just

how little medical training or hospital systems have accepted death into their jurisdictions. Historian and physician Jacalyn Duffin has shown that palliative care is both the oldest and now the newest subset of the medical profession. Duffin argues that, "with its successes and the new scientific zeal for curing, medicine had lost sight of its original, ancient tenets about the relief of suffering. Clinicians had forgotten that illness and dying are still part of living, sometimes a long and painful part" (Duffin 2014, 210).

The psychedelic renaissance and dying care

By the time of Huxley's death in 1963, psychedelic research was still in ascendance, but by the end of the decade a combination of social, political, and medical factors altered the reputation of psychedelics in medicine and research slowed (Dyck 2011). Researchers at Spring Grove Hospital in Maryland continued conducting trials with LSD, but many units in North America abandoned their studies under pressure from colleagues and regulators (Oram 2018). Eric Kast, working as an internist in Chicago, had already been exploring the analgesic effects of LSD for patients with anxiety, including those with anxiety relating to death resulting from cancer diagnoses (Kast 1966, 1970). While much of the psychedelic research slowed down, Kast's findings continued to animate discussions about dying care, while their published findings have formed an important link with the twenty-first trials using psychedelics on oncology wards (Nichols 2016).

In 1967, Walter Pahnke left Harvard, where he had worked with Timothy Leary, Richard Alpert, Richard Katz, and others on developing different applications for psilocybin among other psychedelics, and he joined the research group at Spring Grove Hospital. At Spring Grove, away from Harvard, where Leary had drawn negative attention to the misuse or abuse of psychedelics, a burgeoning group of researchers continued to explore the pharmacological and spiritual dimensions of the psychedelics. This group, including Walter Pahnke, Stanislav Grof, Richard Yensen and Bill Richards, relied on a rich tradition of combining humanities-based approaches (Nichols 2016). Their work helped to anchor the early psychedelic theories of the 1950s with the more sophisticated pharmacological research emerging in the 1970s.

That research was critical in laying the groundwork for more recent studies. For example, Johns-Hopkins-based researcher Roland Griffiths (along with Bill Richards, Mary Casimano, and others) has taken a leading role in measuring the psychological impact of spiritually induced reactions from substances, such as psilocybin. Griffiths et al. (2006) conducted a double-blind study to measure the psychological responses of "hallucinogen-naïve" adults to gauge the lasting effects of what they described as a mystical encounter.

A key player in this ongoing research is Bill Richards, who had been part of the earlier studies with Kast and others, and who continues to be involved in articulating the spiritual benefits and potentialities that exist in psychedelics. He writes in *Sacred Knowledge* about his 25 years of experience as a clinical psychologist, theologian, and firm believer in the complex benefits of mysticism, Sacred, Divine, spiritual, or even religious elements of healing (Richards 2016). He claims that, when used properly, entheogens (coined in 1979 to mean revealing the God within) have "tremendous therapeutic, as well as spiritual, value" (Richards 2016). He includes LSD, mescaline, psilocybin, and DMT among the list of non-addictive, non-toxic substances that commonly invoke what participants describe as an indescribable feeling, often loosely characterized as spiritual. That is, not a product of institutionalized or formal religious practices, interpretations, or beliefs, but an overwhelming sense of connectivity, of deference, and often feelings of higher powers or a grand design to the universe. As Richards explains, many of these feelings, once articulated in a clinical context, cause subjects to recoil in insecurity, worried that they have revealed inner, even sub-conscious, expressions of madness or insanity due to the difficulties in expressing these feelings and insights in an authentic manner. But, in his experience with nearly 300 individuals over three decades, the feelings are idiosyncratic and yet generalizable as mystical and, above all, highly influential for generating insight into one's behavior. Richards describes his own first experience, in which he was overcome by the perceptions he acquired and felt the encounter had been incredibly meaningful. Yet, in trying to find words to capture the insights, he felt lost (Richards 2016).

Griffiths and Richards are not alone in (re)exploring the mystical elements of a psychedelic encounter using the tools of modern medicine. Neuroscientist Franz Vollenweider (1998) has been revisiting the idea that psychedelics produce a model psychosis, a concept first described in 1952, or that they mimic schizophrenia, by interrogating changes in both dopamine and serotonin levels. As director of the Neuropsychopharmacology and Brain Imaging Unit at the University of Zurich, Vollenweider has played a leading role in studying the effects of psychedelics on the brain, and has begun measuring those effects using brain scans that compare the images of psychedelic drug use and Buddhist meditation. Here too, Vollenwieder (1998) relies on

imaging technology to help understand and legitimize the therapeutic powers of spiritual meditation by tracking its effects on neural networks, and comparing them with the same changes observed under the effects of MDMA or psilocybin.

Over the past decade, many more studies are making the connection between the value of psychedelics and end-of-life care, particularly as it addresses the anxiety associated with facing death. The topic is now the subject of clinical studies (i.e., Dutta 2012; Grob and Danforth 2015), and is making waves in the popular media as well (Slater 2012; Kupferschmidt 2014), owing partly to Michael Pollan's (2018) latest book praising psychedelics.

These kinds of studies continue to straddle different disciplinary and ideological traditions: science and religion; "Western" and "Eastern" approaches to healing; and Indigenous and non-Indigenous approaches to psychological care. One of the current practitioners who personifies this blending of approaches is Canadian-based Gabor Maté, a Western-trained family physician who worked chiefly in palliative care and addictions. Maté has since left his licensed medical practice in Vancouver to embrace harm reduction models that connect with Indigenous traditions, spiritualist interventions, and non-biomedical conceptualizations of addiction. (Maté 2008).

These more recent examples emphasize the degree to which some of the leading scientists and physicians on the front lines of the psychedelic renaissance are looking to historical antecedents at the same time that they are looking forward, and lobbying regulators for better access to pharmacological substances that tap into more traditional, or at least non-orthodox, healing practices (Tupper et al. 2015). Psychedelics, past and present, also straddle philosophical divides: mind and body; rational and irrational; spiritualist and materialist. It is clear from the past participants, as well as some of the newer studies, that psychedelic experiences invoke a variety of reactions that often rely on a more expansive vocabulary to render them meaningful, whether that vocabulary borrows from a spiritual realm, an anthropological one, or a philosophical dimension.

The return of psychedelics represents more than faith in a particular therapy. Psychedelic therapy itself relies on an appreciation for the value of spiritual or mystical elements of healing. According to Johns Hopkins researcher and experienced psychedelic therapist William Richards (2016): "These substances [psychedelics] are regarded especially highly by many different people, not simply because busy Westerners may tend to be impatient in their spiritual quests, but also because entheogens, wisely ingested, are noted for their power and effectiveness, thereby potentially supplementing other psychological and spiritual disciplines." Revisiting this history is therefore not simply a matter of legitimizing the current fascination with psychedelic science, but an opportunity to consider the broader context of how biomedicine has handled issues of spirituality in the context of healing and caring.

Palliative care emerges as a strategic site of investigation that has demonstrated its utility in the modern health care system as a space of convergence, across disciplines and ontologies. By comparison with psychedelics, the history of palliative care is a more somber study; it is also relatively new as a medical subspecialty, as the hospital-based palliative care unit itself is a product of the 1970s. Dying care has a much longer history, while historians and medical practitioners alike have been more reluctant to study dying as a coherent or generalizable experience, making it an inevitable but comparatively undertheorized aspect of our health care system. Yet here, too, the issue of spirituality looms large, and historians and medical educators alike struggle to reconcile its fit within more traditional clinical arenas of care.

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