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An Opening Door: The Promise of Psychedelics in Mental Health Treatment

Skulls, demons, fire and brimstone; love, beauty, and explosions into the Heavens all compelled by one innocent molecule: LSD. Known for their ability to alter states of consciousness through visual hallucinations, ego death, and spiritual experiences, psychoactive substances have been targeted by the United States government since the 1800s, but it was Richard Nixon who proclaimed the first “war on drugs,” initiating a wildly punitive, political crusade against mind-altering substances. Today, hallucinogens remain Schedule I, meaning the federal government considers them to be highly abusive with no medical purpose. A long and winding history of hallucinogenic drugs has instilled fear deep into the American heart of slipping the surly bonds of plausibility, for they are notorious for wreaking psychological hazards. However, the mental health world is entering a psychedelic renaissance. In recent years, there has been growing research on the potential of psychedelic drugs for illness and wellness, with pilot states like Oregon establishing a legal, regulatory framework for receiving psilocybin, the hallucinogenic compound found in certain mushrooms. The tides are turning in the nation’s approach to psychedelics, demanding a reevaluation of outdated policies and misconceptions. As America reexamines its stance on psychedelic drugs, legalization must be shaped by a commitment to safe access and support, recognizing their profound potential to transform mental health care.

For millennia, indigenous cultures have used psychedelic plants and fungi for medicinal practices. Psychedelic research modernized in 1938 when Albert Hofmann first synthesized lysergic acid diethylamide (LSD), thus propelling America into a burgeoning but ephemeral period of scientific and cultural exploration soon to be stifled by Nixon's administration in the 1970s. Fear and politics cast a long, black shadow over hallucinogens. Anti-drug propaganda attempted to erode LSD's allure through an array of rhetorical strategies, including dramatized psychotic distortions, hyperbolic metaphors, and government warnings and reports. Short films like 1968's *LSD: Insight or Insanity?* depict a dancing boy leaping off a cliff, a girl burning her hand on a gas flame, and chromosomes becoming scrambled (Dyck).

Hallucinogens are indeed recognized by both the scientific community and the general public for their potential to cause unpredictable psychological effects and induce dangerous behavior. Like any drug, users experience impaired judgment while under the influence; psychedelics may breed delusions of invincibility or supernatural abilities, and in rare cases, they may also trigger psychotic episodes that prompt users to inflict self-harm, especially in unsupervised settings (Nichols). However, many of the most notorious perils are either distorted or mythical.

The stigmatization of psychedelics was not merely a reaction to their potential risks; it was also a deliberate political strategy. In a 1994 interview, Nixon's political advisor and Watergate co-conspirator, John Erlichman, confessed that the "war on drugs" was designed to punish two enemies: the anti-war left and black activists. "We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news," Ehrlichman said (Baum). "Did we know we were lying about the drugs? Of course we did" (Baum). While psychedelics can cause reckless behavior and, in rare cases, psychotic episodes,

anti-drug campaigns exaggerated these dangers with sensationalized depictions of drug-induced chaos to weaponize fear against drug-associated liberal groups. This historical context underscores why the nation's approach to drug policy—including psychedelics—should be steered by rigorous scientific research rather than political, emotional, or moral impetus.

The politicization of psychedelics has often eclipsed legitimate concerns over their latent perils. More commonly, bad trips can have negative long-term psychological effects. In one self-report, Eric M., whose family member is diagnosed with bipolar II, reflects on his decline from “a rising star in the medical field” to “pure nothingness” after a psychedelic experience. Despite an initially positive trip, mania ensued and continued to devastate his life a year later as he “lost [his] ability to distinguish between [his] ideas and reality” (Eric M.). In some individuals, a psychedelic experience can leave the mind vulnerable to the darker corners of itself. This is especially true for people with a genetic history of bipolar or schizophrenia.

Yet, negative experiences are not universal, nor are they inevitable. Psychedelic trips are largely shaped by set and setting—the inner and outer environments of a drug experience; “set” refers to mindset and expectations, and “setting” is the physical environment of the experience (Pollan 422). Harvard researcher Walter Pahnke's 1962 “Marsh Chapel Experiment” established that when both set and setting are arranged to foster a positive, spiritual experience, there is a 90% likelihood of such an experience occurring (Merkur). This research lends support to the idea that negative experiences can be mitigated—and even transformed—through intentional preparation and guidance; with the right conditions, a psychedelic trip can not only be safe but profoundly meaningful. If experiences can be guided toward insight rather than anxiety, then perhaps our approach to these substances should be guided the same way.

With this in mind, it is crucial to recognize that psychedelics have tremendous therapeutic potential and should be accessible to those who need treatment. From a physiological standpoint, hallucinogens are one of the safest known classes of drugs; they are not physically addictive, and there is no known lethal dose of LSD, psilocybin, or mescaline (Nichols). If anything, psychedelics are anti-addictive and have been observed to cure alcohol addiction; in one study, abstinence in patients increased significantly following psilocybin administration with gains maintained for months (Bogenschutz et al.). Propensity to addiction is often attributed to one's personal history and environment, and here emerges a class of chemicals that could fundamentally change how we *perceive* our personal history and environment. Reversing cognitive, behavioral, and emotional constrictions also opens doors to a psychiatric renaissance.

A growing body of research posits psychedelics as revolutionary treatments for mental health disorders such as depression, PTSD, and anxiety—offering a radical alternative to traditional antidepressants and anti-anxiety medications, which often leave patients dazed and disconnected. In contrast, psychedelics promote neuroplasticity, fundamentally engaging the brain in a transformative way rather than simply sedating it. According to one study led by a UCSF neuro researcher, hallucinogenic compounds may be keys to the door of the mind, as neuroimaging reveals they cause a filter in the brain called the default motor network (DMN) to collapse (Carhart-Harris et al.). The DMN is a large-scale brain network that creates mental constructs, including the ego or self, and it filters the paltry trickle of information let into the conscious mind (Buckner et al.). When typically isolated brain regions are allowed to interact, a shift occurs, enabling patients to view the world in a new light. Preconceived, and perhaps even cynical, notions are shattered in the process, leading to profound and lasting benefits.

In his article, “‘Life-Changing’ Psychedelics, for When Life is Ending,” Jacobs tells the stories of several patients whose psychedelic experiences transformed their lives. For example, when eighty-one-year-old Barry Blechman drank psilocybin tea to deal with the angst and depression prompted by his cancer diagnosis, his wife, Kitty, said, “He sounded twenty years younger, like a weight had been lifted off him” (Jacobs). Blechman reveled in a newfound sense of calmness and a capacity to appreciate simple moments of beauty; the medicine brought about exalted feelings of love and interconnectedness, ego collapse, and lasting changes to his sense of identity. Psychedelic therapy has the power to expand our understanding of altruistic consciousness. Here comes a class of molecules from fungi—the grand recyclers of Earth—that can clear the cloud of myopia before our dusty minds, chemicals from nature that can form bonds in the brain, bonds to one’s self, bonds between people, and bonds to the universe.

The bottom line is that psychedelics are strikingly powerful substances, neither benevolent nor malicious in nature. They are known to induce fear and paranoia, but they can also heal one’s heart and open one’s mind by reframing one’s thinking. There will always be highs and lows, and clinical psychedelic therapy is not merely about inducing “good feelings,” but about feeling empowered to navigate the challenges of life. Research and therapy should continue to expand, guided by government policies that balance safety, accessibility, and scientific progress. What we need now is a framework that allows psychedelics to be used as tools for healing, and service centers and clinical settings offer a promising path forward. The times are changing. Perhaps it is time we let these molecules change our minds, for when we do so, we engage with the world in one of the most profound ways we can. This is the first step toward rethinking our relationship with these mushrooms and democratizing their wonders.

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