

Journey to Narayama: cultural complexities, psychedelics and dementia

Reina Ozeki-Hayashi^{1,5}, Dominic JC Wilkinson^{1,2,3,4}

Affiliations: 1. Oxford Uehiro Centre for Practical Ethics, Faculty of Philosophy, University of Oxford, UK. 2. John Radcliffe Hospital, Oxford, UK 3. Murdoch Children's Research Institute, Melbourne, Australia, 4. Centre for Biomedical Ethics, National University of Singapore Yong Loo Lin School of Medicine, Singapore. 5. Department of Biomedical Ethics, University of Tokyo Faculty of Medicine, Tokyo, Japan

Correspondence: Prof Dominic Wilkinson, Oxford Uehiro Centre for Practical Ethics, Suite 8, Littlegate House, St Ebbes St, Oxford, OX1 1PT, UK. Tel: +44 1865 286888, Fax: +44 1865 286886 Email: dominic.wilkinson@philosophy.ox.ac.uk

Funding: This research was funded in part, by the Wellcome Trust [203132/Z/16/Z]. The funders had no role in the preparation of this manuscript or the decision to submit for publication. For the purpose of open access, the author has applied a CC BY public copyright licence to any Author Accepted Manuscript version arising from this submission.

In their target article, Peterson et al. discuss the intriguing prospect of using psychedelics as a treatment for patients with Alzheimer's Disease and Related Dementias (AD/ADRD) (Peterson et al. 2022). They provide a helpful analysis of ethical issues that may arise in research or clinical use. However, while they mention the use of psychedelics in indigenous spiritual practices, Peterson et al's analysis largely draws on a Western bioethical lens. In this commentary, drawing on Japanese experience, we highlight some important cultural complexities that an ethics research agenda will need to attend to. Some cultural factors will make this sort of research much more challenging. Other factors may be more hospitable, and may even defuse some of the ethical problems that Peterson and colleagues identify.

Japan

Japan is, in some respects, the dementia capital of the world. As a consequence of high life expectancy and an ageing population, it has the highest rate of dementia amongst OECD nations, with a prevalence estimated to reach 9% by 2050 (Iwatsubo, Niimi, and Akiyama 2021). The cost of care for dementia was estimated to be more than JPY14trillion in 2014(ibid.), while the personal impact and challenge for every Japanese family is profound. Epidemiological studies estimate that Japanese people aged 60 and

over have a 55% chance of developing dementia in their lifetime(ibid.) The national project “Comprehensive Strategy to Accelerate Dementia Measures” was launched in 2015 to "promote research for prevention, diagnosis, treatment, rehabilitation models and care models for dementia." Since 2019, this project has mainly focused on a "symbiotic society with dementia" and "prevention of dementia" (Research and Development Grants for Dementia). Currently, four drugs are available as standard treatments for AD/ADRD. Novel drugs, such as Aducanumab, have not been approved because of a lack of safety and effectiveness data. Hope for new treatments remains. However, even if the pilot studies that Peterson et al describe show positive results, it is highly unlikely that Japan would approve research involving psychedelic drugs in the near future.

1. Cultural barriers

Japan is one of the strictest countries in the world for the use of psychedelics, and surveys indicate that there are few psychedelic users (Shimane 2021). For those who do use psychedelics, there is little medical treatment available; they are treated as criminals. There is also a persistent social stigma that once a person uses psychedelics, they are branded for life (Harris 2020). This stigma is reinforced by a culture of shame, in which

the judgement of right and wrong is determined by “Seken (世間 Society).” Japanese people, most of whom do not have a Christian conception of a transcendent God, are particularly sensitive to the critique of others and frequently discipline themselves based on this (Kido 2018).

This might be relevant in several different ways.

Petersen et al note that cultural stigma might influence Institutional Review Board (IRB) approval of psychedelic trials, though observe that more than 300 trials appeared to be underway in the US. In contrast, we have been unable to identify any clinical trials involving psychedelics on Japanese clinical trial registries (accessed February 2023).

Given the modern cultural context, we expect Japanese IRB members to be highly resistant to approve such trials. Negative stereotypes would potentially influence their views about psychedelic agents, but we suspect IRB members would also be hesitant due to the potential personal shame if they were to endorse the use of such drugs.

Secondly, even if approved, there might be very few Japanese patients with AD/ADRD willing to participate. According to a national survey, 90% of all respondents said they 'should not' or 'should not under any circumstances use drugs (including magic

mushrooms) (Shimane 2021). The fear of personal shame might be compounded by stigma associated with dementia. A famous novel in 1972 ('The Twilight Years' by Ariyoshi, Sawako) shocked Japan with its graphic depiction of a patient with severe dementia and his daughter-in law carer. Japanese people have gradually become more open since the government developed policies addressing dementia patients in 2004. However, the stigma is said to remain (Kido 2018). Peterson et al. argued that communication with relevant patients and carers in the community might help IRBs to understand the perspectives of patients and carers to psychedelic research. However, we suspect that even if IRB members were to engage with the dementia patient advocacy community in Japan, they might not hear any requests for psychedelic medicine.

2. Cultural mitigators

It is easy to identify potential barriers to novel treatments. Although we are pessimistic about the feasibility of psychedelic research in Japan, we (more speculatively) note that there are some elements of a broader Japanese cultural perspective that could help to address some of the potential ethical concerns that Peterson et al. see arising.

First, Peterson et al. are concerned about the negative impact of psychedelics on decision-making due to changes in patient autonomy and authenticity. This is potentially a severe threat and bioethical hazard in cultures where individual autonomy is prized. However, in cultures like Japan, family-centred decision-making is prioritised because of the influence of Confucianism (Kwak and Haley 2005). Therefore, when an individual loses autonomy and becomes unable to make decisions, it is less problematic. Especially in Japan, it is common for elderly patients to choose to defer decision making to family members, close friends or medical doctors, a phenomenon called Omakase (おまかせ) (Voltz et al. 1998). These patients feel unburdened by not having to make difficult decisions for themselves, even at a point when they remain capable of making their own decisions. In 2018, the filmmaker Nobutomo, Naoko, filmed her mother with dementia in a documentary film that is still fresh in the minds of many Japanese people (「ボケますから、よろしく願います」 “I go gaga, my dear”). In a key scene, the mother, whose cognitive functions are declining, greets her daughter by saying, "I'm going gaga now, so Omakase Shimasu, (please make my difficult decisions)". In this way, if autonomy or authenticity were undermined by psychedelics, this might not be as serious a problem, from a Japanese cultural perspective.

Second, Peterson et al. note a potential concern about the dissolution of the ego that psychedelics cause. Psychedelics such as psilocybin affect self-perception and self-processing, which is said to lead to a dissolving of the ego. In a western model of ego-centric individual autonomy the loss of the ego is potentially a profound threat. However, in contrast, in Buddhism, widely accepted in the East, the early Buddhist concept of 'autonomy' urged that individuals should aim not to have an ego (self-lessness) (Taniguchi 2002). The three Dharma marks of impermanence, selflessness and nirvana are important. Here, self-lessness refers to 'the belief that there is no independent self, and that everything is made up of the karma of its surroundings'. This state of self-lessness is also essential during the journey to nirvana, the ultimate goal of Buddhism (Harvey 2013).

While some have deliberately used psychedelics in order to achieve a feeling of oneness and connection with one's surroundings (Smith and Sisti 2021), we are unsure that patients (particularly those with early or more advanced AD/ADRD) will be able to use psychedelics to achieve enlightenment. Our point here is more modest. What Peterson et al call “pathologies of the self”, may not be viewed as negatively in a cultural frame that does not see the ‘self’ as the ultimate incarnation of value.

One final note about culture and dementia. A long time ago, a poor village in rural Japan

was said to have a tradition of carrying those who had reached the age of 70 up the side of Narayama mountain, and abandoning them there to die of exposure. The village was suffering from severe food shortages, and older people, who consumed precious food, were perceived to be a burden to the family and the village. ('The Ballad of Narayama' by Fukazawa, Shichirō) This story was based on the folkloric legend of "Ubasute (Abandoning an Old Woman)". Like the "Journey to Ixtlan" mentioned by Peterson et.al., this myth is culturally potent, but largely or entirely fictional, with no historiographical evidence that there was ever a significant culture of senicide in Japan.

Nevertheless, the story illustrates a potent challenge for contemporary Japan – the considerable difficulty of caring for its ageing members and the burden that that creates for the rest of society. If the rising numbers of patients with AD/ADRD continues, Japan will need to overcome its historic negative attitudes towards dementia. It may, too, need to become more open minded about interventions. If psychedelics emerge as beneficial, Japan may need to overcome shame and stigma and have the courage to (metaphorically) bring mothers back down from Narayama.

Harris, Thalia. 2020. "Japan and Controlled Substances: A Short History." *UNSEEN JAPAN* (blog). April 16, 2020. Accessed February 17, <https://unseenjapan.com/japan-controlled-substances-drugs-history/>.

Harvey, Peter. "Dukkha, Non-Self, and the Teaching on the Four 'Noble Truths' 1." in *A Companion to Buddhist Philosophy*, edited by S.M. Emmanuel, Wiley-Blackwell; 1st edition, 26–45. 2013. <https://doi.org/10.1002/9781118324004.ch2>

Iwatsubo, Takeshi, Y. Niimi, and H. Akiyama. 2021. "Alzheimer's Disease Research in Japan: A Short History, Current Status and Future Perspectives toward Prevention." *The Journal of Prevention of Alzheimer's Disease* 8 (4): 462–64. <https://doi.org/10.14283/jpad.2021.38>

Kido, Akiko 城戸 亜希子. "Ninchishō no Shakaibunkateki Hyōsō ni Tsuite-

Shinbun Houdō to Shosetsu wo Chūshin to Shite" 認知症の社会文化的表象について—新聞報道と小説を中心として— [*Social and Cultural Representations of*

Dementia in Newspaper Articles and Novels] PhD diss. Graduate School of J.F. Oberlin

University, 2018

https://www.obirin.ac.jp/academics/postgraduate/gerontorogy/course_doctoral/papers_doctoral/r11i8i000002k3em-att/18_Kido_Total.pdf

Kwak, Jung, and William E. Haley. 2005. "Current Research Findings on End-of-Life Decision Making Among Racially or Ethnically Diverse Groups." *The Gerontologist* 45 (5): 634–41. doi: 10.1093/geront/45.5.634.

Peterson, Andrew, Emily A. Largent, Holly Fernandez Lynch, Jason Karlawish, and Dominic Sisti. 2022. "Journeying to Ixtlan: Ethics of Psychedelic Medicine and Research for Alzheimer's Disease and Related Dementias." *AJOB Neuroscience*, 1–17. <https://doi.org/10.1080/21507740.2022.2148771>.

Shimane, Takuya 嶋根 卓也. 2021. "Yakubutsu Ranyō · Izon Jyōtai no Jittai Ha'aku

to Yakubutsu Isonshōsha no Shakai Hukki ni Muketa Shien ni Kansuru Kenkyu." 薬物

乱用・依存状態の実態把握と薬物依存症者の社会復帰に向けた支援に関する研

究 [Research on understanding the real picture of drug abuse and dependence and

support for the social reintegration of drug addicts]. *National Center of Neurology and*

Psychiatry 国立精神・神経医療研究センター.

https://www.ncnp.go.jp/nimh/yakubutsu/report/pdf/J_NGPS_2021.pdf.

Smith, William R, and Dominic Sisti. 2021. "Ethics and Ego Dissolution: The Case of Psilocybin." *Journal of Medical Ethics* 47 (12): 807.

<http://dx.doi.org/10.1136/medethics-2020-106070>

Taniguchi, Shōyō 谷口 昌陽. 2002. "Shoki Bukkyō no Ōtonomī ron: 'Jiko-chūshin' no Ōtonomī kara 'Hi-Jiko-chūshin' no Ōtonomī e" 初期仏教のオートノミー論 : 「自己-中心」のオートノミーから「非-自己-中心」のオートノミーへ [Early Buddhist understanding of "autonomy" : from "self-centered autonomy" to "self-less autonomy"]. *Bioethics 生命倫理* 12 (1): 154–60.

https://doi.org/10.20593/jabedit.12.1_154

Voltz, Raymond, Akira Akabayashi, Carol Reese, Gen Ohi, and Hans-Martin Sass.

1998. "End-of-Life Decisions and Advance Directives in Palliative Care: A Cross-Cultural Survey of Patients and Health-Care Professionals." *Journal of Pain and*

Symptom Management 16 (3): 153–62. [https://doi.org/10.1016/S0885-3924\(98\)00067-0](https://doi.org/10.1016/S0885-3924(98)00067-0)