

The Potential Religious Relevance of Entheogens

with Ron Cole-Turner, “*Entheogens, Mysticism, and Neuroscience*”; William A. Richards, “*Here and Now: Discovering the Sacred with Entheogens*”; G. William Barnard, “*Entheogens in a Religious Context: The Case of the Santo Daimé Religious Tradition*”; and Leonard Hummel, “*By Its Fruits? Mystical and Visionary States of Consciousness Occasioned by Entheogens.*”

BY ITS FRUITS? MYSTICAL AND VISIONARY STATES OF CONSCIOUSNESS OCCASIONED BY ENTHEOGENS

by *Leonard Hummel*

Abstract. A new era has emerged in research on entheogens largely due to clinical trials conducted at Johns Hopkins University and similar studies sponsored by the Council for Spiritual Practices. In these notes and queries, I reflect on implications of these developments for psychological studies of religion and on what this research may mean for Christian churches in the United States. I conclude that the aims and methods of this research fit well within Jamesian efforts of contemporary psychology of religion to assess religious practices by their fruits for life. Furthermore, some communitarian religious concerns that religious experiences occasioned by entheogens pose risks to the integrity of religious community are shown to be largely unfounded. However, it is suggested that certain risks for religious life posed by all investigations/interventions by knowledge experts—in particular, the colonization of the religious life world and the commodification of its practices—also attend these developments for Christian churches. Additionally, risks of individual harm in the use of entheogens appear to be significant and, therefore, warrant earnest ethical study.

Keywords: churches; colonization; communitarian; entheogens; fruits; William James; life-world; mysticism; psychology of religion

In the end, it's altered traits, not altered states, that matter. "By their fruits shall ye know them." It's good to learn that volunteers having even this limited experience had lasting benefits. But human history suggests that without a social

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vessel to hold the wine of revelation, it tends to dribble away. What conditions of community and practice best help people to hold on to what comes to them in those moments of revelation?

Huston Smith

<http://csp.org/psilocybin/psilopressbackground2008.pdf>

Among scholars of religion, the responses to the use of entheogens to occasion religious experiences have ranged widely from studied hostility to wild appreciation. In some religious communities, entheogens have been employed in religious rites and practices, sometimes sacramentally; elsewhere their use in religious practice is regarded as sacrilegious, if not demonic. Can researchers, clinical practitioners, religious communities, and religious scholars ever find common ground or commensurable goals around something with so much valence—emotionally, politically, culturally, and religiously—as entheogens? In the notes and queries later, I shall address this question as a psychologist of religion concerned with understanding the significance of the Johns Hopkins University research, about which William Richards reports in this issue of *Zygon*. Also, as a member of a Christian church, I shall extend this concern for the practical bearings of entheogen use to the question of whether their administration may have some, if any, place within Christian communities.

It was as a consequence of my work in psychology of religion involved in a Metanexus Institute grant allowing me to research “Cancer and Spiritual Transformation” and as a Christian theologian concerned with making religious sense of the phenomenon of cancer as a disease of evolutionary development that I was approached by researchers at the Behavioral Pharmacology Research Unit at Johns Hopkins in 2009 to consult about their Psilocybin Cancer Project—whose research goals include the question of whether persons with cancer might enhance their psychological well-being as an enduring after-effect of a single carefully constructed and monitored high-dosage session. From the discipline of psychology of religion, I have asked this question: by what fruits for the neighbor might we know these drugs? This question, also asked by Huston Smith above and posted on the website of the Johns Hopkins Research Unit, has its origins in William James’s analysis of various religious experiences in terms of their practical bearings—including those apparently induced by drug usage.

PRACTICAL BEARINGS: “BY WHAT FRUITS?”

In his Gifford Lectures later published as *The Varieties of Religious Experience*, James directed his audience away from consideration of the origins of religion in either a supreme being or in neurological functioning, and toward the consequences of religion: “if the *fruits for life* of the state of conversion are good, we ought to idealize and venerate it, even if it be a piece of natural psychology” (James 1982 [1902], 237). James articulated

his rationale for attending to these practical bearings of religion in his unique rendition of the Pragmatic Maxim: “There can *be* no difference anywhere that doesn’t *make* a difference elsewhere—no difference in abstract truth that doesn’t express itself in a difference in concrete fact and in conduct consequent upon that fact” (James 1977, 379). By carefully laying out exemplary religious experiences, James himself strove to bring to fruition for psychological study the ways in which religious truths make a difference in fact. Of course, antecedents for James’s query of religious beliefs through their effects may be traced directly to Charles Sanders Peirce’s own Pragmatic Maxim that any understanding of an object of conception must include determination of its practical bearings—and, further still, to earlier pronouncements by Jesus of Nazareth about knowing those who make prophetic testimony by the fruits of their doing so.

From the perspectives afforded by James, I pose the following questions about the research at Johns Hopkins University described by Richards: (1) By what fruits might we assess the administration of this drug? (2) And what practical bearings of entheogen use does this research attempt to assess? The second question shall be addressed first.

Richards’s essay has provided a clear overview of findings from the Johns Hopkins research about the supposed ability of psilocybin to facilitate mystical experiences. In these notes and queries, questions will not be posed about the reliability and validity of the correlated findings between the ingestion of this drug and the occurrence of religious experiences—but I believe that it behooves scientific scholars and scholars of religion together to do so carefully at some point in time. Indeed, given the long strides being taken in these ongoing studies at Hopkins and elsewhere, the sooner such further query takes place, the better.

Here and now, it is only noted that a number of these studies conducted at major medical centers also are examining the fruits of well-being consequent to mystical-type experiences apparently brought on by psilocybin, including the seminal article, “Psilocybin Can Occasion Mystical-Type Experiences Having Substantial and Sustained Personal Meaning and Spiritual Significance” (Griffiths et al. 2006). Subsequent research continues to address similar questions, for example, “Mystical-Type Experiences Occasioned by Psilocybin Mediate the Attribution of Personal Meaning and Spiritual Significance 14 Months Later” (Griffiths et al. 2008). This latter study incorporates evaluations by those familiar with its subjects for their own assessments of possible spiritual transformation by these subjects subsequent to their involvement in these clinical trials. From the findings in their article, “Mystical Experiences Occasioned by the Hallucinogen Psilocybin Lead to Increases in the Personality Domain of Openness,” MacLean Johnson, and Griffiths conclude that the chemically elicited experiences “predict long-term [positive] changes in behaviors, attitudes and values” (2011, 1453). Additional studies generated by clinical trials at Johns

Hopkins continue to query whether trial participants may also receive the “lasting benefits” sought by Huston Smith and others—and thereby have provided findings that have been incorporated into the latest edition of the ever-evolving, expanding, and, within its field, authoritative *The Psychology of Religion: An Empirical Approach* (Spilka et al. 2009).

While most empirical psychologists of religion adjudge this research to have integrity and worth, they also are convinced that many religious authorities in the United States regard entheogen use to facilitate religious experiences to be a misguided, if not categorically bad practice: “The hostility of mainstream religion to the use of entheogens is well documented” (Spilka et al. 2009, 327). The main source for this sweeping conclusion is Ralph Hood’s 1980 article “Social Legitimacy, Dogmatism, and the Evaluation of Intense Experiences” that found positive correlations between religious dogmatism and lack of openness to various natural triggers (e.g., outdoor camping, thunderstorms, and drug use) as elicitors of valid mystical experience (Hood 1980). There does not appear to be more recent empirical findings that directly investigate attitudes of organized religious groups or their theologians to religious use of entheogens.

But perhaps more prominently, if not more tellingly, there is evidence of opposition in certain previous publications of some religious scholars—the most memorable of which remains that by the late Catholic scholar of religion and mysticism, R. C. Zaehner. “Studied hostility” does characterize Zaehner’s offering some of the most poignant and enduring objections to drugs as facilitators of mystical experience. A popular survey from the 1960s of religion and entheogen experiences still provides a clear summary of Zaehner’s concerns that may relate to current ones:

Zaehner concedes that entheogens might promote what he terms natural mysticism and monistic mysticism, in which the subject feels a sense of union either with nature or some impersonal absolute, but they do not promote *Theistic mysticism*, in which the subject encounters the transcendent, personal God . . . In Theistic mysticism, the subject is conscious only of God and loses awareness of other things. In Huxley’s brand of mysticism, one identifies himself with the external world—to the apparent exclusion of God. (Braden 1967, 57–58)

That is to say, for Zaehner, mystical experiences occasioned in, with, and under natural mechanisms are one thing and those resulting from a gift bestowed from God another. Ne’er the twain shall meet, at least not in any one religious life.

However, careful and empathic critiques of Zaehner’s underlying hermeneutics have recently been put forth that may be extended to address his particular concerns about drugs and mysticism. For example, in his 2012 work, “A Theological Analysis of R. C. Zaehner’s Theory of Mysticism,” John Paul Reardon contends that the nature/grace split operative

in Zaehner's distinction between "monistic" and "theistic" mysticisms does not obtain throughout all Catholic theology:

[I]t is apparent that his treatment of the topics of nature and grace, in which he relies upon an overly rigid delineation between the two orders and thus fails to do as much justice to the dynamics of the inner life of grace as he might, arises from having been influenced by some of the less well-developed ideas of the Neo-Scholastic heritage. (Reardon 2012, 198)

I understand Reardon to be arguing that this disjunction does not fit within the framework of the transcendental Thomism of Karl Rahner, wherein, according to Gerald McCool, "God could not create a man [*sic*] whose mind there was not a drive for the beatific vision" (McCool 1977, 258). I think, then, that Reardon is claiming something like this: the distinction between natural and theistic mysticism is akin to that designated by medieval scholastics as a "*distinctio in mente, sed non in re*"—a distinction in mind, but not in reality.

Indeed, it is categorically possible for mystical experiences occasioned by either natural or technical means (such as entheogens) to lead one to encounter the divine—just as it is possible for other agents affecting neurological events to have a bearing on religious experiences. I read William Barnard as claiming much the same in his article in this issue of *Zygon*. All the theoretical and practical problems and possibilities now being widely investigated regarding the relationship between brain states/neurological functioning and religious experience also apply to that between entheogen use and mystical experience. Furthermore, some research now being conducted by Robin L. Carhart-Harris and colleagues may provide insights for research into the particulars of that relationship (see, e.g., Carhart-Harris et al. 2012).

Since the current research at Johns Hopkins is just beginning to receive notoriety, I find it difficult to report other existent public pronouncements against the latest upsurge in entheogen use for religious ends. However, based on conversations with colleagues in religious studies, I suspect that a perspective informing a not-so-well-documented current hostility to entheogens for religious purposes may be found in the contentions of certain communitarian thinkers that James and his progeny typically overlook both the social roots and ends of religious experiences. In particular, I have in mind Charles Taylor's searching (and, in that sense, James-like) critical reading of James for allegedly focusing on individual religious experience at the expense of attending to community constructs that make such experience possible (Taylor 2003). Taylor also judges that James reduces religious experience to "a momentary sense of wow" (116), thereby neglecting its enduring social features. Likewise, I hear some theologians now raising communitarian-like questions about whether religious experience can ever occur or remain in the "private sea of LSD" and other entheogens.

But, in response, we may ask further questions. Do those who use entheogens focus on their own religious experiences at the expense of communal commitment? Are both those who use entheogens and those who study such use themselves concerned only with “a momentary sense of wow,” which, to use Huston Smith’s words, “lack[s] a social vessel” and therefore “dribble[s] away”? Namely, how well do these particular concerns about James map onto the religious experiences engendered by these clinical trials and also map on to the future of religious practices envisioned by the Council on Spiritual Practices that supports much of this research? I am not certain that they do map well.

First, as noted by Richards, researchers at Johns Hopkins took into consideration community practices—and were concerned for the “set” of the subjects of their study. That is, in order to interpret the results of their study, they factored in the socially mediated disposition of their subjects toward religious experience before their participation in the clinical trials. They also attended to the “setting” in which these experiments were conducted by attempting to create atmospheres through sight, sound, and personal guides judged to be conducive to the onset of religious experience.

Furthermore, apart from this funded research, it is well known in the history of religions that religious communities do exist that incorporate entheogens into their religious practices—some perhaps with outside support and others most certainly without it. For example, in this issue of *Zygon*, William Barnard has offered an ethnographic study of how the Sainte Daime religious tradition in Brazil incorporates entheogens use as a practice not in order to produce a “momentary wow,” but rather to sustain an apparently rich religious life. Nor can it be overlooked that a small number of religious groups in the United States (such as the Peyote Way of God Church) practice the ritual ingestion of entheogens as foundational for their tradition.

Beyond these matters of fact, I offer the following hypothesis based on having surveyed publications endorsed by and viewed proceedings sponsored by the Council on Spiritual Practices (CSP): that the CSP may be seeking to use the findings from research at Johns Hopkins and related research at other institutions in order to build religious communities in the United States that might be legally recognized as religious entities protected under the First Amendment of that country’s constitution. That is to say, CSP and similar organizations may intend to use these research findings as bricks with which to build legitimate religious edifices—with the result that those who would gather in their name to ingest entheogens would no longer be outlaws. Were this to come about, these mystical groups would have evolved, not so much by chance and natural selection, as by the intelligent design of those overseeing them from “sects” into “denominations.”

In conclusion to this first section of my notes and queries, it appears that current research, while in its infancy, is producing strong evidence that

entheogens provide some individuals with both substantial and sustained spiritual transformation and also with a variety of other fruits. It also appears that those who partake in such drug use and those who study them do not necessarily lack awareness of the social and communal roots and ends of spiritual experiences, including those that are drug-occasioned.

Next, some other questions about the use of entheogens in Christian communities in the United States are posed. My conclusion in answer to these questions will be the following: At this point in time, I cannot conceive how religious practices of entheogen use could (should) even be considered (entertained) as viable practices within these Christian communities.

COLONIZATION AND COMMODIFICATION OF THE CHRISTIAN LIFE-WORLD?

Before directly addressing the question of entheogen use within the U.S. Christian community, it is helpful to note convergent conclusions from current research that unregulated administration of psilocybin would pose significant health hazards to a substantial percentage of its users. In the seminal 2006 article cited earlier regarding the good fruits that may issue from entheogens, the authors are also careful to note their risks:

It is important that the risks of hallucinogen use not be underestimated. Even in the present study in which the conditions of volunteer preparation and psilocybin administration were carefully designed to minimize adverse effects, with a high dose of psilocybin 31% of the group of carefully screened volunteers experienced significant fear and 17% had transient ideas of reference/paranoia. Under unmonitored conditions, it is not difficult to imagine such effects escalating to panic and dangerous behavior. Also, the role of hallucinogens in precipitating or exacerbating enduring psychiatric conditions and long-lasting visual perceptual disturbances should remain a topic of research. (Griffiths et al. 2006, 282)

Even a later study by Studerus and colleagues in which far fewer dystonic events were reported comes to a similar conclusion: "It is important to note that the high degree of safety and tolerability of psilocybin reported in the present study cannot be generalized to situations in which psilocybin is used recreationally or administered under less controlled conditions" (Studerus et al. 2011, 1430).

In light of concerns raised by these studies, it would appear inadvisable that any administration of psilocybin should occur without either careful medical regulation or heavily monitored oversight by wise and experienced practitioners. I would extend these reservations regarding psilocybin to the administration of all entheogens unless there was persuasive evidence that the risks attending psilocybin use do not pertain to them.

In the first case—in which “technical” experts would be required to oversee the administration of entheogens for use within churches—the risk is posed that the life-world of those churches would be colonized by a form of technical rationality. That is, the requirement of technical oversight suggests that, to the degree that entheogen use were to become integral to the life of a Christian community, to that same degree such an integral religious practice would need to be governed by entities that might regulate its activities more for their own purposes than for the sake of religious communities themselves. Nor is it certain that such regulatory entities governed by the procedural stipulations of a technical rationality would have an appreciation for forms of life integral to Christian community. To be sure, governmental directives over many matters within religious communities may contribute to both the common good and the good of those communities—for example, the requirement that Amish buggies display reflective gear and that churches comply with laws protecting persons from sexual abuse. But, *prima facie*, the detailed legal oversight of a religious communal practice that may be directly associated with powerful religious experiences—experiences that might themselves be directly related to core doctrines and practices of those communities—would appear to constitute deleterious intrusions into their life-world.

On the other hand, if one were to ask churches themselves to have complete regulatory power, could we be certain that they would do so and still serve the best interests of their members? And even if we were to ask that they have only partial regulatory power over the administration of entheogens, yet another question remains: should we trust churches to cooperate with institutional review boards and other agencies of ethical oversight? In both cases, the underlying question is: should we trust that ecclesial bodies would be in the position to engage in such ethical adjudication both fairly and wisely?

The answers, I suggest, to all these questions about church involvement in the administration of psilocybin are negative. If the risk of harm from poor oversight of entheogen use would most likely be minimal, perhaps, one might (i.e., not necessarily) be able to argue that the resultant benefits—religious insights and a renewed religious life for a few of its members—would outweigh those risks. But entheogens are powerful pharmacological agents and may inflict significant harm on those over whom they exercise their own kind of agency. Therefore, one can legitimately question whether their administration should be entrusted to either ecclesial bodies or to individual church leaders—that is, to communities and powerful individuals within them—with the confidence that either would only recommend their use for the good fruits they might bring to their believers. At this time, many church bodies and their religious leaders in the United States are struggling to survive amidst the current storms of the religious marketplace. To be sure, these churches now, as always,

have saints as members; however, they also contain sinners—and, all the remaining saints can and do sin. Since churches publicly administering these drugs might gain thereby a competitive advantage in the religious marketplace, the risk would be real that they would be tempted to do so in order to gain such advantages without enough careful attention to the risks to individual members.

To be sure, it is conceivable that, in the not too distant future, independent retreat centers, defined loosely as “Christian” but without official church connections, might emerge in which entheogen sessions would be offered as part of a wider program. In these circumstances, it is also possible that officially connected Christian leaders (seminary professors, bishops, prominent clergy) would be asked to endorse such centers and their practices. However, given the economic and social pressures noted above on all these church authorities, I do not believe that all of them would be able to recommend consideration of these practices either responsibly or carefully. Nor is it clear to me by what criteria any of these leaders might be deemed to be competent to make such recommendations.

Speaking for myself, I cannot endorse the incorporation of such drug use as a regular or recommended Christian practice in this time and in this place—precisely because of the risks noted above involved in both its unregulated and regulated use.

And there is a further reason why entheogen use by Christians both within their churches or in retreat centers outside of it cannot be recommended—a reason also stemming from the fact that a significant portion of them, like the general population, may not be able to tolerate such use. If such a practice were ever to become common within the church body or to be recommended as a practice outside of that body, I further wonder whether it would contribute to disunity within that body since all might not be able to participate in it. To be sure it appears possible, if not probable, that certain individuals in the church might experience some positive transformations—including spiritual ones—from entheogens. Given anecdotal evidence of such uses among some members of particular contemporary monastic communities, such benefits may have, in fact, already occurred. However—as taught in all such communities and throughout the Christian church—the aim of Christian practice is not solely, or even primarily for individual benefit, but rather for the benefit of the “whole” body and for the healing and repair of the world itself. Certainly, it is conceivable that individual monks and Christians elsewhere might experience significant spiritual transformation—the fruits of which they, in turn could share with others in the community. But the burden of proof lies with these Christians to argue that the good accruing from entheogens for their communities outweighs the harm arising from potential division between those who would have had such experiences—whether as regular practice within the community or as a recommended practice

outside of it—and those who had not or would not be able to tolerate doing so.

To be sure, current studies suggest that entheogens may produce good fruits for those with various mental pathologies and with other needs. Therefore, while such drugs might not have a place within regular or recommended Christian practices, further research may lead to the conclusion that a variety of persons might reasonably be expected to benefit therapeutically from their administration. The ongoing clinical trials at Johns Hopkins and elsewhere continue to investigate the ways in which these drugs may be good for some persons.

CONCLUSION

My notes and queries into the current research into entheogens and religion have been from the perspective of a psychologist of religion and a Christian theologian. I have asked and addressed a number of questions, but there are many more that should be investigated, including the following:

What risks, if any, does controlled experimental administration of entheogens pose to misuse of these drugs outside of controlled settings? What risk does it pose for contributing to the harmful use of other drugs? While entheogens are not addictive and while there is research exploring whether they may be employed to overcome addictive abuse of other drugs from nicotine to cocaine, the question remains whether a side effect of their use may be an increase in abusive drug use.

Do these studies suggest that there might be shorter routes to religious experience than those afforded through more conventional spiritual practices? Do they suggest that there might be shorter routes to the attainment of well-being than that offered by conventional psychotherapeutic interventions? In both cases, what are the costs/benefits to what is more conventional and to the individuals/communities who engage in such practices?

May this research help us understand the ways in which religious experience is always mediated, always immediate—and the ways in which the immediate and the mediated are related?

May the findings of this research assist those in Christian communities to appreciate the variety of unusual religious experiences that might already occur without entheogens among some of their members?

Further study by scholars in the academy of religion and those engaged in science/religion dialogue is warranted to address these and other questions.

NOTE

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