

## Article

# Christian Responses to Psilocybin-Assisted Therapy and Potential Religious and Spiritual Experiences

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**Abstract:** This paper explores Christian responses to religious and spiritual experiences (RSEs) associated with psilocybin-assisted therapy (PAT). It addresses the challenges of defining and understanding spiritual and religious experiences and examines the theological implications of PAT-induced RSEs. It highlights the growing acceptance of PAT as a therapeutic approach and its potential benefits for mental health. It also discusses the occurrence of RSEs in individuals undergoing such therapy. In response to these experiences, I propose four possible Christian perspectives: viewing RSEs as illusions, perceiving them as inherently evil, considering them as encounters with the Christian God, or acknowledging their reality while recognizing their broader occurrence beyond the Christian tradition. The paper emphasizes the importance of active dialog and collective responses within the Christian community to avoid hindering individuals seeking mental health relief through PAT. By engaging with these theological questions, Christians can navigate the complexities and potential benefits of RSEs in the context of psychedelic-assisted therapy.

**Keywords:** psilocybin; therapy; religious experience; Christian responses



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## 1. Introduction

The inquiry into the nature and benefits of spiritual and religious experiences (RSEs) presents numerous challenges. These encompass concerns related to definitions, as well as the theological and philosophical questions raised by these kinds of experiences. Christians have grappled with these issues since the inception of their faith, yielding a range of diverse responses. These responses have not always been positive. One of the more well-known texts describing Christian religious experience by Rudolf Otto, *The Idea of the Holy*, argues just this, arguing that the rational has often predominated the “less rational” aspects of faith:

Looking at the matter thus, we see that the common dictum, that orthodoxy itself has been the mother of rationalism, is in some measure well founded. It is not simply that orthodoxy was pre-occupied with doctrine and the framing of dogma, for these have been no less a concern of the wildest mystics. It is rather that orthodoxy found in the construction of dogma and doctrine no way to do justice to the non-rational aspect of its subject. So far from keeping the non-rational element in religion alive in the heart of religious experience, orthodox Christianity manifestly failed to recognize its value, and by this failure gave to the idea of God a one-sidedly intellectualistic and rationalistic interpretation. (Otto 1958, p. 3)

The challenges of non-rational or mystical experiences and their meaning are not confined to religious traditions. Barbara Ehrenreich, an atheist, has had her own mystical encounter recounted in her book *Living with a Wild God*. She notes her reluctance in coming to terms with her experience:

As far as I was concerned—as a rationalist, an atheist, a scientist by training—this was the realm of gods and fairies and of no use to the great human project of trying to retain a foothold on the planet for future generations. (Ehrenreich 2014, p. xii)

The validation and encouragement of religious and spiritual experiences will continue to be a challenge. This is the case for those who are religious and those like Ehrensreich who are not. Of course, not all religious experiences are alike and, as William James reminds us, they are often unhelpful.<sup>1</sup> Nonetheless, with the emergence of psychedelic-assisted therapy (PAT), these questions continue to hold significance.<sup>2</sup> This is due to the fact that PAT can induce RSEs in individuals undergoing the therapy. As this therapeutic approach gains wider acceptance in the coming years, it is crucial for Christians to actively engage with the theological implications. This is particularly important given the current research, which suggests both the therapeutic benefits of PAT for mental health and human well-being, as well as the occurrence of RSEs themselves.

In the following discussion, I will endeavor to outline the prevailing mental health challenges and how PAT can address these challenges. Interestingly, many individuals who undergo such therapy often report experiencing RSEs. With the aim of assisting members within the Christian community, I propose at least four possible responses, which Christians may wish to consider when evaluating the RSEs, that may arise from these experiences. It is hoped that by doing so, we can avoid placing unnecessary obstacles in the path of individuals who have, or seek to undergo this form of therapy, to alleviate their own mental health difficulties. To best understand the importance of this task, it is important to frame it against the background of the current mental health crisis. For all our advances in psychotherapeutic options, both in therapy and in drugs, the problem continues to worsen and is projected to continue to do so.

## 2. Mental Health in Global Perspective

Christianity, and religion more broadly, has had a complicated relationship with mental health and its relationship with spirituality. [Lucchetti et al. \(2021\)](#) note the changing nature of this relationship and how it has shifted from being perceived negatively in the 19th and early 20th century to a more positive appraisal. They note that

In the 1970s and 80s, several studies were published showing that S/R were generally associated with better mental health, and psychiatry residency programs began incorporating this topic in their curricula. In 2016, the World Psychiatry Association published a position statement on spirituality and religion in psychiatry urging the inclusion of S/R on clinical encounters and training with the goal of providing a more holistic and comprehensive form of mental health care.

Pentecostal and Charismatic communities are perhaps uniquely challenged by the question of mental health. This is due to the fact that there remains an emphasis on the importance of exploring supernatural healing as a way to confront the reality of mental health. However, Pentecostal communities are diverse, and one needs to be cautious in over-generalizing ([Wells 2015](#)). The importance of how Christianity engages with mental health is crucial as we move further into the 21st century.

The World Health Organization (WHO) has claimed that depression is the leading cause of ill health and disability worldwide and that the “lack of support for people with mental disorders, coupled with a fear of stigma, prevent many from accessing the treatment they need to live healthy, productive lives” ([World Health Organization 2012](#)). Depression has strong links to non-communicable disorders with increased risk of substance abuse, diabetes, heart disease and elevated risk of suicide. Broadly speaking, mental health disorders currently affect more than one in eight people (roughly 970 million) ([World Health Organization 2022a](#)). The COVID-19 pandemic has led to an increase in major depressive disorders (MDD) and anxiety disorders (AD) of 27.6% and 25.6%, respectively ([World Health Organization 2022b](#)). The effect has been particularly noticeable on young people, as seen in a study which showed a significant decline in mental health scores for younger Australians ([Wilkins et al. 2022](#)). COVID-19 has exacerbated what was an already challenging situation. *The Lancet* suggests that prior to 2020, mental disorders were the leading causes of the global health-related burden, with anxiety and depression being the

two most disabling disorders (COVID-19 Mental Disorders Collaborators 2021). Not only has there been no decrease in either anxiety or depression since 1990, but the World Health Organization (2012) has projected that by 2030 depression will overtake heart disease as the leading cause of death worldwide. As mental health challenges continue to rise, it is important that new treatments are explored to increase human thriving. Recent clinical trials exploring the possibility of psychedelic treatments for mental health disorders is one such area which is drawing substantial attention.

### 3. Psychedelic Treatment and Mental Health

In recent times, there has been a renewed interest in studies on psychedelics and other banned substances, such as MDMA. There is now a plethora of research examining their benefit for numerous mental health conditions (Alshaikhli et al. 2021), from major depressive disorder (Davis et al. 2021) to anxiety disorders (Griffiths et al. 2016; Ross et al. 2016), alcohol dependence (Bogenschutz et al. 2015) and pilot studies for eating disorders. In many of these studies, an interesting emerging feature is those participants claiming it as one of the most significant and pivotal experiences of their lives, with some describing it as a mystical encounter (Griffiths et al. 2011).<sup>3</sup>

Psychedelics is a class of substances which seem to act specifically on serotonin receptors (Nichols 2016), which includes brief psychological effects on neural activity. These alterations in neural activity often result in heightened sensory perception and mood shifts (Carhart-Harris et al. 2014). Those who experience these changes report an enhanced creativity and interconnectedness (Griffiths et al. 2006). Psychedelics provide a unique combination of physiological and psychological shifts, providing the potential for scientific, therapeutic, and spiritual exploration.

Crucially, there is a positive association between health benefits and people reporting high spiritual intensity of psychedelic experiences. William Richards (2016) from Johns Hopkins has been a pioneer in this space.<sup>4</sup> Most recently, Yaden and Newberg (2022) have perhaps written the most definitive exploration of RSEs while also connecting psychedelics, religious experiences, and mental health. They demonstrate a positive association; yet, they do urge caution.

As with all substances, there is the potential for abuse outside of a well-regulated environment (NIDA 2021). Recent trials, however, have demonstrated that psilocybin is safe and effective for the treatment of depression in a controlled environment (Rucker and Young 2021) and that psychedelics are non-addictive (Nichols 2016). While addiction may not be a prominent concern with psychedelics, it is important to acknowledge other potential risks. Currently, within the DSM-5 (American Psychiatric Association 2013), there is a category of Substance Use Disorder, which includes hallucinogens. Further, there is the potential for persistent hallucinations beyond the initial experience, as discussed by Halpern et al. (2018). Studies by Barrett et al. (2016) and Carbonaro et al. (2016) provide important data on the question of “bad trips”, which need to be considered. Carhart-Harris and Nutt’s (2010) work provides a nuanced perspective on the benefits and harms while noting the benefits of spiritual insights and creativity. In the Australian context, there has been a recent development, where the Therapeutic Goods Administration (TGA) legalized the use of PAT for treating major depressive disorders, as well as MDMA (commonly known as ecstasy) for post-traumatic stress disorders. This gives even more urgency for Christians to begin to think more clearly as to how they will engage with PAT and potential religious experiences which individuals might undergo.

### 4. The Problem of Defining Religious and Spiritual Experiences

As noted, an important emerging factor from these trials is the question of psychedelics and their relation to religious experiences. This is pertinent due to the value of religious experiences to human thriving and mental health more generally. Lisa Miller’s studies at Columbia University suggest that religious and spiritual experiences may provide significant benefits for our mental health (Miller 2021, p. 57). Her studies show that,

particularly with those prone to depression, spirituality can provide protective benefits (Ibid., p. 61). Miller (Ibid., p. 150) suggests that

subjects for whom spirituality and religion were highly important had a healthier neural structure than did those for whom spirituality and religion held medium, low, or no importance.

Miller's studies do not tend to focus on those who undergo PAT but rather spirituality in general. The connection, however, between the potential benefits of spirituality in general and spiritual experiences generated by psilocybin appear real. Miller's (Ibid., p. 236) studies suggest that significant regions of the brain and various chemical components can be linked to those with spiritual awareness. Yaden and Newberg (2022, pp. 99–100) agree, noting that there is a genetic predisposition to spiritual and religious experiences. However, actively practicing rituals and practices appears to increase the likelihood of such experiences too.

The definitions of RSEs are diverse, and even the question of whether researchers should define RSEs is contested. Taves (2009, pp. 8–10) argues that researchers should adopt an attributional approach—focusing on religious experiences as “experiences deemed religious”—to avoid biasing studies from the outset by linking RSEs too closely with religion; in fact, RSEs occur inside and outside of religious populations, as well as with and without religious endorsement. This shift, according to Taves (p. 15), enables us to locate these kinds of experiences more broadly within the human quest for meaning and value. Wildman's (2011, p. 104) work suggests that these kinds of experiences might be referred to as “intense experiences” and that they “engage a person with ultimate existential and spiritual concerns and leverage significant personal change and social effects”.

Wildman's and Taves's attributional approaches dovetail well with the current research on psychedelics and mental health, where questions are being raised as to the nature of those experiences, many of which are being “deemed religious” or “spiritual experiences” or “intense experiences”. The theological implications and how the Christian community more broadly responds to these questions are important.

There are many unanswered questions to consider as to what is happening to individuals undergoing a spiritual or religious experience when engaging in PAT. Yaden and Newberg (2022, p. 356) ask:

Does the degree to which one reports having had a spiritual experience predict one's beneficial outcomes? The answer appears to be yes. Across a number of studies scores on the MEQ is predictive of therapeutic success. This suggests that the subjective experience of a psychedelic state may be key to treatment outcomes—and this brings the study of spiritual experience to center stage in the study of psychedelics in general.

As the mental health landscape shifts concerning the use of PAT as a legitimate form of therapeutic treatment, this bringing to “center stage” the question of religious experience will be a significant challenge for Christian communities (and other religious communities) to come to terms with. This shift seems to be coming quickly within the Australian context, making this discussion even more pertinent.

It has been observed that many individuals undergoing PAT report experiencing spiritual or religious encounters. Research conducted by Yaden and Newberg (2022) indicates that these experiences often align with traditional mystical encounters, which are extensively studied in the realm of spiritual experiences. They describe these kinds of experiences thus:

Mystical experiences, characterized by a dissolution of the self and profound feelings of interconnectedness, transcend our ordinary conscious awareness. In our usual state of consciousness, we perceive ourselves as separate individuals, distinct from everything and everyone else. However, in certain circumstances, this sense of self can diminish, merging with and becoming part of the broader existence. (Yaden and Newberg 2022, p. 224)

Within the Christian tradition, many are familiar with this type of experience and the mystical tradition. It is worth noting that the encounter with God, or a reality beyond everyday experiences and perceptions, is not exclusive to the mystical experience. [Yaden and Newberg \(2022\)](#) propose six categories of religious and spiritual experiences: Numinous, Revelatory, Synchronous, Mystical, Aesthetic and Paranormal.

Considering the possibility that many individuals undergoing PAT are having RSEs, and that there are positive mental health outcomes associated with the exploration of meaning and value, should the Church not affirm these experiences? It is likely that different Christian theologians and clergy will develop varied perspectives on this matter, particularly among conservatives and progressives. Moreover, the extent to which Christians accept the validity of these religious experiences will also differ. Therefore, it is crucial for Christians to contemplate how psychedelic-assisted experiences of this nature should be understood, especially in light of research by [Miller \(2021\)](#) and [Yaden and Newberg \(2022\)](#) highlighting the largely positive nature of spiritual and religious encounters.

The following outline serves as an initial framework to assist Christians in navigating their potential responses. However, it is imperative that Christians engage in active dialog and generate a collective response. It is noteworthy that the fastest growing segment of Christianity today is the Pentecostal and Charismatic movement, which fundamentally affirms the reality and widespread occurrence of encounters with God and religious experiences.

### 5. Christian Responses: Four Options

The first response is that which sees these experiences as illusions. Therefore, in contemplating RSEs, Christians who embrace this perspective, may find sympathy with the atheist philosopher Bertrand Russell. [Yaden and Newberg \(2022, p. 309\)](#) discuss Russell's mystical encounter in some detail. Although the experience Russell had was subjectively real with mystical dimensions and a sense of closeness to others, he felt it to be a delusion. Interestingly, he believed it changed him for the better in his relations with others and the way he moved through the world. These experiences are indeed subjectively felt, but some argue that they lack objective reality. From this perspective, any RSEs induced by psilocybin or other means are considered illusory. While one may not literally experience unity with the world or hear voices from other beings, the transformative nature of the experience should not be dismissed. Therefore, Christians who undergo such experiences or work with individuals claiming to have had them can acknowledge the potential benefits while not affirming their metaphysical truth. However, whether this approach is genuinely helpful for those who have undergone these experiences remains an open question, particularly when the experiences feel undeniably real. New Testament scholar Dale Allison, who has himself had an RSE, cautions against labeling these experiences as illusions, as it potentially diminishes their significance ([Allison 2016](#)).

Another response we will encounter, and one that poses greater difficulties, is Christians who perceive experiences outside the confines of the Church (or those who are not Christians) as inherently evil. This viewpoint is commonly held among Pentecostal and Charismatic circles and resonates with my own fundamentalist upbringing. [Exline et al. \(2022\)](#) explore this question around psychedelics and whether they open up individuals to the devil or other supernatural realities. It is important to note that there may be sub-responses within this broader position. Some Christians might assert that certain RSEs can be evil when they occur outside the Christian faith, while others may argue that PAT induces a false sense of an RSE, similar to the illusion discussed earlier.

Alternatively, a more generous perspective could posit that such therapy might serve as a vehicle for a legitimate experience of the divine while still acknowledging that certain RSEs are indeed evil. This approach aligns with the belief held by many Christians that individuals outside the Christian faith can have authentic RSEs with Jesus, leading to conversion experiences (as exemplified by the apostle Paul). However, for many Christians who hold firmly to this position, such nuances may be a bridge too far. If one believes in the reality of Satan and the existence of evil and further holds that the experience of God is



exclusively accessible through Christian encounters only, then PAT, which produces RSEs, will invariably be viewed negatively. This presents a significant dilemma for both Christians and non-Christians who have these kinds of experiences and are perceived unfavorably by the Church. Of even greater concern is the possibility of churches and Christians discouraging individuals from undergoing PAT on this basis. This could deprive many individuals suffering from severe mental health disorders of the potential benefits arising from this form of therapy. Regrettably, certain segments of the Church, despite emphasizing healing, have historically looked down upon Christians who seek psychological or physical healing. While this may not represent the majority, it remains a significant concern.<sup>5</sup> The dangers of this approach will also need to be reflected upon in relation to the specific context of PAT and its associated RSEs.

A third response Christians might consider is the belief that individuals undergoing PAT do encounter the Christian God through their RSEs. The fact that not everyone has such an experience outside of PAT could lend support to this view, suggesting that it may be a unique moment for an individual to encounter the Christian God in PAT. Although this is perhaps a hopeful option, the challenge is that many who have religious encounters through PAT tend to do so through pre-existing beliefs and convictions and that the kinds of RSEs are incredibly diverse (Podrebarac et al. 2021). In this case, Christian communities have a valuable role to play in assisting these individuals in integrating their experiences from a theological perspective. However, Christians should remain vigilant, as with all RSEs, to the potential for abuse and the dangers that can arise from such encounters.

A fourth proposal is one that affirms the reality of these types of experiences while acknowledging that they are not exclusive to the Christian tradition. This perspective aligns with the idea that RSEs are not limited to Christianity but can be experienced by individuals of various religions or no specific faith tradition. Research by Yaden and Newberg (2022) supports this notion, as they demonstrate that RSEs are a common human experience. Sosteric (2018) agrees, noting that these experiences are cross-cultural and that a high percentage of people have them. The challenge lies in interpreting and understanding these experiences. Christians who are open to the broader nature of RSEs beyond their own tradition are more likely to embrace the positive benefits of PAT. Spiritual care workers operating in secular spaces in particular are uniquely positioned to assist individuals in integrating these experiences.

## 6. Conclusions: Recognizing Diversity within the Christian Community

Even if one were to argue for a preferred response, it is highly unlikely that the diverse Christian community would universally adopt a single position. This is particularly true considering the existing range of perspectives on RSEs, regardless of their connection to PAT. Personally, I am inclined toward the fourth approach based on my own theological convictions, but I acknowledge that my viewpoint may be in the minority. I believe these experiences have the potential to be real (while recognizing that they can also be illusions) and that they are not unique to the Christian tradition but rather a shared human phenomenon. However, I hope that other Christians who are more comfortable with the other three responses would consider a nuanced position for the sake of individuals whose lives can be positively impacted by these experiences.

For those who view RSEs as illusions, it may be beneficial to emphasize the significant positive effects of such experiences on individuals and their relationships, particularly in light of the Russellian perspective. While they may be illusions, the outcome is a positive impact on personal and interpersonal dynamics. Those who perceive RSEs as inherently evil outside of the Christian tradition could remain open to the possibility that these experiences could serve as a vehicle for individuals to encounter the Christian God or recognize that they may be illusions induced by substance use. This approach avoids labeling the experiences as intrinsically evil and discouraging individuals from seeking therapy. It allows for the acknowledgment of the benefits of the experience while still maintaining the broader affirmation that certain experiences outside of Christianity may be

deemed evil. The third position could be seen as a hybrid between the second and fourth, where the theological implications of the experience are held in a more positive light for the person undergoing it.

Tackling these challenges and attempting to affirm diversity will be crucial with the recent legalization of psilocybin use for psychiatrists in Australia. We are witnessing the beginning of a potentially significant development in the mental health sector in this country. As further rigorous research unfolds, PAT may be extended to address a range of mental health disorders. At this stage, the research strongly suggests its potential benefits. RSEs do occur among individuals undergoing these experiences, and even outside of PAT, they contribute positively to human flourishing. In the coming years, Christians will face challenging questions regarding their evaluation of such experiences. To prevent outright dismissal, it is crucial to approach the theological questions proactively. The four potential responses provided are not exhaustive but aim to contribute to the ongoing discussion. Productive options exist for Christians within all the proposed responses, although I personally believe the fourth response holds the most potential for fruitful engagement.

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## Notes

- <sup>1</sup> In his well-known book *The Varieties of Religious Experience*, James (2002) notes that, “Among the visions and messages some have always been too patently silly, among the trances and convulsive seizures some have been too fruitless for conduct and character, to pass themselves off as significant, still less as divine. In the history of Christian mysticism the problem how to discriminate between such messages and experiences as were really divine miracles, and such others as the demon in his malice was able to counterfeit, thus making the religious person twofold more the child of hell he was before, has always been a difficult one to solve, needing all the sagacity and experience of the best directors of conscience”.
- <sup>2</sup> Yaden and Newberg (2022, p. 357) argue that psychedelic therapy, in some ways, provides a laboratory for being able to study religious and spiritual experiences, which we have not been able to do before. They argue that, “With psychedelics, on the other hand, there is a consistent chemical trigger, and a relatively reliable effect, even though the subjective experience is itself highly complex and is impacted by beliefs as well as one’s clinical and cultural context”.
- <sup>3</sup> With regard to this research, it is noted that, “The present study extends previous observations showing that psilocybin can occasion mystical-type experiences having sustained personal and spiritual significance (Pahnke 1963; Doblin 1991; Griffiths et al. 2006, 2008). Two volunteer-rated measures of mystical-type experience completed at the end of the session days showed dose-related increases, with 72% of volunteers fulfilling criteria for having had a “complete” mystical experience at either or both of the two highest dose sessions. Retrospective ratings of mystical experience and spiritual significance did not diminish in time. One month after either or both the two highest dose sessions, 83% of participants rated the experience as the single most or among the 5 most spiritually significant experiences of their life”.
- <sup>4</sup> Richards (2016, p. 6) suggests that, “There is no question in my mind that, when used in accordance with medical guidelines, with skilled preparation and guidance in responsibly monitored, legal environments, psilocybin and similar substances are indeed molecules that can facilitate beneficial and often sacred experiences”.
- <sup>5</sup> The Church in North America has a mixed response to accepting those with mental health challenges. As Lehmann et al. (2022) argue, many churches are hospitable. Yet, a major challenge remains in that, “some of those attending American churches and congregations hold certain attitudes and theological beliefs that fail to promote a sense of belonging for those who have a mental health diagnosis. People living with mental illness can feel marginalized within the church if a sense of belonging is not actively fostered”.

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