Chaplaincy and Psychedelic-Assisted Therapy: Opportunities and Barriers

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Introduction

The cultural resurgence in psychedelic use, along with a proliferation of psychedelic research, is poised to transform the mental health clinics, trauma units, hospices, oncology services, and other clinical settings where spiritual care professionals serve. Current research validates the potential for psychedelic therapies to relieve conditions that underlie significant human suffering while at the same time contributing to thriving, and spiritual care professionals and educators will be called upon to support those turning to psychedelic therapies for relief or expansion. Chaplaincy training and preparation emphasizes self-awareness, right use of power, spiritual and religious meaning-making, resilience in the face of adversity, and presence during moments of crisis—competencies needed by those providing psychedelic support and integration. Yet, chaplains may feel unprepared for these roles, and educators may be hesitant or feel unprepared to supervise practitioners seeking expertise in psychedelic-assisted therapies.

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In April of 2021 professional chaplains, educators, and researchers interested in considering the role of chaplaincy in psychedelic-assisted therapies came together to explore these and other opportunities and challenges over two days. The event, titled Towards a Vision for Psychedelic Chaplaincy and Spiritual Care: A Generative Gathering, was co-convened by the RiverStyx Foundation, a small, private family foundation that funds psychedelic research, and Naropa University. Naropa's master of divinity program is a Buddhist-inspired degree with an onsite accredited Association for Clinical Pastoral Education (ACPE) center.[1] The goal of the gathering was to clarify the potential contributions of professional chaplaincy to this emerging field as well as the barriers to access, education, and participation. Our intention here, as co-facilitators for the gathering, is to highlight key aspects of the conversation that took place and also to place that conversation in a broader context. We hope the following summary will clarify the current state of psychedelic-assisted chaplaincy as an emergent professional specialization while also inviting further discussion.

> The event brought over forty religious and spiritual care professionals, educators, psychedelic researchers, and practitioners together to discuss education, training, and research pathways for professional chaplains seeking to participate in legal and FDA-approved psychedelic care. Present were representatives from the ACPE, the Transforming Chaplaincy initiative,[2] the Association for Professional Chaplains,[3] the Graduate Theological Union, Naropa University, Spiritual Health at Emory Healthcare, as well as chaplains, psychologists, and physicians involved in psychedelic research studies. This paper, drawn from conversations that took place at the gathering, considers challenges and opportunities for professional spiritual care practitioners within the emerging landscape of psychedelic-assisted care.

Historical Influences

In a series of lectures published in 1902 as *The Varieties of Religious Experience*,[4] William James, Harvard professor, psychologist, and founder of philosophical pragmatism, explores the intersection of psychology and transformative religious experience. In his now classic text, James, the son of a Swedenborgian minister, makes a case for direct religious experience and empirical revelation as primary sources of knowledge, opening the way for pastoral psychology as a serious academic discipline. James's pragmatic

philosophy influenced the ways that clergy understood the practice of pastoral care as Protestant seminaries in the US began to include psychology in their curriculum. James's radical pragmatism takes seriously the ways in which knowledge and truth emerge from lived experience—including, but not limited to, mystical encounters evoked by mind-altering substances. In his own use of nitrous oxide, a mind-altering substance in common use at the time, James discovered a source of important insight and inspiration, including a deeper understanding of Hegel's dialectical philosophy and an experience he described as mystical.[5] In *Varieties*, James writes of the "depth beyond depth of truth" that "seems to be revealed to the inhaler." And though for James the truth gained through ingesting nitrous oxide inevitably fades, he claims an enduring effect: "Nevertheless, the sense of a profound meaning having been there persists; and I know more than one person who is persuaded that in the nitrous oxide trance we have a genuine metaphysical revelation."[6]

Although James's writing on psychology and mysticism continues to influence the field of pastoral theology and care, a consideration of mind-altering substances as an adjunct to pastoral care practices remains largely absent from MDiv pastoral care courses and chaplaincy conference agendas, for reasons we will consider below.

Moving forward in time, sixty years after James's lectures were published, another Harvard professor and a Protestant graduate student of theology—Walter Pahnke—continued to explore the benefits of psychedelic substances in the context of religious experience. In an unorthodox research study conducted at Boston University's Marsh Chapel, Pahnke explored whether psilocybin would contribute to mystical experience in religiously predisposed subjects.[7]

The study was conducted in 1962 under the supervision of Timothy Leary, Richard Alpert, and the Harvard Psilocybin Project. On Good Friday—a day for the observance of Christ's crucifixion—a group of seminary students convened in the basement of the chapel to participate in the double-blinded study, after having received a blessing from the Reverend Howard Thurman, a preeminent theologian and minister and the dean of the chapel. The study participants remained in the basement, and Rev. Thurman conducted the Good Friday service as the study participants listened to the broadcasted service from below. The participants listened to the Good Friday service while under the influence of either psilocybin or, in the case

of the control group, a high dose of niacin.[8] In the end, Pahnke concluded that psilocybin can, in fact, catalyze mystical experiences in religiously inclined people who take it in a religious setting. The study was clearly limited in scope and failed to represent the broader spiritual and religious context, and the subjects lacked racial, ethnic, gender and other diversity. Yet, 80 percent of the white, male, Protestant participants who received psilocybin reported a mystical experience.[9]

Due to the complex cultural and political dynamics of the time, psychedelic research was essentially brought to a halt shortly after the Good Friday experiment when Leary was removed from his position at Harvard. Psychedelic research then became largely dormant up until the late twentieth century. Sixty years after Panhke's experiment, psychedelic research is now experiencing a period of revitalization as serious researchers are approaching psychedelics with new attention to spiritual well-being, ethics, and safety.

With a current proliferation of research, leaders and professional spiritual care providers are beginning to engage the cultural conversation around psychedelics and psychedelic-assisted care. As discussed at the April 2021 gathering, spiritual care practitioners and educators are presented with an opportunity to demonstrate their relevance in ways that can add value and meaning to a field in need of religious, spiritual, and theological frameworks for engaging and interpreting spiritual experiences induced by psychedelic experiences. While William James and Walter Pahnke were primarily interested in exploring psychedelics as a mediator of mystical experience, contemporary researchers are prioritizing the ways in which psychedelics hold the potential to relieve spiritual and psychological suffering. As one striking example, an FDA-sponsored phase III study is considering MDMA-assisted therapy for participants with severe post-traumatic stress disorder (PTSD) from events such as military combat trauma and sexual assault. MDMA (methylenedioxymethamphetamine) is a synthetic psychoactive substance found in Ecstasy or Molly, illegal street drugs that most often also contain harmful adulterants. In laboratory studies, pure MDMA has been proven safe for human consumption when taken a limited number of times and in moderate doses.[10]

Remarkably, data demonstrates that 67 percent of MDMA-assisted therapy study participants no longer met PTSD criteria two months after receiving the MDMA-assisted therapy protocol.[11] Although study partici-

pants reported increased self-compassion, a greater capacity for forgiveness, increased spiritual connection, feelings of belonging, and confidence in post-traumatic growth, only a few chaplains are currently authorized to provide this therapy, including one of the co-authors of this article.

While potential harms are to be taken seriously, psychedelics and psychedelic therapies are clearly demonstrating benefit to the patients, clients, and community members whom spiritual care professionals serve in their particular contexts. For practitioners, educators, and theologians committed to interreligious spiritual care, the relief of human suffering resides at the forefront of their values and commitments (however imperfectly they have carried out these commitments). With these commitments in mind, many in the fields of spiritual care and spiritual care education are beginning to recognize the efficacy of psychedelic medicines and therapies. Although opportunities for mystical experience and spiritual expansion are important considerations, the relief of human suffering will take priority for the field of professional spiritual care and theological education, moving forward, for those who strive to live into these values and commitments.

Psychedelics and the changing landscape of mental health

Substances such as LSD, psilocybin, and MDMA are now being tested as medical treatments for a range of mental health conditions, and in some cases they are being fast-tracked by the FDA as breakthrough therapies. Preliminary clinical research has demonstrated promising results for psychedelics in the treatment of a range of illnesses for which medicine lacks effective solutions, notably PTSD,[12] treatment-resistant depression,[13] and end-of-life anxiety.[14] As a result of these promising findings, many anticipate that psychedelic substances will become FDA-approved treatments in the United States in the coming years, likely beginning with MDMA for PTSD and followed by psilocybin for depression and anxiety.

Neuroscience is in the early phase of determining the exact mechanisms by which these compounds work on the brain. However, substantial evidence points toward the importance of the profound subjective and often transpersonal experiences these treatments occasion in patient populations. These experiences can produce enduring changes in a patient's relationship to themselves, others, and the nature of the world, granting new purchase on their life, patterns, and behavior. For example, Griffiths et al.

found that patients rate their psilocybin experiences as among the most personally meaningful and spiritually significant of their lives.[15]

The profound paradigm shift that psychedelics represent for the treatment of mental illness cannot be overstated. Data suggests that the subjective nature of the experience accounts for the efficacy of psychedelic therapies[16]—an efficacy that can endure for months to years after the treatment itself. Some argue that psychedelics could usher in a new age in psychiatry away from "drug efficacy" to "experience efficacy," which is characterized by deeply meaningful experiences that contribute to the positive emotional, cognitive, and behavioral changes reported by patients.[17] Perhaps most importantly, rather than the traditional model of symptom management, psychedelic-assisted psychotherapy affords an opportunity to reframe or altogether eliminate the sources of these symptoms, leading to greater human flourishing.

Recent research has shown that psychedelics—notably psilocybin and LSD—can reliably and dose-dependently produce "mystical-type experiences" as measured by the Mystical Experience Questionnaire (MEQ).[18] Drawing on the research of Walter Pahnke and Walter Stace, the MEQ rates the intensity of various aspects of religious experience, including a felt sense of sacredness, transcending time and space, experiencing a noetic quality, and difficulty explaining the experience in words (ineffability).[19] Further research suggests that drug-occasioned mystical-type experiences are functionally indistinguishable from non-drug-occasioned mystical experiences sparked by time in nature, deep prayer or meditation, or no discernible cause at all.[20] But perhaps most importantly, there is strong evidence that mystical experience during psychedelic therapy strongly determines the strength of the clinical outcome.[21]

For this reason, the psychedelic renaissance has reignited conversations around the intersection of science, religion, and spirituality. However, the spiritual undertones of this paradigm shift sit uncomfortably within Western medical science. The current debate considers how researchers should approach the mystical experience, with some calls to "move past" discussions of mysticism in psychedelic research altogether.[22] Others advocate for a more moderate stance. One prominent researcher writes, "It is not uncommon for people having psychedelic sessions to touch on . . . the 'big questions,' e.g., the nature of reality and the nature of self. . . . The goal of the clinician should be to create an open and supportive environ-

ment where the patient can make her or his own meaning, if any, from such experiences."[23]

Those valuing the contributions of professional spiritual care will wonder whether psychiatrists and psychologists are adequately trained to accompany potentially profound meaning-making processes prompted by psychedelics. For many mental health clinicians, discussions of religion and spirituality have been mostly omitted from clinical training. Clinical researchers who value spiritual care may be concerned about the impressionability of clients receiving psychedelic therapy, noting that individuals undergoing such therapies are extremely vulnerable to suggestion. Ethical researchers may rightly fear imposing particular religious beliefs or spiritual priors onto their patients' journeys.

The challenge of how to appropriately create space for meaning-making and meet others' spiritual needs in secular spaces is the central concern in professional chaplaincy. Indeed, professional chaplains regularly accompany patients as they confront complex questions of truth, meaning, and reality as prompted by loss, illness, transition, and death. Chaplains are trained to be reflexive and to understand how to attend to others in an appropriate idiom without imposing their own beliefs. Chaplains offer their care for and solidarity with patients in profound ways that may be overlooked by the mechanistic, reductionistic lens of medicine. Additionally, religious and spiritual care professionals often play critical roles as trusted intermediaries and leaders within marginalized communities and may hold unique positions of trust in culturally and religiously diverse institutions such as the military.

Given this unique fit between psychedelic-assisted therapies and professional spiritual care, the absence of chaplains within ongoing psychedelic clinical research is striking. Some active research institutions carrying out clinical trials have robust spiritual care departments that are not consulted or involved in their ongoing research. Notably, one clinical trial did make a focused effort to engage religious professionals. The forthcoming Religious Professionals Study at New York University and Johns Hopkins administered psilocybin to religious leaders of many faiths. But of the more than 85 psychedelic trials completed since 2010,[24] only one intentionally incorporated spiritual care providers in the clinical protocol and research team.

There currently exists an opportunity to bridge this gap as professional chaplains and chaplaincy students are seeking entry into the burgeoning field of psychedelic-assisted therapy. Students and seasoned professionals may be motivated by their own experiences of healing in clinical or ceremonial contexts where psychedelics and plant medicines are offered in legal and yet-to-be legal contexts. At our gathering, we discovered that not all psychedelic practitioners, "psychonauts," and aspiring psychedelic caregivers are comfortable sharing their experiences in their own professional and religious settings, creating obstacles for open and thoughtful dialogue in the field.

Chaplaincy's Roots in Non-ordinary Experience

It is worth recalling that the history of clinical chaplaincy is inseparable from non-ordinary experiences of human consciousness. Anton Boisen, the founder of the Clinical Pastoral Education (CPE) movement, was the first to believe that theological students had something unique to offer those suffering profound mental illness. Notably, he himself experienced several severe psychotic episodes throughout his lifetime. During one of these episodes, he received an inspiration to do something that would break down "the wall which separated religion and medicine"—namely, to birth the field that would later become known as CPE.[25] Boisen later became an ordained minister and was the first to supervise theological students in the clinical setting of a mental hospital, beginning in the 1930s. Arguably, the entire field of CPE owes its existence to the profound non-ordinary state of consciousness suffered by its founder. Though the religious and mental health landscapes have changed significantly since Boisen's time, his original commitments remain relevant today.

Opportunities and Barriers

Chaplains and clergy who receive CPE training, as inspired by Boisen, learn to offer compassionate care to those experiencing powerful non-ordinary states induced by sudden trauma, profound grief and loss, near-death experiences, birthing, end-of-life journeys, and other altered states of consciousness. The capacity to embody a non-anxious presence in the midst of crisis is a cultivated skill possessed by seasoned chaplains and can support

spiritual care practitioners who serve as guides for powerful psychedelic-induced experiences.

Spiritual care practitioners bring sensibilities, skills, and professional commitments to the emerging field of psychedelic-assisted therapy that can benefit the psychedelic-assisted therapy field as a whole. Empathic self-awareness and presence, interreligiously and interspiritually sensitive care, in-depth training in spiritual and religious assessment and integration, ethics formation, and experience with non-ordinary states of consciousness are valuable contributions that chaplains bring to psychedelic-assisted therapy.[26]

The mental health clinicians at the forefront of these emerging therapies are ideally trained to explore unconscious motivations in themselves so as not to burden clients with their own projections and transferences. Skilled reflective practitioners learned to explore these themes in themselves in order to bring awareness and presence to clinical encounters with non-ordinary states of consciousness in their clients. Yet, psychedelic therapists may lack the opportunity for deep theological inquiry and spiritually and religiously based self-reflection. When working with a client during a powerful psychedelic experience, clinicians may unknowingly bring unconscious spiritual or religious motivations into the therapeutic encounter in ways that are unintentionally coercive or unhelpful.

Professional chaplaincy could contribute to the development of interreligious and interspiritual psychedelic-assisted therapy, especially in contexts where mystical or transpersonal experiences are likely to be a part of the therapeutic process, as has been demonstrated by the psilocybin and MDMA therapies. Chaplains mediate something greater than themselves with self-awareness and self-reflection, whether it is connection with God, a connection with the divine, or perhaps a sense of the interconnectedness of all of life. In psychedelic experiences, participants often find themselves immersed in the vast territories of human experience. In such moments, it is essential for guides to have cultivated spiritual, religious, and existential self-awareness in order to create safety, accountability, and freedom for their clients.

The spiritual care professionals, educators, and physician colleagues convened for the psychedelics and chaplaincy gathering in April 2021 reflected on the ways that professional spiritual care practitioners can indeed play a critical role in psychedelic-assisted therapy. Yet, outstanding barriers

remain. Religious taboos and a lack of literacy about psychedelic research on the part of many spiritual and religious care professionals and organizations are obstacles that will need to be overcome. Other potential barriers include a lack of understanding among clinical colleagues in regard to the value and role of professional chaplains as well as a lack of psychedelic training opportunities tailored to spiritual care professionals. At present, a clear pathway for chaplains wishing to specialize in psychedelic therapies does not exist, presenting a significant challenge for those interested in engaging this emerging work.

For a variety of reasons arising from the beliefs and values of a given spiritual or religious tradition, religious communities may discourage the use of mind-altering substances and psychedelics. Religious tenets protect practitioners from potentially addictive or risky behaviors that can cause harm or undermine individual and communal well-being, and religious or spiritual endorsing bodies may promote such prohibitions, either explicitly or less formally through community norms. Spiritual care professionals who desire to specialize in psychedelic therapies will need to reflect deeply on internal and external moral prohibitions against psychedelic use so as not to bring strongly held biases and assumptions into the psychedelic therapy space. Certifying organizations and communities of practice may need to offer support to spiritual care professionals who face ostracization from their religious communities or challenges to their religious endorsement. To address this concern, advocates within spiritual and religious traditions are beginning to educate their communities and support honest discourse, and theology programs are beginning to create curricula to help students navigate ethical considerations and moral concerns. Together, professional chaplains, spiritual care educators, and religious leaders can hold a space where a commitment to relieving suffering is held in tension with thoughtful prohibitions on mind-altering substances, allowing for a generative pathway to emerge.

Due to legal prohibitions against personal psychedelic use and limited opportunities to participate in clinical research, many chaplains may not have had the opportunity to personally experience psychedelics. The question of whether or not a chaplain will need to have experienced a psychedelic before guiding a client is a question that was considered by the recent gathering of chaplains, researchers, and educators. Attendees agree that this question will need to be further engaged as the field evolves. All

participants seemed to agree that some familiarity with non-ordinary, visionary states of consciousness would be important for those moving into psychedelic-assisted therapies as a professional specialization.

As a field, chaplaincy is diverse, and in spite of common standards and competencies for chaplaincy, the degree to which particular spiritual care departments are professionalized within their hospital and mental health settings varies widely. Because chaplains, clergy, and religious leaders are generally not licensed professionals, it is unclear how spiritual care professionals will be included in psychedelic therapy protocols moving forward, though in palliative care and hospice contexts such professionals may be particularly well placed to provide psychedelic therapy and integration.

A few institutions, including Emory Healthcare, the Dana-Farber Cancer Institute, and Massachusetts General Hospital, are including chaplains in their psychedelic-assisted therapy research protocols and offering training for these clinical studies. The Graduate Theological Union and Naropa University are developing psychedelic-assisted-therapy certificate programs with chaplains in mind as these and other graduate programs begin to explore curricula within divinity programs. At least one ACPE-accredited program—the Center for Contemplative Chaplaincy at Naropa University—has an established clinical site that allows students to offer supervised one-on-one psychedelic integration support as part of their CPE training. Other opportunities for training in these modalities, such as the Multidisciplinary Association for Psychedelic Studies' MDMA practitioner training programs, can be cost prohibitive for those from historically marginalized communities, although some scholarship support is available. As more and more students request training in psychedelic-assisted therapy, the field is likely to transform to meet this increasing demand, creating more potential for clinical colleagues to recognize chaplaincy as a resource for psychedelic-assisted care.

It is important to note that indigenous and earth-based spiritual and religious communities in the US and elsewhere often hold deep knowledge of psychedelics and plant medicines that may not be recognized by mainstream academic medical contexts. Collaborating with and advocating for the communities that possess such wisdom is a key ethical consideration for the spiritual care professions.

Suggestions for Proceeding

> Religions have been experts in stigmatizing since their inception. Psychedelics are no exception. The question lies not in whether chaplaincy has a role to play in the care of those that engage in therapeutic psychedelics; rather the question lies in the forms, best practices, and advocacy chaplaincy can bring to this emerging (and ancient) therapy. Chaplains are at their best when they stand with those at the margins, when they advocate for those who are often overlooked by the healthcare system. Because of the growing research supporting the efficacy of psychedelics in the treatment of trauma, addiction, and other forms of deep psychological pain, the field of chaplaincy will be derelict if we do not strive to advance research and education for psychedelic chaplaincy. Like all research and pedagogical formation, we need thoughtful, carefully designed studies from which we can provide practitioners with the theory, skills, and practices that can best serve those for whom so many other modalities have failed.
>
> —Trace Haythorne, current Executive Director and CEO of the ACPE

As Haythorne states, chaplains have a particular role to play as a profession that exists on the margins of both mainstream religious experience and clinical care. In light of the unique role of spiritual care professionals and the opportunities that lie before us, we suggest several key priorities for advancing the field of psychedelic-assisted spiritual care.

Support for Education

The first, and perhaps most urgent, next step in advancing this field is countering stigma and religious taboos while increasing the psychedelic research literacy of spiritual care educators and practitioners. Religious and spiritual care professionals express that the state of psychedelic research, and the risks and opportunities, are often poorly understood within their institutions. Many chaplains fear alienation from their religious institutions if they publicly declare interest in this topic. Professional chaplaincy could benefit from resource libraries, literature reviews, and other educational materials that clearly translate the state of psychedelic science and practice for chaplaincy audiences.

Because many psychedelic researchers may not fully appreciate the skills that professional chaplains offer, opportunities to inform the professional chaplaincy community of the state of psychedelic science, policy, and

treatment paradigms would create further opportunities for professional dialogue and collaboration.

Development of Core Competencies

As psychedelic therapies move into the mainstream, many institutions are exploring guidelines for training clinicians who will administer these novel treatments.[27] The field of professional chaplaincy should dialogue with and learn from these efforts in order to help articulate key core competencies for professional chaplains engaged in psychedelic training. Theological and clinical educators can begin to identify where existing chaplaincy training is well suited for the needs of psychedelic therapies and/or where additional specialized training is required, as well as where chaplains may be uniquely well suited to attend to spiritual and religious assessments and interventions that may be overlooked by the dominant mental health paradigm. Integrating cultural and religious humility, an attention to right use of power, and a deep appreciation for indigenous plant medicine traditions are additional ethical considerations for moving forward with integrity.

Key Issues for Professional Credentialing and Endorsement

Chaplains and educators have expressed interest in a feasibility study to identify key considerations in regard to the credentialing and endorsement of future chaplains engaged in psychedelic therapies. Additionally, participants in the April 2021 gathering felt that CPE may serve as a model that could inform psychedelic therapy training. Forthcoming research studies that will incorporate spiritual care practitioners into their therapy teams and clinical protocols—notably those of the Dana Farber Cancer Institute and Emory's Winship Cancer Institute—plan to partner with ACPE Certified Educators to develop training protocols for the studies.

Advocate for and Collaborate with Clinical Researchers

As mentioned, to date there have been few studies that incorporate chaplains into clinical protocols of psychedelic trials. Key questions remain about how spiritual care practitioners can contribute to patient and client outcomes. Spiritual care educators and practitioners could further the field

by collaborating with psychedelic researchers to help identify priority research questions, design ideal pilot studies, and craft evidence-based protocols informed by spiritual care assessments, interventions, and methods of training. To date, psychedelic clinical research has been dominated by white and mostly male clinicians. The field of professional spiritual care will need to seriously consider how psychedelic therapies can best serve the spiritual needs of diverse and culturally marginalized patient populations.

Psychedelics prompt deeper questions about mind, matter, and spirit that have historically been the domain of religious leaders, theologians, and scholars. Chaplaincy may be but one arm of a broader psychedelic discourse that can attend to rigorous, grounded inquiry into the theological and existential questions these experiences evoke, especially in religious contexts.

Psychedelic-assisted therapy and care is shifting the landscape of professional spiritual care and education. Preparing for this sea change will require engaging the conversation with humility as well as confidence in the gifts that professional spiritual care has to offer. Personal, communal, and therapeutic psychedelic use is on the increase along with a movement away from the war on drugs to a recognition of the healing benefits of mind-altering substances. Placing the relief of human suffering at the center of this conversation in the field will create more possibilities for chaplains and educators to contribute to planetary thriving and the spiritual health of our communities.

NOTES

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