

1-1-2003

Entheogens: True or False?

Roger Walsh

University of California at Irvine

Follow this and additional works at: <https://digitalcommons.ciis.edu/ijts-transpersonalstudies>



Part of the [Philosophy Commons](#), [Psychology Commons](#), and the [Religion Commons](#)

Recommended Citation

Walsh, R. (2003). Walsh, R. (2003). Entheogens: True or false? *International Journal of Transpersonal Studies*, 22(1), 1–6.. *International Journal of Transpersonal Studies*, 22 (1). <http://dx.doi.org/10.24972/ijts.2003.22.1.1>



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](#). This Article is brought to you for free and open access by International Journal of Transpersonal Studies. It has been accepted for inclusion in International Journal of Transpersonal Studies by an authorized administrator. For more information, please contact the editors.

Entheogens: True or False?

Roger Walsh

University of California at Irvine
Irvine, California

Despite 40 years of dialogue, debate still continues over whether psychedelics are capable of inducing genuine mystical experiences. This paper first reviews the arguments against this possibility and shows that all of them contain shortcomings. One reason the debate still continues is that there has been no adequate theory of mystical states and their relationship to the factors which produce them. Consequently a theory of mystical states based on Charles Tart's systems model of consciousness is proposed. This theory suggests how identical states of consciousness can be induced by very different means, including contemplative practices and chemical substances, and yet have different after-effects. Taken together, these ideas lead to the cautious conclusion that some psychedelics can induce genuine mystical experiences sometimes in some people, and that the current tendency to label these chemicals as entheogens may be appropriate.

Entheogens: True or False?

States of consciousness believed to be sacred, and drugs to induce them have been remarkably widespread throughout human history (Bourguignon, 1973; De Ropp, 1987). Historical examples include Hinduism's *soma*, the Zoroastrian *haoma*, the Australian Aboriginals' *Pituri*, Zen's tea, the *kykeon* of the Greek Eleusinian mysteries (Smith, 1964), and the wine of Dionysis Eleutherios (Dionysis the Liberator) (Marrero, 2003). Contemporary examples include the native American peyote, the Rastafarian *ganja* (marijuana), and the South American shamans' ayahuasca (Harner, 1973; Walsh, 1990). Clearly there has been wide spread agreement across centuries and cultures that psychedelics are capable of inducing genuine religious experiences (Grinspoon & Bakalar, 1997; Grob, 2002; Hunt Badiner, 2002; Roberts, 2001; Smith, 2000).

However, the story is very different in the West. For centuries psychedelics were all but unknown, until in the 1960s they came crashing into a culture utterly unprepared for them. For the first time, a significant portion of Western society experienced powerful altered states of consciousness. Some of these were clearly painful and problematic. Yet others were apparently transcendent and illuminating. Suddenly the question of whether drugs can induce genuine religious and mystical experiences morphed from dry aca-

demic debates to pitched political battles.

The very names given to these curious chemicals say it all. For nay sayers these drugs are "psychotomimetics" (mimickers of psychosis) or "hallucinogens" (hallucination inducers). For most people and some apologists they are psychedelics (mind manifesters). More recently, some researchers have suggested that they can be entheogens (revealers of the God within). Are they one or the other, can they really be entheogens, or can they be all four, depending in part on set and setting? In this paper I will primarily use the more neutral term "psychedelic," while building an argument that they can sometimes be "entheogens."

Unfortunately, careful analysis and dispassionate discussion were long ago overwhelmed by political posturing and media madness. Misinformation has flourished. Some apologists denied the drugs' dangers; some opponents and even governments exaggerated them. For example, drug opponents repeatedly misused shaky scientific research to bolster claims of neurotoxicity, a process that continues to the present day, especially with MDMA (ecstasy) (Concar & Ainsworth, 2000), though the actual nature and significance of MDMA induced neural effects remains moot and much debated (Grob, 2002; Holland, 2001).

And yet the question—one of the most important of all concerning these drugs—still remains: Can psychedelics induce genuine mystical experiences? Stanislav Grof (2001, p. 270), the world's most expe-

rienced psychedelic researcher, concluded that “at present after 30 years of discussion, the question of whether LSD and other psychedelics can induce genuine spiritual experiences is still open.”

At the present time, both research data and theory suggest an answer to this decades old question. That answer is a very qualified “yes.” Yes, psychedelics can induce genuine mystical experiences, but only sometimes, in some people, under some circumstances. To consider whether this conclusion is appropriate let us examine the arguments used against it, the shortcomings of these arguments, recent research, and a theory which may make sense of the research findings.

Arguments Against the Validity of Drug-Induced Mystical Experiences

There seem to be five major arguments that have been advanced to suggest that drug experiences can never be truly mystical. Huston Smith (1964, 2000) summarized them superbly in “Do Drugs Have Religious Import?” the most frequently reprinted article ever published by *The Journal of Philosophy*.

- The first argument is that some drug experiences are clearly anything but mystical and beneficial.
- The second is the claim that the experiences induced by drugs are actually different from those of genuine mystics.
- The third point is a theological one, which argues that mystical rapture is a gift of God that can never be brought under mere human control.
- The fourth is that drug-induced experiences are too quick and easy, and could therefore hardly be identical to those hard-won by years of contemplative discipline.
- The final argument is that the after-effects of drug-induced experiences are different, less beneficial, and less long-lasting than those of contemplatives.

There are possible answers to each of these concerns. Let's consider them in sequence.

First, there is no doubt whatsoever that some, in fact most, drug experiences are anything but mystical. According to Huston Smith (1964, p. 520, 523),

There are, of course, innumerable drug experiences that have no religious features; they can be sensual as readily as spiritual, trivial as readily as transforming, capricious as readily as sacramental. If there is one point about which every student agrees, it is that there is no such thing as the drug experience

per se.... This of course proves that not all drug experiences are religious; it does not prove that no drug experiences are religious.

The second question concerns whether drug and natural mystical states are experientially the same. Smith (1964, p. 523) concludes that “Descriptively drug experiences cannot be distinguished from their natural religious counterparts.” In philosophical terms, drug and natural mystical experiences can be phenomenologically (experientially or descriptively) indistinguishable.

The most dramatic experiment affirming this was the “Harvard Good Friday study,” also known as “the miracle of Marsh Chapel.” In this study, divinity students and professors were placed in a highly supportive setting—Harvard University's Marsh Chapel during a Good Friday service—and given either the psychedelic psilocybin or an inactive placebo. Several psilocybin subjects reported “mystical experiences,” which researchers were unable to distinguish from those of mystics throughout the centuries (Doblin, 1991).

Perhaps the people best equipped to say whether drug and contemplatively induced mystical experiences might be the same are those who have had both. Such people are obviously few and far between. However, several spiritual teachers concluded from their own personal experience that they can be identical (Walsh, 1982).

The third argument—that mystical rapture is a gift from God that could never be brought under human control—will only seem plausible to those people who hold certain very specific theological beliefs. It would hardly be regarded as valid by religions such as Buddhism, for example, that do not believe in an all-powerful creator God. Nor, presumably, would it appeal to those theists who believe more in the power of good works than of grace.

The complaint that drug experiences are too quick and easy to be genuine is readily understandable. After all, it hardly seems fair that a contemplative should labor for decades for a sip of what the drug user may effortlessly swim in for hours. However, unfair or not, if the states are experientially identical, then the fact that they are due to different causes may be irrelevant. Technically, this is called “the principle of causal indifference” (Stace, 1964/1988, p. 29). Simply stated, this means that subjectively identical experiences can be produced by multiple causes.

The final argument against the equivalence of

drug and natural mystical states is that they may have different long-term effects. Specifically, it has been suggested that drug-induced experiences may be less likely to result in enduring, beneficial transformations of personality and behavior. Once again Huston Smith (1964, pp. 528–9) put the case eloquently. He concluded that “Drugs appear to induce religious experiences: it is less evident that they can produce religious lives.”

A Theory for Understanding the Varieties of Mystical Experience

So it seems that drug and natural mystical experiences can be subjectively similar or identical, but may differ in their after-effects. This much is clear. But still the debate continues over whether psychedelically induced mystical experiences are “really genuine.”

One reason the debate continues unabated is that there has been no theory of mystical states that could resolve it. What is needed is a theory accounting for the induction of similar or identical states by such different means as LSD and meditation, followed by possible different after-effects. It may now be possible to create such a theory in light of current understandings of the induction of altered states of consciousness.

Charles Tart's (1983) systems model of consciousness is helpful here. Tart suggests that any one state of consciousness is the result of the function and interaction of multiple psychological and neural processes, such as perception, attention, emotions, identity, etc. If the functioning of any one process is changed sufficiently, it may shift the entire system or state of consciousness. For example, a yogi might focus unwaveringly on the breath or a mantra, a Christian contemplative or bhakti yogi might cultivate the love of God, a Sufi might recite the name of Allah (dhikr), while Buddhist vipasana and Taoist internal observation practitioners might explore their experience in minute detail (Walsh, 1999). Yet despite their different practices, all might eventually be rewarded with mystical experiences. [Whether different traditions can induce identical internal breakthroughs and in what ways they may differ is a long and complex debate. For arguments that the experiences of different traditions are necessarily different see Katz (1983). For arguments that they can overlap see Forman (1990), Walsh and Vaughan (1993), and Wilber (2000). Clearly there are multiple kinds of religiously induced mystical experiences just as there are multiple kinds of psychedelic experiences.

Fortunately we don't need to go into these complexities to investigate whether some psychedelic experiences may overlap some mystical experiences.]

It therefore seems possible that a specific altered state may be reached in more than one way via altering different processes. For example, states of calm may be reached by either reducing muscle tension, visualizing restful scenery, repeating a pacifying thought, releasing agitating emotions, focusing attention on the breath, or ingesting valium. In each case the brain-mind process used is different, but the resulting state is similar, a consequence which systems theorists call “equifinality.”

A similar phenomenon may occur with mystical states. Different techniques might affect different brain-mind processes, yet still result in similar or identical mystical states of consciousness. A contemplative might finally taste the bliss of mystical unity after years of cultivating qualities such as concentration, love, and compassion. Yet it is also possible that a psychedelic might affect chemical and neuronal processes so powerfully as to at least temporarily induce a similar state.

So it therefore seems that Tart's theory of consciousness may provide an explanation for the finding that “chemical mysticism” and natural mysticism may be experientially identical. But what of the claim that the long-term impact of the two may be quite different? As we will see, this claim may also be compatible with the theory. But first we need to consider whether the claim that the long-term effects of chemical mysticism are less beneficial and enduring is actually true.

Long-Term Effects

In fairness, we need to acknowledge that, contrary to common arguments, psychedelic mysticism can sometimes have an enduring impact. Huston Smith (2000), for example, described just such an impact on himself, as did Frances Vaughan (1983), while Sherana Harriette Frances (2001) portrayed hers in a series of exquisite drawings. Likewise, Charles Tart (1991) found that a significant number of Buddhist retreatants had been drawn to spiritual practice following psychedelics, while all of the Harvard Good Friday psilocybin subjects interviewed more than twenty years later reported that their original experience had made a uniquely valuable contribution to their spiritual lives (Doblin, 1991).

But even if we were to assume, as do many

researchers and most critics of psychedelics, that the drugs have relatively little long-term benefit, is this so surprising? Or is it so different from other powerful experiences? After all, the transformation of experiences and insights into enduring change is one of the challenges of transformative disciplines in general. Psychoanalysts say, “insight is not enough,” while clinical psychologists speak of breakthroughs and regressions, and of the “problem of generalization,” i.e., the problem of getting insights on the couch to generalize to daily life. Likewise, learning theorists describe “spontaneous recovery,” whereby newly learned behavior fades and old patterns revive (Masters et al., 1987). It is true that powerful experiences can sometimes induce enduring “quantum change” (Miller & C’de Baca, 2001). On the other hand, most people suffer from a “false hope syndrome” and underestimate just how hard it is to change ingrained habits (Polivy & Herman, 2002).

The same is true of religious disciplines. Profound experiences can sometimes effect enduring change, but often tend to fade unless stabilized by further practice, as Phillip Kapleau makes clear for Zen:

Even the Buddha continued to sit. Without joriki, the particular power developed through zazen [seated meditation], the vision of oneness attained in enlightenment in time becomes clouded and eventually fades into a pleasant memory instead of remaining an omnipresent reality shaping our daily life. To be able to live in accordance with what the mind’s eye has revealed through satori requires, like the purification of character and the development of personality, a ripening period of zazen (Smith, 2000, p. 31).

A single spiritual experience is no guarantee of a spiritual life or an ethical lifestyle (Barnard & Kripal, 2002; Novak, 1989; Smith & Novak, 2003). However, long-term practice and multiple experiences appear to have a cumulative impact (Vaughan, 2000; Walsh, 1999). With the occasional exception of “quantum change” (Miller & C’de Baca, 2001), no matter what the method used, major enduring transformation usually requires long-term practice (Leonard & Murphy, 1995; Mahoney, 1991; Murphy, 1992). The universal challenge is to transform peak experiences into plateau experiences, epiphanies into personality, states into stages, and altered states into altered traits, or, as I believe Huston Smith once eloquently put it, “to transform flashes of illumination into abiding light.”

So the usual transience and limited long-term effects of psychedelic mystical experiences turn out to be far from unique. Rather, they reflect one of the central problems of psychological and spiritual growth: the “problem of stabilization” (Walsh, 2001).

But let us assume the critics’ position. Let’s assume for the moment that chemical mysticism is less transformative than contemplative mysticism, as it might well be. Why might this be so?

Both psychological and social factors may be involved. The psychedelic user may have a dramatic experience, perhaps the most dramatic of his or her entire life. However, a single experience, no matter how powerful, may be insufficient to permanently overcome mental and neural habits conditioned for decades to mundane modes of functioning. The contemplative, on the other hand, may spend decades deliberately working to retrain habits along more spiritual lines. Thus, when the breakthrough finally occurs, it visits a mind already prepared for it. In addition, the contemplative probably has in place a belief system and worldview to make sense of the experience, a discipline to cultivate and stabilize it, a tradition and social group to support it, and an ethic to guide its expression. One is reminded of Louis Pasteur’s statement that chance favors the prepared mind. The contemplative’s mind may be prepared, but there is no guarantee whatsoever that the drug user’s is.

It turns out, therefore, that different long-term effects of chemical and contemplative experiences could occur, even if the original experiences are identical. Consequently, none of the five common arguments against psychedelic experiences being genuinely mystical seem to hold. This argument by itself does not prove that some drug-induced mystical experiences are necessarily the same as some spontaneous mystical experiences. However, when coupled with the phenomenological evidence, it certainly makes this possibility seem likely.

Summary

In summary, it seems that some drugs can indeed induce genuine mystical experiences in some people on some occasions. However, they may be more likely to do so in prepared minds, and more likely to produce enduring benefits when the experience is followed by long-term practice of a transformative discipline.

Acknowledgements

Part of this paper draws on my book *The Spirit of Shamanism* and from a paper, "Shamanism and Early Human Technology: The Technology of Transcendence (1989). I would like to thank Huston Smith and Charles Tart for their pioneering work in this area, the editor of *The International Journal of Transpersonal Studies*, Douglas MacDonald, for his valuable feedback, Charles Grob and Frances Vaughan for their support, and Bonnie L'Allier for her excellent administrative and secretarial assistance.

References

- Barnard, G. W., & Kripal, J. (Eds.). (2002). *Crossing boundaries: Essays on the ethical status of mysticism*. New York: Seven Bridges Press.
- Bourguignon, E. (Ed.). (1973). *Religion, altered states of consciousness, and social change*. Columbus, OH: Ohio State University.
- Concar, D., & Ainsworth, C. (2000). E is for evidence: Basing drug policy on flawed science helps no one. *New Scientist*, 26–33.
- De Ropp, R. S. (1987). Psychedelic drugs. In M. Eliade (Ed.), *The encyclopedia of religion* (Vol. 12) (pp. 46–57). New York: Macmillan.
- Doblin, R. (1991). Pahnke's "Good Friday Experiment": A long term follow-up and methodological critique. *The Journal of Transpersonal Psychology*, 23, 1–28.
- Forman, R. (ed.). (1990). *The problem of pure consciousness*. New York: Oxford.
- Frances, H. S. (2001). *Drawing it out: Befriending the unconscious*. Sarasota, FL.: Multidisciplinary Association for Psychedelic Studies.
- Grinspoon, R. L., & Bakalar, J. (1997). *Psychedelic drugs reconsidered* (2nd ed.). New York: Lindesmith Center.
- Grob, C. (Ed.). (2002). *Hallucinogens: Opening the doors of a closed society*. New York: Tarcher/Putnam.
- Grof, S. (2001). *LSD psychotherapy*. Sarasota, FL: Multidisciplinary Association for Psychedelic Studies.
- Harner, M. (Ed.). (1973). *Hallucinogens and shamanism*. New York: Oxford University Press.
- Holland, J. (Ed.) (2001). *Ecstasy: The complete guide: A comprehensive look at the risks and benefits of MDMA*. Rochester, VT: Park Street Press.
- Hunt Badiner, A., & Grey, A. (Eds.). (2002). *Zig zag zen: Buddhism and psychedelics*. San Francisco: Chronicle Books.
- Katz, S. (Ed.). (1983). *Mysticism and religious traditions*. Oxford: Oxford University Press.
- Leonard, G. & Murphy, M. (1995). *The life we are given*. New York: Tarcher/Putnam.
- Mahoney, M. (1991). *Human change processes: The scientific foundations of psychotherapy*. New York: Basic Books.
- Marrero, F. (2003). *The view from Delphi: Rhapsodies on Hellenic wisdom and an ecstatic appreciation of Western history*. Unpublished manuscript.
- Masters, J., Burish, T., Hollon, S., & Rimm, D. (1987). *Behavior therapy (3rd ed.)*. San Diego, CA: Harcourt, Brace, Jovanovich.
- Miller, W., & C'de Baca, J. (2001). *Quantum change: When epiphanies and sudden insights transform ordinary lives*. New York: Guilford.
- Murphy, M. (1992). *The future of the body: Explorations into the further evolution of human nature*. New York: Tarcher/Putnam.
- Novak, P. (1989). Mysticism, enlightenment and morality. *ReVision*, 12 (1), 45–49.
- Polivy, J., & Herman, C. (2002). If at first you don't succeed: False hopes and self-change. *American Psychologist*, 57, 677–689.
- Roberts, T. (Ed.). (2001). *Psychoactive sacramentals: Essays on entheogens and religion*. San Francisco: CSP.
- Smith, H. (1964). Do drugs have religious import? *The Journal of Philosophy*, LXI, 517–530.
- Smith, H. (2000). *Cleansing the doors of perception: The religious significance of entheogenic plants and chemicals*. New York: Tarcher/Penguin Putnam.
- Smith, H., & Novak, P. (2003). *Buddhism: A concise introduction*. San Francisco: Harper San Francisco.

- Stace, W. (1964/1988). *Mysticism and philosophy*. Los Angeles: J.P. Tarcher.
- Tart, C. (1983). *States of consciousness*. El Cerrito, CA: Psychological Processes.
- Tart, C. (1991). Influence of previous psychedelic drug experience on students of Tibetan Buddhism. *Journal of Transpersonal Psychology*, 23, 139–174.
- Vaughan, F. (1983). Perception and knowledge: Reflections on psychological and spiritual learning in the psychedelic experience. In C. Grinspoon & J. Bakalar (Eds.). *Psychedelic reflections* (pp. 108–114). New York: Human Sciences Press.
- Vaughan, F. (2000). *The inward arc: Healing in psychotherapy and spirituality (2nd ed)*. Lincoln, NC: Backinprint.com.
- Walsh, R. (1982). Psychedelics and psychological well-being. *Journal of Humanistic Psychology*, 22, 22–32. Reprinted in C. Grinspoon & J. Bakalar (Eds.). *Psychedelic reflections* (pp. 115–120). New York: Human Sciences Press.
- Walsh, R. (1989). Shamanism and early human technology: The technology of transcendence. *Revision*, 12(1), 34–40.
- Walsh, R. (1990). *The spirit of shamanism*. New York: Tarcher/Putnam.
- Walsh, R. (1999). *Essential spirituality: The seven central practices*. New York: Wiley & Sons.
- Walsh, R. (2001). From state to trait: The challenge of transforming transient insights into enduring change. In T. Roberts (Ed.), *Psychoactive sacramentals: Essays on entheogens and religion* (pp. 19–26). San Francisco: CSP.
- Walsh, R., & Vaughan, F. (Eds.). (1993). *Paths beyond ego: The transpersonal vision*. New York: Tarcher/Putnam.
- Wilber, K. (2000). *Integral psychology: Consciousness, spirit, psychology, therapy*. Boston: Shambhala.

Correspondence regarding this article should be directed to the author at the following address:
 Psychiatry Department, University of California
 Medical School, Irvine, CA 92697-1675