



2017 HAWAII UNIVERSITY INTERNATIONAL CONFERENCES
ARTS, HUMANITIES, SOCIAL SCIENCES & EDUCATION JANUARY 3 - 6, 2017
ALA MOANA HOTEL, HONOLULU, HAWAII

HALLUCINOGEN THERAPY: AN UNLIKELY CONFLUENCE OF SCIENCE AND RELIGION



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Hallucinogen Therapy: An Unlikely Confluence of Science and Religion

Synopsis:

The re-emergence of hallucinogens in psychiatric medicine and clinical research has included protocols that incorporate traditional religious practices with which hallucinogens have long been associated. This paper discusses the noteworthy, and welcome, departure from the high levels of tension and acrimony that often characterize the contemporary relationship between science and religion, as mental health professionals seek the most effective therapies for "existential distress" associated with severe illness, substance abuse and end-of-life issues.

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After more than thirty years of being regarded legally and politically as having nothing positive to offer, the hallucinogen psilocybin has rather quietly reemerged as a therapeutic tool with unique clinical relevance in psychiatric medicine. Synthesized in 1938 as LSD by Swiss chemist Albert Hoffmann, it was the subject of a great deal of scientific research — some of which was neither reputable nor ethical — until it became popular as a recreational drug in the so-called counterculture of the 1960s. By the early 1970s, research into the scientific use of hallucinogens was not only halted, but prohibited by law. Thanks in no small measure to the efforts of Swiss scientist and physician Peter Gasser, whose persistence resulted in his being allowed to study LSD and its possible value in psychiatry, the negative sociopolitical valence of hallucinogens was mitigated because of the drug's medicinal value.

This paper argues, after a brief summary of the history of the use of LSD in psychiatry (“Children’s Reactions to Psychomimetic Drugs,” Laura Bender,

Psychomimetic Drugs, 1970, pp. 265-73), counterintelligence and counterespionage (*United States v. Stanley*, 483 U.S. 669 (1987)), prior to its disqualification, that the drug's return to therapeutic legitimacy is inextricably bound to psilocybin's long and successful history in the religious practices of Native Peoples in the Western Hemisphere. This is shown not only in the protocols as described ("The Trip Treatment," *The New Yorker*, Feb. 9, 2015 Issue) by psychiatrist Anthony Bossis, who is studying the use of psilocybin to treat what he refers to as "existential distress" related to a diagnosis of terminal illness, the National Institutes of Health's (NIH) guidelines for clinical research using hallucinogens ("Human Hallucinogen Research: Guidelines for Safety," Mathew W. Johnson, et al, *NIH/ J Psychopharmacol.* 2008 August ; 22(6): 603–620. doi:10.1177/0269881108093587), references the traditional use of hallucinogens in religious and spiritual practice, and the rituals associated therewith, as indispensable to its development of standards for the ethical use of hallucinogenic substances in clinical research. This is an ironic turn of events, not least because the religious tradition is seen as essential to the full implementation of a scientific principle.