

# Psychedelics, Mystical Experiences, and Meaning Making: A Renegotiation Process With the Challenges of Existence

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This article addresses the need to develop theory regarding psychedelics' long-term mechanisms of action in response to the psychedelic renaissance by providing an existential-humanistic framework for conceptualizing the effects of psychedelics and the mystical experiences they may occasion as enabling a renegotiation process with the challenges of existence.

*Keywords:* psychedelics, givens of existence, existential-humanism, psychedelic-assisted therapy, counseling



The use of “classic” psychedelic drugs (e.g., psilocybin, LSD, mescaline, dimethyltryptamine) has been correlated with several long-term, positive outcomes both in extraclinical contexts and in psychedelic-assisted therapy (PAT), particularly with the drug psilocybin (Davis et al., 2020; Garcia-Romeu et al., 2019; Gasser et al., 2014; Kettner et al., 2019; Reiff et al., 2020; Vargas et al., 2020). Its use in PAT was designated a “breakthrough” treatment by the Food and Drug Administration (FDA) for treatment-resistant depression, indicating that it may provide better results than any current pharmaceutical or talk therapy for this severe and life-threatening illness (Reiff et al., 2020). Psychedelic experiences vary widely but may include acute periods of intense, labile emotions (Carbonaro et al., 2016; Garcia-Romeu et al., 2014; Moreton et al., 2020) that have been hypothesized as being necessary to “let go” before enabling mystical experiences (Roseman et al., 2018; Watts et al., 2017). Characteristics of mystical experiences include a positive mood, sense of inner/outer unity, transcendence of time and space, ineffability, and a noetic quality (MacLean et al., 2012). Although it has long been understood that psychedelic experiences elicit

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profound subjective effects and may occasion mystical experiences, research has trended toward objectifying the psychedelic experience to increase its legitimacy in scientific paradigms and make them accessible to scientific methodologies (Corbin, 2012). Most exemplary of this trend are attempts to explain and describe psychedelic experiences and mystical experiences through neuroimaging studies (Lebedev et al., 2015; Petri et al., 2014), which, while providing a description of their mechanisms of action at the neurological level, are insufficient for conceptualizing their phenomenological characteristics and for understanding how these may be later integrated, or made sense of, in ways that lead to beneficial long-term outcomes that are frequently observed.

After reviewing psychedelics' relationship to the helping professions and use in the general population, this article provides an existential-humanistic conceptual framework to explore the meaning-making processes that accompany psychedelic experiences and mystical experiences by illustrating their relationship to the given challenges of existence: death versus life, isolation versus connection, meaninglessness versus meaning, and freedom versus responsibility. The article goes on to describe how this framework may be applied in clinical work with PAT and clients who are seeking to or may benefit from integrating psychedelic experiences during existential-humanistic counseling. It concludes with a description of implications for existential-humanistic counselors and directions for future research.

## PSYCHEDELIC HISTORY, EPIDEMIOLOGY, AND NEED FOR COUNSELORS' RESPONSE

*Psilocybin cubensis* mushrooms, the peyote cactus, and the Amazonian brew ayahuasca all contain classic psychedelic drugs that have been used by Indigenous cultures for millennia in religious and spiritual practices (Johnson et al., 2018; Jones, 2005; Kuypers et al., 2016). However, psychedelics were generally unknown by the Western world until 1943, when they were brought to the fore of scientific interest by Albert Hoffman, who unintentionally ingested and later self-experimented with LSD he had synthesized (Hoffman, 1979/2009). Shortly thereafter, the drug was widely distributed to psychiatrists and psychologists who conducted experiments with thousands of patients and themselves (Corbin, 2012; Krebs & Johansen, 2012). Notably, Yalom (2017) described his own experience as a participant in a research study exploring the effects of LSD on subliminal perception. After the study, he was given the remainder of the LSD vials for self-experimentation, later publishing on the differences between the LSD experience and psychosis, which he was observing in his patients (Yalom, 1959, 2017). During this early period of interest in psychedelics, LSD was considered potentially in the treatment of alcoholism, where it was thought to be capable of eliciting a spiritual experience and therefore able to rapidly begin engaging patients in the 12-step process (Dyck, 2006; Richards, 2015).

Despite this early interest, economic forces, the increased use and abuse of LSD, and its association with the counterculture of the 1960s led to LSD and all other psychedelics being listed as Schedule I drugs in 1970 under the Controlled Substances Act, deeming them highly addictive, dangerous, and with no accepted medical use (Belouin & Henningfield, 2018).

This listing would halt almost all research regarding psychedelic drugs for nearly 40 years until 2006, when the first modern study using a psychedelic drug with clinical populations (in this case, psilocybin with individuals diagnosed with obsessive-compulsive disorder) was published by Moreno et al. (2006). The “psychedelic renaissance” has produced a rapidly growing body of literature regarding psychedelics’ effects and their potential clinical utility, which has led to PAT using psilocybin receiving a breakthrough designation by the FDA (Reiff et al., 2020). The renaissance has pushed boundaries in legal contexts as well, with some psychedelics recently decriminalized in numerous cities and states, including Washington, DC (Moyer, 2020). Furthermore, Oregon recently voted to establish a new regulatory and licensing body that will oversee, create, license, and regulate psilocybin centers and facilitators throughout the state beginning in 2023 (Chapman, 2021).

With respect to psychedelic use among the U.S. population, LSD use has risen 56% from 2015 to 2018 (Yockey et al., 2020). In 2019, it was estimated that 2.2% of the United States’ population over the age of 12 had used psychedelics within the past year and that approximately 710 adults over the age of 26 initiated first-time psychedelic use each day (Substance Abuse and Mental Health Services Administration, 2019). Taken together, these trends indicate a need for counselors to develop a general knowledge of psychedelics’ effects and mechanisms of action as PAT is further developed and it becomes increasingly likely that counselors will encounter clients who have used psychedelics in extraclinical contexts.

## PSYCHEDELICS, MYSTICAL EXPERIENCES, AND THE CHALLENGES OF EXISTENCE

Because significant alterations to an individual’s conscious awareness and sense of self are understood to be central to the psychedelic experience, I take a moment to describe this article’s use of the term “self.” Self, according to Damasio (1999), can be divided into what he called core self and autobiographical self. He considered the core self as being composed of a single level of organization and as independent of memory, reasoning, and language yet possessing an experiential reality. This stands in contrast to the autobiographical self, which develops over time as experience accumulates and becomes self-referential. Given the autobiographical self’s awareness of its development across the lifetime, it must address the “givens” of existence—death, isolation, meaninglessness, and freedom (Yalom, 1980).

With these distinctions in core and autobiographical selves, one might consider psychedelics' mechanisms of action as their ability to point toward or manifest the former through alterations of varying degrees to the latter. This is evidenced through individuals' maintenance of conscious awareness throughout psychedelics' disruption or dissolution of brain networks responsible for self/other processing, including the default mode network and salience network (Lebedev et al., 2015; Smigielski et al., 2019, 2020). Still, the phenomenological aspects of these alterations may be alarming, with many individuals reporting challenging experiences during this disruption that may encompass a feeling or fear of dying or belief that one has died (Carbonaro et al., 2016; Davis et al., 2020; Garcia-Romeu et al., 2014; Moreton et al., 2020). Watts et al. (2017) reported patients' emphasis that being able to stop resisting and let go into these experiences was perceived by them as instrumental in their recovery from depression, a process also emphasized and described as being a precursor to mystical experiences by Moreton et al. (2020) and Roseman et al. (2018).

Given psychedelic experiences' relationship to death-like experiences, it is logical to conceptualize it also as an engagement with the other givens of existence—*isolation, meaninglessness, and freedom* (Yalom, 1980). Existential-humanistic counselors consider individuals' responses to these givens as having a significant effect on their quality of life, with those who are able to find a greater degree of acceptance with them experiencing less existential anxiety and distress (Temple & Gall, 2018). Greening (1992) framed the givens as challenges that must be responded to dialectically and considered this description to be more congruent with human experience because it represents "a capacity for being that entails nonbeing, an opening restricted by finiteness" (p. 111). How, then, is this process of working through the challenges of existence altered by psychedelic experiences and mystical experiences, and what factors may contribute to better outcomes? Below, I provide a description of each challenge, how they are addressed in existential-humanistic counseling, and an illustration of this process occurring during and after psychedelic experiences and mystical experiences.

### *Death Versus Life*

Human beings are unique in that they are aware that they are finite beings and will die yet strive toward self-preservation regardless of this fact (Temple & Gall, 2018). Indeed, they may go to great lengths to obfuscate this fact through believing in some way that one is not susceptible to death or that a higher power will save them (Yalom, 1980) or assuming an apathetic or pessimistic view of life (Schneider & Krug, 2017). Existential-humanistic counseling places an emphasis on working through this given in a way that develops autonomy and authenticity (Temple & Gall, 2018). Greening (1992) described such working through as choosing life while knowing one will die. The immanence of this given is particularly apparent for cancer

patients, who have benefited from PAT using both psilocybin (Grob et al., 2011) and LSD (Gasser et al., 2014). One of these patients later described the peak of their psilocybin session as follows:

I was not here anymore; I was not with my body. . . . I thought to myself that that is death, and it was scary, but I remember I said to myself, "Oh, if this is death, it's not that bad—at least there is something." . . . It was exotic and unknown, mysterious, something I would not mind being in because I would love to explore that. (Swift et al., 2017, p. 499)

Psychedelics' potential to help people confront death is evident in one of the earliest research studies using psychedelics in a group of Boston University theology and divinity students. This study, which has been come to be known as the Good Friday Experiment, explored psilocybin's potential to elicit religious experiences while the students watched a televised Good Friday sermon in the campus's basement chapel. One participant recalled his experience nearly 30 years later, stating,

I had a definite sense of being an infant or being born. . . . I had a sense of death too. . . . I think I must have gone along through the life of Christ identifying in a very total sort of way—reliving the life in some way until finally dying and going into the tomb. (Doblin, 1991, p. 18)

Considering the emphasis placed by existential-humanistic perspectives on confronting death in order to live a meaningful life, it is not surprising that this confrontation has been posited as underpinning psychedelics' therapeutic effects (Moreton et al., 2020). Supporting this claim are studies that have found reduced death anxiety and enhanced life meaning or purpose to be common among survey respondents who reported psychedelic use (Davis et al., 2020; Yaden et al., 2017). Psychedelics' ability to provide people with an opportunity to face the difficult emotions associated with death may also account for reduced experiential avoidance and suicidality that was found in a study by Zeifman et al. (2020). Still, it is the release and letting go of these emotions that are thought to be beneficial (Roseman et al., 2018; Watts et al., 2017), and a focus on the death-like aspects of psychedelic experiences neglects mystical experiences and is evidenced in their absence from the Mystical Experience Questionnaire (MacLean et al. 2012), which is commonly used in psychedelic research and has been found to be predictive of outcomes.

### *Isolation Versus Connection*

As individuals become aware of their separateness from other people and the external world, they may also feel increasingly isolated as they yearn for belongingness and connection (Yalom, 1980). Greening's (1992) descriptions of responses to this challenge range from a denial of separation to an overbearing reliance and emphasis on relationships, to a rejection of others and holding aloneness to be a virtue. Mystical experiences directly affect people's interaction with this challenge given that they entail a sense of universal connection and dissolution

between subject and object (MacLean et al., 2012). At the neurophysiological level, this movement toward connection is observed through the disruptions in brain networks responsible for differing between self and other (Smigielski et al., 2020), with activity trending toward being more intercommunicative (Petri et al., 2014). Psychedelics' potential to help move from isolation to connection is also evident in a thematic analysis of patients' reports of PAT in which they initially noted increased feelings of disconnection and isolation at the outset of the experience, before moving toward connection, with a majority describing this experience as their mind being "rebooted," "opened up," or "switched on" (Watts et al., 2017). Carhart-Harris et al. (2018) described mystical experiences as being central to the connectedness that psychedelics appear to promote and remarked on the unique fact that that this concept appears to be relevant to understanding the effects of psychedelics not only through a phenomenological fashion but also behaviorally and biologically.

Although transient, mystical experiences can carry tremendous significance to those who have had them and allow people to feel more connected and identified with themselves, others, and the world (Carhart-Harris et al., 2018; Watts et al., 2017). Evidencing how this increased connection begins to promote relational change, one participant in a study exploring the effects of ritual ayahuasca use on lesbian and gay identities reported,

[Since drinking ayahuasca] I started sharing with some close friends about my sexual orientation. And that was the power, that I could have this experience that I could go deep into the plant, and she could open my heart and my fears and allow me to come to a sort of resolution; a look at myself in such a way that I then went out into the world and made real hard changes in my life. (Cavnar, 2014, p. 256)

Patients in Watts et al.'s (2017) study also reported themes of connection to others (ranging from those who had abused them to strangers, to close family and friends) after the experience. These individuals also reported that this sense of connection also led to engaging in social relationships more authentically. This shift seems to be consistent with Greening's (1992) transcendent response to the challenge of isolation and connection, which he described as a "willingness to risk I-Thou encounters in a world that necessarily and often tragically entails I-It relationships" (p. 114). Greening described this ability as being rooted in one's ability to feel compassion for one's own suffering and fear as well as those of others. These connections also extend into the natural world, with individuals reporting significantly increased connection to nature 2 years after a planned personal use of psychedelics (Kettner et al., 2019) and up to 1 year later in a clinical PAT trial with psilocybin for depression (Lyons & Carhart-Harris, 2018).

### *Meaninglessness Versus Meaning Making*

Meaninglessness is a by-product of previous challenges and arises out of death and isolation as people adhere to these poles in the challenges

of existence—as Temple and Gall (2018) asked, “If we are to die, if there exists no structure outside ourselves, if we are all alone, then what is the meaning of life?” (p. 177). Rather than such nihilistic responses, Greening (1992) emphasized that successfully engaging with this challenge consists of the ability to remain open and flexible with respect to one’s meaning-making faculties. Gergen (2015) described all meaning as occurring out of relational processes, or connections. This provides a broad base for considering psychedelic experiences and mystical experiences given the varying ways in which psychedelics may promote connection. During the psychedelic experience itself, meaning making may occur through the promotion of divergent and creative thinking (Kuypers et al., 2016) given that the brain’s typical patterns of activity are disrupted and shift toward more global processing (Petri et al., 2014). This often creates a synesthetic experience, blending music and visual phenomena in meaningful ways (Belser et al., 2017; Kaelen et al., 2018).

Furthermore, mystical experiences possess a noetic quality, which consists of a person’s sense of having gained knowledge about truth, reality, or the universe (Bouso et al., 2016; MacLean et al., 2012). For example, Belser et al. (2017) described experiential knowledge gained by patients who were terminally ill and who had anxiety as including “the nature of space-time, the foundational role of love in the universe, the interconnectedness of all things, and the importance of experiential understanding” (p. 371). These effects are also widely attributed to psychedelics in surveys of users in nonclinical or research settings (Carbonaro et al., 2016; Davis et al., 2020; Yaden et al., 2017) and are perhaps why some individuals report mystical experiences as being influential to their lives even years later. This enhanced sense of purpose and meaning may also help to explain the relationship between psychedelic use and reduced levels of suicidality (Argento et al., 2017; Hendricks et al., 2015; Zeifman et al., 2020) and mental health distress (Krebs & Johansen, 2013).

### *Freedom Versus Responsibility*

In existential-humanistic thought, freedom presents its own internal challenge by being something that people desire as well as something that increases their sense of isolation, given that it is achieved through setting oneself apart from others (Temple & Gall, 2018). As people come to understand meaning as arising through the coaction of relationship and connection, Gergen (2015) described the ways this begins to entail a sense of responsibility to those relationships. In this regard, although mystical experiences may present as an experience of boundlessness and freedom in the loss of autobiographical self, their unifying characteristics may, in turn, compel people toward a greater responsibility to these relationships (Carhart-Harris et al., 2018; Watts et al., 2017).

For example, recalling their participation in a smoking-cessation study using PAT, a patient shared, “Your body or your ‘vessel’ is supposed to be treated much like the way you’re supposed to treat people or the Earth, and you shouldn’t be contaminating that with cigarettes” (Noorani et al., 2018, p. 760). A survey conducted by Garcia-Romeu et al. (2019) also suggests that individuals find a greater sense of responsibility for themselves, with individuals who use psychedelics recreationally attributing cessation or reduction in their alcohol consumption to their experience. Considering people’s reported knowledge gained from mystical experiences that all things are interconnected (Belser et al., 2017; Davis et al., 2020), individuals may also develop and exhibit greater understanding, empathy, and compassion for oppressed groups. Such effects of psychedelic experiences were described by one of Pahnke’s 1962 divinity students, who shared,

I got very involved with civil rights after that [his psychedelic experience] and spent some time in the South. I remember this unity business, I thought there was some link there. . . . There could have been. People certainly don’t write about it. They write about it the opposite way, that drugs are an escape from social obligations. That is the popular view. (Doblin, 1991, p. 15)

Concern for others has also been evidenced in a study that surveyed the values of individuals who use psychedelic drugs, who were found to exhibit significantly higher values of spirituality and concern compared with individuals who use other illicit drugs and individuals who drink socially (Lerner & Lyvers, 2006). Such responses to mystical experiences appear consistent with Greening’s (1992) approach to this challenge in a fashion that balances both people’s individuality and connectedness through “self-assertion with humble respect for one’s finiteness” (p. 114).

## CONTEXTUAL APPLICATIONS OF THE FRAMEWORK

### *PAT*

As used in this article, PAT refers to a three-stage format of preparation, facilitation, and integration used by clinical research studies to treat a patient’s diagnosed mental health disorder with a classic psychedelic drug as an adjunctive support to therapy. I use the term “patient” here to reflect the current medicalized nature of this context—PAT requires therapists’ collaboration with a psychiatrist or other medical doctor who acts as the prescribing physician. The term “therapist” here also reflects that PAT may use a range of mental health professionals as facilitators. PAT is currently being conducted only in FDA clinical research settings through universities such as Johns Hopkins (<https://hopkinspsychedelic.org/>) or nonprofit organizations such as the Usona Institute (<https://www.usonainstitute.org/>). Although details of the training and education requirements for therapists to provide PAT with psilocybin have been study- or institution-specific thus far, Phelps (2017) provided a seminal article describing foundations of psychedelic therapist training and competency.

When patients receive appropriate psychological and physical screening prior to participating in PAT with psilocybin (see O'Donnell et al., 2019, for a detailed description of this process), the treatment is generally safe and more effective than available therapies in treating treatment-resistant depression (Reiff et al., 2020; Vargas et al., 2020). Although PAT may take place in as few as three sessions, it more typically requires between 9 and 12 weeks and consists of one or two drug administration sessions (Carhart-Harris et al., 2016; Rucker et al., 2018). It is also being researched with other classic and nontraditional psychedelic drugs and for other mental health and substance use disorders (Danforth, 2019; Davis et al., 2018; Illingworth et al., 2021; Winkelman et al., 2014). Frameworks such as the one provided here may assist in further developing approaches to PAT that may be useful in reducing the anxiety surrounding the letting-go process and promoting more intense, less challenging mystical experiences (Belser et al., 2017; Roseman et al., 2018).

*Preparation.* In preparation sessions, therapists work to build rapport with patients, who share their life history, including important relationships; perceptions about career and work; historical and current religious or nonreligious beliefs; and other meaningful events, accomplishments, or trauma they may have experienced (Richards, 2015). Therapists also review common drug effects, including the possibility of intense, labile emotional states and emergence of psychologically challenging material, and discuss how they will respond to support the patient should these effects arise (Grob et al., 2011; Rucker et al., 2018). Therapists might apply this framework during these sessions to explore patients' beliefs around death, dying, and the afterlife, with a focus on how these beliefs have affected how the patients have found meaning or responsibility through their connection to themselves, others, and the world. If therapists attend to these issues thoroughly prior to the facilitation session, patients might experience less resistance in the letting-go process and, thus, potentially more impactful mystical experiences.

*Facilitation.* Throughout the facilitation sessions, patients are attended to by the therapists for the duration of the experience, which typically lasts between 6 and 8 hours, while medical supervision and support is readily available and nearby. Therapists are considered to support their patients by acting as an abiding, empathic witness or presence (Phelps, 2017). Existential-humanistic perspectives are known to emphasize the importance of this capacity in therapists (Schneider & Krug, 2017), which is heightened during this longer and more intense session. During this session, patients may rely on the relationship they have established with the therapists should they find themselves "stuck" or overwhelmed, in which case the therapist may offer nondirectional support by assuring the patient of their safety, assuring the patient of the therapist's presence, and encouraging the patient to focus on and trust their internal experience (Phelps, 2017), which is deepened through the provision of eye shades and music.

Therapists are encouraged to trust in the patients' own meaning-making processes during this time and to "move gracefully with the ebb and flow" (Phelps, 2017, p. 462) of the psychedelic-assisted session. At the end of these sessions, patients give a brief review of their experience before returning for an integration session or sessions (Gasser et al., 2014).

*Integration.* These sessions focus on processing and further meaning making of the content that arose in preparation and facilitation sessions (Phelps, 2017). There is neither consistent agreement as to how many sessions are sufficient in the context of PAT nor much detail in the literature on what they should consist of or how they may be approached (Rucker et al., 2018). From an existential-humanistic framework, this process may consist of exploring ways that the experience engaged the patient with the givens of existence. For instance, if the patient had an experience of death or dying, how did it affect their outlook on life? Patients with intense mystical experiences might explore how they can act more responsibly or autonomously after reporting gaining knowledge about reality or experiencing themselves as being universally connected. If the patient had challenges in letting go into the psychedelic experience, therapists might work to help the patient develop insight into what made this process challenging.

### *Ongoing Psychedelic Integration*

Although the notion that counselors may talk to clients about how their psychedelic experiences, mystical or otherwise, affected their relationship to the givens of existence in a meaningful and therapeutic way may cause hesitation, counselors are reminded that exploring the reasons for and effects of substance use is understood as an integral part of substance use treatment and is not generally considered as putting clients at risk (Aromin, 2016; Myers et al., 2020; Wilson et al., 2020). Given that mystical experiences have been found to be more influential and intense than their non-psychedelic-occasioned counterparts (Yaden et al., 2017), it stands to reason that these experiences should also be considered potentially transformative spiritual experiences as described by Blalock and Holden (2018).

Individuals who use psychedelics often cite curiosity, the desire to seek mystical experiences, and self-medication as reasons for use (Lerner & Lyvers, 2006; Móró et al., 2011) and have also been found to occasionally seek mental health services after particularly challenging experiences (Carbonaro et al., 2016; Davis et al., 2020). In these events, counselors may consider similar approaches as described in the previous paragraph on integration and may further explore aspects of what are known as "set" and "setting," which have significant influence on how psychedelics are experienced (Carhart-Harris et al., 2018; Gorman et al., 2021). Set refers to the clients' intentions, affect, and outlook shortly prior to and during the experience, whereas setting captures the physical context in which the experience occurred and people

who may have been present for it. Because psychedelics are known to cause heightened transference between users and others around them (Phelps, 2017), it may be helpful for counselors to assist clients in processing how they perceived meanings and connections between the interplay of set and setting.

*A Word on Clients Seeking to Prepare for Personal Use*

Counselors will also likely encounter clients who inquire about the counselor's ability to help them prepare for using psychedelics in personal or recreational contexts. To briefly respond to this issue, there is a small but real possibility of psychological and physical harm to clients or others (Carbonaro et al., 2016) when clients take what are currently illegal substances in a setting that the counselor cannot control or intervene in. Given these risks combined with counselors' inability to intervene, counselors should refrain from establishing client relationships with the goal of helping them psychologically prepare to self-administer illegal substances in order to treat mental health problems. This stance is consistent with both the *ACA Code of Ethics* (Standard I.1.c.; American Counseling Association, 2014) and the current terms of services established by the growing therapist directory Psychedelic.Support (<https://psychedelic.support/terms-of-service/>).

Still, counselors are likely to encounter cases in which established clients inquire about or are insistent upon personal use. Thus, counselors may adopt a risk-reduction perspective by accurately providing information about psychedelics, their effects, and common responses (Gorman et al., 2021) and discussing challenges of nonclinical use, such as difficulty in verifying identity or dose of the drug consumed. Risk reduction includes reviewing psychological and safety contraindications for psychedelic use (Gorman et al., 2021), including personal or close family history of psychosis, comorbid borderline personality disorder, current use of antidepressant drugs, and untreated hypertension (O'Donnell et al., 2019), and encouraging clients to also consult a physician prior to engaging in personal use. Risk-reduction approaches may also emphasize the importance of having a trusted and sober "sitter" to provide support or intervene in a crisis, given that challenging experiences have been found to last longer without such an individual present (Carbonaro et al., 2016). Risk-reduction approaches may note the importance of the experience taking place in a setting where the social, spatial, and musical environments are more predictable and controllable, given that being able to change these was also reported as being substantially helpful in stopping challenging experiences. While engaging in discussions related to risk reduction, counselors should frame and set their boundaries appropriately and in accordance with their knowledge, scope of practice, and legal and ethical restrictions (Gorman et al., 2021).

## FUTURE RESEARCH DIRECTIONS

This conceptual framework is only a start in developing more robust theory surrounding psychedelic experiences' and mystical experiences' psychological mechanisms of action. Future research may work to develop and refine the framework into a more cohesive model that may be applied in PAT in a manner that promotes mystical experiences while reducing the anxiety associated with letting go (Roseman et al., 2018). Additionally, it will be important to consider this framework's utility in working with nontraditional psychedelic drugs, such as MDMA, which is also being researched and used in a similar fashion to PAT with psilocybin but does not appear to elicit mystical experiences (Lyvers & Meester, 2012). It will also be important to evaluate the role of counselors' personal psychedelic use as a prerequisite to being able to facilitate PAT sessions as well as the possible beneficial effects of counselors' personal psychedelic use in general. Current discourse suggests that personal experience should be required for therapists who wish to facilitate PAT (Phelps, 2017), and the idea that psychedelic use may enhance counselors' ability to work with clients has been evidenced in the literature (Winkler & Csémy, 2014) and suggested by Yalom (1959) as being LSD's "most important virtue" (p. 17).

Additionally, PAT's time-limited format may present a challenge to thoroughly exploring and integrating psychedelic experiences and mystical experiences as they relate to life's given challenges. Provided that people are alive, they must continue to face and respond to these challenges, and mystical experiences may catalyze and underscore the importance of this process. Consequently, it will also be important for counselors to develop a better understanding of how to work with clients who have used psychedelics and had mystical experiences in a manner that draws from and furthers the connective and meaning-making processes they enable.

## CONCLUSION

Research exploring psychedelics' use in PAT and in extraclinical settings indicates that they are often associated with improved sense of purpose, meaning, and spirituality and that these outcomes may be associated with more intense, but less challenging, mystical experiences. Counselors will need to develop conceptual frameworks to work with clients who have used psychedelics and had mystical experiences given the pending FDA approval of PAT using psilocybin, recent increases in public use, and changes to psychedelics' legal status. This existential-humanistic conceptual framework fills this gap by illustrating how mystical experiences may help people engage with the challenges of existence in a way that Greening (1992) described as transcending each. This framework is supported by a novel synthesis of research that includes interpretive phenomenological and thematic analyses (Belser et al., 2017; Watts et al., 2017), survey data,

and neuroimaging studies (Lebedev et al., 2015; Petri et al., 2014). The framework would best be used, further developed, and later evaluated in the context of PAT with psilocybin once this breakthrough treatment becomes approved by the FDA. It is also helpful for working with clients' previous experiences with psychedelics and mystical experiences should these become clinically relevant or reported as being influential to the clients' development of life meaning and purpose.

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