CHAPTER 1

Jung's Confrontation with the Unconscious and Its Relation to Psychedelic Experience

At a crucial point in his life, Carl Gustav Jung found himself besieged by a persistent series of especially intense dreams, fantasies, and visions. One day, fighting off fears of madness, Jung resolved to open himself to the strange impulses surging up from the depths of his unconscious mind. "Suddenly," Jung recounts, "it was as though the ground literally gave way beneath my feet, and I plunged down into dark depths. I could not fend off a feeling of panic."[1] In his ensuing vision, Jung lands in a sticky mass enveloped in darkness, and he encounters a dwarf with dry, shriveled skin at the entrance of a cave. He squeezes through the cave's narrow opening and wades through icy water until he comes to a glowing red crystal. He lifts the crystal and finds a hollow with running water. In the water, he sees the corpse of a boy with a head wound, an enormous black beetle, and a red sun rising out of the depths, before blood starts to flow out of the opening for an unbearably long time. Attempting later to engage himself fully in these images, Jung imagined trying to get to the bottom of a steep descent. On one such attempt, he found himself at the brink of an abyss, a vision that opened him to a crucial series of images that transformed his life's work. "It was like a voyage to the moon, or a descent into empty space," Jung writes. "I had the feeling that I was in the land of the dead. The atmosphere was that of the other world."[2]

While enduring what he referred to as his "confrontation with the unconscious," Jung became convinced that he was "obeying a higher will" and that he had encountered an independent psychological force that represented superior insight. He also recognized the irony that he, a psychiatrist, would encounter the same kind of terrifying imagery that so fatally confuses the insane. He appreciated nevertheless—in a way no one before him had appreciated—that such alien imagery arises from a vital universal source. This fund of unconscious images, Jung explains, "is also the matrix of a mythopoetic imagination which has vanished from our rational age."[3]

This mythopoetic imagination, Jung understood, has vanished only from our conscious mind. Dismissed, ignored, forgotten—it is always there, if we care to look. But, Jung says, "it is both tabooed and dreaded, so that it even appears to be a risky experiment or a questionable adventure to entrust oneself to the uncertain path that leads into the depths of the unconscious. It is considered the path of error, of equivocation and misunderstanding. . . . Unpopular, ambiguous, and dangerous, it is a voyage of discovery to the other pole of the world."[4]

Many who have had psychedelic experiences appreciate the extraordinary realms of inner perception and vision depicted in Jung's account. Consider, for instance, the similarity of Jung's report to Maria Estevez's description of her second psilocybin experience during a clinical study conducted at the Johns Hopkins Medical Center in Baltimore, Maryland. Feeling the initial effects of the psilocybin, Ms. Estevez said to her two medical monitors, "I'm going down." The two helped her with eye shades, headphones, and a blanket; and then, she reports, "I began to sink into another world. The descent seemed even rougher than the previous time, a rattling, lurching, high-speed roller coaster ride straight downhill through tingling geometric shapes and tunnels of textured blackness."[5]

Ms. Estevez felt assaulted and helpless during this dark and eerie descent. Despite her apprehension, she retained her intention and stayed open to what the experience presented her. As the session unfolded, she felt guided by a transcendent spiritual intelligence, and she subsequently had a vision. "It was as if all the cylinders in the lock somehow fell into alignment, the door swung open, and I found my consciousness being flooded with brilliant Light," she recounts. "I had arrived at a transcendental state, and was awestruck at the discovery. I felt a sense of joyous expansion as it opened fully to me, like entering a splendid palace."[6] Maria Estevez's psychedelic experience left her with a sense that, at the age of sixty-two, she had for the first time understood familiar religious principles. "It was as if the Light were revealing to me the innermost workings of the universe."[7] Speaking of the sacredness revealed to her, she concluded, "Previously I knew it only intellectually, but now I am certain it is real."[8]

In view of Jung's radically inquisitive approach to the psyche, his extraordinary personal confrontations with the unconscious, and his mystical sensibility, it's not surprising that people turn to his work for insights into their psychedelic experiences. Jung's understanding of the psyche, or mind, and its transformation has also earned the respect of eminent investigators of psychedelic experience and psychedelic-enhanced psychotherapy. The most prominent researcher in the field, Stanislav Grof, finds in Jung's psychology an exceptionally strong correspondence to the domains of psychedelic experience he has mapped in his own extensive investigations.

Jung knew, of course, that his explorations were outside the realm of accepted psychiatric practice. In the closing passage of *Two Essays on Analytical Psychology*, he explains that he didn't expect his readers to follow his conclusions because "the experiences which form the basis of my discussion are unknown to most people and are bound to seem strange."[9] He was less concerned with how others would understand his observations than he was with introducing what he referred to as "a wide field of experience, at present hardly explored."[10] Summarizing Jung's influence on the psychology of religion, David Wulff, author of *Psychology of Religion*, characterizes Jung as one who conveyed an attitude of openness that challenged the limits of conventional psychological inquiry, with its focus on behaviour, cognition, and the conscious mind. Jung was open especially to the irrational and the mysterious, to that which lies beyond logic and measurement, says Wulff, because he recognized "the infinity that stretches far beyond our understanding [and] the powers that lie outside our comprehension and control."[11] In this respect, Wulff adds, Jung also conveyed an attitude of humility and awe.

Jung maintained that psychology must go deeper than the intellect because "the totality of the psyche can never be grasped by intellect alone."[12] Like it or not, "the psyche seeks an expression that will embrace its total nature."[13] As a young man, Jung's goal had been to advance conventional scientific study of the psyche. Then, he reports, speaking of his confrontation with the unconscious, "I hit upon this stream of lava, and the heat of its fires reshaped my life. That was the primal stuff which compelled me to work upon it, and my works are a more or less successful endeavor to incorporate this incandescent matter into the contemporary picture of the world."[14]

Some who find their psychedelic experiences validated in Jung's writings suppose that, at one time or another, Jung must have tried psychedelics himself. He was reportedly an acquaintance of the mescaline researcher Kurt Beringer, so he could have experimented with mescaline in the 1920s, they suggest; or perhaps he tried peyote when he spent time with Native Americans in New Mexico. Many also point to Jung's *Red Book* paintings as evidence that he had used psychedelics. The imagery and themes in these paintings certainly reflect a psychedelic sensibility. Yet, there's good reason to believe Jung when he says he never used psychedelic substances nor gave them to anyone else. As I demonstrate throughout this book, Jung's psychology is remarkably relevant to psychedelic experience because psychedelic substances such as LSD, psilocybin, mescaline, and ayahuasca open one to the same extraordinary realms of the psyche that Jung so courageously explored and so thoroughly elucidated—without psychedelic substances. Indeed, Jung vehemently questioned the value of

psychedelics for personal growth, and he uncompromisingly opposed their therapeutic application.

Unfortunately, Jung's adamant disapproval of psychedelics has led to an enduring taboo against the study of psychedelic experiences by Jungians. Consequently, despite the exceptional relevance of Jung's psychology to psychedelic experience, Jungians have paid little attention the subject. In this book, I address the important issues that Jung raises by considering the limitations as well as the wisdom of his critique. And I explore the penetrating insights into psychedelic experiences that are implicit in his approach to the psyche's structure and dynamics. I place special emphasis on Jung's unique understanding of a person's challenging yet potentially transformative confrontation with the archetypes of the collective unconscious. I demonstrate in particular how archetypal levels of experience associated with trauma, psychosis, and the shadow (the denied aspects of one's nature), as elucidated by Jung, can help us understand especially challenging psychedelic experiences and their transformative potential. I also show how this knowledge can lead to substantial improvements in psychedelic-enhanced psychotherapy. One of the most important ideas within the field of psychedelic studies is *integration*, the means by which potentially life-changing insights gained during psychedelic-induced states of consciousness become more than transient experiences and actually lead to concrete positive changes in one's life. Yet discussion of the integration process itself in the psychedelic literature is strikingly superficial. Jung's nuanced theory and thorough method of therapeutic integration offer, therefore, especially valuable insights into this critical aspect of psychedelic experience. Before taking up psychedelic-enhanced therapy and Jung's psychology in the next two chapters, it is worth considering the ill-fated history of early psychedelic investigation, the recent revival of government-approved psychedelic research, and the ironic affinity between psychedelic experience and Jung's psychology.

Psychedelic Research and Theory: A Brief History

By the 1940s, clinical investigators had observed that substances like mescaline and lysergic acid diethylamide (abbreviated LSD-25 or simply LSD) could temporarily induce states of consciousness that resemble the personality disturbances and the loss of contact with conventional reality characteristic of psychosis. Researchers considered the similarities between these temporary drug-induced states and psychosis to be so strong that they referred to such substances as *psychotomimetic*, or psychosis-mimicking, *drugs*.

Motivated by the research potential of a short-term, pharmacologically-generated "model psychosis," the Swiss pharmaceutical company Sandoz offered its newly discovered drug, LSD-25, to research institutions and psychiatrists in 1947. Sandoz recommended that psychiatrists could deepen their understanding of psychosis by taking LSD themselves and thereby gaining "an insight into the world of ideas and sensations of mental patients."[15] They also suggested that researchers could study how mental illness develops by giving the drug to healthy people, some of whom would most likely experience a short-term psychosis. Perhaps, they reasoned, the way healthy individuals react to this drug might provide insights into the causes and treatment of endogenous, or "natural," psychoses (that is, psychoses that originate within the mind or body). If these drugs induced psychotic reactions by interfering with the brain's neurochemistry in some way, the diseased brain of the person suffering from schizophrenia might be producing its own LSD-like substances. This line of reasoning suggested a new model for understanding the biological basis of mental illness, especially schizophrenia, at a time when the medical community was inclined to assume a physical basis for mental illnesses and to prescribe pharmacological substances to cure them. Consequently, the first phase of intense psychedelic research was initiated shortly after World War II.

Further clinical experience revealed that psychological factors played a much more significant role in responses to these substances than early researchers had appreciated. Investigators found, for instance, that patients who were carefully prepared for their drug sessions were far more likely to have life-enhancing rather than pathological experiences. Interpersonal support during the sessions was found to be quite helpful as well. Researchers were inspired by these discoveries to coin a less biased term for this complex group of mind-altering substances. In a 1954 letter to Aldous Huxley, psychedelic researcher Humphry Osmond proposed a new term in the form of a verse:

> To fathom hell or soar angelic,
> Just take a pinch of psychedelic.[16]

The term *psychedelic*, which is derived from the Greek *psyche* (mind) and *delos* (clear or visible) and means "mind manifesting" or "mind revealing," was popularized by Timothy Leary in the 1960s. Despite widespread association with Leary's reckless "Turn on, tune in, drop out" evangelizing and other excesses of the psychedelic 60s, the term *psychedelic* has retained currency among many experts in the field.

Lester Grinspoon and James Bakalar, of Harvard Medical School and coauthors of the authoritative *Psychedelic Drugs Reconsidered*, have

defined a psychedelic drug as one that "more or less reliably produces thought, mood, and perceptual changes otherwise rarely experienced except in dreams, contemplative and religious exaltation, flashes of vivid involuntary memory, and acute psychoses."[17] They also explain that these effects are produced without causing physical addiction, craving, major physiological disturbances, delirium, disorientation, or amnesia. They are quick to add that this definition is only a rough guide because the effects of psychedelic substances (including LSD, mescaline, psilocybin, ibogaine, dimethyltryptamine [DMT], and ayahuasca) show general similarities rather than easily identifiable common characteristics.

Stanislav Grof qualifies Grinspoon and Bakalar's definition significantly by stating that a psychedelic drug acts as a "catalyst or amplifier of mental processes that mediates access to hidden recesses of the human mind."[18] That is, Grof is careful to point out that psychedelic substances don't *produce* specific psychological effects; rather, they activate psychological processes that allow one to consciously experience otherwise latent unconscious content. The person's psychedelic-induced experience therefore depends primarily on the person, not the substance.[19]

In *The Doors of Perception*, his classic book on psychedelic experience, Aldous Huxley suggests that mescaline impairs the efficiency of the brain's "reducing valve." This allows what he calls "Mind at Large" to enter a person's awareness, whereupon "all kinds of biologically useless things start to happen."[20] Huxley attributes the image of a cerebral reducing valve to a biological model conceived by Henri Bergson. In Bergson's model, the brain selects from a profusion of sensations and perceptions and by that means limits conscious experience to what is biologically useful. Mescaline, like disease, emotional shock, and mystical experience, says Huxley, has the power "to inhibit the functions of the normal self and its ordinary brain activity, thus permitting the 'other world' to rise into consciousness."[21]

Jung didn't use a generic term for the class of compounds that is now referred to as *psychedelic substances* or *psychedelic drugs* because his familiarity with the field's literature was primarily limited to early experiments with mescaline.[22] Except for mentioning LSD in a personal letter in 1954, Jung always used the term *mescaline* or phrases like *mescaline and related drugs*. His explanation of psychedelic experience, as we will see in chapter 4, is nevertheless quite compatible with both Grof's and Huxley's explanations.

An impressive body of studies on the psychotherapeutic utility of psychedelic substances has accumulated since Sandoz began distributing LSD to researchers in 1947. Grinspoon and Bakalar note in *Psychedelic Drugs Reconsidered* that more than one thousand clinical papers discussing psychedelic therapy with forty thousand patients were published between

1950 and the mid-1960s alone. Psychedelic-related investigations during this period focused on treating a wide range of disorders, including alcoholism and drug addiction, character disorders, depression, neurosis, trauma, psychosis, autism, psychosomatic disorder, and criminal pathology, as well as the emotional suffering and physical pain associated with terminal diseases.

The low incidence of significant complications within this vast body of clinical experience is impressive. In 1960, Sidney Cohen, of the University of California, Los Angeles, surveyed clinicians about negative reactions among participants in clinical and experimental studies during the 1950s. Of the five thousand individuals, some of them emotionally ill, who had collectively taken LSD more than twenty-five thousand times, only five of them (one in a thousand) experienced a psychotic reaction that lasted more than twenty hours. Cohen concluded that prolonged psychotic reactions are almost completely preventable in therapeutic settings and prolonged reactions that do occur tend to subside within a week.[23]

Cohen was not inclined to underestimate the potential dangers of psychedelics. As associate clinical professor of Medicine at UCLA, Chief of Psychosomatic Medicine at the Los Angeles Veterans Administration Hospital, and director of the Division of Narcotic Addiction and Drug Abuse at the National Institute of Mental Health in the late 1960s, Cohen repeatedly warned that the widespread unsupervised use of psychedelics was dangerous. He also expressed misgivings regarding the conditions under which psychedelics were sometimes administered by clinicians. Nonetheless, Cohen maintained again and again that psychedelic substances, when properly employed, are important research tools. "In the hands of experts these agents are relatively safe," he concluded in 1966, "but they are potent mind-shakers which should not be lightly or frivolously consumed."[24]

In contrast to the infrequency of adverse reactions during LSD's clinically-supervised stage in the 1950s, David Smith, founder of the Haight Ashbury Free Medical Clinic in San Francisco, reports that when his clinic first opened its doors in 1967, "negative acid trips or bummers, as the acid culture called them, were frequent."[25] As a result of widespread and often careless popular use of psychedelics in the 1960s, and sensational reports of their dangers by politicians and the press, even their clinically supervised use acquired negative associations having little to do with the intrinsic value of the substances themselves. The abundant body of previous research on the positive effects of psychedelic-enhanced therapy was discredited overnight, and psychedelic-enhanced therapy quickly became an unacceptable form of medical treatment. In 1970, the U.S. government passed the Controlled Substances Act, which imposed severe restrictions on research with LSD and other common psychedelic substances. Many

other countries soon imposed similar restrictions. Jay Stevens, author of *Storming Heaven: LSD and the American Dream*, describes the Kafkaesque atmosphere of the time. "Those who knew the most about psychedelics were relegated to the sidelines of the debate, while those who knew the least were elevated to the status of 'expert.'"[26] The consequent legal restrictions on psychedelic research were comparable, Stevens suggests, to the Papal Court forbidding Galileo the right to continue his astronomical observations. Despite abundant historical, anthropological, and clinical evidence to the contrary, mainstream science came to view the states of consciousness induced by psychedelic substances as nothing more than pathological.

However, a number of investigators in psychiatry, psychology, anthropology, and other fields now believe the time has come for a renewed, objective inquiry into the benefits as well as the risks of these powerful substances. Pointing to their safe and beneficial use for centuries in indigenous cultures around the world, many of these investigators maintain that psychedelics have an unrealized potential for healing, growth, and transformation in modern cultures. Renewed research could lead to new forms of therapy for a wide range of illnesses. Proponents also believe that current neuroimaging technologies could yield important insights into the workings of the brain and the nature of consciousness itself.

Knowledge acquired from indigenous cultures about the respectful and skillful use of psychedelic substances, or "sacred medicines," could also foster a more mature attitude toward their use in contemporary societies, where too many people (mostly teenagers) are still misusing psychedelics. One U.S. government survey estimates that more than one million people, twelve years old or older, used a psychedelic substance for the first time in 2007 alone.[27] To former researchers in the field, it sometimes seemed that virtually the only place psychedelics were *not* being taken was under the supervision of knowledgeable and experienced professionals.

Advocates for new psychedelic research are optimistic, however. Thanks in large part to the work of the Multidisciplinary Association for Psychedelic Studies (MAPS), a nonprofit research and public policy organization, and private foundations like the Heffter Research Institute, the Beckley Foundation, and the Council on Spiritual Practices, government-approved psychedelic research appears to be on the threshold of a renaissance.[28] A growing number of basic-science and clinical studies using rigorous experimental and safety protocols are being developed with a variety of substances in Europe and the United States. Some of these studies are taking place at leading universities. They include psilocybin treatment for patients suffering from obsessive-compulsive disorder, psilocybin and LSD therapy for treating anxiety in patients with cancer and other

life-threatening illness, and MDMA-assisted psychotherapy for intractable post-traumatic stress disorder in rape victims and war veterans. Other recent studies have examined psychedelic-enhanced treatments for cluster headaches, depression, alcoholism, and opiate addiction. Anthropological and ethnopharmacological research continues into indigenous peoples' use of natural psychedelic substances such as peyote, ayahuasca, and psilocybin-containing mushrooms for sacramental and healing purposes.[29]

A model clinical investigation, suggesting the potential that psychedelic substances have to improve the lives of healthy people, was conducted at the Johns Hopkins School of Medicine between 2001 and 2005.[30] This rigorous double-blind study evaluated the short- and longer-term psychological effects of psilocybin in healthy, well-educated adults who had an active interest in spiritual matters but no previous experience with psychedelics. The study concluded that high doses of psilocybin administered to carefully-screened and well-prepared volunteers under supportive conditions can occasion mystical experiences characterized by an ineffable sense of sacredness transcending time and space. Maria Estevez, whose psilocybin-induced mystical experience I described at the beginning of this chapter, was a participant in this study.

It is worth noting that participants' reactions in the Johns Hopkins study were not uniformly positive. A small number of the study's thirty-six volunteers experienced adverse reactions during their psilocybin session. These reactions included significant psychological struggle, extreme fear, and transient feelings of paranoia. Two people compared their psilocybin experience to being in a war. In all cases, these adverse effects were successfully managed with interpersonal support from the monitors, and none of the effects persisted beyond the session. Moreover, despite their struggles, most of these participants rated the experience on the whole as personally meaningful and spiritually significant, and none reported any lasting negative effects. To the contrary, a 14-month followup study showed that a large proportion of participants in the original study considered their psilocybin-induced states "to be among the most personally meaningful and spiritually significant experiences of their lives and to have produced positive changes in attitudes, mood, altruism, behavior and life satisfaction."[31] These positive changes were confirmed by friends, family members, and work colleagues who did not know about the psilocybin experience.

"Psilocybin gives us a uniquely powerful tool to study primary spiritual experience and its short and long term effects," concluded Roland Griffiths, Johns Hopkins professor of psychiatry and the study's lead scientist. The study's investigators are also promoting practices that help ensure the safety of participants in this kind of research. These practices include

carefully selecting volunteers, establishing trust and rapport between monitors and participants, carefully preparing participants, and providing them ample interpersonal support during the sessions.[32]

Another of the study's investigators, Johns Hopkins psychologist William Richards, had first conducted clinical psychedelic research in the 1960s. Richards helped design the Johns Hopkins psilocybin study, and he worked closely with its volunteer participants as their principal monitor. Discussing lessons from the past and hypotheses for future psychedelic research in the *Journal of Transpersonal Psychology*, Richards includes the deeper realms of unconscious experience described by Carl Jung among the psychedelic-induced domains of consciousness having the most profound promise for psychological treatment and spiritual development in the future.[33]

Jung, Jungians, and Psychedelic Experience

The long-standing relevance of Carl Jung's psychology to psychedelic experience is emphatically reflected in the tribute that Timothy Leary, Richard Alpert, and Ralph Metzner paid to Jung in *The Psychedelic Experience.* Published in 1964, their guidebook to expanded realms of consciousness was based on *The Tibetan Book of the Dead*, to which Jung had written an appreciative commentary. Jung had also credited *The Tibetan Book of the Dead* for stimulating many of his own ideas, discoveries, and fundamental insights.[34] Leary and his coauthors considered Jung a "psychiatrist *cum* mystic" because he had committed himself wholly "to the inner vision and to the wisdom and superior reality of internal perceptions."[35]

The image of Carl Jung the psychiatrist *cum* mystic committed to the wisdom of internal perceptions certainly comes to mind when reading his commentaries on *The Tibetan Book of the Dead* and *The Tibetan Book of the Great Liberation.* "In the West," Jung wrote, "the conscious standpoint arbitrarily decides against the unconscious, since anything coming from inside suffers from the prejudice of being regarded as inferior or somehow wrong."[36] The conscious mind, he explains, naturally resists the emergence of what it experiences as "the intrusion of apparently incompatible and extraneous tendencies, thoughts, feelings."[37] In Jung's view, this alien intrusion arises from the deepest level of the unconscious, the collective unconscious, which has nothing to do with personal experience.[38] Jung finds the most startling instances of this condition in patients suffering from schizophrenia. However, he adds, in cases such as those illuminated in the Tibetan books of death and liberation, "it is tacitly agreed that the apparently incompatible contents shall not be suppressed again, and that the conflict shall be accepted and suffered. At first no solution appears possible, and this fact, too, has to be borne with patience."[39]

In his commentary on *The Tibetan Book of the Dead*, Jung discusses this resistance and ultimate surrender in terms of individuation, the process through which we relinquish our dominance over the unconscious and move toward a more balanced relationship to unconscious forces, and thereby move toward psychological wholeness: "Fear of self-sacrifice lurks deep in every ego, and this fear is often only the precariously controlled demand of the unconscious forces to burst out in full strength. No one who strives for selfhood (individuation) is spared this dangerous passage, for that which is feared also belongs to the wholeness of the self."[40]

As Leary and his coauthors recognized half a century ago, Jung's observations on the Tibetan books of death and liberation demonstrate the value of his psychological insights for understanding psychedelic experiences in general. Contemporary theorists of psychedelic-enhanced therapy have found that Jung's knowledge of the conscious mind's often terrifying confrontation with the unconscious is especially relevant to understanding difficult and potentially traumatic psychedelic experiences. Ann Shulgin, former psychedelic researcher and therapist, maintains that the degree of insight achieved in any psychedelic session depends primarily on one's willingness to face and acknowledge long-denied aspects of one's nature, the "dark side" of the personality that Jung called *the shadow*. Referring to the Buddhist analogy of encountering demon guardians at the temple's gate, Shulgin emphasizes that "the prospect of seeing what he unconsciously believes to be the core—the essence—of himself as a series of horrendous, malignant, totally unacceptable entities, can bring about a state of fear that has no parallel in ordinary life."[41]

Among contemporary theorists of psychedelic-enhanced therapy, Ralph Metzner and Stanislav Grof have most carefully documented the correspondence between their work and Jung's. Although neither attempts to establish the kind of Jungian framework that this book presents, both draw generously from Jung's theories and clinical experience to support their own theoretical frameworks. Metzner's approach to what he calls *reconciling with the inner enemy*, for instance, draws from Jung's ideas of the shadow, individuation, and the *coincidentia oppositorum*, the coming together of opposites, or the reconciliation of antagonistic aspects of one's nature.[42]

A major Jungian theme in Grof's psychology is the ego's problematic yet ultimately transformative relationship with deeper levels of the unconscious. Although Grof draws from a number of psychotherapeutic orientations, including the work of Freud, Rank, Reich, Assagioli, and Maslow, he finds in Jung's psychology the most far-reaching correspondence to the domains of psychological experience he has observed during more than five decades of investigation into what he calls *nonordinary states of consciousness*.[43]

Only two people have developed an explicitly Jungian approach to psychedelic-enhanced therapy: the British psychiatrist Ronald Sandison and Margot Cutner, his Jungian analyst colleague. Their pioneering practice of LSD therapy in the 1950s provides a valuable clinical foundation for the theoretical framework I present here, and I frequently refer to their work in this book.

Sandison, Cutner, Grof, Metzner, and Shulgin have made important contributions to a Jungian understanding of psychedelic experiences. As a general rule, however, Jungians have not explored the potential value of psychedelics. Ronald Sandison and Margot Cutner were notable exceptions to the Jungian community's emphatic remove from psychedelic investigation in the 1950s and 1960s. When not simply ignoring the subject, Jungians as a rule categorically reject the suggestion that psychedelic substances can advance psychological growth and transformation. The lack of objective discussion of psychedelic experience or reference to psychedelic-induced imagery in the Jungian literature is remarkable.[44]

There are two basic reasons for this curious lacunae, I believe. The international bans imposed on psychedelic research in the 1960s and 1970s created a significant legal barrier to psychedelic investigation for later generations of Jungians, some of whom were no doubt attracted to Jung's work because of their own psychedelic experiences. By far the most significant impediment, however, has been Jung's criticism of psychedelic therapy.[45] Several of Jung's letters reflect his conviction that psychedelics are a shortcut into realms of the unconscious for which one is inevitably unprepared.

In one of these letters, Jung replies to Alfred Hubbard, an early proponent of psychedelic therapy, who had written to Jung inviting him to contribute to psychedelic research. "When it comes to the practical and more or less general application of mescaline, I have certain doubts and hesitations," Jung replied. "The analytical method of psychotherapy (e.g., 'active imagination') yields very similar results, viz. full realization of complexes and numinous dreams and visions. These phenomena occur at their proper time and place in the course of the treatment. Mescaline, however, uncovers such psychic facts at any time and place when and where it is by no means certain that the individual is mature enough to integrate them."[46] Jung also tells Hubbard that he does not know from experience but suspects that a drug capable of opening the door to the deepest levels of the unconscious could release a latent psychosis. "It would be a highly interesting though equally disagreeable experience," Jung adds.[47]

The contentiousness toward psychedelic-enhanced therapy in Jung's letter to Hubbard is more explicit in his reply to Father Victor White. White had written about a psychiatric hospital he had visited, where LSD was being administered to patients, some of whom were experiencing religious

images and visions under its influence. In Jung's response to White's letter, he wrote: "I should indeed be obliged to you if you could let me see the material they get with LSD. It is quite awful that the alienists [psychiatrists] have caught hold of a new poison to play with, without the faintest knowledge or feeling of responsibility. It is just as if a surgeon had never learned further than to cut open his patient's belly and to leave things there."[48]

The problems that Jung identifies are real and should be taken seriously. At the same time, however, Jung could not have been aware of the extensive evidence showing that psychedelic substances are relatively safe when administered responsibly. As Jungian analyst and scholar Andrew Samuels suggests regarding other issues, we need to read Jung's texts respectfully but also critically, prepared to recognize his prejudices and mistakes as well as his remarkably sound and timeless comprehension of psychological dynamics and issues.[49] I have attempted to maintain that balance here.

Notes

Preface

1. Eliade, 1964, p. 486.
2. Ibid., p. 484.
3. Jung, 1966a, p. 78, para. 119.
4. I use the generic terms psychedelic-enhanced psychotherapy, psychedelic-enhanced therapy, and psychedelic psychotherapy interchangeably throughout this book to refer to the use of psychedelic substances for psychotherapeutic purposes. In chapter 2, I introduce two specific models of psychedelic-enhanced therapy: psychedelic therapy and psycholytic therapy.
5. These further explorations would certainly include what Robert Aziz describes as Jung's synchronistic model of the psyche.

Part 1: Encountering the Unconscious

1. Jung, 1969w, p. 460, para. 746.

Chapter 1: Jung's Confrontation with the Unconscious and Its Relation to Psychedelic Experience

1. Jung, 1963, p. 179.
2. Ibid., p. 181.
3. Ibid., p. 188.
4. Ibid., pp. 188–189.
5. Estevez, 2010.
6. Ibid.
7. Ibid.
8. Ibid.
9. Jung, 1966e, p. 240, para. 406.
10. Ibid.
11. Wulff, 1997, p. 470.
12. Jung, 1966a, p. 119, para. 201.

13. Ibid.
14. Jung, 1963, p. 199.
15. Hofmann, 2005, p. 73.
16. Huxley, 1999, p. 107. *Hallucinogens and Hallucinogenic*, the terms commonly used within the fields of medicine and law, emphasize the striking potential these substances have to enhance and distort perception. Although these terms are commonly used in psychiatric research, they remain problematic for many in the field. By emphasizing perceptual distortions and delusions, and by implying inherently deleterious effects, these terms, like *psychotomimetic*, carry more limiting and negative connotations than *psychedelic*. The word *psychedelic* is burdened by its own problematic associations—associations with the counterculture excesses of the 1960s, in particular. The word *psychedelic* also emphasizes the mental aspects of the experience. Many in the field therefore prefer terms such as *psychoactive substances, psychoactive sacraments*, *entheogens*, or *sacred medicines*. The question of their relative merit is nonetheless currently an open question in the field. I sympathize with the various arguments for preferring one term over another, and for this reason, depending on the context of the discussion, I tend to use most of them. I think, nevertheless, that the terms *psychedelic* and *psycholytic* convey the most straightforward and neutral attitude toward the nature of the experience itself. I use the word *psychedelic*, rather than *psycholytic*, for this book because it is widely understood.
17. Grinspoon & Bakalar, 1997, p. 9.
18. Grof, 2001a, p. 309.
19. Grof, 2001b, p. 32.
20. Huxley, 1963, p. 26.
21. Huxley, 1999, p. 29.
22. I prefer the term *psychedelic substances* over *psychedelic drugs* because the group includes plants, mushrooms, and other natural substances that aren't adequately subsumed within the general concept of a drug.
23. Cohen, 1985, pp. 294, 295. See also Cohen, 1960, 1967.
24. Cohen, 1966, p. 186. See also, Cohen & Ditman, 1963, p. 480.
25. Smith & Seymour, 1985, p. 298. David Smith invited Timothy Leary to a conference on psychedelics in San Francisco in the late 1960s. Smith enjoyed his bright and personable guest, but when Smith invited him to visit the Haight Ashbury Clinic, Leary wasn't interested. (Smith, personal communication, April 23, 2013)
26. Stevens, 1987, pp. 370–371.
27. From the National Survey on Drug Use and Health, 2009. The 2008 National Survey on Drug Use and Health reported that in 2006 over

twenty-three million people had used LSD alone in their lifetime. Government statistics on the use of psychedelic, or hallucinogenic, substances vary from source to source. Some of the surveys include drugs such as MDMA (or "Ecstasy") and PCP, which many experts would not consider psychedelic substances. In any case, the numbers of uninformed and unsupported users of classic psychedelics—teenagers, for the most part—are striking.

28. Sessa, 2011; Corbyn, 2013.
29. Studies are in development or have been completed in the United States at Harvard Medical School, Johns Hopkins University, Purdue University, Harbor-UCLA Medical Center, University of California, San Francisco, among others; and in Europe at Norwegian University of Science and Technology, University of Maastricht, the Netherlands, The KEY Institute for Brain-Mind Research at Zurich, and the Swiss Medical Society for Psycholytic Therapy; University College, and The Imperial College of Science, Technology and Medicine, London; University of Heidelberg, Hanover Medical School, and University of Ulm, Germany; among other research centers around the world. The expansion of government-approved research is developing so quickly that any list I include here will soon be out of date. The Multidisciplinary Association for Psychedelic Studies (MAPS) documents research it sponsors at http://www.maps.org/research/mdma/ and documents international advances in psychedelic research at http://www.maps.org/research/ (Retrieved July 6, 2013)
30. Griffiths et al., 2006.
31. Griffiths et al., 2008, p. 631.
32. Johnson et al., 2008.
33. Richards, 2009, p. 141. See also Richards, 2003.
34. Jung, 1969k, p. 510, para. 833.
35. Leary, Metzner, & Alpert, 1995, p. 23.
36. Jung, 1969o, p. 489, para. 780.
37. Ibid., para. 779.
38. I discuss Jung's concepts of the conscious mind, or "consciousness," and the unconscious mind, or "the unconscious," in chapter 3, "Basic Jungian Concepts and Principles." Very briefly, however, we can say that Jung classifies the contents and functions of the psyche into their conscious and unconscious aspects. The conscious aspect includes all ideas, emotions, perceptions, and other psychological elements that a person recognizes or has awareness of. The ego, or what is also known as the self (always with a lower case *s*), is for Jung the center or subject of consciousness, and therefore the center of a person's identity. The unconscious, for Jung, consists of all psychological "contents and processes

that are not conscious, i.e., not related to the ego in any perceptible way." (Jung, 1976, p. 483, para. 837) Jung classifies the unconscious into the *personal* and the *collective* unconscious. The personal unconscious contains sensations, perceptions, ideas, images, and emotions that are derived from personal experience but which one has forgotten, repressed, or didn't consciously notice in the first place. The collective unconscious consists of the psychological content that each of us has inherited from our evolutionary past and therefore shares with all other human beings. Jung often discusses the universal nature of this content in terms of archetypes, psychological images that have been expressed through the ages in such mythological motifs as birth, death, the mother, the hero, or the evil demon. The archetypal nature of the collective unconscious lends a numinous, or strange and fascinating, quality to psychological experience, a quality that engages our emotions and is difficult to comprehend intellectually. In his description of his own descent into the collective unconscious, his "confrontation with the unconscious," Jung attempts to convey the numinous quality of this archetypal world.

39. Jung, 1969o, p. 489, para. 780.
40. Jung, 1969k, p. 521, para. 849. Regarding the use of the term *self* vs. *Self*, see note 58 for chap. 3.
41. Shulgin, 2001, p. 200.
42. Metzner, 1998b, chap. 6.
43. Grof, 1985, pp. 187–192; see also pp. 131, 140–141, 379.
44. I know of three possible exceptions to this omission in the Jungian literature: Most notably, Jungian analyst and author Ian Baker's *LSD 25 and Analytical Psychology* was published in 1970 by the Clinic and Research Center for Jungian Psychology in Zurich. Despite my extensive preliminary research, I learned of this apparently obscure but no doubt valuable work by word of mouth only days before submitting my final manuscript for publication. I regret that I am not able to discuss Baker's work here, but I look forward to doing so in the future. In *Anatomy of the Psyche*: *Alchemical Symbolism in Psychotherapy*, Edward Edinger includes a very brief account of a woman's LSD experience, an "important experience," he says, one of the kind of experiences that "bear witness to the reality of the psyche." (1994, pp. 130, 131, n. 20) Donald Lee Williams' *Border Crossings: A Psychological Perspective on Carlos Castaneda's Path of Knowledge* is a Jungian analysis of Castaneda's shamanic apprenticeship as portrayed in his don Juan novels. Williams analyzes Castaneda's psychedelic-based spiritual practice, but his treatment of psychedelic experience *per se* is subordinate to his analysis of Castaneda's psychospiritual development.
45. See Singer, 1994, pp. 408–410; von Franz, 1993, pp. 297–305.