

Psychedelic Drugs and Jungian Therapy

Greg Mahr & Jamie Sweigart

Abstract: The authors review the history of and recent research on the psychotherapeutic efficacy of psychedelic drugs. Psychedelic drugs appear to provide access to unconscious material and, when used in a therapeutic context, may cause deep and longstanding psychological change. The psychological effects of psychedelic drugs are reviewed from the perspective of Jungian theory. A series of clinical vignettes illustrates the archetypal aspects of hallucinogenic experiences.

Keywords: Depth psychology, hallucinogens, Jung, psychedelics, psychotherapy, unconscious

Introduction

In the past decade, there has been an important resurgence of interest in the therapeutic use of psychedelic drugs, especially LSD and psilocybin, in both the academic research community and the lay press (Fadiman, 2016; Pollan, 2018; Waldman, 2017). However, this resurgence of interest has not spread to the Jungian analytic community. Jungian therapists studied psychedelic drugs in the 1960s and 1970s, but besides the work of Hill (2013), less so recently. Psychedelic drugs appear to exert their therapeutic benefit by generating new insights in the user, rather than through the kind of neuronal modulation that occurs with antidepressant drugs. New discoveries about the efficacy of psychedelic drugs in treating mental disorders are therefore best understood by using Jungian theory. In this paper the authors review research on the therapeutic uses of hallucinogens, then explore how Jungian theory can amplify our understanding of psychedelic experiences.

Background

The term “psychedelic” was coined in 1956 by British psychiatrist Humphrey Osmond in an exchange with author Aldous Huxley (Osmond, 1981). It was derived from ancient Greek words meaning “mind manifesting” or “to make visible, to reveal.” A group of mythology scholars and ethnobotanists later coined the term “entheogen,” or “God-creating,” to replace the word psychedelic. They felt that the word “entheogen” better described the spiritual effect these drugs have on one’s sense of connection to the divine and the historical significance of use within indigenous cultures during religious and ceremonial practices for thousands of years (Ruck, Bigwood, Staples, Ott, & Wasson, 1979).

Prior to the popularization of psychedelic drugs in the 1960s counterculture, there was already a history of established literary and medical research into their effects and use. Since the isolation of mescaline in the 1880s and later the synthesis of LSD (d-lysergic acid diethylamide), a growing number of scientists, writers, physicians, and government agencies took interest in the unique properties of psychedelic drugs (Lee & Shlain, 1985). Over 100 scientific articles on LSD were published in medical journals by 1951, primarily in the field of psychiatry (Dyck, 2005). While much of the early research on psychedelics

lacked the rigorous scientific methodology used today, psychedelic-assisted therapy was widely accepted in many academic circles as a safe treatment for problems related to neurosis, chronic pain, alcoholism, and trauma (Caldwell, 1967).

The social and political climate of the 1960s ushered in new restrictions on psychedelic research, which eventually led to a ban on all hallucinogens—despite objections from dozens of well-known psychiatric researchers (Bastiaans, 1983). A rising counterculture promoting recreational psychedelic use, coinciding with mass protest movements during the Vietnam War, led government officials to declare psychedelics “dangerous” and a threat to society (Dahlberg, Mechanek, & Feldstein, 1968). The Controlled Substances Act of 1970 put psychedelics in the most restrictive category, Schedule I (along with heroin), and researchers closed their laboratories. Not until 40 years later did scientific interest in the therapeutic use of psychedelic drugs re-emerge, this time through small pilot studies, done mostly overseas (Carroll, 2017; Sessa, 2005).

The Effects of Psychedelic Drugs

In terms of their chemical structure, the classical psychedelic drugs resemble brain neurotransmitters like dopamine and serotonin. At lower doses, so-called “psycholytic” doses, these drugs cause sensory alterations such as the warping of surfaces and color variations. Subtle alterations in the “meaning” of experiences begin to occur. A painting, for instance, might seem to move or come to life. Repressed memories and emotional insights may also emerge during low-dose sessions.

At higher doses, so-called “psychedelic” doses, there are more fundamental alterations of perception. Textured surfaces and objects may appear as intricate patterns or animated fractals, giving the user a sense of alternate reality. Synesthesia, or the blurring of sensory boundaries, may occur. One might, for instance, hear colors. Changes in the meaning of events may occur as well, along with profound affective experiences and deep feeling of connectedness with others and the world. Negative effects are more likely to emerge at higher doses; hallucinations may become vivid and frightening, and negative emotions like fear, sadness, and longing can emerge.

The initial psychedelic experience is usually followed by an “afterglow,” which may last days or weeks. Residual effects can be long-term. Huston Smith, the renowned scholar of comparative religion, was a subject of Timothy Leary’s original hallucinogen study when he was an undergraduate at Harvard. Throughout his life, he described this drug experience as a positive life-changing event, even calling it the most important event in his life (Lattin, 2017).

The psychological effects of psychedelic drugs have been characterized by Masters and Houston (1966) as falling into four main categories: sensory, recollective-psychodynamic, affective and symbolic, and deep integral self-transcendence. Sometimes, early in the trip, there is the experience of descent or entry into the unconscious. This is an experience described by Maria Estevez in one of the psilocybin studies conducted at Johns Hopkins, which were described in Jung’s (1963) *Memories, Dreams, Reflections*. She said, “I’m going down,” then described,

I began to sink into another world. . . . The descent seemed . . . a rattling high speed roller coaster ride through tingling geometric shapes and tunnels of textured blackness . . . the door swung open, and I found my

consciousness being flooded with brilliant light. . . . it opened fully to me, like entering a splendid palace. (Jung, 1963, p. 19)

Modern Research

In traditional cultures, hallucinogens are used in specific guided rituals. In modern psychedelic research, an attempt is made to recreate this context in a secular, therapeutic environment. The hallucinogen is used only with a therapist present, and a session of use is usually preceded by several weeks of psychotherapy to clarify the client's goals for the psychedelic experience. After a drug session, one to three non-drug therapy sessions are provided for the client to integrate the trip experience. Long-term follow-up studies indicate that insights as well as mood and behavioral changes associated with a single psychedelic experience can be sustained over time. Responses to psychedelic drugs show a typical time course, with a "peak experience" during the trip, then an afterglow lasting days to weeks. In successful therapy, the afterglow is followed by residual long-term benefits.

Since the resurgence of controlled hallucinogen research in the last decade, several case-crossover cohort studies of hallucinogenic drugs have shown them to be effective in treating end-of-life anxiety, depression, alcohol dependence, and nicotine dependence.

In studies sampling 104 patients with end-of-life anxiety, roughly 80% improved on psychedelics, with sustained benefits for 60–70% of patients at the 6-month follow-up. Similar results were found in the 1960s when over 300 terminal cancer patients received psycholytic doses of LSD (Griffiths et al., 2016; Ross, 2016). Studies investigating the use of psilocybin for treatment-resistant depression have found response rates varying from 60% to 80% (Fish, 2005).

A study of 15 patients addicted to nicotine showed an 80% abstinence rate at the 6-month follow-up after treatment with three psilocybin sessions and CBT between sessions (Palhano-Fontes et al., 2015). A recent pilot study investigating psilocybin-assisted treatment for alcohol use disorder showed significant improvement in drinking consequences, craving, self-efficacy, and motivation, as well as a reduction in overall drinking days and heavy use patterns. This study also noted that large correlations were observed between measures of acute effect intensity under psilocybin and changes in drinking behavior. These results are comparable to studies in the 1960s and 1970s, where 315 alcohol-dependent male patients received LSD, and 59% of patients treated with LSD were improved at follow-up, versus 38% of controls who received standard treatment (Bogenschutz et al., 2015).

Unlike more commonly used drugs like cocaine, alcohol, and heroin, psychedelic drugs are relatively safe. They have a low potential for abuse, and the ratio between an active dose and a lethal one is extremely high—that is, it is difficult to ingest a lethal dose of a hallucinogen, either accidentally or intentionally. In addition, psychedelics show very little potential for physiological dependence. The serotonin receptors responsible for the effects of psychedelics are quickly downregulated after a single use, meaning that it takes several days to weeks for a similar effect from the same dose. Due to this phenomenon, the addictive potential of psychedelic drugs is very low (Fish, 2005).

The Default Mode Network

It is difficult to overemphasize the complexity of the human brain. There are 100 trillion neural connections in the human brain, a number that is several orders of magnitude greater than the number of stars in the Milky Way. Using modern imaging techniques, neuroscientists have identified seven subsystems or modules: visual, attention, frontoparietal control, somatic motor, limbic or emotional, and the default mode network (DMN). The DMN is most active when other centers are inactive, when the brain is not performing a task, and when we are daydreaming or thinking about the future. It is responsible for self-reflection, evaluating the thoughts and emotions of others, autobiographical memories, as well as a number of other functions. The DMN is also responsible for one's sense of identity (Bertolero & Basset, 2019). DMN activity is increased in depression; the negative, judgmental ruminations common in depression may be the result of increased DMN activity.

The mechanisms of action of psychedelic drugs appear to center on the DMN. Brain imaging and measurements of brain electrical activity seem to show that, under the influence of psychedelics, the DMN is disrupted or "desynchronized" and suppressed. This DMN desynchronization may account for the subjective experiences of ego dissolution and the "oceanic feeling" (Freud, 1927) that users often experience. During a psychedelic trip, there is also increased connectivity between parts of the brain that typically do not communicate, such as the visual cortex and the emotional processing centers (Carhart-Harris et al., 2012; Palhano-Fontes et al., 2015), likely causing the unusual sensations and perceptual distortions.

Of course, neurophysiological correlates, though important and interesting, are inherently reductionistic and not truly explanatory. For a deeper understanding of the psychedelic experience, we must turn to depth psychology.

Jung and Psychedelic Drugs

Despite Jung's extensive writings about the spiritual practices of indigenous peoples, he did not discuss how commonly hallucinogenic drugs were used in other cultures to induce mystical states and religious experiences. Participants in the ancient Greek Eleusinian mysteries drank a concoction of fermented barley. The ergotamine fungus in fermented wheat or barley produces chemical precursors to LSD. Shamanistic cultures in northern Europe used psilocybin-containing mushrooms; the use of peyote-containing cactus or Ayahuasca for ritual purposes is common among the indigenous peoples of the Americas. Despite his deep and abiding interests in the spiritual experiences of non-Western peoples, Jung did not seem to acknowledge how frequently spiritual practices in those cultures involved drug use.

In a letter to Victor White, Jung (1975) expressed three concerns about the use of psychedelic drugs. First, he reminded us not to try to know too much of the collective unconscious. "I only know there is no point in getting to know more of the collective unconscious than one gets through dreams and intuitions. The more you know of it the greater and heavier become our moral burden. . . . Do you want to increase loneliness and misunderstanding? . . . You get enough of it" (p. 173).

Jung was also concerned that psychedelic drugs would create a problem analogous to that faced by the sorcerer's apprentice, "who learned from his master how to call the ghosts

but did not know how to get rid of them again” (Jung, 1975, p.168). The trick is not to experience the collective unconscious but to know what to do with the experience.

Anticipating the modern superficial eclecticism of New Age ideas and spiritual tourism so common among modern seekers, he stated, “It is really the mistake of our age. We think it is enough to discover new things, but we don’t realize that knowing more demands a corresponding development of our morality.” He was concerned that psychedelics might be used out of “idle curiosity” (Jung, 1975, p. 212).

Jung did not discuss the potential value of psychedelic experiences when experienced in a ritual frame, as is common in indigenous peoples. In a letter to A. M. Hubbard discussing his experiences with Native Americans in the Southwest, he stated, “Mescaline is a shortcut and therefore yields as a result only a perhaps awe-inspiring aesthetic impression, which remains an isolated, unintegrated experience contributing very little to the development of the human personality. . . . The idea that mescaline could produce a transcendent experience is shocking” (Jung, 1975, p.223).

Jung also admitted that he knew relatively little about psychedelic drugs. In a letter to White, he wrote, “Is the LSD drug mescaline? It has indeed very curious effects . . . of which I know far too little” (Jung, 1975, p. 172). Yet prior to the legal ban of the use of LSD in 1966, psychedelic drugs had been used for therapeutic purposes with 40,000 patients, more than 1,000 articles had been published on the clinical uses of hallucinogens, and hospitals in England and Canada had specialized psychedelic treatment units.

The focus of Jung’s work had been on accessing unconscious knowledge through dreaming and active imagination. As Jung described in his autobiographical works like *Memories, Dreams, Reflections* and *The Red Book* he had spontaneous mystical and visionary experiences. For someone like Jung, for whom the collective unconscious was accessible and readily lived, psychedelics were a dangerous luxury. Jung may have feared that psychedelics might make the journey to approach the inner world too easy. The journey, after all, is essential to the experience. Yet Jung (1975) suggested possible therapeutic uses of mescaline for those unable to access unconscious material: “There may be some poor impoverished creatures, perhaps, for whom mescaline would be a heaven-sent gift without a counterpoison” (p. 174).

Cultural Issues

During Jung’s lifetime, religion had a central role in European culture, though he recognized the modern era as a time of great religious upheaval and transition. Forty years ago the German theologian Kung (1979) identified the absence of religious belief as the neurosis of modern man and described modern Europe as the first “post-religious society” in human history. Religion continues to play a much weaker cultural role. In a 2010 survey of the 28 nations of the European Union, only 51% of individuals believed that there was a God (Special Eurobarometer, 2010). In our current materialistic culture, where spirituality is dogmatically marginalized, there may be more of such “poor impoverished creatures” than Jung might have imagined. For these individuals, hallucinogens could be a heaven-sent gift.

While the loss of religious faith has created, on the one hand, powerful spiritual yearnings, the dominant culture, on the other hand, has grown more and more secular. There has also been an explosive increase in technological connectedness and ready access

to factual knowledge through the Internet in ways that Jung could not have anticipated. The modern Western belief in the power of the ego, materialism, and technology is an expression of a kind of Promethean hero myth. It has all the persistence and persuasiveness of a cultural complex, a concept developed by Henderson (1984) and elaborated by Singer and Kimbles (2004). Cultural complexes describe the way the collective psyche expresses itself in group behavior as well as in the individual psyche (Singer & Kaplinsky, 2010; Singer & Kimbles, 2004). The door to the inner world that psychedelic drugs offer may be more important and valuable now than ever before to challenge the dominance that the conscious ego has acquired. This spiritual hunger may be the deeper reason for the renewed interest in research in psychedelic drugs.

Secular culture, though it has lost its spiritual roots, has retained some of its Calvinist biases. For some, including Jung, the use of psychedelic drugs seems a dangerously easy shortcut to knowledge that “should” require years of preparation to attain. It seems like “cheating” to take drugs to facilitate a religious experience. Beyond this cultural bias is a very real concern that easy access to deep psychological material will cheapen, trivialize, and demystify it. The ego will, in a subtle way, destroy what it fears and does not understand. Kalsched (2014) and others warn of how readily the ego can trivialize spiritual experiences and use a shallow search for superficial religious experiences defensively. Psychedelic drugs are then used “recreationally” and not for genuine efforts at personal growth. The research protocols described above attempt to mitigate this tendency with the use of guides and with careful therapeutic integration before and after the drug experience. The gods are not to be trifled with. Modern research protocols all utilize careful protocols, with extensive pre- and post-trip psychotherapy for preparation and integration.

Is the Content of Psychedelic Experiences Meaningful?

Hallucinations and delusions can develop in a variety of clinical contexts and are not always meaningful. A delirious, medically ill patient or an alcoholic in withdrawal may hallucinate, but their hallucinations are not meaningful. Part of the psychedelic experience is a deeper sense of meaning and connection. Many of us have heard stories of people who were convinced, while tripping, that they had discovered the meaning of life, which they excitedly wrote down, only to find later that the words were nonsense or a string of vulgarities.

Yet, for all those comical stories, there are well-known examples of creative thinkers who first discovered their gifts while tripping. Steve Jobs, Bill Gates, The Beatles, Andrew Weil, John Coltrane and Jack Nicholson all described life changing creative experiences while on LSD (Austin, 2019). The recent research on the efficacy of psychedelic drugs in a variety of clinical conditions suggests that the mental states induced by psychedelic drugs are meaningful, rather than random firings of disordered neurons, because they result in significant therapeutic benefits.

How Do Psychedelic Drugs Heal?

Frecska et al. (2016), in a study of shamanic consciousness, described two modes of knowledge, the “perceptual-cognitive and the “non-local intuitive.” She suggested that hallucinogens cause a frame shift and that alternative sources of information are opened through the non-local channel (p. 156). Stanislav Grof, one of the founders of transpersonal

psychology, captured the same concept more succinctly, saying that psychedelics “catalyze experiences from the depths of the psyche” (Olivetti, 2015).

In terms of neurophysiology, default mode network suppression seems to be key to the benefits of classical psychedelics. The DMN is active during the performance of tasks and remains active in self-talk and reverie. We can think of the DMN metaphorically as a neurophysiological correlate of the ego. In suppressing the DMN, psychedelic drugs seem to open the ego up to activities and influences from other parts of the brain. The depersonalization, derealization, and feelings of boundlessness and transcendental oneness are consistent with loss of ego boundaries.

Jung (1972) recognized the importance of this broadening of consciousness. He called it *abaissement du niveau mental*, or “depotentialization of the conscious personality” (p. 238). A number of conditions, like fever, starvation, religious fervor, and psychedelic drugs, can cause *abaissement*. While *abaissement* is risky and must be used properly, it can also lead to healing and self-discovery. In *Memories, Dreams, Reflections*, Jung (1963) described his personal confrontation with the unconscious and how central it was to his life’s work. As the concept of *abaissement* would suggest, psychedelic drugs are beneficial in a broad range of mental disorders, and their benefits appear to be general rather than specific. Carhart-Harris et al. (2012) suggested a model of “connectedness” as the common thread linking the benefits of psychedelic drugs in the range of disorders where they have demonstrated therapeutic efficacy (p. 41). Subjects of psychedelic trials consistently report the feeling of connectedness, both to themselves and to others, as a deeply positive aspect of the psychedelic experience. Preliminary data suggest that connectedness statistically correlates positively with beneficial effects of psychedelic experiences. Psychedelics thus contrast with drugs like alcohol and cocaine, which cause ego inflation rather than ego suppression.

By altering perception and the typical brain pathways that establish the sense of personal identity, psychedelic drugs disrupt ego function. Overwhelmed by powerful imagery and an altered sense of personhood, the ego must “give up,” as it were, and acknowledge its own powerlessness. This surrender allows for a receptivity to deeper emotions and thoughts that transcend the ego’s limited view of the world. Archetypal and dissociated material must be faced and integrated; the ego must see the world and itself in a new way. Psychedelic drugs, properly used, can augment the kinds of insight one gains in psychotherapy (Sandison, 2001). Terminally ill patients, for instance, can find a new sense of meaning and purpose in a life that has been painfully abbreviated. The flood of unconscious archetypal material that emerges during a trip can reanimate the world, allow us to see the world as meaningful, alive, and full of spiritual energy in the way that our ancestors did.

“Bad” Trips and Trauma

Hallucinogen use occasionally causes frightening hallucinatory experiences, intense anxiety, and dysphoric mood. These “bad trips” tend to worsen if the conscious mind tries to suppress the experience rather than “go with” it. In modern academic literature, these bad trips are reported as adverse effects, yet it seems that these bad trips can be the ones that cause the most important and meaningful insights. Interestingly, the depth psychologists who used psychedelics therapeutically in the 1960s would interrupt pleasant

but superficial trips by increasing the dose of the psychedelic drug to induce a more profound, albeit difficult, experience (Baker, 1970). Our conversations with experienced modern “trip guides” have confirmed this insight. Inadequate dosing can result in a pleasant, but superficial trip. The ego must lose control for real insight to be gained, and that can be a frightening experience from the point of view of the ego.

Some of the conditions for which psychedelic drugs appear to be of special benefit specifically involve trauma, such as PTSD and end-of-life care (which involves facing the universal trauma of death). Psychedelic drugs may be an effective way of accessing dissociated traumatic material. Kalsched (2014), who has integrated ego psychology and Jungian theory, described how the effects of trauma constellate into archetypal forms of a sacred child surrounded by demonic figures. Bad trips may involve contact with frightened and demonic figures, but these contacts may open the trauma survivor up to deeper awareness and integration of dissociated material. Detailed processing of trip content in the context of therapy based in depth psychology may help elucidate these issues.

Case Vignettes Examined from a Jungian Perspective

Before psychedelics became illegal in the 1960s, they were extensively used by therapists in the practice of depth psychology (Sandison, 2001). Although all official clinical usage stopped, there has remained an underground network of trip guides, some of whom offer informal training and apprenticeship. Because of the professional risks involved, most guides are not licensed clinicians. Typically, they do the work as a calling. Many are highly skilled, insightful, and experienced.

Psychedelic experiences are best understood in reference to Jungian psychology. Images and archetypal figures, especially shadow figures and self-images, can appear and interact with the person. They become numinous and charged with meaning but in a different context than in dreams because, unlike the dreamer, the person on a trip remains conscious and to some degree in control. Powerful emotions occur as well, and sometimes people can access traumatic events in a way that they could not in ordinary consciousness. Below, the authors offer some clinical vignettes that illuminate Jungian aspects of the trip experience.

A Couple’s Trip, Without a Guide

A client and his partner, both in their fifties, decided to take an unguided trip together. It was the first psychedelic experience for both, and they decided to use mushrooms (psilocybin). Her experience was pleasant one, involving hallucinations of multicolored flowers and trees, but without any psychological insight or therapeutic benefits. Such trips appear to offer little more than a kind of psychological tourism.

Her partner, on the other hand, had a very powerful but difficult experience. Initially, he was extremely nauseous and threw up several times. While nausea can occur with mushrooms, it is very context dependent. Trauma is often stored in the body and expresses itself in somatic language. Psychedelics can reactivate those visceral responses. Subsequently, the client experienced psychotic feelings and attributed his nausea to his having ingested “demon blood.” In his therapy before his trip, this image of demon blood was an important one and had occurred in a dream the patient had had when he suffered a heart attack in the context of emotional stress.

When the nausea began to resolve, the client began to have strong urges to “go the basement,” though they were in a cabin with no basement. In *Memories, Dreams, Reflections* (1963) Jung describes a similar image of descending to the lowest levels of a house representing a descent to the deepest levels of the unconscious. Subsequent discussion of this image in integration sessions with his therapist suggested that beyond the obvious call to enter the unconscious more deeply, the image of going to the basement also represented personal trauma. The stairway in his trip was the stairway of his childhood home, where his psychotically depressed mother would sit for hours when she was decompensating. Besides being afraid, the client began to feel extremely sad and lonely.

An experienced guide likely would have welcomed the wish to go the basement. He would have invited the descent in a way that felt safe for the client and thus might have deepened the therapeutic aspects of the visionary experience. Instead, his trip partner, on her happy trip and unwilling to hold space for another’s difficult experience during that time, kept telling him, “You don’t need to go to the basement.” He fought the urge for deeper descent; this kind of ego resistance to letting go tends to worsen a “bad” trip. He spent much of the next hours lying down with his eyes closed, intermittently seeing demonic figures in the darkness.

Although his trip was unpleasant, my client views it as highly beneficial, even now, several years later. It gave him new respect for the power of the unconscious. He now feels more able to confront the demonic archetypal forces within him and the trauma he was exposed to. He has come to face the sadness within himself instead of avoiding it. He has developed a deeper understanding of the shadow aspects of his own personality related to fears of abandonment by his mentally ill mother and feels that he has begun to heal from that childhood experience.

Jellyfish

Another client, age 30, described a successful guided trip. The client was dealing with issues of chronic depression and anxiety and was seeking a deeper understanding of those feelings. During her trip, she began to experience frightening images of being in the center of a tornado-like whirling cloud, with many sets of eyes watching her. Her guide, who was experienced and well trained, encouraged the woman to explore that image. Upon reflection during the psychedelic experience and the integration period following the trip, that image appeared to be related to internalized critical parental introjections as well as archetypal and cultural material (the patient was Middle Eastern in background).

Later in the trip, she began to see images of jellyfish floating around her. These images were very soothing and comforting, and upon exploration they seemed to represent a new acceptance of the current and flow of the ocean of the unconscious. With their round mandala-like shape, these jellyfish probably represent images of the Self. Soothed by these images, she felt she that could assent to the wishes and power of her deeper self without trying to resist it. After 6 months, this image remains powerful in her life, and she collects images of jellyfish and finds the images comforting.

The Quest

Another client described a trip taken with a guide during a trip to San Diego. Soon after ingesting LSD, the pair decided to bicycle from the hotel to Balboa Park. Their route took

them first through an area with a large homeless population, then the steep and hilly desert portion of the park. As the drug “kicked in,” the trip began to assume a mythical quality. The hostile shouts of the homeless in the first part of the journey had a hellish quality, and the exhausting ride through the hot desert landscape felt like a spiritual purification, followed by the descent into the surreal but peaceful landscape of the gardens and museums of the more familiar areas of the park. Sitting in the park, the client was able to talk at length about a traumatic experience that she had never fully integrated. She developed a rough idea for a work of visual art that incorporated images of her trauma. She developed this idea into a successful painting. The mythical qualities of the patient’s journey imbued her recollections of trauma with meaning and validation. She was able to realize in a new way the importance of the event in her life and integrate it into a successful work of art.

Summary of Case Material

These brief case vignettes illustrate several key concepts. One, the guide, by virtue of his role, assumes the role of spirit guide. The ego, because of the ingestion of hallucinogens, is more open to unconscious material. The “trip ego” is analogous to the dream ego. The guide gently and non-intrusively supports the fragile trip ego in its encounters with deep psychic material. The presence of a guide augments the mythical components of the psychedelic experience and places it in a framework analogous to the vision quests in other cultures.

The psychedelic trip can involve contact with unintegrated psychic material and images. These can be trauma related, like the stairway; archetypal, like the demon blood image; or healing, like the image of the jellyfish. The trip can also amplify and deepen ordinary experiences, allowing for their validation and integration, like our third client’s journey. Post-trip integration sessions are important for the healthy integration of psychedelic experiences.

A well-planned and carefully guided psychedelic trip resembles active imagination, performed with a guide and in a context where the inner world has an amplified sense of reality. Not all clients can enter the imaginal world on their own to a sufficient degree to utilize active imagination. Hallucinogens, by destabilizing the DMN, give access to an inner world like that experienced in active imagination.

Conclusion

Psychedelic drugs, used properly, safely, and in a therapeutic context, might serve to facilitate therapeutic insight and growth. New clinical research in general psychiatry confirms the benefits of these drugs in a variety of clinical disorders, as well as in end-of-life care. The potential benefits of these agents appear to result from suppression of the DMN. From a depth psychology perspective, DMN suppression correlates with ego suppression and powerful feelings of connectedness. A depth psychology perspective helps illuminate the phenomenology and therapeutic benefits of the psychedelic experience. Further elucidation of trip experiences from a depth psychology perspective is warranted and may further elucidate the psychological mechanisms involved in psychedelic experiences.

Contributors

Greg Mahr is the director of consultation liaison psychiatry at Henry Ford Hospital in Detroit, and is on faculty at Wayne State University. In addition to his academic work, Dr. Mahr has published poetry and flash fiction in journals including *Psychological Perspectives*, *Intima*, *Pulse* and *Third Wednesday*.

Jamie Sweigart, D.O. is an attending psychiatrist at Center for Forensic Psychiatry in Ann Arbor, Michigan. She developed an interest in the role of psychedelics in mental health during her residency training at Henry Ford Hospital in Detroit and has presented nationally on psychedelic-assisted psychotherapy.

References

- Austin, P. (2019). *Famous people who have used psychedelics*. The Third Wave.
- Baker, I. (1970). *LSD 25 and analytic psychology*. Graduate Thesis, C.G. Jung Institute, Zurich.
- Bastiaans, J. (1983). Mental liberation facilitated by the use of hallucinogenic drugs. In L. Grinspoon & J. B. Bakalar (Eds.), *Psychedelic reflections* (pp. 143–152). New York, NY: Human Sciences.
- Bertolero, M., & Bassett, D. S. (2019). How matter becomes mind. *Scientific American* 321(1) 26–33.
- Bogenschutz, M. P., Forchimes, A. A., Pommy, J. A., Wilcox, C. E., Barbosa, P. C., & Strassman, R. J. (2015). Psilocybin assisted treatment for alcohol dependence: A proof of concept study. *Journal of Psychopharmacology*, 29(3), 289–299.
- Caldwell, W. V. (1967). *LSD psychotherapy: An exploration of psychedelic and psycholytic therapy*. New York, NY: Grove.
- Carhart-Harris, R. L., Erritzoe, D., Williams, T., Stone, J. M., Reed, L. J., Colasanti, A., Nutt, D. J. (2012). Neural correlates of the psychedelic state as determined by fMRI studies with psilocybin. *Proceedings of the National Academy of Sciences of the United States of America* 109(6), 2138–2143. doi:10.1073/pnas.119598109.
- Carhart-Harris, R. L., Erritzoe, D., Haijen, E., Kaelen, M., & Watts, R. (2017). Psychedelics and connectedness. *Psychopharmacology*, 10(7), 213–217.
- Carroll, A. (2017). Can psychedelics be therapy? Allow research to find out. *The New York Times*. July 17, 2017, p. 97.
- Controlled Substances Act. (1970). 91 Public Law 513; 84 Stat. 1236.
- Dahlberg, C. C., Mechanek, M. A., & Feldstein, S. (1968). LSD research: The impact of lay publicity. *American Journal of Psychiatry*, 125(5), 137–141.
- Dyck, E. (2005). Flashback: Psychiatric experimentation with LSD in historical perspective. *Canadian Journal of Psychiatry*, 50(7), 381–388.
- Fadiman, J. (2016). *The psychedelic explorer's guide*. Rochester, VT: Park Street Press.
- Fish, J. M. (2005). In *Drugs and society: US public policy*. Lanham MD: Rowman & Littlefield.
- Freud, S. (1927). *The future of an illusion*. London, UK: Hogarth Press.

- Frecska, E., Hoppal, M., & Luna, L. E. (2016). Nonlocality and the shamanic mode of consciousness. *Neuroquantology*, 14(2), 155–165.
- Griffiths, R., Johnson, M. W., Carducci, M. A., Umbricht, A., Richards, W. A., Richards, B. D., Klinedinst, M. A. (2016). Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. *Journal of Psychopharmacology*, 30(12), 1181–1197.
- Henderson, J. (1984). *Cultural Attitudes in Psychological Perspective*, Toronto, Ontario: Inner City Books.
- Hill, S. (2013). *Confrontation with the unconscious*. London, UK: Muswell Hill Press.
- Jung, C. G. (1963). *Memories, dreams and reflections* (A. Jaffe, Ed, R. Winston & C. Winston, Trans.). New York, NY: Vintage Books.
- Jung C. G. (1972). On the psychogenesis of schizophrenia. (R. F.C. Hull, Trans.) In H. Read et al. (Series Eds.), *The collected works of C. G. Jung* (Vol. 3 2nd. Ed. Pp 233-249). Princeton NJ, Princeton University Press. (Original work published 1939)
- Jung, C. G. (1975). *Letters, vol. 2: 1951-1961* G. Adler and A. Jaffe, Eds.) (R. F. Hull, Trans.). Princeton, NJ: Princeton University Press Princeton, NJ: Princeton University Press.
- Kalsched, D. (2014). *The inner world of trauma: Archetypal defenses of the personal spirit*. Abingdon, UK: Routledge.
- Kung, H. (1979). *Freud and the problem of God*. New Haven, CT: Yale University Press.
- Lattin, D. (2017). *The Harvard Psychedelic Club*. New York, NY: HarperOne.
- Lee, M. A., & Shlain, B. (1985). *Acid dreams: The complete social history of LSD, the CIA, the sixties, and beyond*. New York, NY: Grove Press.
- Masters, R. E. L., & Houston, J. (1966). *The varieties of psychedelic experience*. New York, NY: Dell.
- Olivetti, K. (2015). Dimensions of the psyche: A conversation with Stanislav Grof, MD, and Richard Tarnas, PhD. *Jung Journal: Culture and Psyche*, 4(9), 103-119.
- Osmond, H. (1981). *Predicting the past: Memos on the enticing universe of possibility*. New York, NY: Macmillan.
- Palhano-Fontes, F., Andrade, K. C., Tofoli, L. F., Santos, A. C., Crippa, J. A., Hallak, J. E., Ribeiro, S., & de Araujo, D. B. (2015). The psychedelic state induced by ayahuasca modulates the activity and connectivity of the default mode network. *PLoS ONE*, 10(2), Retrieved from <https://doi.org/10.1371/journal.pone.0118143>.Ertizzoe
- Pollan, M. (2018). *How to change your mind: What the new science of psychedelics teaches us about consciousness*. New York, NY: Penguin Press.
- Ross, S. (2016). Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: A randomized controlled trial. *Journal of Psychopharmacology* 30(12), 1165–1180.

- Ruck, C. A. P., Bigwood, J., Staples, D., Ott, J., & Wasson, R. G. (1979). Entheogens. *Journal of Psychedelic Drugs, 11*(1–2), 145–146.
doi:10.1080/02791072.1979.10472098. PMID 522165
- Sandison, R. (2001). *A century of psychiatry, psychotherapy and group analysis: A search for integration*. London, UK: Jessica Kingsley.
- Sessa, B. (2005). Can psychedelics have a role in psychiatry once again? *The British Journal of Psychiatry, 186*(6), 457–458.
- Singer, T., & Kaplinsky, K. (2010). The cultural complex. In M. Stein (Ed.), *Jungian psychoanalysis: Working in the spirit of CG Jung* (pp. 22–37). Chicago: Open Court Publishing.
- Singer, S., & Kimbles, S. L. (2004). *The cultural complex: Contemporary Jungian perspectives on psyche and society*. New York, NY: Routledge.
- Special Eurobarometer, biotechnology. *Fieldwork: Jan.-Feb. 2010*.
- Waldman, A. (2017). *A really good day*. New York, NY: Knopf.