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The New Psychotherapy

MDMA AND THE SHADOW

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Ann Shulgin is married to Alexander Shulgin and has participated in his past research into the effects of new psychedelic drugs. Before 1985, she did work as a lay therapist for several years, using mostly MDMA for both individual and marital problems, as well as for the spiritual growth of certain individuals. She co-authored the books *PIHKAL* and *TIHKAL* with her husband, and is engaged with him in the writing of a third book, as yet unnamed. Ann has four children and five grandchildren and loves spinach, earthquakes, and thunderstorms.

Although many words could be written, two quotations summarize the essence that the author of this dissertation wishes to communicate. Henri Bergson observed that, "Mankind lies groaning, half crushed beneath the weight of his own progress." Paul Tillich formulated "the question our century puts before us" as follows: "Is it possible to regain the lost dimension, the encounter with the Holy, the dimension which cuts through the world of subjectivity and objectivity and goes down to that which is not world but the mystery of the Ground of Being?"

William Alan Richards, “Counseling, Peak Experiences and the Human Encounter with Death” (dissertation), 1975

Modern psychotherapy utilizing psychoactive drugs probably began in the early 1960s. MDMA (methylenedioxymethamphetamine), now known on the street as “Ecstasy,” first came to the attention of certain members of the mental health community because of the efforts of one man—now dead—an elderly psychologist whom I shall refer to as “Adam.”

Adam had been quietly giving mind-expanding drugs to many carefully selected patients and friends for years to help them in their psychological and spiritual growth. He discovered the power of MDMA in 1972, through my husband, Sasha Shulgin, who had unearthed the original 1912 German patent and made the compound in his laboratory. He introduced Adam to it as a possible antidepressant.

Having tried the drug himself, Adam—who had been on the verge of retirement—started a new practice, devoting himself almost entirely to training innovative and courageous psychologists and psychiatrists across the country, and eventually Europe, in the use of MDMA in therapy. At the memorial service after his death, one of his closest friends told me, “I think that, all in all, Adam trained around four thousand people around the world in the use of MDMA, just in that last dozen or so years.”

He began by giving the drug to the therapists, because—in his opinion—no therapist has any business giving a consciousness-altering drug to any other person unless he, the therapist, personally knows its effects. That rule was honored by all who followed Adam in this kind of work, and it still holds. It applies not only to MDMA, but to any other psychoactive drug that is used.

This rule applies most particularly to the drugs called hallucinogens, psychedelics, entheogens, or entactogens (MDMA is an entactogen). “Entheogen” means awakening the God within; “entactogen” means touching the self within.

MDMA became a favorite tool of psychotherapists because it can be given safely to people who are too emotionally fragile to

benefit from mescaline, psilocybin, LSD, and similar drugs. There is no loss of control with MDMA, and it produces none of the dramatic visual changes associated with psychedelics, effects which can be disturbing and do not necessarily contribute to the quality of the inner experience.

The general structure of a drug-assisted therapy session had been evolving since the 1960s, and when MDMA became available and proved itself to be, indeed, “penicillin for the soul,” there was already a considerable body of experience on which to base the new therapy.

Here, I will give a very brief overview of certain aspects of this kind of work, whether it is done for problem solving or for spiritual growth. For instance, how does therapy with MDMA or another psychoactive drug differ from the generally accepted forms of psychotherapy and hypnotherapy?

If you are the therapist, remember that, before any drug is ingested, a contract must be made—verbally, face to face—with the client, keeping in mind that you are speaking not only to his conscious mind, but also to the listening unconscious.

The contract includes the following rules. The exact wording is open to change, at the therapist’s discretion. The content, however, must remain intact.

1. All sexual feelings are allowable; they can and should be discussed, but will not be physically acted out here.
2. Feelings of hostility and anger are allowable; they can and should be talked about, but must not be acted out against me or my possessions, except in a manner agreed to between the two of us.
3. If you (the patient) should see the friendly death door and know, that by stepping through it, you can be done with this life, you will NOT do so during this session. You will not end your life in such a way, when you are here with me, because such an act would cause me great injury, and you will not injure me, as I will not injure you.

4. You will swear to abide by these rules, without exception and without reservations.

Rule 1 is self-explanatory.

Rule 2 requires an additional note to this effect: The therapist should, of course, make it possible for the patient to express his anger, to indeed act out feelings of rage and desire to kill—if and when such feelings arise in response to unburied memories—by supplying such things as old sheets or pillows to pound or tear, and by coming to an agreement with the client as to when, how, and where (the therapist may have a special room set aside for this purpose). All this will be carefully explained to the client after the contract has been agreed to.

Rule 3: The wording of this rule may sound cold and uncaring, but the patient's reaction will be a sudden shock of understanding that what is being talked about is literally a matter of life and death, and his unconscious mind will register the fact that whatever may happen during the coming session, there are rules that must be followed.

The death door is an actual experience that most explorers in the world of the human psyche will eventually encounter. It takes many forms, all of them gently welcoming, and its message is "Here is the way back home, when you decide to return." It does not seduce or entice; it's just there. If it appears to a deeply depressed patient, it may mean escape from pain and desolation, and without the contract, the temptation to go through might be overwhelming. Some people have given in to the temptation and been sent back, but we have heard of one—and there may be more—who stayed on the other side of the opening. The therapist in such a case faces not only his patient's death, but also the legal and professional disaster that results from it.

Rule 4 speaks for itself.

There are other differences: any session using one of these drugs will take a minimum of six hours (with MDMA), and often as long as eight to twelve with other substances. The duration of the session depends not only on the kind of drug used, but also on

whether a critical psychological or spiritual problem is being worked through.

Many times, in my experience, the most important emotional confrontations or spiritual battles begin to happen at what should have been the falling-off of the drug effects, during the last hour or so of the session.

Most sessions with a patient or client involve some intense work that is begun and ended well within six hours and often earlier. However, if a last-minute vital struggle takes place, one of the most important rules of drug-assisted therapy is that the therapist—no matter how tired he might feel—MUST NOT cut short the session. He must stay with the client, continue working with him, until the breakthrough has been achieved.

The human psyche has its own private and personal schedule for growth, and will take important steps in its own way and in its own time. The therapist is there to help the process, to devote himself— heart, soul, and insight—to guiding and supporting the hard work his client is doing.

When the CLIENT, on the other hand, decides he is too tired to work further, that is the signal that his psyche is closing the door and telling everyone, “Sufficient unto the day,” and it is only then that the therapist should begin bringing the session to a close.

MDMA is an entactogen, and some people call it an entheogen. It is an insight drug, and one of the ways it enables insight to function in its user is that it removes the deep-seated fear most of us feel when we face our own Shadow—to use the Jungian term—or dark side.

In place of fear, in almost every user, there arises a peaceful acceptance of whatever is encountered, and an unaccustomed compassion for himself; in other words, an acceptance of all the aspects of his own nature, giving and selfish, kind and vengeful, loving and despicable.

I have often described this experience of unconditional selfacceptance as “being held in the loving hands of God,” and it can be considered, in and of itself, one of the most healing experiences that any human being can have.

Once he has felt—possibly for the first time in his memory—such absolute validation of the totality of who he is, old habits of defensiveness fall away.

There is less need to protect himself against his own Shadow, his dark side. The therapist should remind him that it's there in him, as it is in every other human being, to serve a purpose, and that purpose is self-protection and survival. Not just survival of the physical body, but also of a self-image constructed by the unconscious to enable him to get through life with some degree of self-acceptance.

MDMA will enable him to consider changes he may need to make in himself, without accompanying guilt or self-rejection.

The degree of insight achieved in any session using MDMA or other drugs—such as 2C-B, which is relatively short-acting—depends first of all on the willingness of the patient to face and acknowledge his dark side or Shadow, the repressed, closed-off, long-denied aspects of his nature.

Putting it in Buddhist terms, he is being asked to confront the demons known as the guardians of the gate, and 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.

No person can be asked to do the work of confronting his Shadow without being told by his therapist, in advance, that what he will see and feel is not—NOT—the whole truth about who he is, but only one important and essential part.

There should have been a great deal of discussion—before any drug ingestion—not only about the nature and function of the Shadow, but also of the need to feel compassion for the innocent child he had been, and to understand why and how that child developed certain habits of behavior and emotional response to his environment, in an effort to survive in a world he wasn't equipped to deal with or control.

It is in this preliminary discussion that the experience and persuasiveness of the therapist comes into play. He himself MUST

have had this kind of emotional and spiritual journey, before he asks a client to undergo it.

He must have felt that stomach-churning fear of opening up a view of his core Self that he simply could not have lived with, if it had been, indeed, his true nature. And he should have been guided by a therapist or friend who knew how to lead him through this terrifying territory and out the other side. Only a therapist who has undergone this process of self-confrontation can speak with unmistakable authority and believability to a client who is struggling with intense, deep fears.

All these explanations and reassurances must have taken place before the client makes a final decision about taking a therapeutic drug. It is essential preparation, because without it, the drug session might be wasted.

When the unconscious psyche anticipates the possible destruction of a needed and long-nurtured good self-image; when the Survivor hears footsteps outside the massive door that has guarded his monster aspect from view for most of his life, one result may well be a complete lack of response to the drug. No insight, no images, no nuthin'.

Or there may be the eruption of an acute anxiety state, which thoroughly blankets any other effects and distracts the attention of everyone involved.

There are other ways in which drug-assisted therapy (or spiritual growth guidance) differs from ordinary analysis or psychotherapy.

It is essential that the therapist lay aside all preconceived theories and belief systems, either psychological or spiritual, as much as possible. His attitude must be that of a student, learning a new part of the universe, seeing it for the first time. The client is a new world, unlike any other he has previously encountered, and the therapist must be ready to learn a language of symbol and imagery peculiar to that world.

He has to keep his eyes and ears open and all his antennae alert, so that he might begin to get a glimpse of the emotional and spiritual structure and rules of survival that inform life in this unique human landscape.

What the therapist should remember is that the client's psyche contains a part that is a self-healer, and that it is a component of what might be called, for lack of a better term, his higher Self. I prefer to call it the Overseer. He should tell the client of the existence of that healer within, because by doing so, he will help activate it.

There is another rule that I believe must be observed by any therapist undertaking this kind of journey with a patient or friend. He has to be able to feel something very close to love for the person he is guiding. There should be real caring, and it cannot be simply an intellectual concern for the client's welfare; it must be deeper than that, at the gut level.

Real caring, like love, cannot be forced, as we all know, and the therapist should have sufficient insight of his own to be aware of what his feelings toward the client really are.

If there is hostility or apprehension, he must be prepared to do the necessary insight work to discover the reason for those feelings, to work on whatever projections may be involved, and if he cannot completely resolve them, he should direct the client to another therapist. I'm not talking about such feelings as momentary irritation or impatience; those can come naturally in response to many things, and they don't negate basic love or caring.

It is in connection with this ability to affirm and care about his patient that the therapist's own past training with the substances becomes important. If he has sufficient experience of his own with these tools, he will have (he should have) taken certain spiritual steps, which will have brought him to specific places within himself. One of these is the often referred-to "participation mystique," in the words of the great anthropologist Eliade, and it usually happens in the first drug session, if it is conducted, as it should be, in quiet natural surroundings.

He will have felt the sense of kinship with every living thing, and he will have known—again this is gut knowing, not intellectual knowing—that every animal, plant, and human being is related to him. He will have sensed that everything alive carries within it the

Godessence, a spark of the Great Spirit, and that indeed we are all highly individual parts of one living, conscious Being.

What may have appealed to him before as nothing more than a beautiful, poetic concept will suddenly have taken the form of reality, and the profound impact of this realization will have become part of him for the rest of his life.

That is why, once he has had the privilege of being in this place in his soul, he will find it possible to feel true caring, even love, for a client who is preparing to open himself to himself. He will know that this person he is working with is, in the deepest sense, his parent, his brother, and his child.

Since I've touched upon the experience of confronting the Shadow, I should add that there is one important way in which drug-assisted exploration differs from, for instance, Jungian analysis, when it involves facing and acknowledging the Shadow.

A Jungian analyst will encourage his client to see his Shadow as clearly as he can—see what shape it takes, sense what its qualities are— and then to continue working on understanding its origins and its functions. Eventually, it will transform into an ally of the whole, integrated, conscious Self.

It may not sound like a dramatically important difference, but a therapist working with MDMA, psilocybin, or a similar drug will gently help his client to take one additional step, when he has full view of his Shadow, which, by the way, usually, but not always, takes the form of a large, powerful animal.

He will urge the client to first face, then enter into, the dark figure he is meeting; he must work to get inside the beast's skin and look out through its eyes.

It is here, at this point, that a battle may have to be fought, because not only does the conscious man have to fight his own revulsion, shame, and fear of this forbidden aspect of his psyche; the mind may project upon the Shadow an equal resistance to being seen or touched.

Some people seem to be able, once they have acknowledged the Shadow, to step right into it. Others must fight to get there,

with strong, patient, loving support and encouragement from the therapist.

The first response to successful merging is usually astonishment at an unaccustomed absence of fear of any kind. The second is a growing appreciation and then frank exhilaration at the sensation of power— immense, fearless power—that characterizes this creature.

This stage of getting to know the Shadow from the inside may take more than one session, but many times I have seen the work completed in one day.

As the client learns to accept and understand his Shadow and its primary goal, a transformation will begin.

Ultimately, the Shadow will take its place as a devoted ally and protector, available when needed to the whole Self, respected and validated by the conscious mind, even though it will never be entirely housebroken or have good table manners. In other words, the final goal is identical to that of the Jungians.

A final, sad reminder:

Since the Controlled Substance Analogue Enforcement Act of 1986 was passed, this kind of therapy and spiritual journey, using these priceless tools, has been illegal in the United States.

Despite thousands of years of spiritual training using visionary plants in native cultures worldwide, modern governments have, with very few exceptions, attempted to repress the use of consciousness-opening plants and chemicals by classifying them alongside dangerous narcotics and stimulants as addictive—which they are not—and without social value.

You might blame an almost universal ignorance on the part of lawmakers, as well as most of the general public, about these substances and their appropriate uses.

I blame something else: an intense unconscious fear of the hidden depths of the human psyche, and an unacknowledged certainty that the Shadow is, indeed, the final terrible, rock-bottom truth about the nature of man. This belief, in most of us, has been nurtured in a thousand ways by family and culture, and too often by institutional religion. It will be up to us—and others who feel as

strongly as we do—to find out how to turn this around in our own nation. In many other countries, in Europe and South America, a change in attitude seems already to have begun.

It seems to me that if the human species is to survive much longer on earth, this kind of spiritual journey, this kind of understanding and transformation of the dark side of the soul will have to be seen as a necessary part of that human survival.