

THE PRACTICE OF ACTIVE INTROVERSION

J. L. HALLIDAY (*United Kingdom*)

Although keenly interested in psi phenomena, during this Conference I have remained silent because of no practical experience in its main theme—the effects of Lysergic Acid. Even now, in spite of the many fascinating contributions which have been made here, I must confess I am still ignorant of the part, if any, played by this drug in increasing or minimizing the psi faculty in persons who clearly possess it. I do not happen to be one of these, but over twenty years ago after being instructed in the practice of “active introversion” by a Jungian analyst, I did experience the faculty occasionally occurring in myself.

Active introversion is the term given to the procedure of relaxing on a chair or couch, closing the eyes and watching the inner imagery which develops. Some people are quicker at achieving this than others. I never succeeded in achieving it in bright sunlight or when I was tired or depressed. The best condition seemed to be one of relaxation, ease and slight elation or expectancy. Usually the “inner eye” is first aware of odd lights and configurations such as whorls, spirals or fortifications, quickly passing in kaleidoscopic form. This is similar to the hypnagogic imagery experienced by people on the point of falling asleep. As those disappear one may encounter a dark blue background which is the blue of night. Next there usually arises what can be called “the functional symbols of entry” which take the form of tunnels, telescopes, passages or wells, along or down which one seems to proceed. When this entry has been accomplished a great variety of shapes, forms and figures are encountered. At first these can

usually be related to childhood experiences, but later as one becomes more proficient the scenery includes archaic buildings, temples, strange animals, ancient priests, medicine men, etc. Throughout, constant changes occur and a story may unfold in which one may be either observer or participant. Yet one must be passive and not actively force or alter what emerges. Things must be allowed to happen on their own. At a certain stage of going down I have found that I was able to obtain visual impressions relating to an object given to me by another person and that these impressions corresponded to factual data concerning the person.

Some years ago I attended a number of therapeutic groups and as I sat there I would, at times, introvert slightly. When I did so I would sometimes get a very vivid visual impression coming from one or another member of the group. For example on one occasion I got a picture of the Forth Bridge which seemed to be associated with the patient on my left. I told him about it and asked if this meant anything to him. "Yes indeed," he said, "it does. I am going this afternoon through to Edinburgh for the rugby match and I have arranged to have dinner at the Hawes Inn which is just below the Forth Bridge."

While practicing psychotherapy I occasionally have a vivid visual impression of a white smoky cottonwoolly appearance coming from the mouth or neck of the patient. At times this has seemed to coincide with the stirring up in the patient of some intensely emotion-laden experience which he has been repressing. At other times it seems to represent some "psychic" happening which I have not the means of comprehending.

I have never set out to develop the psi faculty in myself. Like so many others I have been ambivalent towards it. At times it seems of tremendous and fundamental importance; at other times it seems of no account whatsoever. Certainly it is the most difficult and complex of all the fields of study with which I am acquainted. Moreover the phenomena are elusive and often inconsistent. They are things of the psyche or spirit in the sense that like the wind it bloweth where it listeth. Personally I do not see much progress being made

along the lines of guessing numbers and pictures on cards. I am even doubtful if such forms of "telepathy" are real. I am however convinced of the reality of the faculties of clairvoyance and clairaudience in those who have these gifts innately given or later developed. Future research with drugs cannot begin until persons with the psi faculty can be identified and studied in the hope that as a first step some measure might be given to their average standard of performance in the absence of drugs. In the development of the psi faculty further consideration should, I believe, be given to training in the practice of active introversion.