Psycholytic and Psychedelic Therapy Research 1931-1995:

A Complete International Bibliography

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TORSTEN PASSIE

PSYCHOLOGIC AND PSYCHEDELIC THERAPY RESEARCH 1931-1995:
A COMPLETE INTERNATIONAL BIBLIOGRAPHY

To Giorgio Sanna
with highest regards
T. Passie
Psycholytic and Psychedelic Therapy Research 1931-1995:
A Complete International Bibliography

Compiled and introduced by
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Preface by
Hanscarl Leuner MD †

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CONTENTS

Preface ......................................................

I. Introduction ........................................... 9

II. Organization of the Bibliography .................... 21

III. Bibliography
    1. General Approach and Basic Research ............ 23
    2. Psycholytic Therapy ............................... 42
    3. Psychedelic Therapy .............................. 70

IV. Major Scientific Conferences on the Subject ........ 88

V. Major Bibliographic Sources ........................ 89
    Author Index ......................................... 90
    Subject Index ...................................... 95
    About the Authors .................................. 102
Psycholytic session

The late psychologist Dr. Zbynek Havlicek as a professional guide (Sadska Hospital / Czechoslovakia 1965).
PREFACE

It is a great pleasure for me to thank Dr. Passie for his toil and diligence in elaborating this bibliography. I am honored to prepare its preface.

This bibliography is of special significance. It is being published in a historical period of psychotherapy during which a great number of severely neurotic patients requiring treatment, which necessitates a search for more effective and efficient psychotherapeutic methods. Economy of time and expense are sought. Accordingly, the following work addresses the application of unique psychoactive substances like LSD, psilocybin, MDMA etc. as adjuvants to psychotherapy, which opens extremely promising perspectives.

The citations refer to so-called „hallucinogen research“, a branch of scientific inquiry which developed worldwide within a relatively short span of time. However, by the end of the sixties, the growth of this branch was legislatively victimized as various authorities overreacted to an increase in the uncontrolled nonmedical use of hallucinogens. Worldwide scientific research and clinical application of these substances as psychotherapeutic adjuncts - which had been so fruitful between 1950 and 1970 - was prohibited.

An abrupt decline of scientific publishing in this field is illustrated in Dr. Passie’s diagram (table 1). It depicts a unique suppression of scientific activity in free democratic countries as scientists were excluded from investigating this particular field. This is especially astonishing since it concerns psychotherapeutic methods for patients unresponsive to conventional therapies. Moreover, the research into the clinical application of these sub-stances as adjuncts in psychotherapy that has taken place had not demonstrated serious side-effects or dangers. Although historical changes have occurred, until now, these efficient therapeutic methods have thus been prohibited, under threat of penalty, for use by physicians.

The publications referenced in this bibliography concern psychotherapeutic methods with promising possibilities. Major epidemiologic studies have furnished proof that only one-third of patients needing psychotherapy can be successfully treated applying conventional methods. Hence, two-thirds may be sentenced to continued suffering of the neurotic misery that Sigmund Freud described and quite clearly deplored. The plight of such a large population of therapy-resistant patients deserves special regard. Of special note, persons with a patient „career“ of more than seven years, who have undergone various clinical treatments without decisive success often become disabled. The monies to support their early pensions or disability payments are very costly to society.
psycholytic therapy groups in which I (1960-86) and others were allowed to practice with otherwise inaccessible patients, produced significant reductions in the disturbed state of a large percentage of these patients*.

A physician like myself who has devoted his life to psychotherapy knows of the lamentable limitations of conventional approaches. I was able to actively take part in studying and practicing the fruitful deepening and intensification of a psychotherapy improved by the adjuvant application of psychoactive substances, and I was exceedingly encouraged by having the opportunity to make use of these effective treatments. To nearly ten thousand patients worldwide, many heavily disturbed, psycholytic resp. psychedelic treatment opened deeply moving experiences and assisted them in freeing themselves from their wrong habits and traumatizations. In spite of this, there has been imminent danger that knowledge of the enormous potentials of such intensified psychotherapy might be forgotten. I do hope the publication at hand is one step to bringing it home to the scientific community.

In my view, the appropriate governmental agencies should take steps to reconsider and equitably restructure legislation which was originally founded on basic misconceptions and has erroneously led to an extremely prohibitive exclusion of hallucinogenic substances from scientific research and medical application. These indiscriminate prohibitions were ineffective in controlling illegal use of these substances and hence, lead to their establishment in a black market. Unfortunately, the prohibitions primarily prevented the development of appropriate utilization of these substances in the treatment of neurotic misery by competent and educated physicians.

Moreover, coincident with the view of the World Health Organization (WHO), these substances do not have an addiction potential comparable to that of opiates or other habit-forming drugs. If there is any such tendency with hallucinogens, it involves only a minor psychic dependence.

Unfortunately, no proficient physicians and therapists were able to take part in the meetings of the WHO Expert Committee of Dependence-Producing Drugs in 1966 - 1969, which took place in an atmosphere which was regrettably heated and lacking objectivity due in part to discussion of the increasing of uncontrolled nonmedical use of some of the substances in question by laymen. So, the potential of hallucinogens as psychotherapeutic adjuncts were not taken into adequate consideration. Until now, this situation has not changed.

Analysis of the various reports on clinical treatments and the results of the efficiency of psycholytic resp. psychedelic therapy can serve to inform young physicians and therapists as well as to stimulate scientific inquiry. The substantial number of publications from the fifties and sixties carry great weight because of the long interruption of research. Through their inspection, younger therapists can refer to the cases and guidelines reported by the previous generation. This bibliography may also support an often ignored aspect of science becoming prolific through the communication between learners and teachers by enhancing scientific productivity. The active psychotherapist, in particular, knows of the interpersonal powers of an exchange of thoughts, opinions, sympathies and antipathies for a mental and scientific dispute and enrichment.

Hanscarl Leuner M.D.
Göttingen, Germany, March 1996
I. INTRODUCTION

"The future may teach us to exercise a direct influence, by means of particular chemical substances, on the amounts of energy and their distribution in the mental apparatus. It may be that there are other still undreamt-of possibilities of therapy."

Sigmund Freud

The present bibliography includes nearly all publications on the psychotherapeutic treatment procedures which are referred to as “psycholytic” or “psychedelic” therapy and their foundations. The methods in question use the psychic activating properties of specific substances to reinforce psychotherapeutic treatments. Some appropriate psychoactive substances are lysergic acid diethylamide (LSD), psilocybin, mescaline or also 3,4-methylenedioxymethamphetamine (MDMA), to name only the best known ones. On the basis of their abilities to restructure and intensify psychic experiencing in a specific manner, these substances are designated as “psycholytic” (soul-loosening) or “psychedelic” (mind-manifesting). However, in the medical sciences the problematical term “hallucinogens” has become established.

This bibliography developed from the need to bring attention to the therapeutic application of these substances, which has nearly been forgotten as a result of unfortunate historical circumstances, in terms of their scientific and historical importance. The nearly 700 listed publications clearly demonstrate how actively physicians and psychologists were involved in investigating the therapeutic potential of these substances in the 50s and 60s. Due to their increased use by laymen during the end of the 60s (which developed independently from medical use), a statutory prohibition of these substances was enacted. Since then, their further investigation and medical administration has been subject to drastic restrictions. The number of publications has also dropped drastically (cf. table 1). However, since the late 80s, changes have begun to take place which make renewed application of such substances in psychotherapy more likely. For this reason it has become imperative to make the scientific material published up to now available for further research.

A complete history of the procedures and their standards cannot be provided in the present paper. But it appears appropriate to point out their origins and characterize the three scientifically established therapeutic methods. In addition, I would like to draw your attention to current investigations and efforts in this field.
The first attempts to use pharmacological influences on the state of consciousness in psychotherapy go back to before the turn of the century, when ether, chloroform and hashish were used to induce and deepen hypnotic states. In the 20s and 30s, physicians attempted to intensify the psychotherapeutic treatment options created by hypnosis and psychoanalysis by using subnarcotic doses of barbiturates. These experiments followed the observation that many patients demonstrated an uninhibited flow of speech in the recovery phase of barbiturate narcosis and divulged intimate details. A procedure which became known as “Narcoanalysis” used this barbiturate-induced state of excitation to recall forgotten and repressed experiences and conflicts. Above all, it attained importance in the treatment of traumatic combat neuroses.

Although the actions and therapeutic use of hallucinogenic drugs have been known worldwide for millennia, their scientific investigation first began in the 20th century. Since the 20s, a variety of human experiments with hallucinogens, especially with mescaline, have been conducted. Even though it was possible to work out an exact phenomenology and clinical picture of the mescaline intoxication, nearly all researchers were of the opinion that the experiences did not reflect the psychodynamics of the experimental subjects. But as early as 1931, the Italian psychoanalyst Baroni was the first to use a mixture of mescaline and seeds of Datura stramonium as adjuvants in psychoanalyses. Nevertheless, primarily the first clinical experiments with the highly effective hallucinogen lysergic acid diethylamide (LSD), which was discovered in 1943,
made evident the psychodynamic components of the hallucinogenic experience\textsuperscript{10}. This work by Stoll caused a sensation among psychotherapists and led to the first attempts to use hallucinogens as adjuncts in psychotherapy\textsuperscript{11}. In the further development of this work, proof of its psychodynamic relevance and the authenticity of its experiential contents could be provided\textsuperscript{12}. In addition to the influence of its predecessor, "Narcoanalysis", the "psycholytic method" has various other origins:

- In 1953 Sandison et al. found intensification of affects and abreactive memory actualizations which lead to a significant improvement in the condition of neurotic patients after a single LSD application\textsuperscript{13}.
- Around 1950 Leuner developed a day-dream technique in psychotherapy (today established as "Guided Affective Imagery")\textsuperscript{14}. He determined that by using small doses of hallucinogens, therapeutically useful images could be intensified and deepened. In addition, experiences of regression and catharsis were favored\textsuperscript{15}.

The method unanimously designated as "Psycholysis" (Sandison) at the "First European Symposium for Psychotherapy under LSD-25" in 1960\textsuperscript{16} developed under the direction of psychoanalytically-oriented therapists from these two basic approaches. This new method was based on the widely accepted concepts of classical psychoanalysis and supported the activation of unconscious memories, emotional impulses, and conflicts with low doses of hallucinogens. These kinds of experiences could be experienced in a dreamlike, but mainly clear, altered state of consciousness which was easily remembered and accessible for therapeutic processing.

While the substance is acting, the patient lies on a couch in a darkened room and is attended to by one attendant (mostly a specially trained nurse) and occasionally visited by the physician. The dosage is individually adjusted in such a manner that the patient remains oriented and in communication with the attendant, and realizes the therapeutic character of the situation. The patient is asked to surrender her-/himself without reservation to the impressions and visions which appear. The occasional remarks of the patient are recorded with a tape recorder or in writing, and then given to her/him to prepare a retrospective record. In addition to a discussion immediately following the session, the induced experiences are interpreted and worked through in drug-free sessions between the hallucinogen sessions in accordance with the principles of depth psychology. Therefore, the drug-induced experiences play only a supporting role in primarily conventional psychoanalytical treatments\textsuperscript{17}. As a rule, these
extend for months to years, and between 10 and 50 psycholytic sessions are conducted.

Psycholysis offered special opportunities to overcome strong and consolidated defense structures in patients who had been previously considered to be resistant to therapy\textsuperscript{18}. Many of the therapists who were working with this procedure at that time attended to this difficult group of patients and were able to report significant therapeutic progress. Therefore, it appeared plausible that an extension of the psychotherapeutic indication spectrum could be achieved with psycholysis\textsuperscript{19}. Especially for this group of patients it seems today that they can't get access to the only effective treatment for them, which is indeed clinically established and of low risk, but forbidden by law - out of reasons which are not related to the treatment procedure itself. Another reported advantage was the ability to use the intensification and deepening of therapeutic processing by psycholysis to improve the effectiveness and shorten the treatment of less severe neurotics to less than half of the usual time, which could save costs.

In the beginning, there were some problems with complications such as subsequent depressive mood swings and a few suicide attempts following the sessions. These could however be avoided by optimizing the procedure and specifying the indication spectrum\textsuperscript{20}.

During the 60s, psycholysis was regularly practiced in 18 European treatment centers. In 1965 the European Medical Society of Psycholytic Therapy (EPT) was founded to exchange experiences and coordinate research. Due to continual process of development and optimization, one can speak today of a fully developed and therapeutically valuable method. The safety of the procedure was also optimized and led to very few adverse reactions in the later years\textsuperscript{21}. Between 1953 and 1968 more than 7000 patients were treated with this method\textsuperscript{22}.

An approach which must be strictly differentiated from the psycholytic method was developed in the USA and termed the "psychedelic method". This procedure also had various origins:

- Around 1950, proceeding from the observation that many alcoholics remain abstinent after the traumatic experiences of a delirium tremens, Hoffer and Osmond wanted to produce delirium tremens with high doses of LSD to effect abstinence. However, they determined that, in contrast to their hypothesis, positively felt experiences such as deepened self-awareness and religious experiences left behind a lasting therapeutic effect\textsuperscript{23}.
### PSYCHOLYTIC THERAPY

**Principle:** Activation and deepening of the psychoanalytic process with low doses of LSD (30-200 mcg), Psilocybin (3-18 mg), LE-25 (30-80 mg) etc., producing symbolic dream images, regressions and transference phenomena.

**Concept:** Psychodynamic frame of interpretation.

Numerous sessions required (10-50).

**Therapeutic processing:** Analytic discussion of experienced material in individual and group sessions (focusing on ego-psychology, transference and defense mechanisms). Reality comparison, and attempt to adapt experiences to every-day life.

**Goal:** Cure through restructure of personality in a maturing process and loosening of infantile parental bonds. Better intrapsychic and social harmony.

**Indications:** Most forms of neuroses, psychosomatic cases, psychopaths, sexual neuroses.

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### PSYCHEDELIC THERAPY

**Principle:** High doses of LSD (300-800 mcg) leading to so-called cosmic-mystical experiences. Feelings of oneness, ecstatic joy and deep-reaching existential insights are attained.

**Concept:** Without foundations in the classical psychological theories. Modern transpersonal approaches to explain structure and effects of experiences.

One to three „overwhelming“ experiences are aimed at.

**Therapeutic processing:** Very suggestive quasi-religious preparation. Use of specific surroundings and music to structure experiences. No psychodynamic interpretation. Use of the „psychedelic“ experience for motivation of attitude and personality change.

**Goal:** Symptomatic cure, change of behavior and better social adjustment triggered by conversion-like existential experiences and enhanced self-insight.

**Indications:** Alcoholism, neuroses (?), terminal cancer patients.

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**Table 2:** Main features of the two classical approaches to the use of hallucinogens in psychotherapy (modified from Leuner 1967).
• In ethnographic publications, reports were presented on the ritual administration of certain hallucinogenic plants (Peyote cult, brazilian Ayahuasca religion), which lead to dramatic positive personality changes in sociopathic and alcohol-dependent individuals.

• In 1962 Kast conducted a comparative study on the analgesic action of various substances (including LSD) on terminal cancer patients. Surprisingly, he was able to detect a diminution of pain as well as a more relaxed attitude toward death in the LSD-subjects. When asked, these people reported experiencing deepened self- and situational insight as well as an elevated religious awareness, and thus an altered relation to physical death.

Subsequent to their first experiments Osmond and Hoffer developed the psychedelic treatment technique. This procedure made induction of mystic-religious experiences to the basis of its therapeutic action. It uses a quasi-religious preparation of the patient, higher doses, specific surroundings and music to favor evocation of deep-reaching insights and religious experiences. The transformative power of certain mystical states of consciousness, such as the so-called “Unio mystica” (mystic union), was particularly emphasized. The fact that religious experience - with appropriate preparation and surroundings - is a typical component of high dose hallucinogen sessions was scientifically documented at the beginning of the 60s by Pahnke (in a double-blind experiment) and by Leary et al.

The psychedelic treatment was further optimized during the 60s and culminated in the methodically meticulous studies at Spring Grove Hospital, Maryland and the NIMH Psychiatric Research Center in Catonsville, Maryland. With this method over 2500 alcoholics, drug addicts and neurotic patients were treated between 1957 and 1973.

The third range of application, which was most likely discovered accidentally by Kast, lies in changing terminal cancer patients’ attitudes toward death. In this treatment too, the peak experience is the focus. An ego dissolution which is linked with this experience is experienced by patients as transcending individual-body restrictions and produces a feeling of security which extends beyond the transience of the physical body. For this reason, the patients can cope with the prospect of their approaching death in a more free and relaxed manner. This therapy was applied on several hundred terminally ill patients, and was proven to be effective in methodically sound studies by the NIMH group.

A combination of the psycholytic and psychedelic methods was first suggested by Alnaes and Grof. This “psychedelytic” approach integrates both the intense transformational experiences of individual high-dose psychedelic
sessions and processing of psychodynamic material in low-dose psycholytic serial sessions. It is considered to be the most modern approach and has already been applied in a few pilot studies.

With reference to treatment success, most psycholytic therapists reported long-term improvement in approximately two-thirds of their usually difficult and chronic neurotic patients. However, these earlier studies only meet the standards of psychotherapy evaluation of that time. Assessed from a current perspective, they are, in most cases, subject to severe errors. Some of the psychedelic therapists were more rigorous in their methodology. But typically, the psychedelic method was practiced without long-term psychotherapy. Because of that, the initially dramatic improvements of patients were mostly not long-lasting.

As a result of the variety of applications that are described above an extremely promising future for hallucinogen-assisted psychotherapy was foreseen by many authors. The successive expansion of research in this field is clearly demonstrated by statistics of the publications (cf. table 1).

Another important aspect of psychotherapeutic research with hallucinogens is its heuristic value. Thus, from this research eminent and far-reaching new models for understanding the deeper dimensions of the human psyche were developed.

However, further development was increasingly overshadowed by the social restlessness of the 60s. At first the group associated with the Harvard psychologists Leary, Metzner and Alpert discussed the evocation and implications of the psychedelic experiences in a scientific manner. Starting in 1964, however, they proceeded to promote these substances as instruments for the “illumination of the human mind” and as a way of becoming free of the materialistic Western self-awareness and world view. Their promotion of hallucinogens for “consciousness expansion” coincided with the mass protest movement of young people in Western industrialized countries against the existing norms and values, which in their opinion were outdated, and specific social injustices. In the scope of this international movement the use of “psychedelic” (mind-manifesting) substances by laymen became a mass phenomenon. In this way, the intensity of the social turbulences, especially in the USA, was amplified. However, complications which can arise from taking these materials under uncontrolled conditions became evident: unrealistic behavior, traumatic internal experiences like “horror-trips”, so-called “flashbacks”, triggering of latent psychoses, suicide attempts etc. Furthermore, reports of chromosome damage by hallucinogens were published in 1967. However, these
reports did not stand up to a meticulous scientific examination\textsuperscript{43}. The bad publicity resulting from these factors led to a sudden retreat of the scientists and therapists who were active in this field: they feared being caught in the undertow of negative headlines. "The whole goddamn climate changed. Suddenly you were conspirators out to destroy people" - this is how the psycholytic therapist Janiger from Los Angeles described this dramatic change\textsuperscript{44}.

In 1966 a statutory prohibition of hallucinogenic substances was first enacted in America; a short time later the European countries followed suit, although the lay use there had never been comparably large. Toward the end of the 60s, the World Health Organization (WHO) initiated a bill for a worldwide ban of these materials. Unfortunately, among the members of the WHO's expert committee, there were no authorities on the therapeutic application of these substances\textsuperscript{45}: thus the therapeutic possibilities did not receive adequate consideration. This was one of the main reasons why the hallucinogens were simply put in the same category with the opiates by the WHO, although their proper classification would have required the creation of a separate category. As a result of this grave error, the proper therapeutic application of these substances by trained physicians was practically completely forbidden, even though the patients who were in treatment at that time were not at risk. Thus, in the USA and Europe, the termination of therapies was forced on hundreds of patients\textsuperscript{46}. Although the text of the laws basically allowed for exceptional exemptions, the de facto result was a nearly complete cessation of the research efforts which had previously been so multitudinous\textsuperscript{47}. Hence, in this case, a practically innocuous\textsuperscript{48} - when applied properly - medical therapy with a good therapeutic efficacy was statutorily banned. Despite consensus in the literature about their efficacy and safety, and appropriate mechanisms to control their medical use, were able to change this. This represents a nearly unique occurrence in medical history.

New prospects for an adequate view of the therapeutic potential of these substances first opened up in the late 80s. The American Food and Drug Administration (FDA) and equivalent institutions in European countries demonstrated a willingness to permit a renewed examination of psycholytic and psychedelic therapy research. Since that time, more intensive research with hallucinogens has been conducted in the USA, Germany, Switzerland and Russia\textsuperscript{49}. New therapeutic perspectives have resulted from the development of substances with a modified or specified action spectrum and/or fewer side-effects (especially Psilocybin and its derivates\textsuperscript{50}, LE-25\textsuperscript{51}, MDA\textsuperscript{52}, MDMA etc.\textsuperscript{53}).
In 1985 the Swiss Physicians Society for Psycholytic Therapy (SAEPT) was founded; between 1988 and 1993 their physicians received a permit allowing psychotherapy with LSD and MDMA. In the same year, the European College for the Study of Consciousness (ECSC) was established. It united most European researchers in the field of altered states of consciousness and also works toward the medical application of hallucinogens. In the USA in 1986, following the prohibition of the substance 3,4-methylenedioxyamphetamine (MDMA), which had previously been used by psychotherapists, protest was raised and led to the founding of the Multidisciplinary Association for Psychedelic Studies (MAPS). This non-profit organization has set itself the task of disseminating unbiased information about the therapeutic potential of psychedelic substances and providing financial support to research projects of this type.

What seems scientifically appropriate and necessary in the near future are controlled studies using the highest standards of modern research design to explore the efficacy of hallucinogen-assisted psychotherapy without prejudices - as the Swiss chairman Ladewig concluded at the newest scientific conference on the subject in 1993: "... I consider that only a well-controlled approach can promote research. Restrictive administrative obstacles that block clinical research have to be dismantled. ... It is hoped that with a better methodology and standardization and, hopefully, with international cooperation, a protocol on psychotherapeutic / psychopharmacological procedures will allow this work to continue."
NOTES

1 This category includes mainly hallucinogenic substances of the following groups: indoles (LSD, Psilocybin, CZ 74, DMT etc.), phenethylamines (Mescaline, MDA, MDMA, LE-25 etc.), Atropin-relates (Scopolamine, Ditran etc.), anaesthetics (Sernyl, Ketamine etc.) and some others (cf. Brimblecombe, R.W. / Pinder, R.M.: Hallucinogenic Agents. Bristol 1975). Out of the need to coordinate research with other medical disciplines like physiology, neurology and pharmacology the commonly used term „hallucinogens“ will be used here. Because of the specific experiential patterns induced by this group of substances relevant american researchers (e.g. Grof, Shulgin, Yensen) favor the term „psychedelics“ which - even with its problematic popular use - may be the appropriate term. But there are some reasons to prefer the term „psycholytic substances“ or „psycholytics“. This term was created by Sandison in 1960 and is still in common use by the psycholytic therapists in Europe. It may be that only this term - with its connotation on „soul-loosening“ - could encompass all substances, even MDMA and other phenethylamines and also refers directly to their therapeutic potential. As a result of problems with the term „hallucinogens“ researchers who work with compounds like MDA, MDMA, MBDB etc. defined a new pharmacological class named „Entactogens“ (Nichols), because these substances induce very specific modifications in the emotional sphere without inducing hallucinations, to which the term hallucinogen essentially refers. However this new term seems only appropriate for these specific materials.


21 Cf. the big retrospective surveys for complications of therapeutic use of LSD: Cohen, S. (1960) and Malleson, N. (1971) (cf. note 20) which include 45000 applications.
22 Number of Patients are result of checking the literature of the present bibliography.
29 Numbers of patients are established by checking the literature of the present bibliography. The patients of Roquet et al. (approx. 1000) are not included because of significant methodological differences to the approaches described here.


46 A special case was Czechoslovakia, where lots of patients were treated psycholytically until 1967. Several researchers (Stanislav Grof, Sonja & Juraj Styk and others) emigrated in 1967 because of the intervention of the Russian military in Czechoslovakia. Afterwards research was stopped (especially on the major projects at the Psychiatric Research Center in Prague), but Milan Hausner’s group at Sadska Hospital near Prague and approx. 20 ambulant psychotherapists continued LSD work until the end of the 70s (cf. Hausner, M.: LSD hinter dem eisernen Vorhang 1959-1974. Unpubl. manuscript).
INTRODUCTION


56 This extremely promising organization is a non-profit membership organization. It publishes the subscribable MAPS-bulletin which contains comprehensive information about recent research projects in the therapeutic applications of hallucinogens. Present adress: MAPS, 1801 Tippah Ave., Charlotte, NC 28205 (USA). (Internet: http://www.maps.org, maps @vnet.net ).

II. ORGANIZATION OF THE BIBLIOGRAPHY

As mentioned before, this bibliography has been compiled out of the need to collect and organize the widely dispersed literature of 65 years of scientific research and make it available for future studies. In its present form it contains nearly 700 entries from all over the world.

It should be noted that most of the material was published before 1970. Therefore bibliographic information about it is still not available in computerized form. Searching for literature in other than the common languages also presented difficulties. A further problem existed because contributions to anthologies are generally not included in bibliographic indexes. Out of these challenges the author developed a kind of „snowball“ approach to make this bibliography nearly complete. In order to utilize the bibliographies of all the collected publications to obtain further references and for producing the subject index by first-hand examination of each publication it was necessary to see all publications in their original form. Some papers were difficult to classify by subject, but the author hopes his judgement was sufficient to the task.

In regard to bibliographies of the past, there were only two explicit attempts made: A Bibliography of L.S.D. & Mescaline. From the Earliest Researches to the Beginning of Suppression by Oscar Janiger & Gertrude Paltin (San Francisco 1971) and Catalogue of the Literature on Delysid by Sandoz Ltd. (Hanover, NJ 1960ff.). Neither work was officially published or made available through regular libraries. They contain some relevant material, but they do not focus on therapeutic applications and are quite incomplete. Therefore their usefulness for compiling this bibliography was limited. Other works which contain relevant bibliographies are listed in chapter V.

All cited publications are grouped into three categories:

1. General Approach and Basic Research
   Includes publications which reported on both forms of therapy, anthologies which include material about both approaches, unspecified review articles, basic research directly related to therapeutic applications, heuristic and historic studies.

2. Psycholytic Therapy
   Includes all publications which deal with the psycholytic method as defined by the introduction. It also contains research which was done in the context or is result of psycholytic therapy.
3. *Psychedelic Therapy*

Includes all publications which deal with the psychedelic method as defined by the introduction. It also contains research which was done in the context or is result of psychedelic therapy.

Additional information about the organization of the bibliography should be mentioned:
- First and last names of authors are cited as they appear in the original publications (first names are also abbreviated as in the original publications). Different first names (more than one first name or different initials of the same author) were not respected for changing the alphabetic resp. year of publication order system.
- All names of journals are cited completely without abbreviations to avoid complications by different abbreviation systems.
- Cited are only scientific journals which are officially published (since 1971 marked by ISSN numbers).
- Books are cited only as first editions. Foreign editions are cited separately as subsequent entries, but are not numbered.
- All titles of publications not originally published in English are translated into English. The translations appear in brackets after the original title. Wherever possible, translations from the „Index Medicus“ were used.
- Abstracts are only cited for studies that are otherwise unpublished. They are marked by „[Abstract:]“ in front of the title.
- In regard to substances, LSD is not mentioned as a subject (it is too common), but all other substances mentioned (including additional medications) are indexed as subjects.

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ON THE SUBJECT


V. MAIN BIBLIOGRAPHIC SOURCES


<table>
<thead>
<tr>
<th>Author Name</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abramson, H.A.</td>
<td>1-7, 122, 194-204, 436</td>
</tr>
<tr>
<td>Abuzzahab, F.S.</td>
<td>499</td>
</tr>
<tr>
<td>Adamson, S.</td>
<td>8</td>
</tr>
<tr>
<td>Adler, L.</td>
<td>205</td>
</tr>
<tr>
<td>Aguilar, M.T.</td>
<td>206</td>
</tr>
<tr>
<td>Albahary, R.S.</td>
<td>511, 613</td>
</tr>
<tr>
<td>Albaugh, B.J.</td>
<td>500</td>
</tr>
<tr>
<td>Alkhadeff, B.W.</td>
<td>207-209</td>
</tr>
<tr>
<td>Alltounian, H.</td>
<td>608</td>
</tr>
<tr>
<td>Alnaes, R.</td>
<td>10, 11, 501, 502</td>
</tr>
<tr>
<td>Alpert, R.</td>
<td>581</td>
</tr>
<tr>
<td>Alvarez de Toledo, L.G.</td>
<td>210-212, 300</td>
</tr>
<tr>
<td>Andersen, H.</td>
<td>213, 214</td>
</tr>
<tr>
<td>Anderson, B.J.</td>
<td>499</td>
</tr>
<tr>
<td>Anderson, P.O.</td>
<td>500</td>
</tr>
<tr>
<td>Anonymus</td>
<td>215, 216</td>
</tr>
<tr>
<td>Arendt Hein, G.W.</td>
<td>12, 217-221, 503</td>
</tr>
<tr>
<td>Armstrong, J.J.</td>
<td>225</td>
</tr>
<tr>
<td>Arnold, D.O.</td>
<td>145</td>
</tr>
<tr>
<td>Azima, H.</td>
<td>13</td>
</tr>
<tr>
<td>Baer, G.</td>
<td>14, 15, 133</td>
</tr>
<tr>
<td>Bailey, J.J.</td>
<td>50</td>
</tr>
<tr>
<td>Bakalar, J.</td>
<td>16, 17, 73-76</td>
</tr>
<tr>
<td>Baker, E.F.</td>
<td>662, 663</td>
</tr>
<tr>
<td>Baker, E.W.</td>
<td>222, 223</td>
</tr>
<tr>
<td>Balaban, G.B.</td>
<td>111</td>
</tr>
<tr>
<td>Ball, E.R.</td>
<td>224, 225</td>
</tr>
<tr>
<td>Barker, E.T.</td>
<td>504</td>
</tr>
<tr>
<td>Barolin, G.S.</td>
<td>226, 227</td>
</tr>
<tr>
<td>Baron, D.</td>
<td>228</td>
</tr>
<tr>
<td>Barr, H.L.</td>
<td>18</td>
</tr>
<tr>
<td>Barrios, A.A.</td>
<td>19</td>
</tr>
<tr>
<td>Bastiaans, J.</td>
<td>229-232</td>
</tr>
<tr>
<td>Baumann, P.</td>
<td>20</td>
</tr>
<tr>
<td>Belden, E.</td>
<td>21, 233, 505</td>
</tr>
<tr>
<td>Benda, P.</td>
<td>39</td>
</tr>
<tr>
<td>Benedetti, G.</td>
<td>234</td>
</tr>
<tr>
<td>Benoit, J.C.</td>
<td>22, 473, 474</td>
</tr>
<tr>
<td>Benz, E.</td>
<td>23, 235</td>
</tr>
<tr>
<td>Berendes, M.</td>
<td>236, 633</td>
</tr>
<tr>
<td>Bierer, J.</td>
<td>237, 238</td>
</tr>
<tr>
<td>Bishop, M.</td>
<td>239</td>
</tr>
<tr>
<td>Bittle, R.M.</td>
<td>657-659</td>
</tr>
<tr>
<td>Blewett, D.</td>
<td>506, 512</td>
</tr>
<tr>
<td>Bobon, J.</td>
<td>283</td>
</tr>
<tr>
<td>Boeri, G.</td>
<td>312</td>
</tr>
<tr>
<td>Bolle, R.</td>
<td>240-244</td>
</tr>
<tr>
<td>Bonny, H.</td>
<td>507, 562</td>
</tr>
<tr>
<td>Booij, J.</td>
<td>245</td>
</tr>
<tr>
<td>Bos, P.</td>
<td>246</td>
</tr>
<tr>
<td>Bowen, W.T.</td>
<td></td>
</tr>
<tr>
<td>Brandrup, E.</td>
<td>247</td>
</tr>
<tr>
<td>Bravo, G.L.</td>
<td>24, 78</td>
</tr>
<tr>
<td>Breskin, S.</td>
<td>112</td>
</tr>
<tr>
<td>Bröcker, F.J.</td>
<td>25</td>
</tr>
<tr>
<td>Browne, T.W.</td>
<td>237</td>
</tr>
<tr>
<td>Brugmann, A.</td>
<td>294, 295</td>
</tr>
<tr>
<td>Bryce, J.C.</td>
<td>509</td>
</tr>
<tr>
<td>Buck, M.F.</td>
<td>504</td>
</tr>
<tr>
<td>Buckman, J.</td>
<td>26, 238, 248-253, 392-396</td>
</tr>
<tr>
<td>Busch, A.K.</td>
<td>254</td>
</tr>
<tr>
<td>Butterworth, A.T.</td>
<td>255</td>
</tr>
<tr>
<td>Byrne, U.P.</td>
<td>597</td>
</tr>
<tr>
<td>Caldwell, W.V.</td>
<td>27</td>
</tr>
<tr>
<td>Cameron, K.</td>
<td>256</td>
</tr>
<tr>
<td>Cattell, J.P.</td>
<td>28, 29</td>
</tr>
<tr>
<td>Chandler, A.L.</td>
<td>257</td>
</tr>
<tr>
<td>Chandresh, L.</td>
<td>108</td>
</tr>
<tr>
<td>Cheek, F.E.</td>
<td>511, 613, 643</td>
</tr>
<tr>
<td>Chorosh, J.</td>
<td>112, 113</td>
</tr>
<tr>
<td>Chotlos, J.W.</td>
<td>508</td>
</tr>
<tr>
<td>Chwelos, N.</td>
<td>512</td>
</tr>
<tr>
<td>Clark, B.</td>
<td>258</td>
</tr>
<tr>
<td>Clark, J.</td>
<td>513</td>
</tr>
<tr>
<td>Clark, W.H.</td>
<td>30</td>
</tr>
<tr>
<td>Clyman, R.C.</td>
<td>31</td>
</tr>
<tr>
<td>Cohen, S.</td>
<td>32-35, 259, 260, 292, 514</td>
</tr>
<tr>
<td>Colby, K.</td>
<td>36</td>
</tr>
<tr>
<td>Collard, J.</td>
<td>283</td>
</tr>
<tr>
<td>Collins, V.J.</td>
<td>561</td>
</tr>
<tr>
<td>Corach, J.E.</td>
<td>261</td>
</tr>
<tr>
<td>Costello, C.G.</td>
<td>515, 516</td>
</tr>
<tr>
<td>Crocket, R.</td>
<td>262</td>
</tr>
<tr>
<td>Cutner, M.</td>
<td>263</td>
</tr>
<tr>
<td>Cwynar, S.</td>
<td>264, 639</td>
</tr>
<tr>
<td>Dahlberg, C.C.</td>
<td>37, 112, 113, 265-269, 407, 408, 414</td>
</tr>
</tbody>
</table>
AUTHOR INDEX

David, A.E. 270, 272
David, J.M. 270-272
Davies, B.M. 273-276
Davies, M.E. 277
Davies, T.S. 277
Davis, L.S. 431
Day, J. 38
Degan, R.O. 109
Delay, J. 39-42
Denber, H.C. 43, 44, 481
Denson, R. 45, 46, 278, 279
Derbolowski, G. 280
Derbolowski, U. 281
Devincenzi, M.L. 261
DiLeo, F. 47, 282, 498, 517, 562, 635, 636
Ditman, K.S. 48-50, 518
Divry, P. 283
Dolezal, V. 284, 285, 328-334
Downing, J. 51
Dryer, D. 685-687
Duche, D. 52
Dunlap, J. 286

Eagle, C.T. 526
Eberle, P. 54, 55
Edwards, R.V. 673
Eggert, D.C. 519, 659
Eisner, B.G. 260, 287-292

Fadiman, J.R. 520, 521, 647, 648, 654, 655
Fallaise, L.A. 484, 522
Favreau, P.L. 637, 638
Feld, M. 56
Feldstein, S. 37, 407, 408
Fernandez-Cerdeno, A. 293-296
Fischer, R. 57, 177
Fisher, G. 58-60, 297, 523
Fontana, A.E. 211, 212, 299, 300
Fordham, M. 301
Forgy, E. 518
Fox, R. 524, 525
Frederking, W. 302-305
Freedman, D.X. 61, 62
Fremont-Smith, F. 63, 64
Friedrich, U. 150
Funk, A. 610
Funk, W. 518
Futterman, S. 628

Garson, O.M. 65
Gasser, P. 306
Gaston, E.T. 526
Geert-Jørgensen, E. 307-310
Gerard, F. 527
Giberti, F. 66, 311, 312
Gladstone, E.R. 313
Gnirss, F. 314-316
Godfrey, K.E. 67, 68, 317, 528
Goldberger, L. 18
Goldfarb, L. 435, 436
Goldmann, H. 57
Golightly, B.H. 172
Gollnhofer, O. 70
Goodman, J.R. 56
Goodman, L.E. 540, 543, 566, 569, 619, 623, 634
Gordon, P.E. 69
Goutarel, R. 70
Greer, G. 71, 72, 318, 319, 480
Gregoretti, L. 66, 311, 312
Grinspoon, L. 17, 73-76
GroB, C. 24, 77, 78
Grof, S. 79-104, 320, 468, 529-544, 566, 568, 570, 571, 620-622, 634, 636
Gruszczynski, W. 640
Grzelak, L. 639
Gubel, I. 105, 106
Gucker, D.K. 321
Guedes, P.L. 322
Guido, J.A. 56

Haesler, W.T. 107
Halifax, J. 542
Halifax-Grof, J. 541
Hanlon, T.E. 144, 652
Hansen, G. 108
Harman, W.W. 654, 655, 660
Hartmann, M.A. 257
Hassan, A.H. 323, 417
Hausner, M. 284, 285, 324-335, 463
Havlícek, Z. 335, 336
Hayman, M. 546
Heimann, H. 337
Hertz, M. 342
Hewitt, M.P. 7, 123
Heyder, D.W. 343
Hilden, T. 108
Hitchen, R. 21, 505
Hoffer, A. 512, 547, 548
Holfeld, H. 344, 387, 388
Hollister, L.E. 109, 549
Holzinger, R. 345-347
Hook, H. 680
Hopkin, I. 448, 449
Houston, J. 143, 550, 600
Houston Clark, W. 110
Hubbard, A.M. 597
Hugh Allen, M. 647-649
Hungerford, D.A. 111
Hyde, R.W. 167
Jackson, D.D. 551, 672
Jaffe, J. 112, 113, 407, 408, 414
Jagiello, W. 639
Janiger, O. 348
Jarvik, M.E. 122
Jensen, S.E. 108, 552, 553, 629
Johnsen, G. 349-351
Johnson, F.G. 554, 555
Johnson, W.C. 254
Jones, R.T. 151
Josuttis, M. 114
KA-TZETNIK 352
Kafkaides, A. 354, 356
Kaij, L. 357
Kast, E.C. 556-561
Kellogg, J. 562
Khorraramzadeh, E. 563
Kilian, H. 358
Kinne, S. 582
Klee, G.D. 115, 185
Klein, G.S. 18
Klerman, G.L. 116
Knudsen, K.P. 214, 310, 359-361
Kornblit, A.L. 261
Kowitt, M. 414
Krieger, G. 549
Krinksky, L.W. 435, 436
Kristensen, K.K. 214, 310, 363, 364
Krupitsky, E. 564
Kurland, A.A. 117, 118, 176, 180, 498, 540, 543, 544, 565-574, 602, 619, 620-624, 630, 634, 635, 652, 653, 678
Lader, M. 119
Labadie, G.V. 111
Ladewig, D. 120
Lambert, C. 365, 366
Landau, R. 496
Langner, F.W. 366, 367
Langs, R.J. 18
Lanter, R. 369
Lawrence, E.H. 261
Lazar, R. 596
Leary, T. 575-582, 603
Lebensohn, F. 406
Lehmann, H.E. 121
Lehy, R. 678
Lemperiere, T. 40-42
Lennard, H. 7, 122, 123
Leuner, H. 54, 114, 124-135, 296, 370-389, 583
Levine, J. 136, 584-586, 593-596
Lewis, D.J. 390
Ling, T.M. 391-396
Litwin, G.H. 578
Livingstone, D. 137
Lofty, A.O. 563
Lorick, I. 112
Ludwig, A.M. 138, 584-596
Luria, J. 112, 113, 139
Lyle, W.H. 586
Lynch, R. 518
MacCallum, W.A. 397
MacDonald, D.C. 597, 598
MacLean, J.R. 597-599
MacRae, M. 562
Malitz, S. 140
Malleson, N. 141
Martindale, C. 142
Martin, J.A. 60, 398-403
Mascher, E. 384, 404, 405
Mash, D. 642
Massoni, R.S. 406
Masters, R.E. 143, 600
McCabe, O.L. 144, 601, 602, 624, 650-654, 678
McGothlin, W.H. 145
Mechanek, R. 37, 408
Merlis, S. 7, 44
Mezner, R. 9, 578-582, 603
Miners, W. 680
Mogar, R.E. 605-607, 647-649
Moore, M. 608
Morimoto, K. 167
Morrissey, J.D. 431
Moss, T. 518
Murphy, R.C. 409
Naranjo, C. 146-148, 410-413
Natale, M. 414
Neill, J.R. 149
Nielsen, J. 150
Newland, C.A. 415, 416

O'Brien, C.P. 151
O'Neill, F.J. 7
O'Reilly, P.O. 609-611
Ocana, R. 638
Ogden, F. 598
Okasha, A. 417
Olson, J.E. 570, 571, 624, 653
Osmond, H. 511, 612, 613, 643
Ota, K. 630

Pahnke, W.N. 176, 507, 543, 566-571
Parley, K. 418
Pascarosa, P. 628
Passie, T. 152, 419
Paton, G. 111
Paul, I.H. 153
Perez Morales, F. 211, 212, 420-423
Philp, A.F. 154
Pichot, P. 40-42
Pinto, J.M. 261
Pos, R. 424
Pressnall, M. 582

Quentin, A-M. 155

Rae, J.M. 170
Ramsay, R. 553, 629
Ree, F.V. 425
Reich, G. 611
Rhead, J.C. 156, 498, 630, 635, 636
Rhijn, C.H. 426-428
Richards, W.A. 468, 498, 540, 544, 619, 625-627, 630-636
Richter, R. 157
Robak, O.H. 429
Robinson, J.T. 430, 431
Robson, M.K. 65
Rojas Bermudez, J.G. 432
Rojo Sierra, M. 433, 434
Roldan, E. 295
Rolo, A. 435, 436
Roquet, S. 637, 638
Rosen, I. 437
Roth, M. 369
Roubicek, J. 438, 439
Rush, L. 636
Rydzinski, Z. 264, 640

Sack, E.L. 431
Salzman, A. 641
Sanchez-Ramos, J.R. 642
Sandison, R.A. 158, 262, 440-451
Sankar, D.V. 159
Saposnikova, O. 334
Sarett, M. 511, 613, 643
Sargent, T. 148
Saum-Aldehoff, T. 178
Saunders, N. 452, 453
Savage, C.C. 118, 160, 161, 454, 455, 568-571, 574, 602, 607, 620-624, 644-657, 672, 678
Savage, E. 654
Schlichting, M. 134, 135, 456
Schmeling, W. 457
Schmiege, G.R. 162
Schoen, S.M. 163
Schultz-Wittner, T. 389, 459
Schuurman, C.J. 458
Schwitzgebel, R. 582
Servadio, E. 460
Shaffer, J.W. 572-574, 678
Shagass, C. 111, 519, 657-659
Shelton, J. 549
Sherwood, J.N. 660
Shock, H. 678
Shorvon, H.J. 164
Shulgin, A.T. 148
Sillans, R. 70
Silverman, J. 165
Silverman, J. 165
Silverstein, A.B. 185
Sipova, I. 461
Sjoberg, B.M. 166
Skagge, O. 10, 11
Slater, P.E. 167
Smart, R. 661-663
Smith, C.G. 168
Smith, C.M. 512, 664-666
Snelders, S. 169
Soukolik, Z. 462, 463
Solsursh, L.P. 170, 662, 663, 667
Sommer, R. 629
Soskin, R.A. 180, 464-468, 498, 508, 544, 630, 668
Spencer, A.M. 450, 469-471
Springer, A. 171
Stafford, P. 172
Stark, L.H. 595, 596
Stehlik, J. 670
Stern, H.R. 173
Stevenin, L. 472-474
Stolaroff, M.J. 161, 655, 660
Stoll, A.W. 174
Storm, T. 661-663
Styk, J. 475, 476, 669
Suarez, A. 294
Sydiaha, D. 279
Szara, S. 484, 522
Tallaferro, A. 175
Taratuto, J.C. 261
Taus, L. 477, 670
Tautermann, P. 478
Taylor, K.M. 111
Tenenbaum, B. 479
Terrill, J. 671, 672
Tijo, J.-H. 176
Tolbert, R. 72, 319, 480
Tomsivic, M. 673
Trebes, S. 177, 178
Trueheart, T. 179
Tsuboi, T. 150
Turek, I.S. 180, 498, 630
Turner, W.J. 7
Turns, D. 481
Unger, S. 118, 181-183, 568, 569, 572-574, 602, 620-624, 653, 674-678
Van Dusen, W. 679, 680
Vangaard, T. 247, 482
Velasco, M.R. 638
Vernet, J. 184
Villoldo, A. 681
Volterra, V. 483
Voth, H.M. 317
Vourlekis, A. 484, 522
Walder, P. 453
Walk, A. 262
Ward, J.L. 485, 682
Ward, R.H. 486
Watts, G. 683
Weil, G. 582
Weil, J. 369
Weintraub, W. 185
Wells, B. 186
Whitaker, L.H. 487, 488
Whitelaw, J.D. 451, 489
Wicks, M.S. 490
Widmer, P.S. 491-495
Wijsenbeck, H. 496
Wilby, E. 598, 599
Wilson, W. 680
Wolf, S. 623, 656, 678
Yensen, R. 187-192, 497, 498, 630, 635, 684-687
Zachovalova, L. 193
Zumin, L. 518
SUBJECT INDEX

Abuse 61
1-Acetyl-lysergic acid diethylamide
(cf. ALD - 52)
Addiction 244
Adolescent Boys (treatment of) 256
Adverse reactions 33, 35, 165
Affects in LSD Psychotherapy 69
Age regression 293, 335, 344, 381
Aggression 437
Aggression outacting techniques 290
Alcoholism 34, 68, 172, 199, 223, 233,
234, 279, 350, 435, 484, 499, 500,
505, 508, 511, 516, 521, 522, 524, 525,
544, 547-549, 552-554, 564, 568, 570,
571, 573, 574, 588-590, 592, 595-598,
609, 610-613, 626, 629, 630, 639, 640,
643, 644, 646, 653, 660, 662-664, 666,
668, 670, 672, 673, 676, 680
ALD-52: 260, 292
Alexithymia 232, 217-221
American indians 500
Anaclitic treatment 13, 320, 402, 403
Anaesthesia and LSD 116, 527, 556, 559
(see also pain and LSD)
Anal phase experiences 205
Anxiety hysteria 460
Anxiety and LSD reactions 29, 43, 44,
338, 393
Anxiety neuroses 483
Art therapy 331, 562
Associative processes under LSD 185
Asthma 202
Attitude changes (measured) 51, 145,
520, 543, 595, 601, 629, 634, 668
Autistic children 156
Aversion therapy 516
Ayahuasca 411
Barriers of research 3, 16, 26, 30, 37,
55, 77, 78, 128, 149, 161, 173, 409
Basic phantasies in LSD treatments 27
Behavior Change Interview 520
Behavior therapy 515
Bibliography 181-183
Birth experiences 47, 80, 81-83, 85,
87-95, 96, 98-101, 107, 158, 253,
335, 336, 356, 457, 531, 536-539
(see also perinatal ...)
Body image changes 143, 160, 240,
241
Body-oriented therapy 190, 280, 491
Borderline patients 455
Brain washing 164
4-Bromo-2,5-dimethoxyphenethyl-
amine 8, 9, 476, 494
Case studies (numerous) 25, 29, 117,
204, 205, 232, 255, 263, 265, 273,
274, 278, 301, 303, 305, 331, 358,
360, 369, 373, 381, 384, 392, 393,
397, 398, 403, 410, 412, 413, 435,
481, 482, 515, 525, 542, 547, 553,
565, 568, 598, 619, 623, 624, 634,
651, 654, 660, 664, 678
Case study (one) 163, 168, 194, 196-
198, 201-203, 216, 230, 234, 239,
251, 269, 282, 286, 297, 312, 314,
317, 327, 337, 343, 368, 370, 377,
391, 394, 395, 399, 400, 402, 411,
415, 425, 436, 437, 456, 460, 464,
485, 486, 489, 490, 493, 523, 551,
574, 633, 644, 648, 665, 669, 684
2-CB (cf. 4-Bromo-2,5-dimethoxy-
phenethylamine)
2-CD (cf. 2,5-Dimethoxy-4-methyl-
phenethylamine)
CEY 19 (cf. 4-Phosphoryloxy-N,N-
diethyltryptamine)
Children treatment 156, 158, 246, 297
Chromosome studies 53, 54, 65, 91 (only American ed.), 111, 150, 176
Claustrophobia 515
CO\textsuperscript{2}/O\textsubscript{2} pretreatment 647-649
COEX-Systems 531 (see also author index under Grof, S.)
Colitis ulcerosa 251
Communication processes (under LSD) 69, 112, 113, 122, 123, 139, 267, 269, 414
Combinations of psychedelics 58, 59, 494
Complications of treatment 33, 35, 46, 72, 79, 91, 141, 145, 260, 292, 315, 320, 361, 368, 383, 451, 663, 666
Compulsive neuroses (cf. Obsessive-compulsive neuroses)
Concentration camp syndrome 229-232, 352, 620-622
Conditioning 19
Consciousness/unconsciousness-complementary function 263
Conference reports 2, 134, 135, 215, 226
Consent for LSD treatment (example) 137
Control group (one) 465, 484, 508, 564, 573, 602, 613, 650, 651
Control groups (numerous) 18, 176, 261, 279, 289, 328, 431, 511, 544, 549, 552, 554, 555, 571, 584, 589, 593, 595, 596, 630, 631, 652, 661-663, 673
Controlled studies (cf. control group/s)
Controlled studies (high versus low dose approach) 544, 570, 573, 602, 652
Conversion experience 343, 665
Convulsive neurosis 42
Corticosteroids in LSD reactions 10, 11, 339, 340, 341
Cosmology 529, 533
Counter-identification 200
Counterindications 23, 91, 223, 308, 309, 379, 381, 430, 482, 491, 517
Countertransference 197, 198, 243, 252, 263, 310, 358
Criminal psychopaths 219, 221
Crisis in LSD reactions (treatment of) 91
Critique of LSD therapy studies 17, 31, 69, 73, 119, 151, 157, 171, 499, 511, 516, 547, 595, 599, 606, 641, 648, 653, 661, 663, 666
CZ 74 (cf. 4-Hydroxy-N,N-diethyl-tryptamine)

Datura stramonium 545, 637, 638
Day hospital treatment 237, 238, 253, 398, 402 (see also night hospital ...)
Defense mechanisms 263
Delirium tremens hypothesis 254, 612
Description of experiences by patients 8, 143, 230, 239, 286, 352, 415, 416, 486, 510, 608, 633, 650
DET (cf. N,N-Diethyltryptamine)
Dextroamphetamine (as control) 112, 113, 267, 289, 414, 549
N,N-Diethyltryptamine 484, 522
2,5-Dimethoxy-4-methylphenethylamine 8, 386, 456, 494
N,N-Dimethyltryptamine 411
N,N-Dipropyltryptamine 144, 467, 468, 484, 522, 540, 542, 544, 630-632, 635, 636
N,N-Dipropyltryptamine (psychopharmacology) 467, 468
DMT (cf. N,N-Dimethyltryptamine)
Dosage regimens 58, 59
Double-blind studies 69, 176, 327, 465, 468, 484, 570, 571, 652
Double-blind studies (problems of) 547
DPT (cf. N,N-Dipropyltryptamine)
Dreams 240, 241, 295, 316, 325
Dream-activity in psycholysis 316
Drive-related verbal material 153
Dynamic confrontation model 326
Early deprivation syndrome 505
Early sexual imprinting 380
Eczema 202
Ego enhancement 160, 196
Ego functions 115, 160
Ego feeling 160
Electro shock 175
Encopresis 205
Enlightenment in Zen-buddhism 679
Entactogens (cf. MDA, MDMA, MMDA)
Ephedrine (as control) 662, 663
Exhibitionism 477
Experimental psychology 604, 605
6-FDET (cf. 6-Fluoro-N,N-diethyltryptamine)
Fetishism 489
6-Fluoro-N,N-diethyltryptamine: 484, 522
Follow-up (one) 255, 308, 310, 332, 333, 398, 451, 488, 509, 512, 522, 524, 525, 543, 552, 554, 559, 564, 597, 598, 640, 651, 657, 658, 664, 670, 680
Follow-ups (numerous) 260, 389, 404, 405, 431, 459, 511, 544, 549, 563, 570, 571, 595, 609, 613, 630, 647, 650, 652, 663, 673
Frigidity 395, 396
Future prospects / applications 77, 78, 128, 144, 604, 605
Game theory of human behavior 575, 576
Gilles de la Tourette Syndrome 168
Group and symptom formation 167
Group treatment 1, 9, 122, 179, 212, 261, 280, 284, 289, 290, 298, 299, 300, 328, 330, 332, 333, 363, 405, 422, 424, 434, 444, 446, 462, 463, 469-471, 476, 479, 491, 506, 575-577, 579, 582, 628, 637, 638
Harmala alkaloids 146, 410-413
Holotropic therapy 535-539
Homicide 361
Homosexuality 194, 225, 354, 399, 401, 461, 479
Hubbard method 547, 552, 553, 598
4-Hydroxy-N,N-diethyltryptamine 27, 54, 128, 152, 351, 377-379, 381, 384, 419, 459, 501, 502
4-Hydroxy-N,N-diethyltryptamine (psychopharmacology) 14, 15, 133, 404
Hypnodelic treatment 584-587, 589, 591-595
Hypnosis 10, 105, 106, 170, 528, 584-587, 589, 591-595
Hysteria 52, 223
Ibogaine 23, 70, 410, 412, 413, 642
Indications (explicitly) 23, 91, 222, 223, 299, 308, 310, 315, 330, 350, 351, 374, 381, 383, 405, 457 482, 487, 491, 517, 532
Indigenous uses 70, 177, 500, 545, 628
Insuline-shock 175
Internal and external symbolization 321
JB-329 / JB-336: 124
Jungian concepts 80, 257, 263, 440-451
Ketamine 8, 240-242, 545, 564, 608, 637, 638 (see also Phencyclidine)
Ketamine (psychopharmacology) 108
Key-functions in model psychoses 124

LAE 32 (cf. Lysergic acid ethylamide)
Language formation under LSD 414 (see also Communication processes ...)
Latin-square design 109
Lay publicity (and LSD research) 3, 5, 6, 25, 30, 37, 128, 149, 161, 518, 547
Learning theory 515
Learning, stress and LSD reactions 339-341
LE-25 (cf. 2,5-Dimethoxy-4-methylphenethylamine)
Leary method 501, 502
Legal control of hallucinogens 26, 30, 409
Lesbianism 203, 204
Levels of LSD experiences 81, 84-87, 89, 91, 94, 125, 143, 240, 241, 273, 365, 450, 512, 581
Lysergic acid ethylamide 311
Lysergo-Analyse 283

Malvaric hypothesis 45, 547
Mandala 580, 603
Manic-depressive patients 223
Mauve factor 45, 548
MDA (cf. 3,4-Methylenedioxyamphetamine)
MDMA (cf. 3,4-Methylenedioxy-N-methylamphetamine)
Mental imagery 302
Mescaline 28, 29, 44, 58, 59, 109, 124, 125, 143, 166, 175, 228, 289, 298, 299, 302-305, 406, 473, 474, 481, 500, 598, 628, 647, 660, 664, 674, 675
Mescaline (comparison with LSD) 660
Methamphetamine (comparison with LSD) 660

Methamphetamine (as control) 519
Methedrine (as control) 289, 368, 431
Methodological issues 136, 138, 151, 407, 408, 606
3-Methoxy-4,5-methylenedioxyamphetamine 412, 413
1-Methyl lysergic acid diethylamide 260, 292, 199
3,4-Methylenedioxyamphetamine 144, 180, 282, 412, 413, 498, 637, 638
3,4-Methylenedioxyamphetamine (psychopharmacology) 148, 180, 497, 498
3,4-Methylenedioxyamphetamine (comparison with LSD) 180, 497
Methylphenidate (additional) 27, 137, 248, 290, 308, 310, 338, 360, 362, 364, 378, 381, 391, 393, 394-396, 429, 501
Milieu therapy 504
Minnesota Multiphasic Personality Inventory 36, 279, 465, 485, 496, 498, 518, 543, 544, 564, 566, 570, 571, 573, 574, 602, 607, 630, 631, 646-649, 652-654, 668, 678
MLD-41 (cf. 1-Methyl lysergic acid diethylamide)
MMDA (cf. 3-Methoxy-4,5-methylenedioxyamphetamine)
MMPI (cf. Minnesota Multiphasic Personality Inventory)
Music (use of ...) 491, 507, 526
Music selections 507, 526
Mystical experiences (explicitly) 12, 84, 93, 98, 114, 129-131, 143, 530, 538, 550, 578, 581, 601, 611, 614-618, 626, 627
Narcoanalysis 283, 383, 470
Narcotic addicts (treatment of) 586, 593, 594, 650, 651
Native American Church 628
Nembutal 368
Neurophysiology of LSD reactions 57, 165, 270
Nicotinic acid (as control) 547
Night hospital treatment 237, 238
Nonmedical LSD use 145
Nonverbal activity 290
Nurses attitude 224, 249, 250, 390, 418, 449, 450, 634

Obsessive-compulsive neuroses 247, 271, 274, 312, 430, 433, 437, 456, 667
Oedipal conflicts 200, 201, 289
Office practice treatment 255
Oneiric phenomena and LSD reactions 295
Oneiro-analyse 473, 474
Ontology 529, 533
Oral regression 293, 296, 381
Out-patients 248, 255, 269, 281, 348, 368, 391, 397, 403, 409, 450, 647, 650, 651, 660

Pain and LSD 116, 527, 556-559, 561
Paradigms of research 149, 184, 187, 188, 190-192
Patient selection (criteria) 185, 249-252, 391, 519, 532, 547, 548, 630, 683
PCP (cf. 1-(1-Phenylcyclohexyl)piperidine)
Peak experience variable 635
Perinatal matrices 82, 83, 85, 87-96, 98, 99, 101, 107, 531, 537, 538
Personality changes (measured) 51, 72, 145, 543, 601, 607, 647, 668, 674, 675
Personality and LSD reactions 18
Personality disorders 264
Personality exploration 207, 209
Peyote ceremony 500, 580, 603, 628
Phencyclidine (cf. 1-(1-Phenylcyclohexyl)piperidine)
Psychometric testing 498
Psychophysical correlations in LSD reactions 344
Psychosomatic patients 251, 344, 356, 358, 465, 538
Psychotic children (treatment of) 156, 432
Psychotic patients 28, 29, 43, 44, 156, 223, 254, 401, 432, 442, 451, 455
Psychotoxic Basic Syndrome (Leuner) 125-127

Reassociation of dreams 202-204
Reciprocal inhibition 501
Regression 13, 240, 241, 245, 252, 253, 293, 296, 335, 336, 356, 381, 485, 488
Regression (authenticity of) 293, 296, 336
Religious experiences (explicitly) 12, 84, 93, 98, 114, 129-131, 530, 538, 550, 578, 581, 601, 611, 614, 615, 617, 625-627
Requirements for an adequate study 119, 151, 661, 666
Research climate 26
Results (relationship to reaction type, age, and regression level) 458
Review articles 31, 53, 73, 75, 76, 91, 130, 132, 144, 152, 156, 159, 162, 186-190, 192, 389, 405, 419, 474, 496, 499, 604, 620-622, 674, 675, 685-687
Ritalin (cf. Methylphenidate) 101
Roque method 110, 545, 637, 638, 681
Rorschach projective test 18, 154, 175, 313, 663

Schizophrenic patients 7, 28, 32, 43, 44, 175, 223, 254, 297, 356, 455, 673
Schweizerische Aerztegesellschaft für psycholytische Therapie (SAEPT) 23, 235, 306, 452, 453, 475
Sernyl (cf. 1-(1-Phenylcyclohexyl)-piperidine) 77
Sexual neuroses 172, 194, 225, 380, 393, 395, 396, 399, 400, 433, 461, 477, 479, 489
Shamanism 24, 545
Short term effects 508, 511, 603
Single blind studies 328, 554, 663
Sleep 295
Sodium Amytal-Methedrine (as control) 555
Speech rhythms (under LSD) 112, 113, 122, 139
Spiritual practice 9
Stablemate concept 7, 123
Stammering (treatment of) 323, 417
Stationary intervall treatment 232, 281, 330, 378, 387, 388, 501
Stress, learning and LSD reactions 10, 11, 339-341
Suggestibility 19, 50, 158, 166, 170
Suicidal patient 425
Suicide 33
Survey of alcoholic patients 509
Survey of LSD researchers 23, 30, 141, 145
Swiss Physicians Society for Psycholytic Therapy (SAEPT) (cf. Schweizerische Aerztegesellschaft für psycholytische Therapie)
Symbolysis (van Rhijn) 426, 427

Theoretical conceptualizations of induced experiences 18, 81-87, 90, 91, 95, 96, 99, 100, 107, 114, 125-127, 143, 147, 205, 240, 241, 288, 320, 503, 529, 531, 533, 542, 550, 581, 625-627, 600, 615, 618.


Therapists attitude / role 27, 38, 249, 250, 257, 320, 390, 402, 403, 421, 487, 491, 492, 528, 634, 656

Therapists attitude (influence on results) 588, 590


Traditional procedures (indians) 70, 177, 500, 580, 603, 628

Transference (explicitly) 197-199, 222, 243, 252, 253, 263, 294, 358, 391, 440, 454 (see also Countertransference)

Transpersonal experiences 81-87, 90, 91-93, 98, 99, 102, 103, 531, 536, 538, 539 (see also mystical / religious experiences)

Transpersonal psychology 84, 85, 100

Transphenomenal dynamic guiding systems (Leuner) 125

Transsexual patients 225, 461

Transvestite patients 225

Traumatic neuroses 343

Treatment course structure 80

Treatment facilities (photos) 448, 449, 471


Value change (measured) 629, 634, 647

Verbal behaviour (in psycholytic treatments) 123, 139, 269

Verbatim recording (of therapy sessions) 28, 123, 194, 196-198, 200-204, 216, 267, 391, 408, 414, 436, 485, 595

Wives of alcoholics (as raters) 511, 643

Zen buddhism 503, 679
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This bibliography has been compiled to bring attention to the world-wide scientific tradition in the use of psychedelics in psychotherapy, which has largely been forgotten due to a long interruption in research. This comprehensive reference volume catalogs all past published scientific material and is an indispensable guide for students and researchers.

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