

Psycholytic and Psychedelic Therapy Research 1931-1995:

A Complete International Bibliography

Torsten Passie MD, MA

Laurentius Publishers



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by A. Schaffhauser

TORSTEN PASSIE

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

To Giorgio Samorini
With highest regards

T. Passie

Psycholytic and Psychedelic Therapy Research 1931-1995:

A Complete International Bibliography

Compiled and introduced by
Torsten Passie MD, MA

Preface by
Hanscarl Leuner MD †

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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 substances 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 equatedly 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.

* cf. e.g. data in: H. Leuner: Hallucinogens as an Aid in Psychotherapy: Basic Principles and Results. In: Pletscher, A. / Ladewig, D. (eds.): 50 Years of LSD. Current Status and Perspectives of Hallucinogens. New York/London 1994, pp. 179ff. and 184ff.

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 established¹.

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 likely². 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.

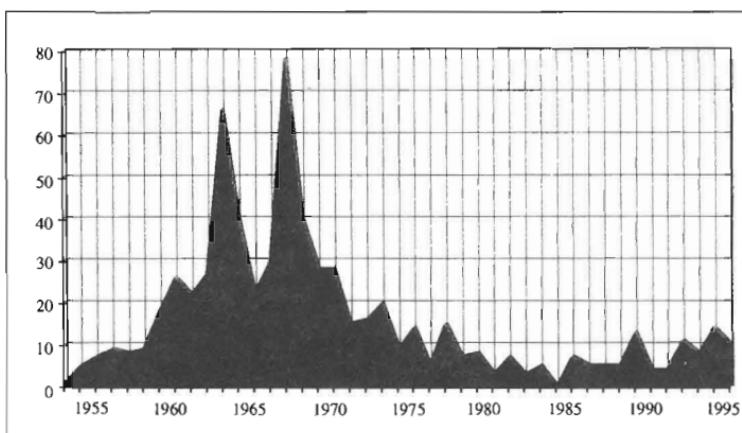


Table 1: Number of scientific publications about hallucinogen-assisted psychotherapy per year. (Year of prohibition: 1967).

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 states³. 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 conflicts⁴. Above all, it attained importance in the treatment of traumatic combat neuroses⁵.

Although the actions and therapeutic use of hallucinogenic drugs have been known worldwide for millennia⁶, 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 intoxication⁷, nearly all researchers were of the opinion that the experiences did not reflect the psychodynamics of the experimental subjects⁸. 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 psychoanalyses⁹. 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 experience¹⁰. This work by Stoll caused a sensation among psychotherapists and led to the first attempts to use hallucinogens as adjuncts in psychotherapy¹¹. In the further development of this work, proof of its psychodynamic relevance and the authenticity of its experiential contents could be provided¹². 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 application¹³:
- Around 1950 Leuner developed a day-dream technique in psychotherapy (today established as "Guided Affective Imagery")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 favored¹⁵.

The method unanimously designated as "Psycholysis" (Sandison) at the "First European Symposium for Psychotherapy under LSD-25" in 1960¹⁶ 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 treatments¹⁷. 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 therapy¹⁸. 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 psycholysis¹⁹. 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 spectrum²⁰.

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 years²¹. Between 1953 and 1968 more than 7000 patients were treated with this method²².

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 effect²³.

| PSYCHOLYTIC THERAPY | PSYCHEDELIC THERAPY |
|---|---|
| <p><i>Principle:</i> 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.</p> | <p><i>Principle:</i> 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.</p> |
| <p><i>Concept:</i> Psychodynamic frame of interpretation.</p> | <p><i>Concept:</i> Without foundations in the classical psychological theories. Modern transpersonal approaches to explain structure and effects of experiences.</p> |
| <p>Numerous sessions required (10-50).</p> | <p>One to three „overwhelming“ experiences are aimed at.</p> |
| <p><i>Therapeutic processing:</i> 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.</p> | <p><i>Therapeutic processing:</i> 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.</p> |
| <p><i>Goal:</i> Cure through restructure of personality in a maturing process and loosening of infantile parental bonds. Better intrapsychic and social harmony.</p> | <p><i>Goal:</i> Symptomatic cure, change of behavior and better social adjustment triggered by conversion-like existential experiences and enhanced self-insight.</p> |
| <p><i>Indications:</i> Most forms of neuroses, psychosomatic cases, psychopaths, sexual neuroses.</p> | <p><i>Indications:</i> Alcoholism, neuroses (?), terminal cancer patients.</p> |

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 individuals²⁴.
- 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 death²⁵.

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 transformativ 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 Pahnke²⁶ (in a double-blind experiment) and by Leary et al.²⁷. 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, Maryland²⁸. With this method over 2500 alcoholics, drug addicts and neurotic patients were treated between 1957 and 1973²⁹.

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 manner³⁰. This therapy was applied on several hundred terminally ill patients, and was proven to be effective in methodically sound studies by the NIMH group³¹.

A combination of the psycholytic and psychedelic methods was first suggested by Alnaes and Grof³². 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 sessions³³. It is considered to be the most modern approach and has already been applied in a few pilot studies³⁴.

With reference to treatment success, most psycholytic therapists reported long-term improvement in approximately two-thirds of their usually difficult and chronic neurotic patients³⁵. 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 errors³⁶. 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-lasting³⁷.

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 developed³⁸.

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 injustices³⁹. In the scope of this international movement the use of "psychedelic" (mind-manifesting) substances by laymen became a mass phenomenon⁴⁰. 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.⁴¹ Furthermore, reports of chromosome damage by hallucinogens were published in 1967⁴². However, these

reports did not stand up to a meticulous scientific examination⁴³. 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 change⁴⁴.

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 substances⁴⁵: 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 patients⁴⁶. 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 multitudinous⁴⁷. Hence, in this case, a practically innocuous⁴⁸ - 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 Russia⁴⁹. 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 derivates⁵⁰, LE-25⁵¹, MDA⁵², MDMA etc.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 MDMA⁵⁴. 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-methylenedioxymethamphetamine (MDMA), which had previously been used by psychotherapists⁵⁵, 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 type⁵⁶.

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"⁵⁷.

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.

2 Cf. Grob, C. / Bravo, G.L.: Human Research with Hallucinogens: Past Lessons and Current Trends. In: Yearbook of Transcultural Medicine and Psychotherapy 1995: 129-142.

3 Cf. Schrenck-Notzing, F. v.: Die Bedeutung narcotischer Mittel für den Hypnotismus. Leipzig 1891.

4 Cf. Horsley, J.S.: Narco-Analysis. New York/London 1943.

5 Cf. Grinker, R.R. / Spiegel, J.P.: War Neuroses. Philadelphia/Toronto 1945.

6 Cf. Furst, P.T. (ed.): Flesh of the Gods: The Ritual Use of Hallucinogens. New York 1972 and Schultes, R.E. / Hofmann, A.: Plants of the Gods: Origins of Hallucinogenic Use. New York 1979.

7 Cf. Beringer, K.: Der Meskalinrausch. Berlin 1927.

8 Passie, T.: Ausrichtungen, Methoden und Ergebnisse früher Meskalinforschungen im deutschsprachigen Raum. In: Yearbook of the European College for the Study of Consciousness 1993/1994: 103-112.

9 Baroni, D.: Geständnisse im Meskalinrausch. In: Psychoanalytische Praxis 1 (1931): 145-149.

10 Stoll, A.W.: Lysergsäure-diäthylamid, ein Phantastikum aus der Mutterkorngruppe. In: Schweizer Archiv für Neurologie und Psychiatrie 60 (1947): 279-323.

11 Cf. Busch, A.K. / Johnson, W.C.: LSD as an Aid in Psychotherapy. In: Diseases of the Nervous System 11 (1950): 241-243; Frederking, W.: Intoxicant Drugs (Mescaline and Lysergic Acid Diethylamide) in Psychotherapy. In: Journal of Nervous and Mental Disease 121 (1955): 262-266 and Chandler, A.L. / Hartmann, M.A.: Lysergic Acid Diethylamide (LSD-25) as a Facilitating Agent in Psychotherapy. In: Archives of General Psychiatry 2 (1960): 286-299.

12 Cf. Leuner, H.: Die experimentelle Psychose. Berlin/Göttingen/Heidelberg 1962 and Masters, R.E.L. / Houston, J.: The Varieties of Psychedelic Experience. New York/Chicago/San Francisco 1966.

13 Sandison, R.A. / Spencer, A.M.: The Therapeutic Value of Lysergic Acid Diethylamide in Mental Illness. In: Journal of Mental Science 100 (1954): 491-507.

14 Leuner, H.: Guided Affective Imagery. New York 1984.

15 Leuner, H.: Psychotherapie in Modellpsychosen. In: Speer, Ernst (ed.): Kritische Psychotherapie. Stuttgart 1959, pp. 94-102.

- 16 Cf. Barolin, G.S.: Erstes Europäisches Symposium für Psychotherapie unter LSD-25, Göttingen, November 1960. In: Wiener Medizinische Wochenschrift 111 (1961): 266-268.
- 17 For differences see Grof, S.: LSD Psychotherapy. Pomona, CA 1980.
- 18 Cf. Arendsen Hein, G.W.: Treatment of the Neurotic Patient, Resistant to the Usual Techniques of Psychotherapy, with Special Reference to LSD. In: Topical Problems of Psychotherapy 4 (1963): 50-57 and Leuner, H.: Halluzinogene in der Psychotherapie. In: Pharmakopsychiatrie / Neuropsychopharmacologie 4 (1971): 333-351.
- 19 Cf. Mascher, E. (1967): Psycholytic Therapy: Statistics and Indications. In: Brill, H. (ed.): Neuro-Psycho-Pharmacology. Amsterdam/New York/London 1967, pp. 441-444.
- 20 Cf. Cohen, S.: Lysergic Acid Diethylamide: Side Effects and Complications. In: Journal of Nervous and Mental Disease 130 (1960): 30-40; Denson, R.: Complications of Therapy with Lysergide. In: Canadian Medical Association Journal 101 (1960): 53-57 and Malleson, N.: Acute Adverse Reactions to LSD in Clinical and Experimental Use in the United Kingdom. In: British Journal of Psychiatry 118 (1971): 229-230.
- 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.
- 23 Cf. Hoffer, A.: A Program for the Treatment of Alcoholism: LSD, Malvaria and Nicotinic Acid. In: Abramson, H.A. (ed.): The Use of LSD in Psychotherapy and Alcoholism. Indianapolis/New York/Kansas City 1967, pp. 343-406.
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- 25 Kast, E.C.: The Analgesic Action of Lysergic Acid Diethylamide Compared with Dihydro-morphinone and Meperidine. In: Bulletin on Drug Addiction and Narcotics 27 (1963): 3517-3529.
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- 27 Leary, T. / Litwin G.H. / Metzner, R.: Reactions to Psilocybin Administered in a Supportive Environment. In: Journal of Nervous and Mental Disease 137 (1963): 561-577.
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- 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 address: MAPS, 1801 Tippah Ave., Charlotte, NC 28205 (USA). (Internet: <http://www.maps.org>, maps@vnet.net).
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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. Whenever 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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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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