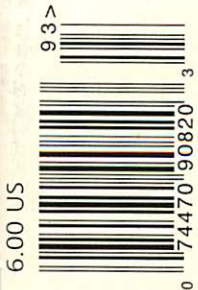


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back cover: *Portrait of Oscar Janiger*, Cibachrome print,
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front cover: *Portrait of Oscar Janiger* (detail),
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artist's statement:

I DISCOVERED my technique of light painting in 1977 and have been happily married to it ever since. I began making light painted portraits of the psychedelic pioneers in 1996 when I first met Timothy Leary and made a portrait of him. Timothy introduced me to many of his colleagues in psychedelic exploration, which led me to make the portrait of Oscar Janiger you see here, as well as portraits of Albert Hofmann, Laura Huxley, John Lilly, Ram Dass, and Richard Schultes.

I would like to express my thanks to the following people:

To MAPS, for offering your cover to exhibit my light painting of Oscar Janiger.

I'm in good company with gifted artists like Alex Grey.

To my wife, Stacy, for accompanying and guiding me in this magnificent project.

To Oscar, for your friendship and wisdom.

To Timothy Leary, Laura Huxley, John Lilly, Albert Hofmann, Ram Dass, and Richard Evans Schultes for your teachings, good cheer, and gentle-hearted collaboration.

To everyone else who has shown support of this project in vital ways.

It is alive and well because of you.

—Dean Chamberlain

For information about portraits of the psychedelic pioneers, contact
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MAPS

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MAPS (Multidisciplinary Association for Psychedelic Studies) is a membership-based organization working to assist psychedelic researchers around the world design, obtain governmental approval, fund, conduct and report on psychedelic research in humans. Founded in 1986, MAPS is an IRS approved 501 (c)(3) non-profit corporation funded by tax deductible donations. MAPS has previously funded basic scientific research into the safety of MDMA (3,4, methylenedioxyamphetamine, Ecstasy) and has opened a Drug Master File for MDMA at the U.S. Food and Drug Administration. MAPS is now focused primarily on assisting scientists to conduct human studies to generate essential information about the risks and psychotherapeutic benefits of MDMA, other psychedelics, and marijuana, with the goal of eventually gaining government approval for their medical uses. Interested parties wishing to copy any portion of this Bulletin are encouraged to do so and are kindly requested to credit MAPS including name and address. The MAPS Bulletin is produced by a small group of dedicated staff and volunteers. Your participation, financial or otherwise, is welcome.

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PATIENCE, PERSISTENCE AND PASSION. Recent developments regarding MAPS' research agenda have required as much of these qualities as I can muster. In July 1998, the third draft of the protocol for the MAPS-sponsored MDMA/breast cancer patient safety study was submitted to the FDA by Dr. Charles Grob, MD, Harbor-UCLA Medical Center. The study as currently designed seeks to explore the safety of the use of MDMA-assisted psychotherapy in breast cancer patients. After eight months, we are still waiting for FDA's comments. The changes suggested by the FDA to the two previous drafts of the protocol (the initial draft was submitted two years ago) have all been incorporated into this third draft. We expect that the FDA has yet more concerns, but won't know how to respond until we receive their comments. Sometimes, it seems as if the FDA would prefer for us to just abandon the effort to conduct MDMA psychotherapy research in the United States. MAPS will not do so, however, in part because of reports like the one on page 56, from a daughter who shared MDMA with her cancer-stricken father to assist him in his dying process.

Letter from Rick Doblin, MAPS President

RECENT RESEARCH on MDMA neurotoxicity will be discussed in detail in an upcoming issue of the MAPS Bulletin. Data from these studies are actually helpful in making the case that there is virtually no risk of clinically significant long-term serotonin-related negative consequences from the use of one or several doses of MDMA administered in a psychotherapeutic context.

IN A MAJOR EFFORT, MAPS is sponsoring a scientific conference on clinical research with MDMA to take place in Israel, August 30 to September 1, 1999. MAPS plans to bring together MDMA researchers from the US, Switzerland, Spain, and England, all the countries in which regulatory authorities have granted researchers permission to administer MDMA to human subjects. The conference will provide the latest information about MDMA to the Israeli psychiatrists at Ben-Gurion University of the Negev who are working with MAPS to design and obtain approval for a study of the use of MDMA in the treatment of post-traumatic stress disorder. The conference will also facilitate collaboration between teams of MDMA researchers around the world.

OBTAINING APPROVAL for MAPS-sponsored medical marijuana research has also been difficult. As reported in the last Bulletin, the National Institutes of Health (NIH) rejected for the second time the grant application of Dr. Ethan Russo, U. of Montana, for a study of the use of smoked marijuana in people whose migraines are not successfully treated by currently available medicines. The NIH letter explaining the rationale for its decision arrived well after the news of the rejection of the grant (see www.maps.org/mmj/russo2b.html). The NIH reviewers focused in large part on an issue that cannot be resolved and that has nothing to do with the scientific merit of the protocol design, the supposed need for preliminary data to supplement extensive historical and anecdotal reports. It is difficult to imagine that the NIH reviewers didn't realize that it is impossible to obtain permission to conduct preliminary studies, or didn't know that the NIH Expert Committee on the Medical Uses of Marijuana recommended full-scale trials. Despite the Clinton Administration rhetoric in favor of medical marijuana research, the reality is continued obstructionism. In a victory for the opponents of medical marijuana, Dr. Russo has decided that it is futile to reapply to NIH a third time (see www.maps.org/mmj/russo2c.html). The Clinton Administration position that the controversy over the medical use of marijuana should be resolved through scientific research rather than at the ballot box will remain dishonest and deceptive until good-faith efforts to conduct research, such as attempted by Dr. Russo and supported by MAPS, are permitted to proceed.

DESPITE THE STRUGGLES MAPS is engaged in, our strategy remains one of patience and persistence grounded in passion. We draw strength from the original research that MAPS can conduct, such as this issue's feature article on the follow-up to Dr. Janiger's pioneering LSD research. The MAPS staff realize that we are privileged to be able to work on behalf of the MAPS membership on issues about which we care passionately. • **Rick Doblin**, MAPS President.

DR. OSCAR JANIGER'S PIONEERING LSD RESEARCH A FORTY YEAR FOLLOW-UP

Rick Doblin, Jerome E. Beck, Ph.D., Kate Obata and Maureen Alioto

**An exclusive report on the findings of a
major experiment coordinated and funded by MAPS.
The paper itself is accompanied by personal statements
from Dr. Janiger, the interviewer and the analytical transcriber.
News articles discussing this project
have already appeared in the LA Weekly
(www.laweekly.com/ink/98/32/news-whalen.shtml),
several other weekly papers around
the United States, and the Utne Reader.**

**Personal Statement
by Dr. Oscar Janiger**

I **T** WAS IN 1954 that I had my first experience with LSD. Soon afterwards, I began my inquiries into its effects. My initial contact with the drug was so remarkable that it moved me to spend the next 45 years of my life in studying it.

While it is gratifying that there is continued interest in my studies, I am saddened to say that little progress has been made in clarifying and extending some of the initial findings. This is not entirely surprising. As I conducted my investigations in the face of growing controversy, I realized that a shutdown was inevitable. As a result, I decided to winnow as much information as presented itself over a wide range of topics. My objective was to gather preliminary data and impressions that would highlight promising areas of research, hoping that any fruitful leads might be explored in the future by other workers when the foreseeable reaction against psychedelic research would have run its course. My approach was like the fabled fox rather than the hedgehog in that I chose to examine a wide terrain rather than burrow down deep just into one area. Little did I realize that the political reaction against LSD research would persist up to the turn of the century.

My primary area of investigation was a large naturalistic study of the phenomenological effects of LSD in a representative sample of human volunteers. I took pains to minimize the amount of interference from outside sources that would tend to influence the subjects. My interest was focused more on an attempt to define the nature of the LSD experience as a special state of consciousness than on any specific content. For example, specific characteristics can be assigned to different conscious states such as sleep, wakefulness, hypnotic trances, coma, etc.

OUR RESEARCH was conducted in the following manner. The subjects were requested to take notes and compose a detailed report of their LSD experience as soon as they were able to do so. These reports were analyzed for content and significant elements were extracted and placed on index cards. New reports resulted in the creation of additional cards only for experiences not previously reported. Each subject was asked to sort the cards created at that time by placing them in one of three

categories; the experience is identical to my own, has some features of my own, has no similarities to my own. The process was repeated with each respective subject until the data had become so voluminous that we were only capable of processing it for about the first 100 subjects. Unfortunately, I began this research before computers were in widespread use.

All data emerged naturally from the reports. In this way, I began to derive the nature of the essential LSD state as opposed

to the widely varying and individualistic content of that state which reflected the subject's personal life experiences. There were a relatively small number of cards in the first group representing the commonality of experience. Some examples of these common, intrinsic elements were that everything seemed connected; time was not perceived normally; the experience came in waves; there was an intensification of color; and music had a special significance. The world according to LSD is an idiosyncratic one. The nature of the individual drug experience reflects the basic psychophysiological action of the substance interacting with the total life experience that one brings to it. Understanding the relative contributions that are made by the drug or by the individual is a fascinating and formidable challenge, like attempting to distinguish a dream from the dreamer. My evolving understanding of the core nature of the LSD experience is that it does

adept working under the influence of LSD. The artists somehow found a way to draw inspiration from the LSD state for the creation of art and were able to increasingly control the physical expression of their subjective vision. The artists who were most able to represent in their art their subjective LSD experiences were those who had most developed their technical abilities, so that they had the rigor to bring back to consensual reality their artistic vision which one artist stated, "was more creative than a dream, more original than a madman."

I am reminded of conversations that took place around 1958-59 among a small group including Aldous Huxley, Gerald Heard, Alan Watts, Anaïs Nin, Sidney Cohen, Keith Ditman, Betty Eisner, and others who had early exposure to LSD. Our discussion led to the question of how psychedelics might find a place in our culture that could be socially accepted and institutionalized. We thought that the ritual

It is my hope that this follow-up study to my research
will help in some small way to encourage and make possible
further research with LSD so that my initial explorations
are a beginning and not an end.

not necessarily favor any particular psychotherapeutic, mystical or spiritual notions, nor does it necessarily involve any specific group of systematized ideas. LSD seems to produce a marked a shift in our fundamental perceptual frame of reference, upon which rests our ongoing concept of reality. This change in our habitual way of being in the world may lead to a profound psychic shake-up and may provide startling insights into the nature of reality and into how our personal existence is fashioned.

The second largest study I conducted involved an examination in artists of the contribution that LSD could play in the creative process. The artists reported that in their LSD experiences they had gained the ability to generate original insights, fresh perspectives and novel, creative ways to express themselves through their art. One artist reported that he "broke the tyranny of form." To my surprise, I found that there was a substantial learning curve and that artists gradually become more

created by the Greeks at Eleusis could serve as an instructive model. For the ancient Greeks, participation in the ritual was voluntary, open to men, women and slaves, and said to be for many the most profound experience of their lives. The psychedelic experience at Eleusis was administered by guides for two thousand years in a socially sanctioned, supervised context. Perhaps such a context can be recreated in the new millennium in a manner suitable for our culture.

Even 45 years after I started my studies, no scientific consensus has emerged clearly defining the core elements of the LSD state. Nor has research illuminated the specific mechanisms by which LSD can be used to stimulate creativity. It is my hope that this follow-up study to my research will help in some small way to encourage and make possible further research with LSD so that my initial explorations are a beginning and not an end. •

AFTER THE DISCOVERY of the psychoactive effects of d-lysergic acid diethylamide (LSD) by Albert Hofmann in 1943 (Hofmann, 1980), physicians such as Humphry Osmond (Osmond & Smythies, 1952), Sidney Cohen (1960; 1964), Sanford Unger (1963), Abram Hoffer, (1965), Walter Pahnke (1969; 1970) and Stanislav Grof (1980) conducted and popularized research describing the effects of LSD and other psychedelics on perception, cognition, emotion, and behavior. In their comprehensive review of psychedelic research, *Psychedelic Drugs Reconsidered* (1997), Grinspoon and Bakalar report:

Many people remember vaguely that LSD and other psychedelic drugs were once used experimentally in psychiatry, but few realize how much and how long they were used. Between 1950 and the mid-1960s there were more than a thousand clinical papers discussing 40,000 patients, several dozen books, and six international conferences on psychedelic drug therapy. (p.192)

Today, psychedelic drugs cannot be used in clinical practice but only in research, and only under a special license from the federal government. A few institutions still have the necessary licenses; but lack of money, restrictive rules, and public and professional hostility have made it almost impossible to continue the work. In rejecting the absurd notion that psychedelic drugs are a panacea, we have chosen to treat them as entirely worthless and extraordinarily dangerous. (p.232)

Dr. Oscar Janiger's Pioneering **LSD** Research: A Forty Year Follow-Up

Rick Doblin, Jerry Beck, Ph.D., Kate Obata, and Maureen Alioto

THE FOLLOWING REPORT constitutes a forty-year+ follow-up interview study of 45 people who participated in the LSD research of Dr. Oscar Janiger, a psychiatrist who conducted studies in Los Angeles. Beginning in 1954 and continuing until 1962, Janiger conducted his own examinations of the effects of LSD. In an agreement with Sandoz Laboratories, which held the patent on LSD and manufactured it, Janiger administered a monitored dosage of Sandoz LSD to roughly 900 subjects, as part of a naturalistic experiment intended to illuminate the phenomenological nature of the LSD experience. The standard dose of LSD administered was 2 micrograms per kilogram of body weight administered orally; a moderate dose that would produce a powerful effect but is less

than what was generally used in a psychedelic psychotherapeutic context. Subsequent to their LSD experience, subjects wrote a personal narrative. A month later, they completed questionnaires and compared descriptions of their experience with that of other subjects. Much of Janiger's data went unanalyzed, and only limited results were published (Janiger, 1960; Janiger & de Rios, 1989, McGlothlin et al., 1969; 1970; 1971).

The primary goal of this follow-up study is to describe the long-term effects of study respondents' LSD experiences, both beneficial and harmful. We will begin with a brief discussion of study methodology, then summarize the primary findings and conclusions which emerged from the interviews. Despite the fact that new clinical research with LSD is not at present occurring anywhere in the world, new questions can still be asked about old research. Some forty years hence, what do those who initially created and participated in

Note: Quotations from respondents are followed by respondent number and page number in the interview transcript. Quotations from Dr. Janiger are followed only by page number in the interview transcript.

original LSD research from the 1950s recall? How do respondents view their LSD experience in that early research? Do they now note any positive or adverse reactions? In other words, in the much larger context of their lives, how do they view their participation in this early research?

This follow-up study is important for two reasons. First, it constitutes an unprecedented long term view into the self-reported influence of LSD experiences in the lives of the participants in Janiger's research. Second, this work—in concert with other MAPS-assisted studies—serves, at least partially, to renew the field of psychedelic research. This study is the third in a series of long-term follow-up studies of classic psychedelic research projects conducted by a co-author of this paper (Doblin, 1991; Doblin, 1998).

Methods: Subjects

Given the exceptional length of time that had elapsed between the initial experimentation and the current follow-up research, longer than in any other psychedelic follow-up study of which we are aware, contact had been lost between virtually all of the subjects and Janiger. Nevertheless, Janiger was able to refer for follow-up interviews twelve subjects with whom he had stayed in contact. These subjects cannot be considered a random selection from among those who participated in the study. They presumably valued both their LSD experience and their relationship with Janiger and could compose a sample of subjects who had a more positive experience than the average.

To re-initiate contact with other subjects, a private investigator hired by MAPS was able to locate nine of the subjects interviewed for the follow-up study. The investigator used information such as names, addresses, ages and professions noted in the original case report forms from roughly forty years earlier that had been saved by Janiger in his files. The interviewer herself located the additional twenty-four subjects in the follow-up study primarily through the use of Internet white pages. The subjects located through her search were restricted to those living in the general vicinity of Los Angeles to make it possible for in-person interviews to be conducted. The subjects located by the private investigator and the interviewer compose over 73% of the subjects in the follow-up experiment and are quite likely to represent a random selection of the subjects in the original experiment.

Following successful location of subjects, a member of the research team contacted them and requested an interview. Only one subject who was located refused to be interviewed. This subject gave no indication as to whether his experience was positive or negative. In all, 47 subjects as well as Janiger agreed to participate in taped interviews. One interview tape was returned blank and one could not be transcribed for technical reasons. Including Janiger, 46 interviews were conducted and analyzed. The average age at interview was 70.3 years with a range of 61 to 85. Of the

45 respondents, 34 were males and 11 females. At the time of the original study, subjects were chosen to represent a wide demographic variety and included housewives, clerical assistants, a Deputy Marshall, attorneys, counselors, engineers, medical personnel, dentists and physicians. Highly represented in this group were professional artists. All respondents who agreed to be interviewed for the follow-up study were promised anonymity. However, some were willing to have their real names used in the final report. Where names are used, they are genuine.

Data collection and Analysis

Once the respondent gave written informed consent, audiotaping of the interview began. One interviewer conducted all the interviews, which lasted between 30 minutes and one hour or longer. Participants were informed that they could end the interview at any time. These interviews were transcribed and formed the basis for data analysis.

The interview questions consisted of a broad semistructured instrument devised to determine people's perceptions of their LSD experience in the context of Janiger's research and its consequences for their lives over a roughly forty year period. The data was then sent for "analytical transcription." Analytical transcription is defined by simultaneous data analysis and transcription. The transcriber provides a brief analysis of the emerging data, efficiently alerting other researchers to important data issues such as confirming or disconfirming evidence regarding hypotheses.

After data was transcribed, it was analyzed using the constant comparative method arising from the grounded theoretical approach (Glaser & Strauss, 1967; Strauss & Corbin, 1990). This method is designed to allow assertions to emerge and evolve as data are compared, ultimately resulting in findings "grounded" in data. Including the analytical transcriber, two researchers independently analyzed all data by constantly comparing statements within and between interviews. In this process they determined similar or dissimilar respondent statements about beliefs and behaviors regarding their LSD experiences. Through categorizations of such statements, researchers gained an understanding of the subjects' LSD experiences and perceived effects.

Findings Part 1:

Context(s) of the original research

In any follow-up research for which the elapsed time extends from the 1950s to 1997-98, a key factor is establishing the context of the original study. Several factors, here shaped in the form of questions, emerged in the data as being relevant to describing the study context. How did subjects come to participate? What kinds of people participated? What was the nature of the information they were presented with before their participation?

Janiger's interview also provides essential data as to the study itself as well as other ongoing research at the time, thereby delineating key context(s) for this study. The

following contextual information is interesting in and of itself, and it is important because it allows us to situate our current respondents in the original study context.

How people came to the research

In concert with most people describing their study participation, this respondent explains how he came to participate in the study with Janiger (I=Interviewer, R=Respondent):

R: *Actually, Oz [Janiger] was a teacher at the Osteopathic College. One day he invited Aldous Huxley to give a lecture on LSD. It was right after The Doors of Perception had just been published. He asked me if I was interested. I came, and he was talking about his LSD experience. Afterwards, Oscar indicated that he was going to apply for a grant, and I told him I'd like to be a guinea pig. And that's how it all got started.*

I: *How did you know Oscar?*

R: *I was in therapy with Oscar. [#005, p.1]*

Some respondents described their study participation as originating through word of mouth from friends:

I: *How did you first hear about the LSD experiment?*

R: *P.L. was working for Dr. Janiger. She was a friend of ours and she told us about it.*

I: *And what did you know about psychedelics or LSD before?*

R: *Oh, I'd heard vaguely that there were some drugs that altered one's state of mind. But, I didn't have any specific information except what P. told us. She said that Janiger was conducting a series of investigations, and that we might be interested to participate. So, that's about all we knew. [#027, p.1]*

And one respondent couldn't remember but thought perhaps he had read an article about the study:

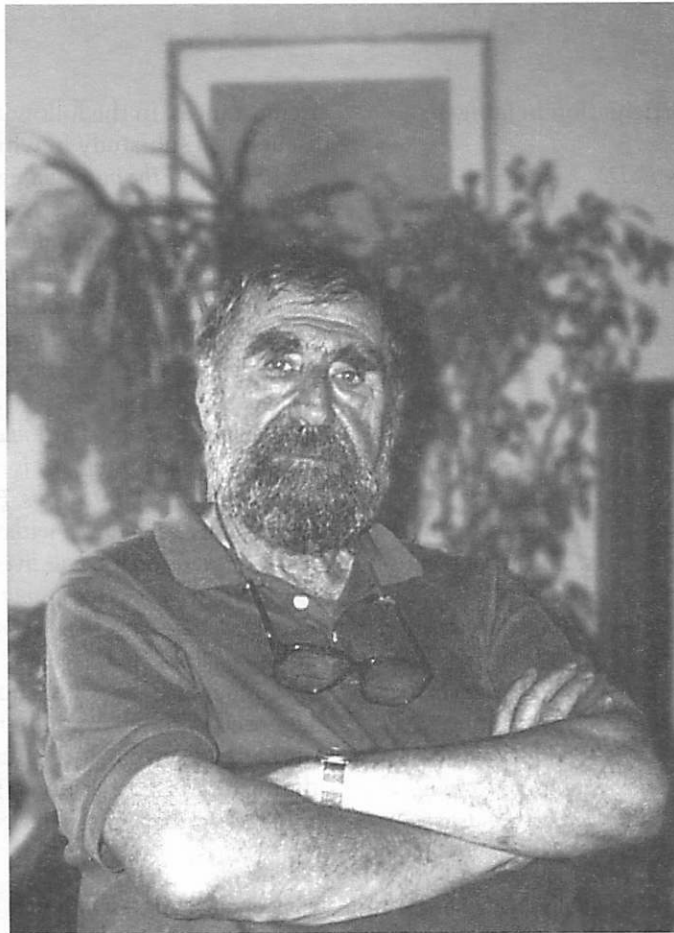
I: *How did you first hear about the original study?*

R: *It's difficult to remember. It's been so long. But, I must have read it somewhere, probably in the local paper. Something about what he was doing, or what he was attempting to do with LSD. I saw something in there, it must have said something in there about how it could conceivably even help someone who stuttered.*

I: *Help your stutter?*

R: *Yeah.*

I: *And so, you took it thinking it might help your stutter?*



Ed Spiegel, #004

My experience was to see myself as terribly infinitesimally small and insignificant, and also incredibly grand. ...I would say that the LSD began a process. Or the LSD was itself a continuation of the process, an intense acceleration of whatever process I was going through towards individuation, as Jung would say.

R: *Right. [#026, p.1]*

From this data, we see that respondents discussed different ways in which they came to participate in the original study. This included being in counseling with Janiger or one of his colleagues, finding out about the research through word of mouth and perhaps by responding to news reports. This evidence is supported by the independent interview with Janiger:

I: *So some were patients? Some were friends?*

R: *Some were patients, some were friends. The other people were through word of mouth, through talking to people. It was a mysterious process. We issued no call for volunteers, per se. People would call regularly and say, 'We understand you're doing some experiments with LSD and we wonder if you have any room? We'd like to get on the list.' And before long we had hundreds of people calling. I don't know where they came from, to tell you the truth. Later, we put*

something out... Namely that the people who had had the experience would bring people [to whom they talked about their experience]. So, we got them through them. We also got them through UCI [University of California - Irvine] for example. And some of them were students in my class. [pp.2-3]

Later in the interview Janiger states that there was no solicitation for study subjects:

I: *How did they come to you? Did they come to you, or did you approach them?*

R: *Oh, they came to me. We didn't solicit anybody!*

I: *They came to you?*

R: *I didn't solicit a single person in that study. They came to me! I made it a point. For one thing, I didn't have to because we had so many. At the end we were busy turning them down, more than anything else. [p.11-12]*

Approximately 25% of the study respondents connected at least one of their experimental LSD ingestions with several psychologists gathering data for Janiger: either Robert Davidson, Murray Korngold or Art Janoff. All were clinical psychologists who needed Janiger to administer the drug to their patients, as Janiger had an M.D. In exchange, they would offer the subject data to Janiger for his study. One respondent reported participating in an LSD study

with Sidney Cohen prior to his participation in Janiger's research:

I: *So how much later did you take LSD?*

R: *Well, it must have been around 1953 or '4.*

I: *[surprised] Nineteen fifty-three? Four? That was pretty early! So you heard Sidney Cohen was doing research with it, and you volunteered to be one of his subjects?*

R: *Yeah. He was doing it at the Veterans Hospital there in Brentwood. [#033, p.2]*

Who participated in the Janiger Research?

The inclusion criteria for participating in this study were broad. At the time of the original study respondents reported working as housewives, clerical assistants, a Deputy Marshall, attorneys, counselors, engineers, medical personnel, dentists, physicians and artists. The artists were represented more than the others. Janiger reports:

R: *The artists were especially exceptional! They told each other, and before long we had hundreds of artists. Well, we couldn't use them all... the artists, I suppose, were so enamored and so interested in the experience that they were recruiting each other. [p.3-4]*

R: *Our criteria for the artists were they had to be working, professional artists. They were not Sunday painters. An artist*

Some forty years hence, what do those who initially created and participated in original LSD research from the 1950s recall? Do they now note any

meant an artist! Somebody who was working as a professional artist. The head of an art department, or the head of a studio, and so on, or a salon artist who drew and painted. [p.11-12]

A handful of subjects in the original experiment were children of adult subjects, or children of adults very familiar with the research. The children all participated in the research with the consent of their parents. None of the children who participated were located for the follow-up.

I: *There were some children in this?*

R: *Yes, that's right. The thing was to look at the demographics. We tried to get as wide a distribution as possible, by age, by education. So we did have studies of children. We had about five or six children between the ages of about six or seven and older. Then we had some older people. I particularly wanted ministers, rabbis, that kind of thing. I think we had one nun! I don't remember. We had religious people, because it [the LSD experience] was thought to be religious. And then, of course, we had the notables—the fancy ones, the movie picture ones. And the rich ones, and the notable ones.*

I: *Were they already patients of yours?*

R: *No. They were mostly acquaintances of other people. [p.11]*

Sub-studies

Janiger describes several sub-studies and perceived outcomes related to those sub-studies:

I: *You had a lot of little sub-studies?*

R: *Oh, yes! We had about five. [p.3]*

Janiger was seeking to determine the effects of LSD on a variety of different kinds of people in a variety of different

circumstances. In the following passage, we find Janiger discussing a sub-study in which LSD was used with twins:

R: *[One of] the outstanding sub-studies that we had was with identical twins of nineteen years of age. They never left each other, were very close, just alike in mannerisms; what you'd expect from very closely tied, bonded, identical twins. We put them each in different rooms, gave them the equivalent amount of LSD, and they both reacted entirely differently to the drug. One was withdrawn and quiet, and the other was very active and explosive, and talking, and even peed on the floor... A few things we didn't expect. But the point I'm certainly making is they were different. The important part is that after the experiment they both went their separate ways. Before that, they both vowed that they wouldn't get married without the other one, they wouldn't go here or there, their whole lives were intertwined. After the experiment, we got letters from them, following up, saying that one of them took a job somewhere else. In short, their lives took on individual paths. [p.3]*

Janiger also describes sub-studies related to people diagnosed with what might, in the context of the 1950s, be considered psychiatric dysfunction. He subsequently administered LSD and noted the behavioral changes. Janiger describes one such case:

R: *We gave a man very small doses of LSD for a year. He was a fireman, very socially retarded. Lovely man, but he was quiet and so socially maladapted that he almost never talked at all. He was very self-conscious, he was known in the fire station as Mr. Negative or something, signifying his complete absence from social activity. The drug changed him enormously. By the end of the year he was outgoing, his expressions and behavior were that of a socially adept man. He was really amazing! Underneath, he was not that abnormal. He was just excessively shy and self-conscious. And there was nothing remarkable about his background. He had his tendency, but the LSD certainly helped him on that one. [p.3]*

The sub-studies largely focused on the administration of LSD to individual subjects. One notable exception occurred when Janiger administered LSD to a group of medical students who were gathered together and were simultaneously under the influence of LSD.

I: *You had group studies?*

R: *The group was medical students, in one instance. We tried to monitor their interaction under the drug. There was a kind of a group dynamic test that we gave, with a statistician. One of the interesting things that I suggested was to play a game of cards. They were going to play poker, because everybody knew poker... they played and after a while it was chaos! They couldn't play at all. They were altogether enamored, saying, 'Did you ever see anything like this?' [laughs] One had been looking at the queen of spades, and get lost in it. So, it was clear to me that a group activity under LSD was very difficult to maintain. Which is very much like the way you see things in mental hospitals. You can get no coordination. Everybody's lost in their own reflections, their*

own reveries... and that is why you never hear of a coordinated breakout from a mental hospital. [p.5-6]

In another observational sub-study, the context was not the same kind of thinking involved in task oriented behavior, such as the linear thinking involved in a poker game. Rather, Janiger worked with artists where the goal could be a creative or more emotional one, creating art. In this extended story Janiger describes his "favorite" sub-study:

I: So, then you did the creativity study? Which was the largest sub-experiment?

R: Oh, that was my most favorite of all. The one with the artists. That was the most fun. During the big experiment, about the fifteenth or twentieth person was an artist. They came in from every direction! This guy was an artist, and during the experiment he said to me, 'I want to paint something.' Well, I was totally taken by surprise. For one thing, I didn't know that anyone could paint under LSD. And since he had a standard dose, [two micrograms per kilo] along with everybody else, I assumed that he would have a reasonable amount of incoordination. But, no. He said, 'No, I want to paint.' His training must have allowed him some ability to keep control, even under the acid. I happened to have a Kachina doll—by accident, it was just that I had been interested in Kachina dolls—so I took it down and I showed it to

physiology of pain blocking. This study was examining whether LSD could act like a dissociative anesthetic:

R: For example, we took him to this man who was a professor of dentistry at UCLA, who extracted his tooth. He didn't use any anesthesia. And the subject had no pain. The dentist said later that he was astonished because he had touched the man's nerve with his instrument and he didn't respond. He said it was the only time he'd ever seen that a person was able to tolerate that, when there was no anesthesia.

I: How large of a dose did he get?

R: About a thousand micrograms. [pp.3-4]

In several other sub-studies, we see that Janiger was looking to block the uptake of LSD, in order to better understand its mechanism of action:

R: And then we did another one on blocking LSD. We loaded the subject with different substances to see if we could block the action of the LSD. We failed in a number of cases, but two outstanding cases were that high doses of niacin blocked LSD and—this was a surprise—high doses of progesterone were a buffer against LSD.

I: Large doses of niacin blocked LSD?

R: Large doses, yes. I think a thousand or two thousand milligrams. [p.7]

positive or adverse reactions? In other words in the much larger context of their lives, how do they view their participation in this early research?

him. He went right to town! He had some stuff in his briefcase, and he started to do some painting, a drawing of the thing. And when it was over he was so taken by the experience, such that I've never seen, he said, 'Every artist should have this experience!' ...

I: Did you arrive at any personal conclusions?

R: Yes. This artist said that he was going to tell everybody in town, which he did. I think he was a teacher at one of the art schools. Well, we got flooded with artists, and some very good ones, well known artists. They came in droves. I had to make a decision; they were going to flood out my demographic study. So, I made a sub-project with artists, and built another room that was really lovely. I bought an easel, and had everything just like an artist's studio. It was really a nice thing. And they came there and did everything the others did, except they were in a studio. Their objective was to render the doll when they first came and hadn't taken the drug yet. Then they went under the drug and rendered the doll again. They were only permitted one deviation: they could use whatever medium that was comfortable for them. That was up to them, [the medium] was the only thing that was optional.

About two or three hours later, or more—some people would be painting until the evening. They just wouldn't stop—when they finished, they would [give their] impression; a sheaf of their statements about what they felt, what they thought of it... I would say ninety-nine percent, if not all of them were positive! Ninety-nine percent expressed the notion that this was an extraordinary, valuable tool for learning about art and the way one learns about painting or drawing. Almost all personally agreed they would take it again. [pp.10-11]

Janiger also describes a sub-study related to the psycho-

To summarize, the context of Janiger's research was demarcated by two themes; (1) A wide variety of study respondents, and (2) different kinds of sub-studies. Regarding the first theme, subjects representing a wide variety of professions, especially artists, participated in the research. They reported coming to participate as a result of being referred from counseling with Janiger or one of his colleagues, or word of mouth. Regarding the latter theme, Janiger's LSD clinical research included individual and group sub-studies in the psychological as well as psychophysiological realms. This work included the exploration of LSD from several perspectives: catalyst for creativity, group dynamic behavioral observation, pain blockage, mechanisms of action, therapeutic adjunct.

Findings Part 2: Conducting the research and participant experiences

In Part 2, respondents provide evidence of the interpersonal dimension of how Janiger administered his research and how they recall their participation in it. This illuminating passage from Janiger summarizes the nature of the research perspective at the time of the study:

Now, mind you—and this is what's so important, I think, more than anything else—we had no preconceived idea. In other words, we didn't editorialize any of this. Whatever I learned, they told me—I didn't tell them! I didn't tell the artists what to say, I didn't tell them what to do or how to behave; they told me. I can say with complete conviction that every study I've ever done has been without a bias of trying to indoctrinate the person who was doing it. I had no idea... to us in 1954, it was a *tabula rasa*, it

was a clean slate. I had no idea what these people would want to tell me. [pp.9-10]

While here Janiger is addressing artists, from our analyses the main theme of the social context of this research was that the knowledge of the LSD experience and its impact was a "tabula rasa." Consequently, for "normals," the subject of Janiger's main naturalistic phenomenological research, the goal was to listen to what "these people would want to tell me" and observe.

Study inclusion/exclusion criteria

In his interview, Janiger notes several factors for inclusion/exclusion in the study:

I: What were your inclusion criteria?

R: Well, we didn't want any frank psychos, obviously. No liver trouble or heart trouble [or kidney trouble]... We didn't rule out people who had allergies. But people who had serious illnesses, or could have serious illnesses, or had episodes of them in the past we would rule out. I didn't want anyone, for example, with epilepsy. I wouldn't take people who had had severe depressions. That would be a whole different group of people. That was true for Korngold's and Davidson's [subjects]. They all had to funnel through the original processing, and then they went to their respective places. [p.17]

Here, Janiger clarifies that this was to be an observational study, and although there might be a therapeutic benefit, the purpose of the research study was clearly not therapeutic:

I: What if somebody was coming to you for therapy?

R: I didn't take anybody for that purpose.

I: For that purpose?

R: This was not represented as a therapeutic experience. There were people in therapy, they'd ask me [about it], I said, "It's up to you. Whatever you get out of it, you get out of it." I would not designate it. I didn't tell them it was for anything. [pp.17-19]

In concert with the standards in place in the 1950s, a short written statement called the "Authorization for Experimentation" was signed by all subjects in the study. Outside of brief conversations with the researchers and discussions with other subjects, little was disclosed to them before the study began so as not to influence their experience. In research conducted today, subjects participating in studies are provided with a very detailed written informed consent form that they must sign that describes the full range of experiences they might have and all the known risks and negative side-effects they might incur.

The study setting(s)

When discussing the study setting with respondents, the evidence revealed that most sessions took place in Janiger's office:

R: It would be at his office...

I: So it was like a home?

R: It was like a home. It was a very nice setting where you could sit up, or walk around, do whatever you wanted to do. But, you were in that room. And it wasn't a bad room. Light filtered in and it was conducive to having a good experience. I can't talk for anyone else because whatever someone else wants to do is their

own prerogative. [#009, p.25]

According to Janiger, there were several different settings in his office:

R: I had several settings. They could choose the one with the living room and the garden. They could choose the garden and stay in the garden if they wanted, and they were the ones who decided. The artists, of course, were in the studio. [p.16]

In this passage, Janiger describes how study colleagues upon several occasions added elements that they thought might prove particularly meaningful to subjects.

I: I understand that your methodology was a little different than Murray Korngold's? And also, Robert Davidson's was a little different?

R: Nobody administered the drug but me.

I: Right. But as far as sitting through the experience, Robert Davidson would always play people classical music?

R: Yes, he would play music... But, yes. They were treated a little differently. [p.16]

In certain circumstances, the study setting took place outside of an office. A psychologist who gathered data for Janiger described the setting he established:

I: What about the setting? You wanted to make sure they were comfortable, right?

R: Yes. I was really relying on my own experience, which was to just be out in the world and in nature. And listen to music or just experience what was going around in your neighborhood, so to speak. Patients would come to my office and then we'd go down to Oz's office and take the acid. Then I'd spend the day with them. Go drive somewhere, or talk or walk; go to their house, or have lunch. [#006, p.11]

In the following passage the respondent, a professional scuba diver, reports participating in the study in a most unusual location:

R: I had taken it one time under supervision with my complete diving gear, and I was lying underneath the water on the bottom of a swimming pool. Just watching the patterns of the filtered water circulating, you know, on the surface. I was the only one in the pool. And this was, oh, gosh, this must have been in '57. That was really something! And listening to my breathing... [#014, p.9]

We also find descriptions of different geographical locations:

I: So their Palm Springs place [Janiger's] was kind of aside from where they usually lived at times?

R: His Palm Springs place? Yes, he had a house in town. Palm Springs was strictly the desert house. And we went there because it was secluded, very private, great atmosphere. He told me to bring along my favorite music. [#015, p.5]

As the research evolved, so too did the enhancement of the setting. In the following passage, one subject describes two different settings for two different experiences:

R: My impression was it would have probably been one of the warm months because I remember we took it at the office. [laughs] And then I drove home. That was weird. That was fun, though.

I: If you had to pick a year, if it was '58 or '59, which one of them would it be?

R: '59. Give or take, I don't know. One time we did it at the office and one time we did it up at the cabin in Big Arrowhead. [#018, p.14-15]

The data regarding the setting indicates that most of the experiences took place in Janiger's offices with a range of supervised settings within the offices that included listening to music, the availability of art materials, or strolling through a garden. Some experiences took place outside of these office settings.

Dose and route of administration

In the following passage, Janiger describes administering a standard dosage of LSD to study subjects:

I: How much were they typically given?

R: They were given two micrograms per kilo of body weight. That was what we arrived at.

I: And they all had sitters?

R: Yes.

I: What were the rules?

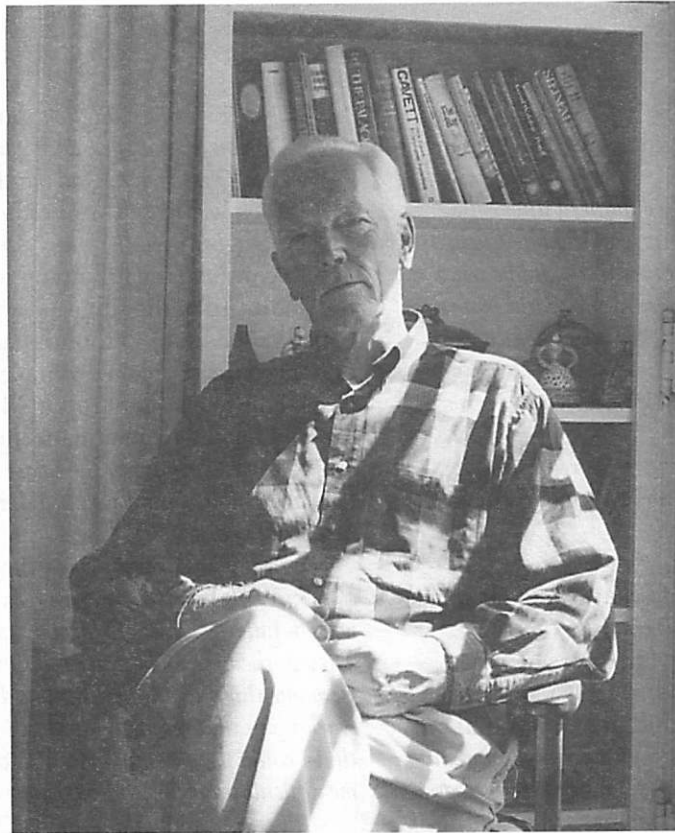
R: No rules.

I: No rules?

R: They could do anything they wanted. [p.16]

The amount of LSD generally administered in this experiment was 2 micrograms per kilogram of body weight given orally. Only two subjects reported that their LSD was administered by injection (#024, #012). The highest dose reported by any subject (#024) was an injection of 500 micrograms. The highest dose Janiger reported administering was 1000 micrograms to a subject (not located for this follow-up study), who participated in the pain reduction sub-study discussed above.

The generally administered dose schedule of 2 micrograms per kilogram resulted in the subjects receiving a moderate sized dose that was just a little less than one microgram per pound. For example, a person weighing 140 lbs would receive 127 micrograms while a person weighing 200 lbs would receive 182 micrograms. The dose generally used in psychedelic psychotherapeutic contexts was 250-400 micrograms. The average dose of LSD sold today on the street is in the range of 60-80 micrograms. Clearly, subjects received a dose of LSD sufficient to catalyze a profound reaction.



Ernest Pipes, Jr. #025

LSD triggered what has been a subsequent thirty-five year study in human consciousness. That has been the field in which I have done my work... As a minister I write a seven or eight page essay every week to make a sermon. I'm sure that the consciousness out of which I write has been broadened by this little experience of mine.

Memory of the experience

In conducting the interviews, we were struck by the remarkable fact that all respondents claimed to remember vividly at least some aspects of their LSD experience from four decades before. The following passage is from a subject whose memory for the experience was more complete than most of the subjects:

I: What do you remember about the experiment itself?

R: Well, I remember everything about it. There's a community of about twenty or thirty people that, they were the only people then, sort of in the world, that I knew about! There may have been some in England, who did that experiment in England. But, other than that, these were people who were all talking to each other about a kind of an experience which no one else

dreamed of! I mean that literally. The extent of experience that people could talk about was their waking, and their sleeping experience. The third category of a dramatic hallucinatory experience was not in the vocabulary of anyone. Nobody was even aware that it was in the repertoire! [#002, p.13]

This respondent also illustrates a critical point; the respondents had no precedent in their vocabulary for describing the subjective effects of LSD.

Positive descriptions

All but one of the respondents felt that taking LSD was, on balance, a positive experience. Positive affective descriptions related to the senses—primarily visual, auditory and tactual—were mentioned most frequently. Quite typically, respondents linked some sensory element with their positive interpretation of that experience. In this case, a focal point was music:

R: Janiger let you bring anything you wanted. I was going to bring my phonograph and listen to some music.

I: You brought your music?

R: Yes.

I: What music did you bring?

R: I brought some jazz and some classical music that I liked.

I: Did it change the way you listened to the music?

R: Yes. It seemed to intensify the hearing acuity. Probably the concentration was increased, too. And of course, it sounded profoundly beautiful, too. Emotionally I responded to it as being

especially beautiful. [#033, p.5]

One respondent felt that his visual acuity and hearing were enhanced by LSD:

R: My visual acuity was enormously enhanced under the drug. As was my hearing. I told you about walking on Wilshire Boulevard with this guy who was my baby-sitter. And hearing the sewage under Wilshire Boulevard. I heard the world more precisely, and it was a little more dramatic for me to hear it than to see it. [#027, p.4]

Another subject spoke about his experience in terms of pure feeling:

R: My God, I'm glad I had the experience. It really did, it changed my life to the extent that I'd never had any experience like that before, and I was totally grateful.

I: It changed your life?

R: Yes. It gave me an appreciation of feelings that I never had before. That they were that tangible. [#015, p.11]

Data reveal a consistent pattern of linkages between affective and cognitive domains (Brown, 1996). A succinct summary of these linkages can be found in one respondent:

R: I was doing psychotherapy. [pauses] I learned a lot about myself, and I found when I was high I was a much better person than when I wasn't! And I could see that my conventional way of

Only one subject reported persisting long term negative effects, in this instance these were mildly negative flashbacks that lasted six months

looking at the world, and my characterological defenses and such, cut me off from a lot of the richness. The psychedelic would open me up to the richness, both aesthetically and... [new voice] Emotionally? Emotionally, and ideationally. I found that it stimulated creativity for me, in my thinking. [#001, p.13-14]

Specifically, in the last passage the subject links "creativity" (affective domain) and "thinking" (cognitive domain). The respondent reinforces this linkage when he says the LSD "would open me up to the richness 'emotionally' (affective) and 'ideationally' (cognitive)."

Long term benefits

Slightly over one-third of the respondents clearly describe persisting beneficial changes subsequent to the immediate influence of LSD. Almost two-thirds were not profoundly influenced by their LSD experience. Many of these subjects found the experience primarily to be curious and inexplicable, like *Alice in Wonderland*. The following example is from among the two-thirds of subjects who reported an experience that did not catalyze any significant life changes:

I: Did you notice any changes in your creativity?

R: No. I really can't pin down any significant changes in any way. It was an interesting experience, it fostered my belief in the idea that we are just in touch with so little of reality! I remember once, someone had some LSD that they were going to get for me if I wanted it, and I remember thinking about it, and I thought, "No, I don't have any interest in having that experience again."

I: So, you felt you didn't really need to?

R: No, it wasn't going to contribute anything significant.

I: Do you feel satisfied with your experience that you did have?

R: Yes. Oh, I'm very glad that I had it! Oh, yes, very much so.

I: So, it was like, "I've already been there?"

R: [laughs] Been there and done that! Right. [#035, pp.7-8]

In contrast, the following respondent is from among the one-third of the subjects who reported persisting benefits. This subject found that his LSD experience enhanced his problem solving capabilities on a long-term basis. This respondent reported that LSD provided a benefit directly related to an enhancement of his work:

R: I was working in the Space Age. I was working for Howard Hughes and I was building some of the prototypes for the first space vehicles.

I: And what exactly was your profession?

R: Well, I started out just as a machinist. And then I applied myself. I didn't have any formal training in it, I just had talent. They pushed me up because I didn't make any mistakes; I could go from one thing to another. It was during the time that I was working in that research lab that I went through this. I found that I could put my mind right into a problem. They would give me difficult problems that no other machinist had ever had.

I: Is this before taking the LSD?

R: Yes, just after it, too.

I: Did it affect the way you saw your work, the way you would think and solve problems?

R: Yes, because these were problems that nobody really knew anything about. They were dealing with materials that nobody had had any experience with at all.

I: For that type of work you need a lot of insight?

R: Yes. Or intuition, or whatever it is. You have to be able to put your mind right into what you're doing, and try to analyze what is happening there, either on a chemical basis or on a physical basis.

I: So, would you say that it changed the way you focused on things?

R: Yes. [#030, p.4]

In addition to the contribution that LSD made to this subject's work abilities, he also reported that his LSD experiences helped him to clarify his career goals. The following career path fits the stereotypical changes associated with psychedelic users and hints at some of the causes of the cultural turmoil surrounding the use of LSD that emerged in the 1960s:

I: Do you think the LSD had any affect on your career change [to being a musician]?

R: I think it probably did. I think it made my whole life kind of come into focus. I realized that what I had been doing over at the research lab was building war machines. I really didn't have any interest in building war machines because I believe in peace. [emphatic] I wanted to do whatever I could do. So I thought how better [than] to jump at this opportunity to go to work at

Disneyland and make people happy... I spent fifteen, seventeen years out there. [#030, p.5]

Numerous other subjects discussed their long-term benefits in the context of enhanced insight, emotionality and personality development. The following example is from a woman who, ten years after the birth of her son, had a daughter who was born "retarded." She reported that the LSD experience gave her the ability to become her daughter's advocate, to have more patience and emotional openness with her children:

I: Do you think that when you felt happy and carefree during your LSD experiences, did that carry into your life afterward?

R: Yes, it did. I'm by nature a very shy person. That's how I used to be. When my daughter was born in sixty-six, I found that I couldn't trust [mental health care providers]... They have a place called Regional Center. This is where information comes in... You take your child in and sign 'em up, and they find different things like speech therapy. They also become advocates. I found they were very lacking, as far as being an advocate, because they weren't helping my daughter. I've ended up being her advocate. I've been it ever since! This is what Dr. Janiger, taking the LSD, has done for me. It's helped me to see myself, that I can do things. I'm not as stupid as people tell me I am!

my thinking about myself and the people around me. [#032, p.10]

Another psychological opening is reported by a male respondent:

I: But you feel that it was important that you took it?

R: Incredibly important, life changing, direction changing. Probably I don't know of anything I've ever done that was as significant as that [LSD] trip was... I began to question certain things that I had not allowed myself to question before [his first marriage]... I did fall in love with someone else and we've been married now thirty years. I can't tell you how happy I am. It is just a wonderful union. Without being able to prove it or illustrate it point by point, making a point by point bridge, I would say that the LSD began a process or the LSD was itself a continuation of the process. It was an acceleration of, an intense acceleration of whatever process I was going through towards individuation as Jung would say... that made me finally able, both to know when I met someone I could love fully and to have the courage, which was violently opposed to my so called old scruple, to separate. You know, it was a tough one." [#004, p.22-23]

The following report is among the most spiritual of the slightly more than one-third of the subjects who reported

to a year and then disappeared. No other negative physiological or psychological aftereffects reported to be linked to LSD were noted in the data.

I: So you found more of a power within yourself?

R: Yeah. I found that I can't trust other people to do for my child what I can do for her. If I have to find the resources, then that's what I'll do... [#009, p.10]

This same subject reported another intriguing important long-term benefit she experienced:

R: When I used to dream, I never dreamed in color. After taking LSD, I dreamed in color.

I: For the rest of your life?

R: Yeah. I can still dream in color! [#009, p.5]

The following report is another example of long-term benefits being described in terms of empowering a previously shy woman:

I: Psychologically, did you learn anything about yourself?

R: A great deal.

I: Such as what?

R: I was very, very quiet. What I want to say is that I was always reluctant to speak out, to speak my mind, to express myself... I finally opened up and nobody's been able to shut me up since then! [laughs] It did have, maybe for me, a good effect. For the people around me, they may be sorry I ever came out of my shell! [laughs] I don't know. I think it gave me tremendous insight, tremendous insight and an ability to perceive things in the people around me. The only ones I could never get down to the nitty-gritty were my kids!...

I: So you feel that it had an opening effect?

R: It released me. I think it did. Oh, definitely. Maybe not instantly. It took time, but I know in my mind and in my heart that it played a large part in reshaping, reforming my personality,

long-term benefits. This respondent describes a sensory experience and then links it with spirituality:

R: It was the most extraordinary experience of my entire life! It was the greatest experience of my entire life! Nothing before or since has ever come near it I can only describe it as this; like the first time you taste chocolate or the first time you have an orgasm—it was close to those! And your first peak experience, it was a genuine peak experience! [#044, p.4]

R: I remember leaving my body and becoming a tree. I became a tree, went all through the roots, all through the earth. And was down in the earth, and then came up through the earth and went into the night sky. And I felt at that point that I'd died and been reborn. But not in a Christian sense! [laughs] I was raised without religion, and I was not spiritual until I took LSD. I've been spiritual ever since.

I: It was a spiritual experience for you?

R: Oh, yes. It changed my life. I think it changed my life forever! I mean, it was a turning point. [#044, p.6]

R: [The LSD experience] took all fear of death away. One hundred percent. [#044, p.9]

Another respondent also used the language of spirituality to describe the long-term benefits that he felt resulted from his LSD experience:

R: It opened up my mind to other religions, other thoughts, other beliefs... I became very interested in Zen... I would say that it was an opening. A rebirth. I was born again, you might say, in knowing who I am and what makes me tick, to some extent. [#022, pp.7-8]

Perhaps no one summarized the perceived positive

aspects of LSD use better than Janiger himself, when summarizing the perceptual benefit that he gained from his own LSD experiences. We conclude this section with his statement:

My personal experience is that I've opened the door to some other extension of my mind, or my sensory equipment or perceptual apparatus, whatever you want to call it. That gave me access to a kind of world that was vastly enlarged, vastly expanded. My senses were made most acute. My mental capacity led me to think in terms of breaking away from familiar—what I called obligatory—reality, where I had to be a certain way. It was the first time I clearly saw the influence of society and culture on my development. In other words, I saw how I was literally molded into the person that I was, by being told subtly what to see, what to think, what to feel. The culture did that subtly. It started with "No" and "Yes" and "No" and "No" and "No." And I broke out of that completely. I was able to see, that was the most astonishing thing. [p.21]

Adverse effects

The discussion on adverse effects will focus on three different types. The first type occurs when the entire LSD experience was considered by the respondent to be, on balance, negative. There was only one instance of this. The second type occurs when a respondent reports that there were negative aspects of the LSD experience but that, on balance, the experience was positive. About five respondents reported their experiences in this way. The last type of adverse effects is persisting long-term negative effects resulting from the LSD experience. Only one subject reported persisting long term negative effects, in this instance these were mildly negative flashbacks that lasted six months to a year and then disappeared. Other than flashbacks, no other negative physiological or psychological aftereffects reported to be linked to LSD were noted in the data.

The one respondent who described an overall negative LSD experience had this to say:

R: I was put into what was a very cottage kind of room with every conceivable kind of art material available, and music selections, and a button for the nurse. About a half an hour or so after I had swallowed those big blue horse pills, nothing had happened at all. So, I rang for the nurse. They thought they might have given me the placebo. They did not. They then came in and injected it, and it all hit at once!

I: Wow! So, you got a double dose?

R: I had a double dose, and it was dreadful. And I have never discussed it, nor will I ever discuss it. I did write fourteen or fifteen pages for Janiger. [#012, pp.3-4]

This is the only time in any of the interviews that a placebo implying a typical experimental study is discussed [placebo was not part of the experimental design], and is one of only two times in which it is mentioned that the LSD was administered by injection. He continues:

R: I felt a lot of terribly confusing, very, very aggravating, very miserable things. I remember only at the end saying to them,

"Please get my wife, I want to go home." I never did have any recurrence of it. Somebody did have the audacity to ask me to do it again. Which I did, with the vow that if it became uncomfortable they could stop it immediately. It became uncomfortable, I had it stopped and left. [#012 p.5]

It is when the interviewer continues exploring the nature of this "dreadful" experience that a key issue is revealed:

I: You don't really recall much else about the experience?

R: Oh, I do. I recall many specifics, but I don't talk about them.

I: So, would you say that it's as clear and sharp a memory today, as when it happened?

R: [answers quickly] No, it's much vaguer. It was a very long time ago.

I: But, there were a lot of problems that surfaced?

R: Yes!

I: Did you feel that you had these problems before?

R: Yes. [#012, p.5]

When the interviewer tests the assertion that the respondent did not recall specifics of the experience, the respondent replies that although the memory of the experience is "vague," he does remember many details: "Oh, I do. I recall many specifics, but I don't talk about them." Most importantly, when the interviewer asks if "there were a lot of problems that surfaced" during the experience, the respondent confirms this and then critically confirms the interviewer's probe that he had these issues before his LSD experience:

I: Did you feel that you had these problems before?

R: Yes.

I: Do you feel there are any changes in your life as a result of the LSD experience? Small changes? Large changes? Short term, long term...?

R: Might have been. I don't recall.

I: So, you didn't feel any different of a person?

R: No. I felt very, I was very angry. And I was very fearful of having aftereffects, which I did not. I wasn't sure that I liked it at all. I think it did some good work for me psychologically. But, I may not have been ready for it.

I: So, in some small way, even though it was a bad experience, it may have helped you?

R: Well, I would say a minimal amount of good came out of it. It was an absolutely, horrifyingly, dreadful experience! Dreadful!

I: Do you feel that you learned anything from it?

R: Maybe.

I: Maybe? About yourself?

R: Maybe. [speaks softly, barely audible] [#012, pp.9-10]

No other interviews were qualitatively like this one, in which the respondent felt the overall experience was a negative one. At the same time, in his subsequent interpretation of that experience, he concludes that it did "some good work for me psychologically." This report begins to reveal a pattern; a description of a negative aspect of the LSD experience, followed by a positive interpretation of the

overall experience.

In the following passage, a respondent notes what would be considered to be a major cause for concern, namely "tremendous physical pain" associated with participation in the research:

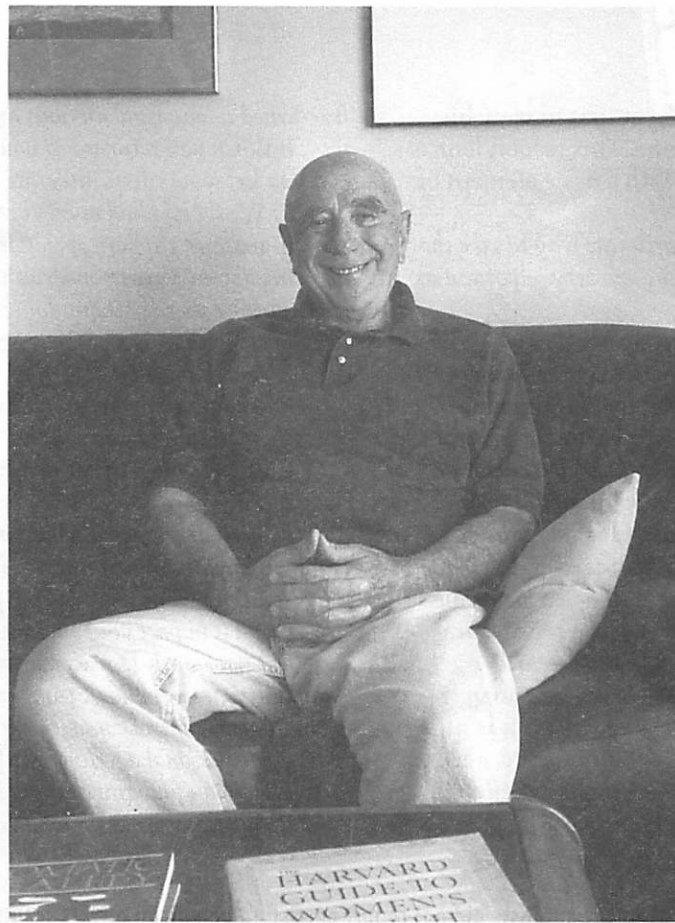
R: Cramping and tremendous physical pain because I was in the hallucinatory stages. I regressed, I thought I was in the womb. It was amazing!

I: So you independently had this regression back to the womb?

R: Yes. There were people on hand, the nurse and the doctors, and therapists, were there at all times. Except for one or two times I said, "Just leave me alone. I wish to be alone." I wanted to really feel, after the first time I wanted to really experience where the drug could take me. The first time was frightening at some point or other. Then there was the pain, the physical pain. It's like when you have the flu and every bone in your body aches. That's what it was like. But, rather intense. And I learned just after the first dose that something could come of this. It was almost a spiritual experience, and I'm not an overly religious person. I have certainly been to church, had communion, whatever you wish, but nevertheless, it was a very revealing experience. And I felt even at that point that some tremendous insights could be derived from this. In other words, if I could look at a piece of fabric, a wall hanging, the curtains at the windows, and I could see almost to the origins of the fabric! [raises her voice, emphatic] I could see every little fiber with my naked eye! Which of course would be like looking at it under a microscope. So, I had to be able to translate this to mean, "Well, if I can see that much in a piece of cloth, what can I learn about myself and my own feelings and thoughts?" It didn't take too long for that to occur to me. After the initial experience I was going to perhaps experience the racking pain, I wasn't as fearful of that, either. Well, that too shall pass! [#032, pp.3-4]

While this respondent was in the "hallucinatory stages" she reported that she had "regressed" back to "the womb." And during this pain which she likened to having "the flu and every bone in your body aches," she asked the sitters to "Just leave me alone." But then the data takes a major turn. She resolves her descriptions with a now familiar conclusion, "It was almost a spiritual experience," "a very revealing experience."

In the following passage we find an individual who



Murray Korngold, clinical psychologist
Korngold referred many of his own patients to participate in Dr. Janiger's experiment, and oversaw a number of sessions.

during "the most intense part of her experience" reported that she lost her "identity":

I: Did you have visions or dream-like things?

R: No. I didn't have visions. But what I did have was, at the most intense part of the experience, I lost my sense of identity. And I remembered hearing somebody crying in the next room. And I wasn't sure if that was me crying in the next room! And I remember later I discovered that there was somebody crying in the next room.

I: Did this bring you down? This is how you had a negative experience?

R: Well, it was really very uncomfortable and frightening. And I remember asking Dr. Janiger that I wanted to come out of the drug. I wanted to take something, and at that time he urged me to stay with it. Because he said I was so near the peak of the experience that it would taper off by itself. [#027, p.10]

From this passage, it is clear that many years later, this respondent clearly recalls a negative aspect to participation in the study. Yet when we continue examination of her interview the following important exchange takes place:

I: Did you eventually begin to feel better?

R: Yes. Yes.

I: What was that like?

R: Well, I remember that I was very stimulated, and very excited. And that the early part of the experience, when I had these incredible visual things, was quite thrilling.

I: It was thrilling? It was more visual distortions of...?

R: Well, it was everything. It was a different way of perceiving all of the physical elements.

I: Did it change the way you think about things in any way?

R: Well, I think this discovery that I could be so near the edge emotionally, that there wasn't this big wide area between sanity and insanity, it made me feel that indeed it's a thin line. And it was, I think, a major kind of experience for me.

I: A major experience?

R: Well, yes. I think in terms of perceiving the nature of altered states.

I: Did it affect you in the long-term in any way?

R: That's very hard to say. Yes. It was one of the high points of my experiences. And I loved it! [#027, pp.10-11]

Another respondent also seemed at first to view his experience as a primarily negative one. This respondent, a clergyman, discussed his “quarrel” with a basic element of the study, the “set and setting”:

R: *In retrospect, it was a most unfortunate way to take the drug for me. As you know, set and setting are very important as to what the effects will be.*

I: *Were you not happy with the setting?*

R: *The setting was horrible. If I may say so, the setting was his group of offices. The waiting rooms around his offices, with Muzak playing. And we were turned loose, having taken the little granules, to sit around and do what we would. There was no setting that was conducive to religious or spiritual or inner investigations, except listening to Muzak! Either as pairs or individually. I happened to be with another friend, a clergyman at the time, other ministers and their wives. One had a marvelous experience because he clustered with his wife in a private area. And with her consolation and assurance and the security she provided, and the temperament he had, he had a life changing experience! I, on the other hand, and the fellow that I was sitting with, who was a minister of the Ethical Culture Society, an older man, the first effects were some slight nausea. The second effect was like nitrous oxide, we laughed. [#025, pp.3-4]*

Slightly less than two-thirds of the subjects did not report persisting beneficial effects resulting from their LSD experience(s).

As Janiger reported, without independent knowledge of the content of this respondent's interview statements:

R: *The most difficult reactions we had of all were the psychiatrists. Might not be big enough to make a thing out of it, but they had a rough time. And a couple ministers had problems. The ministers and rabbis. [p.20]*

Upon deeper analysis of this respondent, we find that although he had trouble with the set and setting, he goes on to describe a mood change resulting from his LSD experience that he referred to as a “powerful tranquilizer”:

R: *I did have several days of aftereffects. The drug worked as a very powerful tranquilizer.*

I: *Tranquilizer?*

R: *Yes, mood change. And I can remember being driven home by my wife, and I tend to be one who likes a neat house, you know? Things in their place, supper on time. [laughs] And none of that was taking place; the house was messy, the kids were running around, the dishes were unwashed, and it didn't matter to me at all!*

I: *Was this a positive change?*

R: *Yes! To my wife particularly. And to me, it reduced my customary ego demand for order and control. So, I did lose a little control, evidently. But, it didn't happen until I got home. And after it was all over.*

I: *Would you describe this as an effect on your emotional health?*

R: *I imagine it was a positive effect. I was certainly less anxious. Because I had anxiety about nothing at all. Not the messed up house, not bills unpaid, or whatnot. I was in a kind of euphoria. It wore on for some time, maybe a couple of days, before*

I returned to my usual anxious and busy way of life.

I: *When you returned to your usual, anxious, busy way of life, did you feel some effects integrate into your life from the experience?*

R: *Well, I had had my first real taste of, how should we call it? A non-anxious, euphoric, being in the world without anxiety or fear or being driven. I was non-driven. Non-acting. Being there and content to be there without doing anything. So, I experienced a new way of being that was not obsessed with doing. If you get the point?*

I: *Yes.*

R: *And that probably would be that for which I had subsequently most longed and sought.*

I: *Would you say that in any way it affected your life in the long term?*

R: *Well, it triggered what has been a subsequent thirty five year study in human consciousness. That has been the field in which I have done my work. [#025, p.6]*

I: *Did it impact your understanding of yourself or other people?*

R: *Enormously. I was made vividly aware of how rigid my ego boundaries are, and how strong my ego commitment, self-identity commitment, control commitment was. I evidently had mastered that part of my personal development [laughs]. [#025, p.8]*

I: *Did you find any changes in your creativity?*

R: *Well, I write. As a minister, I write a seven or eight page*

essay every week to make a sermon. I'm sure that the consciousness out of which I write has been broadened by this little experience of mine. The release of creativity is very often breaking through the boundaries of ego, getting into another mindset. [#025, p.12]

The negative elements discussed by respondents ranged from experiencing physical pain to a temporary perceived loss of identity to an inhospitable set and setting. After close scrutiny of the data, we found only one respondent (#012) who may have regretted participating in the research. In the few circumstances in which negative aspects of the LSD experience were noted, with the one possible exception noted above, nearly every negative element was resolved by the respondent with an ultimately positive interpretation of that experience.

Post LSD flashbacks

In the 26 interviews in which information about the nature and scope of flashbacks was explicitly established, the majority of respondents (19) reported nothing they would consider to be flashbacks. Five respondents reported flashbacks that they interpreted as beneficial, one case was mildly negative, and in another case flashbacks appeared to be neutral.

This respondent reported the mildly negative flashbacks:

R: *Yes, I would say for quite a while—six months or a year—I had occasional experiences of relapses of the LSD experience.*

I: *Like a flashback?*

R: *Flashback implies that it's a momentary thing. For a period of time, I'd be looking at something and it would do that same undulating, you know, fanciful moving.*

I: *Do you feel that you were losing control at that point?*

R: Yes, I did. And it made me unhappy, but it was not painful. You know? It made me intellectually unhappy that this happened. But anyway, I understood that this kind of flashback happens, and so it didn't bother me. [#019, pp.11-12]

In contrast to the previous report, this respondent reported a series of what she considered to be "happy" flashbacks:

R: Yes, I did [have flashbacks] at the beginning, after I was done with Dr. Janiger.

I: The next following days?

R: Yes. For a year afterwards I would have like a flashback.

I: What was it like?

R: I'd be sitting there and all at once I'd start visualizing the things that I had seen when I had taken LSD.

I: But was this more like a day dream? Or was this like it was actually happening?

R: I could be in bed and I'd turn over on my side to go to sleep, and would just happen.

I: Was it a good thing?

R: Oh, yes! Like I said, nothing happened that I remember now that was bad!

I: So this is like with your eyes closed? Not like when you're driving in traffic?

mescaline and peyote on her own in an unsupervised environment:

I. Okay. How did you finally convince Oscar to include you in the study?

R. Oh, that's the best part of it. [laughs] I tried peyote but didn't like that because I threw up.

I. You tried peyote before the LSD?

R. Yes. Then I tried the mescaline and that was very good... [#021, p.4]

R. He [Janiger] said, "If you're taking mescaline unsupervised up in the hills, I'd better get you in this program!"

One of the mental health problems reported by this subject was drug abuse. Rather than exacerbate her symptoms, this subject reports that her problems with addiction were reduced during the period that she was in the LSD experiment and for several months afterwards:

I: How long did this last that you stopped taking the other drugs because of the LSD?

R: Oh, two or three months, I guess. As long as I was taking it. And even after that for a while. It took a while before it built up again. Too much of the old scared self came back. It [LSD] really did give me self-confidence in a lot of ways. [#021, p.9]

This data then, although at first appearing to be

...slightly more than one-third of the respondents reported long-term benefits.

R: No. I was in control.

I: So you had much more vivid dreams, daydreams?

R: Yes. I could close my eyes when I lay down and I could see it. See the ship going, and these sparklers, and everything. And I just felt happy. It was happy. [#009, pp.19-20]

Adverse effect?

One subject reported some brief moments of paranoia during the last of several LSD experiences, paranoia that caused her to stop taking LSD. She also reported a very troubled life history that included auditory and visual hallucinations ever since she was a child, as well as struggles with addiction after the time period of her participation in the LSD research. This respondent did not, however, link those problems with her participation in the LSD research or to the transient paranoia she experienced in her final LSD experience. She specifically indicated that her psychological dysfunction preceded her participation in the LSD research.

R: Dr. Janiger was my psychiatrist at the time. And he didn't really want me to participate in it. He thought I was a little schizoid. [#021, p.1]

This subject—who describes Janiger as believing she "was a little schizoid" and who would therefore fall outside of the original study inclusion criteria—was, in fact, included in the LSD research. There were no other respondents for which this was the case. According to this subject, she was accepted into the research project on a seemingly compassionate basis because she was already taking

possible evidence of harmful long-term effects, does not seem to be attributable to LSD. Nevertheless, evidence from other studies demonstrating that LSD may exacerbate preexisting psychopathology supports the idea that at least in an outpatient setting without an explicit therapeutic orientation, the exclusion criteria for major mental illness is appropriate.

Conclusions:

Limitations and Generalizations

The conclusions of this investigation are limited in three important respects. First, there is uncertainty as to whether the sample that was available to the researchers was a random selection from all the subjects in Janiger's study. Generalizations beyond this sample of LSD users should be considered speculative. Second, the reliability of the data is limited by our need to rely on the memory of subjects nearly forty years after their initial study participation, which was accepted without seeking independent verification. Third, the dose of LSD administered was generally 2 micrograms per kilogram of body weight given orally, a moderate dose that would produce a notable effect but is less than is generally used in a psychedelic psychotherapeutic context. Since the effects of LSD vary considerably as a result of dose, the results of this study apply only to the use of moderate amounts of LSD.

The first issue concerns whether the sample we interviewed is representative of all the subjects in the experiment. Interviews were conducted with the first 45

people located from the original research. Janiger recommended 12 subjects with whom he had maintained contact over the years. These subjects may represent a group that is skewed toward people who had experiences that were more positive than the norm. The remaining 33 subjects were located by searching through the master list of original study respondents for everyone we could locate who remained in the Southern California area, where we would be able to conduct in-person interviews. Thirty-four of the follow-up respondents were male, 11 were female. The average age at follow-up was 70.3 years. These subjects appeared to compose a good cross-section from among the original group. Only one subject who was located declined to participate in the follow-up study.

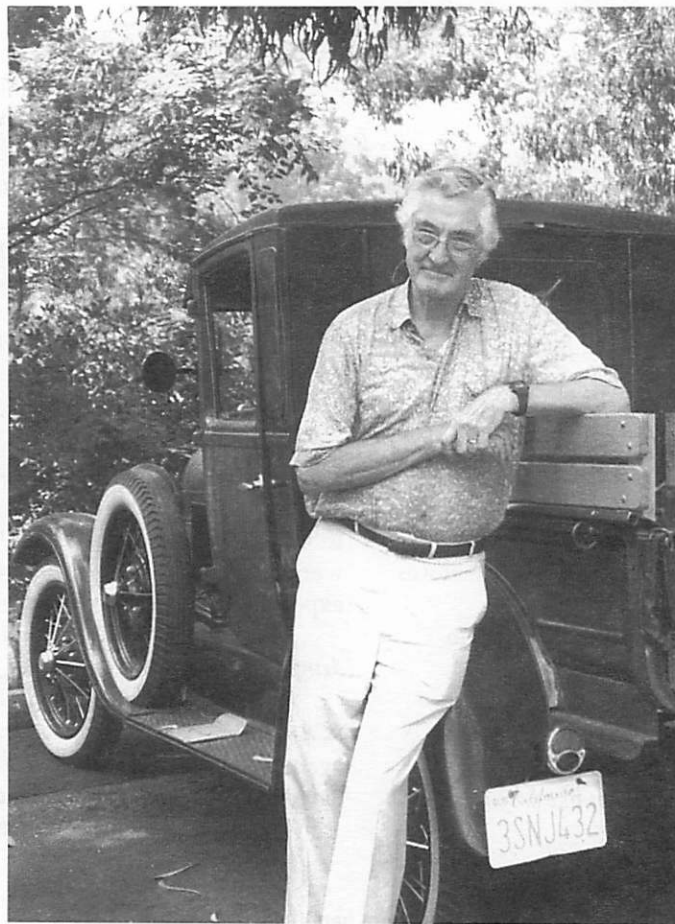
With regard to the reliance on the subjects' memories, the forty-year time lapse between initial study participation and follow-up interview poses a significant threat to validity and reliability of some of the data. Fortunately, the most important data were not the subjects' descriptions of their original LSD experiences but rather their discussion of the consequences of that experience in the course of their entire lives up to the time of the interviews. Considering the subjective nature of the information we sought on long-term effects, the attempt to seek independent corroboration was not considered necessary or practical in this follow-up study. Independent raters should be used, however, in the context of new clinical trials.

In regard to dose, the amount generally used in this experiment was 2 micrograms per kilogram of body weight given orally. Rarely, larger doses or different routes of administration were used. Subjects clearly received a dose of LSD sufficient to catalyze a profound reaction, though less than the dose generally used in psychedelic psychotherapeutic contexts. The results of this research should not be generalized to the use of larger doses.

Summary of findings:

perceived benefits and minimal harm

The goal of the initial research was to observe what happened to individuals under the influence of LSD in a



A.R. Hibbs, #046

I am very glad I did it (LSD). I have no urge to do it again, I think I have learned that lesson so I don't have to repeat it, but it was very significant.

non-directive naturalistic setting and to attempt a phenomenological characterization of the essential nature of the LSD state, as contrasted with descriptions of the content of that state. Although therapeutic benefits were reported by some subjects, the objective of the original study was not directed toward therapy. As the original research developed, other projects emerged such as the exploration of artistic creativity, a study of twins, and other sub-studies.

Forty-four out of the 45 respondents in the follow-up study described their LSD experience(s) as being, on balance, positive. The one exception is discussed in the body of the paper. This subject described his overall experience as negative and would not discuss many details of it except to say that he had a "double dose" of LSD and "it was dreadful."

The respondent also noted that he had experienced psychological "problems" before ingesting LSD. This subject did not report experiencing long-term negative consequences such as flashbacks or continuing adverse experiences resulting from his participation in the experiment. He even reported that it did some "good work" for him psychologically.

In approximately five interviews, adverse effects were reported during the LSD experiences, even though these experiences were considered, on balance, positive. These adverse effects ranged from having physical pain to a temporary loss of identity to psychological discomfort with a perceived inhospitable set and setting. In each case, these adverse effects did not preclude these respondents from reporting that the LSD experience was, on balance, positive.

Only one subject reported long-term negative effects linked to the LSD. These effects consisted of mildly disturbing but not "bothersome" flashbacks that lasted from six months to one year after the experiment, and then stopped.

One subject reported struggles with psychological dysfunction after her participation in the LSD research. However, this subject did not attribute these problems to her use of LSD. As she explained, she had experienced serious mental problems and visual and auditory hallucinations from childhood. She was admitted into the study only because she was a patient of Janiger's and she had already

started to experiment with mescaline and peyote on her own in an uncontrolled manner. This subject reported that her experimental LSD experiences had a beneficial short-term effect in reducing her addictive behaviors (Mangini, 1998).

Slightly less than two-thirds of the subjects did not report persisting beneficial effects. To most of these subjects, their LSD experience seems to have been similar in impact to interesting entertainment. In contrast, slightly more than one-third of the respondents reported long-term benefits resulting from the LSD experience(s). These benefits consisted of tangible perceptive/cognitive and behavioral changes. In several cases, reflecting on the experience itself, respondents saw study participation as "transformative." Perceived long-term positive effects included creating a more positive life outlook, empowering previously shy subjects, catalyzing changes in career and relationships, and creating permanent openings to spirituality, emotions and insights.

Discussion

From 1954-1962, Janiger conducted research that involved the use of moderate doses of LSD in about 900 mostly healthy subjects in a non-directive supervised environment. The evidence from this study in 45 of those subjects suggests that the FDA could feel comfortable about safety issues if it were to approve the administration of moderate doses of LSD to healthy human subjects by psychotherapeutically trained researchers working within the context of a scientifically meritorious protocol design.

Cross-study validation takes place to the extent that the results of this study compare favorably with previous research on this topic. In harmony with previous reviews of LSD studies, especially the Cohen (1960), Malleon (1971) and Strassman (1984) findings, relatively few adverse persistent symptoms were reported, even though many of the studies reviewed treated severely disturbed individuals as opposed to "normals" in Janiger's study.

The Janiger subject pool represents a diminishing and time valuable research population. The average age of subjects in this study was over 70. In searching for subjects for this follow-up, we discovered that many of the original participants have already died. Further research with more subjects may substantiate and extend these initial findings. Given the extensiveness of his records, and the availability of further respondents, the Janiger database represents an invaluable opportunity to rekindle and further our understanding of the effects of LSD. Similarly, important lessons have been learned from this and other follow-up studies of early psychedelic research projects (Doblin, 1991; Doblin, 1998).

Janiger has, however, made a more important contribution than the creation of a pool of subjects available for long-term follow-up interviews. The preliminary findings he made about the use of LSD in facilitating artistic creativity and about the nature of the LSD state as distinguished from its content provide a glimpse of fascinating research

hypotheses that remain to be investigated with modern research tools and methodologies. This follow-up study confirms the lost opportunity suffered by science, medicine and religion when psychedelic research was shut down for essentially political, symbolic reasons. Research can be conducted safely, can generate important contributions to knowledge and can provide long-term benefits to a significant fraction of the subjects. We hope the results of this follow-up study will make a contribution to the renewal of psychedelic research. What better gift could we offer to the pioneers of this research than for them to see with their own eyes the resumption of their interrupted lines of inquiry? •

References

- Beck, J.E. (November/December, 1989). Heavenly Dreams and Acid Storms. *American Book Review*, 11: 5.
- Brown, J.H. (Ed.). (1996). *Advances in Confluent Education: Integrating Consciousness for Human Change*. Vol. I. Greenwich, CT: JAI Press.
- Cohen, S. (1960). Lysergic acid diethylamide: Side effects and complications. *Journal of Nervous and Mental Disease*, 130: 30-40.
- Cohen, S. (1964). *The Beyond Within: The LSD Story*. New York, NY: Atheneum.
- Doblin, R. (1991). The Good Friday Experiment: A twenty-five year follow-up and methodological critique. *Journal of Transpersonal Psychology*, 23(1): 1-28.
- Doblin, R. (1998). Dr. Leary's Concord Prison Experiment: A 34-Year Follow-Up Study. *Journal of Psychoactive Drugs*, 30(4): 419-426.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine.
- Grinspoon, L. & Bakalar, J.B. (1997). *Psychedelic Drugs Reconsidered*. New York, NY: The Lindesmith Center.
- Grof, S. (1980). *LSD Psychotherapy*. Alameda, CA: Hunter House.
- Hoffer, A. (1965). LSD - A review of its present status. *Clinical Pharmacology and Therapeutics*, 6: 183-266.
- Hofmann, A. (1980). *LSD - My Problem Child*. New York, NY: McGraw-Hill.
- Janiger, O. (1960). The use of hallucinogenic agents in psychiatry. *California Clinician*, 56: 222-224, 251-259.
- Janiger, O. & de Rios, M. (1989). LSD and creativity. *Journal of Psychoactive Drugs*, 21: 129-134.
- Malleon, N. (1971). Acute adverse reactions to LSD in clinical and experimental use in the United Kingdom. *British Journal of Psychiatry*, 118: 229-230.
- Mangini, M. (1998). Treatment of Alcoholism Using Psychedelic Drugs: A Review of the Program of Research. *Journal of Psychoactive Drugs*, 30(4): 381-418.
- McGlothlin, W. H., Arnold, D.O., & Freedman, D. (1969). Organicity measures following repeated LSD ingestion. *Archives of General Psychiatry*, 21: 704-709.
- McGlothlin, W. Cohen, S. & McGlothlin, M. (1970). Long lasting effects of LSD on normals. *Journal of Psychedelic Drugs*, 3(1): 20-81.
- McGlothlin, W. H. Arnold, D.O. (1971). LSD revisited: A ten year follow-up of medical LSD use. *Archives of General Psychiatry*, 24: 35-39.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis*. Newbury Park, CA: Sage.
- Osmond, O. & Smythies, J. (1952). Schizophrenia: A new approach. *Journal of Mental Science*, 98: 309-315.
- Pahnke, W. (1969). The psychedelic mystical experience in the human encounter with death. *Harvard Theological Review*, 62: 1-21.
- Pahnke, W. (1970). Drugs and mysticism. In B. Aaronson and H. Osmond, Eds. *Psychedelics: The Uses and Implications of Hallucinogenic Drugs*. Garden City, NY: Anchor Books.
- Strassman, R. (1984). Adverse reactions to psychedelic drugs - a review of the literature. *Journal of Nervous and Mental Disease*, 172(10): 577-595.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research*. Newbury Park, CA: Sage.
- Unger, Sanford M. (1963). Mescaline, LSD, psilocybin, and personality change: A review. *Psychiatry: Journal for the Study of Interpersonal Processes*, 26(2).

Interviewer's Statement — **The Imprint of an LSD Experiment, Forty Years Later**

Kate Obata

BETWEEN THE YEARS of 1954 and 1962, Dr. Oscar Janiger administered LSD to nearly 900 volunteers in the Los Angeles area as part of a clinical experiment. Dr. Janiger's study took place in a time before there was any social stigma attached to the drug or to any other psychedelic. In 1997, decades later, I feel blessed to have had the opportunity to interview 44 of those subjects. The interaction with each of them left a valuable impression on me, as they summed up the events of their lives since they had been given LSD by Dr. Janiger about 40 years ago—enough time to give each person a unique perspective on how a singular experience may have affected his or her life.

I FELT AS THOUGH many of the respondents could be my grandparents, especially since they were from the same generation as my grandparents, except the stories they had to tell were about an acid trip they had forty years ago. They offered tea and cookies and told me about colorful visions and insights they had from the most remote parts of their psyche. When a subject had something good to say about the experience, it would often turn into a very moving story, vividly recalled as if the event happened just yesterday. One man spoke of a vision that was three-dimensional and shape-shifting through a spectrum of forms of lust, love, happiness, sorrow, fear, envy, hate, excitement. He said that it taught him how to experience his own emotions, something that he was previously not able to do.

Sometimes simply hearing about the visions gave me a new perspective about life. One subject had envisioned that he was at the funeral of an old sage, where there were monks in saffron robes, one of whom placed a flower in his hand that blossomed and died and then blossomed again, repeating the cycle over and over. Sometimes the visions recalled were simply bizarre, such as a man thinking that he got into an airplane, flew himself to the moon, and explored the lunar surface. One notable story was from a man who, after his LSD experience, switched his career track from being a high school physical education instructor to writing metaphysical books and going on

lecture tours with Alan Watts (incidentally, another subject in Janiger's original research).

A few subjects found the experience to be therapeutic. Surprisingly, one woman, though she wept during her interview about the recent death of her cocaine-abusing daughter and was strictly against any recreational drug use (I wouldn't be surprised if she had a "Just Say No" bumper sticker on her car), swore that LSD was so psychologically beneficial to her that she felt strongly that it should be legalized for medical use. But she insisted that it would have to be administered only by a qualified psychiatrist.

There was only one truly negative report, and it affected me, the interviewer, in a very strange way. The man was polite and brief and did not mention any detail about the experience; he only said that it was very negative and that he burned his copy of the essay he wrote about it a month after the trip, so as to erase the memory (I had read Dr. Janiger's copy of his essay on file, although I did not disclose this to him). He showed absolutely no emotion during the interview and appeared to be numb. When I returned home, I sank into my chair with an extraordinarily heavy feeling; tears swelled in my eyes, and I had no idea why I felt so depressed. This feeling lasted for a while until I realized that I had taken on the negative, deeply repressed psychic energy of the man I had just interviewed. Then it passed. It finally made sense to me why therapists have such a high rate of depression. Unfortunately, he wasn't able to address his internal conflicts and left the issues unresolved, burying them even deeper.

The subjects of Dr. Janiger's clinical studies are a valuable resource of information about the phenomenological, adverse or therapeutic effects of LSD, especially because it is extremely difficult to legally conduct human LSD experiments today. Because LSD sometimes had a strong impact in the subject's lives, even 40 years later, it leads me to believe that it might be very powerful psychiatric tool, but must be used with caution. •

Analytical Transcriber's Statement – **Persistence of Memory: Recollections of Participation in the Janiger LSD Study**

Maureen Alioto

IN MY NEARLY TWO DECADES of participating in and conducting research on social science and public health issues, rarely have I been more compelled and moved to attempt to describe what I experienced as I listened to and transcribed each and every tape.

My participation in this MAPS Janiger Study was to perform analytical transcription. The analytical transcriber has become part of what many “cutting edge” qualitative researchers feel is a vital and key component of the research team. By definition, the analytical transcriber is a research assistant who has had intimate experience with the subject/nature of the research, has often interviewed respondents on other studies, and has complete familiarity with the terminology and “language” the respondents use to describe the nature of their experiences.

The analytical transcriber participates from the very beginning of each study by contributing ideas and suggestions—along with other members of the qualitative research team—as to what questions will be asked of each respondent, and how to phrase the questions to yield the most expansive and complete response.

But perhaps the most single, vital skill the analytical transcriber brings to the research team is that of being a perceptive listener. Once you place your headphones over your ears and begin to transcribe an interview, the outside world goes away and you literally “drop into” its setting. You become the “silent observer” who listens to and takes notes on the entire interview process. You observe and describe the nature of the relationship that develops between two strangers who suddenly become “intimates.” Questions and answers about deeply personal events and experiences begin and a dialogue is formed.

Because the analytical transcriber is one of the first on the research team to hear each and every word of all of the interviews, you are in a unique position to alert the team about early emerging data. Phrases, statements and themes that are repeated over and over again are brought to the attention of the team.

What I heard as I listened to each interview was the intensity and the emotional involvement each respondent had in describing their experience(s) of some forty years ago. The passing of time and life's events had not dimmed their recollection of the experience(s) they had with LSD. In fact, most every respondent vividly recalled their entire time spent under the effects of LSD, some forty-odd years later!

The emotional tone and affect of the respondents in the Janiger Study was one of excitement, wonder, intensity and clarity. In each and every interview the respondent would, at some point, begin to raise their voice in excitement as they recalled and then described for the interviewer what they saw, heard or felt under the influence of LSD. Their demeanor would become intense and aroused as they often stated that they hadn't thought about this event for years and years. Yet each insisted with great passion and certainty that what they were remembering was as sharp, clear and vivid as if it happened yesterday.

SOME WERE FILLED WITH AWE and a sense of delight and wonder at what they were experiencing; others recalled profound insights into themselves or other people, and others were filled with a sense of play and a letting go of their normal controls as they watched and listened in amazement to the inner dialogues or visions.

And so important for all of us to remember, these respondents took LSD during a time in history when there was no social stigma, no shame or feelings of participating in something illegal. This was a drug administered to them by a doctor, at a time in our cultural history when doctors were akin to God.

There was no unique language present that the media and pop culture would invent in future years to come that would describe or “color” or “flavor” their experience(s).

For many this was a singular event, and they did not know anyone else with whom they could discuss or compare it. For others, such as those who participated in the group experiments, or the clergy or the artists group, there were colleagues to talk to. But what they all have in common to this day is the clarity and sharpness of remembering their experiences, and the emotional intensity and passionate feelings that these engendered for them.

It is my fervent hope that more funding will be secured and made available to further interview and transcribe respondents in the Janiger Study. The importance of the event of taking LSD was many different things to each respondent, but all were profoundly moved and some were changed by this unique event in their lives. •



SACRED WORK IN A SECULAR WORLD:
GUIDED, STRUCTURED, GROUP USE
OF ENTHEOGENIC SUBSTANCES

Roger Marsden

I AM DOING AN INQUIRY into the structured, guided use of psychedelic or entheogenic psychoactive substances in contemporary Western culture. This topic, while relatively new and controversial in modern Western post-industrial society, is understood quite differently in non-Western, pre-industrial societies. As Schultes and Hofmann state in the preface of *Plants of the Gods*, "Plants that alter the normal functions of the mind and body have always been considered by peoples in non-industrial societies as sacred, and the hallucinogens have been 'plants of the gods' par excellence."

The usefulness of entheogenic substances for personal exploration and development is well documented in the anthropological and psychological literature up to the late 1960s. The importance of this research follows from three points:

1. The positive indicators from the history of entheogenic research;
2. The development of new forms of structured group entheogenic work;
3. The lack of research focusing on the contemporary entheogenic experience.

Background

WHEN ONE EXAMINES the literature on psychedelic work of the past 30 years we could easily argue some of the conclusions, but there is suggestive evidence that these substances might be useful in psychotherapy, and more generally, as a tool for personal exploration, development and/or healing. It is difficult to deny that there is something worthy of further examination. Reports of therapeutic efficacy published by researchers embracing the psycholytic and psychedelic paradigms indicate that a broad range of disorders may be amenable to treatment with LSD. Over and over again both research and anecdotal reports indicate a tool that may have wide applicability and effectiveness. Much of the literature is based on clinical impressions rather than well controlled and followed-up studies. This fact prompts many scien-

tists to reject the findings without understanding the factors that make controlled studies with LSD impractical and possibly unethical.

A new synthesis

My interest in this psychospiritual technology is an outgrowth of two broad observations: 1) the abundance of promising research from the 1960s; 2) more recent developments into the use of these substances in the 1980s and 1990s. A new synthesis is emerging that incorporates experiences from the 60s, shamanic traditions, transpersonal psychology, and finally, the general ethos of the 90s. These are unique phenomena with far-reaching implications that have barely been examined; primarily documented in popular specialty magazines such as *High Times*, *Shaman's Drum*, *The Resonance Project* and *Psychedelic Illuminations*. Furthermore,

regardless of how we interpret it, the fact is that many people are currently using these substances with psychospiritual exploration and development as their purpose.

This research topic reflects 15 years of focus. I chose it because it interests me deeply and because I feel that if not for the social and political filters through which this subject is perceived it would, no doubt, be an invaluable tool for individual and collective transformation.

Regardless of one's individual assumption of the value of psychedelic work, it is happening in a variety of contexts across the planet. This alone demands scholarly attention.

REGARDLESS of one's individual assumption of the value of psychedelic work, it is happening in a variety of contexts across the planet. This alone demands scholarly attention. But because of its controversial nature, there is very little in the literature, subsequent to the 1970s, that documents or explores this important work. It should be noted that although there is a surprising wealth of literature from the 1960s and 1970s, the way entheogens are being used in the 1990s represents, like most things, an evolution from that time. These changes are represented in important writings of a theoretical, philosophical, even political nature, but there is very little that expounds upon the practical dimensions of psychospiritual development with entheogens. Even within the time of my own research I have made an adjustment based on cultural shifts. In recent years ayahuasca—an entheogen used primarily in Brazil—has begun to have a significant influence in the United States. Consequently my last (of three) group of interviews is focused on the use of ayahuasca in a guided, structured group setting.

One model of guided work with entheogens

The Secret Chief represents an important aspect of what I am interested in exploring. It delves into the experience of one guide's model of entheogenic guided, structured psychospiritual work. Reading *The Secret Chief* we begin to appreciate that references to "psychedelic work" reflect a wider spectrum than what Stan Grof presented in *LSD Psychotherapy*. This observation is made with the utmost of respect for Dr. Grof and the fact that his work with its detailed descriptions was virtually the only well-known western reference point for psychedelic therapy for the past 30 years.

As for the wide range of research that did occur, there are generally no comprehensive qualitative descriptions of the experience of guides and subjects from preparation to integration with follow-up. Secondly, as a reflection of the medical model orientation most subjects are brought to the experience via some "pathology." As in *The Secret Chief* most of the entheogenic work currently happening is in non-hospital/research settings with subjects/clients who seek guidance for a wide array of life's challenges, similar to the issues that bring people to seek a traditional psychotherapy experience. This is a focus on "growth" rather than the medical model, or focus on pathology.

This is not to imply that one scenario is more interesting or important than the other, only that the situation is different and both should be given the attention they deserve. Many of the individuals seeking psychedelic therapy or group experiences are not necessarily facing an extreme situation calling for an openness to an "extreme" response as with cancer patients or the acutely addicted. This reflects a trend in the culture toward the kind of experience that guided, structured entheogenic use provides. What I want to detail is what that experience is, what brings people to it, and how it seems to move people in a way that is as effective if not more effective for some people than other modes of psychological and/or spiritual facilitation.

Research Methodology

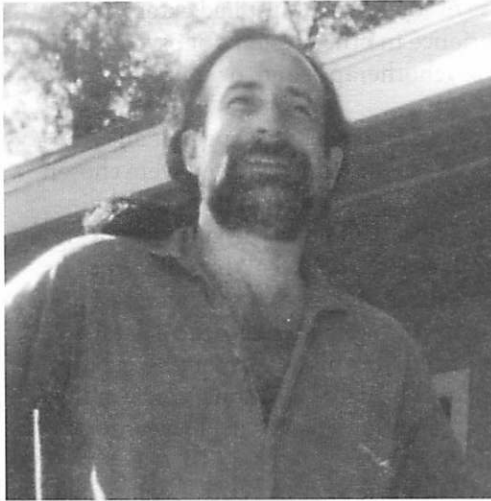
I am using a qualitative multiple case study method, built primarily around semi-structured interviews with both participants and guides in three groups using entheogenic substances in a guided, structured manner. The study is primarily descriptive. It is particularly important to give attention to ethical issues pertaining to design such as confidentiality. The history of sociology and psychology clearly shows the importance of examining behaviors at the outer edges of society. Because this work is unsanctioned the only way to ethically have access to its exploration is by carefully maintaining confidentiality. Consequently, I have avoided maintaining identifying information for all respondents. I followed an interview guide to make sure I eventually covered the desired points. Those points included: preparation, setting,

philosophical orientation of the guide, what brought the clients to this work, format of the actual entheogenic session, relationship of client and guide, relationship of client to other clients (in their own unique ways each group evolved a sense of community), transpersonal and spiritual experiences, role of "ego-death," training of the guide, individuation from the guide, substance abuse history, etc.

Cause and effect?

Although I will not necessarily be establishing causal relationships, to offer an in-depth description of this population would provide useful information, opening up questions for follow-up research. It is impractical to look for causal relationships, as in the "effects" of psychedelic experiences. One reason is that there are so many extrapharmacological factors that contribute to the psychedelic experience and its consequences. Secondly, the effects are inherently too broad to control or anticipate; "psychoactive substances do not work as simple pharmacological agents, but instead mediate psychological experience which in turn result in psychological changes" (Lukoff et al., 1990). These psychological experiences are frequently manifestations of what was previously in the unconscious. In fact, we might say that psychedelics are ingested for just that reason—to make conscious that which was unconscious. There is a much broader intention than symptom alleviation, which would be more amenable to experimental design (i.e., is the symptom alleviated or not?).

To a certain degree, resolving cause and effect questions is either premature or even a distraction from other important questions. For example, when we talk to people who are actively involved in psychedelic work I expect to find a population that is quite diverse, but shares certain characteristics, such as a common interest, concern and sensitivity toward issues of ecology. Did the psychedelic work cultivate this orientation or does it reflect a characteristic of people drawn to this work? I do not expect to resolve questions like that in this research, but if I can confirm that there is indeed this focus on ecological values, that in itself is significant and can be a basis for future research that asks cause and effect questions.



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Questions addressed

a) What are the different frameworks being employed by entheogenic guides? Including: physical structure, sequential structure, preparation, ritual, integration, guide's role before, during and after session, etc. Or, what are the essential components of this work as practiced by these groups?

b) How are these frameworks different from those used in the research of the 1960s? How do these changes or adaptations seem to impact the effects? For example, what is the meaning of the contemporary emphasis on group work? How have the relationship dynamics between participants and guide changed?

c) How do the variations in present day frameworks appear to affect the outcome? In particular, I am interested in how this work may impact participants' attitudes, understandings, feelings, beliefs, etc. regarding: ecology, death, life values, mystical awareness, and "casual" or non-"therapeutic" drug use.

Preliminary observations

The guides all employ an integration of western psychotherapeutic techniques combined with an indigenous/shamanic orientation. The emphasis varies. In fact, one element that distinguishes these models is the extent to which they are syntheses of familiar systems, western and otherwise. In each of the three groups I interviewed four clients, who varied considerably in age, career background and social background. They came to this work in a variety of ways. Some were in personal crisis, possibly involving substance abuse. Some had backgrounds that included severe

abuse of some kind. Most had extensive experience in other systems of psychological (psychotherapy) and/or spiritual work.

ALTHOUGH it is true that all subjects interviewed were chosen by the guide and so will obviously reflect well upon the guide, there are several reasons that I feel their descriptions are reflective of the groups they represent. There is not the space to go into a detailed justification for this assessment here, but it includes the quality and consistency of the reports, and the progress made by group members.

All interviewees showed a remarkable openness and enthusiasm for discussing and describing their experiences. Virtually all felt that work with entheogens has been quite important to their lives and that its relative inaccessibility for the culture at large is tragic.

Preparation and Integration

If there is anything that this work has taught us relative to the psychedelic experiences of the 1960s it is the absolutely fundamental role of preparation and integration. All three guides and their clients take this extremely seriously. In fact, one could almost question whether the form of the entheogenic session itself is all that important as long as certain fundamental pieces are in place, or if they are more expressions of the style, experiences and personality of the guide. This was one of the first questions that led me to this research: to what extent does the variation in structure impact the results? Variation in structure might include emphasis on music, use of external sensory deprivation (blindfolds, etc.), extent of interpersonal relating during the session, and type of substances used. This leads to a sub-question: to what extent does the medicine—versus the set and setting—direct the experience for the participant? Asked differently: to what extent do different entheogenic substances open up the same door allowing for the same essential experience, possibly with trappings a bit different? This may be in contrast to the way some substances are thought of (romanticized?) but it is consistent with the line of thought that says “the medicine will take you where you need to go,” an idea often repeated in psychedelic circles.

The most interesting example of this question emerged when interviewing the third group, which was focused primarily on ayahuasca as the central medicine. Most participants had extensive experience with other more familiar medicines, primarily psilocybin, in guided structured situations. They all seem to describe ayahuasca as more potent in some way, taking them where the other experiences could not quite get to. Is this true of the ayahuasca, or if the sequence was reversed would we be hearing something very similar about the psilocybin? Of course, this is difficult to answer conclusively. We do not have anything even approaching the opportunity for a double blind study with an appropriate sample size. But we do have some interesting questions that we can pay attention to over time.

The client/guide relationship

Essential to preparation and integration is the relationship of the clients to the guide. This can be a tricky matter when we consider that the usual issues of transference and counter-transference are magnified as everything is magnified in the entheogenic experience. This can put vulnerable clients at risk if a guide is not clear about his/her boundaries and intentions (counter-transference). Of course, this work is not technically psychotherapy and whether the ethical guidelines are exactly the same as for a licensed psychotherapist or counselor is an important question that I will not go into further here. This topic has been discussed in a previous issue of the *MAPS Bulletin* (Taylor, 1997).

One comment I will make though is that in the evolved profession of psychotherapy virtually all of the responsibility is on the therapist to maintain these boundaries as he or she is considered to be in the “power position.” Although this point of view is accepted as if it were a deeper cosmic truth, it is actually an outgrowth of a very unique and particular system which may often be dis-empowering for clients. In any case, it is not necessarily appropriate to generalize this imbalance of power and responsibility to all systems of psychospiritual work.

Since there is so much confusion in our society regarding the use of substances, I used this opportunity to explore whatever relationship there may be between the use

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of entheogens and destructive use of substances like alcohol, cocaine, etc. I took a profile, including history, of each interviewee's experience with substances. I found that over one third had a history of serious drug use or abuse. Part of that group actually came to psychedelic work partly to deal with this problem. The respondents were quite consistent in their assessment of the relationship, reporting:

1) The notion that they could fall into an abusive relationship with entheogens seems extremely remote, largely due to the lack of predictable or controllable enjoyment of the entheogenic experience; the experience is as often as not quite difficult if not painful.

2) The insights—actually it is usually described as much more than insight, also as catharsis and a significant sense of “working through”—they got into their personal psychology (as it related to their addictive behavior) moves them away from their addictive tendencies.

Discussion

Preliminary review of the data seems to point toward the following:

a) that there are different models of organized, structured psychedelic work;
b) that they all have a strong transpersonal element (sometimes connected to an experience of ego dissolution/ego death), impacting the values/life attitudes of the participants;

c) that substance abuse tends to be less of a problem in this population. There is a sacralization of substances, often referred to as “the medicine.” Furthermore any participants who came in with drug “problems” seem to undergo positive changes in so far as “outgrowing” the addiction. This outcome seems to be based on the much written about theme of addictions as a reflection of an existential search for life meaning (Peele, 1975; Grof & Grof, 1992). The intentional entheogenic experience is often conceptualized as being about the individual's search for life meaning.

d) This sacred relationship with the medicine and psychedelic work can generalize to other aspects of the client's life. In other words in a culture where there is a loss of sacred meaning, interviewees report a new or deepened sense of the sacred for life in general. Or, does this group of people reflect these attitudes

before undertaking psychedelic work?

Although the focus of this study will be on the last 30 years—even more particularly the last 10 years—of structured, guided, non-recreational psychedelic use in western society it may be useful to refer to ancient cultures and modern indigenous culture as well, since the models for current use are partly an outgrowth of those other cultures. Furthermore for so many of the people doing this work currently a great deal of the meaning stems from the way in which the substances connect or re-connect them with important elements and values of past cultures or modern indigenous cultures.

FINALLY, I AM INTERESTED in critically evaluating the serious use of psychedelics by individuals who choose to do it in structured, guided settings, especially at a time in our society when there are such extensive problems stemming from drug use. It has long been assumed by many that drug use leads to further drug use/abuse. I plan to look at psychedelic exploration with the question of its relationship to abusive or addictive use of other drugs. The point has been made that the lack of positive ritualized drug use in our society, linked to the search for deeper meaning, is part of the cause for its destructive use (Bravo & Grob, 1989). •

References

- Bravo G and Grob C, (1989). Shamans, Sacraments, and Psychiatrists. *Journal of Psychoactive Drugs*, 21 (1) 123-127.
- Grof, S (1994). *LSD Psychotherapy: Exploring the Frontiers of the Human Mind*, Hunter House.
- Grof, C and Grof, S (1992). *The Stormy Search For Self: A Guide to Personal Growth Through Transformational Crisis*, J.P. Tarcher.
- Lukoff, Zanger, Lu (1990). Transpersonal Psychology Research Review. Psychoactive Substances and Transpersonal States. *Journal of Transpersonal Psychology*, 22(4): 106-148.
- Peele, S (1975). *Love and Addiction*, Signet.
- Taylor, K (1997). Ethical caring in psychedelic work. *MAPS Bulletin* 7(3): 26-30.
- Schultes and Hofmann (1979). *Plants of the Gods, Origins of Hallucinogenic Use*, Alfred van der Marcked Editions.
- Stolaroff, M (1997). *The Secret Chief: Conversations With a Pioneer of the Psychedelic Therapy Movement*, MAPS.

A Biochemical Bridge to the Embodied Psyche: LSD Research 1945-1965

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I AM WRITING a cultural studies dissertation that explores how psychedelics helped facilitate a shift in American ideas about mind-body interaction. It is well known that Aldous Huxley's publication of *The Doors of Perception* in 1954 sparked renewed interest in psychedelics and speculation that both religious experiences and madness could be chemically induced, forcing a reconfiguration of mind-body interaction. It is less well known that knowledge about the chemical structures and properties of psychedelics played an important role in changing psychiatric ideas about mental function. As researchers began to construct a model of mental illness that acknowledged a physiological factor, the Cartesian duality between mind and body began to crumble, as did the plausibility of Freudian psychoanalytic techniques for serious mental disorders. One of the aims of this project is to educate both the academic community and the general public about the immense cultural impact of psychedelic drug research, not only in shifting psychiatric views, but in mainstream ideas about consciousness.

The story of LSD's contribution to psychiatry is a historical strand distinct from the use of LSD as an adjunct tool for psychotherapy, which was also hotly debated during the postwar decades. Specifically, LSD research proved crucial to the development of a biochemical theory of psychosis and the link between serotonin and mental disorders. The implications of a physiological element of consciousness—that madness, and perhaps even religious experience, are inseparable from the body—have since become commonplace, with widespread repercussions in American life. More accurate discussion of these ideas by cultural critics and historians is long overdue, but has become more possible through interdisciplinary work that reconciles the humanities with research from hard sciences such as chemistry, biology and neuroscience.

CULTURAL CONTEXT influences how we interpret experiences. Prior to knowledge about the biochemical component of mental illness — and prior to knowledge about changes in perception and cognition induced by psychedelics — how would we have interpreted the following report?

When I am melting I have no hands. I go into a doorway in order not to be trampled on.

Everything is flying away from me. In the doorway I can gather together the pieces of my body. It is as if something is thrown in me, bursts me asunder. Why do I divide myself in different pieces? I feel that I am without poise, that my personality is melting and that my ego disappears and that I do not exist anymore. Everything pulls me apart... The skin is the only possible means of keeping the different pieces together. There is no connection between

*different parts of my body.*¹

As recently as the late 1970s, some psychiatrists would have considered this experience of schizophrenia a result of a functional disorder — one caused by psychological maladjustment to the environment. Yet, mental disorders and psychedelic experiences have both consistently acted as catalysts to question the Cartesian duality between mind and body and explore consciousness. Much postwar research with psychedelic drugs was based on the psychomimetic properties of the drugs. Because researchers believed that the psychedelic state mimicked psychosis, they hoped to understand schizophrenic episodes by studying the “LSD psychosis.” Many psychologists and psychiatrists hoped that by taking LSD they might better understand their mentally ill patients. Researchers conducted many studies to test the perceptual and cognitive changes induced by LSD. The idea that mental illness might be chemically induced spurred re-evaluation of the etiology of mental disorders, and the workings of the human mind-body — and forced us to consider holistic mind-body interaction as a possible model of consciousness. Gradually, we have come to accept that consciousness has a physiological element, and that the human mind is inseparable from bodily functioning. By forcing us to reconsider the basis of everyday functioning, LSD research has prompted us to consider mind-body holism in relation to mental health, the concepts of identity and personality, the nature of religious experience, the possibilities for human pharmacological self-creation, and ultimately of our social construction of “reality.”

Psychiatric “realities” are in large part determined by conceptions of mind-body interaction, and my completed dissertation will include a history of ideas of mind-body in psychiatry. In the early twentieth century, Freudian psychoanalytic theories began to pose non-somatic explanations for many disorders. A prime example was hysteria, named by the Greeks for the part of the body where it supposedly originated, the uterus. Freud relocated the origin of this illness from the body to an unhealthy psyche, which then affected the woman’s behavior and body.² Although Freud’s theories admitted that the mind and body

are entwined, the foundation of his model is a psyche, formed by childhood events, reigning over the body. Although doctors never lost sight of the possibility that mental disorders could be caused by an organic lesion, in the early twentieth century Freudian theory had shifted the emphasis to psychological factors. Renewed interest in somatic theories during the 1930s was sparked—and complicated by—advances in endocrinology, biochemistry, genetics and neurology, as well as interpretations of mental illness from the fields of sociology and anthropology.³

During the 1930s institutions began administering new treatments to patients diagnosed with mental illness. A brief glimpse at these treatments illuminates the state of psychiatry before a plausible biochemical theory was developed. That doctors employed these stringent techniques in the absence of a conceptual theory for how and why they worked illustrates the crucial importance of even the slightest bit of information that could explain the etiology of mental disease. Although on rare occasion one of these treatments affected a cure, without a clear idea of what caused the condition diagnosed as schizophrenia or manic-depression, doctors could not understand how or why a treatment was efficacious.

BEGINNING in the 1930s, a patient institutionalized for depression might be subjected to insulin injections, each one of which would induce a temporary coma, or a series of electroshock treatments, during which electrical current would be conducted through the patient’s head, jolting the patient into convulsions and unconsciousness. Although these treatments often stabilized the individual, they were not pleasant experiences. As Sylvia Plath described in lines of poetry that were likely inspired by her electroshock therapy, “By the roots of my hair some god got hold of me, I sizzled in his blue volts like a desert prophet.”⁴ Side effects could entail spinal fractures or other broken bones suffered during the electrically induced convulsions.

For intractable cases of severe mental illness, the last resort was a procedure developed by two Portuguese doctors in 1936. This “psychosurgery” was called

lobotomy because it destroyed the cortex of the frontal lobe of the brain. By 1947, doctors in the United States had performed 2,000 lobotomies.⁵ However, Drs. Walter Freeman and James Watts, pioneers of lobotomy in the United States, pointed out in *The American Journal of Psychiatry*, that lobotomy was definitely not a cure. Rather, it was a “decidedly practical” effort to help the patient adjust to his environment. Freeman and Watts admitted the limited benefits of lobotomy by emphasizing “above all we do not speak of recovery.” Rather, a fair result would be the ability of the patient to live outside the hospital, while a good result would enable the patient to “earn a living or manage a household.” Individuals who suffered from schizophrenia benefited least from prefrontal lobotomy, and the majority of these patients were never capable of leaving the hospital, even after psychosurgery. However, the doctors noted that the surgery made the patients more docile on the hospital ward.

ALTHOUGH psychosurgery did not usually reduce hallucinations or other symptoms of psychosis, it certainly reduced the extremities of emotion and behavior for some patients. Their violent outbursts diminished and were replaced by apathy and inertia. “This may have improved the tenor of life for these patients, or at least for those surrounding them. Whether or not quality of life improved is debatable. At the time, doctors, or at least Freedman and Watts, did not dwell on the tragic price paid to remove the most extreme antisocial behaviors associated with mental illness. The usefulness of lobotomy lay in the reorientation of the patient, who turned away “from the self to the environment. The patient takes his cue from those around him. He is cheerful when they are cheerful, playful when they are playful, sympathetic when they arouse his sympathy, apologetic when they show him how he has transgressed.” In short, the lobotomy quelled behaviors society could not tolerate, and created a pliable individual, no longer absorbed in the suffering of his illness, but responsive to the needs of the environment. “He is unconcerned about himself and unworried about the future. If he is no longer able to paint pictures, write

poetry or compose music, he is, on the other hand, no longer ashamed to fetch and carry, to wait on table or make beds or empty cans. If he has suffered some reduction in his personal dignity and vanity, he has gained in social adaptability.”⁷

Thus were the hopes for otherwise intelligent and talented individuals who suffered from severe mental illness in 1945. Today, mental disorders still cause abysmal suffering, while treatments remain experimental and problematic. Even the best drug therapies often incur side effects, some of which can be devastatingly disruptive. Many cases of manic-depression, schizophrenia, and other chronic illnesses still remain unresponsive to any treatment. The unfortunate reality remains that today the exact causes of mental illness remain a mystery. However, the biochemical theories postulated in the 1950s began to steer doctors and therapists — as well as the general public — away from theories that blamed childhood trauma, the schizogenic mother or dysfunctional family, social maladjustment or social deviance.

In *The Doors of Perception*, Huxley revealed that he felt strongly that his mescaline state bordered at moments on madness, although he noted “most takers of mescaline experience only the heavenly parts of schizophrenia.”⁸ Huxley sketched out Humphry Osmond’s adrenochrome theory. Osmond, then working at a psychiatric hospital in Saskatchewan, Canada, had noted the similarity between the chemical compositions of mescaline and adrenaline. Since the mescaline molecule could produce a state similar to psychosis, Osmond wondered if psychosis was a result of a malfunction of adrenaline production in the human body. Perhaps a toxic biochemical was produced as nor-adrenaline changed into adrenaline. Osmond called this unknown biochemical “substance M,” and theorized that it was a cause of psychosis.⁹ Although this theory was never proven, it was among the first specific biochemical theories of mental illness. At the Rockefeller Institute for Medical Research in New York, chemists were following a similar train of thought as they pondered the similarity between the molecular structures of LSD and serotonin. The theories they produced have proven fruitful for psychiatric research.

The new ideas about the etiology of mental disorder hinged on the discovery of serotonin in the late 1940s. Maurice M. Rappaport and his coworkers Arda Alden Green and Irvine H. Page had isolated serotonin from beef serum in 1948, and demonstrated its ability to contract the smooth muscles lining the walls of blood vessels in rabbit ear tissue. This vasoconstriction narrowed blood vessels, raising blood pressure. As Rappaport and his fellow researchers tested the newly isolated vasoconstrictor, they noted that its chemical and biological activity resembled that of epinephrine — also called adrenaline — although its vasoconstrictor action was twice as powerful.¹⁰ In 1949, Rappaport confirmed the chemical formula for serotonin and called it 5-hydroxytryptamine.¹¹

SEVERAL CHEMISTS at the Rockefeller Institute based their research on Rappaport's findings. In an attempt to find a treatment for high blood pressure, D.W. Woolley and E. Shaw searched for serotonin antagonists, agents that would block the vasoconstrictor action of the serotonin molecule. The most likely candidates were serotonin metabolites — chemicals with molecular structure similar to serotonin, which would take the place of the serotonin molecule in living tissues.¹² Among the metabolites Woolley and Shaw isolated as possible treatments for hypertension were the ergot alkaloids, including LSD, which has a chemical structure similar to serotonin.¹³ Although another chemist in London was simultaneously proving that LSD antagonized serotonin, his results were published somewhat later than Woolley's.¹⁴

In 1954, after determining that several hallucinogenic drugs, including the ergot alkaloids, the harmala alkaloids, and yohimbine, were also serotonin antagonists; Woolley and Shaw formulated a theory of the etiology of mental disorders. Published as an article in *Science* in 1954, and as a book in 1962, Woolley and Shaw's theory proposed that serotonin mediated mental processes, and that psychosis was caused by a disturbance in serotonin in the brain.¹⁵ Woolley was unsure whether over or underproduction of serotonin was the culprit, but showed evidence that serotonin was vital to mental functioning. This serendipitous biochemical discovery of the

physiology of "mind" and mental disorder resulted from scientific experimentation with LSD as one of a number of serotonin antagonists.

In 1957, the March issue of the *Annals of the New York Academy of Science* was dedicated to research with hallucinogens. Articles by Humphry Osmond, Woolley and Shaw, and others discussed research methodology, findings, implications, ethics, and future directions. Hudson Hoagland pointed out the role psychomimetic drugs played in reawakening interest in biochemical psychiatric research. Without dismissing environmental factors, Hoagland put forth a new paradigm for "mental" functioning that considered neurochemical factors, even as he recognized the limits of a strictly physiological model for behavior.

"(A)ll behavior... is a result of the organized activities of the brain functioning in its internal environment in which the cellular dynamics determined by enzyme constellations and a host of chemical determinants are basic to the nature of behavior. The personal developmental history of an individual in relation to his environment, can by conditioning, modify within limits various aspects of the brain, but why some persons develop schizophrenia in the face of life's stresses and others do not is the prime unanswered question."¹⁶

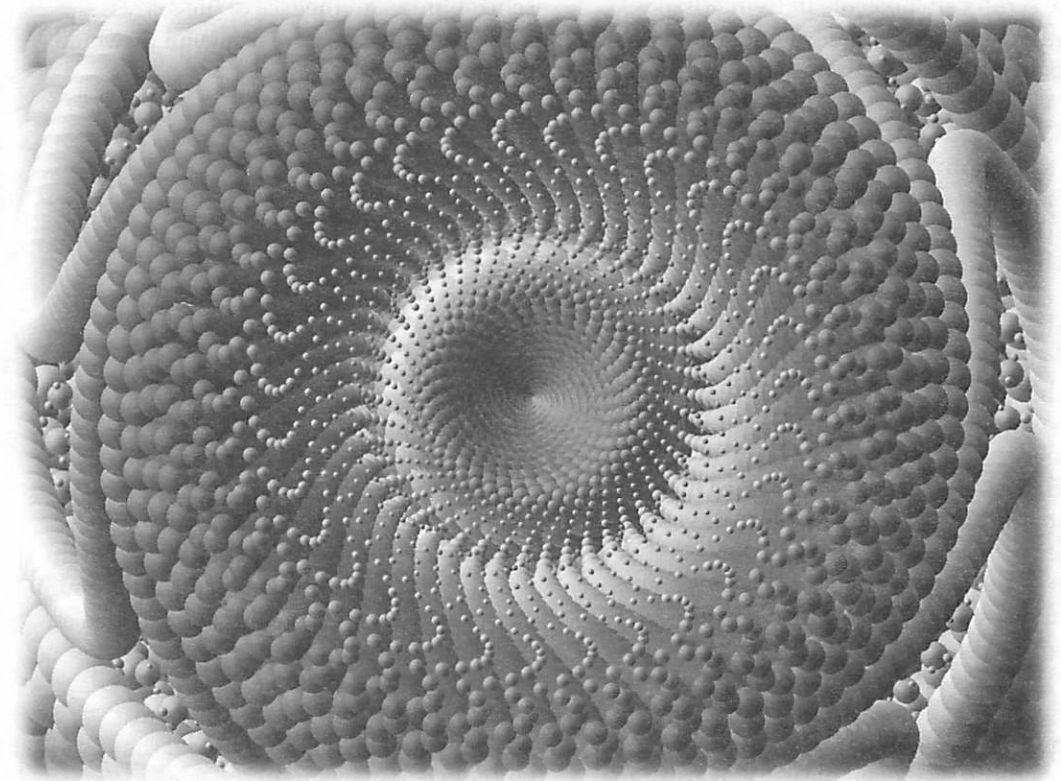
Hoagland spent the major part of his article addressing the biochemical findings of LSD research and their importance for a new model of mental function and dysfunction. He clearly laid a groundwork for the larger implications of these findings for understanding human behavior and human nature, as he stated, "a behaving disembodied psyche is a meaningless concept."

Likewise, the psyche eviscerated from its cultural milieu is incomprehensible. Interdisciplinary cultural studies are seeking new methods with which to understand individual and mass human behavior and its contexts. Postwar research with psychedelic drugs, in science labs and among intellectuals and others, provided an inchoate methodology that includes embodied biochemical functioning. Today, when seeking to understand mental disorder, one can no longer avoid the physiological element. In *Listening to Prozac*,

psychiatrist Peter Kramer has characterized this trend as the "medicalization of personality,"¹⁷ but the philosophical implications extend even further. The psychedelic research that narrowed the gap between mind and body may provide a paradigm for interdisciplinary study as it seeks to encompass the embodied human into cultural studies. •

References

- ¹ Louis A. Sass, *Madness and Modernism: Insanity in the Light of Modern Art, Literature, and Thought*, (New York: Basic Books, 1992), 15.
- ² Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 years of the Experts' Advice to Women* (New York: Doubleday, 1978), 139.
- ³ Madison Bentley and E.V. Cowdry, "The character of the problem," In: *The Problem of Mental Disorder* (NY: McGraw-Hill Book Co., Inc, 1934), 1-6.
- ⁴ Sylvia Plath, "The Hanging Man," *Ariel* (New York: Harper and Row, 1965), 69.
- ⁵ James Peter Murphy, "Newer techniques in psychosurgery," *J Nerv Ment Dis* 1952 116(2): 125-130.
- ⁶ James Peter Murphy, "Newer techniques in psychosurgery," *J Nerv Ment Dis* 1952 116(2): 125-130.
- ⁷ Walter Freedman and James W. Watts, "Prefrontal lobotomy," *Am J Psychiatry* May 1945 101(6): 739-748.
- ⁸ Aldous Huxley, *The Doors of Perception* (New York; Harper & Bros, 1954), 54.
- ⁹ Humphry Osmond, "Schizophrenia: A New Approach," *J Mental Sci* 1952 98(411): 309-315, Abram Hoffer, Humphry Osmond, and John Smythies, "Schizophrenia: A New Approach II. Result of a Year's Research," *J Mental Sci* 1954 100: 29-45.
- ¹⁰ Maurice M. Rapport, Arda Alden Green, and Irvine H. Page, "Serum vasoconstrictor (serotonin) IV. Isolation and characterization," *J Biol Chem* 1948 176: 1243-1251.
- ¹¹ Maurice M. Rapport, "Serum vasoconstrictor (serotonin) V. The presence of creatinine in the complex. A proposed structure of the vasoconstrictor principle," *J Biol Chem* 1949 180: 961-969.
- ¹² D.W. Woolley and E. Shaw, "Some anti-metabolites of serotonin and their possible application to the treatment of hypertension," *Am. Chem Soc J* June 5, 1952 74: 2948-2949.
- ¹³ Ellicott Shaw and D.W. Woolley, "Yohimbine and ergot alkaloids as naturally occurring antimetabolites of serotonin," *J Biol Chem* 1953 203: 979-989.
- ¹⁴ J.H. Gaddum, "Antagonism between lysergic acid diethylamide and 5-hydroxytryptamine," *J Physiol London* 1953 121: 15.
- ¹⁵ D.W. Woolley and E. Shaw, "A biochemical and pharmacological suggestion about certain mental disorders," *Science* 1954 119: 587-588. D.W. Woolley, *The Biochemical Bases of Psychoses* (New York: John Wiley & Sons, Inc.: 1962).
- ¹⁶ Hudson Hoagland, "A review of the biochemical changes induced in vivo by lysergic acid diethylamide and similar drugs," *Annals NY Acad Sci* March 14, 1957 66(3): 445-458.
- ¹⁷ Peter Kramer, *Listening to Prozac: A Psychiatrist Explores Antidepressant Medications and the Remaking of the Self* (New York: Penguin Books, 1993), 37.



MAPS has made a small donation of \$1,000 to a pilot project about drugs and families, directed by Adele Getty-Huxley. This project is in the early research development stages. No government approval needs to be obtained for this interview study. People interested in supporting the Second Generation Project financially or with personal accounts may contact MAPS directly or Adele Getty-Huxley at huxley@nets.com.

The Second Generation Project

Adele Getty-Huxley

THIS STUDY FOCUSES on the experiences of children—mainly teenagers and young adults—whose parents value psychedelics. In general the children have grown up in an open and honest environment concerning their parents' drug use. A number of the parents ceremonially initiated their children into their first psychedelic journey.

During preliminary conversations with several of the children, I realized that contrary to my own assumptions some have never used any form of mind altering substance, including marijuana. When I asked a seventeen year old boy why he had never tried anything, he responded by saying "I don't think I have the temperament for that kind of thing." Another nineteen year old said that he has taken psychedelics in ceremony with the adults several times but has never smoked marijuana and doubted that he would ever try it.

This conversation inspired me to look more closely into the drug habits of these children. From simple observation these young adults seem to be extremely well

adjusted, healthy physically, and emotionally stable, at least as stable as a teenager can be. I suspect that this stability may be the result of highly functioning parents who have made an effort to maintain honest communication. In general, the parents who have raised teenagers into adulthood seemed to have had a pretty easy time of it all, with no major rebellions or addictions on the part of the kids.

Little or no research has been done on what I call the "second generation," the children of the 60s generation. The Second Generation Project will use a semi-structured interview technique. I anticipate interviewing 30 to 40 young adults. My primary criteria is that their parents' drug of choice be of the psychedelic variety. The project will be designed as a longitudinal study. At the moment the project is being envisioned in two phases, first a pilot study and then a more comprehensive study. It is in the development stage; creating the research team, establishing the protocol, and fund raising. •

Little or no research has been done on what I call the "second generation,"

the children of the 60s generation.

Salvia with Meditation Study

Ian Soutar

A GROUP OF US are in the planning stages of an experiment to establish the effectiveness of *Salvia divinorum* in very low doses. The idea is to discover whether or not this herb will enhance a group meditation experience and individual meditation.

The experiment started with a core group of six Quakers who were experienced with meditation and who had experimented with psychedelic drugs before. In discussion we all felt that very low doses of these substances might very well enhance a meditation group. Another six people from the community at large joined us who are Buddhist, Sufi or other experienced meditators. The general Quaker community, as well as the Sufi and Buddhist communities are not particularly sympathetic with this type of experiment, but we are not discouraged by this.

We have decided, with the help of MAPS, to be scientific in our methods and will use a modified form of Rick Strassman's *Hallucinogen Rating Scale* system to evaluate the herb + meditation state. We will use a placebo herbal mixture along with two concentrations of *Salvia divinorum*. MAPS is funding the chemical analysis of the material to be used.

Administration of the herb will be through the use of the dried leaves held under the tongue at the beginning of the meditation. Experimentation by a few members of the group has shown that 1 or 2 (15 cm, weighing about 1/4 gram each) leaves have a subtle but noticeable effect that seems perfect for meditation:

- 1) Thoughts become much more focused and clear.
- 2) Distracting thoughts and worries almost completely vanish.
- 3) The effects begin in about 15 minutes and last for slightly under one hour.
- 4) The herb has a calming effect.

Other than these effects, at this dosage there are no visions or other pronounced effects. The experience is similar in strength to a strong cup of coffee. We found that when we did meditate under the influence of the herb at this level, meditation was extremely easy and effective.

This research is being done by dedicated amateur researchers under the guidance of professional researchers who have kindly offered advice on the design and evaluation methods to be used. The fully legal status of the herb has made the organization of the experiment very easy.

We are in the planning stages and would be interested in hearing any anecdotal knowledge that people may have on sublingual (under the tongue) *Salvia divinorum* use. Of course we would be particularly interested in knowing if anyone has used *Salvia divinorum* for meditation. •

Ian Soutar
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**Salvia Divinorum and Salvinorin A:
The Best of The Entheogen Review 1992-1998,
ER Monograph Series, No. 2**

Featuring every entry from past issues of *The Entheogen Review* related to *Salvia divinorum* in one volume. Now available. See pg. 55

Ecstasy Harm Reduction Project

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eman@tsoft.com

The mission or goal of the Ecstasy Harm Reduction Project is to reduce the harm to both

the individual and society resulting from the use of ecstasy and other dance-related drugs.

There are three ways in which we intend to accomplish this goal:

Laboratory Pill Testing

We will be coordinating a nation-wide, laboratory pill-testing project whereby ecstasy users can anonymously send pills to a licensed laboratory for testing using gas chromatography. We will then publish the test results on a website. As ecstasy is most often sold in the form of pressed tablets with a specific logo stamped into them, users can then compare the brands being sold in their area to the brands we have tested on the website. Included with the test results will be a photograph of each pill along with its exact measurement.

Similar lab testing programs are underway in England, Germany, Switzerland, France and Holland. These programs are proving successful in their efforts to help users determine what drugs are contained in which brands of ecstasy so that dangerous substances, as well as drugs with unwanted effects, can be avoided.

We have already contacted a professional laboratory that has agreed to perform these testing services for us. Drug Detection Laboratories, in Sacramento, California, has a DEA license to handle controlled substances, and has agreed to test sent anonymously pills and report the results to this project.

Peer to Peer Education

Along with determining the contents of pills, there are health concerns related to the use of ecstasy and other drugs within the rave/dance scene. We are developing a network of volunteer educators who attend Bay Area raves and dance club events, set up harm reduction booths, and educate youth about the health and safety issues relating to each of these drugs. These

efforts have been very successful. We have already distributed thousands of pieces of literature and engaged hundreds of users, predominantly youth, in conversations about the health and safety issues of their drug use.

User Testing Kits

We will also be distributing testing kits that enable users to screen for fake pills and potentially dangerous adulterants. These testing kits, developed for this purpose in Holland in 1997, contain a chemical substance called the Marquis Reagent, which changes color in the presence of amphetamine-like molecular compounds. Subtle but distinguishable differences in color-change occur between all of the most common substances sold as ecstasy. These kits are currently being distributed to ecstasy users through various harm reduction programs in England and throughout Europe.

Background, leadership, organizational structure

The Ecstasy Harm Reduction Project was conceived in Summer 1997 after researching similar harm reduction programs in England, Europe and Canada. Since then we have been networking with individuals and organizations within the Bay Area rave and harm reduction communities. We have close relationships with individuals working within the Harm Reduction Coalition in Oakland, the Lindesmith Center in San Francisco, the Haight Ashbury Free Clinic, The Berkeley Free Clinic, and the East Bay Needle Exchange. We also have working relationships with many rave promoters in the Bay Area, more and more of whom have been

asking us to attend their events.

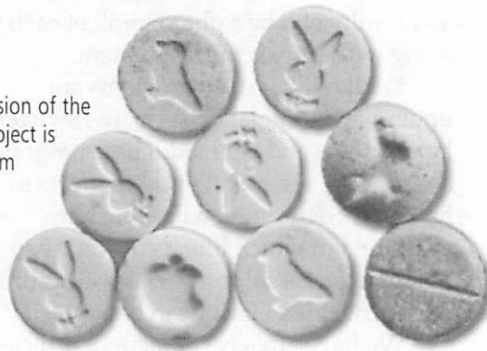
Currently we have two coordinators, Emanuel Sferios and Rebecca Rosdahl along with a few volunteers. Emanuel's background is in the Bay Area activist community, having worked with groups such as the Prison Activist Resource Center, Food Not Bombs, and Berkeley Copwatch. He has currently led our networking efforts within the harm reduction community, as well as the user-testing kits and laboratory analysis aspect of our program. Rebecca has been a part of the Bay Area rave community for many years. In 1997 she founded "Just Say Know," which has been producing and distributing harm reduction literature at raves and techno dance events for two years. She has led our networking efforts within the rave scene, establishing relationships with Bay Area rave promoters. Our organization is perhaps properly conceived of as a merging of Rebecca's and Emanuel's efforts, combining peer-to-peer education with drug identification. We think that together these provide the most comprehensive harm reduction for drug users in these communities.

Summary

There is a tangible need for harm reduction within the community of ecstasy users in the Bay Area and nationwide, particularly in the form of peer education and direct health and safety services like drug identification. We have confirmed this need among ecstasy users themselves, both through outreach interviews at Bay Area raves, and by monitoring various internet websites, usenet groups and e-mail lists pertaining to ecstasy. Many ecstasy users (whether regular or occasional) are not aware that a variety of other drugs are sold under the name of ecstasy. The primary concern of those who are aware is identifying the contents of particular pills. We are looking for seed funds. Most of this money will go directly to the laboratory testing project. •

The Ecstasy Harm Reduction Project is online at:
www.drugpeace.org/ecstasy

Could this be "E"? The mission of the Ecstasy Harm Reduction Project is to reduce the potential harm resulting from the use of black-market ecstasy and dance-related drugs.



Correlation between **ketamine** psychotherapy (KPT) induced psychological changes and alcoholism treatment outcome

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In OUR PREVIOUS MAPS-funded study of underlying psychological mechanisms of KPT, thirty alcoholic in-patients (age $40,1 \pm 1,8$) were treated with KPT at the end of their 1.5 month treatment at the Leningrad Regional Center for Alcoholism and Drug Addiction Therapy. All 30 patients were assessed before the ketamine session and in the days after it with the *Questionnaire of Terminal Life Values (QTLV)* (Rokeach, 1973; Senin, 1991) and the *Locus of Control Scale (LCS)* (Phares, 1976; Bazhin et al., 1993). Ten out of 30 alcoholic patients treated with KPT were assessed with regular (verbal) and color (non-verbal) repertory grids (Kelly matrices) (Francella and Bannister, 1977) to assess the subtle changes in self-concept as affected by KPT. Additionally, ten other alcoholic patients (age $41,1 \pm 2,4$) were studied before and after KPT with the *Purpose-in-Life Test (PLT)* based on the Frankl's concept of man's aspiration for the meaning of life (Crumbaugh, 1968; Leontiev, 1992). All psychological tests and scales that we used were specially adapted in Russia.

Our study has indicated that ketamine-assisted psychedelic therapy of alcoholic patients induced a positive transformation of non-verbalized (mostly unconscious) self-concept according to the color repertory grids data, rising of the internalization of locus of control in personality according to the LCS, positive changes of life values and purposes according to the QTLV, and important insights into the meaning of life according to the PLT (Krupitsky, Burakov, 1996; Krupitsky, Grinenko, 1997).

To answer the question whether all positive psychological changes mentioned above contribute to sobriety after KPT we collected follow-up information about 38

out of 40 alcoholic patients studied with different psychological tests (2 patients were excluded because they did not fill out tests properly), and then carried out a correlation statistical analysis between the follow-up data and psychological tests data (LCS, QTLV and PLT).

According to the follow-up data, abstinence of more than one year was observed in 21 out of 38 patients (55.26%), abstinence between 6 and 12 months in 3 patients (7.9%), between 3 and 6 months in 8 patients (21.05%), and less than 3 months in 6 patients (15.79%). These follow-up data are in a good correspondence with the data of our previous studies carried out in 80s which showed that 65.8% of KPT treated alcoholic patients were totally abstinent for more than one year.

The correlation analysis revealed a number of correlations between the psychological tests indices and follow-up data. In particular, the more internal was the locus of control in the personality after KPT according to LCS, the longer remission (period of abstinence) was observed ($r=0.35$, $p < 0.05$). That means the more responsible became patients for their life after KPT, the more sure they were in their ability to control and manage different situations in their life, the longer they were able to stay abstinent.

The length of the period of abstinence in KPT treated patients was positively correlated with such indices of QTLV after KPT as Active Social Contacts ($r=0.38$, $p < 0.05$), Self-Perfection ($r=0.37$, $p < 0.05$), Spiritual Contentment ($r=0.38$, $p < 0.05$), and also with the Index of the Importance of Life Values Actualization in the Area of Family Life ($r=0.41$, $p < 0.01$). These data mean that positive changes in life values caused by KPT in alcoholic patients favored a sober lifestyle.

There were no statistically significant correlations found between the length of the abstinence and the PLT data, which is probably due to a small number of patients (just 10) studied with PLT.

There were no correlations found between the length of the abstinence and indices of all psychological tests before KPT. That means only psychological changes induced by KPT (but not initial psychological characteristics of the patients) favored a sober lifestyle and a stable remission.

Thus, it is possible to conclude that KPT-induced psychological changes in alcoholic patients contribute significantly to the abstinence following the KPT. •

Acknowledgement

We are very grateful to MAPS for the support of our previous and current studies of ketamine assisted psychedelic therapy which otherwise would not be possible.

References

1. Bazhin E.F., Golyunkina E.A. and Etkind A.M. (1993) *Locus of Control Questionnaire*. Smysl, Moscow (in Russian).
2. Crumbaugh J.S. (1968) Cross-validation of Purpose-in-Life Test based on Frankl's concept. *J. Individual Psychology* 24, 74-81.
3. Fransella F. and Bannister D. (1977) *A Manual for Repertory Grid Technique*. Academic Press, London-New York.
4. Krupitsky E.M. and Burakov A.M. (1996) Continued studies into underlying psychological mechanisms of ketamine psychedelic therapy (KPT). *MAPS Bulletin*, Vol.6, N.3, pp.19-21.
5. Krupitsky E.M. and Grinenko A.Y. (1997) Ketamine psychedelic therapy (KPT): a review of the results of ten years of research. *J. of Psychoactive Drugs*, Vol.29, N.2, pp.165-183.
6. Leontiev D.A. (1992) *Test of the meaning of life orientations*. Smysl, Moscow (in Russian).
7. Phares E.J. (1976) *Locus of Control in Personality*. New York.
8. Rokeach M. (1973) *The Nature of Human Values*. Free Press, New York.
9. Senin I.G. (1991) *Questionnaire of Terminal Life Values*. Yaroslavl (in Russian).

The syndrome of anhedonia in recently detoxified heroin addicts: assessment and treatment

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Paper presented at the International Satellite Meeting
"Building International Research on Drug Abuse"

which was organized by the

National Institute on Drug Abuse (NIDA)

in conjunction with the

60th Annual Meeting of the College on
Problems of Drug Dependence (CPDD),

the major conference in the United States (and in the world)

focused on the problems of drug addiction.

June 1998 — Scottsdale, Arizona

IT'S IMPORTANT to note from the very beginning that methadone maintenance is not available in Russia. Therefore, the treatment of heroin addicts in the in-patient department of the Leningrad Regional Center for Alcoholism and Drug Addiction Treatment consists of two major stages: The first one is a treatment of withdrawal syndrome with antidepressants, tranquilizers, analgesics and clonidine, and the second one is supportive psychotherapy and pharmacotherapy to prevent a relapse.

In our clinical practice we noted that soon after the termination of withdrawal syndrome, many detoxified heroin addicts report having a specific state which can be described as a "Syndrome of Anhedonia" (SA). The SA includes affective, cognitive and behavioral components. The affective component includes tension, irritability, nervousness, anxiety, indifference, depression, psychological discomfort without cause, feeling that life is dull and empty, sleep disorders, and craving for heroin. The cognitive component of SA includes thoughts about heroin, memories about heroin, dreams about heroin, and imagining use of heroin. The behavioral component includes actions to acquire heroin, discussing heroin use with other addicts, and passivity.

We developed a special *Scale of Anhedonia Syndrome* (SAS) which has 17 items and consists of affective, cognitive and behavioral subscales. Responses to the SAS can range from "Not at all" to "Extremely" or from "Not at all" to "Very often."

Twenty eight recently detoxified heroin addicts who took a one and a half month in-patient course of support-

The "Syndrome of Anhedonia" includes

ing treatment in our Center were studied with the SAS on the 1st, 2nd, 4th and 6th weeks of abstinence (after their withdrawal syndrome was terminated). The standardized course of supporting treatment included individual and group psychotherapy as well as a pharmacotherapy (antidepressants, minor neuroleptics (like Melleril), and some patients followed a special course of transcranial electrostimulation enhancing the activity of endorphinergic brain system. This study demonstrated a presence of the SA in recently detoxified heroin addicts which persisted at least within the first six weeks after detoxification. The SA intensity gradually declines within the first month and a half after detoxification, and the cognitive component of the SA is the most stable one. To the end of the 6th week the intensity of the affective component had been reduced by 52% , the behavioral component by 76%, while cognitive component of the SA had been reduced only by 18% of its maximum level as a result of the six weeks of medication. It is important to note that intensity of both affective and cognitive components was still high in spite of six weeks of pharmacotherapy and psychotherapy.

We also studied the influence of ketamine-assisted psychedelic psychotherapy on the intensity of the SA in 10 heroin addicts. Ketamine-assisted psychotherapy is an existentially oriented psychotherapy carried out against the background of the conversion type peak experience induced by intramuscular

injection of a subanaesthetic (hallucinogenic) dose of ketamine (Krupitsky & Grinenko, 1997). Ten heroin addicts underwent ketamine psychotherapy 2-3 weeks after detoxification and had been studied with the *Scale of Anhedonia Syndrome* both before and after the ketamine psychotherapy. Ketamine psychotherapy significantly reduced intensity of all components of the SA,

indifference, depression, psychological discomfort without cause,

including the cognitive one. In terms of the influence on the affective and behavioral components of SA, ketamine psychotherapy was as effective as a regular standardized course of pharmacotherapy and psychotherapy. But ketamine psychotherapy as twice as more significantly reduced the intensity of the cognitive component of the SA in comparison to the regular (conventional) course of treatment.

Needless to say, the treatment of the SA in detoxified heroin addicts is an important aspect of relapse prevention. Therefore it is very important to find which drugs or other non-pharmacological treatment approaches are most effective to treat the SA. Further research in that direction seems to be very important, particularly for those countries where methadone maintenance is not available. Such research seems to be important also for those patients for whom methadone is not recommended. To study which particular pharmaceutical agent is most effective to treat SA is also important to discern subtle neuropharmacological mechanisms underlying the phenomenon of the SA.

A part of this study (the study of the influence of ketamine psychotherapy on the SA) was done with the support of a grant from the Multidisciplinary Association for Psychedelic Studies, for which we are very thankful. •

Reference

Krupitsky E.M., Grinenko A.Y. (1997). Ketamine psychedelic therapy (KPT): a review of the results of ten years of research. *Journal of Psychoactive Drugs*, 29(2):165-183.

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Clinical MDMA Research Update

Matthew Baggott

SEVERAL PAPERS on MDMA were published in Fall 1998. Most significant is Vollenweider et al.'s "Psychological and cardiovascular effects and short-term sequelae of MDMA ("Ecstasy") in MDMA-naive healthy volunteers" (*Neuropsychopharmacology*, 1998, 19(4): 241-251).

In this placebo-controlled double-blind study 13 volunteers were given oral doses of 1.7 mg/kg MDMA. Physiological and psychological measurements were made during the drug experience and the next day. MDMA was found to produce "enhanced mood and well being associated with moderate derealization and depersonalization, thought disorder, anxiety, and without marked increases in psychomotor drive." Although some of these psychological effects sound dysphoric, they seem less so when the way in which they were measured is examined.

Most of these psychological measures were obtained by self-report using the APZ-OAV questionnaire and the EWL rating scale. The APZ-OAV is a modified form of the APZ and was designed to measure altered states of consciousness. It is comprised of three main subscales: "oceanic boundlessness," "dread of ego dissolution," and "visionary restructuring." Dittrich's article in the 1994 *50 Years of LSD* book provides a good introduction to the questionnaire. I am not familiar with the EWL.

The researchers point out that the measured increase in anxiety was not due to subjectively reported anxiety but an increase in the EWL anxiety scale. This scale is made of three subscales ("thoughtfulness-contemplativeness," "apprehension-anxiety," and "dejection"). Of these three subscales, only "thoughtfulness-contemplativeness" was increased. Therefore, it might be slightly misleading to call this an increase in "anxiety." Subjects did not feel particularly anxious; they felt thoughtful!

Some subjects did report concern over loss of control and the "dread of ego dissolution" subscale of the APZ-OAV was significantly increased. The researchers speculate that with higher doses or in less controlled settings, this concern over loss of control might lead to panic attacks. It seems to me that this concern might have been also increased by the volunteer's lack of experience with psychoactive substances. More experienced volunteers might have less concern with loss of control.

The depersonalization reported was measured using the APZ-OAV. In contrast to psilocybin data from a previous study, MDMA's effects "were not experienced as problematic or psychotic fusion, but as pleasurable state of loosened ego boundaries." In fact, the researchers feel that MDMA's profile on the APZ-OAV (high "oceanic boundlessness," low "visionary restructuring," and low "dread of ego dissolution") discriminates it from psychedelics and stimulants. This finding, along with MDMA's failure to affect performance on a psilocybin-

sensitive neuropsychological task (the Stroop interference task), supports the notion that MDMA represents a new class of psychoactive substances, which David Nichols has termed "entactogens."

This study is particularly interesting because the volunteers were MDMA-naive. At this point in time, MDMA research with naive, healthy volunteers would probably not be approved in the U.S. due to concerns about potential adverse reactions and toxicity. Despite the lack of experience of the volunteers, no serious psychological adverse reactions were noted. The researchers conclude that "present data suggest that the risk for MDMA-induced psychiatric complications can be minimized under clinical conditions by careful evaluation and preparation of volunteers."

One 49-year old volunteer did experience hypertension (240/145 mmHg), which resolved after 20 minutes without intervention. Other adverse effects were considered mild by the volunteers and were consistent with previous reports (jaw clenching, difficulty concentrating, etc.).

The abstract for the report:

Vollenweider FX; Gamma A; Liechti M; Huber T. Psychological and cardiovascular effects and short-term sequelae of MDMA ("Ecstasy") in MDMA-naive healthy volunteers. *Neuropsychopharmacology*, 1998 Oct, v19 (n4):241-251.

3,4-Methylenedioxymethamphetamine (MDMA, "Ecstasy") is a recreational drug reported to produce a different psychological profile than that of classic hallucinogens and stimulants. It has, therefore, been tentatively classified into a novel pharmacological class termed entactogens. This double-blind placebo-controlled study examined the effects of a typical recreational dose of MDMA (1.7 mg/kg) in 13 MDMA-naive healthy volunteers (aged 23-47 yrs). MDMA produced an affective state of enhanced mood, well-being, and increased emotional sensitiveness, little anxiety, but no hallucinations or panic reactions. Mild depersonalization and derealization phenomena occurred together with moderate thought disorder, first signs of loss of body control, and alterations in the meaning of percepts. Subjects also displayed changes in the sense of space and time, heightened sensory awareness, and increased psychomotor drive. Adverse sequelae during the following 24 hrs. included lack of energy and appetite, feelings of restlessness, insomnia, jaw clenching, occasional difficulty concentrating, and brooding. The present findings are consistent with the hypothesis that MDMA produces a different psychological profile than classic hallucinogens or psychostimulants.

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Heffter Research Institute

The Heffter Research Institute was incorporated as a tax exempt organization in late 1993. In 1994, the Heffter site on the World Wide Web was established at: <http://www.heffter.org>.

In the past year, 18,000 people have visited the site 27,000 times. The site offers free information to the public along with links to other sites with information on psychedelics. Many visitors have made inquiries, which are answered on an individual basis. About 300 inquiries have received individual replies since 1995. Production of the Institute's scientific journal, *The Heffter Review of Psychedelic Research*, began in 1997, with publication of the first volume occurring in 1998.

The Institute has initiated an awards program to encourage academic research scientists to work in the field. The first Heffter Award for Outstanding Clinical Research was presented to Dr. Franz Vollenweider, M.D. at the University of Zürich for his work with MDMA, ketamine, and psilocybin. A second award for Outstanding Pre-Clinical Research was presented to Dr. Elaine Sanders-Bush, Ph.D. at Vanderbilt University. Dr. Sanders-Bush has carried out elegant fundamental work on signal transduction mechanisms and regulation of serotonin 5-HT_{2A} and 5-HT_{2C} receptors, the former being the presumed target for the action of psychedelic agents.

The Institute has awarded over \$150,000 in grants during the past four years. In that time we have worked closely with MAPS, co-funding small projects together and identifying joint interests. In 1995, almost \$9,000 was awarded to support a conference in Bra-



Heffter Research Institute

Research
at the Frontiers
of the Mind

zil on research findings about the psychopharmacology of ayahuasca, in conjunction with the União do Vegetal, a Brazilian church that utilizes ayahuasca as a sacrament in their legally sanctioned religious ceremonies. In

1997, almost \$24,000 was provided to a team of individual researchers led by Board Member Dennis McKenna, Ph.D. to discover the phytochemical chemotypes of the Hawaiian varieties of *Kava*, a psychoactive beverage used socially and ritually in the South Pacific that has begun to find medical use in recent years. A three-year, \$15,000 grant has been given to Dr. Evgeny Krupitsky, M.D., Ph.D. in St. Petersburg, Russia, to fund a clinical research trial on the use of ketamine to treat heroin addiction. Dr. Krupitsky had reported dramatic results with the same technique in the treatment of alcoholism over the past decade. This project is also co-sponsored with MAPS.

Due to recent generous gifts from donors, 1998 was an active year. A grant of \$30,000 was awarded to Drs. John Halpern, M.D. and Harrison Pope, M.D. of Harvard University for their study, "Neuropsychological Evaluation of a Peyote Consuming Population." This study compares many aspects of neuropsychological function in Native American Church members who have consumed peyote for many years with a matched control group. It is the first controlled study of the neuropsychological effects of long-term peyote use. After awarding the Heffter grant, the National Institute on Drug Abuse (NIDA) provided a matching \$30,000. It is anticipated that the data generated will lead to a large NIDA-funded study of peyote use among Native Americans. Providing seed

money to spark government or foundation support for psychedelic research is central to the Institute's research strategy. \$21,000 was awarded to Dr. Russell Poland, Ph.D. at the Harbor-UCLA Medical Center to evaluate a non-invasive method for measuring potential neurotoxicity of MDMA in humans. This project will test the feasibility of a method to more directly compare the toxicity in rats to measures of brain neurochemicals in humans, using magnetic resonance brain scanning techniques. Such information would be important to determine the risks and safety of future human clinical trials with MDMA.

The Institute's most recent grant was a \$56,000 award to Dr. Franz Vollenweider for the study, "Investigations Into the Role of Serotonin, Dopamine and Norepinephrine in the Modulation of Mood, Sensorimotor Gating and Psychomotor Drive by MDMA in Humans." This study will determine the importance of serotonin and dopamine neurotransmitter systems in the mechanism of action of MDMA by giving MDMA along with drugs that block those systems and then measuring the results. Data will be collected from psychophysiological tests as well as from subjects' reports on rating scales of mood and altered states of consciousness. Previous studies by Dr. Vollenweider and Heffter Board member Dr. Mark Geyer, Ph.D. have found that MDMA decreased the inhibition of an acoustic startle response by a brief "prepulse" sound in rats, but increased it in humans. This study provided the first clear evidence of a difference in the behavioral effects of MDMA in animals versus humans, and indicated that more human psychedelic research was needed. The new study will further elucidate the neurophysiological mechanism of action of MDMA in humans.

In addition to the research support described above, the Institute has hired an Executive Director, James Thornton, J.D. Mr. Thornton has successfully litigated lawsuits on environmental protection and raised substantial funds to support environmental causes, in addition to being a teacher of meditation and writer of the newly released book, *A Field Guide to the Soul*. Dr. George Greer, M.D., a Heffter Board member, has become Medical Director to coordinate research plans, in addition to continuing to oversee the daily operation of the Institute with the new Managing Director, Lynette Herring, M.S. Additional personnel and expanded activities are required as we make the commitment to move to a new level of activity that involves a collaborative research agreement with the University Psychiatric Hospital in Zürich. A new Heffter Institute branch in Zürich will facilitate proposed clinical studies of several psychedelics, whose major aim is to test the efficacy of psychedelics in a variety of well-recognized psychiatric disorders. A Zürich clinic will also provide the necessary facilities for ongoing basic clinical research with psychedelics. Dr. Franz Vollenweider is providing direction to the research efforts in Zürich.

All in all, the Heffter Institute hopes to achieve some very critical milestones in the near future. We have put into place the necessary elements to allow us to move as quickly as possible into clinical studies that would potentially establish "proof of principle", necessary to move toward full scale clinical trials. Through the efforts of Dr. Vollenweider, the hospital director Prof. Dr. Hell, and a dialogue with Swiss Officials, we hope to develop suitable medical protocols and establish clinical models that will move us toward the legitimate use of psychedelics in medicine. •

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THE HOFMANN REPORT

OUR NEW FOCUS

It has been almost 57 years since Albert Hofmann had his famous bicycle ride, which helped reveal the extraordinary properties of his chemical discovery, LSD. Since then many thousands have experienced how this remarkable substance, used with intention and integrity, could bring about profound life changes. Such changes included enhanced perception and awareness, clarity of thought, improved ability to communicate with others, greater intuition and creativity, and most prized of all, a more profound understanding of the ultimate nature and meaning of life. Such meaning makes abundantly clear our ultimate relationship with each other, and the need to honor, support, and nurture each other. These experiences can lead to the most satisfying sense of fulfillment of which mankind is capable.

It is only natural that those who have benefited from such experiences wish to have such possibilities generally recognized, and procedures developed whereby the latent potential of LSD and similar psychedelic substances can be realized and properly utilized. It is in recognition of the outstanding contribution that Dr. Hofmann has made that this foundation was established, with the following objective:

Throughout history people have used mind expanding substances to explore consciousness and enhance their lives. Our purpose at the Albert Hofmann Foundation is to gather the records of these endeavors and to further the understanding and responsible application of psychedelic substances in the investigation of both individual and collective consciousness.

We at AHF have concluded that we can be most effective in achieving our objectives through an active website. Our major energies are now concentrated in supporting and expanding this website, www.hofmann.org. We invite you to check it out. You will find information about our organization and the principles on which it is founded. You will learn more about Dr. Hofmann, his discovery of LSD and other contributions, and his general world outlook. The section on Culture presents viewpoints on the kinds of cultural changes encouraged by psychedelics. The Museum section offers a tour of historical relics, and describes the efforts of the Museum curator, Dr. John Beresford, to expand and establish a permanent museum of psychedelic history. The Science section reveals some of the very serious misunderstandings resulting from the highly distorted views of psychedelics by the public, the media, many scientists, and even government officials. Another very important part of the Science section is to present historical papers of fundamental interest, as well as new developments. In this section, an exhibit has been prepared to illustrate the enhanced performance of a graphic artist under the influence of mescaline, taken from the Creativity Study conducted at the International Foundation for Advanced Study in Menlo Park, California. Another important section is Voices, which is open to all those who have worthwhile experiences or observations to relate. Accounts of significant psychedelic experiences will be added on a continuing basis.

We hope that all of you will find an opportunity to look over this information, and make suggestions and/or contributions. For such purposes, please contact me at myron@qnet.com, or write me at the following address: P.O. Box 742, Lone Pine, CA 93545. We hope to hear from you.

—Myron Stolaroff, Editor

IN A CONTINUING EFFORT to alert would-be translators, publishers and readers to noteworthy non-English publications on the subject of shamanic inebriants, we present here the fourth installment of mini-reviews of recent titles which Jonathan Ott thinks are especially valuable or interesting. Where possible, book prices and all salient ordering information are included, to facilitate direct and expeditious acquisition.

Non-Anglo Entheography:

Mini-Reviews of Non-English Publications, IV

Jonathan Ott

Spanish originals

Hacia Una Medicina Psiquedélica: Reflexiones Sobre el Uso de Enteógenos en Psicoterapia [Towards a Psychedelic Medicine: Reflections on the Use of Entheogens in Psychotherapy] Richard Yensen, 1998. Los Libros de la Liebre de Marzo [Apartado de Correos, 2215; E-08080 Barcelona, Spain / fax 343-431-7195 / e-mail: lalibre@lix.intercom.es]. paperback; ISBN 84-87403-36-0; 236 pp.; no index; 12 pp. bibliography of 242 sources; prologue by J.M. Fericgla. A translation of 10 papers written in English, some unpublished, this is a useful overview of psychedelic therapy, combining introductory/overview chapters, technical papers on specific psychotherapeutic use of LSD and MDA, and reviews of the work of Stanislav Grof and of the author and colleagues, the latter covering 30 years of studies at Spring Grove Hospital and Maryland Psychiatric Research Center. The 7th publication in editor Fericgla's *Colección Cogniciones* series, this book suffers from editorial laxitude which has plagued the series from its inception. A much-needed index to the interesting material collected here is inexplicably lacking. The useful and extensive bibliography had better been grouped in a single, alphabetized list, as opposed to five sections keyed to individual chapters, to avoid much needless duplication and allow facile bibliographic research.

Curanderos y Chamanes de la Sierra Mazateca [Healers and Shamans of the Mazatec Sierra] Juan Miranda [photographs; text by Juan García Carrera], 1997. Gatuperio Editores [Wisconsin, 68; Col. Nápoles; 03810 México, d.f.]. paperback; ISBN 968-7611-05-7; 72 pp.; no index; no bibliography; three maps; one page glossary; 30 b/w photographs. This is a beautiful collection of photographs of 21 shamans from the Mazatec Sierra of Oaxaca, México, each accompanied with a brief biographical/explanatory text; with a handy map to their homes, making this an essential support for ethnobotanical fieldwork on Mazatec shamanic healing.

Iboga: La Sociedad Secreta del Bueti [Iboga: the Secret Society of Bueti] José Manuel Nova, 1998. Transglobe Films [Calle Bailén, 41; Las Rosas; 28230 Madrid, Spain]. hardcover; ISBN 84-605-7187-4; 265 pp.; no index; no bibliography; one map; ten page glossary; two b/w photographs; numerous vignettes. More journalistic than scientific, this nicely-made book nevertheless affords a rather detailed glimpse into the secret Bueti Iboga cult of the bandjis [initiates] of Equatorial Guinea, much less studied than the better-known Bwiti cult of its neighbor to the south, Gabon. The book was made parallel to a video documentary by the author of the rites of this "unknown African secret society."

Shamanismo [sic] Sudamericano [South American Shamanism] Juan Schobinger [Ed.], 1997. Ediciones Continente/Editorial Almagesto [Pavón, 2229/31/35; 1248 Buenos Aires, Argentina]. paperback; ISBN 950-754-036-9; 115 pp.; no index; 7 pp. bibliography of 90 sources; one map; one page glossary; 16 b/w photographs; 10 b/w drawings. This recent anthology contains seven papers on South American shamanism, with several being general treatises on the nature of shamanism, the importance of shamanic singing and music, and shamanic rupestrian art. One paper deals with shamanic use of *hataj* or *cebil* [*Anadenanthera colubrina* var. *cebil*] by the Wichi or Mataco of northern Argentina; others with shamanism of the Tehuelche and Araucana Indians of Argentina and Chile.

Recent Spanish translations of non-English originals

Plantas Psicoactivas: 69 Plantas con Efectos Estimulantes, Eufóricos, Calmantes, Afrodisíacos o Alucinógenos [Psychoactive Plants: 69 Plants with Stimulant, Euphoric, Sedative, Aphrodisiac or Hallucinogenic Effects] Harald Janssen [Ed.], 1997. Castellarte [Castillo de Castellar; 11350 Castellar de la Frontera, Spain; ptas. 1800]. paperback; ISBN 84-921001-1-7; 125 pp.; five page index; one page bibliography of 17 sources; 65 vignettes. This sketchy guide

to psychoactive plants [there are more than a few dubious entries] is more a catalogue to species available commercially from shamanic herbal pharmacies than a shamanic herbal, and the paltry scientific information presented is marred by numerous errors. On the other hand, having a five page index, and a list of ten shamanic herbal vendors with addresses, it serves as an introductory guide for would-be psychonautic hobbyists.

Narcóticos [Narcotics] Stanislaw I. Witkiewicz, 1994. Circe Ediciones [Diagonal, 459; 08036 Barcelona, Spain; Ptas. 2700]. paperback; ISBN 84-7765-080-2; 213 pp.; no index; no bibliography. We have here a welcome translation of the recondite narkotyki of Polish artist/photographer/philosopher/writer Witkiewicz [also known as Witkacy], who committed suicide in 1939 at the age of 54. There are essays on nicotine, alcohol, cocaine and peyote by the author; supplemented by essays on morphine by B. Filipowski and ether by D. Prokopowicz, as well as an appendix with six general essays and an annex describing a peyote bioassay in 1928. Although dark and acerbic—indeed relentlessly misanthropic—and steeped in self-loathing and pharmacodium, Witkiewicz writes well, with a wicked sense of black humor which will surely appeal to fans of the late William S. Burroughs.

Italian originals, translation / original

Il Dio Dell'Ebbrezza: Antologia Dei Moderni Dionisiaci [The God of Inebriation: Anthology of Modern Dionysians] Elémire Zolla [Ed., with Giovanna De Angelis], 1998. Giulio Einaudi Editore [Torino, Italy; Lire 26,000]. paperback; ISBN 88-06-14308-5; 534 pp.; no index; no bibliography; one page notes to translations. This is a valuable anthology of 48 writings on drugs and inebriation, preceded by an extensive essay, "The Mythical Figure of Dionysus from Antiquity to Today," which verses from the ancient world to 19th century writers Coleridge, De Quincey and Poe, Baudelaire, Nerval and Nietzsche, to a discussion of ancient and modern drugs. We have here selections from classic pharmacoscrivens like Nietzsche, Freud, Benjamin, Cocteau, Artaud, Michaux, Huxley, Burroughs, Wasson, Benn and Jünger, including many less well-known for pharmacological proclivities, such as Tolstoy, Lawrence and García Lorca. There are also quite a few modern, more scientific selections, such as from Kensinger, Siskind, Gorman, Plotkin and Langdon on Amazonian entheogens, Valadez on péyotl, Samorini and others on iboga, and works of quite a few obscure writers. The book is well-made and thoughtfully-conceived, and deserves a place in any library of drug literature. On the other hand, the six blank pages and four pages of adverts in the back had better been used for an index to its fascinating contents.

Piante, Sciamani e Droghe: Uso e Abuso [sic] dell'Estasi Chimica [Plants, Shamans and Drugs: Use and Abuse of Chemical Ecstasy] Antonio Bianchi with Piero Coppo, 1998. Edizioni Colibrì [via San Michele del Carso, 4; 20037 Paderno Dugnano (mi), Italy; Lire 18,000]. paperback; ISBN 88-86345-18-6; 137 pp.; no index; bibliographies to individual chapters; 15 b/w illustrations; 4 color photographs on inside cover flaps; seven page glossary. This book is divided into six chapters: "Ecstasy in History" [with the Eleusinian Mysteries and *Amanita muscaria* as examples]; "Spirits and Shamans" [citing péyotl, Iboga and ayahuasca]; "The Psychedelic Culture and the Myth of Planetary Revolution" [Huxley, Leary's Harvard group and McKenna]; "The Shaman and the Anthropologist: End of a Dream" [discussing Castaneda and Harner, New Age drug tourism]; "A New Psychedelia for the Third Millennium?" [psychedelic therapy, ibogaine and near-death experiences, Santo Daime and the Entheogenic Reformation]; and "Soma: Toward New Myths?" [god in the brain, modern technocrats of ecstasy]. This is rather an introductory survey than in-depth study, with limited bibliographies. Strangely, the cover title differs from that on the title page, but the book is nicely made, although the reader deserves an index rather than five pages of adverts.

Rospì Psichedelici [Psychedelic Toads] Albert Most, et al., 1995. Nautilus [CP 1311; 10100 Torino, Italy; Lire 4500]. Staple-bound paperback; no ISBN; 41 pp.; no index; three page bibliography of 25 sources; one map; 22 b/w illustrations. This cute booklet is in the main a translation of Most's 1984 *Bufo alvarius: the psychedelic toad of the sonoran desert*, albeit here much improved by the addition of the unsigned ["Various Authors"] "Batracomania" and "Legends and Beliefs on the Curative Power of the Toad," in which I descry the scholarly hand of Giorgio Samorini. An interesting appendix on "The Chemistry of the Toad," with a table on toxins of amphibian skins and notes on three European species of *Bufo*, plus the concise bibliography, round out this excellent little booklet, although, once again, the reader deserves an index or further references, rather than the four pages of adverts. On the other hand, with its colorful dust-jacket, fine paper and printing, and lovely designs intercalated with the text, this is a rare bargain at Lire 4500!

new Italian / English scientific periodical

Eleusis: Piante e Composti Psicoattivi [Eleusis: Journal of Psychoactive Plants and Compounds] Giorgio Samorini and Jonathan Ott [Eds.], 1998. Grafton 9 / Museo Civico di Rovereto [Piazza Aldrovandi, 1/a; 40125 Bologna, Italy; Lire 18,000/single issue; Lire 40,000/US\$40.00 for two-issue subscription]. with cardboard academic wraps; no issn; 128 pp.; no index; bibliographies to individual papers. As nuova serie [new series] No. 1, this is the first number of a new journal dedicated to the ethnopharmacognosy of psychoactive plants; a continuation of *Eleusis* and [earlier

still] of *Bolettino d'Informazione de la SISSC* [8 numbers of each], originally produced by the Società Italiana per lo Studio degli Stati di Coscienza. In contrast to its predecessors, however, *Eleusis nuvoa serie* has been reformatted and expanded into a biennial scientific journal, divorced from the SISSC and published commercially under the auspices of the Museo Civico di Rovereto [submissions care of: Giorgio Samorini; Largo Santa Caterina, 43; 38068 Rovereto, Trento, Italy]. Featuring a clean design and printed on high-quality paper, *Eleusis* plugs the gap created by the demise of the German *Integration: Zeitschrift für Geistesbewegende Pflanzen und Kultur*, which recently folded after publishing five numbers sporadically over as many years. The titular editors are backed by an editorial board including Jace Callaway, Josep M. Fericgla, Francesco Festi and C. Manuel Torres. The first number features 7 articles by: A. Escobedo [Chemical Euphoria and Human Dignity]; this reviewer [The Post-Wasson History of the Soma Plant]; C.M. Torres [The Role of *Cohoba* in Taino Shamanism]; R.W. Gess [Leaves of Endurance: The Use of *Khat* in Northern Kenya and Ethiopia]; J.M. Fericgla [Peyote and Ayahuasca in New American Mystery Religions]; G. Samorini [The "Mushroom Trees" in Christian Art]; and S.A. van Heiden [Psychoactive Card IX: *Desmanthus leptolobus* Torrey & A. Gray]. All articles appear in Italian and English set in parallel columns, with the exception of Fericgla's [Italian and Castilian]. The inaugural issue features 8 pages of reviews, and continues the useful mini-reviews of recent technical articles from the prior iteration of *Eleusis*. This is a promising start for this much-needed, independent entheojournal.

German originals

Das Drogentaschenbuch [The Pocket Drug Book] Ralph Parnefjord, 1997. Ferdinand Enke Verlag [P.O. Box 30 03 66; D-70443 Stuttgart, Germany]. Paperback, ISBN 3-432-29751-3; 162 pp.; five page index; four page bibliography of 62 sources, 19 b/w illustrations, one page internet addresses. This handy little "pocket book," written by a physician, quite systematically covers 19 classes of drugs: amphetamines, cannabis, 2-CB [sic, 2C-B], DMT/ayahuasca, DOM, MDMA, 4-methyl-aminorex, GHB, heroin, ketamine, cocaine, nitrous oxide, LSD, mescaline, synthetic [sic, artificial] opioids, opium, PCP, psilocybin and inhalant solvents. For each, an illustration cum structural formulæ is followed by sections detailing: "On the Substance," "Manner of Use," "Effects," "Manufacture" and "Supplementary [Remarks]." The book concludes with sections on "Major Symptoms of Intoxication" and "Emergency Measures." As such, this book is a fine complement to Richi Moscher's *Too Much: First-aid for Drug Poisonings*, reviewed here previously. Unfortunately, the useful bibliography seems to be missing a page, as it commences with "Cherniak, L." There is also a welcome page listing Internet sites for further information, and a good index... with three blank pages for notes, in lieu of the officious

adverts so habitual to European publishers! My only criticism is the perfect-bound, kiss-the-pages-goodbye, binding—this worthy little reference, sure to be much-thumbed, deserves better, lest some er physician soil gloved hands picking loose leaves from the floor while her patient languishes!

Enzyklopädie der Psychoaktiven Pflanzen [Encyclopædia of Psychoactive Plants] Christian Rättsch, 1998. at Verlag [Bahnhofstraße, 39-43; CH-5001 Aarau, Switzerland; DM228, SFR198, ÖS1664]. hardcover; ISBN 3-85502-570-3; 941 pp.; 32 pp. index; 27 pp. bibliography of 1071 sources plus bibliographies to individual entries; 800 color photographs; numerous b/w illustrations; eight page systematic index; foreword by Albert Hofmann. I can scarcely do justice to this massive book in this mini-review, other than to catalogue its comprehensive contents and praise its high quality. There is a 13-page prelude to the meat of the book, the 594-page the psychoactive plants, which is subdivided into four sections: The Most Important Genera and Species from A to Z [518 pp.; 158 entries]; Less-Researched Psychoactive Plants [47 pp., 134 entries]; Putative Psychoactive Plants [10 pp.; 26 entries] and Hitherto Unidentified Psychoactive Plants [16 pp.; 45 entries]. There follows a psychoactive mushrooms [75 pp.; 25 entries] section and one on psychoactive products [115 pp.; 31 entries]. The section plant active principles [60 pp.; 35 entries] is completed by the systematic index, general bibliography and general index. Apart from the extensive general bibliography, each of the 454 entries in the seven alphabetized subcategories has its own mini-bibliography [in the case of the mushroom section, there is also appended a five page bibliography with 178 sources]. The countless beautiful color and b/w illustrations are supplemented by marginalia which include chemical-structural diagrams and interesting epigrams from technical and literary sources, and even the bibliographies feature 48 book-cover photographs as marginalia. I cannot recommend this book too highly—suffice to say that it will take its rightful place beside a small handful of other contemporary classics of psychotropic-drug literature.

Hexenmedizin. Die Wiederentdeckung Einer Verbotenen Heilkunst—Schamanische Traditionen in Europa [Witches' Medicine. The Rediscovery of a Forbidden Healing Art—Shamanic Tradition in Europe] Claudia Müller-Ebeling et al., 1998. at Verlag [Bahnhofstraße, 39-43; CH-5001 Aarau, Switzerland; DM39.90, SFR39.90, ÖS291]. hardcover; ISBN 3-85502-601-7; 272 pp.; eight page index; nine page bibliography of 489 sources; 150 b/w illustrations; 50 color illustrations; nine page appendix of plants associated with witches. This gorgeous book is divided into four parts: i) "Witches' Medicine—Good Medicine?" by Wolf-Dieter Storl; ii) "Witches' Medicine—The Legacy of Hecate" by Christian Rättsch; iii) "Witches' Medicine—The Demonization of Nature's Healing Power" by Claudia

Müller-Ebeling; and iv) "Witches' Medicine—Forbidden Medicine" by Rättsch. The introductory section [Storl is also author of *Heilkräuter und Zauberpflanzen Zwischen Haustür und Gartentor* (Healing Herbs and Magic Plants between the Home's Door and the Garden Gate), at Verlag, 1996] surveys the witches' pharmacopœia, giving special attention to 'flying ointments,' weather magic, midwifery and other topics. Part ii focuses particularly on: aphrodisiacs; Hecate and her garden; Orpheus; Medea, Circe, Artemis; ecbolics; flying ointments and witches' wines [highlighting henbane, aconite, pæony, mandrake, wormwood, poplar and yew]. Part iii is art-historical, covering animal-familars, poisoning and healing, weather magic, soothsaying, demonization of goddesses [Venus, Diana] to witches, and singles out artistic works of Hans Baldung Grien and Frans Francken the Younger. Part iv is devoted to the Pharmacatic Inquisition in the modern era, culminating in today's 'narcotic laws,' with examples coca/cocaine, poppy/opium, mescaline/psilocybin and ayahuasca. The superb table of plants with linguistic [in German] associations with witches and 'devils' lists no fewer than 375, some with up to 38 botanical correspondences. The wealth of information, solid bibliography and detailed index, as well as the beautiful design and lavish illustration, establish *Hexenmedizin* as the best book ever on the witches' pharmacopœia.

Medizin aus dem Regenwald: Die Weisheit der Naturvölker [Medicine from the Rainforest: The Wisdom of Native Peoples] Christian Rättsch, 1997. Natura Med/Hampp Verlag [Breslauerstraße, 5; 74172 Neckarsulm, Germany; DM29.80, ÖS218]. hardcover; ISBN 3-930706-14-8; 141 pp.; no index; three page bibliography of 33 sources; 64 color photographs; 11 addresses of suppliers and sources for information. This beautifully-illustrated little book is a popular introduction to rainforest ethnomedicine, which could lead the neophyte to conclude that the predominant disease of rainforest peoples is ennui—the great bulk of the material concerns psychoactive plants! Perhaps this is a captious remark, inasmuch as the book is subtitled the wisdom of native peoples, which clearly derives largely from such, and far be it from me to call that kettle black! The photographs are lovely and the book amenable, supplemented by a useful guide to sources for plants and information, but the three pages of adverts had better been used for an index to its interesting contents.

Halluzinogene im «Sozialismus» [Hallucinogens under «Socialism»] Jochen Gartz [Ed.], 1998. Nachtschatten Verlag [Kronengasse, 11; Postfach 448; 4502 Solothurn, Switzerland; DM24.80, SFR23.00, ÖS181]. paperback; ISBN 3-907080-33-5; 118 pp.; no index; bibliographies to individual papers; numerous b/w diagrams, illustrations. We have here a reprint of excerpts from three military textbooks from the defunct Deutschen Demokratischen Republik, referring to the use of 'hallucinogens' as weapons.

Chapter 8, "Psychotoxic Warfare Agents" from Siegfried Franke's 1975 *Textbook of Military Chemistry*, covers agent BZ, LSD and homologues, DMT, bufotenine, psilocin, mescaline and cannabinoids. Chapter 7, of the same title, from Ralf Stöhr's *Chemical Warfare Agents and Defense Against Chemical Warfare*, seems to be derivative, as it covers much the same material, albeit more scantily. The book concludes with the section on "Psychotoxins" from Karlheinz Lohs' 1967 *Synthetic Toxins*, dealing in the main with LSD and congeners, followed by a brief review of anticholinergic piperidylbenzylates of the pcp type. A brief perusal of any recent Loompanics catalogue, which includes reprints of similar publications by the US military, should stanch any disparaging comments on 'godless Commies,' not that this excuses such dastardly hypocrisy by either side [the DDR had likewise prohibited LSD and other visionary drugs under the cover of public health protection]. It would have been better had the publisher included an index, or perhaps some commentary on this strange material, *in lieu* of eight blank pages and two pages of adverts at the book's end.

French original reprint

Le D. Man [Untranslatable] Gabriel Pomerand, 1994 [1966]. Les Livres de Nulle Part [Address and price unknown]. Staple-bound paperback; no ISBN; 44 pp.; no index; one page bibliography of six sources. This limited [to 99] edition reprint of the original 1966 edition commences with a four-part introduction on the history of ergot and ergotism, as well as its product, LSD. There follows a 33-page pæan to LSD, "one of the first future drugs," "one of the principal types of spiritual power," based on the personal experiences of the author.

French classic reprint

La Plante Qui Fait les Yeux Émerveillés: Le Peyotl [The Plant That Makes the Eyes Marvel: Péyotl] Alexandre Rouhier [Guy Trédaniel, Ed.], 1989. Éditions de la Maisnie [no address given]. paperback; ISBN 2-85707-332-1; 409 pp.; no index; 11 pp. bibliography of 185 sources; two maps; 26 b/w photographs; 32 b/w illustrations; 10 tables. This well-done facsimile of Rouhier's 1927 multidisciplinary classic on péyotl is faithful to the original, even reproducing the academic manilla cover design. The text furthermore incorporates five pages of author's corrections to the text, signalled by asterisks and enumerated on pp. 359–363. The bibliography has also been expanded by the addition of 49 references up to 1975, and as an added bonus, the editor has included as appendix the author's contemporaneous paper "Les plantes divinatoires" ["Divinatory Plants," the 1927 German translation of which, "Die Hellsehen hervorrufenden Pflanzen," was recently reprinted in facsimile by express Edition, Berlin, 1986; with a foreword by Christian Rättsch]. Now all serious students of entheobotany will be able to possess this indispensable study of the famous Aztec *amrta*.

Dutch originals

Reviewer's Note: Although my spoken Dutch is as good as non-existent, I did acquire rudimentary reading-skills in that beautiful language during my prolonged sojourn in Amsterdam following the recent Psychoactivity conference, and henceforth will endeavor to keep MAPS members apprised of the burgeoning drug-publishing scene in the Netherlands.

XTC: Alles Over Ecstasy [XTC: Everything About Ecstasy] Arno Adelaars, 1996. Globe Pockets [Singel, 450; 1017 AV Amsterdam, Netherlands]. paperback; ISBN 90-6265-738-9; 193 pp.; no index; nine page bibliography of 128 sources. Arno 'Noot' Adelaars, well-known Dutch journalist/activist and co-organizer of the 1-4 October 1998 Psychoactivity Conference in Amsterdam here presents the third, expanded edition of his 1991 *Ecstasy: De Opkomst van een Bewustzijnsveranderend Middel* [Ecstasy: The Origin of a Consciousness-Altering Agent]. There are nine parts in all: Escape from the Clinic; Ecstasy in the Netherlands; Ecstasy Users; Party- and Home-Users; The Effects of Ecstasy; Risks; Ecstasy in the Nineties; House and Ecstasy in the Netherlands and Dance Drugs; followed by six appendices which include chemical-structural diagrams, results of tests of black-market pills in Holland and a facsimile of Merck's 1912 patent on MDMA. Particularly interesting is the Dance Drugs section, which contains a catalogue of 24 other drugs associated with the Dutch dance-club scene, from alcohol, tobacco, smart-drugs, guaraná, cola nut, qat, yohimbe, Herbal Ecstasy, GHB and 'energy-drinks' to amphetamines, cocaine, cannabis, 2C-B, MDA, MDEA and MDOH, not to forget LSD, nitrous oxide, psilocybian mushrooms and poppers! Sort of makes one wish to catch the next flight to Amsterdam, although ardent De Quinceyans may be left scratching their noses: what? no smack? The scientific and popular history of MDMA is well-covered here, as are its effects and dangers, and there is a useful bibliography, although the 13 advert pages [more than 6% of the book!] had better been employed for a much-needed index to its interesting contents.

Alles Over Paddo's [Everything About Mushrooms] Arno Adelaars, 1997. Prometheus [Amsterdam, Netherlands]. paperback; ISBN 90-5333-586-2; 162 pp.; three page index; four page bibliography of 71 sources; 16 b/w illustrations; 4 page glossary. Adelaar's new book is an introductory overview of the ethnopharmacognosy of psilocybian mushrooms, divided into nine sections: The Discovery of the Sacred Mushrooms of México; The First Psychedelic Wave; The Second Psychedelic Wave; The Psychedelic Experience; Use; Mushroom Portraits; Cultivation of Mushrooms; Risks and Ethnomycology: On the Trail of Wasson. After reviewing the modern rediscovery of the Mexican sacred mushrooms and subsequent isolation of psilocybin, the book proceeds to chronicle the prominent role of the mushrooms in today's Entheogenic Reformation: from Huxley to Harvard, Huautla to San Francisco, House

Music to smart shops like Conscious Dreams. The effects and use of the *paddestoelen* [as in English, the common Dutch word for mushroom is toadstool] is followed by monographs of six species: *Psilocybe azurescens*; *P. cubensis*; *P. cyanescens*; *P. semilanceata*; *Panaeolus cyanescens* and *P. subbalteatus*, giving descriptions, habitat and range data, potency/posology and history. There are details on cultivation of three of these species, including addresses of spore vendors, a chapter on adverse effects and a concluding chapter briefly reviewing the field of ethnomycology founded by R.G. and V.P. Wasson in 1926. A short bibliography, glossary and brief index complete this interesting and comprehensive introduction to the entheogenic mushrooms, which complements a contemporaneous Dutch book in English: *Paddos our Little Brothers. Travel Guide to the Shroom Space: Starter for Magic Mushroom Psychonauts* [Anon. 1997. Ergosoft (pob 43048; 1009 za Amsterdam; tel. 3120-627-3198; US\$6.00, £4, BFR200, f10); paperback; ISBN 90-803696-2-4; 80 pp.; no index; one page bibliography of 18 sources; 35 b/w illustrations].

Uit Je Bol: Over XTC, Paddestoelen, Wiet en Andere Middelen [Out of Your Mind: Via XTC, Mushrooms, Weed and Other Means] Gerben Hellinga and Hans Plomp, 1997. Prometheus [Amsterdam, Netherlands]. paperback; ISBN 90-5333-527-7; 192 pp.; no index; six page bibliography of 69 sources; 12 b/w illustrations. This is the sixth, revised edition of the 1994 introductory handbook to pleasure-drugs, featuring 36, plus 10 other chapters with titles such as The Revenge of Dionysus and Drugs and Sex. Symbols readily distinguish the chapters dealing with: plants [12, such as cannabis, coca, ayahuasca, qat, iboga]; pills [six, including: amphetamines, LSD, pcp, smart-drugs]; chemicals [four, for instance 2C-B and GHB]; injectables [two: heroin, ketamine]; mushrooms [two: fly-agaric and psilocybian species] and other miscellaneous categories. A diverse little bibliography rounds out this interesting book, which unfortunately lacks an index to its eclectic contents. •

Jonathan Ott is the author of entheobotanical books including *Pharmacophilia or The Natural Paradises*, *Pharmacotheon*, and *Ayahuasca Analogues*. These titles and others may be ordered directly from: Jonathan Ott Books, P.O. Box 1251, Occidental, CA 95465.

The Literature of **Psychedelics** *Bob Wallace*

new books

Shivitti: A Vision

True story of the use of LSD therapy for an Auschwitz survivor. Haunted by thirty years of nightmares, the author worked with the Dutch psychiatrist Prof. Jan Bastiaans, one of the first to use psychedelics in the treatment of concentration camp survivors. Preface by Claudio Naranjo. Final words by Prof. Bastiaans. MAPS contributed \$1500 towards the publication of this book. (Ka-Tzetnik 135633 1987/1998; Gateways 0-89556-113-1, 140 page paperback, \$15.95)

Trips: How Hallucinogens Work In Your Brain

Excellent readable book on how hallucinogens work, along with some of the colorful history of these compounds and how they are used in scientific research. Includes quotes from researchers and others, plus lots of great R. Crumb drawings. A rare combination of fun reading and accurate scientific information. Good list of web sites, bibliography, notes, and index. Highly recommended. (Cheryl Pellerin 1998; Seven Stories Press (Ingram) 1-888363-34-7, 288 page paperback, \$23.95)

Trout's Notes on Ayahuasca and Ayahuasca Alkaloids

Extensive scientific guide. Part A covers the harmala alkaloids; part B the *harmala* and tryptamine plants, including *Mimosa*, *Diplopterys*, *Psychotria*, *Acacia*, *Desmanthus*, *Phalaris* and *Anadenanthera*. Plus an ayahuasca glossary; practical notes on ayahuasca analogs; many related notes. Much data on the chemistry and botany, with summaries of much of the literature, all well referenced. Good index. More detailed than Ott's *Ayahuasca Analogs* (if not as organized). Recommended. (K. Trout 1998; Better Days [no isbn], 208 page paperback, \$34.95)

Trout's Notes on Tryptamines from Higher Plants

Companion to book above, covers a wider range of tryptamines and more chemistry oriented. Starts with indole/tryptamine assay techniques and pharmacology notes; then a practical section on extraction/isolation and ingestion techniques; then reported occurrences of tryptamines in plants. Many references and index. (K. Trout 1998; Better Days [no isbn], 180 page paperback, \$29.95)

Trout's Notes on the Acacia Species Reported to Contain Tryptamines and/or Beta-Carbolines

Many *Acacia* tree species contain interesting alkaloids, and can be used in ayahuasca mixtures. This book goes beyond the two above in specific details. References and index. (K. Trout 1998; Better Days [no isbn], 86 page paperback, \$19.95)

Dancing Naked in the Mind Field

Kary Mullis, 1993 Nobel Prize winner in chemistry for the PCR reaction, is also known for his use and defense of LSD. This "witty, irreverent, and wildly entertaining" book describes his psychedelic use, as well as delving into the limits of scientific dogma. Index. (Kary Mullis 1998; Pantheon Books (Ingram) 0-679-44255-3, 232 page hardback, \$23.95)

Shadows in the Sun:

Travels to Landscapes of Spirit and Desire

Anthropologist and storyteller Wade Davis takes us to a variety of cultures, many of which use plants in shamanic ways. Chapters on ayahuasca and San Pedro cactus use in South America, and on smoking toad venom. More broad in coverage than his *One River* or *The Serpent and the Rainbow*. Index. (Wade Davis 1998; Island Press (Ingram) 1-55963-354-9, 303 page hardback, \$22.95)

The Mission of Art

"Higher realities are available to us; that is the message of Alex Grey's art and words in this book. He has set himself the extraordinary task of depicting, in art, these higher truths, and here encourages all artists to find their own unique means of serving art's abiding mission." (from the publisher; not received at press time.) (Alex Grey 1999; Shambala (Ingram) 1-57062-396-1; hardcover \$26.95)

Shamanism and the Drug Propaganda: Patriarchy and the Drug War

Despite the title, this is a detailed description of ancient psychoactive plant use, especially in Mediterranean cultures (with many Greek and Biblical references). Also discusses the relation of shamanic and more patriarchal cultures to mind-altering plant use. Quite scholarly, with bibliography and references (but no index). (Dan Russell 1998; Kalyx (Homestead) 0-9650253-1-4, 365 page paperback, \$24.95)

Magic Mushrooms of the Pacific Northwest

Introduction, species identification with photos (some in color), bibliography. (John W. Allen 1997; Psilly Publications (Homestead) [no isbn?], 42 page pamphlet, \$11.95)

The Love Drug: Marching to the Beat of Ecstasy

Scientific study of MDMA use, but with a negative bias. Intended to be used by health professionals and others to provide reasons why people should not use it. Despite this, the collection of deaths and other problem cases, along with extensive notes, references, and index, may be useful. Dr. Charles Grob was asked to endorse the book by the author. Dr. Grob said he might be willing if the author corrected a variety of errors, and he submitted a detailed critique to the author. He never heard from the author again. (Richard Cohen 1998; Haworth (Ingram) 0-7890-0454-2, 184 page paperback, \$19.95)

new editions

Ecstasy Reconsidered

Excellent updated book on MDMA; what it does, ways to use it, how therapists use it, possible dangers, suggestions for new users. Good book for practical advice; not just the basics, but how people use it to improve relationships, for personal growth, for trance dancing, and more. Every section provides deep, detailed, yet clear coverage of some complex areas, from neurotoxicity to shamanic dances to effects with other materials. Extensive, annotated bibliography by Shulgin. Index. Highly recommended. (Nicholas Saunders 1997 (revision of *Ecstasy: Dance, Trance, & Transformation*); self-published (Turnaround) 0-9530065-0-6, 250 page paperback, \$19.95)

Psychedelic Resource List

Excellent annotated listing of many sources for plants, seeds, spores, publications, organizations, and other resources having to do with psychedelics. Expanded Internet section. Cannabis related listings as well. Highly recommended. (Jon Hanna 1998; Soma Graphics 0-9654383-0-9, 150 page large paperback, \$19.95)

Sacred Mushrooms and the Law

Describes federal and all state laws on psilocybin mushrooms and compounds. California law against spores; legal difference between mushrooms and their active compounds. Religious Freedom Restoration Act as defense for religious use. By noted lawyer and author of the fine *Entheogen Law Reporter* newsletter. (Richard Glen Boire 1997; Spectral Mindustries 1-890425-01-1, 69 page small paperback, \$14.95)



From Chocolate To Morphine: Everything You Need To Know About Mind-Altering Drugs

Comprehensive, accurate, practical information about using mind drugs. Includes history, uses, problems, and alternatives for drugs in general, and specific chapters on stimulants, depressants, psychedelics, marijuana, and other drugs (PCP, ketamine, nightshades, etc.) Describes drugs in each class, gives benefits, risks, suggestions, and precautions. Glossary and index. Highly recommended. (Andrew Weil & Winfred Rosen 1993/1998; Houghton Mifflin 0-395-91152-4, 252 page paperback, \$14.95)

Drugs, Society, and Human Behavior

A good high school or college text on recreational drugs. Reasonable non-judgemental section on hallucinogens, mostly about LSD. Organized by drug, plus sections on basic drug actions, social policy, and drug education and treatment. Glossary and index. (Oakley Ray & Charles Ksir 1999 (8th edition); McGraw-Hill 0-07-059307-8, 510 page paperback, \$54.95)

new periodicals

Vol 30 #4 (Oct-Dec 1998)

Theme Issue: Therapeutic Use of Hallucinogens

Excellent collection! Papers by Grob, Greer, Mangini, Metzner, Grof, Doblin, and others. Topics include ethnopsychiatry in Peru, comparing psychotherapy and shamanism, the nature of reality, treatment of obsessive-compulsive disorder and alcoholism, problems when using ayahuasca with SSRIs, therapy sessions with MDMA, and follow-up to Leary's Concord Prison Experiment.

Eleusis, new series #1

Eleusis, founded by the Italian Society for the Study of the States of Consciousness, is a great journal of psychedelic plants and compounds. They have started a new, expanded series, with most papers in both English and Italian. Issue #1 contains: Chemical Euphoria and Human Dignity; Post-Wasson History of the Soma Plant; Role of Cohoba in Taino Shamanism; Use of *Khat*; "Mushroom Trees" in Christian Art; a paper on *Desmanthus leptolobus*; reviews. (Giorgio Samorini & Jonathan Ott (editors); SISSC, 128 page large pamphlet \$21.95)

Where to get these books

All books may be ordered from Mind Books, the author's company; of course many are available from other good sources. To contact Mind Books, call: 800-829-8127 or 707-829-8127, fax: 707-829-8100, E-mail: books@promind.com Web site: www.promind.com or write: Mind Books, 321 S Main St, #543, Sebastopol, CA 95472.

Telluride Mushroom Conference 1999

The 19th annual Telluride Mushroom Conference will be held August 26-29, 1999 in Telluride, Colorado. The Telluride Conference is designed for persons interested in mushroom identification, edible and psychoactive mushrooms, and mushroom cultivation.

Laura Huxley, author of *This Timeless Moment: A Personal View of Aldous Huxley*, will address a plenary session of the conference on Visionary Common Sense. Other speakers include: Gary Lincoff, Paul Stamets, Andrew Weil, John Corbin, Linnea Gillman, and Emanuel Salzman.

Telluride is an historic Colorado mining town on the western slope of the Rocky Mountain Continental Divide. Daily forays will be led into the nearby forests generally productive of a wide variety of wild mushrooms, particularly edible species.

For further information, contact Fungophile, P.O. Box 480503, Denver, Colorado, 80248-0503, Phone/FAX: 303-296-9359.

Learning From Plant Teachers Two Experiential Seminars in the Amazonian Rain Forest of Peru "Shamanism & Ayahuasca"

July: 10 to 18 and 20 to 28, 1999

With: Luis Eduardo Luna, Ph.D., anthropologist and author; Pablo Amaringo, artist (Luna and Amaringo produced *Ayahuasca Visions: The Religious Iconography of a Peruvian Shaman*); Silvia Polivoy, transpersonal psychologist; and native shamans.

The program includes: Ritual Plant Ceremonies with Ayahuasca and Tohe; Holotropic Breathwork Sessions; Creative Artwork expression; Kundalini Yoga; Purification diets; Meditations.

For information:

Website: www.lycaem.org/~entheos/
Phone/Fax in Argentina: (54-11) 4 774 38 92
E-mail: spolivoy@hotmail.com

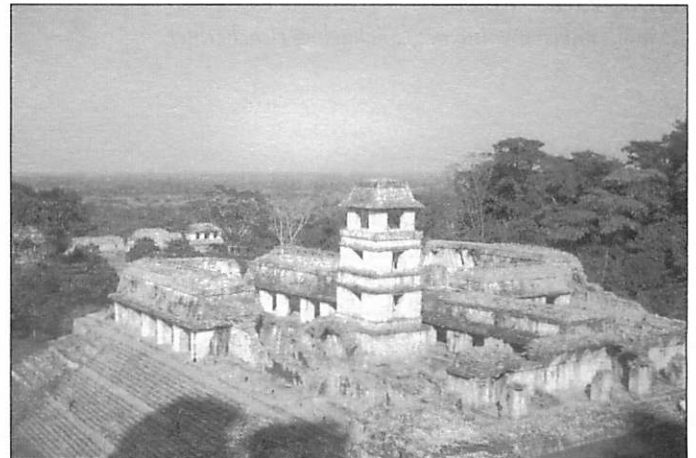
Entheobotany 1999

Carla Higdon

**January 16-22 & January 25-31, 1999
Palenque, Chiapas Mexico**

This year's Entheobotany Shamanic Plant Seminars were back in their traditional locale amidst the verdant jungles and Mayan temples of Palenque, Mexico. It was a place and event that provided a welcome respite from the demands of ordinary life for us participants, a world apart where we could strengthen our common bond and indulge our interests in the multidimensional nature of psychoactive plants. The Hotel Chan Kah was a setting so beautiful and serene that it was hard to leave at week's end.

This year's presenters included Sasha and Ann Shulgin: psychedelic pioneers and co-authors of *PIHKAL* and *TIHKAL*; Jonathan Ott: natural products chemist and entheobotanist as well as author of a variety of books on psychedelic pharmacology; Terence McKenna: lecturer and author whose works focus on the importance of the role of natural hallucinogens in the future of human evolution; Christian Rätsch: Germany's leading expert on the shamanic arts and author of a number of books on psychoactive plants and their historical uses in Europe; Michael Bock: chemist, lecturer, and authority on Australasian psychedelic flora and fauna; Rob Montgomery: founder of the Botanical Preservation Corps; Ken Symington: ethnobotanical investigator and expert on ayahuasca shamanism; Giorgio Samorini: Italy's leading expert on entheobotany, the African Bwiti and sacramental Iboga; Paul Stamets: mycologist and founder of Fungi Perfecti mushroom company; and Manuel Torres: art historian and expert on the ethnography of visionary snuffs.



The Palace at the Mayan ruins of Palenque, Mexico. Photo by Eva Makkos

The lectures and social activities of the week provided invaluable material for both the seasoned psychonaut and cautious newcomer alike. Our ephemeral little community was one of scholarship, tolerance and camaraderie with a healthy dash of hedonism thrown in to spice the pot. If you have never been, and are looking for a first rate adventure with some of the most eccentric and stimulating people you will ever meet, don't miss next year's Entheobotanical Seminars. For more information on this important paradigm-shifting event contact:
Entheobotany Seminars, P.O.B. 4, Sierra Madre, CA 91025

Dear MAPS

2105 Robinson Avenue, Sarasota, FL 34232
Internet: info@maps.org • www.maps.org



Dear MAPS,

I am a medical and noetic sciences researcher. One of my current projects is to do a review of alternative therapeutic approaches to schizophrenia. Having an academic background in transpersonal psychology, I am familiar with the early psychedelic studies with psychiatric disorders such as schizophrenia. I hear that some work has been done with ayahuasca and it has been shown to be effective with certain psychiatric disorders such as depression and anxiety. I am interested in knowing if there are any studies done on the use of ayahuasca and schizophrenia. I have heard one anecdotal report from the 1996 International Transpersonal Association conference in Brazil. Do you or any of your readers know of other success stories and/or scientific research on the topic?

Michael D. Ostrolenk

Voice: 925-942-7523

FAX: 925-687-0708

E-mail: mikeo@value.net/michaelo@ricochet.net

Dear MAPS,

I'm a recent addition to your membership list. I just received my second *Bulletin*, and I see a disturbing trend. The first article I try to read is about MDMA research. Hmm, sounds interesting... until I run into phrases like:

"These divergent findings might be due to differences in neurotransmitter release profiles, receptor mechanisms or both." and *"measurements of prepulse inhibition (PPI) of the acoustic startle reflex, a Stroop test and psychometric rating scales were performed."*

Huh? I doubt the majority of your *Bulletin* readers have multiple Ph.D. degrees in the sciences. The article belongs in a psychiatric journal, where the authors can address their peers, but not in the *MAPS Bulletin*, unless it can be translated into English for the layperson. I request you not take scientific papers and plop them verbatim onto your pages. They're gobbledy-gook to most of us. But I applaud the goals of MAPS.

D.M.

Houston, TX

Editor's Reply: D.M. makes a good point. We try to keep a balance between scientific articles and personal accounts. Each article may not appeal to each reader. Thank you for your feedback.

Dear MAPS,

Enclosed is my renewal of membership. I guess I'm just beginning to realize what an important and fantastic job you folks are doing.

I have had some very good response to my article, much more than I had realized. It has led me to some very interesting connections with people from various walks of life, all of whom are bonded by the intrigue of ayahuasca and its aura.

Because of the interest generated by the article, I'm thinking of writing a brief post script to present my concept of the way the plant has worked on me in both the physiological and spiritual areas. I want to think about it a bit more, do some additional reading, and talk to others.

Right now I'm consumed with the medical marijuana issue here in Hawai'i. Did you hear that our governor has come out in support, and will introduce legislation to that effect in the forthcoming session? Great news for us.

Aloha,

Don Topping

top@lava.net

Note: Don's personal account in the Autumn 1998 Vol.8(3) issue of MAPS, "Ayahuasca and Cancer: One Man's Experience," received a lot of attention from MAPS readers. See www.maps.org/newsletters/v8n3/08322top.html

Hello fellow mappers,

Through this list [MAPS Forum, on-line mailing list] I received word from a shamanistic seminar in the Amazonian jungle. I went there, and was a bit sceptical at first. The Holotropic Breathwork they offered along with the shamanistic seminars I thought were just a weak fad of crazy hippies, and also I was uneasy about the jungle.

It was a pleasant surprise. The competent organizers, Dr. Luis Eduardo Luna, anthropologist and author, psychologist Silvia Polivoy and holotropic therapist Ana Maria Aguirre put together a very dense program that was very effective. The participants from all walks of life and many different countries were focused into a powerful community, and a lot of real work was done. For me it was the first time in all my life that I broke through that wall I've been running against for all my life.

I can recommend it to everybody interested in shamanism, Holotropic work and personal exploration. When I saw what they provide and how they care, the price is more than reasonable. And the jungle, well I am more uneasy about the city today than the place I recognized as my lost home. In short it was a wonderful, powerful time that changed me more than I had ever hoped.

The next seminars are scheduled in summer, see www.lycaem.org/~entheos/ or write to Silvia Polivoy at spolivoy@hotmail.com for details.

Joachim Loeblein

loeblein@global.nacamar.de

Dear MAPS,

This letter is being written on the morning after my second Santo Daime experience. I am a scientifically trained and research oriented professional who has noted more than a couple of references to tumor regression (brain, liver, etc.) in the ayahuasca literature. That information is of more than casual interest to me.

In short, my 28 year old daughter has a brain tumor (Level III anaplastic astrocytoma, exterior right frontal lobe). After surgery, radiation, and a Phase I immunotherapy protocol (during which time we have done many other supplemental things to strengthen her immune system), we are in the process of considering chemotherapy upon the advice of our doctors.

While I am impressed by the anecdotal evidence concerning ayahuasca and cancer remission, my science and research training tells me that isn't enough. As you know, we're talking about a rather unusual approach, considering the current state of most people's thinking.

A further thought: The restrictions on food prior to ingesting ayahuasca are virtually identical to those concerning procarbazine, one of the three chemical substances in the PCV chemotherapy "cocktail." I find this convergence most interesting.

For professional reasons, I ask that you withhold my name at this time. Nonetheless, as a longtime MAPS supporter, I would appreciate MAPS' acting as a clearing-house for my opening a dialogue with those who may have more information on, or personal experience with, the subject of tumor regression and ayahuasca.

Thank you,

(Name Withheld by Request)

Send replies to: info@maps.org

Subject: Cancer and Ayahuasca

**Salvia Divinorum and Salvinorin A:
The Best of The Entheogen Review
1992-1998, ER Monograph Series, No. 2**

This volume combines every entry from past issues of *The Entheogen Review* related to *Salvia divinorum*. New endnotes provide fresh commentary and bring the text up-to-date. Includes a comprehensive listing of *Salvia divinorum* Internet sites, a Retailer's Guide that lists sources for live plants, fresh & dried leaves, extracts and tinctures both in the USA and other countries, and an annotated bibliography that presents abstracts of numerous additional sources of information on *Salvia divinorum*. Completely indexed for easy referencing. 217 pages. \$23.00 (USA), \$26.00 (foreign), postpaid from: The Entheogen Review, 564 Mission Street, Box 808-M, San Francisco, CA 94105-2918, USA.



**Scholarships for Entheogenic Research
Offered at the California Institute of
Integral Studies**

The California Institute of Integral Studies invites new and continuing students who wish to conduct research on entheogens to apply for the 1999-2000 Kranzke Scholarships. Four awards of \$5000 each, with an additional stipend available of \$1000 for field work, are made for students wishing to study entheogenic planets and medicines from a wide spectrum, including, but not limited to, spiritual, psychological, anthropological, shamanic, modern, ancient, religious, medicinal, healing and rehabilitative perspectives. Applications may be obtained from the Institute's Financial Aid Office by calling (415) 575-6120 or by writing to: The California Institute of Integral Studies, 1453 Mission Street, San Francisco, CA 94103. Interested applicants may send an e-mail request to: elizabethc@ciis.edu. The application deadline is June 1; awards will be made by August 1. Applications will be reviewed by a committee of faculty who will evaluate the proposals for their value and significance, appropriate and adequate research methodology, and the knowledge and experience of the applicant to conduct the research. Only current or incoming graduate students at CIIS will be eligible.

Four Kranzke scholarships have been awarded for entheogenic research for the 1998-99 academic year to graduate students at the California Institute of Integral Studies: Larry Roussel, Brad Watkins, David Stuckey, and Roger Marsden. The scholarship awards are for \$5000, with additional field research money awarded to Roussel and Marsden. East-West Psychology doctoral student Larry Roussel's research is with the ritual use of the vision plant, iboga, with the Bwiti religion in Gabon. He will compare the religious use of this plant with the ritual use of plants other syncretic religions such as the Native American Church and the Santo Daime Church of Brazil which also use plant entheogens as an integral part of their ceremonies. Bradley Watkins, a student in the Integral Counseling Psychology Program is analyzing published research studies in which psychedelics were used to treat neurosis and addiction, and will analyze the treatment procedures to discover the relationship between procedural variables and their outcomes. Clinical Psychology doctoral student David Stuckey will research the dream plant *Calea zacatechichi* and its use in the induction of lucid dreams and enhancement or alteration of the lucid dream state. The fourth scholarship recipient, Roger Marsden, is working on a dissertation for a Clinical Psychology doctorate on guided, structured group use of entheogenic substances in western non-indigenous culture. •

Dear MAPS

A series of letters on MDMA and cancer

The following letter arrived at the MAPS office recently:

Dear MAPS,

I'm not sure if you'll remember me, but I was in touch with you last Spring while I was caring for my father, in his last months of pancreatic cancer.

I was able to have two successful MDMA sessions with him which allowed for some major breakthroughs and permitted him to enjoy a few precious hours of pain-free "quality time" with his family. I wrote to you about both sessions, and you were kind enough to keep in close contact with me.

I'm sure it would not surprise you to learn that my father succumbed to his illness in June. In looking back, I find that the two MDMA sessions we had were two of the most joyous memories during his final weeks of existence.

That was the final of four letters. Here is the rest of "Patricia's" account:

The first session—April 1998

Dear MAPS,

Following this is my description of the MDMA session I conducted with my father, who is in the end stages of pancreatic cancer. It is as detailed as possible, to the best of my ability, in the hopes that this information might prove helpful to those engaged in research along these lines.

Before I begin the account, I will outline some background details about my father's condition and treatment. My father is 59 years old, and was diagnosed with primary pancreatic cancer in September 1997. He has refused chemotherapy and had one radiation treatment several months ago, preferring instead palliative treatment in the form of pain management. He has a 40 year history of alcoholism, was diagnosed with insulin-dependent diabetes in February 1997, and smokes up to a pack of cigarettes a day.

He is 6'4" and weighed 143 pounds, as of Friday, April 3, 1998 when he had his last doctor's visit. This is an increase of 6 pounds from the month before, which we mainly attribute to a steady diet of high-fat, high-protein foods. His blood tests were unremarkable, with no noticeable abnormalities on liver and kidney function tests. He tested slightly anemic and, of course, his glucose was high, but overall the tests were not as bad as they could have been. Rather than change the diet we currently have him on, the doctor instead preferred to increase his Humulin insulin intake to 30 units per day.

The medications my father is taking were not altered for the sake of the MDMA session, as per his wishes. They

are as follows:

Dilaudid, administered subcutaneously at 20 mg QH.

Bolus doses available at 8 mg Q 15 minutes PRN.

Zoloft, 50 mg, 2 tabs BiD.

Restoril, 15 mg, given QHS.

Pancrease, strength unknown, given at mealtimes.

Valium, 2.5 mg, given QiD.

It must also be noted that Dad had never ingested MDMA before this session. He has had experience with LSD, psilocybin mushrooms, marijuana, hash, cocaine, and other substances. Apart from marijuana and hash, none of these have been ingested for at least 15 years. Marijuana and hash are available to him as needed since his diagnosis, but he has not used them much.

On Sunday, April 5, my stepmother, my boyfriend and I woke up Dad at 6 p.m. from a 3-hour nap. He had not eaten since 11 a.m., when he had a full breakfast. Noting that he was hungry, we gave him a piece of homemade cheesecake. After going over specifics of what to expect (he had been informed several days before, but wanted a re-briefing), we administered 107 mg of pure MDMA in a capsule. This was obtained from a source with whom both my boyfriend and I are personally acquainted, so we trusted the quality. The powder was synthesized seven years ago, as per our source.

We had decided that we were all going to do the session together. In the days leading up to this, my stepmother, at first unwilling to consider the possibility of participating, had had a change of heart. After reading background information about the use of MDMA with cancer patients, she had decided that not only would the

experience be beneficial to Dad, but also for herself and all of us as well.

At 7:15 p.m. we took the MDMA. We gave my stepmother a half-dose to begin with, since she is small in stature and is prone to nausea/vomiting, with the understanding that we would check in with her after 45 minutes. If there was little or no effect at that time, we would administer the other half. With Dad, we opted to give him the full dose because of the meds he was taking, with the understanding that we would administer another full dose after 45 minutes if he was not feeling the effects.

At approximately 7:40 p.m., my boyfriend and I could begin to feel the effects. At 8:00 p.m., neither my Dad nor stepmother could feel what they thought was a difference, so we administered extra doses to them as outlined above.

At approximately 8:15 p.m., both of them began to feel the effects of the MDMA. At this time I was fully experiencing the tactile effects, as was my boyfriend. My stepmother remarked that she had “an overwhelming sense of well-being.” My father began to state that he was feeling something, too, and he liked it.

It is important to note our setting. We were all sitting in different corners of the room, with a pleasant visual video playing on the TV, muted, and a soft, mellow music CD playing. We have four cats in the house, and all four were making their way into the room, not especially interacting but wanting to be close.

At this time, Dad was lying on the sofa, propped up with pillows and covered by a blanket. My boyfriend had completed a lanyard which he intended to add on to the two I had created with my sister and which adorned the cane Dad has to use. When he was ready to present it, I moved onto the sofa next to Dad, my stepmother sat next to me, and my boyfriend was on the floor in front of Dad. We remained in these places for the remainder of the experience.

Very soon after we changed positions, I felt the urge to massage Dad's hands. As I did so, my stepmother decided she wanted to massage Dad's feet. After we did this, I massaged Dad's head and face, which he loved. The three of us just kept administering massage to Dad, wherever he wanted it. My boyfriend, who is an amateur massage therapist, massaged his back and neck. Dad's main remark was that “everything feels good” and that the sensations weren't as strong as he thought they would be. I had warned him that MDMA does not always come on very strong.

We all expressed how happy we were to be together, as a cohesive family. I turned to Dad and told him I loved him, and I saw genuine happiness in his eyes as he told it back to me. My stepmother remarked to him that she believes my presence in his life now—I've been living here with them for the last month—has definitely made an impact on the slowing of the disease process, to which he agreed. I reminded him of how important this time was and that I felt like we were living out a classical archetype, of the dutiful daughter come home to care for her dying father. He agreed.

We spent a good deal of time relating various anecdotal

stories to each other, and even though the stories were unremarkable, it is important to note that we had not, until this point, been at such ease with each other to feel comfortable enough to converse in such a way. The most notable change was between my stepmother and me, because we both felt we had not “known each other” to such an extent prior to the session.

I deliberately did not stray too far into psychological discussions because shortly into the session, Dad had remarked that he liked the sensations enough that he would like to do it again, and I felt that acquainting him with what to expect was enough for this time. We all enjoyed our session together tremendously, and that feeling has remained with us long after the effects have stopped. Dad has again expressed an interest in doing this again before he dies, and would like my sister to be included on the next go-around. My sister had expressed interest in participating, and was not in attendance this time because of logistics.

I do not know if we will have time to have another session before he goes, because I am aware of the diminished effects when two MDMA sessions are conducted in close proximity to one another. As of this writing, we have had three weeks since the session, and as of next weekend, my sister will be in attendance and we will probably plan for the next one soon after that. The source of our powder for the upcoming session has changed, but this other source is as reliable as the last and the strength of the capsules will be 120 mg instead.

It is important to note that we notified Dad's hospice nurse both before and after the MDMA session, and we all expressed an interest in having him present when we do the next session. All of us have bonded quite well with him and I don't foresee this to be a problem. We were unwilling to notify Dad's physician at the time of the session because Dad's wishes were to notify her afterwards instead. I realize this may go against safety measures but he is resolute that we only do so after the fact.

It is Dad's wish that we might have him go off the Zoloft a day or so prior to his next session in hopes that he feels more from the MDMA. It is impossible for him to decrease his pain meds at all as his dosage has been increased several times, based upon the amount of boluses he gives himself. My hope, however, is that the omission of Zoloft prior to the next session will be effective in increasing the sensations afforded by the MDMA. We are all looking forward to the opportunity to try this again and, perhaps, delve deeper into issues as well.

Postscript

With regard to Dad adding some remarks of his own, we're still working on that. His time awake during the day has diminished and so much of his determination for “quality of life” has to do with being able to do some programming on his beloved computer. We've had some display adaptor problems lately which have consumed his every waking hour. I reiterated to him today that I want to

work on his comments about MDMA and I will persevere over the next few days to get it in a legible written form and send it to you. Thank you again for your personal attention to our progress. We are looking forward to another session soon which I will again document for your files.

My stepmother knows the Phase I safety studies with MDMA have been conducted and that further tests are being reviewed, and that was enough endorsement for her to overcome her aversion to anything illegal and drug-oriented. Now that she has experienced the effects firsthand, she is much more accepting of the whole concept.

One month later

I have been unable as of yet to get Dad to commit some remarks in a written form about his experience during our session. His time awake has diminished steadily over time, and there are so many things to attend to. For instance, he has not signed his will yet and is reluctant to do so, even though he knows he has very little time left. We have spent very little time together alone, and littler still time in front of the computer.

Dad's condition has deteriorated quite dramatically since I last wrote to you. He seemed to be stabilized when I left, but last week he "crashed" and was admitted for three days to the hospice facility for pain management. His dosage of Dilaudid jumped from 48 mg per hour to 175 mg per hour, and the additional diagnosis has been made that the cancer has spread to his bowels. Now he is on an additional med, Nembutal, for sleep, and he has a Foley catheter attached as well. It is obvious to all and to Dad that he does not have much time left, possibly as little as one to two weeks. The dynamic in the household has shifted accordingly and we all feel the dread creeping in.

Dad has reiterated his desire to do another MDMA session now that my sister is here, and we may consider it one of the days this coming week, as soon as he feels he has stabilized from coming home from the hospital. He has also reiterated his wish to have an LSD session, which will be involving just him and me. We recently conducted a session with mushrooms which did not give good results as the narcotics he is taking cancelled out the most noticeable effects. He and I were both disappointed, but we remain hopeful that the LSD will not be overshadowed by his Dilaudid. As for MDMA, we are aware that he may encounter diminished effect from the heavy dosage of Dilaudid, but we have enough on hand to incrementally increase his MDMA dose as needed. We will probably only have one shot at this, so I hope it goes well. I have with me several aids to use during the sessions—a comfortable set of headphones and a CD player so he can choose some of his favorite music to listen to in private moments. My stepmother and boyfriend are looking forward to a second MDMA session as well, and I have a feeling that part of his enjoyment will come when he sees the rest of us connecting, which has been his wish all along.

The second session—June 1998

Today was a big day for Dad and our family. He has been steadily getting worse, and the blow came today that he is not to be moved from the bed. With his final freedom taken from him, and with a heavy heart, Dad has finally allowed the gargantuan amounts of medication to run their course and is fully sedated. It comes as a blessing to all of us that he is resting now. His care level has increased dramatically in the last week or so and with him still awake and trying to be independent, our job was becoming quite difficult.

At this stage, we do not know how long he will hang on. Our hope is that with full-time sedation, he will go quickly and peacefully. This has been a long and arduous road for us and all we wish for at this point is that he remain out of pain until he passes.

I never did have any success in getting remarks from him to add to my journal. His times awake were consumed by trying to assert his mental clarity and physical strength and did not leave much room for nonessential tasks. He left much undone in many ways, which tore him apart.

We conducted one final MDMA session last weekend which met with quite a measure of success. Dad and I did it alone together this time, as my stepmother was asleep. As soon as we began to feel the effects, one of Dad's first comments was that he could feel no pain. That in and of itself was sufficient to make my day, but it got better. Together, we laid back on the bed, side by side, and held hands while we talked about anything that came to mind. Many subjects were covered, some major, some trivial. At that point in his illness, he was having trouble walking by himself, even to the bathroom, but he asked that I help him outside so he could look at his beloved garden for the last time.

Long after I would have expected the effects to wear off, Dad was bounding out of bed on his own to walk slowly back and forth to the bathroom, and was making jokes and making us laugh well into the night. Once my stepmother awoke, before she knew that we had conducted an MDMA session, she remarked that he seemed markedly improved. Once she was informed, she kept a close eye on him and could not deny that he appeared to be feeling better than he had in days.

Much later in the night, after the effects of the MDMA had long since worn off and everyone had gone to bed, Dad had a serious fall during one of his urgent calls to the bathroom. While he was not seriously injured, it sparked off the downward spiral we have witnessed since then. So it happens that Saturday was my last pleasant memory of Dad smiling and enjoying being alive. I will never forget it, and know that a major part of the reason for his improvement was the MDMA session.

Our two sessions will undoubtedly stick out in my memory as time passes and I can begin to mellow the memories of agony and cherish the ones of quality time spent together. I wish you continued success in getting the status of MDMA changed through research, to allow for others to participate in such beautiful experiences. •

Journal of Psychoactive Drugs

FOUNDED IN 1967, the Journal of Psychoactive Drugs is an authoritative quarterly periodical containing timely information of a multidisciplinary nature about psychoactive substances. The Journal continues to serve both professionals and laypersons alike as an important multidisciplinary forum for critical thinking, analysis, innovation, and evolutionary development in the field of drug use, abuse, and treatment.

"Therapeutic Use of Hallucinogens" Issue

The October - December 1998, Volume 30, Number 4 issue of the *Journal of Psychoactive Drugs* is entitled "Therapeutic Use of Hallucinogens." The table of contents is listed below. There are many important articles in the collection, including one on a follow-up to Timothy Leary's Concord Prison Experiment that was funded by MAPS. This issue belongs in the library of anyone interested in the therapeutic use of psychedelics. By permission of the editors, the article on the Concord Prison Experiment will be printed in an upcoming issue of the *MAPS Bulletin* and will be made available on the MAPS website.

If you are interested in obtaining a copy of the *Journal*, it can be purchased from Mind Books or by sending \$25 Haight Ashbury Publications.

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Our goal is to eventually gain governmental approval for their medical uses. With sound research results, psychedelic psychotherapy and medical marijuana have the potential to help millions of people in alleviating the pain, psychological distress and other symptoms of such illnesses as cancer, AIDS and addiction.

MAPS has disbursed over a quarter of a million dollars to worthy research projects since 1990. Positioned at the center of the conflict between scientific exploration and the politically-driven strategy of the War on Drugs, we are the only membership-supported organization supporting crucial research with psychedelics and marijuana.

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—Albert Einstein

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MAPS was founded in 1986 by Rick Doblin, who is currently in the Ph.D. program in Public Policy at Harvard's Kennedy School of Government and has previously graduated from the Grofs' Holotropic Breathwork 3-year training program. Sylvia Thyssen is responsible for editing the *Bulletin* and oversees MAPS' website and outreach efforts. She is a graduate of the University of North Carolina at Chapel Hill. Carla Higdon coordinates MAPS member services and the marketing and distribution of the *MAPS Bulletin* and *The Secret Chief*. She is a graduate of Western Carolina University.

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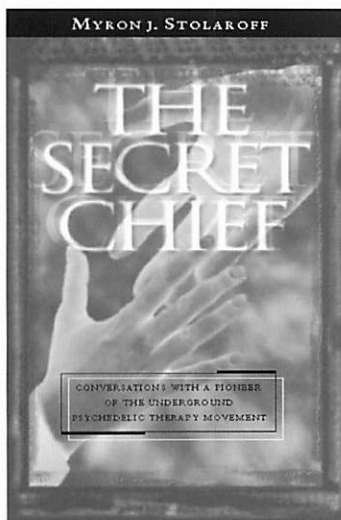
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