This volume is the first of a series of books in which I plan to summarize and condense in a systematic and comprehensive way my observations and experiences during seventeen years of research with LSD and other psychedelic drugs. Exploration of the potential of these substances for the study of schizophrenia, for didactic purposes, for a deeper understanding of art and religion, for personality diagnostics and the therapy of emotional disorders, and for altering the experience of dying has been my major professional interest throughout these years and has consumed most of the time I have spent in psychiatric research.

In 1965, I was invited to participate in an international conference on LSD psychotherapy in Amityville, Long Island, and gave a paper on the experiences I had gathered during almost a decade of LSD research in Prague, Czechoslovakia. During a lecture-journey in the United States after this conference, I was offered an invitation to come to the West on a one-year fellowship from the Foundations' Fund for Research in Psychiatry in New Haven, Connecticut. After my return to Prague, I received a letter from Dr. Joel Elkes, Chairman of the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University in Baltimore, inviting me to come to Baltimore and continue my LSD work as a clinical and research fellow at the Henry Phipps Clinic and in the Research Unit of Spring Grove State Hospital.

When this unusual opportunity occurred, I was deeply involved in my research activities in Prague. I had accumulated detailed records from many hundreds of LSD sessions and was in the process of analyzing the data, trying to formulate a theoretical framework for understanding the striking observations that I had encountered during my work. By then I had completed the first outline of a conceptual model that seemed to account for most of the findings in my LSD research; this model allowed for the creation of several partial hypotheses that could be put to a more rigorous test. In addition, I became intrigued by the possibilities that LSD psychotherapy seemed to offer for the alleviation of the emotional suffering of cancer patients facing the prospect of imminent death. On the basis of some preliminary observations, I was preparing a special project to explore this new area in a more systematic way.

Dr. Elkes' generous offer was too tempting to refuse; I decided to pursue this possibility and ask the Czech authorities for a one-year leave of absence and permission to go to the United States. After many administrative difficulties, this permission was finally granted. When I arrived at Kennedy Airport in March 1967, more than half of my forty pounds of luggage consisted of the records from LSD research that I had conducted at the Psychiatric Research Institute in Prague. My intention, at that time, was to complete the analysis of my data and to perform a controlled clinical study of the efficacy of the technique of LSD psychotherapy that I had developed during many years of therapeutic experimentation. My secret hope was that, in addition, I might be able to carry out at least one of the more theoretical studies testing some aspects of my new conceptual framework.
After my arrival in the United States, it soon became obvious that my plans were highly unrealistic, to say the least. I was astounded by the situation regarding psychedelic drugs that had developed in this country since my first visit in 1965. In Czechoslovakia at the time of my departure, LSD was being legally manufactured by the leading pharmaceutical company sponsored by the government. It was listed in the official medical pharmacopoeia as a therapeutic agent with specific indications and contraindications, together with such reputable drugs as penicillin, insulin, and digitalis. LSD was freely available to qualified professionals as an experimental and therapeutic agent, and its distribution was subject to special regulations. The training required for each LSD therapist more or less followed the psychoanalytic model; it involved a minimum of five training LSD sessions for the applicant and his conducting at least thirty sessions with selected patients under the supervision of an experienced LSD therapist. The general public knew almost nothing about psychedelic drugs, since the reports concerning research with such substances were published almost exclusively in scientific journals. At the time of my departure, there was no black-market traffic in psychedelics and no nonmedical use of them. Anyone interested in self-experimentation could have an LSD session provided it was conducted by an approved professional and in a medical facility.

The situation I found in the United States contrasted sharply with the one described above. Psychedelics had become an issue of general interest. Black-market LSD seemed to be readily available in all parts of the country and for all age groups. Self-experimentation with psychedelics flourished on university campuses, and many large cities had their hippie districts with distinct drug subcultures. The casualties from the psychedelic scene were making newspaper headlines; almost every day one could read sensationalist reports about psychotic breakdowns, self-mutilations, suicides, and murders attributed to the use of LSD. At the same time, the psychedelic movement was profoundly influencing contemporary culture—music, painting, poetry, design, interior decorating, fashion, movies, theater, and television plays.

The legislative measures undertaken with the intention of suppressing dangerous self-experimentation proved rather ineffective in curbing nonmedical use of LSD but had adverse direct and indirect consequences for scientific research. Only a handful of projects survived under these complicated circumstances. As a result, LSD research was reduced to a minimum and, paradoxically, very little new scientific information was being generated at a time when it was most needed. LSD and other psychedelics had become a serious national problem; it was difficult to imagine how effective measures could be undertaken without a real understanding of the nature of this problem.

The information about psychedelic drugs spread by the mass media and various agencies was mostly superficial, inaccurate, and one-sided. This situation can be attributed, in part, to ignorance and emotional bias and to a desire to discourage and deter the lay experimentation that was flourishing in spite of all the repressive legislative measures. Such distorted information, since it was unbalanced, disproportional, and frequently obviously incorrect, was regarded with suspicion by young people, many of whom found it easy to laugh it off, reject it totally, and ignore the real dangers associated with psychedelics.

Under these circumstances, the prestige of mental-health professionals started deteriorating, especially among members of the younger generation and counterculture. Many psychiatrists and psychologists found themselves in situations in which they were called on as experts to handle various emergencies related to psychedelic-drug use; they were expected to intervene with authority in crisis situations and treat casualties from the psychedelic scene. At the same time, they did not have adequate training and experience in this area, nor was the opportunity...
available for them to increase their theoretical understanding of psychedelics because of the critical dearth of scientific research.

The situation I encountered in 1967 has not changed substantially in the following years. Hundreds of thousands of people in the United States alone have been experimenting with LSD and other psychedelic drugs; many of them have had frequent, multiple exposures. This self-experimentation has been accompanied by many extraordinary experiences and has often resulted in profound changes in the personality structure, hierarchy of values, and world view of the experiencer. The phenomena observed in psychedelic sessions are manifestations of deep areas of the unconscious unknown to and unacknowledged by contemporary science. The application of existing theoretical concepts and practical procedures to the problems related to psychedelic-drug use has been, therefore, inappropriate, inadequate, and ineffective.

Since my arrival, I have been lecturing in various parts of the United States, Canada, and Europe for universities, psychiatric hospitals, research institutes, growth centers, colleges, and church communities. During these lecture tours, I have found that heterogeneous audiences consistently manifested a deep, vivid interest in the data I was presenting. On many occasions, I was approached by people who wanted more detailed information and asked for book references and reprints of papers from which they could learn more about the problems related to serial LSD sessions. A considerable number of these people were psychiatrists, psychologists, psychiatric nurses, and social workers concerned about patients who had problems related to psychedelic-drug use. They wanted to know more about LSD in order to understand the world of these patients, establish better rapport with them, and help them more effectively. I encountered, however, an equal demand for more honest information in many desperate parents, who felt the need to bridge the ever-widening generation gap and gain more insight into the problems of their children. Similarly, a number of teachers and guidance counselors, puzzled by and alienated from their pupils and clients, have expressed interest in unbiased information about LSD. Clerics have also shown a sincere need to fathom the nature of religious and mystical experiences triggered by psychedelic drugs. They hoped that such an understanding, in addition to its philosophical and spiritual relevance, would also help them to be more sensitive counselors for their communities, which are so often vexed by drug problems. On occasion, I have also been approached by lawyers who harbored serious doubts about the adequacy and efficacy of the existing drug laws and wanted to have a clearer understanding of the problems involved. Specialists from various disciplines have asked me for specific details of my observations, because they felt that these data may have important implications for such diverse areas as personality theory, psychology of religion, psychotherapy, genetics, psychology and psychopathology of art, anthropology, the study of mythology, education, psychosomatic medicine, and obstetric practice. Last but not least, most requests for more systematic and comprehensive information have come from people who have had LSD experiences and were looking for clarification of problems they encountered. I have found an unusually vivid and serious interest among members of the younger generation, especially among students.

As I mentioned earlier, my original plan at the time of my arrival in the United States was to complete the analyses of the LSD research data from Prague and to conduct controlled studies that would test some of the new concepts I had developed. I considered the ten years of LSD research in Prague to be a continuing pilot study. This period of time might seem excessively long for orientation in a new field; it has to be taken into consideration, however, that the task involved was nothing less than to draw the first maps of new, unknown, and uncharted
territories of the human mind.

My decision to write a series of books at this stage of research was brought about by several sets of circumstances. I soon realized that it would be difficult to replicate my European study under better-controlled circumstances at a time when the existing hysteria concerning psychedelic drugs was growing rapidly and was further aggravated by the alarming reports of possible genetic damage related to LSD use. Another important factor was the increasing number of people suffering from serious complications associated with LSD self-experimentation. It seemed that more clinical information about LSD and better understanding of its effects were urgently needed for a more effective approach to such problems. Moreover, the intensity of interest expressed by mental-health professionals as well as by a cross-section of the general public indicated that there was a critical demand for honest and objective information in the area of psychedelic drugs. In addition, some of the unusual experiences that typically occur in psychedelic sessions have been observed and described with increasing frequency in the context of the new psychotherapeutic techniques and experimental laboratory procedures, among them bioenergetics, marathon sessions, encounter groups, Gestalt therapy, biofeedback, sensory isolation and sensory overload. It seemed that the maps of consciousness developed with the help of a powerful facilitating agent such as LSD could prove useful for organizing and integrating the data from these related areas. My final reason for writing this series of books is based on the conviction that the material from serial LSD sessions even in its present form is of crucial theoretical significance and represents a serious challenge to the existing concepts of contemporary science. I feel that these data should be made available for consideration and evaluation to researchers from various scientific disciplines. For this purpose, I have tried to present the material with much emphasis on actual clinical observations and on illustrative case histories. In this form, it can, I hope, provide an incentive and basis for speculations even for those readers who will not accept the theoretical framework I have suggested for the conceptualization of the observed phenomena.

After much consideration, I have decided to present the findings from my LSD research in five separate volumes. In this book, which is the first part of the intended series, I have summarized the basic information about LSD, briefly outlined various stages of my own psychedelic research, and focused primarily on the "cartography of inner space" or a phenomenological description of the various levels and types of experiences manifested in psychedelic sessions. The second volume of this series, to be called The Human Encounter with Death and co-authored by my wife, Dr. Joan Halifax-Grof, and myself, will describe the use of psychedelic therapy in terminal cancer patients and discuss the problem of dying and death from historical, cross-cultural, clinical, philosophical, and spiritual perspectives. The third volume will focus on the practical aspects of LSD psychotherapy, such as the preparation of the patient, techniques of conducting the sessions, indications and contraindications, the therapeutic results, and the problem of side effects and complications. The fourth book will cover some of the heuristic aspects of LSD research and its implications for personality theory, the etiology of emotional disorders, the practice of psychotherapy, and the understanding of human culture. The last volume of the series will focus on the philosophical and spiritual dimensions of the LSD experience, with special emphasis on ontological and cosmological issues. It will describe in detail the surprisingly consistent metaphysical system that seems to be emerging from the experimentation with psychedelic substances.

[NOTE: Realms of the Human Unconscious has recently been re-published]
and is available at all good book suppliers. —The Psychedelic Library]