



*Peter Gasser, M.D.*

## Research Update: Psychedelic Group Therapy in Switzerland

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AFTER THE REALISATION OF TWO pilot studies in Switzerland with MDMA and LSD, the two investigators of these projects, Dr. Peter Oehen and myself respectively, applied for licenses for individual treatments with MDMA and LSD, otherwise known as limited medical use of non-registered drugs, or compassionate use.

From 2014 until now, the Swiss Federal Office for Public Health (Bundesamt fuer Gesundheit, BAG) has given individual permission for a total of 17 patients residing in Switzerland (10 for LSD and seven for MDMA). The studies Peter Oehen and I completed were both done with individual treatments for every participant. This was due to the original protocol we developed with MAPS, and also due to the fact that we were convinced that a request for a study in a group setting would have lowered the chances of regulatory approval.

In Switzerland, we have a tradition of conducting therapy with mind-altering drugs in group settings. Although three of the founding members of the Swiss Medical Society for Psycholytic Therapy (SAePT) were trained in the individual treatment setting approach with Stanislav Grof in Czechoslovakia (Juraj Styk) or with Hanscarl Leuner in Germany (Peter Baumann, Juerg Roth), they applied a group setting approach beginning in 1988 when they received their special permission for treatments with MDMA or LSD.

The three-year training SAePT offered from 1989 until 1992 was all done in a group setting. The vast majority of the treatments Styk, Baumann, Roth, and two other therapists did from 1988 until 1993 (nearly 200 patients in total) were done in groups. It was never clearly conceptualized why these therapists favoured group therapy, but they certainly would have learned

the advantages of group therapy in humanistic therapy approaches like Primal Therapy or Theme-Centered Interaction. Of course, they also knew that rituals in indigenous cultures (such as with peyote, psilocybin, and ayahuasca, for example) are also usually done in groups.

When Peter Oehen and I started with compassionate use, we treated in an individual setting like we did in the pilot studies. When we requested permission to treat the patients in groups, the authorities expressed concerns about safety and manageability of difficult situations. We agreed that first I would do a small group of three patients and report after the session. Because that group went well, BAG agreed to let us continue in groups, allowing us to decide on the setting, size, frequency, and structure of the groups corresponding to our therapeutic reflections and methods.

Peter Oehen and I decided to do the LSD and MDMA sessions together. That allowed us to be always two therapists in the group. For 2017, we planned four workshops for our patients. Until now we have directed groups of four to eight patients, and we include patients using LSD and MDMA in the same group. We encourage a quiet meditative setting so that the shorter duration of action of MDMA has not been a problem for the group dynamics to date.

The LSD or MDMA experience is embedded in a workshop of three days. The first day, we meet in the evening for about three hours for a sharing round and body awareness exercises, and for clarifying any questions about dosage, duration, and structure of the LSD or MDMA experience. We discuss anxieties if there are any, and everyone's intentions for the next day. The second day we meet at 9:30 a.m. Everyone finds a place



*A group session with LSD and MDMA (above); and the next day's sharing round (right) are part of a three-day workshop offered in the current research of psychedelic group therapy in Switzerland.*



where she or he will feel comfortable for the whole day, and ingests the substance at 10 a.m. Then we vary between music and a quiet meditative atmosphere, with about one third music and two-thirds silence. We then go their individual spaces and ask them how they are and offer touch, such as a gentle hold of the hand or putting the hand on the body, and guide them through their processes of psychic pain, grief, anxiety, anger, etc. For every workshop, we alternate with one of us as the dedicated leader who moderates the sharing rounds, plays the selected music, and sometimes gives advice to the whole group (like bringing attention inwards again, connect with breath, etc.). At 6 p.m., we eat a light dinner in the room while sitting on the floor. At 7 p.m., patients may leave the room and be brought home or to their hotel, or they may choose stay in the group room for another two to three hours and relax.

During the first few hours of the drug action (usually until approximately 3 p.m.) there is not (and should not be) much interaction between the patients. Extended interaction would disturb the deep inner process in the opening and plateau phases of the experience. However, in the last hours of the experience, being connected to physically real persons can play a role in healing.

On the third day, we meet at 9:30 a.m. for group sharing. Everyone talks in detail about their experiences of the day before. This is an important part of the workshop. We call it integration, with participants having to find words for the rich, overwhelming, associative, often ineffable, spiritual, and psychodynamic process they experienced. Integration is not only recounting and reporting to the others in the group, but also—and maybe even more so—a step towards understanding and

incorporating the drug session. There is also an important group dynamic that shows up on this third day, when participants can look to others who have had similar difficulties or who have experienced a certain situation or music in a different way.

It may be that the setting described here does not apply to high-dose psychedelic experiences (300µg LSD or more). Such experiences may be more effective in an individual patient setting, or in a group with individual sitter for each person who ingests the substance. For now, we have only had experiences with patients taking 200µg or less LSD, or 125mg MDMA.

Many psychological symptoms and difficulties are born out of dysfunctional relationships, and it is obvious to us as therapists that these symptoms and difficulties need helpful, good relationships to heal. This is one of the great values of group therapy. We are happy that we were able to convince the authorities and create this effective setting for psycholytic therapy. 🌀

*Note: In this article, the terms “psycholytic” and “psychedelic” are used as synonyms.*

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