# Psychedelic Group Therapy


**Peter Gasser**

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**Abstract** Gatherings in groups are a ubiquitous phenomenon throughout human history. This is true for everyday social tasks as well as for healing and spiritual purposes. In psychotherapy, group treatment started soon after developing psychoanalytic treatment procedures. For psychedelic therapy however, individual treatment guided by one or sometimes even two therapists is the most common and widespread treatment model for clinical research and therapy thus far. Since the foundation of the Swiss Medical Society for Psycholytic Therapy (Schweizerische Ärztegesellschaft für psycholytische Therapie, SÄPT) in 1985 in Switzerland, we however had the opportunity to conduct psychedelic group treatment in specific settings, which the following article describes.

**Keywords** Psychedelics · Psychedelics assisted therapy · Group psychotherapy · Psychedelic therapy · Group therapy · Limited use of scheduled substances

In this article, the terms "psycholytic" and "psychedelic" are used as synonyms. In addition, I chose the term "patient" for the person coming to treatment. It is the common labelling in medicine, lent from Latin and means "the one who has patience", which in fact is necessary for most psychological treatments. I care about both genders including description, although this is not always visible in English. In general, both genders are included.

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## 1 Introduction

Group therapy is a well-investigated field of psychotherapy (Rutan 1993; Yalom 1995) and psychoanalytic group therapy has been practiced for over one hundred years now. Psychoanalytic groups, humanistic encounter groups (e.g., theme-centred interaction) and self-help groups (e.g., "Alcoholics Anonymous") have shown their usefulness and efficacy over decades (Barkowski et al. 2020; McDermut et al. 2001).

But, does this apply for psychedelic therapy groups as well? What is common to, and what is different from, groups where no altered states of consciousness occur and no substances are used as catalysts for the psychotherapeutic process are given?

When colleagues with different academic backgrounds hear that we conduct psychedelic group therapy in Switzerland, they normally react curious, puzzled, or astonished. Often the first and doubtful question in response to that information is whether that can work at all. They ask: "What about disturbing other participants when emotional or cathartic expression happens?", "How to provide safety for all?", "How can one support individual inner processes in a group setting?" There is a long list of critical and curious questions that must be addressed and of course answered in a scientific or at least satisfying and comprehensible way.

Up until today there is a lack of evidence-based data which can show safety and efficacy of psychedelic group therapy, and thus the reader looking for hard scientific data might be disappointed after having read this chapter.

What I put together in this article is a track record of our experiences from 2016–2020 when we conducted psychedelic group therapy in Switzerland as part of the so-called compassionate use program, i.e. the psychedelics assisted therapy (LSD; MDMA and Psilocybin) based on individual permissions by the Swiss Federal Office for Public Health (Bundesamt für Gesundheit, BAG) (Gasser 2017).

To the best of my knowledge, this is currently the only legal psychedelic group psychotherapy in the world in the sense that the administration of the psychedelic substance happens within the group.

## 2 Administration of Mind-Altering Substances in Groups

In ancient cultures, the ingestion of mind-altering substances has a long tradition (Eliade 1974; Harner 1990). Indigenous cultures incorporated rituals with the intake of these substances for healing and religious purposes with no strong distinction between the two. We know from anthropologic research that there were several forms of rituals. At times, the healer (shaman, curandero or curandera) was the only person who ingested the mind-altering substance and the sick person with or without his family were soberly present while the healing ritual went on. It is believed that certain levels of consciousness or layers of the cosmology of that society only can be entered by the Shaman (Homan 2011). However, often the community gathered for healing or religious rituals and all participants including the shaman took the sacred

substances such as psilocybin, ayahuasca, mescaline and others (Liggenstorfer and Raetsch 1996). It is obvious that such rituals served functions such as community building and community preservation. Group rituals are known in indigenous cultures in North and South America, Siberia and other parts of the world (Eliade 1974).

Recreational group gatherings and self-administration of psychedelic drugs started at times when the substances were not banned yet and continued to happen in underground settings for purposes of the so-called psychonautic exploration of the realms of psychedelic experiences as well as therapeutic and healing purposes. Books like "The Secret Chief" by M. J. Stolaroff (1997) and "Therapy with Substance" by F. Meckel Fischer (2015) show the existence and the structure of such underground group meetings.

Religious groups like the Native American Church, Santo Daime and Uniao do Vegetal have been given permission to practice their rituals with peyote or ayahuasca in Brazil, in the USA and the Netherlands mostly based on religious freedom laws. In Peru the use of ayahuasca is legitimate as a traditional indigenous medicine. Meetings and rituals of these communities happen in groups, since they are part of a common spiritual experience involving the ingestion of a sacred substance, chanting and celebrating the common rituals. Religious rituals are centred around a communion and connection with the divine, while psychotherapy is focused on individual improvement by reduction of suffering from psychological distress, psychosomatic symptoms or resolving personal conflictual situations.

Trope and collaborators (2019) published a systematic review of scientific publications with psychedelic group therapy. This shows that administration of psychedelic substances in a group setting even in western medicine started to a little extent in the 1950s and stopped in the late 1960s like almost all human research and therapy with psychedelics due to the worldwide ban of LSD, Psilocybin and others.

## 3 Groups in Psychotherapy

Many psychological symptoms and difficulties are born out of dysfunctional relationships, and it is obvious to therapists that these symptoms and difficulties need helpful, good relationships to improve or heal. Grawe et al. (1994) undertook a comprehensive meta-analysis of psychotherapy research showing that the relationship between therapist and patient is the first among five main factors of efficacy in psychotherapy. More recent publications (Wampold 2015) confirm the value of the therapeutic relationship among common beneficial factors for psychotherapy.

Yalom (1995) sees one of the great values of group therapy in "interpersonal learning", the first of 12 general categories of efficacy factors in group psychotherapy.

However, even though the usefulness and therapeutic value of group therapy and group encounter have been shown in many studies, patients often hesitate to accept a group therapy as their proposed treatment method. Yalom (2005) dedicated a whole

novel "The Schopenhauer Cure" to the long lasting ambivalence of the protagonist to participate in a group therapy.

When I introduce the group setting to my patients, their hesitation to join a psychedelic group setting is often emotional, expressed by concerns like "I already have to deal with my own problems, why on earth should I listen to ten other patients having problems themselves?" Other typical questions are "Will that pull me down?", "Isn't it contagious when I learn about the suffering of all the other participants?", "What happens when I have to cry or shout in the presence of others?" And as well the other way round: "What happens to me when I am amidst a deep inner process and someone else starts crying loudly?"

Of course, these questions are completely understandable and I have to find ways to answer them that satisfy the patients so that she or he can accept to participate in a psychedelic group treatment.

The following anecdote is a part of a patient's personal report after her first workshop on Nov 8th, 2018 with MDMA (125 mg): "*. . . I returned home in the evening* (after the first preparatory meeting), *full of doubt if the decision to engage in this thing* (i.e. the group therapy with MDMA) *was good. The many participants which I don't know and the atmosphere that I experienced as burdensome, all this was discouraging and I wondered if a psycholytic therapy could be counterproductive for me. . .*". The next day when taking MDMA, she had both pleasant and challenging moments. On the same evening, she had a difficult argument with her partner which kept her awake at night. She described in her report: "*. . . I wasn't in the mood at all to participate in the upcoming sharing. I felt burdened after the argument with T. and I was tired and depressed. . . .*". But then, after the sharing in the group: "*. . . How fortunate that there was a sharing round. To learn what and how the others in the group experienced and to listen to the feedback they gave each other was extremely valuable. I would not have wanted to miss their mutual sharing of experiences, nor my own one. I am proud and grateful that I participated in this workshop*". This report following her first experience of psychedelic group therapy highlights the radical change in how she experienced the group situation, and how her trust was built. She continued the therapy with five more MDMA experiences and being a member of the group was no longer questioned.

The fear of being inhibited by listening to all the problems of others and the threat of being intimidated when showing their personal failures, problems and conflicts within a group very often needs a longer time for providing information and addressing the fears, so that the patient can finally agree to participate. Normally patients don't need as much time as Yalom's protagonist in the novel, who spent a lot of time to withdraw from interpersonal experiences by explaining this with his philosophical rationale.

The first group experiences often are trust building so that the possibilities for interpersonal learning may become evident as a direct experience not for patients but also for trainees of a learning group.

The following is an excerpt from a personal report of a colleague who participated in a SÄPT training group for therapists from 1989–1992:

*First Psycholytic training weekend. November, 17th – 19th, 1989. MDMA 125 mg.*

*Although I dealt with being open to everything that would occur to me and I tried not to have any expectations . . . I was quite afraid when entering the room. There were far too many people and they all seemed to know each other, only I didn't know anybody. I felt excluded and somehow wrong here. . . . I had pictures of religious sects, whose members always seem to be so suspiciously nice and cheerful. I really felt bad and I decided that this would be the last weekend.*

*It is difficult to describe the next day, because it was an un-describable experience. Suddenly there were no limits, not inside nor outside. There was no more inner chat, no self-controlling ego. There was pure being. I felt a floating calmness within myself . . . and a connectedness with every single person, and together as a whole in that room.*

Unsurprisingly, this colleague remained in the group and completed all 3 years of training.

Benefits of psychedelic group therapy and group therapy in general are the learning of empathic contact and prosocial behaviour, the sharing of real life matters with others and learning from each other.

I learned that some members of the ongoing psychedelic group therapy meet in between the group sessions. Unlike for psychoanalytic groups, where such meetings are discouraged and seen as a resistance to bring all the important topics into the therapy process, I mostly see the wish to meet for members of the psychedelic group as a part of the integration process. Having the strong experience of connectedness with other participants and meeting them in ordinary life can be a step of normalizing a far-out experience in a non-ordinary state of consciousness. The psychedelic experience is a journey into inner realms and sometimes into spiritual dimensions of human existence. These deep encounters have to be brought back and translated into everyday life, like Christian Scharfetter stated (Scharfetter 1997): "*I am not so much interested in what kind of spiritual experiences people have, I am more interested in what they have done with them*".

The group provides the opportunity for one of the first steps of integration of the experience, because there are living beings around with whom it is possible to get into contact, to share, to hold, to understand and being understood. However, in my own groups, I discourage too much contact during the acute effect of the substance for the first 5 h approximately. This allows an undisturbed individual process. But after that, a gentle and precautious contact (always asking the other person if it is okay to approach) can be of great help and be deeply relaxing.

## 4 Psychedelic Group Therapy in Switzerland

In Switzerland, we already have a tradition of conducting therapy with mind-altering drugs in group settings. Two of the founding members of SÄPT were trained in the individual one-on-one treatment setting approach with Stanislav Grof in Czechoslovakia (Juraj Styk) or with Hanscarl Leuner in Germany (Peter Baumann). But they applied a group setting approach immediately in 1988 when they received their special permission for treatments with MDMA or LSD (Jungaberle and Verres

2008). Benz (1989) interviewed the members of SÄPT that worked with MDMA and LSD for his dissertation. In four of six different settings he describes that the therapists worked with psychedelic group therapy. So, the vast majority of the treatments done by SÄPT from 1988 until 1993 (nearly 200 patients in total) were done in groups. They showed surprisingly good outcomes as stated in a follow-up investigation (Gasser 1996). It is to say that the psychedelic group therapy sessions were incorporated for a majority of patients in an ongoing individual talking psychotherapy. On average the patients underwent seven sessions with MDMA and/or LSD within 3 years and during this time 70 individual talking psychotherapy sessions were held.

The 3-year training that SÄPT offered for therapists from 1989 until 1992 with 12 weekend workshops was all done in a group setting.

In addition to the general counterindications for psychedelic treatment such as risk for psychotic decompensation, severe personality disorder, acute psychological and especially suicidal crisis, there are a few more restrictions to psychedelic group therapy for people who are overburdened with the group situation. As part of my individual treatment permissions (so-called compassionate use) for psychedelic treatment, I treat a male patient with Asperger autism. He feels highly overwhelmed when he is around more than one other person and stated that he would not be able to come to such a group. Another patient is visually impaired (secondary blindness after retina impairment). She said that she would not have enough sense of security and orientation when together with so many others in the same room while being under the influence of LSD. During the preparation phase of the treatment, it is to determine whether participation in a group would be a permanent obstacle for a therapeutic process, even harmful. Or a difficult challenge only and worth of being confronted.

Another concern that people often raise is whether such groups tend to be chaotic and non- manageable. I have no reporting about such escalations in the cases I have overseen in a therapeutically oriented and legally regulated setting, i.e. the population of about 200 patients of the publications of Gasser (1996) and Schmid et al. (2020).

However, in an illegal context which is by nature less controlled and where maybe new substances are administered, the risk for incidents in my opinion is higher.

During an underground group therapy workshop in Berlin in 2009, two participants died and two others were several weeks in hospital treatment due to the therapist combining two substances (MDMA and Methcathinone) and applying a 10 times overdosage of MDMA (information from the therapist involved, during a personal conversation).

In Handeloh, Germany, in 2015, a massive overdosage of an unknown new substance happened during an underground group gathering of health practitioners. In a large-scale ambulance operation 27 therapists had to be treated in emergency at the location where the workshop happened.

## *4.1 Group Therapy in the Current Program for Limited Medical Use of Scheduled Substances*

After 2014 the Swiss Federal Office for Public Health (Bundesamt fuer Gesundheit, BAG) has given individual permission for patients to be treated with LSD or MDMA (and from 2020 on also for Psilocybin) given that they already underwent other psychotherapies and/or pharmacological therapies with insufficient outcomes. The term "compassionate use" is lent from oncology where individual treatments with new compounds that are not licensed yet can be individually permitted by the authorities.

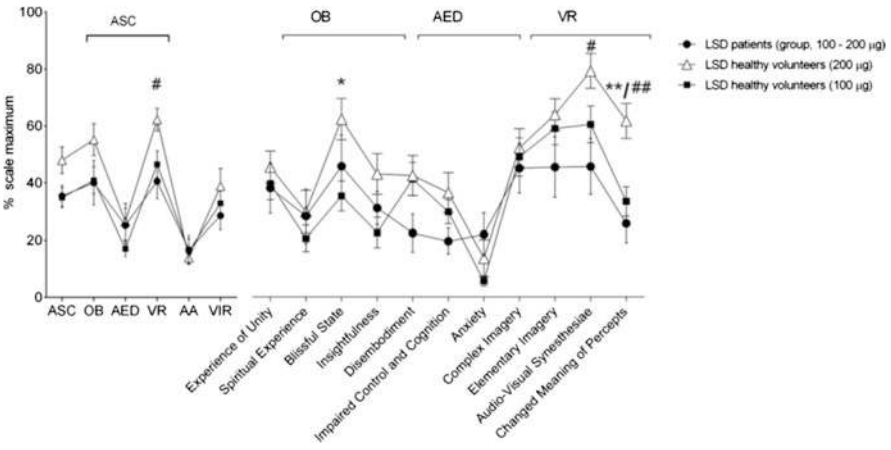
When my colleague Peter Oehen (a psychiatrist-psychotherapist and also member of SÄPT) and I started with these so-called compassionate use treatments, we initially treated patients in an individual setting like we did in our pilot studies (Oehen et al. 2013; Gasser et al. 2014). When I first requested permission to treat the patients in groups, the authorities expressed concerns about safety and manageability of difficult situations in group treatment. We agreed that first I would do a small group of three patients and report after the session.

Because that group went well, the BAG agreed to let me continue in groups, allowing myself to reflect on setting, size, frequency and structure of the groups corresponding to my therapeutic reflections and methods.

Schmid et al. (2020) evaluated the data from patients receiving LSD within a psychedelic group therapy and compared it with data from research with healthy volunteers receiving LSD in an individual setting. She wanted to know whether acute effects of LSD differ between healthy volunteers and patients coming to treatment and also between participants taking the substance in a group or in an individual setting. She demonstrated that the acute drug effects in a group setting are quite comparable for categories of the altered states questionnaire (5-ASC) between group therapy with patients and individual setting with healthy volunteers. See Fig. 1 for detailed comparison (Table 1).

**Fig. 1** A group session with LSD and MDMA (left) and the next day's sharing round (right) are part of a 3 days' workshop offered in the current research of psychedelic group therapy in Switzerland

**Table 1** Effects of lysergic acid diethylamide (LSD) on the first completed five dimensions of Altered States of Consciousness (5D-ASC) scale in patients in the compassionate use group therapy ($n = 11$) and in healthy volunteers ($n = 40$). Overall, LSD produced similar effects in patients in the compassionate use group therapy and healthy volunteers. LSD predominantly increased ratings of OB and VR in all subjects. However, increases in VR were significantly greater in healthy subjects receiving 200 µg LSD compared with patients ($p < 0.05$). Ratings of "audio-visual synaesthesia", "changed meaning of percepts" and "blissful state" were higher after 200 µg LSD compared with patients ($p < 0.05$), but also compared with 100 µg LSD in healthy subjects ($p < 0.01$). (Abbreviations: ASC: Altered States of Consciousness (summation score); OB: Oceanic Boundlessness; AED: Anxious Ego Dissolution; VR: Visionary Restructuring; AA: Auditory Alterations; VIR: Vigilance Reduction)




After 2016, Peter Oehen and I decided to do the LSD and MDMA group sessions together and we asked a female co-therapist to work with us in these workshops. This allowed us to always have three therapists and both genders in the group. From 2016 until February 2020, we ran four group workshops per year. During that time we directed groups of 5–13 patients and we included patients using LSD and MDMA in the same group. We encouraged a quiet meditative setting. For this setting the patients with MDMA were instructed to stay calm and mindful even when the main action of MDMA is fading out (approx. 6 h). The action of LSD is longer (8–12 h).

For our own training, Oehen and I were participants in the SÄPT training program from 1989 to 1992. In this context we appreciated workshops that lasted 3 days, with the day of the drug experience on the second day. That allows to have completely separate time slots for preparation and integration processes.

For our compassionate use psychedelic group therapy in Switzerland we usually met on Wednesday evening at 7:30 pm (day 1). For about 2½ h we did basic mindfulness or breathing exercises, nonverbal contact exercises with other participants or guided imagery. Then we sat in a circle and all participants shared thoughts

with the group regarding their current personal situation as well as their fears and expectations concerning the next day. Questions about the following day, dosing, setting, etc. were answered and finally they listened to one or two pieces of music in a relaxed way laying on the mat the same way they would do the next day. Around 10 pm they were released and went home or to the hotel.

On Thursday (day 2), we met at 9:30 am. Everyone found a place where she or he would feel comfortable for the whole day, and oral intake of the substance happened at 10 am approximately. We administered LSD in doses varying from 100 μg to 200 μg with very few exceptions from that dosing (when there was a lack of effect with 200 μg) and MDMA as a standard dosage of 125 mg. Until now, we had no treatments with Psilocybin for limited medical use in Switzerland because this substance was not available. This will change in 2021, so we will be able to offer treatments with Psilocybin as well.

Every participant has approval for one specific substance only. It is possible to replace one substance with another over the course of the treatment (e.g. starting with MDMA for two or three sessions to process traumatic experiences and to allow to feel confident with oneself and the group and then changing to LSD for existential issues). This requires a further report to BAG explaining the reason for the change.

On the day of the session with the substance, we varied between music and a quiet meditative atmosphere, with about one-third of music and two-thirds of silence. Participants did not wear headphones or eyeshades, so they listened to the music from the hi-fi system and regulated visible contact to the outer world by opening or closing their eyes. The therapists went to the mats where the patients were asked how their actual state was and offered a guided process, short talks or touch, such as a gentle hold of the hand or putting the hand on the shoulder (i.e. soothing, caring and reassuring touch but no structured body work to induce specific processes) and guiding them through their processes of anxiety, psychic pain, grief, anger, etc. When strong emotional processes appeared, longer phases of close presence or physical contact were necessary.

For every workshop, we alternated the role of the leading therapist who moderated the sharing rounds, played the selected music, and sometimes gave advice to the whole group (like bringing attention inwards again, connecting with breath, etc.).

During the first few hours of the drug action (usually until 3 pm approximately) there was not (and should not be) much interaction between the patients. Extended interaction would disturb the inner process in the opening and plateau phase of the experience.

Around 4 pm, the participants with MDMA slowly came back to a more everyday-like state of consciousness. We advised them to remain silent, with the main attention directed inwards and to move cautiously in the room. When approaching other people, they should ask them if it feels right to be in touch for a short while. In the last hours of the experience, to be connected to real and present persons can be of help in integrating and transforming the spiritual and/or regressive experiences towards everyday behaviour.

Around 6 pm, we had a picnic in the room while sitting on the floor. At 7 pm, patients were allowed to leave the room and be brought home or to their hotel

(no one is allowed to drive on that evening). Alternatively, they could choose to stay in the room for another 2–3 h and relax and leave then. Often one of the participants played some music, some people danced smoothly or laid on the mat talking or relaxing.

On Friday (day 3), we met at 9:30 am for sharing in the group. Everyone talked in detail about their experiences of the previous day. This was an important part of the workshop. We called it an integration step, i.e. participants had to find words for the rich, overwhelming, associative, often ineffable, spiritual or psychodynamic processes 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 was also an important group dynamic that usually showed up on this third day, when participants could look to others who either had similar difficulties or experienced a certain situation or music in a different way. They also gave feedback or received such from other participants.

At the end of that sharing, around 12.30 pm, all patients were given advice to treat themselves carefully over the course of the next days, since they were still open in perception and emotion and thus vulnerable. They were asked to write a personal report of the workshop on the same or the next day and to bring this to the next individual psychotherapy session usually happening the following week.

The scheduling for the next group workshop was done individually depending on the therapeutic process. Most of the patients did three or four experiences with psychedelics during the year.

In 2020 we had to interrupt the group treatment due to COVID-19 pandemics, also Peter Oehen retired by the end of that year. I have planned to continue the group treatment as soon as the pandemic restrictions allow, within the same structure as described here.

## 5 Discussion and Conclusion

Administration of mind-altering substances in groups has a long tradition in human history (Furst 1972).

Underground group therapy, i.e. illegal consumption of scheduled substances in groups is happening to some extent in many places of the world (Stolaroff 1997; Meckel Fischer 2015).

Group therapy or group learning in psychological treatment or support settings have also proven their usefulness over the last decades (McDermut et al. 2001; Barkowski et al. 2020).

The research of the risks and benefits of psychedelic group therapy has hardly started in recent times and scientific data that has been published until now is from studies done in the 1950s and 1960s (Trope et al. 2019).

This article describes and summarizes experiences and anecdotal reports of group therapy conducted by myself and colleagues in Switzerland. These constitute mostly

positive findings and encouraging reports about psychedelic group therapy. However, their level in terms of scientific evidence is still poor.

The program for restricted medical use of psychedelics in Switzerland, based on individual approval of treatments is a precious possibility to treat individually, i.e. outside standardized research protocols. It gives hope and perspective to severely ill people in the sense of "compassionate use" treatments.

The Swiss authorities are open enough to give permission to different kinds of psychological distress and psychiatric diseases. Thus, we can get preliminary data and gather experiences with problems that are poorly researched yet, e.g. obsessive compulsive disorder, cluster headache, gambling, etc. or treatment of PTSD (Posttraumatic Stress Disorder) with LSD or establishing a group therapy setting to allow to test the usefulness of psychedelic group therapy.

Another consideration is the economic aspect of psychedelic group therapy. It is obvious that a treatment that requires personal guidance and surveillance by one or even two therapists for at least 6 h (Psilocybin, MDMA) or at least 9 h (LSD) will be an expensive treatment. A group setting allows a better cost effectiveness ratio since the therapists' fees can be distributed among multiple patients. This advantage of course will be of importance only after having shown scientifically that this treatment setting is safe and effective.

In order to learn more about the safety and efficacy of psychedelic group therapy, we have to start with clinical research based on today's methodology in order to learn more about safety and efficacy of this setting.

For now, the placebo-controlled randomized trial is the only way to develop "scheduled narcotics with no medical and scientific value" (this is the legal term they are labelled, although they are not narcotic at all in the way they act) into prescribable medicine. This is the golden standard of drug research. However, we already know that the placebo control condition is a major problem when doing research with highly psychoactive drugs. It is very probable that there will be unblinding for the patient as well as for the therapist. This is highlighted by the pilot study with LSD-assisted therapy (Gasser et al. 2014) in which the patients and therapists had to guess after the session whether the participant was taking 200 μg LSD or the active placebo 20 μg LSD. The patients' guesses were correct in 23 of 24 sessions and the therapists were correct in 24 of 24 sessions.

To look for alternatives to the placebo-controlled trial has another, even more important aspect. The evaluation of risk and benefit of psychedelic group therapy will be psychotherapy research with the methods and standards of psychotherapy as well as drug research because it is really both not just one or the other. Sound methodological approaches still need to be developed to reveal the value and the difficulties of psychedelic group therapy.

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