

LSD-Assisted Psychotherapy in Switzerland: An Update



Peter Gasser, M.D.
pgasser@gmx.net

SINCE MY LAST REPORT in the Autumn 2007 MAPS Bulletin, we have now completed six months of our fully-approved study “LSD-assisted psychotherapy in persons suffering from anxiety associated with advanced stage life-threatening disease.” After the final step of approval was completed with the Swiss Ministry of Health (BAG), this became an intense and rich time of publicity for us. All of a sudden, there was a huge interest in Switzerland and abroad about this “first psychotherapy study with LSD in 35 years.” I was also enthusiastic about reporting in this field, and, of course, it was an honor for me to become a person of interest just over night.

But this was not the main thing that I was concerned with. Far more important for me seemed the fact that it was now possible to speak in public about LSD therapy, and to provide “good” information about the topic. In other words, this new research has allowed me to leave the very polarized field of the ‘War On Drugs,’ on the one hand, and on the other hand, to take a more neutral or scientific position than in the counterculture movement. My intention was to find something in between, that would make LSD therapy more of a normal thing, like other therapies.

All of a sudden,
there was
a huge interest
in Switzerland
and abroad
about this first
psychotherapy study
with LSD
in 35 years.

It consumed a lot of personal energy to answer all of the journalists’ questions, although--with only one exception--all of these people were fair and interested professionals who did not try to make a flat sensational story out of it. The exhausting aspect of all this was that I always had to think about what the right information and the core message that I wanted to give was, and how this will be read or listened to by the people who receive it.

Finally, I had to learn that people who are really against “drugs,” and who fight against “drug consumption,” put some pressure on the authorities. I also learned that there are some people in the Swiss parliament who are very critical of this new study. These observations were signals for me to withdraw from all the publicity until I am able to present some, hopefully, positive results from the work that I am currently doing.

So, since Easter 2008, it has become much quieter around the study, and that is okay, because it allows me to fully concentrate on the scientific and therapeutic aspects of the work. This was an abrupt

change in my own “information policy,” as, for awhile, I feared that my publicity could bring the whole study in danger. However, there was an entirely positive aspect to all this in the way that it developed. Albert Hofmann was very happy to see that his work will be continued, and that his longtime wish will become realized--that LSD will once again become a medicine in the hands of medical doctors.

Albert was pleased to see how positive the new LSD research was accepted by the public, and the last television interview that he gave on December 19, 2007 on the Swiss national TV network was like a blessing over the study from his side. Since Albert died this past Spring, I am grateful that he was able to see the start of our work.

Recruiting subjects for the study has not been as easy as I thought it would be, and as other people told me it would be. Although our publicity reached hundreds of thousands of people, and, in this way, obviously, hundreds of potential candidates, there were only few people inter-

Albert Hofmann
 was very happy to see
 that his work will be
 continued, and that
 his longtime wish will
 become realized—
 that LSD will once again
 become a medicine
 in the hands of
 medical doctors.

ested in participating, and even fewer people were recruited for the treatment. I don't know the reason for that. Maybe it has to do with the possibility that people are afraid to be confronted about their disease and are also scared of being confronted with LSD. The public attitude does not help people to accept entering a deep process of self-exploration. The way the recruitment generally takes place has much more to do with personal contact and relationship. That is, physicians and therapists who know of the work with mind-altering substance inform and motivate potential subjects for the study, and so potential candidates then come to us.

As of this writing (June 22, 2008), we will soon be running the second LSD or placebo session with the first subject. The second subject that we examined did not qualify for the study because of his daily consumption of marijuana, which is an exclusion factor. He would have had to withdraw for sixty days before starting the study, and then for another three to five months during the treatment phase. The third subject, who has been fully approved at the baseline exams, will start the study in the next month. Two further subjects are currently waiting for the baseline examination with the independent rater. So far, all five subjects are men. Two subjects are suffering from cancer, one from HIV/AIDS, another from progressive muscular disease, and the other from a neurological disorder.

The first subject had his initial LSD/placebo session in early June. The subject, the other therapist, and I were all con-

vinced that he had the LSD dose. However, at the moment the seal of the blinding has not yet been broken. In his session the subject entered a deep process of psychic pain and sadness about his life situation, his loneliness, and his loss of trust in life after his diagnosis of stomach cancer two years ago. He experienced a sense of deep relaxation and cultivated a spiritual feeling of turning negative things into good, but he also experienced a deep despair about his depressed withdrawal from his girlfriend, and his exhaustion over being stuck in his work situation.

I am very curious about how the second session on June 27 will turn out, and about the follow up studies that will be done after three months. It is difficult to say how the subject will develop, as two LSD sessions and three months in the treatment phase are short amounts of time for psychological processes to occur. This is due to the methodology of the study. Nevertheless, I am convinced that we can demonstrate positive changes in this period.

Last, but not least, I would like to say that I work mainly as a psychiatrist/psychotherapist in my office, and doing the study is extra work. I have no university or research background I can rely on. The support and help from MAPS is very important in this situation. It is not just the financial side that they help with through their fundraising. They also help with the manpower and the know-how aspects of the study, which make this collaboration indispensable.