The Political and Psychological Dynamics of Psychedelic Psychotherapy in Switzerland

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I BELONG TO THE GENERATION of Czechoslovakian psychiatrists who had access to LSD in the sixties. As Drs. Grof and Dytrich stated in their 1964/1965 report on the Prague Psychiatric Research Institute, the experience of the so called "model-psychosis" evoked by LSD is of great educational value for residents and staffs of psychotherapeutic departments.

At the clinic where I used to work at that time, some favourable circumstances enabled me to take part in and conduct LSD sessions with volunteers. Not long after that I was able to have my own LSD experience. After a short stay in the Research Department I got my LSD ampules. Before my emigration to Switzerland in 1968 I returned a large part of them. I lost contact with psychedelic ther-apy, was trained in Freudian analysis, later in Gestalt therapy and became interested in body-oriented psychotherapy.

Beginnings

Quite unexpectedly, in spring 1985 I received — together with all 800 or so other Swiss psychiatrists — a request with a questionnaire from a colleague, asking whether I would be interested in hallucinogen-supported therapy. In December 1985 more than 20 doctors met in Bern and founded the Swiss Medical Society For Psycholytic Therapy. There for the first time I met Samuel Widmer, who had been engaged with the Federal Health Office (FHO) in an ongoing struggle to get permission to work with LSD. Later he stated in his book *Listen into the Heart of Things:* "Not much can be done about the rigid structures of bureaucratic departments and about the hostility of the psychiatric community. Despite such structures a lot becomes possible as soon as somewhere a relationship arises."

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The first presentation of our research work with MDMA was in Germany in 1988, at a conference of the European College for the Study of Consciousness (ECSC) organized by Professor Leuner. At this conference, Drs. Baumann, Roth and Widmer were able to report about our work in different settings. I reported about experiential group therapy and a year after that about LSD therapy with a terminal cancer patient, and I tried to evaluate the results of psycholytic treatments. Our efforts were worthwhile: five members of the Board of our Society received special permits from the Swiss Government to work with MDMA and LSD while one member — a director of a psychiatric hospital — still had his permission from the seventies. The medicine capsules could legally be ordered at a pharmaceutical institute. Widmer wrote in 1989: "It seems that granting us special permission is like a domestication attempt. If the dangerous potential cannot be suppressed, it should at least be controlled by a specially trained elite that safeguards it."

I will give you some information about the group process and our settings. As psychotherapeutically oriented psychiatrists, we knew that we needed to learn by self-experience. First we used to meet three times a year, later on twice, for a self-experience weekend. We decided that every participant of the self-experience group had to write a diary-like journal with the following items:

- personal condition in the week before the self-experience group and our preparation for the session
- the trip (how the ritual, the meditative, and the interactive part was experienced)
- the effects in the following days/two weeks.

The journals were photocopied and sent off to all participants. The majority agreed with this arrangement. There were personal journals from which we could gain a lot of information and knowledge. Some of the journals were withheld and it was perceivable that the writer struggled with fear and distrust. Apart from that, there were sessions of the research group, intervisions and a supervision by Stan Grof. I remember best the board-sessions at which

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there used to reign a friendly atmosphere where we openly discussed our conflicts and gathered strength for the difficult negotiations with the authorities. Our medical society had elected a president and a cashier as it is common in every club but right from the beginning it was a leaderless group in which the group dynamic processes — for instance who has more power — were difficult to clarify.

Differences

The "adult" side of the doctors made us resist the anxiety, the loss of control, power and the feeling of helplessness. We could hardly afford the regression work promoted by MDMA which is so useful for our clients at the beginning of their psycholysis. We reacted in splitting, repression and isolation of the anxiety and this compelled us to stubbornness or power-games. This was caused by our different theoretical opinions, approaches, and experiences. The fascination of the MDMA effect opened the hearts of affection for others but it also strengthened our impatience and tendencies of greed in the moments in which inward sight and voluntary discipline would have been more important than "creative chaos." Looking back at the development of our association I think we haven't worked hard enough on dependency, separation, autonomy, and reproachment issues and therefore couldn't strengthen the unity of the group. As we were aware of separation tendencies as a symptom of resistance, we tried to be more caring during the sessions, especially if someone was stuck in Grof's Basic Perinatal Matrix II (feelings of no way out) or III (feelings of death and rebirth). We gave more structure to the sessions and arranged for somone to lead an opening ritual and chose special music.

NOT only information about the favorable effect of MDMA in couples but also personal experience made it suitable to open the group for the partners. The group became larger, rivalries and jealousy more hidden and difficult to manage. The journal of the session remained the only source of information when there was no personal contact between the participants. Younger colleagues become interested in our work and applied for membership in our association. It was necessary to offer an educational training and to organize the self-experience in two groups. In January 1990 the "old" members attempted to solve the interpersonal conflicts in a drug-free session. The situation was complicated. On one hand we felt that we were on the right path to open the hearts, to face fear and to make friendships, on the other hand some injuries were not healed, the pain of not being understood less exactly observed. There was a disagreement about the structure of the sessions. Some reproached that they were missing the necessary care in working with the substances. On the other level we realized that due to this development we felt more empathic, intuitive, witty, and self-confident in our professional as well as in our private lives.

The fruitful time of our work lasted 4 years during which we learned a lot about the transpersonal dimension of being by reading Ken Wilber and others. For our work it was very important to learn about the pre-trans confusion.

Crisis

In the summer of 1990 the Federal Health Office (FHO) used an opportunity to withdraw all our licenses because a patient — where a similar substance Ibogaine had been used — died under circumstances with which we were unjustifiedly connected. As Widmer noted "This all appeared as a good occasion to help the unwished psychotherapy — the undesired child — to abort. The new fights with officials, bargaining for conditions and new permits, the obstructions and limitations were not the

only challenges to be faced. The effect of the media caused a libel campaign, the envious colleagues showed their real faces and cowards turned away. The spirit of our association slipped into the old structures of so-called "emotional plague", according to Wilhelm Reich. The lively exchange and love disappeared. Structures, rules, regulations, papers became important so that finally it was hardly perceivable that originally the main concern was to liberate the lively present moments from these elements."

AFTER the withdrawal of licenses the energy flowed into the fight with the FHO. Four of us appealed to the Ministry of Interior. We managed a hearing at the FHO and were able to negotiate with a relevant lawyer. Again it was proved that personal contact and persuasive arguments can result in success. After tough negotiations, supported by a self-organized Ethics commission, we succeeded in renewing permits with harder conditions at least until the end of 1993. Our appeal was accepted, it was partly confirmed that we were treated unjustly. The patients whose therapies without psycholytic substances made no or only small improvements have been able to participate in psycholytic sessions since October 1990. The substances which we have sent to the government were replaced again. We were obliged to report to the FHO the therapy results with the patients' initials and diagnosis. Two M.D.'s will conduct theses on our work under the auspices of Professor Scharfetter. In the first thesis the journals of the sessions of our patients will be evaluated, in the second those of my patients whose therapy was carried out and finished between 1988 and 1989 will be interviewed.

Clinical Research

Due to everyday's hard work, for us as practicing psychiatrists there remains little time and energy for research. Yet clinical research is necessary for the professional development of our work. However, the research in practice should above all serve the patients. Yet we are required to carry out research according to international clinical standards. We cannot imagine working in a spiritual way with double-blind placebo controlled studies or while conducting blood-, urine-, or liquor-tests during the sessions. The scientific consultant who will supervise us expects us to work on a prospective clinical study with a standardized diagnosis and narrow inclusion and exclusion criteria. Therefore I am interested to find the way out of this dark forest. What kind of psychotherapy testing methods are reasonable? The major question is: "What is demanded from my patients? What helps us politically (nationally and internationally) without disturbing the therapeutic relationship." To obtain new licenses we are our previous situation. The officials have no confidence in us and try to exhaust us with never ending "homework." As soon as we fulfill the new tasks we may get new regulations again but we still hope to get the permits if the government doesn't present us with international restrictions.

It is important to prove that LSD and MDMA are effective in psychotherapy and should not be put in the same schedule with hard drugs. We will try to get in personal touch with FHO.Our personal and transpersonal experiencse with the assistance of psycholytic and psychedelic therapy cannot be erased. The experience with our patients proves the sense and benefit of this work..

Note: The members of the Swiss Medical Society For Psycholytic Therapy will meet on January 15, 1993 to review new research protocol designs prior to submitting them to the FHO for review. ■

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