

# For the Terminally Ill, an Ancient Drug Offers a New Path to Spiritual Healing

WHEN MATT MEZA LEARNED that he had terminal cancer, the devastating news brought to the surface some difficult personal issues—particularly his inability to accept help from those closest to him. “I’ve always been an independent person who’s drawn strength from overcoming adversity,” he says. “But those traits don’t necessarily work when you have a terminal illness.”

Matt found himself suffering from severe anxiety and was even considering assisted suicide when a solution came from an unexpected direction. “I was watching a television documentary about the war on drugs,” he recalls,

“and it mentioned a study at UCLA in which terminally ill cancer patients were given psilocybin to help them to come to spiritual terms with their illness.”

Matt, who is 49 and lives in Los Angeles, placed a cross-town call to Dr. Charles

Grob, the trial’s principal investigator, inquiring about the study. Although Dr. Grob’s study had no openings, he put Matt in touch with Stephen Ross, MD, assistant professor of psychiatry and oral medicine. An expert on addiction, Dr. Ross is also the principal investigator in a similar clinical trial being conducted at NYU School of Medicine in collaboration with NYU College of Dentistry. Knowing he had a

Stephen Ross, MD, in the room used for psilocybin study.



good friend in Manhattan with whom he could stay, Matt agreed to participate.

The clinical trial he found himself part of is unconventional, but also rooted in history. Psilocybin is a psychedelic drug found in hundreds of species of wild mushrooms around the world, which for centuries have been used as part of religious ceremonies and healing rituals in Mexico, South America, and elsewhere. In the 1950s, scientists began exploring the therapeutic potential of psilocybin and other hallucinogens to treat the terminally ill, as well as those suffering from alcoholism and other addictive disorders. The results were encouraging, but the rising use of recreational drugs during the 1960s spurred a political backlash that effectively ended research for decades. “As therapies, these drugs were basically erased from our collective memory,” says Dr. Ross.

It wasn’t until the early 1990s that the federal government began permitting clinical studies involving the use of hallucinogens in human subjects. The methodology of current scientific studies—double-blind and placebo controlled—is more rigorous than the prevailing standards of four decades ago, but the goals remain essentially the same. “Psilocybin has the potential to bring about what is called a mystical, or peak, experience,” says Anthony Bossis, PhD, clinical assistant professor of psychiatry and anesthesiology and the NYU study’s co-principal investigator. This deeply spiritual state has been found to inspire a sense of peace, fulfillment, and connection to others that can dramatically counter the fear and desolation felt by those nearing death.

Such benefits were clearly observed in the recently completed UCLA study, in which 12 terminally ill patients were given psilocybin. In addition to establishing feasibility and safety, that study found significant reductions in cancer-related anxiety and depression.

It was this UCLA study and a similar study at Johns Hopkins, the only other psilocybin trials currently approved by the Food and Drug Administration (FDA) and the Drug Enforcement Agency, that inspired Dr. Ross, Dr. Bossis, Jeffrey Guss, MD, clinical assistant professor of psychiatry, and their colleagues to undertake their own investigation. “Back in 2006, Dr. Bossis, Dr. Guss, and I realized we all had a common interest in the potential value of hallucinogenic drugs as therapeutic agents,” says Dr. Ross. “So we formed an educational group

that started meeting once a week. Once we heard about the other studies under way, we decided to attempt one ourselves.”

In relatively short order, the group secured funding from the Heffter Research Institute and got approval from the FDA and NYU’s Institutional Review Board. In a nod to the project’s controversial nature, the study is a model of caution. Each patient is supervised by a male-female therapist team who themselves undergo additional training, including a half-dozen intensive sessions aimed at building trust and exploring their attitudes toward death and dying. “It’s essential the therapists present a unified presence,” explains Dr. Guss, who directs the study’s training program.

Patients are carefully screened to rule out anyone with cardiovascular, liver, and kidney disease or a personal or family history of schizophrenia or bipolar disorder. Anyone taking antidepressants is excluded, as well.

The experience with the study medicine itself actually consists of two sessions, seven weeks apart. In one, the patient is given a synthetic version of psilocybin manufactured in a government-approved laboratory; in the other, a placebo. (Neither patient nor therapists are told which is which, although in practice, the psilocybin session usually becomes evident as the session unfolds.) A series of psychotherapy sessions in the months following the psilocybin experience are then used to integrate the insights triggered by the drug session. “It’s easy to focus just on the psilocybin,” notes Dr. Ross, “but what we’re really doing is psilocybin-assisted psychotherapy.”

The dosing session lasts a full day and takes place in a room where everything is designed to facilitate a mystical experience: A couch is made up with sheets, quilt, and pillows, and bouquets of flowers and bowls of fruit are placed around the room. Patients are also encouraged to bring in family photos and other objects of importance. The psilocybin or placebo is administered 40 minutes into the session, and the patient is then encouraged to lie down and put on eyeshades and headphones, which, like the room’s speakers, play a six-hour tape of instrumental music, painstakingly assembled with the help of ethnomusicologists.

“As therapists, we sit very close to the patient,” says Dr. Bossis, a psychologist who specializes in palliative care. “We’re there to offer support and guidance as

needed, but other than checking vital signs frequently and assuring safety, our goal isn’t to engage them. They’re doing more important work than anything we might offer at that time.”

For Matt, the psilocybin session proved to be profound. “I knew very quickly that I’d received the real drug the first time,” he says. “I was being driven by the music and started seeing deities and spiritual shamans. A couple of hours into it, some Turkish music was playing, and I literally saw whirling dervishes. The faster they spun, the deeper I fell into a trancelike state.”

At a certain point, Matt’s defenses crumbled. He sobbed and asked to be held by his therapists. “At that moment, he experienced a sense of transformation in his ability to feel supported and loved,” says Dr. Guss, who supervised Matt’s sessions along with Julie Feuer, a licensed clinical social worker. “That peak of intensity only lasted 10 minutes, but the experience stood out vividly in the integration sessions.”

“It wasn’t like I was cured by the end of the session,” adds Matt. “The real breakthroughs came during the integration sessions, when I brought what happened that day into the real world. I’d been burdened by a lot of sadness, and while that’s not completely gone, I’m in a better place now. This has helped me resolve past issues about my parents and siblings. Now, I can die unburdened by the angst of my childhood.”

To date, Matt and two other subjects, both women in their 70s, have completed the study. The ultimate goal is to enlist 32 subjects, which Dr. Ross acknowledges could take five years or more.

Matt continues to talk to his therapy team by telephone on a weekly basis. As a result of his therapy, he has agreed to move in with a close friend and let his friend care for him. “Matt is saying his good-byes, but paradoxically, he’s more attached than he’s ever been,” says Dr. Guss.

“This has been a gift to me,” says Matt. “I feel honored and humbled to know the group at NYU. I know they’re doing this out of a true feeling that they can help many more people in the future. They’re wonderful people, and I love them all.” ●

—ROYCE FLIPPIN

NOTE: Matt Meza passed away on March 27, 2010, as this article was being written.

For more information and details regarding this study, please call Krystallia Kalliontzi, MSc, clinical research coordinator, at 212-998-9252.