

TESTIMONY FOR MDMA HEARING

Submitted by: Richard Ingrassi, M.D., M.P.H.  
173 Mt. Auburn St., Watertown, MA 02172  
(617) 923-4601

PROFESSIONAL BACKGROUND: I am a psychiatrist in private practice in Watertown, Massachusetts (see attached resume). I have a longstanding professional interest in the use of self-regulation techniques (e.g. hypnosis, biofeedback, meditation, and relaxation training) and mind-altering substances as adjuncts to the psychotherapeutic process. My clinical experience with MDMA consists of approximately 150 sessions with 100 patients conducted over the last five years. Two thirds of these sessions were with individuals and one third were with couples. I have also personally interviewed over 500 people who have taken MDMA at least one time.

METHODOLOGY: My methodology for working with MDMA as an adjunct to psychotherapy is as follows:

- (1) The patient or couple fasts for 4-6 hours prior to the ingestion of the MDMA.
- (2) The patient receives between 100-120 mg. MDMA in 4 ounces of orange juice.
- (3) After the onset of action of the drug (usually 45--60 minutes after ingestion), I encourage the patient or couple to talk about what they are thinking and feeling in the present moment. This gentle, non-directive process continues for the next two hours.
- (4) Following the formal therapeutic session with me, I have the patient spend the next two hours with their spouse and/or family members

000001

or with a close friend, someone with whom the patient would like to talk to in an open, intimate way. With couples, I either leave them alone to be with each other for the next tow hours, or I have their children and/or other family members join them for a heart-to-heart discussion.

(5) All patients are asked to write down their MDMA experience within 24 hours of the session.

(6) Most patients require only one MDMA session, although some benefit from a second session 4--6 weeks after the initial session.

Please note: I only use MDMA once or twice in the context of an ongoing individual or couples psychotherapeutic process.

CASE HISTORIES: The therapeutic efficacy of MDMA appears to be related to the drug's ability to enhance a person's capacity for insight and self-reflection. Patients often experience a profound sense of well-being and a pronounced decrease in fear and anxiety--a sense that everything is OK and that they are acceptable just the way they are. In this state of relaxation and lowered anxiety, most patients are able to look at and clarify their innermost feelings. They also have much less fear about expressing their true feelings and tend to openly express both positive and negative emotions.

Following are several case histories from my clinical work which illustrate some of MDMA's potential in psychotherapy:

(1) Cancer patients: I specialize in doing psychotherapy with people who have life-threatening illnesses such as cancer. I have given MDMA to eleven cancer patients and have gotten excellent results. For example, Mrs. W. is a 37 year old white married female with colon cancer which has metastasized to her liver. Her prognosis is poor. She has always found

it difficult to express her feelings and tends to hide her feelings behind a frozen smile.

I did one MDMA session with Mrs. W. in which she said that she became more relaxed than she had ever felt in her entire life. She opened up emotionally and was able to discuss her feelings about dying in a deeply-felt, meaningful way. Even more significant was the discussion that took place with her husband, mother, and 17-year-old daughter following the therapy session itself. The family spent the entire evening talking about things that the patient had always wanted to say but never quite could. Many unresolved feelings and family issues were dealt with openly and honestly in one evening. Mrs. W. says that that was one of the most important days of her life, and she continues to make progress in her ability to communicate her feelings without fear.

(2) Couples therapy: Mr. and Mrs. L. have been married for 22 years and were considering divorce when they began couples therapy with me one year ago. Four months into the therapy they took MDMA for the first time. Their level of defensiveness and anger, as well as their tendency to blame the other for causing each other's hurt and pain, dramatically decreased both during and after this session. They continued couples therapy, and six months later took MDMA for the second time. In this session, the deeper, spiritual aspects of their marriage were acknowledged and discussed very openly, and as a result they made the decision to stay together and work through their difficulties.

I have seen MDMA help many couples break through longstanding communication blocks because of the safety that emerges in the session as a result of the drug. It is difficult to convey in words how deeply moving it is to watch couples heal in this way with the help of MDMA.

(3) Childhood sexual abuse: We are discovering that over one in four women have been in some way sexually abused or molested as children. Often the painful memories are partially or completely repressed until many years later. I have been working with sexually abused women using MDMA as a tool for helping them to remember and release some of these painful childhood traumas and the results have been very encouraging.

Mrs. B. is a 40-year-old mother of two who had been sexually molested by a male cousin when she was nine years old. She had always been too afraid to talk about the incident in detail or to express the feelings that she had about it. She had developed a negative attitude toward all men and was experiencing sexual difficulties with her husband. After three months of therapy, Mrs. B. did one session with MDMA as a way of helping her deal with her sexual abuse. Her experience during the MDMA session was unpleasant and upsetting. She talked about what happened to her as a child, shed many tears, but handled the feelings quite well. Two days following the MDMA session she realized that a major shift in her attitude toward her abuser and toward men in general had taken place, and she no longer felt the need to "push love away," as she put it. She considers the MDMA session to be a major turning point in her life.

I would like to summarize my clinical experience by saying that, in my professional opinion, there are many types of people who can benefit from the use of MDMA in psychotherapy, especially people whose defense mechanisms include splitting, isolation, and projection of negative feelings. MDMA helps people to reconnect with these split off emotional parts of themselves. This seems to generate a sense of wholeness and well-being that is not quickly forgotten.

I would suggest clinical studies with phobics, children of alcoholic parents, sexually abused men and women, and cancer patients, where I believe the above psychodynamics could be readily illustrated.

ABUSE POTENTIAL: My professional experience with MDMA leads me to conclude that it is a substance which has a low potential for abuse. Patients do not request ongoing MDMA sessions, nor do they see the drug as the solution to their problems. I have interviewed fifteen people who tried to abuse MDMA in a chronic manner (e.g. every other day or once a week), and all of them described a rapid tolerance to the drug's positive effects which develops, while the side effects such as jaw tension, nystagmus, and anxiety, remain. Of course, there will always be a small percentage or severely addictive personalities who will abuse this substance, but I am firmly convinced that MDMA will never become a chronically abused substance like cocaine or heroin.

When given in the correct dosage range as a part of the psychotherapeutic process, I am firmly convinced that MDMA is a very safe therapeutic agent with little potential for chronic abuse.

SAFETY: MDMA is a very easy and safe substance to work with clinically. In the dosage range of 100 mg--150 mg, there are only minor side effects such as mild nausea, dizziness, increased heart rate, and transient anxiety. Nystagmus and blurred vision are very rare in this dosage range. I know of no allergic reactions nor other adverse reactions to occur with MDMA in any regular fashion. Because of the slight increase in heart rate and blood pressure for the first few hours following the administration of MDMA, I do not give it to any patient who suffers from severe hypertension or cardiac problems. I believe that MDMA is an extremely safe substance

to use when given under the care of a physician.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on April 22, 1985

Richard P. Ingrassi, M.D., M.P.H.

A handwritten signature in cursive script, reading "R Ingrassi MD", is written over a horizontal line.