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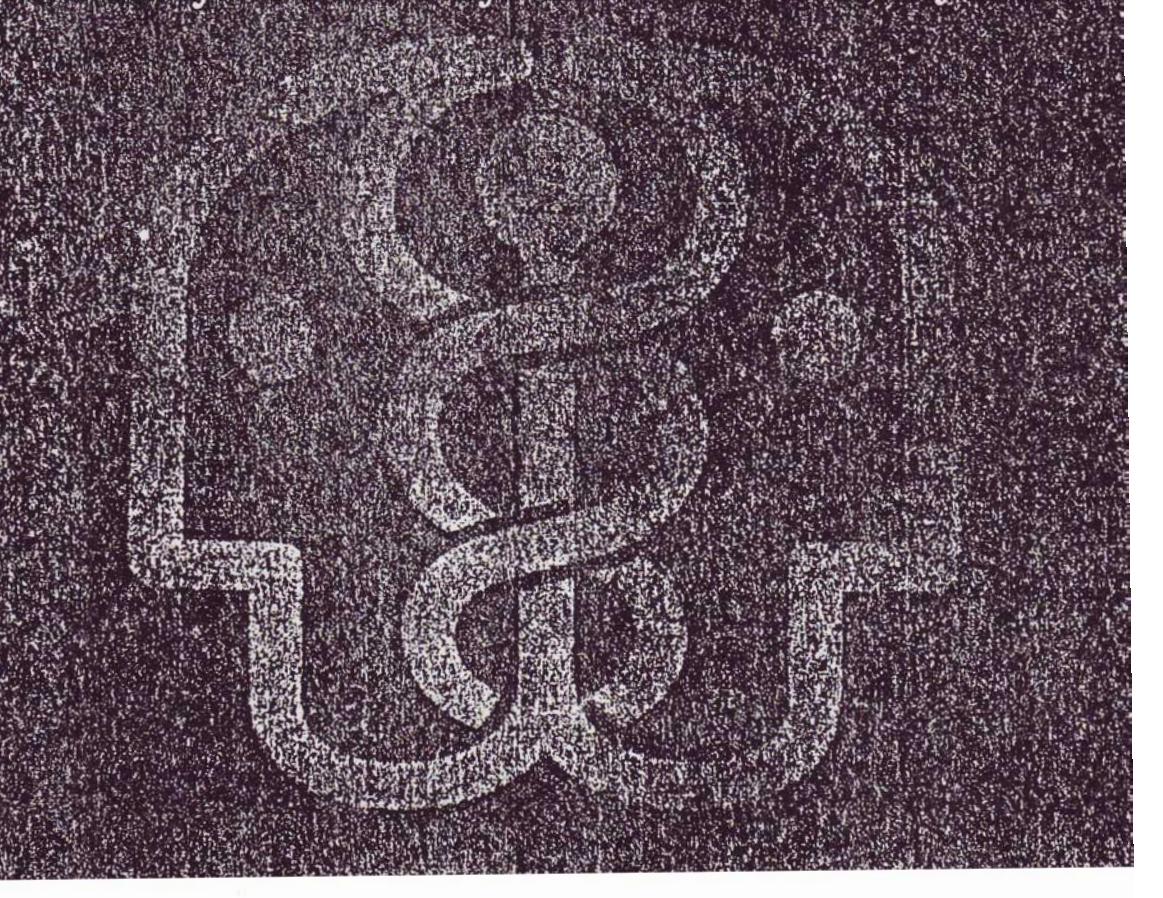

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Using MDMA in Psychotherapy

Esalen Institute
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George Greer

The chemical substance MDMA (3,4-methlyene-dioxy-methamphetine) is a psychotropic agent now used as an adjunct to psychotherapy by a growing number of psychiatrists around the country. Since the U.S. Drug Enforcement Administration has begun hearings on the possible classification of the drug and the World Health Organization is considering international regulation, this 5-day meeting, jointly sponsored by Esalen Institute and Earth Metabolic Design Foundation (an organization originally founded by Buckminster Fuller), was convened to bring together clinicians and researchers experienced in the use of MDMA to discuss and evaluate its uses and effectiveness and to explore ways to promote more extensive research on its effects. Because MDMA is not patentable (the original 1914 patent held by Merck & Company has lapsed and the compound is now in the public domain), the pharmaceutical companies are not inclined to support the expensive research required to demonstrate a drug's efficacy and safety.

Among the 35 participants at the meeting were 5 veteran researchers on psychoactive drugs (Francesco DiLeo, M.D., Stanislav Grof, M.D., Robert Lynch, M.D., Claudio Naranjo, M.D. and Richard Yensen, Ph.D.) and 4 psychiatrists who use MDMA in their clinical practice. On the fourth day of the meeting, George Greer, one of the psychiatrists, directed a session in which 13 of the participants took MDMA; each person was monitored separately by a physician or psychotherapist. Among the professionals present, the combined clinical experience in using MDMA during the past several years totaled over a thousand sessions.

A continuing topic of the meeting was the difference between MDMA and LSD. The structure of MDMA is related to that of dopamine and norepinephrine, whereas LSD is more closely related to serotonin. Unlike LSD, MDMA does not essentially cause perceptual or cognitive distortions or loss of ego control. MDMA consistently promotes a positive mood state, while LSD promotes mood swings that can be extreme and unpredictable. MDMA's principal effects last 3 to 5 hours, those of LSD last 6 to 14. The clinicians agreed that MDMA was much easier to use than LSD, and because MDMA did not threaten ego control, involved little psychological risk to a naive subject. While LSD subjects sometimes experience transient delusional states, the only complications of using MDMA, according to the clinicians and researchers, are occasional anxiety and various physical symptoms due to the drug's sympathomimetic effects.

Psychiatrists Joseph Downing, M.D. and Philip Wolfson, M.D. presented results of an unpublished, recently completed toxicity study of 21 human subjects, all of whom had taken MDMA in the past. Other than a brief and moderate rise in pulse and blood pressure, the researchers found no significant abnormalities before ingestion or up to 24 hours afterward. The study included blood chemistry profiles and neurobehavioral examinations.

The reports on the benefits of MDMA, although anecdotal, were uniformly positive. In the discussion of MDMA's effects, the clinicians using it felt it possessed a unique action that enhanced communication, especially in couples in therapy. The drug reduced defensiveness and fear of emotional injury, thereby facilitating more direct expression of feelings and opinions, and enabling people to receive both praise and criticism with more acceptance than usual.

Reports on MDMA's facilitation of individual psychotherapy were also favorable. Many subjects experienced the classic retrieval of lost traumatic memories, followed by the relief of emotional symptoms. Victims of child abuse and sexual attack experienced the most dramatic benefits. Wolfson also reported having multiple MDMA sessions with psychotic individuals and their natal families, leading to improvements in the patients' functioning and ego integration. In two of the cases, year-long trials with antipsychotics and lithium had proved unsuccessful in significantly ameliorating the patients' symptoms.

Rich Ingrasci, M.D., reported using MDMA with patients suffering from terminal cancer, to help them deal with feelings of hopelessness and helplessness. He noted that many of them were outliving their prognosis. George Greer presented the case history of a patient who had multiple myeloma and had been in constant pain from crushed vertebrae for several months. During part of the first session with MDMA, the patient was totally pain free, and after two more MDMA sessions, the patient, using self-hypnosis techniques taught by Greer, has been able to keep the pain at a low level for the past 6 months to the present.

Integrating MDMA sessions within a format of psychotherapy, family support, or conjoint therapy were deemed essential components of the healing process. Though explanations for the drug's effects were highly speculative, it was agreed that in the experience of the therapists, its capacity to redue or temporarily eliminate fear and anxiety from a subject's consciousness, allowing an acceleration and deepening of the therapeutic process, was unique.

The midweek experiential session with MDMA was organized so that each subject was accompanied by a psychiatrist or psychotherapist, who remained in attendance until no effects were present. None of those who took MDMA had any complications, some found the session emotionally intense. The two days

remaining in the conference allowed for follow-up discussion and analysis. The people who took MDMA regarded the experience positively and felt the drug encouraged self-insight.

Toward the end of the meeting the participants discussed research ideas for studying the use of MDMA to treat drug abuse and psychosomatic disease and as a motivational tool in vocational rehabilitation. However, the outcome of the Drug Enforcement Administration's hearing on making MDMA a controlled substance will have a major influence on the future use of the drug. The conference participants felt that the potential therapeutic applications of MDMA were unknown to both the Drug Enforcement Administration and the Drug Abuse section of the Federal Drug Administration, both of whom had recommended that MDMA be classified as a drug with the highest abuse potential and no medical use — in the terminology of the DEA and the FDA, a Schedule I drug. Due to the complex FDA approval process required for studies using any Schedule I substance, this move would create a major administrative barrier to further research. LSD is in Schedule I, and the FDA has currently approved only one LSD study — Francesco DiLeo and Richard Yensen's research at the University of Maryland, using LSD with terminal cancer patients.

It was also noted that the FDA is not set up to approve techniques of psychotherapy. It has no established procedure for approving compounds that are viewed as psychotherapeutic adjuncts, as opposed to chemotherapeutic agents.

The group favored assigning MDMA to a lower schedule, reserved for drugs with moderate- to low-abuse potential, thus allowing both prosecution for illicit trafficking and the continuation of ongoing studies of MDMA's therapeutic potential. In support of this position, it was pointed out that the Drug Abuse Warning Network — a federally funded national clearinghouse of information — had listed only 8 emergency-room visits as a result of MDMA, and that since the drug's appearance in the 1970's, no deaths in conjunction with MDMA use have been established. The participants agreed that although MDMA was not a proven therapeutic agent, its supervised experimental use with fully informed consent was medically acceptable and safe.

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