

MDMA IN THE TREATMENT OF MY EATING DISORDERS RELATED TO SEXUAL TRAUMA

R.C.

(to contact author, e-mail info@maps.org)

I am writing to tell your organization that I strongly support careful (not abusive) clinical use of MDMA.

I am a 41-year-old professional woman who has been struggling with a severe eating disorder (bulimia) for over twenty-five years. The eating disorder began to manifest at age nine, following sexual and abandonment trauma. It is hard to describe the extent to which my inner struggle with pain, self hatred, and feelings of purposelessness have robbed me of living for all of these years.

“It is not an overstatement to say that the sessions I did with the MDMA, in the hands of a skillful analyst, saved my life.”

I have been in therapy off and on since age nineteen, with little to no effect. Therapy was better than nothing... but only just. Prozac and similar drugs would elevate my mood initially, then induce a dulled effect that felt unreal. Prozac, Zoloft, etc. did not help the eating disorder. I remained incapable of loving myself or opening to others. My life was lost to black, contracted cycles of bingeing and purging.

Healing requires some inner kernel of self love. I knew this intellectually (and was brought to this recognition by various therapists) but could not find that space inside myself. I attempted suicide twice during my adult years, the second time seriously.

“I think that MDMA is a life-saving therapeutic tool for people such as myself, who are caught in addiction patterns that attempt to replicate nurturing & feeding of the self.”

I’m afraid to say how or when it came about — I’d be willing to bet our government is keeping very close tabs on your organization’s publications — but I came under the care of a wonderful Jungian analyst following my second suicide attempt. After a year of work with him, he suggested use of MDMA in a contained, safe, retreat setting. Because of my upbringing and professional position, I had reservations about doing “drugs”. Finally, after a further desperate cycle with the bulimia, I asked to try it.

I am so grateful, so thankful, that I took the risk. It is impossible to overstate how the work I did with this person using the MDMA profoundly changed my life. I was able for the first time to feel a space of love for myself. As my work with the analyst continued, I began to open more towards others and could tolerate work in a group setting (I had difficulty tolerating group work prior to the MDMA). In all, I did roughly six sessions using the substance over a two year period.

I still struggle with the eating disorder, but I have a sense of hope that was completely absent prior to the MDMA sessions. Through meditation, I am now capable of finding the self love that is so crucial for healing. It is not

an overstatement to say that the sessions I did with the MDMA, in the hands of a skillful analyst, saved my life.

Tragically, the courageous individual who so helped me paid a high price for his work. He was forced to relinquish his license (not in connection with his work with me) and has since left the country. I am frustrated and heartbroken that the work that made my “opening” possible cannot be available to others.

I think that MDMA is a life-saving therapeutic tool for people such as myself, who are caught in addiction patterns that attempt to replicate nurturing and feeding of the self. Many addicts are simply incapable of self love. MDMA allows one to find this space inside the self. I found that it allowed me to release the defenses and barriers that blocked me from connecting with and loving myself and others.

I do think, however, that use of MDMA must be careful and coupled with skillful analysis. It would be easy to abuse this substance in the wrong hands. In my case, it was helpful to prepare for the sessions with disciplined ritual work. It was important for me to view the substance as sacred and not for recreational abuse.

The analyst required that I commit to a full weekend of ritual work to prepare for the work with the MDMA. A typical schedule, for example, would be a Friday evening at the “retreat” location of meditation, quiet dinner and a discussion of intentions and issues for focus during the work. On Saturday morning, we would continue with a morning of silence/meditation and prayer, break with a midday lunch, ritual work such as prayer flags, meditative walks, and collecting flowers or things from nature to decorate the “altar”. We would begin the work at dusk with an intention circle.

After the first two sessions, I worked in

“I do think, however, that use of MDMA must be careful & coupled with skillful analysis.”

small groups (two to four other people). The therapist did not use the MDMA, but worked with me as a guide through the issues I needed to explore. Other techniques used by the therapist included drumming, breath work (during the MDMA session to deepen the experience and reach blocked areas), and body work, including traction and Trager method massage (profoundly moving and extremely helpful in my case).

On Sunday morning following the work, we journaled and discussed the experience. In addition, careful music choices were an important part of the experience (expansive, organic soundscapes).

The analyst came to grief when a former patient discussed the work with a new therapist, who either reported or persuaded the patient to report the work to an oversight entity of some kind. I had worked with the patient in group, and observed that the patient was somewhat infatuated with the analyst. Amateur speculation here, but I suspect that she projected quite a bit onto the analyst (I saw that happening) and subsequently “punished” him for not returning her affection.

Other than the obvious, limitations of the work include expense (weekend is a big time commitment for a therapist) and setting. To be as effective as possible, the work really requires a retreat location that is suited to deep, meditative inner work. It was my sense that the analyst has to be careful to ensure the serious nature of the work, and not to let patients pressure him/her into overuse, or to relax the ritual and sacred character of the work.

I wish to add that perhaps the single most important aspect of the work with the MDMA is that I opened sufficiently to let myself be held and receive nourishment from an archetype of

the “Mother”, i.e., a woman who understood the process and acted as an assistant during several of the sessions. She was available to literally just hold me (if I wanted holding at any point) during the sessions. The holding was very safe; it did not have either a “hungry mother”, a sexual, or a forced, absent quality to it (three very different but damaging things to kids). I would not have been able to tolerate the holding without the MDMA, yet it was the single most important element moving me towards

“The experience demonstrated very clearly to me the relationship between my addictions and hunger for the Mother.”

healing. I sobbed for many, many hours. The irony is that people who grow up with emotionally absent mothers/trauma issues desperately crave to be filled by the “Mother”, but cannot tolerate or have difficulty allowing themselves to receive love from others. The experi-

ence demonstrated very clearly to me the relationship between my addictions and hunger for the Mother. During the sessions, I was able to see and (in wonderment) release my “defendedness”. The MDMA allowed me to actually feel and go into the grief/loss. It also allowed me to receive healing Mother energy, which in turn made it possible for me to find self-love. This is so important to overcoming certain traumas.

It is very important to keep any “holding” work safe and non-sexual. It is also important for the patient to understand the potential for transference, etc. With regard to the patient who reported my analyst, I wonder if he may have started her in the MDMA work too soon, before fully discussing and working through these kinds of issues with her during regular therapy sessions. It’s really a darn shame. ■