

# Return to ADAM: Reflections on MDMA-Assisted Psychotherapy 30 Years Later

PHIL WOLFSON, M.D.



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I love being an MDMA psychotherapist. I am profoundly moved by the experiences and changes in heart, mind, and connections that I experience with my subjects as an MDMA-assisted psychotherapy practitioner. I am deeply grateful to MAPS for this opportunity to bring together the practical and experiential skeins that have made up the weave of my life.

MDMA's potential to revolutionize the practice of psychotherapy became clear in the early 1980s, when I and a growing core of practitioners began using what we then called "ADAM" for treating struggling couples, depression, post-traumatic stress

held regular meetings at the Esalen Institute—supported by its co-owner Dick Price—through what we called ARUPA, the Association for the Responsible Use of Psychedelic Agents. Many of us older folks and both Heffter and MAPS had our origins as open practitioners in that extraordinary forum.

Truly, by 1985, when MDMA was made Schedule I and the psychotherapy revolution was stifled, we already knew that the power of MDMA-assisted psychotherapy came from facilitating the expression of difficult and traumatic experiences and relationships, tolerable to be spoken and witnessed; and facilitating greater (not inevitable) positive feelings and concerns for self and others—in other words, serving as a vector towards more acceptance and tolerance of self and others; and towards manifesting love and kindness. Some years later, MDMA was adeptly labelled an "empathogen," with "empathy" meaning the ability to put ourselves in others' shoes and feel more of their nature despite our separateness, as well as the ability to reduce our alienation from our own core being.

Not much has changed in our view since those times. Today, we have the advantage of fMRI and other methods for more sophisticated inquiry into the relationships between mind and brain. However, these appear to me to remain at the frontier of neuroscience, still gross and distant elucidations. Thus far, these technical advances have supported what was obvious from the earlier clinical work. Many of us took risks to keep

MDMA legal because we knew and had seen its potential. I am so appreciative now to be able to continue that interrupted exegesis.

What makes MDMA-assisted psychotherapy so potent? When I was coming of age as a psychotherapist in the 1960s and 1970s, there were two tendencies in the field—one expansive, one restrictive. I recall Robert Lindner's book *The 50 Minute Hour* as representing the restrictive tendency. Soon, some



*Principal Investigator Phil Wolfson, M.D., with co-therapist Julane Andries, LMFT. Image: SFGate*

disorder (PTSD), anxiety, alienation, identity crises, and myriad other indications. I even tried it with families with members who were in persistent altered states, such as hypomania and psychosis—not always with great success for the identified patients, but generally with a positive impact on the family structure and its other members.

What also made those times so heady and exciting was an intense shared process between practitioners, many of whom

would reduce it to the 45-minute hour, and then there were the hospital guys who billed for an hour and just finished as fast as they could. That always seemed a sham to me—an hour is 60 minutes. It is stressful to run a practice that way, but it always seemed honest to me, and no one ever complained about lack of time. In contrast is MDMA-assisted psychotherapy, which can last anywhere from three to seven or eight hours, depending on the condition you're treating, and could even be over 24 hours if the overnight responsibility and morning integrative session were included. Therapists are more out in the open, especially if you are doing the sessions in your own setting, like we are in our current study. With this much commitment of time, you get to

know the people with whom you are working, and they get to know you. Unlike with traditional psychotherapies, there is time for process; for handling transference and countertransference; for meeting partners and friends; for staying in the trench and not pressuring to get out of it; for rectification, reframing, validation, and for the spirit to emerge; for agony and ecstasy; for being with fear, trauma, and the possibility of

near-term death; for outrage and injustice to surface; for settling up and acceptance; for making priorities and changing them; for music and dance; for mutual appreciation and deep connection. I am so pleased to have the time and the openness that MDMA-assisted psychotherapy engenders to know and feel, at a deep level, the people coming into our study.

Writing of the expansive tendencies that were emerging in the post-sixties period, In 1978, I attended the second Anti-Psychiatry Conference in Cuernavaca, Mexico. It was a time when the manicomios (asylums) in Italy had just been opened, when electroshock was on the ropes, when political and general psychiatric incarceration in all parts of the world were being challenged, and when there was a new ecological view of the individual emerging that saw the self as culturally and politically connected. RD Laing's *The Divided Self* had been published in 1960, and there was a sense that altered psychological states had meaning and validity and should not be punished for being different from the norm. Politics had become personal; LSD psychotherapy and just plain LSD tripping had opened us to new realms and capacities. Sasha Shulgin and Leo Zeff began their exploration and then enthusiasm for MDMA as a unique psychotherapeutic empathy-arousing medicine. We lacked the capacity to envision the rise of Big Pharma, now in critical assessment because of its failed hype and profiteering, its limited success rates, and its stifling of new paths of research. Psychiatry took too hard a turn towards a partial science with a very limited psychopharmacology. The luster of psychotherapy which turned many of us on in the 1970s was mostly lost to a generation or two of MDs.

On a more personal note, I lost my oldest son Noah to

leukemia when he was nearly 17. He taught me about the passion to live and to try anything, no matter how difficult, to keep his life going. His life ended with a bone marrow transplant that had a 6% or 15% chance (both were given) of surviving the transplant. He insisted on taking that chance. He knew death was around the corner and that horrific pain and suffering would come with taking that slim chance. Noah taught me how precious life was to him and how far he would go to grab it.

Our current study with 18 subjects embraces Noah's path. His inspiration guides my work with those who struggle with life-threatening illnesses. We have enrolled people with cancer and other illnesses who are young and vibrant, and have been

shoved off the road of smooth expectations. There is fear, bitterness, disappointment, confusion, why-me's, and always a great desire to stick around, though feelings of defeat do sometimes come with the territory. We measure the study's success in the reduction of anxiety about having a life-threatening illness, but we don't expect our folks to become blissful and happy with their prospects.

Rather, we hope that through a sense of impermanence and accepting life's terms—namely that we, as life arising, shall also inevitably cease—that they may find some relaxation in the midst of doing their best to survive and build their lives, to recover and develop in spite of the possibility of recurrence, relapse, and early death.

Given the intensity of our therapy structure, the impact of old abuse, stains of poor attachment, and traumas are also released through the work of liberation. Most of our subjects have been women thus far, and violence to women and its aftermath are intense parts of our therapy. While this is not explicitly a PTSD study, there is so much trauma inflicted on people that it is part and parcel of our therapeutic work.

From the center of this intense work, I am truly pleased to write that the benefits of MDMA-assisted psychotherapy in concert with techniques and views emanating from many different sources have the potential to restore our great delight in the human venture, of which psychotherapy is one fabulous and intense route for implementing growth, sharing, kindness, and connection. 🌀

**Phil Wolfson, M.D.**, practices psychiatry and psychotherapy in the San Francisco Bay Area, and is the Principal Investigator in MAPS' study of MDMA-assisted psychotherapy for anxiety associated with life-threatening illness. He is the author of numerous articles on Buddhism, psychedelics, spirituality, progressive politics, and violence, and a book about the passing of his son, *Noe A Father/Son Song of Life, Love, Illness and Death* (2011).

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