

Personal Account of MDMA Easing Posttraumatic Stress Disorder (PTSD) Symptoms

D., a 38-year old dentist, married with three children.
[D. is referred to as "Gideon" in the article on page 10]

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In March 2002 I was in a cafe across the road from my office in Jerusalem when a suicide bomber exploded next to me. Amazingly I survived (although eleven others did not), with permanent damage only to my hearing. I was later diagnosed with PTSD. The presentation of PTSD can be complex with many possible expressions, and my symptoms indicated the "arousal" type.

In my personal search to fulfill new psychological needs, I began to use MDMA at parties. MDMA use in this very social and very stimulatory context enabled me to reach profound and satisfying levels of emotional experience. At the same time I was getting psychological support from a National Insurance-sponsored psychologist (interestingly, she felt that my MDMA self-medication was a way of attempting to gain control of the original traumatic incident).

However, beyond these immediate effects, it was the effect that lasted up to 48 hours following MDMA ingestion that intrigued me. A cognitive exercise that I did under the guidance of my psychologist, involving logging all my PTSD occurrences, revealed consistently zero PTSD manifestations for the two days following MDMA use. This discovery is what prompted me to survey the literature on MDMA in PTSD therapy, find MAPS, and prepare this report at Dr. Doblin's request, in the hope it will help with his effort to further study in this area. I must point out that I have no experience with MDMA as part of psychotherapy, nor do I have any reason to think it would be especially beneficial in that context.

I am not happy using MDMA because, as production and distribution of the material is both illegal and unsupervised, I don't know exactly what composition I'm ingesting, the effects vary according to the batch, and there is also a negative social stigma.

I should also point out that I tried SSRIs on two separate occasions (paroxetine and sertraline) but had to abort because of side effects on my problematic gastrointestinal system.

I would be happy to be able to use MDMA in a legal and supervised context, and I therefore support Dr. Doblin in his project.

An update in May 2005:

A year ago I wrote a report for MAPS on my personal experience with MDMA. I reported that I was using MDMA on a weekly basis in order to alleviate symptoms of PTSD. Typically I would have an emotionally fulfilling experience at the time of ingestion, followed by two days free of PTSD symptoms. This would help me get through the week while functioning normally and fulfilling my obligations.

As an update, I can report a few interesting points from my experience over the past year:

- Being treated all the while with conventional psychotherapy sponsored by Israeli National Insurance, I was prescribed antidepressants. As in the past, these were eventually discontinued due to their numerous and various side effects, from tremour and dry mouth to gastrointestinal and sexual dysfunction. MDMA, however, had no apparent side effects.
- I have not used MDMA for several weeks now in order to test dependency. I can report that I have no sense of desire for the substance and no withdrawal symptoms, so apparently no dependence.
- Overall, I feel today more connected to life. I attribute this to my two years of experience with MDMA and the assistance it afforded me in reconnecting to people, music, love, et cetera.
- MDMA, however, has not been a panacea, and I am still struggling with PTSD.

I wish to emphasize the obvious, that my report is not scientific by any means, and no operative conclusions should be reached from it. And this is precisely why I support MAPS. Proper long-term clinical research needs to be done so we can ascertain the usefulness of MDMA.

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