

Foreword to *Healing with Entactogens: Therapist and Patient Perspectives on MDMA-Assisted Group Psychotherapy* by Torsten Passie, M.D.

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Healing with Entactogens: Therapist and Patient Perspectives on MDMA-Assisted Group Psychotherapy by Torsten Passie, M.D., is now available in the MAPS Store (maps.org/store). Published by MAPS (see inside back cover).

DURING THE 1980s, MDMA, WHICH WAS originally explored as an effective adjunct to psychotherapy, with remarkable anxiety-reducing effects and minimal if any visual or cognitive alterations, escaped out of the offices of a few dozen psychotherapists in the U.S. and Europe, and became the recreational party drug “Ecstasy,” consumed by thousands at all-night rave-dance events. Predictably, as the Ecstasy-fueled rave subculture grew in numbers, laws were passed in all relevant countries making possession of the drug illegal and thereby largely unavailable to therapists to use in their practice—even those (like myself) who had previously used it with good results.

This story was an almost exact replay of the story of how LSD was introduced into the culture in the 1960s: At first, reports from psychiatric researchers showing dramatic evidence of its effectiveness as an adjunct to psycholytic therapy in a range of conditions, including alcoholism, various forms of neurosis, as well as the stimulation of religious experiences and the enhancement of creativity. Then, after enthusiastic reports from the therapists who themselves experienced it and its availability in the underground market, the therapy drug LSD became the “acid” of long dance parties with light shows and psychedelic rock music, and was subsequently made illegal and therefore unavailable to established medical-psychiatric researchers.

Now, another generation later, the mainstream culture seems to be opening up again to the therapeutic possibilities of these substances (and others like DMT, ibogaine, and ayahuasca) and serious research on possible applications is again being done in the U.S. and in Europe as well as Israel. In the meantime, there is a flourishing underground culture in which thousands of people experiment with psychedelic substances on their own accord and create cultural artifacts (books, music, and art) inspired by them. This paradoxical situation was highlighted at a recent MAPS conference, in which a presenter asked how many people had participated as subject in a psychedelic research project and about a half dozen people raised their hands; when he asked how many people had themselves experienced psychedelics, virtually the entire audience raised their hands.

Torsten Passie, a German psychiatrist working at the Hannover Medical School in Germany, is a leading researcher in this field and has done several studies on the therapeutic applications of psycholytic (or psychedelic) drugs. In this book he presents his research findings on the therapeutic possibilities of MDMA, with MDE and LSD also considered in a minor way. It is a qualitative research study, in which his data are the experience reports and interviews from psycholytic individual and group psychotherapy sessions.

He reports that the primary findings are a marked reduction of anxiety, along with physical relaxation and the ability to think calmly about one’s emotions and interpersonal difficulties, making connections and producing acceptance and understanding. These results basically confirm the observations from several earlier published studies with MDMA in psychiatric populations. They are also consistent with the reports from a wide range of people that I collected in a book I edited and published in the mid-1980s called *Through the Gateway of the Heart*, under the pseudonym that I used at that time (Sophia Adamson).

I want to say a word here about terminology. Torsten Passie, who is a friend as well as a colleague of mine, uses the word entactogen to describe the class of drugs like MDMA whose primary neuropsychological action is a marked decrease of interpersonal and intrapsychic fear—thereby facilitating a seemingly effortless reintegration of previously defended traumatic memories and perceptions. This is in marked contrast to the primary effect of the classical psychedelics (e.g., LSD, mescaline, and psilocybin) which involve visual and affective amplification of all psychic contents and processes, including fear—thereby making difficult or “hellish” trips much more likely than with MDMA (where they are virtually absent). *Entactogen* means something like “touching within,” or getting in touch with one’s own inner processes.

In a friendly debate I had with several of my colleagues in the pages of the *MAPS Bulletin* (Vol. 4, No. 2., Summer 1993), I suggested that “touching within” doesn’t really distinguish the MDMA-type experience from the LSD-type experience. My own preferred term for these substances (and the experience they can facilitate) is *empathogenic*—generating a state of empathy, both empathy with others and empathy with one’s own self in past or present conflict situations. This to me is the basis for the heightened affective understanding—the integration of emotion and reasoning consequent upon the absence of fear and anxiety—that Dr. Passie’s study demonstrates.

If there is one complaint I have about his presentation in this study it is the lack of attention paid to empathy. In the treatment of trauma, which is one of the main and most promising applications of MDMA-therapy, it is the ability to consider the effects and impacts of the traumatizing event in one’s life calmly and without fear. In such experiences, it is as if the remembered fear is recognizably there, associated with the recalled events, but *sotto voce*: not overwhelming or paralyzing. Considering the central and essential role that empathy plays in the therapeutic process, I think one (thus far) underestimated important application of MDMA is in the training of psychotherapists—for whom the ability to experience and authentically express empathy is crucial.

Torsten Passie’s research not only deals with the amplified psychotherapy possible with MDMA, but also with the neurophysiological and neurochemical correlates of the experience. His observations and conclusions here are particularly insightful. He states, on the basis of his studies, that MDMA deactivates the amygdala (the seat of fear-rage emotional reactivity) and reciprocally activates prefrontal brain circuits (which underlie calm thinking). This is the neurophysiological counterpart to the empathic understanding of self and others reported by the patients. There is also a massive release of serotonin, the neurotransmitter associated with a non-depressive, non-fearful attitude.

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To my mind the most provocative of his findings is that MDMA results in a massive release of prolactin, the hormone associated with breast-feeding, and oxytocin, sometimes called the “cuddle hormone.” Both of these hormones are released during non-sexual post-orgasmic intimacy. As Dr. Passie points out, this release of non-sexual intimacy hormones correlates perfectly with the often-remarked subjective experience of MDMA-users—that they feel intimate with others, wanting to touch and be physically close, but not sexually aroused. Even couples that were intimately involved have reported that with MDMA, the sexual drive is often just not there.

Being non-sexually but emotionally intimate with another human being is not a very common experience, particularly with men (though women who are mothers obviously do know it from the infant bonding situation). It is, however, a supremely useful kind of connection to cultivate in a therapeutic situation, including for the therapist, where the slightest hint of sexual interest is likely to set off all kinds of alarm signals in both therapist and patient. (This is not to advocate for the use of MDMA by the therapist in the therapy, but rather for its use in the training of therapists.)

This is a unique aspect of MDMA that contributes to what Dr. Passie calls its “astonishing efficacy in enhancing psychotherapeutic communication.” Or, as one of his therapy patients reported, “you don’t have a wall around yourself anymore. It’s not that you take it down—it just isn’t there.” His book deserves to take its place as an essential milestone in the integration of MDMA-type drugs into psychotherapy practice. 🌍

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