

MDMA, Empathy and Ecstasy

(Essay in honor of Alexander “Sasha” Shulgin, 2014)

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The research with psychedelic drugs carried out during the 1960's by the Harvard group around Leary, Alpert, myself and others, led to the hypothesis, now widely accepted by all researchers in the field, that psychedelics (hallucinogens, entheogens) are *nonspecific awareness amplifiers*. Unlike all other mood- or mind-altering drugs, including stimulants, depressants, tranquilizers and opiates, the actual content of a psychedelic experience can only be understood and/or explained by considering the "set" (intention, preparation, attitude, and personality) and the "setting" (physical and social context, presence and attitude of others, such as friend, guide or therapist). The actual drug (whether synthesized chemical, or plant or fungal preparation) functions as a kind of catalyst for perceptual and mental changes that can lead to insight, healing, learning, visions and delight – or confusion, anxiety, paranoia, delusion and depression.

Impeccable scientist that he is, Alexander Shulgin understood this immediately after his first self-experiment with mescaline and incorporated that understanding into his two monumental contributions to the scientific study of consciousness, *PIHKAL* and *TIHKAL*. Recognizing that animal studies of new pharmaceuticals provide zero useful information of their action in humans, he opted instead for the time-honored method of self-experimentation. In the introduction to *PIHKAL*, he wrote “psychedelic drugs provide access to the parts of us which have answers. They can, but again, they need not and probably will not, unless that is the purpose for which they are being used.” He forcefully states the case against doing so-called “double-blind” studies, which in the case of psychoactive drugs, where the effects can only be observed in one’s own sensorium and state of consciousness, “verges upon the unethical.”

Sasha describes how he tested each new drug that he'd created in the laboratory, using himself, his wife Ann and a group of about a dozen research associates who met together and sampled each new compound he had created, following his molecular intuition in a way that only a highly trained and intuitively gifted chemist could. He established a safe dosage range and developed a five-point scale of subjective intensity on which each compound was rated, by himself and his associates. Considering the effects of psychedelic compounds to be a function of (1) the substance (2) the set and (3) the setting, his research method held factors (2) and (3) constant, which allowed for meaningful comparisons between different substances. His setting was a comfortable home, certain rules of etiquette were agreed to by all, precautions and procedural signals established – so that any participant could veto any aspect of the situation with which they were uncomfortable. Very importantly also, rules relating to sexual activity during each experiment were formalized – essentially allowing private sexuality for couples and otherwise respecting appropriate boundaries.

It is hard to overstate the significance of Shulgin's scientific contribution in these two volumes. *Erowid*, the ongoing internet-based encyclopedia of psychoactive drug experiences, does provide a useful preliminary gathering of observations, but we have to consider that the set-and-setting factors for each observation vary enormously and are confounding the differences between substances.

Scientifically, Sasha's reports provide much more useful information. In his reporting the set and setting variables are held constant and the reports provided are from a consistent group of seasoned observers. So we can be reasonably certain that differences observed between the different compounds are in fact due to the particular actions of that compound in the human observer.

In the mid-1980s when MDMA was first created (or rather, re-created as Sasha always pointed out) it began to be used as an adjunct to psychotherapy by a handful of therapists on the West Coast, including my esteemed friends and mentors Jack Downing and Leo Zeff. Jack Downing, MD who was trained in and practiced Gestalt

therapy and Roling body-work, had come as a psychiatric observer to the experiments the Leary group conducted in Zihuatanejo, Mexico in the early 1960s. He was my supervisor and teacher in the early days of my psychotherapy practice – whether amplified by psychedelics or not. Leo Zeff was a psychotherapist who had experimented with a variety of the substances coming out of Shulgin's laboratory as adjuncts to psychotherapy and by the time I met him had come to regard MDMA as by far the most promising of these tools. So promising in fact that he no longer said that he used it as an adjunct to psychotherapy – he just provided the substance and his supportive presence and the clients did all the work themselves. In deference to the fast changing prohibitionist movement which was making these drugs illegal almost as fast as Shulgin was creating them, Leo Zeff used the code name *ADAM* for MDMA – which seemed to fit the sense of *primordial beingness* that many associated with their experience.

The name *Adam* refers to an important symbolic figure in Gnostic and Hermetic writings, about which C.G. Jung wrote extensively. He represents "primordial man," "original being," "androgynous ancestor", "man of the Earth," the condition of primal innocence, and unity with all life, as described in the biblical account of the Garden of Eden. Feelings of being returned to a natural state of innocence, before guilt, shame, and unworthiness arose, are common in Adamic ecstasies, as are feelings of connectedness and bonding with fellow human beings, animals, plants, and all the forms and energies of the natural world.

Through my friend the anthropologist Angeles Arrien, I discovered that there was a historical group of spiritual seekers, called the *Adamites*. Consulting an online encyclopedia I learned that "this obscure sect, dating probably from the 2nd century, professed to have regained Adam's primeval innocence." They were related to one or more Gnostic sects flourishing during those times. "They called their church *Paradise* claiming that its members were re-established in Adam and Eve's state of original innocence." While modern people using Adam or Ecstasy in their celebratory rituals would no doubt balk at considering their activities akin to an

early Christian liturgy, the fact is that there do exist some contemporary groups who take the substance *Ecstasy* in church-like gatherings for quiet contemplation – and of course others who take it in ecstatic dance raves.

Leo Zeff's pioneering psychotherapy work with MDMA and other substances was first described anonymously in a book by Myron Stolaroff called *The Secret Chief*. In the first edition of this book, published in 1997, the name given to the psychotherapist whose work was described was given as *Jacob*. The title of the book – *The Secret Chief*, which Myron Stolaroff credits to Terence McKenna, was an allusion to a character in Hermann Hesse's novel *Journey to the East*, published in Germany in the 1920s. In this story of a group of seekers on a spiritual journey, disguised as a journey to the geographical East, there is a character called Leo, who is a humble and good-humored servant to the pilgrims, and who later turns out actually to be the chief of a secret league of spiritual seekers and aspirants. This character Leo, in the Hesse story, never assumed any leading role or title, but "his quiet authority was such that all were happy to follow his guidance." This characterization seemed to resonate with people who knew Leo Zeff in our time and the way he worked.

I believe both Terence and Myron, consciously or not, were inspired by the concept of the Hesse story when they used the title "secret chief" to describe the work of the pseudonymous therapist in the first edition of his book, in which the therapist was called *Jacob*, out of deference to his and his family's need for privacy and the ability to continue his work. So it was a curious and delightful example of a synchronicity, in the Jungian sense, that the chosen pseudonym secretly revealed the actual name of the person whose identity was being concealed. Unfortunately I never had the chance to confirm this connection with Myron before his death in 2013. MAPS finally published the updated edition of his book – *The Secret Chief Revealed: Conversations with Leo Zeff* – in 2005.

Leo Zeff and Jack Downing directly and indirectly introduced and trained a fairly large number of therapists in the use of MDMA as a tool for psychotherapy and

personal growth, both for individuals and in groups – but neither one of them wrote or published their findings – except in a very limited way and anonymously, preferring to carry on their work beneath the prohibitionist radar, so to speak. Both of them contributed pseudonymous case reports from their files to the anthology of experiences with MDMA that a small group of us compiled and self-published in 1985 called *Through the Gateway of the Heart* – and both of them also contributed financially to its publication. (This book, originally published under the pseudonym *Sophia Adamson*, has been out of print for some twenty years, but was re-published in 2013 in a new edition with updated introductory and supporting material, by Padma Catell and myself).

Like the other therapists in the early 1980s, using this as yet unknown and unprohibited catalyst I quickly recognized while the set-and-setting hypothesis applied with MDMA also, there were nevertheless certain unique properties of this substance. Individuals were able, if their intention in taking the substance was serious and therapeutic, to use the state to resolve, more or less by themselves, long-standing intrapsychic conflicts and/or interpersonal problems in relationships. One therapist acquaintance estimated that in five hours of one MDMA session, clients could activate and process psychic material that would normally require five months of weekly therapy sessions.

In fact, I believe that one of the factors that contributed to the underground spread of MDMA outside of therapists' auspices, was the accurate perception of many people that they could do most of the healing work they needed to do on their interpersonal relationships themselves, without the aid and expense of a therapist – if the substance was available to them. As one of the therapists in that first wave it happened to me more than once that a client, in a single MDMA session, working their way through outstanding interpersonal communication issues, made some decisions about changes needed in relationship patterns, said thank you and never came back. Such observations threw a soft monkey-wrench into the usual assumption that interpersonal relationship issues require months or years of

therapy, involving a “transference” relationship with the therapist, to work through. This is one of the ways that the MDMA-type drugs (which also include 2-CB) are radically different from the classic visionary psychedelics.

I count myself as one of many people I know who have no particular interest or need to take MDMA for myself again – finding I can access the feeling-state of empathic equanimity by simply recalling it. The only occasion I would want to take it myself would be to work on some family relationship issue with my partner. This factor of being able to do self-directed relationship healing with the aid of this substance also contributed, I believe, to its rapid spread underground. In a classic example of the American entrepreneurial spirit – “identify a need and meet it” – people figured out the chemistry, usually from Sasha’s writings – and arranged to make their own. Of course, once that process got started there was no longer any way to restrict the availability of a perfectly legal drug only to therapists for healing purposes. Pretty soon *Ecstasy* was being sold in bars in college campuses in Texas, and distributed at dance parties called *raves*. Inevitably as night follows day, the drug was made illegal and the whole distribution scene went underground. Quality control became hit-or-miss uncertain, because production was unregulated. Therapists like myself, who had used it with excellent results, could no longer obtain it for their work or their clients.

It’s interesting to observe that from a sociological point of view this MDMA story in the 1980s was more or less a replay of what happened with LSD and other psychedelics in the 1960s. A promising new drug is discovered or invented as adjunct for psychotherapy with wide-ranging applications in many areas. The drug has minimal physical effects, but huge consciousness-expanding potentials in healing, psychotherapy, creativity and spiritual growth – clearly beyond the classic psychiatric paradigms. Enterprising independent chemists figure out the manufacturing process from published literature and distribution networks arise. The medical and governmental bureaucracies react with shock and propaganda campaigns to demonize and ban the drug, instill fear in the population (fear of what,

exactly? one might ask). The drug goes underground as a recreational substance, used for dance parties - *acid tests* in the 1960s, *raves* in the 1980s. The enormous positive potentials remain relatively unexplored.

A certain commonality existed in the kinds of feeling states that people reported regarding their initial experiences with MDMA – using words such as ecstasy, empathy, openness, compassion, peace, acceptance, forgiveness, healing, oneness, and caring. There weren't any reports of hallucinatory “bummers” or torturous “bad trips”, as with the other psychedelics. In fact, there weren't any visions or hallucinations at all – people just reported hitherto unknown levels of positive and affirmative feeling. As an example, one woman observed, in her first experience with MDMA, a kind of knot in her heart-center. As she focused warmth and caring attention on it, it seemed to literally loosen and unravel; simultaneously, she was aware that several of her personal relationships were somehow being healed. At the end, she felt much more positive about each of these relationships. One client of mine who had experienced LSD and a variety of other psychedelics, said on his first experience with MDMA, “Everything looks the same, but I *feel* completely different about it.”

In the early to mid-1980s, when the unique properties of the MDMA experience were first becoming known, a group of scientists and therapists were convened at Esalen by Stan and Christina Grof and a group called ARUPA, to discuss and explore the implications and possibilities of Sasha's remarkable discovery. Albert Hofmann, the discoverer of LSD and psilocybin, who was then already in his 80s, attended this meeting. In one of our shared explorations at that time, he said to me, empathically and emphatically, “with this substance, matter and mind are one.”

Teachers and practitioners of meditation and other forms of spiritual work have described the experience as being fundamentally an opening of the heart-center. This center (called the *anahata chakra* in the Indian Yoga system) is considered to be related to healing, and involved in all interpersonal relationships, as well as amplifying the feeling connection to the higher realms of Spirit. One meditation

teacher has suggested that the MDMA experience facilitates the dissolving of barriers between body, mind, and spirit. At one point in the early 1990s, after MDMA had escaped from the relatively small circle of California therapists into the mainstream culture, becoming the simultaneously popular and illegal drug known as *Ecstasy*, virtually all the residents of the Rajneesh ashram in Oregon were said to be using it regularly as a support for their meditation practice. Of course, the subsequent history of the Rajneesh ashrams, with its tales of physical abuse, financial corruption and flagrant criminality demonstrates (again) that temporarily enhanced positive and even spiritual feeling states do not necessarily translate to enhanced responsible behavior without an ongoing spiritual practice.

In the typical *Adamic Ecstasy* experience mind and body can be effortlessly coordinated: an empathic positive attitude, so significant for interpersonal relationships, also becomes the attitude toward one's own body, which in turn, feels accepted and protected. Thus, instinctual awareness, as well as mental, emotional, and sensory awareness, can all function together, rather than one being the focus at the expense of the others. Similarly, Spirit or Higher Self is no longer felt as a remote abstract concept, "above" somewhere, but rather one senses the presence of spirit infusing the structures of the body and the images and attitudes of the mind. Awareness is expanded to include all parts of the body, all aspects of the mind, and the higher spiritual realms of consciousness. This permits a kind of re-connecting, a re-membering of the totality of our experience, an access to forgotten truth.

The drugs and plants in the general class of mind-altering or mind-assisting substances, known to have profound effects on the language centers in the brain, also have led to a curious set of terminological debates among researchers. No one seems to agree what to call them! The classic triad of LSD, mescaline and psilocybin were called *psychotomimetic* ("psychosis-mimicking", although they don't, except sometimes), *hallucinogenic* ("hallucination-inducing", although they don't, except sometimes), *psychodysleptic* ("painful experience producing", although they don't, except sometimes), *psychedelic* ("mind-manifesting", although they don't, except

sometimes) and *entheogenic* (“inner divinity connecting”, although they don’t, except sometimes). The simple but profound fact of the matter is that the nature of the “drug-induced effect” with these particular substances, unlike with any other drug or plant substance known in medicine, cannot be understood or predicted apart from the set and setting – i.e. the context and intention with which they are ingested. They are *non-specific awareness amplifiers*. Sasha Shulgin, ever the respectful scientist, gives the chemical names and formulae of the substances in his two compendiums, and adds the most common colloquial name, if they have one, and leaves it at that, without trying to invent a new mental category.

That said, there does seem to be somewhat of a consensus in both the scientific and the popular literature that MDMA or *Ecstasy* and its closest chemical relatives, deserve a different category/name than the classic psychedelics, for two main reasons: (1) there are no visions, or hallucinations, or perceptual changes and (2) the affective or emotional response is uniformly positive, i.e. no hallucinatory horror or terror trips. (Negative or physically uncomfortable experiences, when they do occur, seem to stem from excessive consumption or possibly contaminated substances). The predictable positive affective response is what makes it ideal treatment support for traumatized individuals. The last thing you want in therapy for PTSD is for the traumatic experience to be replayed in excruciating detail with all the pain and shock of the original. Instead, what you need is for the traumatized individual to be able to recall and relate the trauma with an assured underlying attitude of empathy for self and others.

Indeed, there now appears to be an emerging consensus that it is in the treatment of PTSD that MDMA-facilitated therapy will find its first approved place in mainstream medicine and psychiatry. Especially considering the huge numbers of traumatized soldiers and veterans from America’s global wars, who are treated only superficially with conventional tranquilizers and sedatives and whose appallingly high suicide rate shows the total inadequacy of current approaches. Though the process of getting FDA/DEA final approval may take five more years and cost \$50 million –

compared to the ongoing cost of medical and rehabilitative care in this population, this is small change. The initial research studies in the use of MDMA in the treatment of both sexual trauma and war trauma by Michael and Annie Mithoefer are enormously promising. In *Through the Gateway of the Heart*, there are two case studies of rape and violence victims who were almost completely healed after a small number of MDMA-therapy sessions. I also published (in the MAPS Bulletin) a case study of a Vietnam vet, who was able, in the course of a single MDMA-therapy session, to identify and release the enormous pressure-cooker of suppressed fear induced in a war-situation and transform that energy into peace activism.

I can also mention that I had occasion, some twenty years ago, to work with an activist in a South American country who had been imprisoned by the local *junta* and brutally tortured. Following the process guidelines developed by the outstanding pioneer of trauma therapy Peter Levine, Ph.D. (who does not use MDMA), I first asked the man to empathically recall and connect with a totally calm and safe emotional attitude. This was then the space from which he related, in small segments, the various tortures that he had endured, and screamed his pain (muffled with a cloth stuffed in his mouth), going back to the safe space after each segment. In this gradual calibrated process the MDMA definitely amplified the basic self-empathic posture at the basis of healing. It should be noted that this form of therapy could not be used, for obvious reasons, where the torture victim was forcibly given different kinds of drugs – but apart from that MDMA therapy offers great hope in these horrendous situations.

A few years ago, a friendly little debate arose in the pages of the MAPS Bulletin about whether MDMA should be called *entactogenic* (“inducing an inner touching”), a term proposed by chemist David Nichols, or *empathogenic* (“inducing an empathic response”), which was the term I proposed. Readers of the Bulletin weighed in on one side or the other, and no consensus emerged. I argued that “touching within” doesn’t really distinguish MDMA-type drugs from other psychedelics, all of which touch the inner realms of consciousness. A facilitation of empathy, for others and for

self, seemed to me to be the key to its usefulness in psychotherapy. On the other hand, I recognize of course that the drug *per se* doesn't induce empathy – unless that is in fact the intention or predisposition of the individual in the context of the situation. The thousands of ravers who take Ecstasy to dance the night away, aren't necessarily having an empathic experience or an inner spiritual experience for that matter. That said, it does appear that more of the European researchers writing in the scientific literature in Europe use the term *entactogen*, whereas more of the American researchers use *empathogen*.

In yet another paradoxical wrinkle, even while we can acknowledge the primacy of set and setting over the specific drug in accounting for most of the content of an MDMA experience, there are occasions when the substance itself seems to overrule those factors. Let me give two examples. One comes from a Hollywood movie – *The Anniversary Party*. In this 2001 film Jennifer Jason Leigh and Alan Cumming play a Hollywood power couple who invite a dozen friends for their anniversary party. The usual alcohol-fuelled small talk and gossip ensues, until the character played by Gwyneth Paltrow produces a handful of *Ecstasy* tablets which she passes out to everybody. Gradually the tempo and character of the conversations changes, as masks and pretense drop away, and painful deep feelings and stories are shared – though no explicit connection to the drug is made. So here the set and setting were anything but supportive of empathy or honest emotional connection – and yet it happened, as it might in any informal group gathering involving MDMA.

My second example concerns a story told to me by my long-term friend George D., who gave me permission to publish his story in my blog (www.ralphmetznerblog.com, May 2, 2013) George was visiting his ageing mother in Greece, with his wife and three teen-age daughters. His mother, in her 70s, was demented and addressed a constant stream of hate-filled language at her son and grandchildren, accusing him of trying to kill her, poison her, etc rejecting all gestures and expressions of familial affection. In desperation at his inability to reach

her, he decided to violate his own standards of integrity and knowing that she would never understand any explanations he might offer, gave her a dose of Ecstasy under the excuse that it was a "vitamin." George and his family left her alone for a while, and when they returned to her house after an hour or so, they found the mother in an ecstatic trance, praying and swaying in front of her Orthodox religious icons, tears streaming down her face. From then on until the end of her life a few months later, she was a dramatically different person. Gone were the raging curses and accusations – she laughed and played with her grandchildren, lavished affection on them and enjoyed the excursions with her in a wheel-chair. She had been totally released from what seemed in retrospect like a malignant curse.

Both George and I recognized that he had violated the implicit and explicit code of ethics observed by virtually all psychedelic explorers – not to give a psychedelic drug to someone without their knowledge and consent – and had taken a chance in so doing. At the same time, it must be said that researchers in the medical-pharmaceutical complex violate this principle all the time, when they use their double-blind placebo-control studies to test and then launch new pharmaceuticals when next to nothing is known about their long-term effects in humans.

The folklore and terminology that have arisen around these substances give one a good indication of the basic nature of the experience. "Ecstasy" as a name points to states of emotional warmth and well-being, euphoria, pleasure, joy, and sensuality that are almost universally reported. It should be noted that the *empathy* so often reported in association with this substance is distinctly different than "sympathy." Sympathy is an unconscious reaction of feeling the same as someone else. Empathy is sympathy with understanding, with consciousness; you do not forget who you are, even though you can "feel into" (*em-patheia*) the other. People noticed and recognized that they could have true compassion, forgiveness, and understanding for those with whom they have important relationships.

Most importantly, in terms of the therapeutic implications, they could have empathy and compassion for themselves, for their ordinary, neurotic, childish, struggling

persona or ego. The relative absence or attenuation of normal anxiety and fear in these states is perhaps the single most important feature in regard to their therapeutic value. People report being able to think about, talk about, and deal with inner or outer issues that are otherwise avoided because of the anxiety levels normally associated with those issues.

The questions, purposes, or agenda brought to a therapy-oriented MDMA session, as discussed above, basically set the tone of the experience. Whatever unfolds during the experience seems to be, in a sense, an answer to those questions— even though this may not become apparent until much later. Most therapists suggest to the voyager to go first as far and deeply within as he can, to the core or ground of being, to his High Self— or similar directions. From this place of total centeredness, compassion and insight, one can then review and analyze the usual problems and questions of one's life. It is not uncommon for people to feel and report to the therapist that all their questions and problems have been dissolved in the all-embracing love and compassion that they are feeling. Even with such an initial state of total unity and transcendence, it is often helpful later to ask the questions, and perhaps record one's answers or comments, on tape for post-session review.

The empathy characteristic of these states is such that one can think clearly about the various options one has available without the usual distortions caused by emotional attractions or aversions. In couples' sessions one can assess the probable emotional impact of things one might choose to say to a partner or friend and modify one's expression so as to minimize the activation of defensive or hostile reactions. One can hear things without getting hurt or angry, and one can say things that are emotionally truthful without getting fearful or timid. Of course, as with LSD-assisted psychotherapy, or any other kind of breakthrough experience, the *state* is always temporary and whether the insights and understandings reached can be integrated into one's ongoing life situation, is a matter for follow-up and further therapeutic process and practice.

In reading accounts like those in *Through the Gateway of the Heart*, one is struck by how people often express their realizations in the form of seemingly banal statements— such as that one only needs love and all else falls into place, or that coming from the Heart all other choices are easy and right. But the statements are *felt* with an intensity that belies their seeming banality. What these observations and experiences imply is that here we have a substance with perhaps its greatest value and potential in the self-training of psychotherapists. The ability to experience and articulate empathy toward the patient is often regarded as the most important criterion of effective psychotherapy. Psychotherapists who have themselves experienced MDMA affirm that besides their own personal learning that takes place, they frequently also have insights into their client's problems.

Various practices of meditation, yoga, guided imagery, shamanic journey work, and mindful breathing can all be performed and have been practiced by individuals while in this state. Most people who have attempted them have found it most effective to practice such methods either with low dosage MDMA (50-100 mg) or toward the latter half of the session (after two or three hours). However, most forms of meditation require a motionless sitting posture, and such immobility may be hard to maintain for very long in the ultra-relaxed Adamic Ecstasy state, especially for a beginner. On the plus side, the kind of detached, yet compassionate, attitude called for in most meditation systems can be attained and maintained effortlessly with the empathogens— this attitude then serving as a kind of foundation for deeper and deeper states of meditative absorption.

Various forms of bodywork and massage can also be amplified greatly in their range and depth if the recipient's awareness has been sensitized by MDMA in lower dosages. The usual report from such experiences is that the recipient of the bodywork who has taken MDMA is in an ultra-relaxed state in which every bodily movement or response is carried out with a much greater range and less resistance. The effects of finger pressure on the shoulder, for example, might be felt in a flow of connectedness all the way to the feet.

It goes perhaps without saying (but nevertheless is still worth saying) that in all individual and group therapeutic sessions with MDMA and similar empathogens the ethical guidelines for the behavior of clients and therapists must be explicitly discussed and agreed prior to the session. We have seen how in Sasha Shulgin's groups, which are exploratory and not therapy-oriented, there are nevertheless explicit ethical codes of interpersonal behavior, especially in the sexual arena. Equally important is it to adhere to the commonly accepted ethical guidelines in individual therapy or body-work amplified by MDMA/Ecstasy.

In my edited collection of MDMA experiences, *Through the Gateway of the Heart*, there are several accounts that highlight the unusually clear differentiation of sexuality and sensuality that is characteristic of the *Adamic Ecstasy* experience. People report (frequently, if not universally) feeling emotionally intimate, being able to easily share deep feelings in a kind of emotional mergence with their partner but not particularly sexually aroused or even interested. This quality of the experience may be the reason why people can attend *Ecstasy* raves with thousands of people dancing with abandon, share intimate conversations with people, but not feel threatened by any unwanted approaches.

In the Esalen gatherings that took place in the early 1980s, I decided to test this Adamic perception of non-sexual intimacy by engaging with an Esalen masseuse to have two sessions with her on separate days – one in which I took MDMA and one in which I didn't. I wrote up this delightful experiment in *Through the Gateway of the Heart*. The "control" experience, by the attractive nude masseuse, was pleasurable, with the usual accompaniment of lustful thoughts and desire-filled fantasies. The experience of massage, by the same masseuse, after 50 mg of MDMA, I described as *tantric* – "desire was transcended by being fulfilled and there was nothing else that I wanted." In this and other accounts, people report feeling emotionally merged with the other, desirous of close physical contact, clothed or unclothed, but no striving for heightened sensation or orgasmic release. There is typically no desire for further merging or penetration and thus also, little or no tumescence in the genitalia.

Subjectively, it's as if the sensual and emotional bonding is already taking place, so genital merging seems redundant.

A confirmation of this kind of “genital bypass” effect of MDMA, was related to me by a former psychotherapy client who had gone to Peru to participate in ayahuasca ceremonies with a well-known shaman. This particular shaman was known for having sex with Western women who participated in his ceremonies – always claiming, of course, that each one was “special.” When the woman gave him a dose of this new Western medicine to try, he despised it, because the lack of tumescence in his sexual organ inhibited his shamanic powers, as he claimed.

It has seemed to me for a long time that the non-sexual emotional intimacy that MDMA seems to induce or facilitate is both a reason for its astonishing efficacy and as an adjunct to psychotherapy – where sexual feelings towards the therapist are regarded as an inappropriate “transference” *and* the reason for its amazing safety record in ecstatic rave dance parties of thousands. When I became aware of the research with MDMA carried out by Dr. Torsten Passie, a German psychiatrist working at the University of Hanover, who has reported on individual and group psychotherapy with MDMA and also studied the neurophysiological and neuropharmacological correlates of the experience, I realized what the essential element is in this remarkable medicine.

Passie 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.

To my mind the most provocative of his findings is that MDMA results in a release of *prolactin*, the hormone associated with breast-feeding, and *oxytocin*, sometimes called the “cuddle hormone.” Both of these hormones are released naturally during non-sexual post-orgasmic intimacy. As Dr. Passie points out, the 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 at all. Even couples who were intimately involved have reported that with MDMA, the sexual drive was often just not there. Several women who have had children have also confirmed that the MDMA experience is comparable, at its best, to the blissful merging-fusion feelings experienced by mother and infant during lactation.

If it turns out that *prolactin* release is the hormonal basis (or at least one of the factors responsible) for the outpouring of empathic and telepathic communion characteristic of the MDMA experience, it is not surprising that it counteracts fear, trauma, distrust, separation anxiety and the like. The MDMA experience stimulates the hormones of nursing and post-orgasmic bliss – archetypal opposites of fear and isolation/separation.

From healing the traumatic wounds of war, to facilitating deep interpersonal communication, to provoking ecstatic Dionysian revels, to restoring the primal mother-infant safety bond – what an amazing basket of gifts Sasha Shulgin’s discoveries have bestowed to the world!

We shall always be grateful.

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