The Nature of the MDMA Experience and Its Role in Healing, Psychotherapy, and Spiritual Practice

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This paper describes some observations from individual and group experiences with MDMA (and other empathogenic substances), relating to the application of these experiences in self-healing, psychotherapy, and spiritual practice. We also offer some guidelines, distilled from the experience of about two dozen therapists and practitioners, for the most effective use of these substances.

Traditional societies, such as the American Indian, do not separate the three areas; thus, their ceremonies including peyote rituals or sweat lodge are at the same time worship, curing, and problem solving. In modern Western societies these three areas are kept academically and professionally distinct. The rigid separation of these three functions along the lines of professional guilds and their special interest groups may be one of the reasons why Western societies except for the American Indian have found it so problematical to deal with psychedelics in a rational, socially beneficial manner.

It is the primary thesis of this paper that the empathogenic substances induce an experience that has the potential for dissolving the defensive intrapsychic separation between spirit, mind, and body, and that therefore physical healing, psychological problem solving, and spiritual awareness can and usually do co-occur in the same experience. In traditional peoples’ healing ceremonies, when curing or therapy takes place, it happens in the context of a ritual shared by a group, which is also regarded as a sacred experience. This is very different from the conventional Western medical model, which treats healing drugs as something to be administered on a daily schedule and not as an experience to be shared between doctor and patient. The records of the sessions with empathogenic and psychedelic substances indicate that the experiences fit naturally within the integrative world views of indigenous, shamanic cultures.

The changes that occur in an individual’s consciousness during such experiences are likely to be changes in attitude toward the body, which facilitate the body’s own healing and regenerative processes. The psychological problem solving that occurs is also most frequently a shift in perspective, a reframing of a belief that may also be healing and have spiritual implications. When an individual has a realization of the spiritual core of being, there are often healing and therapeutic changes, almost as by-products. In all three areas, the integrity and responsibility of the individual is affirmed and empowered; dependence on the doctor, or the medicine, is reduced. These attitudes and changes can be and often are carried over into one’s ordinary life afterwards.

The research with psychedelic drugs carried out during the 1960s led to the hypothesis, widely accepted by workers in the field, that psychedelics are nonspecific psychic amplifiers and that the content of a psychedelic experience is primarily a function of the “set” (expectations, intention, attitude, and personality) and the “setting” (physical and social context, presence and attitude of others including guide). This set-and-setting hypothesis is a useful model for understanding the experiences with MDMA also: the specific insights, feelings, and resolutions of problems that occur are unique to the individual. Nevertheless, a certain commonality exists in the kinds of feeling states usually named: ecstasy, empathy, openness, compassion, peace, acceptance, forgiveness, healing, oneness, and caring. Individuals are able, if their intention in taking the substance is serious and therapeutic, to use the state to resolve long-standing intrapsychic conflicts or interpersonal problems in relationships. One therapist has estimated that in five hours of one Adam session, clients could activate and process psychic material that would normally require five months of weekly therapy sessions.

Teachers and practitioners of meditation and other forms of spiritual work describe the experience as being fundamentally an opening of the heart-center. The heart-center (or chakra) is considered to be related to healing, and involved in all interpersonal relationships,
especially familial and intimate ones. In many systems, because of its location midway between the abdominal and pelvic lower centers and the throat and brain higher centers, the heart-center is regarded as the bridge between the mental and spiritual aspects "above," and the bodily and instinctual nature "below." Thus the opening (even partially) of this center is seen as the foundation for all further psychospiritual growth and practice. 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 better about each of these relationships.

One meditation teacher has suggested that the Adam experience facilitates the dissolving of barriers between body, mind, and spirit—the same separation within the individual that can be observed in the society, as noted above. Mind and body can be coordinated: mind, including feelings, has a positive empathic attitude toward the 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 other. Similarly, spirit or 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 reaches of spirit. This permits a kind of re-connecting, a remembering of the totality of our experience, an access to forgotten truths.

In other research on altered states of consciousness, the catalyst or trigger of a mind-opening experience can be rhythmic drumming, hypnotic induction, fasting, solitude, a meditation practice, a particular piece of music, or other factors. In the case of these experiences, the chemical catalyst triggers a change of feeling state, in which the insights and perceptions that take place (though often appearing ordinary and commonplace when they are afterwards described to others) are felt with a depth and poignancy of emotion that was for most people unheard of in their lives up to the time of that first experience.

This is not to say that similar or identical changes of consciousness could not be produced or arrived at without the use of these empathogenic substances. Obviously, many people have had in the past, and continue to have, empathic and heart-opening experiences without the use of any external aid, pharmaceutical or other. And those individuals who are able to attain such insights and solutions without external catalysts are clearly to be commended. For most, the heightened and deepened state of awareness facilitated by the drug serves as a kind of preview, as it were, a taste of the possibilities that exist for much greater emotional openness and relatedness than they had imagined. They are clearly aware too that the drug experience is a temporary state and one that can be converted into the ongoing reality of everyday consciousness only with continuing therapeutic and spiritual practice—and not with the continued use of the drug. Most people do not want to repeat the experience very often—it is felt to be too intense, too sacred. Although the possibility of becoming psychologically dependent on this, or any other drug, cannot be ruled out, there is a fairly high degree of consensus that it is not addicting.

The folklore and terminology that have arisen around these substances give one a good indication of the basic nature of the experience. "XTC" or "Ecstasy" as a name points to the striking qualities of emotional warmth, well-being, euphoria, pleasure, joy, and sensuality almost universally reported. The empathy so often reported has a distinctly different feel to it than "sympathy"; the latter is seen as 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 within" (em-patheiala) the other. People feel they have true compassion, forgiveness, and understanding for those with whom they have important relationships. Most importantly, in terms of the therapeutic implications, they 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.

Perhaps the most interesting code name for MDMA, which seems to have originated with a group of therapists on the West
There are important implications for empathogenic substances in the treatment of trauma.

Coast, is the term “Adam,” by which is meant not Adam as man, but rather Adam-and-Eve as androgynous ancestor. The figure of Adam is a highly important symbolic figure in gnostic and Hermetic writings, and C. G. Jung wrote extensively about it. He represents the “primordial man,” the “original being,” the “man of Earth,” the condition of primal innocence, and unity with all life, as described in the Bible’s 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 these Adamic ecstasies; and so are feelings of connectedness and bonding with fellow human beings, animals, plants, and all the forms and energies of the natural world. Since gnosia is a direct experiential knowledge of divine reality, it would not be inappropriate to call psychedelics “gnostic catalysts.”

To illustrate the role of MDMA and other empathogenics in the three areas of psychotherapy, healing, and spiritual insight, we would like to quote from the first-person accounts published in Through the Gateway of the Heart. The general finding is that breakthroughs in any of these areas occur, depending on the individual’s set or intention. The psychocatalytic action of the empathogenic drug only operates within the context of a prepared and attentive attitude. Those who take the drug “for recreation,” or “just to experience the high,” are likely to get just that: a pleasant, even pleasurable, few hours, with little or no intellectual content.

The following account, edited from a verbatim transcript recorded during an MDMA session, exemplifies the process of attaining a new and enlarged perspective on the role of ego. The subject is a 35-year-old woman, graduate student and programmer:

The ego wants everything. It’s like an octopus grabbing and grabbing. Ego wants to control and it gets threatened. The reason my ego is so threatened is because I’ve lived so much of my life not here. The ego knows it has a very tenuous hold. Meditation threatens my ego. All my spiritual work threatens my ego. So my ego tries to take hold of it as its own. “I’ll be more perfect and spiritual”—that’s the ego. What the ego has to know is that the change in me is that I want to integrate, to incarnate. I want to be here; ego does not have to be threatened. I realize for the first time that I want to be here . . . I’m not my ego. My ego is that little pea. My ego is a part of who I am, but I am not my ego. My ego is a subset, just a little pea.

What is being described here is a shift in identification: from being fully identified with the ego to being the larger Self, the larger consciousness, from which the ego perspective is seen as limited and fearful. This subject went on to have a truly intense experience of mystical enlightenment in that same session.

The following account by a different subject, written several days after an MDMA session, describes the aftereffects, or results, of an anamnestic review of childhood trauma during the session:

Material about a sexual molestation incident—first reported during a hypnosis session several weeks ago—has had much more meaning for me since I heard the tape of the Adam session. In it I sounded like I was seven years old. The impact comes from the deep recognition of how many ways the event molded my response to the world around me, in part because of the distrust of my parents that was focused by the incident. Reliving this incident helped to free up my energy and emotions in a number of ways. It feels like this process will be ongoing for some time to come. In general, my journey with Adam affirmed who I am, what I am doing, where I am going. The affirmation was experienced through an opening of the heart rather than a deep intellectual understanding . . . In this set and setting, with empathy for all aspects of life, learning took place whose content was easily and deeply received . . . I am able to perceive, receive, and respond to love in a much more open way than I did a few weeks ago.

A third example of therapeutic breakthrough comes from the experience of a compulsive sexual masochist, who, after tasting the pleasure of the MDMA experience, had some apprehension that he might become addicted to it, as well as insight into the nature of his compulsion:

I didn’t really think that I could become addicted to the experience in the sense of being addicted to alcohol or to sexual excess with prostitutes. I perceive those as addictions precisely because of their compulsive quality, the quality of never actually obtaining a satisfying, whole, pleasant experience. With the experience of MDMA, on the other hand, I feel none of that compulsion. It really
has an entirely different quality, like it's in some way outside all the time, outside of my life and my neuroses, literally a taste of the infinite bliss of being a conscious entity. In a very fundamental sense, it is the kind of experience that every conscious being really wants and needs. We get a sense of our true selves and how they are perfect, beautiful, whole, and complete. It fulfilled all of my childhood dreams, all of the unfulfilled longings, and all of the feelings of limitation and loss have been swept away by the sense of who I really am.

The book *Through the Gateway of the Heart* contains two accounts of MDMA therapy by rape victims, who were helped considerably. One woman, a therapist herself, experienced complete amnesia of her attack, as well as dissociated panic attacks and recurrent nightmares for a year, and then was able to move through the trauma in a series of four MDMA sessions over a period of 12 months. She wrote:

Adam broke through the repressive/defensive network and took me back into the experience of the attack that was too much for my psyche to bear. During the Adam, I moved in and out of the attack: being plunged into the horror, then moving into a transitional phase of regression, into what was reported to me as almost infantile, even fetal, states... At times I would come around with what was reported as exceptional presence—a vibrancy and change of color, an expansive quality rather than a fearful, contracted quality—and with a beaming sort of aura. I felt expansive, physically exhausted, but full of love and a deep feeling of peace. It has seemed the Adam has allowed me to move into the fragments of the attack, to reexperience what I needed to reexperience, and to desensitize me to my surroundings. The dissociative episodes have ended, and I can now move through trauma and come out of it in an open, loving way, rather than leaving me with more memory of assault.

The successful therapeutic outcome of this and similar situations has important implications for the future applications of empathogenetic substances in the treatment of the aftereffects of trauma. The condition "post-traumatic stress disorder," which has only recently been recognized in American psychiatry as a diagnosis, and which includes the victims of physical and sexual assault, soldiers suffering from breakdown in war zones (e.g., Vietnam), and the increasing numbers of torture victims, has not really found as yet an effective therapeutic approach. MDMA therapy may be the sought-after method because of its ability to access memories blocked out by repression. The only limitation on its use would be in the case of individuals who were tortured by the administration of psychiatric drugs or toxins, whose negative set would preclude them from participating in a drug-induced therapeutic experience.

The following account illustrates a healing experience, a change of attitude that involved possession changes in lifestyle and health habits:

My physical disorder—I search inward and discover resistance to the physical plane. My guide encourages me to observe patterns in nature and give birth to creative patterns of order. The phrase "the order that enables us" helps free my thinking. I remind myself that I am becoming a home to the indwelling Spirit; it will see out of my eyes, and it likes to see beauty, proportion, and harmony... I proceed to ask for guidance and support for integrating these changes into my life. I do intend to become a perfect temple for this God-consciousness... I had always felt unconscious and therefore cut off from my body... During the course of a single Adam session, I experienced a deep, natural healing within myself. I reowned my body. In the two weeks that have followed, I have observed the following behavioral changes: I choose lighter, healthful foods, and no longer desire heavy, fatty foods; a definite increase in the grace with which I move; an instinctive desire for water with a marked increase in daily fluid intake; no desire for caffeine or alcohol. And for the first time in my life, I can feel myself consciously and lovingly aware of the body in which I live.

Another subject, a 44-year-old woman with breast cancer, reported an experience of "dissolving into tiny cells that were part of everything." She repeatedly "heard," and told herself to "let go, just let go, and as I let go I could feel the cells in my body moving toward healing." Placing her hands on various parts of her body in need of healing, she said, "I was the healing and I witnessed the healing." Her physician subsequently reported an improvement in her condition.

An unusually dramatic healing was reported by a man who suffered from long-term debilitating pain from spinal arthritis. During the MDMA sessions, he experienced "arthritic crystals breaking up" as he moved in his body. Subsequently, he discovered that hitting himself with repetitive small flailing movements of the hands and, later, a broom, in what he described as "physical self-flagellation," seemed to also loosen up the crystals and relieve the pain. The flagellation was both the treatment for his condition, as well as a symbolic expression of the
meaning of his disease. In a later MDMA session, he confronted and released his fear of death and went through a rebirth experience after which "for the first time I felt pain as an ally, not as an enemy. I can use it for insight and understanding, and not for self-destruction. Using the pain with love and understanding instead of constantly fighting it with deep animosity will enable me to end it." In other words, the development of empathy for himself, his body and his pain was the crucial turning point in his approach to the disease—which was permanently successful.

Experiences of spiritual enlightenment, of discovery, are almost commonplace in the accounts of MDMA experiences. Depending on the person's background and intention, they may occur as the result of a focused choice, or totally unexpectedly. The following account is a description of the union of personality and Self, human and divine:

I allow, invite, surrender God into my own body. God consciousness aches for and eagerly awaits this moment to enter me, as it longs to enter each of us, at any and every moment . . . Painlessly, in silent ecstasy, that which has lived as my guest, my visitor, my "higher" self becomes part of my consciousness. We merge. No longer higher, it is now inner, merging with that which I chose. The chooser becomes the chosen . . . This phase ends here with the glad marriage of myself and my Self.

Another subject, a woman who had become afraid to meditate because some shadowy "guides" would appear, found in the Adam session that her fear of the guides, and hence of meditation, was dissipated. And her guides instead gave her instructions on meditation that she was able to accept. "There were about ten of them, dressed in draped gray garments, and I could tell by feeling that some of them were male and some female. They felt like my real family. They spoke to me not in words, but in mind-to-mind communication, about the importance of meditation for my growth."

Vivid experiences of kundalini energy phenomena are not at all uncommon in MDMA sessions, especially when the person is one who has consciously studied and practiced yoga. A subject who was a migraine sufferer found herself first out of her body, forgiving herself for past and present misdeeds, and then let the energy move through her body: "My body danced and leaped with the kundalini energy. I just let it dance and loved it." Later she felt reaffirmed and strengthened in her work as a therapist, and in her spiritual studies of the Kabbalah. This kind of experience, of getting a fresh perspective on a teaching one has already studied or a fresh motivation to pursue some practice one has neglected, is frequently reported. It is much less likely that someone will be inspired to pursue a path they were totally unfamiliar with.

Many subjects report feelings of light, sometimes (although rarely) accompanied by visual sensations of lights, auras, or images. More often, it is the emotional and the physical, kinesthetic awareness that is activated:

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The single most important foundation for a beneficial experience is intention.

GUIDELINES FOR THE SACRAMENTAL USE OF EMPATHOGENIC SUBSTANCES

The following guidelines have been compiled from the collective experience of about 20 or 30 therapists who have used these substances in their work and who have based their methods on observation of hundreds of individual sessions. Although there is by no means uniformity of approach among the different practitioners, the guidelines offered here do represent a kind of distillation of methods that have proven their efficacy. Their description here should not in any way be construed as an encouragement of the use of illegal substances. Rather they are applicable to any state of heightened empathic awareness, regardless of how it is generated.

We use the term “sacramental” to describe the approach used by most of the practitioners and therapists whom we have interviewed. To a great extent all of them share the integrative attitude that we attributed earlier to the American Indian and other indigenous cultures—an attitude that sees healing of the body, psychological problem solving, and spiritual awareness as being interrelated aspects of a unified process. Even those therapists who would not espouse any formal religious element in their work with these substances nevertheless tend to see the MDMA experience from a spiritual perspective, and to support those perspectives when they arise in the client or patient. It is for this reason that we have chosen the term “sacramental” to refer to the whole complex of drug use plus set and setting with healing, therapeutic, and spiritual aspects.

Although the use of MDMA and other drugs of this family occurs statistically most frequently in what might be called a hedonistic or recreational context, with no particular therapeutic or spiritual purpose in mind, these types of sessions will not be discussed here. It is our belief that such recreational use, although probably harmless (certainly less harmful than alcohol or tobacco), does not have the intrinsic interest and healing potential that the guided, intentional, therapeutic, and sacramental use has. The approach will be described under the headings of Preparation and Set, Alchemical Catalysts, Setting and Context, Process and Method in Individual Sessions, Process and Ritual for Group Sessions, and Follow-up and After-effects.

Preparation and Set

The single most important foundation for a beneficial experience is intention or purpose. One should ask oneself, and discuss with the therapist or guide, What is my purpose in entering into this altered state of awareness? Typically, people approach the experience with fundamental existential and spiritual questions, such as Who am I? or What is my purpose in life? or What is the next step in my spiritual path?

These are questions that all seekers have, and it is natural to want to ask them in the course of an encounter with one’s sources of inner wisdom. In addition, there may be more personal and therapeutic questions, including questions concerning physical illness, traumatic or conflicted experiences from the past, including early childhood and birth, and questions concerning imbalanced or unsatisfactory relationships with others, particularly parents, spouses, lovers, children, family, and friends. It is not uncommon for individuals to spend major portions of the experience reviewing and healing interpersonal relationships.

Other kinds of questions people have addressed are concerns regarding work and career, questions about creative expression or blocks in that area, and sometimes questions about international and global issues. Some therapists and guides encourage the person to make a written list of questions, which can then be reviewed just prior to the session or perhaps recorded on the tape that will record verbalization during the session.

Some people prefer to declare an intention to explore certain areas or topics, rather than posing questions. In either approach it is a good practice to release the questions or intentions to one’s own higher self, or inner guide, just prior to ingestion. In this way, one is not too intent merely on problem solving, which can, on occasion, tend to limit one’s experience. When an intention has been declared and released in this fashion, whatever experience unfolds then is likely to have answers to one’s questions, including
those implied but not asked. If the experience is the first one with psychedelic medicines, it is important to review any fears or other expectations one may have with the guide or sitter. If there has been extensive prior experience with psychedelics, but not MDMA, it is equally important to review these, so that the nature of one's expectations based on past experience can be understood.

The question of sexual feelings and expression between the two people should be raised. If their relationship is a professional one, then the principle of no sexual contact should be discussed and affirmed. If the two people are friends who are not lovers, their feelings for each other should be stated and clarified. They are going to be in a state of extraordinarily heightened emotional intimacy for several hours. The state allows an unusual degree of access to fears, concerns, and frustrations in the area of intimacy. But it is not advisable to use that state for the initiation of an ordinary sexual encounter. Even if the guide and the voyager are married or lovers, it is probably best to postpone actual sexual contact to the latter part of the experience because it would tend otherwise to distract from the exploration of other areas.

If two individuals who are lovers, and are experienced with empathogenic substances, wish to use a conjoint session to explore deeper levels of emotional and sexual and spiritual intimacy, this is certainly a state in which Tantric and Taoist eroticism, which is nonstriving, noncraving, and nonpossessive, can be experienced. Many accounts testify to the extraordinary tactile sensitivity and sensuousness of the Adam state. (It should be added here that a high percentage of subjects report a partial numbing of genital sensations and a consequent lack of erection in the male. It is this fact that is responsible for the finding that for some people the Adam experience is the first time they have experienced sensuality or sensuousness, without genital arousal.) But for the more usual kind of session, where someone is being initiated into an experience with the empathogenic medicines for the first time, for purposes of psychospiritual awakening, an agreement or understanding of no sexual contact is preferable. As part of the discussion around this, it is important to also agree that the physical touch of a hand on the heart, the shoulder, the head, or the hand can be an important source of support and encouragement and signals empathy or compassion but not sexual interest.

Another important part of the preparation that is usually done just before the session, as part of the discussion of intention and purpose, is to practice a meditation with which one is familiar or a basic relaxation procedure so that one can enter into the state from a baseline state that is already somewhat clear and centered and freed from distracting everyday concerns. Some people like to read, or have read aloud, a favorite passage from a personally meaningful text, such as a chosen prayer, a beautiful poem, an extract from the Course in Miracles, or similar inspirational writings. For some people the prayer or meditation might include the specific invocation of a beloved guru or teacher and the invocation of a particular deity or guardian spirit. People have had extraordinarily powerful experiences with such figures as the Great Goddess, Jesus, Shiva, or American Indian spirit beings. Such prayers and invocations should, of course, not be imposed by the guide or therapist but rather come naturally out of the individual's own practice.

Some people familiar with shamanic practices and rituals like to bring "power objects," such as crystals, feathers, or any object that has been psychically charged, to the session. Some others, especially if wanting to explore relationship issues, might bring photographs of parents or family to contemplate or photographs of themselves to activate childhood memories. Finally, it is recommended that one fast for at least six hours, or anywhere from one to several days beforehand, both so as to not reduce the substance's effect with a full stomach and also as part of the general psychic and physical purification. This will tend to make the journey much more productive and pleasant.

Alchemical Catalysts

Because the goal of alchemy was the transformation of consciousness, symbolized by the biochemical transformations taking place within the human body (the vessel or furnace), it is appropriate to call these chemical substances that facilitate a transformative reaction alchemical catalysts. The discussion here is limited to the catalysts that are generally agreed to have empathogenic effects and will not cover the larger and more varied hallucinogens such as LSD, psilocybin, or mescaline. For more detailed information on the botany, chemistry, and
pharmacology of these substances, the reader is referred to *Psychedelics Encyclopedia* by Peter Stafford.5

The compounds of this class that have been used in therapy include MDA, MDMA, MMDA, and 2-CB. Many others have been synthesized and found to be psychoactive, but none has attained the widespread attention that these have. Chemically, they are referred to as phenethylamines. Botanically, some of these compounds are found in the volatile oils of certain plants, including nutmeg and mace. Structurally, they resemble dopamine, a neurotransmitter; mescaline, a potent hallucinogen; and amphetamine, a stimulant. The psychological effects are not unlike a blend of mescaline and amphetamine, although less hallucinogenic than the former and less stimulating than the latter.

MDA is 3,4-methylenedioxymethamphetamine, and became fairly well known in the 1960s when it was called “the love drug” among the hippies. It is active in dosages from 50 mg to 200 mg. Claudio Naranjo, in his book *The Healing Journey*, called it “the drug of analysis” and reported it to be especially useful for therapeutic regression and recollection of childhood experiences. It has a duration of six to eight hours and is generally more stimulating, or amphetamine-like, than Adam or MDMA. It has a reputation for being an aphrodisiac and is used in some circles as a stimulant for dancing and sex. Because it has been illegal since the late sixties, and other compounds with fewer of the somatic side effects have been found, it does not currently find much use in therapy, as far as is known.

MDMA is 3,4-methylenedioxymethamphetamine and is active in dosages of 50 mg to 250 mg, with 150 mg as an effective dose for the average adult. It differs from MDA in its duration, which is four to five hours, and in having fewer of the amphetamine-like side effects, such as muscular tremor or jaw clenching. Onset of pharmacologic effects is usually within 20 to 30 minutes after ingestion, and there is a transient moderate rise in blood pressure and pulse rate. Subjectively, there is a rise in feelings of bodily heat, greatly increased attention and alertness, and yet bodily relaxation and ease.

MMDA is also mentioned in Naranjo’s book, where it is said to induce an experience of “the eternal now.” (Both this and the description of MDA given in that book could apply equally to MDMA.) Perhaps because of the alleged difficulty of its synthesis, it has not found much use among therapists and researchers interviewed for this study.

The only other chemical used in the present series of studies is 2-CB, which is 4-bromo-2,5-dimethoxyphenethylamine. This is more potent than MDMA, being active in some people at 18–20 mg, and 25–30 mg being the recommended maximum dose. Energy tremors, jaw clenching, heat, and greater blood pressure are the usual kind of stimulant side effects. There is great individual variation in sensitivity to this substance, so one should at all times proceed with caution, beginning always with a lower dose, and only gradually going to higher amounts. Psychologically, 2-CB is empathogenic, like MDMA, although it appears to be somewhat more body oriented and also to have some mild visual effects not unlike mescaline. Some therapists and researchers have experimented with MDMA, followed three to four hours later by 2-CB, which basically serves to extend the empathogenic experience by the same amount again.

The side effects of all of these substances occur basically in response to the amphetamine-like stimulant action in some people. They are very much dose dependent. Most frequently noticed are the jaw clenching and fine to gross muscular tremors. Many people have found that a calcium-magnesium supplement (330–500 mg), taken just before, during, or after the MDMA, can greatly reduce the intensity of these or eliminate them altogether. There is usually complete loss of appetite during the experience and even a few hours afterwards. There may be fatigue the next day, perhaps partly due to the reduced food intake. Vitamin and mineral supplements are recommended before and after the experience. Plenty of water should be available at all times because there is considerable dehydration.

Contraindications for the use of these substances, which are, it must be remembered, new and relatively unresearched pharmacologically, include heart disease or high blood pressure; hypoglycemia and diabetes; seizure disorders; and, of course, pregnancy, as with any drug. When in doubt, a physician should be consulted.

It should be remembered that these substances, unlike any other known psychiatric medication, produce an intense but transient altered state of awareness. Even though one’s perception of everyday reality is not appreciably altered with these empathogens (unlike the hallucinogens like LSD), one’s emo-
tional response to reality is greatly different. Thus, although technically a person may be able to walk around, converse, or even drive an automobile during these states, this is obviously not desirable—not only because the heightened state of emotional sensitivity could slow down one’s reactions but also because to do so would be to take one away from the interior exploration of the psyche, which is, after all, the main point of the experience.

Setting and Context

Generally, the preferred setting for sessions in the therapeutic-sacramental mode is a serene, simple, comfortable room in which the subject, client, or voyager can recline or lie down and the therapist or guide can sit nearby. Clothes should be loose and comfortable, and a blanket should be available in case of transient episodes of chilling.

It is best if there is access or proximity to the elements of nature. A fire in the fireplace serves as a reminder of the alchemical fires of inner purification and the life-preserving fire of Spirit. Fresh water to drink and proximity to a stream or ocean reminds us of the watery origins of our life. There should be access to fresh air, so one can experience the unutterable preciousness and sweetness of the breath of life. Earth and its natural forms—soil, plants, trees, rocks, wood—should also ideally be close to the touch. Trees or plants in or near the room of the session make wonderful companions. Crystals or other stones may be brought and contemplated.

A somewhat different, although also profound, kind of experience may be had if the setting is outdoors, in nature. Probably it is best if such sessions, if they involve walking or possible interaction with people, only be done with lower dosages (50–100 mg MDMA) or in the latter, milder portion of the session. For those who have had prior experience with full-intensity indoor sessions, such outdoor experiences can be extremely rewarding. Characteristically, one may experience a kind of deep emotional, almost visceral bonding with the land, the plants, the rocks, the animals, and the environment generally. Perceptual changes with the empathogens are usually minimal, but a deep feeling of appreciation for and connectedness with all life forms is often reported in such sessions.

The music played—usually selected and changed by the guide or sitter—can have a profound effect on consciousness, as with the psychedelics. Entire therapeutic processes or shamanic journeys can be undertaken during certain musical selections. Generally, the therapists and individuals working with MDMA and other empathogens have found the serene, peaceful, meditative music sometimes referred to as “inner space” music most valuable in these experiences. Fast rhythmic or highly complex music seems too difficult to follow for most people. Composers such as Kitaro, Vangelis, Deuter, Schoener, Paul Winter, and the slower Baroque music of Bach or Vivaldi have become favorites of many users of empathogens. Simple gongs, bells, chimes, and drums are also pleasing and centering during such experiences, whether one plays them or merely listens to them.

The attitude and behavior of the guide or sitter during the session is, of course, extremely influential. This role should be played with integrity and sensitivity. If the guide is the person’s therapist, then he should have a therapeutic agreement to explore any areas of concern. If the sitter is a friend or even partner, it is best to have agreement and understanding before the session as to what the role of the guide should be. Most people prefer, and are perfectly able, to do their own best therapy in these states. They want the sitter merely to be there, meditating quietly, perhaps changing tapes, listening to and recording the remarks of the voyager, and providing encouragement and reassurance if needed. Intense exploration of certain issues—for example, relationships, sexuality, or birth trauma—should only be undertaken by prior agreement or at the request of the voyager.

In the state of emotional openness of these experiences, it is extremely easy for the voyager to become caught up in an analytical, verbal mode in discussion with the guide that would take him or her away from the experience of the heart-center awareness. Even if the interpersonal interaction between the two is warm, affectionate, and trustful, it can still be a distraction from the deeper intrapsychic awareness that is possible when attention is focused inward. These shifts in attention are subtle and elusive. The wise guide will watch for signs that the voyager is losing his or her connection to the deep source within and will refocus attention toward that source. Sometimes simply asking the voyager whether s/he is “coming from” the heart or the head in the discourse is sufficient for the recentering of attention.
Process and Method in Individual Sessions

This is not the place to enter into a discussion of the processes and methods of individual therapy assisted by empathogens. Psychotherapists interested in this topic are encouraged to consult the comprehensive guide by Dr. Stanislav Grof entitled *LSD Psychotherapy* (Hunter House, Pomona, CA, 1980) which, although it deals mainly with LSD, is generally applicable to all psychedelics and empathogens. The remainder of this section will merely give a few suggestions, primarily for the individual undergoing the experience.

There are two general principles long accepted in psychedelic research that could be proposed as ethical guidelines for this kind of work: (1) No one should be given the drug, or be persuaded to take it, against his own wishes or without full disclosure of possible risks and benefits. (2) No one—therapist or layperson—should consider administering or guiding a session with these substances who has not had personal experience with them.

The questions, purposes, or agenda brought to the 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 postsession review.

Because the MDMA experience usually involves an almost total attenuation of the usual fear or anxiety reactions, it is ideal, in one sense, for exploring traumatic memories or phobic reactions. On the other hand, the fear reaction itself sometimes cannot be explored in the usual manner. Subjects typically report, "I can't get in touch with the fear." One therapist noted that when such a situation arose, he instructed the patient to think of the usually fear-arousing situation and to associate the present Adamic state of ecstatic well-being with it. Two or three weeks later in regular psychotherapy when the patient again brought up the conflict, he suggested that she reevoked the memory of the Adam state. The patient was then able to merge the fear complex with the ecstatic empathy feeling, which led to the dissolving of that entire reaction pattern.

Just as affirmations or statements of intention are used to bridge from one's ordinary state of consciousness to these heightened states, so can intentional affirmations be made during the Adam state that would apply to the subsequently reestablished ordinary state. Individuals have made statements of intention in regard to questions of emotional attitude, of communication in relationships, and of creative expression. Even changes in diet, exercise, or lifestyle have been decided and later applied. 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. One can think and feel the emotional implications of different courses of action. 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 without getting fearful or timid. The Adam state might be described as one of *release from emotional identification patterns* or disidentification.

If the statements above sound "too good to be true," we can only respond that they are based on repeated experiences and observations of many hundreds of intelligent, articulate individuals. The profound simplicity of the Adam state is striking. People often express this in the form of apparently banal statements—such as that one only needs love and all else falls into place, or that coming from the heart center or from source, all other choices are easy and right. What these observations and experiences imply is that here we have a substance with perhaps its greatest value and potential in the 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 worked with MDMA affirm that besides their own personal learning that takes place, they frequently also have insights into their clients' problems.
Various practices of meditation, of yoga, of guided imagery, of psychosynthesis, of shamanic journey work, and of rebirthing breathing can all be performed while in this state. Most people who have attempted them have found it most effective to practice such methods either with low dosages of MDMA (50–100 mg) or toward the latter half of the session (after two or three hours). It is reported by many that such methods—which are essentially self-initiated and self-guided explorations of consciousness—are enormously facilitated and amplified in these states.

However, most forms of meditation require a motionless sitting posture, and such immobility may be hard to maintain for very long in the ultrarelaxed Adamic 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 empathogenics—this attitude then serving as a kind of foundation for deeper and deeper states of meditative absorption.

Most therapists and guides familiar with these substances would probably recommend that an individual remain generally quiet and receptive during the session to obtain the maximum potential benefit from the experience. On the other hand, there is a smaller percentage of individuals (perhaps 20–30%) for whom it is an important part of their therapeutic process to express themselves verbally and/or physically, sometimes loudly and repeatedly. These are the people who are ordinarily excessively shy, timid, or introverted and who do not readily express their feelings. The MDMA may be the first time in their lives that they have accepted and openly affirmed that they loved someone, or several people, perhaps including themselves. Usually, such people only need to be free to express their feelings in one session. After that, they can and do monitor their expression, perhaps because some changes in expressive behavior have already been incorporated into their everyday life.

Various forms of bodywork—such as Trager or massage—can also be amplified greatly in their range and depth if the recipient’s awareness has been sensitized by empathogens (again, in lower dosages). The usual report from such experiences is that the recipient of bodywork who has taken MDMA is in an ultrarelaxed 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. Body therapists who have taken a small amount of MDMA and then practiced their art report that their sensitivity, their ability to “tune in” to the client’s bodily and emotional state is much heightened.

Process and Ritual for Group Sessions

The most common type of group session with MDMA or other empathogens is for a group of friends simply to partake of the medicine and continue their interpersonal interactions. The interactions might include sensual activities such as touching, caressing, or massaging, and there is usually a greatly heightened feeling of affection and amicability among the participants and toward others. We call such usage of the medicine “recreational,” and though it seems generally harmless and probably benign, it does not appear to facilitate the kinds of deep emotionally transformative experiences that are possible with guided individual or structured group sessions.

There appear to have evolved two basic approaches to group work. In one kind of group, the participants have no interaction with one another during the session—although before and after there is significant sharing of intentions and experiences. Each individual explores his or her own “trip,” listening to music with earphones and communicating if necessary only with the guides or sitters. In the other kind of group, there is communication during the session, but in a scrupulously ritual fashion.

Some groups have experimented with nighttime sessions, following the example of Central and South American shamanic cultures that use mushrooms or ayahuasca. However, because the onset of normal fatigue can appreciably shorten a session begun in the evening, many have resorted to daytime sessions. Typically, a group might assemble on a Friday evening, talk and share their intentions with one another, and sleep that night in the same building. Starting the session in the morning, they continue until evening, sleep another night, and then do the final sharing and celebration on the following (Sunday) morning.

The particular substances used also vary from group to group. In some, different participants may take different substances, including LSD, mushrooms, MDMA, or katalmine. In others, only MDMA may be used,
Inexperienced participants may erroneously assume that someone who is crying is in need of help.

or MDMA followed 3-4 hours later by 2-CB in order to prolong the empathogenic state. It appears from our research that although the use of different drugs by participants in the first kind of group structure—the noninteractive—is fairly common and not problematical, in the second ritualistic kind of group, it is best if participants are on the same wavelength by sharing the same (or very similar) medicine. Most therapists and group leaders seem to agree that it is not advisable for someone to participate in a group experience who has not had previous individual experience with the particular substance involved. The first time with any substance, including MDMA, occasionally may involve an individual in intense and loud processing of previously repressed feeling states, either orally or through physical movements. This kind of behavior, which can be extremely distracting to the others, can usually not be stopped on one's first trip, and the group ceremony requires participants to be able to modulate and control the expression of feelings.

In the kinds of group ritual in which talking is permitted, the ritual that is used is the talking-staff or talking-stick. This is adapted from the practices of several native American tribes, who follow a similar format in peyote sessions of the native American Church, as well as in some nondrug-healing circles and in some political decision-making councils. The group sits in a circle that is not interrupted. (Participants may lie down during some phases of the experience, in which case they lie with their heads to the center, making a star pattern.) One talks, or sings the song one has learned, only when one has the staff. One speaks or sings then from the heart, and the other group members attend respectfully. The combination of channeling powerful inner experiences and the contemplative attention of the group is a powerful, almost magnetic attracting force that can draw someone's expression through in an often surprising manner.

Sometimes, group members choose when they have the staff not to talk or sing, but simply to share a silent meditation. So in these kinds of groups, a typical session might consist of 40 minutes of individual inner exploration while listening to music, followed by a round of songs and statements with the talking-staff. A kind of rhythm develops in which internalized experience alternates with externalized expression.

An agreement of strict confidentiality in these groups is made: anything that anyone either says, does, or ingests does not pass outside the circle of the group. This not only protects the individuals from unwanted gossip or possible legal consequences but also serves to build a kind of trust. As a result, some truly extraordinary revelations sometimes occur in these groups. Similar agreements are used in other native American groups, such as the sweat lodge ceremony—so that individuals participating can feel completely confident that what they share will not be divulged. It is the group leader's responsibility to ensure that that level of trust exists in the group.

In such a group there is then no other talking or chatting among two or more members of the group. The integrity of the circle is maintained by participants either lying silently in a circle with their heads to the center or by sitting on the same spot while the staff is going around. The energy that builds up in such a group is highly charged and its power can be "used," as it were, by each individual to amplify his own intrapsychic process and by the group to focus energy on planetary networks of light and consciousness as is done in many peace circles.

Besides the agreement on the confidentiality of communication, agreements on touch and sexual behavior are also called for. Sexual behavior in the group is obviously best discouraged. Even in the case of couples who are together, to engage in intimacy behavior would be seen by the rest of the group as exclusive and as dissipating the energy. It should be understood, though, that sometimes the simple touch of a hand from one's neighbor can be the most profoundly reassuring and comforting gesture. Again, one needs to find a balance.

Inexperienced participants sometimes make the mistake of assuming that someone who is crying, sobbing, moaning, or groaning is somehow in need of help or comfort. Whereas the comforter seeks to make a painful experience go away—to placate—the individual concerned is much more likely to want, need, and cherish the opportunity to experience deeply buried feelings for the first
time. Just a simple touch, indicating presence and support if needed, is probably the most effective therapeutic aid in such situations.

Some therapists have used guided imagery sequences or verbalized meditations also in groups. The state of fluid empathy and emotional resonance characteristic of the MDMA experience seem to facilitate and deepen the response to such ritualized inner journeys. Among the sequences we have observed are (1) a retracing of the path from before conception to just after birth, which connects one to spiritual and intrauterine levels of memory; (2) an evolutionary sequence from single-cell organism through invertebrates, vertebrates, amphibians, reptiles, mammals, and hominids, which celebrates our evolutionary ancestry; and (3) an awareness "tuning" into the four alchemical elements, which are basic principles of nature and consciousness, archetypal symbols that function in an integrative manner within the psyche. There is not space within this essay to describe these rituals or their results in any more detail.

Other kinds of rituals that have been adapted by some groups from shamanic tribal cultures include finding an outdoor "power spot" and meditating there in silence before and after the session; having a blanket with ritual power objects that people have brought into the center of the circle and letting these objects be "charged" during the session; and offering prayers to the four directions, the nature spirits, the ancestors, and allies. Group rebirthing breathing work or movement patterns such as tai chi have also sometimes been incorporated into a group ritual. As stated above, these kinds of ritual activities usually work best in low-dose sessions; at the higher doses, participants tend to have difficulty following even simple verbal instruction.

Follow-up and Aftereffects

An interesting question for many people concerns the extent to which the insights and changes of such experiences with empathogens are permanent. Is it possible to transfer the learning, the new attitudes, and feelings into one’s everyday reality? Or, to put this question another way, what kind of behavior or personality changes occur in people after the deeply charged states of consciousness of the kind described in the book *Through the Gateway of the Heart*?

From reviewing the work of therapists and guides who have witnessed sessions with MDMA and other empathogens, one is led to the conclusion that there are two main kinds of outcomes. For one group of people, there is no discernible outward change in behavior. The significant changes occurred in attitude, in emotional response to situations. They discovered, perhaps, that what they were doing was in line with their true spiritual purpose. They feel confirmed, perhaps, in their commitment; they have more compassion and true understanding. The second group are those who in the Adam experience do see things in their life that they want to and can change. They proceed in a more or less systematic manner to bring about those changes. Patterns that people have changed have ranged from physical symptoms, dietary habits, work habits, and attitudes to basic changes in world view, religious or spiritual practice, or fundamental career changes.

Some individuals have only one experience with Adam and have made major life changes as a result of such experience. Others find they "need" perhaps three, four, or five sessions to clear out some basic problems (usually interpersonal or relationship "knots"). After that, they may find that the experience doesn’t "take" any more. There is almost a kind of psychic tolerance or a feeling that the "space" of the MDMA experience can be entered at will, without substance, and is not the major reorganizing that it was the first time.

The intention or set of the individual in taking the substance is crucial here also in the aftereffects. The intention before the session affects experiences during it, and the intentions acknowledged and affirmed during the experience affect the long-term outcomes. Intention seems to function as a kind of bridge between states of consciousness.

It is also the impression of many therapists and observers that the empathogens, more than other psychedelics or hallucinogens, leave one with the ability to consciously recall the state of consciousness—to do a kind of voluntary, purposive "flashback." One therapist, for example, reported that clients could be asked to remember how they felt during an Adam session and then use that feeling of compassion and well-being to look at and deal with a troublesome issue in their current life. Some have used physical "anchoring" techniques, such as listening to the music they heard during their session, to trigger them back into a momentary reliving of their experience. It's almost as if the doorway of the heart-center, once opened, stays open or can be opened very easily again by choice.
There is a feeling of being empowered to make conscious choices about the direction of one’s life and one’s relationships, or work or creativity, and that one can empathically sense what the emotional consequences of one’s choices will be. One can choose where one directs one’s attention and focus of awareness. One woman reported feeling that there were paths that went out from the heart-center and that she could choose which one was most appropriate for her—and not just take the one always taken, the traditional, expected path. Many possibilities lie open for those who have found themselves in this great gateway to the inner realms.

This sense of the heart-center as a kind of crossroads from which major directions are chosen is expressed in the following poem, which came out of experiences with MDMA and with which we will close these remarks on the sacramental uses of empathogenic substances:

Six-fold are the paths at the crossroads of the heart.
Forward and backward, left and right,
upward and downward.
The path forward leads to the future and is called “Imagination, or the Children.”
The path backward leads to the past, and is called “Remembrance, or the Ancestors.”
The left-hand way is that of the female, and is called “Eve, the beautiful, the receptive.”
The right-hand way is that of the male, and is called “Adam, the strong, the dynamic.”
The upward path leads to the world of Spirit and is called “Transcendence, or liberation.”
The downward path leads to the world of Matter, and is called “Embodiment, or involvement.”

NOTES

1. The term “empathogenic,” meaning “generating a state of empathy,” was independently proposed for these substances in 1983–1984 by Ralph Metzner, psychologist and psychopharmacologist, and David Nichols, professor of medicinal chemistry at Purdue University. Nichols subsequently has rejected the term, and now prefers “entactogenic,” meaning “to touch within,” for MDMA. We continue to use the term empathogenic. The substances we include in this category, known to us at present, are the phenethylamines MDA, MDMA, MMDA, and 2-CB. Empathogenics are a subcategory of psychedelic (“mind-manifesting”) drugs, such as LSD and psilocybin. This, in turn, is part of the larger group of “psychoactive” substances, which includes stimulants, depressants, and aphrodisiacs.

2. Much of the material in this paper is extracted from a book, Through the Gateway of the Heart: Accounts of Experiences with MDMA and other Empathogenic Substances, compiled and edited by Sophia Adamson, with a foreword by Ralph Metzner (Four Trees Publications, P.O. Box 31220, San Francisco, 1986). We have drawn on the experiences related in that volume to illustrate the statements made here.


