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Potential Benefits of MDMA-Assisted Conflict Transformation Informed Couple Therapy: Transpersonal Roots and Future Promise

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3,4-methylenedioxymethamphetamine (MDMA) is a chemical compound that produces prosocial effects, such as an increase in empathy and social bonding. Prior to becoming a schedule 1 drug, MDMA was used as an adjunct to individual and couple therapy, due to its profoundly prosocial effects. This is a practice that deserves critical reexamination and potential revitalization. MDMA has undergone clinical trials in the United States for FDA approval to treat individuals with clinical diagnoses such as Post Traumatic Stress Disorder (PTSD) and autism. While current data demonstrates that MDMA-assisted psychotherapy has proven successful in treating individuals possessing certain clinical diagnoses, there is a paucity of literature examining the therapeutic uses of MDMA with non-clinical populations. MDMA has been reported to be an effective aid in approaching and processing difficult topics and emotions, and for producing empathy, thus justifying the need to reexamine the usefulness of MDMA as an adjunct to couple therapy. Based on empirical and anecdotal data, it can be safely hypothesized that MDMA increases the probability of individuals broaching difficult topics with less cognitive-emotional resistance, and that it can improve the qualitative experience of receiving critique and constructive feedback—especially if one is coming from a position of deep empathy as is frequently reported by those under the influence of MDMA. Framed within an integral and transpersonal perspective, conflict transformation focused MDMA-assisted couple therapy has the potential to not only decrease interpersonal defensiveness within a therapeutic exchange, but also increase empathy-driven collaboration, fostering transformative growth for couples who wish to intentionally mold the boundaries of their relationship and build a sustainable co-created future. Modern relationships are complex, and conventional therapies struggle to achieve the level of efficacy needed to improve relationship satisfaction holistically. Given current advances in the sanctioned use of psychedelic compounds for therapeutic purposes, it is an opportune time to critically revisit the benefits of MDMA in its original therapeutic application—couple therapy.

Keywords: *MDMA (3,4-methylenedioxymethamphetamine), couple therapy, conflict transformation, psychotherapy, couples, transpersonal psychology, psychology*

3,4-methylenedioxymethamphetamine (MDMA) is a chemical compound patented by the chemist Anton Koellisch in 1912 at the German pharmaceutical company Merck (Benzenhöfer & Passie, 2010). After its initial discovery, MDMA found its way into the hands—and minds—of several curious chemists and researchers, with no documented history of research with the substance before the 1960s. Throughout the mid 1960s, chemist Alexander Shulgin, with physician Claudio Naranjo, investi-

gated 3,4-methylenedioxyamphetamine (MDA) for psychotherapeutic use at the University of Chile. After some experimentation aimed at increasing the psychotherapeutic usefulness of the compound, the chemists formulated MDMA, since it had less hallucinogenic activity (Passie, 2018). In the late 70s, motivated by the profound physiological and psychological effects it had on him and his wife Ann Shulgin, Alexander Shulgin introduced MDMA to psychologist Leo Zeff (Sessa, 2017).

Zeff, among other therapists, utilized the substance psychotherapeutically with over 4,000 patients, including relationship work with couples. The therapeutic use of this compound to elicit empathetic interactions between intimate partners can be seen as a natural evolution of the original home use of MDMA documented in the Shulgins' autobiographical work *PiKHAL*, where they emphasized how early use of MDMA was often done in dyads or small intimate groups of friends (Shulgin & Shulgin, 2003).

In the 1980s, sanctioned use of MDMA for psychotherapeutic purposes faced a similar trajectory as lysergic acid diethylamide (LSD) in the decades prior. Recreational use of MDMA by the general public (often in party settings) brought negative governmental attention, leading to an emergency ban and its classification as a Schedule 1 substance, which meant MDMA was no longer legally accessible for therapeutic or experimental applications (Sessa, 2017). Further complicating access to therapeutic-grade MDMA, the emergency ban allowed underground chemists to begin including other substances, such as heroin, cocaine, or heavy doses of amphetamine, with MDMA (Passie & Benzenhöfer, 2016). As a result, the MDMA landscape was altered and unsafe, and illicit use became the only MDMA use discussed publicly. This focus placed a negative connotation on a substance with tremendous potential benefit, prior to adequate research to fully assess its safety and therapeutic efficacy.

Even when chemically pure, practitioners working with clinical and non-clinical populations must consider the safety profile of MDMA. Known general safety risks can be anticipated; however, other complex variables exist and are dependent upon individual physiological and psycho-emotional characteristics, as well as interpersonal and social factors. Review of available empirical data conducted by Feduccia et al. (2019) determined that MDMA is a relatively safe compound to be used in clinical settings. However, recent scrutiny of multiple MDMA trials in Canada (Lindsay, 2021; Lindsay, 2022) serves as a staunch reminder that the understandable optimistic fervor around psychedelic-assisted psychotherapy must reach a counterpoise with critical and comprehensive consideration of risks.

To date, MDMA has been used in clinical trials throughout multiple countries with various clinical populations, such as individuals suffering from PTSD, anxiety with life-threatening illness, and autism, as well as nonclinical populations (Multidisciplinary Association for Psychedelic Studies, 2020). Along with approved FDA clinical trials, MDMA has been included in multiple studies to understand its pharmacology as well as its neurobiological and subjective effects (Carhart-Harris et al., 2015; Johansen et al., 2009; Mitchell et al., 2021; Mithoefer et al., 2013). Outside of clinical trials and psychiatric treatments, researchers have interviewed couples (void of clinical psychological diagnoses) who use MDMA recreationally to enhance their relationship and have documented reports of amplified emotional closeness (Anderson et al., 2019). Most recently, Wagner et al. (2021) evaluated relational and growth outcomes for individuals with PTSD who engaged in MDMA-assisted couple therapy. Although the work of Wagner et al. strongly aligns with the purpose of this paper, our emphasis is on the notion that MDMA is not only suitable for clinical populations but could potentially be used once again as an adjunct to couple therapy with nonclinical individuals. And that if conducted through an integral and transpersonal framework using Conflict Transformation Theory (CT; Lederach, 2003) as the guiding approach, it may result in relational transformations, such as an increase in relationship satisfaction and improvements related to long-term relationship dynamics. The use of psychedelic compounds to facilitate psycho-emotional and spiritual transformation falls squarely within the scope of integral and transpersonal psychology as defined by Hartelius et al. (2007)—the study of transformation being one of the three themes identified by their meta-analysis. The aim of using MDMA as an adjunct to couple therapy in this manner would be to provide a clinical space for couples to work through difficult topics and feelings that they cannot seem to work through on their own or with a therapist. The addition of MDMA to couple therapy could facilitate deeper and more transformational therapeutic exchanges through the experience of listening to, and having empathy for, one's partner. Ideally, the compound would allow

for less defensiveness and more empathy in the sessions, leading to increased transformative growth and healing. (Wagner et al., 2019). MDMA-assisted couple therapy with a nonclinical population may then serve as a catalyst for couples to transform rigid cognitive, affective, and communicative patterns, and thereby potentially transform their relationship. It is safe to hypothesize that the eight cross-therapeutic outcomes for MDMA-assisted couple therapy proposed by Wagner (2021) are applicable to non-clinical populations. These factors are: (1) empathy, (2) communication, (3) perception of social connection/support, (4) non-avoidance, (5) openness, (6) attachment/safety, (7) bonding/social intimacy, and (8) relationship satisfaction (p. 3).

Although MDMA has been illegal since the 1980s, it is still utilized by individuals for recreational and therapeutic purposes (Earp & Savulescu, 2020). In order to distinguish therapeutic and recreational uses of MDMA, a theoretical framework for understanding the therapeutic potential of this substance needs to be evidenced in current clinical trials and research, to support MDMA's treatment objectives and create a foundation for its future applications. Wagner (2021) noted that MDMA adjunct couple therapy can be approached through many different theoretical lenses. Owing to the psycho-social non-linear complexity inherent in family systems (Ward, 1995), approaching MDMA-assisted couple therapy through a conflict transformation framework is felicitous. Doing so allows practitioners to utilize primary therapeutic skills proven efficacious, while introducing clients to a new relational paradigm that emphasizes conflict as an ongoing process to be acknowledged, nurtured, and accepted—rather than struggled against and solved (Madden & McQuinn, 2014). Without a framework that acknowledges the complexity and ongoing nature of conflict, there is an increased probability that couples will adopt the self-defeating belief that they are failing or incompatible because elements of conflict persist or re-emerge despite attempts to resolve them. CT frames conflict as a continual process that invites and will evoke change if adequate communication processes are in place (Lederach, 2003). A CT-informed MDMA-assisted couple therapy protocol could harness

the beneficial psychopharmacological properties of MDMA (Wagner, 2021) while offering couples a more accurate framework for understanding relational dynamics. Such a protocol allows practitioners to utilize their individual therapeutic skills and follow established MDMA-assisted therapy methodologies. It also provides clients a rationale and stepped approaches for expanded understanding of how this transformational process can be best facilitated and supported (Madden & McQuinn, 2014; Mithoefer, 2016). Phelps (2017) suggested that, in order for individuals to have a truly transformational experience through psychedelic-assisted couple therapy, careful attention should be paid to several factors. First, intentional influencing of set and setting and utilizing therapists trained in psychedelic-assisted modalities is necessary, but these must be accompanied by cultural awareness and humility (Williams, 2020). However, a significant point not always acknowledged in the current discussion around psychedelic-assisted therapies is that competent clinicians must also have some familiarity with the integral and transpersonal perspective (Hartelius et al., 2007) because healing work with psychedelics involves transformation and strategic use of states beyond conventional ego.

Given the complex and wide range of psychological reactions to psychedelic compounds, in addition to medical history, certain social and psychological factors must be disclosed and considered on an individual level. Similarly, correct dosage must be individually evaluated since each person may have different susceptibility to MDMA's psychophysiological profile and/or contraindication to medications or pre-existent conditions. For the purposes of bolstering the current literature and measuring effectiveness of interventions, clinical relationship measurements, such as those reviewed by Greenhalgh and Heath (2010), and possibly personality measures, could be implemented. Additionally, it would be highly beneficial to gather qualitative reports of the lived experiences of couples undergoing MDMA-assisted couple therapy to inform future research and gain a broader perspective of the full therapeutic potential of this compound.

A Brief History of MDMA as an Adjunct to Psychotherapy

In 1980, the California state medical board recommended that substances not available commercially could be used with peer review, informed consent, and supporting scientific literature to justify such experimental work (Greer & Tolbert, 1998). The use of MDMA in its initial therapeutic studies did not follow current standards of academic rigor for research; however, certain standards were utilized by therapists and psychologists to ensure the safety of the participants and the integrity of the procedure.

Early protocols consisted of ensuring those involved were physically healthy and emotionally stable, as well as disclosing to clients that possible psychological disturbances might occur (Greer & Tolbert, 1986; Shulgin, 1995). Prior to MDMA sessions, it was essential that both therapist and participant understood how the substance, the therapist, and overall session would work together in an integral manner to achieve the therapeutic goals. Rapport was also important in the beginning of the initial sessions; without rapport and the participants feeling safe enough to delve into their feelings, Greer and Tolbert felt that the participants would not have a genuine experience. The informed consent process was done both verbally and by completing the Informed Consent for MDMA Session Form. In addition to the informed consent process, there were guidelines such as:

- (1) Everyone agreed to remain on the premises until it was mutually agreed that the session was over and that it was safe to leave: (2) The subjects agreed to refrain from any destructive activity to self, others or property: (3) All agreed that there would be no sexual activity between the therapists and the subjects; and (4) The subjects agreed to follow any instructions given by a therapist when explicitly stated as part of the structure of the session. (Greer & Tolbert, 1986, p. 320)

This was an important part of the process since early participants were generally in someone's home rather than a hospital or office setting where such guidelines would be enforced by the establishment. Both benefits and risks

were associated with conducting a session in someone's home. The benefits seemed to be that the set and setting, very important to a psychedelic experience, could be arranged to be peaceful and make individuals feel comfortable (Sessa, 2017). However, realistically, for MDMA to be available on a legal clinical level, sessions should be in a controlled environment, such as a retreat center or aesthetically pleasing office to protect both client and clinician.

Dosing was thoroughly considered by early researchers and was assessed in the screening process (Greer & Tolbert, 1986). Dosing generally consisted of 75–150mg of MDMA, modified by body weight and the purpose of the session. An individual session suggested a 75–150 mg dose, and an interpersonal session suggested a lower dose. Individual sessions seem comparable to psychedelic-assisted therapy—therapy involving a high dose of a psychedelic substance primarily focusing on one's internal process while wearing eyeshades, headphones, and listening to music. Interpersonal sessions seem comparable to psycholytic sessions, therapy with low-to-moderate doses of a psychedelic drug in which the therapist and participant(s) are interacting and able to reflect with the therapist, group, or couple with soft music playing in the background. In all, even though multiple state standards left a lot of room for error, early MDMA-assisted psychotherapy through the 1970s and 80s was utilized safely for relationship difficulties, as well as addressing neuroses, psychological problems, and PTSD (Jerome et al., 2013).

Comparing MDMA With Other Substances as an Adjunct to Couple Therapy

Though many compounds have been found useful in facilitating therapeutic progress, specific benefits attach to MDMA in couple therapy sessions. MDMA differs from other psychedelics both neurobiologically and psychologically (Roseman et al., 2014; Sessa & Nutt, 2015). MDMA is a stimulant/psychedelic hybrid that, like classic psychedelics, consists of direct 5-HT_{2A}R stimulation; however, 5-HT_{2A}R stimulation is weaker when under the influence of MDMA, which may account for the different subjective effects of the substances. Along with weaker 5-HT_{2A}R stimulation, MDMA may

or may not produce mild visual hallucinations and does not alter awareness in the same way as classic psychedelics like psilocybin and LSD. Moreover, LSD has a longer peak duration than MDMA (Sessa, 2017). Shorter acting peak duration is beneficial when undergoing a couple therapy session because individuals do not lose their awareness to process the emotions they feel about their partner, ability to broach difficult topics, and ability to discuss their interpersonal dynamics. When couples are trying to communicate to validate and understand each other's perspective, the individuals need to be in a state where communication is productive, which MDMA seems to facilitate (Anderson et al., 2019). Ann Shulgin (1995), who facilitated many MDMA sessions for individuals and couples in the 1970s and 80s, preferred MDMA for couples because MDMA allowed for introspection without hallucinations, and individuals seemed to be in more control of themselves.

Compared to psilocybin, MDMA showed less effect on between-network resting-state functional connectivity (Roseman et al., 2014). However, MDMA has been reported to affect multiple neurotransmitters (serotonin, dopamine, and norepinephrine) and hormones (oxytocin, cortisol, prolactin, and vasopressin), which, when combined with the effects of the neurotransmitters, seem to play a role in its subjective effects of social bonding, empathy, and memory functioning (Feduccia & Mithoefer, 2018). Additionally, MDMA has been associated with a decrease in amygdala activity, which can reduce the fear response (Johansen & Krebs, 2009), assisting one or both partners' ability to discuss or broach difficult topics, such as traumatic childhood experiences, without fear of frightening the other partner (Wagner et al., 2019). Based upon polyvagal theory (Porges, 2011), the psycho-emotional and physiological state of perceived safety may also promote active listening and decrease defensiveness and negative bias; therefore, variables that help individuals feel safe and secure during a therapy session are worth exploring. Classic psychedelic drugs (e.g., LSD, psilocybin, mescaline, and ayahuasca/dimethyltryptamine [DMT]) along with MDMA have also been used in research to measure adjustments in personality.

A systemic review that included 34 current studies reported significant sustained changes in personality/attitudes, such as openness to experiences, reduction in neuroticism, and conscientiousness (Aday et al., 2020). In a couple therapy scenario, these findings may help shape client expectations and help the clinician best utilize MDMA effects towards the therapeutic goals. However, it is unclear to what extent the findings reporting individual personality changes will relate to MDMA couple therapy, given that the interpersonal dynamics will be more complex.

Benefits of MDMA compared to other psychedelic substances range from having reduced hallucinogenic properties and its unique effect on hormones and neurotransmitters to its possible ability to affect personality. On an intrapersonal level, transforming one's personality will most likely be a fluid, open-ended process consisting of iterations of perception, reflection, and growth. On an interpersonal level, once one can reflect and make changes for oneself, one can more effectively make changes in the relationship. Ideally, lasting alterations to how conflicts are conceptualized and handled can be fostered by this self-transformational process because when both parties more thoroughly recognize their contributions to the relational dynamic, they can work more efficiently and cooperatively towards making beneficial changes.

Benefits of MDMA as an Adjunct to Couple Therapy

The complex interpersonal dynamics of couples include behaviors such as criticizing, blaming, and becoming defensive, which are not effective ways to work through conflict (Gottman & Gottman, 2017). Therefore, if MDMA can help couples broach or discuss difficult topics without fear their partner may become angry, critical, or defensive, MDMA-assisted couple therapy may be the catalyst to begin the healing process. Two studies discussed partners broaching difficult topics when under the influence of MDMA. A pilot study by Wagner et al. (2019) utilized cognitive behavioral conjoint therapy (CBCT) and MDMA with a couple in which one partner was suffering from PTSD. The couple was able to speak about the husband's trauma, which had been avoided in

the past due to the wife's difficulty hearing about his trauma. Another study by Anderson et al. (2019) discussed how couples used MDMA in a ritualistic way to create more intimacy in their relationship; males reported being able to speak freely about their feelings during their MDMA experience, which was different than when they were in other settings. Both studies revealed how MDMA was a catalyst for broaching difficult topics that can be hard to process in a natural setting. This ability to more easily approach, and broach, emotionally difficult subjects, in conjunction with increased feelings of intimacy and reduction in social fears, is precisely why pioneers of MDMA-assisted therapy considered the compound ideal for couple therapy scenarios. When combined with a CT framework in the chemically-assisted receptive state, the authors posit that couples will be able to explore their individual and relational conflict styles and work together to embrace a more workable model of dealing with conflict moving forward.

Another essential aspect in the healing process integral to couple therapy is the ability for each to recall important memories in a way that is accurate and supports growth. In a study by Carhart-Harris et al. (2014), 17 participants under the influence of MDMA recalled their favorite and worst autobiographical memories. Subjective reports indicated that when participants recalled their worse memories, they thought about them less negatively. One stated, "The bad memories were less salient [under MDMA] and I thought about them in a matter-of-fact way" (p. 532). Another said, "When I reached back for the bad memories [under MDMA] they did not seem as bad; in fact, I saw them as fatalistic necessities for the occurrence of good events" (p. 532). Although MDMA has been reported to allow for objectivity when recalling difficult memories, recreational use of MDMA often involves mixtures of other substances, such as amphetamines, which may cause traumatic memories to become more salient and/or negate the therapeutic potentiating effects associated with MDMA. In Moonzwe's 2011 study, MDMA users who did not have the assistance of a therapist in processing intense memories evoked during an MDMA session were left feeling retraumatized.

When ingesting MDMA, individuals have reported recall of intense memories, which can cause harm or promote healing, depending on how those memories are processed and integrated. Therefore, when couples embark on using MDMA together, the experience seems to be best administered with the support of caring professionals.

Recalling and openly processing difficult memories is hard for most people and can be nearly impossible for individuals with certain personality traits. MDMA, when used in a controlled clinical environment, may enable some individuals to enter more actively into the therapeutic alliance. Qualitative data collected by Mithoefer et al. (2013) suggested that during MDMA-assisted therapy sessions, participants reported an increase in self-awareness and a decrease in factors of neuroticism. Therefore, in addition to an increase in social bonding and empathy (beneficial for couples), MDMA may affect certain personality traits that cause interpersonal turmoil, leading to more effective communication during therapy sessions. This phenomenon was captured by participants in Mithoefer et al.'s long-term follow-up questionnaire (LTFU), who stated, "MDMA provided a dialogue with myself I am not often able to have, and there is a long-term effect of an increased sense of well-being" and "the therapy made it possible for me to live" as well as "one of the toughest things I have ever done" (p. 32–33). Additionally, 89% of participants, via the LTFU questionnaire, reported increased self-awareness and understanding; 68% reported increased ability to feel emotions; 53% reported improved relationships with spouse, partner, or other family members; and 63% reported reduced anxiety (p. 33). Another study, which examined MDMA's effect on personality used extrapolated data from 10 double-blind, placebo-controlled, crossover studies within a nonclinical sample of 194 participants (ranging in age from 18–45, concluded that, following treatment with MDMA, participants who reported more "openness to experience" prior to the study experienced more "closeness," had a decrease in "general inactivation" and an increase in "oceanic boundlessness" and "visionary restructuralization" (Studerus et al., 2021, p. 558). Although some participants experienced an

increase in “closeness” and other traits, participants who reported high “neuroticism” prior to the study, experienced an increase in “dread of ego dissolution” and “impaired control and cognition” following the treatment of MDMA. The article noted that a small number (7%) of participants experienced an increase in neurotic symptoms, while other studies have suggested a decrease in neurotic symptoms. These findings are preliminary but contribute to the evolving understanding of how personality traits may be associated with the efficacy of psychedelic-assisted psychotherapy, including MDMA assisted couple therapy.

Working towards and achieving some level of healing through MDMA has also been reported with participants facing long terminal illnesses (LTI). Wolfson et al. (2020), in a Phase 2 clinical trial with subjects undergoing MDMA-assisted psychotherapy after their LTI diagnosis, reported a decrease in psychological symptoms. As a result, researchers decided to conduct a qualitative study to understand, in detail, how the participants felt before, during, after the trial. Barone et al. (2022) interviewed six participants who described MDMA in the treatment process as helping them “to be able to access the truth that’s already there” (p. 6), saying the “fear was gone” (p. 6), and they were better able to articulate aspects of their early life traumas that had been difficult or impossible to speak about before (p. 7). Theoretically, in a couple therapy situation, this decrease in fear individually could allow for an increase in honesty and open communication about a plethora of subjects that a couple may have chosen to avoid owing to fear of conflict or anticipated behavioral or emotional consequences.

From the subjective reports it appears that awareness while undergoing MDMA-assisted psychotherapy is heightened; however, the question for practitioners will be how to utilize the skills developed through MDMA-assisted couple therapy when individuals face stressors in daily life. This dilemma mirrors one of the fundamental struggles in all psychedelic-assisted therapies—the formidable challenge of integrating and operationalizing the insights gained while in the altered state. It might be helpful in the integration sessions—either the

follow-up session(s) or towards the end of the session—to come together and develop a plan to incorporate the skills and lessons learned. Part of the integration session(s) should be building an understanding that conflict in relationships is an open-ended and dynamic process that will present itself through life. However, using the skills in the MDMA sessions, such as controlled breathing, taking short, calculated, breaks and refraining from criticizing, blame, and defensiveness, may help deescalate the current conflict to work through the issue in a productive way. Hence, it seems beneficial to work through conflict, when in a state of openness, with the skills learned in the MDMA sessions prior to being faced with life stressors, such as having children and other difficult life transitions. Once the difficult topics are broached and processed, each partner may be able to understand and validate the other’s perspective and work towards healing their relationship.

The qualitative data reveal how MDMA experiences and MDMA-assisted psychotherapy tend to be catalysts for change in personality, cognition, and behaviors (Anderson et al., 2019; Danforth et al., 2018; Mithoefer et al., 2010; Williams et al., 2021). Although no formal studies of couples that ingest MDMA primarily to change their relationship exist, Anderson et al. (2019) suggested that future applications using MDMA as an adjunct to couple therapy could be efficacious. Their study of couples who used MDMA in a ritualistic way to create more intimacy and openness reported how the couples prepared themselves, their environment, and specific boundaries to make each other feel safe. Factors in this study relevant for preparing and educating couples using MDMA included the use of specific vitamins and minerals, such as magnesium, to prepare the body physiologically, and methods to explore the body-mind connection by practicing yoga. Future research may identify more variables influencing a positive MDMA-assisted couple therapy session or series.

The atmosphere of mainstream psychology has changed and matured in the four decades since the emergency ban of MDMA. Loosening of restrictions has allowed for rigorous researchers like Mitchel et al. (2021) and Monson et al. (2020)

to demonstrate how MDMA must still (or again) be considered a useful and efficacious adjunct to psychotherapy for several clinical populations. Furthermore, the work by Wagner et al. (2021) involving MDMA couple therapy in situations where one member was diagnosed with PTSD strongly suggests that further research into the use of MDMA for couple therapy is both worthwhile and timely. With critical reexamination of this practice justified, a current challenge is to identify the most apropos therapeutic methods to harness this compound's potential for relationship-focused work with non-clinical populations in a manner both safe and transformative.

Conflict Transformation Theory and Complexity

Conflict transformation theory (CT) provides a theoretical framework for understanding the transformative aspects of MDMA-assisted couple therapy and for helping individuals maintain insights gained by catalyzing a shift in personal paradigm, rather than serving strictly as a psychoeducational or problem-solving approach. Lederach (2003) defined CT as: "to envision and respond to the ebb and flow of social conflict as life-giving opportunities for creating constructive change processes that reduce violence, increase justice, in direct interaction and social structures, and respond to real-life problems in human relationships" (p. 14). By acknowledging how conflict is a continual process that invites and evokes change, conflict transformation theory views intimate relationship dynamics from a complex systems perspective. Through this lens, relational conflict involves micro and macro aspects of the conflict and is a systemic process that is open-ended, long-term, multi-track, and dynamic (Wani, 2013).

According to Byrne's (2002) work on complexity in the social sciences, an intimate relationship is a system; therefore, in order for a significant change to occur pertaining to patterns, boundaries, rules, and roles, the system must go through a stage of chaos (i.e., change). As psychotherapeutic practitioners with combined decades of experience, the authors can attest that in terms of altering cognitive-emotional reactivity styles and longstanding communication patterns, there is

truth in the proverb change is hard. Complicating the matter is the reality that relationships are heavily influenced by longstanding personality traits and attachment issues. Therefore, in order for a CT model to be optimal, the therapeutic alliance and relationship must be able to withstand the turbulence associated with a relational system at the edge of chaos (the stage where old patterns are being dismantled or altered to allow for new patterns to emerge; Byrne, 2002). Owing to the prosocial attentional posture and positive mood associated with MDMA, being under its influence while a system is in the process of change (chaos) may amplify feelings of safety (fear-reduction), potentially resulting in less cognitive-emotional resistance and more propensity for cognitive-emotional flexibility and neuroplasticity. This means that MDMA is not only useful for each of the individuals (i.e., increasing the desire for connection, empathy, and lowering defensiveness) it is also operationally beneficial to the overall system while in flux. A unique aspect of psychedelic-assisted therapeutic alliances is that, in addition to the intersubjective context of the people, there is also the presence and influence of the compound. Thus, in a sense, MDMA could be conceived of as a temporary yet integral aspect of the system that increases the probability that resistance to chaos—or attraction toward familiar equilibrium—does not impede the system's ability to transform. Such systems-based framing of a psychedelic compound's position within the therapeutic alliance resembles some shamanic belief systems related to the role and nature of plant medicines. In many cultures, these psychedelic-containing plants are imbued with spirit, personified, or deified as opposed to being considered an inanimate organic material (Bravo & Grob, 1989).

CT differs from conflict resolution in that conflict resolution aims to end conflict by listening, providing space to hear the other party, and feel satisfied with the outcome. CT includes basic principles of conflict resolution but goes further to suggest that conflict is more of a fluid ongoing process than simply resolving a conflict for now (Wani et al., 2013). The basic principles of conflict transformation theory in relation to MDMA-assisted

couple therapy involve the couple's acknowledging the problem, being dedicated to finding the root of the problem, agreeing to co-create a plan to work on changes together, and determining what they need to sustain their vision (Lederach, 2013). Data on the therapeutic use of MDMA suggest that it will increase the ability to communicate safely and openly (Anderson et al., 2019). Using MDMA with PTSD populations suggests that this increase in communication can include articulating one's perspective on, and feelings about, difficult and painful situations and relationships. Therefore, through the use of MDMA in couple therapy sessions, an intersubjective state of empathy, love, and commitment can likely be achieved that allows couples to work together toward relationship-preserving goals with less resistance and projection of unresolved emotional content. CT also lends itself more smoothly to use with expanded definitions of what constitutes an intimate relational system and can help individuals expand and alter constructs and boundaries that are no longer serving them or fostering growth.

MDMA-assisted couple therapy can benefit from CT theory's position that conflict is open-ended, long-term, multi-track, and dynamic. What is meant by open-ended and long-term is that individuals understand a specific issue may be resolved; however, conflict is a natural part of relationships and will arise again. Multi-track and dynamic conflict can be expressed through couples' understanding that certain issues may never be fully agreed upon, for each person can have different perspectives; however, each partner needs to hear each other and try to communicate that they understand their partner's perspective. Adapting the principles of CT theory may allow couples to reflect, learn, and grow together for life-long changes.

Methodology for Conflict Transformation-informed MDMA-assisted Couple Therapy

Pre-established theoretically based and empirically tested MDMA-assisted psychotherapy protocols (historical and current) as an adjunct to CT-informed couple therapy with non-clinical populations provide a firm basis for current protocols.

Inclusion and Assessments

MDMA-Assisted Couple Therapy

Some couples are not appropriate candidates for MDMA-assisted couple therapy, including couples who have a history of violence or where one or both partners have a contraindicated medical condition, such as cardiac or cardiovascular disease, or contraindicated psychiatric disorders, such as psychotic disorders, or bipolar affective disorder (Jerome et al., 2013). Individuals with alcohol use disorder were included in a study where MDMA has served as an adjunct to their treatment, which suggested that participants be in remission (Sessa et al., 2021). The Multidisciplinary Association for Psychedelic Studies (MAPS, 2021) is currently conducting an open-label, multi-site investigation of the safety and feasibility of MDMA-assisted therapy for individuals with anorexia nervosa and binge eating disorder, which will bring more clarity to this population's utilizing MDMA as an adjunct to psychotherapy. Additionally, MAPS has been conducting a clinical trial since 2011 focusing on the psychological effects of MDMA when administered to healthy volunteers, which provides insight on the effects of utilizing MDMA with a non-clinical population (U.S. National Library of Medicine, 2021).

To have a holistic understanding of the couple, a relationship measure to evaluate whether the couple is at an appropriate stage of conflict for MDMA-assisted couple therapy should be administered. The Relationship Satisfaction Scale (RS; Røysamb et al., 2014), the full ten-item scale (RS10) and shorter version (RS5) have high internal and test-retest reliability as well as high structural, convergent, and discriminant validity (Røysamb et al., 2014). The RS10 and RS5 can be given prior to and during the follow-up session to determine the couple's relational satisfaction during the treatment process; the RS10 and RS5 are rated based on a Likert scale that can be easily scored and read through to evaluate relationship satisfaction.

Additionally, a qualitative inquiry (captured through a semi-structured interview) on current life stressors can be included at the beginning and end of treatment to identify confounding variables that contribute to the positive or negative relational satisfaction outcome. Qualitative data will also help therapists and scholars understand how participants

experience change on both individual and relational levels, which aids the evolving, interdisciplinary understanding of the transpersonal/transformational aspects of psychedelic-assisted interventions. If possible, thematic analysis could be conducted on qualitative data collected during pilot studies to isolate important subjective themes that could contribute to the general literature on the lived-experience of MDMA.

Intake, Dosing, and Psychoeducation

The treatment protocol for CT-informed MDMA-assisted couple therapy should consist of an intake process that will assess dosage, overall psychological and physical health, reasons for treatment, as well as assessments to measure treatment efficacy. Information about dosage will be replicated from clinical trials, and the therapist will also consult with psychiatrists and physicians to ensure safety. After the initial intake, the couple will meet with the therapist to consult about questions the couple may have, review consent forms and solidify goals, and have discussions about treatment. The next phase will consist of the therapist's either meeting with the couple or the partners individually (depending on the style and methodology of the practitioner). If there are separate meetings individually, an additional meeting with the therapist and the couple will need to take place to work through therapeutic goals. Because the success of this approach relies on the therapeutic alliance producing a transformation of the current relational system, it would be beneficial for the clinician to provide psychoeducation about the applicability of systems theory to interpersonal relationships and about the basic premises of CT.

The safety profile of MDMA is important to consider due to potential cardiovascular risk as well as other side-effects that could adversely interact with, or exacerbate, pre-existent health issues. Early research by Vollenweider et al. (1998) on the safety of MDMA with MDMA-naïve healthy individuals found that MDMA only "moderately increased blood pressure" (p. 241). In 2006, a study by Bexis and Docherty on MDMA's effect on blood pressure, heart rate, locomotor activity and body temperature in rats found that although there is no effect on heart rate, MDMA caused a "gradual increase

in blood pressure, reaching significance in the timeframe of 121–300 minutes," with both systolic and diastolic pressure remaining elevated for up to 350 minutes (para. 17). Although Feduccia et al. (2019) noted that careful review of the research has "demonstrated that MDMA-assisted psychotherapy constitutes a substantial improvement over available pharmacotherapies in terms of safety and efficacy" (para. 1), an elevated blood pressure sustained for several hours is a risk that must be assessed individually, meaning that MDMA-assisted psychotherapy is not suitable for everyone.

Beyond the increase in blood pressure, Feduccia et al. (2019) identified numerous common experiences reported by MDMA users that are important to consider regarding how particular side-effects may affect some individuals more than others owing due to their unique physiological and psychological profile. The authors reported the following phenomena as occurring with MDMA at a group rate of 2x the frequency of the control group: diarrhea, difficulty concentrating, dizziness, heavy legs, impaired gait/balance, jaw clenching/tight jaw, lack of appetite, nausea, nystagmus, paresthesia, perspiration, sensitivity to cold, thirst, and weakness (Para. 22). In addition to these acute reactions for 7 days following an MDMA session, anxiety, dizziness, depressed mood, fatigue, headache, jaw clenching or tightness, lack of appetite, nausea, and panic attack were experienced (Para. 24).

Psychotherapy inevitably entails a certain degree of psycho-emotional risk due to many factors necessary to facilitate transformation, and when a psychedelic compound is included an added layer of risk manifests. Therefore, to accurately and comprehensively assess the safety profile of MDMA in therapeutic settings, it is necessary to weigh the overt risks, such as a sustained elevated blood pressure, as well as the known adverse side-effects to how they might exacerbate any significant underlying physiological or psychological issues.

Along these lines, it is important that participants understand the potential risks associated with the hyper-vulnerability (and power dynamics) that can accompany a psychedelic assisted psychotherapy scenario. In 2021, Health Canada received a complaint from an individual who had

participated in MDMA assisted psychotherapy alleging sexual maltreatment. In that case, the hyper-vulnerability caused by psychedelics was mentioned, alongside the power dynamics of the therapeutic alliance, as integral components that led to the detrimental outcome (Lindsay, 2021). More recently, Health Canada announced re-evaluation of an MDMA trial being conducted by the Remedy Institute for possible safety issues with staff and the study's protocol. However, as of September 29, 2022, the temporary suspension of the Remedy Institute's phase II MDMA trial had been removed by Health Canada after the decision was made that adequate corrections to the protocol had been made to ensure participant safety (Lindsay, 2022). Both of these situations highlight that along with the usual safeguards and ethical foresight needed to conduct psychotherapy safely and effectively, the addition of any psychedelic to that treatment equation necessitates a deeper and more complex assessment of potential risk.

Setting

Historical non-clinical therapeutic applications and current clinical trials are similar in requiring multiple-hour stretches for MDMA sessions. This means that the setting of an MDMA couple therapy session is an integral and influential aspect of the experience, not only due to the documented effect of setting on psychedelic experiences (Phelps, 2017; Sessa, 2017) but also because individuals will be immersed in physical setting for a prolonged period, and environment has a dynamic influence on state of consciousness (Tart, 1992). To mitigate issues produced by setting, the room should be in a safe and controlled environment, as in a psychotherapy office or wellness center. The requirements for the psychotherapy office or wellness center would consist of a comfortable seating area where the couple and therapist would feel relaxed, including amenities such as food and water. The setting should also be aesthetically pleasing as this can help the couple feel more relaxed and open for discussion.

Overview of Conflict Transformation Informed Therapeutic Intervention with MDMA

If neither partner has any severe clinical diagnoses, the initial phase prior to the MDMA session might not need to be as comprehensive as

the case example completed by Wagner et al (2019). As discussed, the intake process consists of assessing for contraindications and establishing goals. For maximum efficacy, therapeutic MDMA encounters for couples need to be multi-hour up to daylong therapeutic sessions. Due to the scope and depth of content expected to be covered in the MDMA-assisted sessions, follow up sessions will need to be between 90–120 minutes to allow for conscious and mindful unpacking of the plethora of issues that potentially arise in processing all of the complexities of the MDMA-assisted session.

In the therapeutic MDMA session, once the MDMA has been administered, individuals will be asked to make themselves comfortable, given a water bottle, and instructed that they may request more water at any time. Individuals will then be led through a basic Mindfulness Based Stress Reduction body-scan exercise (Praisman, 2008) to help mitigate the effect of any anticipatory stress and minimize a sympathetic nervous system reaction, which is equally as important as building rapport with the therapist and feeling safe enough to be authentically present and vulnerable during the session.

During the MDMA session, while sitting comfortably, the couple will broach topics discussed in the initial meeting to begin the process of dealing with significant relationship issues openly, some of which may have long histories of being harbored privately or broached by maladaptive means. It is hypothesized that with non-clinical individuals seeking couple counseling, MDMA will facilitate Wagner's (2021) eight beneficial factors: communication, perception of social connection/support, non-avoidance, openness, attachment/safety, bonding/social intimacy, and a sense of relationship satisfaction (p. 3). The therapist should utilize humanistic reflective and empathetic listening to establish rapport and model authentic presence and authentic empathy. As the clinician encourages open disclosure and supports the emergence of a variety of emotionally charged content, they will help the couple understand the relevance of their core and reoccurring conflicts through a systems-oriented lens, emphasizing the relational complexity and open-ended nature of conflict.

By the end of the session, the therapist and couple will collaborate to decide what other topics need to be worked through and what coping skills should be utilized until they meet again. The following meeting will consist of agreeing on ways to integrate what was discussed as well as assessments given during the intake to measure relationship satisfaction, themes, and possible transformative aspects of the process. Similar methodologies have been used successfully with several underground psychotherapists and early MDMA-assisted therapy protocols, which shows that this paradigm could be replicated in many psychotherapy practices around the world (Earp & Savulescu, 2020; Greer & Tolbert, 1998; Sessa & Fischer, 2016).

Considerations for Clinician Competency

The ability of a therapist to build rapport with clients has been long recognized (Rogers, 1940); however, specific competencies for therapists utilizing psychedelics in their practice are important to address given the vulnerability of clients, potency of the substances, and the delicate process of safely facilitating psychedelic-assisted transformation in a way that honors the power of such compounds. (Leach, 2005; Phelps, 2017). As protocols are developed to adhere to the high safety and ethical standards of modern medicine, researchers and clinicians should also consider how the indigenous use of psychedelic compounds for healing is done within a context of shamanic sacredness (Bravo & Grob, 1989). Unlike conventional therapeutic modalities, MDMA used therapeutically involves clinicians engaging with clients who are in a chemically altered state of consciousness. In a psychedelic-assisted therapy context, beneficial outcomes are dependent to some extent upon how skillfully the clinician is able to work with not only the clients as a dyad, but also how well they can maximize the transformative potential of certain dimensions of the clients' altered consciousness and amplified desire for empathetic connection. Given that MDMA work involves accessing and capitalizing upon states beyond conventional ego orientation, any clinician working with MDMA in this way could be considered a practitioner of transpersonal psychology (Hartelius et al., 2007). Fortunately, there are training programs specifically for practitioners of psychedelic-assisted modalities (e.g., California Institute of Integral

Studies, 2023), and if the content and rigor of such certification programs are carefully monitored and improved as advances are made in praxis evaluation and research, these transpersonal dimensions will be well attested.

Based on the current protocol developed by MAPS (2020), the role of the therapist is to develop an alliance, establish trust, and display an empathic presence with the participants. Therapists are expected to be trained in MDMA-assisted psychotherapy and utilize a nondirective therapeutic approach in session. Yet beyond a standard couple therapy skillset, clinicians need a basic understanding of altered states of consciousness and of how set and setting are likely to influence participant state of consciousness in semi-predictable ways. In addition, it is essential that clients undergoing treatment with psychedelic compounds do not fall (even subconsciously) into the limiting belief held by some conventional scientists that altered consciousness equates to pathological or lesser states of mind, meaning clinicians must be open to the transpersonal notion that altered states of consciousness are valid and valuable (Wade, 1996). According to MAPS (2020), therapeutic techniques used in psychedelic assisted sessions may include nurturing touch, focused bodywork, breathing techniques, or music to support the client's emotional experience or address somatic manifestations of trauma. Use of touch was a concern during the Health Canada review of current MDMA trials (Lindsay, 2022), and by a disgruntled participant in a past trial (Lindsay, 2021); therefore, comprehensive training on boundaries and consent are a necessity for clinicians and support personal working in this area. As mentioned, the therapeutic techniques recommended are not based on a directive approach; rather, the therapist is present to assist with the participant's reflections to draw their own conclusions. MDMA-assisted psychotherapy practitioners will take the same supportive approach which will allow for collaboration with the couple to collectively establish goals and interventions.

MAPS (2020) developed their protocol based on past psychedelic-assisted practitioners, such as Stanislov and Christina Grof, Leo Zeff, George Greer, Requa Tolbert, Ralph Metzner, and others. Janis Phelps (2017), clinical psychologist and Director of the

CIIS Center for Psychedelic Therapies and Research, offered additional characteristics and competencies for psychedelic-assisted psychotherapists: 1) empathic abiding presence; 2) trust enhancement; 3) spiritual intelligence; 4) knowledge of the physical and psychological effects of psychedelics; 5) therapist self-awareness and ethical integrity; and 6) proficiency in complementary techniques. For the therapist to move clients through preparing for MDMA-assisted couple therapy, each of these qualities seems integral to the change process.

Along with specific personal characteristics, the clinician should also have a sophisticated sense of cultural humility and openness, so that they are prepared for the wide range of cultural beliefs and socio-cultural issues that they are likely to encounter when working with individuals whose ethnicity or lifestyle is different than the clinician's. Williams (2021) conducted a study with participants who identified as Black, Indigenous, and People of Color (BIPOC) and utilized psychedelics. This study found a decrease in depression, anxiety, racial trauma, and stress after utilizing psychedelics; however, although Black and BIPOC use psychedelics, there do not seem to be BIPOC individuals participating in MDMA clinical trials (Williams, 2020). Williams discussed the need for MDMA clinical trials to include people of color as well as proposed changes to provide an understanding of the needs of the population, including: 1) diversification of the treatment team; 2) outreach and recruitment; 3) compensation; 4) initial screening; 5) informed consent; 6) setting and music; 7) training for team members; 8) assessing racial trauma; 9) training for the independent rater pool; and 10) institutional resistance. Although these changes were proposed for a clinical trial, the methodology and insight from Williams should be considered by clinicians working with couples in a MDMA-assisted couple therapy session

Conclusion

Half of marriages end in divorce, and only approximately half of couples who enter into couple therapy complete treatment (Bradbury & Bodenman, 2020). Owing to the potentially devastating consequences of divorce and dysfunctional relationships on children and adults,

proactively developing novel treatment modalities that appeal to busy couples is a wise investment for societies worldwide. Intimate relationships thrive on positive social interactions for security, development, and collaboration. Effective communication and relational support may positively influence wellbeing; however, adult romantic relationships in which one or both partners display undesirable relational characteristics can cause anxiety, depression, and possibly create insecure attachment, which can negatively influence wellbeing (Levine & Heller, 2010; Roberson et al., 2018). Based upon historical information and current empirical studies, MDMA assisted couple therapy, if framed through an integral and transpersonal perspective and informed by conflict transformation theory, may be a uniquely tailored method to help couples be less defensive and more open to empathetic communication and systemic change, which essentially is a holy grail scenario for effective couple therapy.

Research indicates that millions of individuals throughout various cultures have already experienced MDMA in both clinical and nonclinical settings; therefore, MDMA-assisted couple therapy offers a novel advancement that is not outside the realm of familiarity. Given the prevalence of adverse childhood experiences, it is probable that one or both individuals entering couple therapy may have suffered early childhood trauma. Such trauma can lead to deep-seated resentments and multiple layers of past betrayals that create fear and have often never been openly discussed or processed (Bradbury & Bodenmann, 2020; Wagner et al., 2021). Furthermore, one or both partners may also suffer from other mental health challenges, which can negatively impact and complicate relationship dynamics (Ingram & South, 2021). Because relationship dynamics are complex and influenced (often to a high degree) by habitually reinforced attachment patterns, evidence suggesting psychedelics promote neural plasticity (Ly et al., 2018) offers further rationale that the application of a CT model during MDMA-assisted couple therapy may be a particularly felicitous pairing.

Humans-in-relationship are complex systems interfacing with other complex systems; therefore, for MDMA-assisted couple therapy to be effective long-term, couples may benefit from

an understanding that conflict is a fluid, open-ended, multi-track, and dynamic process. Conflict will arise through stressful life transitions; however, MDMA-assisted psychotherapy may be the catalyst to broach topics and resentments that have been dormant but continue to cause emotional separation or contempt. Various populations, including couples, have benefitted from MDMA by creating a safe space without fear of speaking about or processing difficult topics (Sessa, 2017; Shulgin, 1995). Hence, MDMA as an adjunct to couple therapy may be the catalyst couples need to allow them to speak more openly about issues or concerns and to transform their relationship into something more fulfilling and sustainable long-term. The therapeutic promise and transformational potential of many psychedelic substances—including MDMA—have been rediscovered in recent years, especially for use with difficult-to-treat clinical populations. As the scope of conditions treated by these compounds continues to expand, it is time clinicians and researchers re-examine one of the original and noblest uses of MDMA, helping couples achieve deeper levels of empathy, love, and co-transformation.

A significant potential pitfall of MDMA-assisted conflict resolution or directive approaches to couple therapy is that, due to the optimistic attitude and euphoric mood created by MDMA, individuals could be primed to accept oversimplified explanations or resolutions, not as outward reflections of inner shifts of belief paradigm, but as an artifact of their altered state of consciousness. Although this scenario may create isolated moments of bonding, insight, and a temporary sense of acceptance, it is unlikely that this type of circumstantial change of perspective while under the influence of MDMA will be lasting and sustainable. The addition of CT can arm clients with the essential understanding that their conflicts will not be resolved by the end of the session, which can often be an uncomfortable feeling associated with uncertainty and emotional insecurity. With the pharmacological assistance of MDMA, there is an increased probability of decreasing fear and apprehension related to bringing up difficult topics, decreasing defensiveness upon hearing critical feedback, a qualitative improvement in the experience of, and ability to, actively listen

to one's partner, and an increase in empathy. In addition, with a systems-informed CT approach, MDMA may assist individuals in achieving a fundamental paradigm shift pertaining to how they conceive of conflict, relationship dynamics, and their capacity, as a couple, to be dynamically adaptive co-creators of a sustainable future. Due to the systems and process-oriented emphasis of CT, and the therapeutic potentiating effects of MDMA, the methods proposed here could produce a markedly self-empowering, and change-sustaining model for achieving and maintaining transformational growth within the context of a relatively short number of couple therapy sessions.

Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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