



A Manual for MDMA-Assisted Psychotherapy in the Treatment of Posttraumatic Stress Disorder

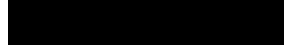
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feel warm inside, there's lots of energy... My thoughts are coming fast. I need some direction. Love, I'm seeing blocks to it." The therapists suggested she focus her attention back inside. After a few minutes she said, *"I just heard, 'You're the greatest!'... I see the link between the derealization and the rape."* She talked briefly about the rape and became aware of anger, self-blame, and feeling alone, and then said, *"There has been desperation under the numbness. I feel protected now, I finally feel loved and protected. (Tears) It's good to have someone who cares."* She went on to talk some more about the rape in this session with realizations about how experiences in childhood had made her vulnerable. She spent much of the session appreciating being able to really feel, for the first time, how much love and safety there was in her marriage. In the follow-up sessions she said, *"Now I have a map of the battlefield. I think next time I'll be able to go deeper processing the trauma,"* which she did.

Consider the following example of an experience of being confronted by traumatic memories relatively early in the session:

One participant, in her first MDMA-assisted session, started crying an hour after MDMA administration and described fear, sadness, blurry vision, and body sensations that she'd had when she was stabbed. She went on to spontaneously re-experience the trauma in detail, as if watching a movie with time slowed down and said, *"It feels more real now than when it happened."* At times she was able to describe it to us, at other times, she was having full blown flashbacks saying, *"Please don't let me die, I have things I have to wrap up, get down, get down,"* as she held her hands up, as if to protect herself. This experience continued for more than an hour with the therapists listening empathically and periodically making contact to remind her of their presence.

It is common for participants to make connections spontaneously between their feelings about specific traumatic events and earlier childhood experiences. Often, they arrive at insights about how earlier experiences may have left them more vulnerable to being traumatized later or may have affected their response to subsequent trauma.

Therapist: "You were beginning to sense the fear."

Participant: *"It changed from fear to 'I'm really mad at myself for allowing it to happen.'"*

Therapist: "Is that easier to feel than the fear?"

Participant: *"I guess so."*

Therapist: "Because you were experiencing that and the fear began to come up and I invited you to go inside and feel the fear. How long before it switched to the anger?"

Participant: *"Not long at all."*