

Holotropic Medicine MDMA-Assisted Psychotherapy Research, Another Grof Legacy

Medicina Holotrópica. La Investigación en
Psicoterapia Asistida con MDMA, Otro Legado de Grof

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Abstract

In this paper I will describe how Stan and Christina Grof's teaching influenced the therapeutic approach we are using in our research with MDMA-assisted psychotherapy to treat Post-traumatic Stress Disorder (PTSD). First, I will describe my personal trajectory, how I started the Grof Holotropic Breathwork and Transpersonal Psychology Training in the 1990's, after ten years of practicing emergency medicine, and how in 2004 my wife Annie and I started with our first clinical trial of MDMA-assisted Psychotherapy for treatment resistant PTSD. I will describe the results of our first MDMA study, and briefly discuss and illustrate some of the most important elements of Stan and Christina Grof's teachings that we consider to be foundation of our therapeutic approach, including the female/male team, the "non-directive" approach, the use of music, eyeshades and optional focused bodywork, the recognition of the wisdom of the inner healer, encouragement to fully experience and express whatever comes, and the respect for transpersonal experiences.

Keywords: MDMA, Stan Grof, holotropic medicine, psychedelic psychotherapy, psychedelic research.

Resumen

En este artículo describiré cómo las enseñanzas de Stan y Christina Grof influyeron en el enfoque terapéutico que estamos utilizando en nuestra investigación en psicoterapia asistida con MDMA para el tratamiento del trastorno de estrés postraumático (TEPT). En primer lugar describiré mi trayectoria personal, como empecé la Formación en Respiración Holotrópica y Psicología Transpersonal en la década de 1990, después de diez años de practicar la medicina de emergencia, y cómo en 2004 comencé, junto con mi esposa Ann, nuestro primer ensayo clínico en psicoterapia asistida con MDMA para tratar el TEPT. Después describiré los resultados de nuestro primer estudio con MDMA, y discutiré e ilustraré brevemente algunos de los elementos más importantes de las enseñanzas de Stan y Christina Grof que consideramos son el fundamento de nuestro enfoque terapéutico, incluyendo el equipo hombre/mujer, el enfoque no directivo, el uso de la música, antifaces y trabajo corporal opcional, el reconocimiento de la sabiduría del sanador interno, el apoyo a la plena expresión y experimentación de todo el material que aparezca durante la sesión, y el respeto a las experiencias transpersonales.

Palabras clave: MDMA, Stan Grof, medicina holotrópica, psicoterapia psicodélica, investigación psicodélica.

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In 1991, after ten years of practicing emergency medicine I was ready for a change. Intervening in emergencies had been challenging and satisfying, but I began to long for a more collaborative way of working with people, and a deeper way of understanding the forces in the psyche that so often contributed to the wounds and illnesses I treated in the Emergency Department. None of the examples of medical practice I had been exposed to seemed to provide a model for what I was longing for. In my search for something new and compelling to do with my medical degree I came across a short article about Stan Grof that piqued my interest. Here was a physician, well-grounded in science, with a radically different approach to healing and to the therapeutic relationship. He might provide some guidance and inspiration. I went to the library at the Medical University of South Carolina (MUSC) and found a copy of *Beyond the Brain* (Grof, 1985), one of Stan's early books. The blank sheet inside the back cover showed that the book had never been checked out before. Maybe a good sign! After all I was looking for something new. Reading that book changed the course of my career, and, to my initial surprise, the course of my personal healing and growth. As soon as I could I enrolled in the Grof Holotropic Breathwork and Transpersonal Psychology Training, and simultaneously started psychiatry residency training at MUSC. Together these overlapping but very different trainings put me on a trajectory toward eventual research using MDMA-assisted psychotherapy to treat Post-traumatic Stress Disorder (PTSD).

While some of my teachers in psychiatry residency were skilled and compassionate therapists and physicians, the therapeutic results I saw at the Institute of Psychiatry paled in comparison to the depth of healing that I encountered in Holotropic Breathwork Training Modules. I saw Stan encourage people, including some people with histories of repeated inpatient psychiatric admissions, to go more deeply into terrifying or disorienting experiences. There were times early on in the training when I thought, 'I hope this guy knows what he's doing', but over time I came to see that his ability to *trust the process* was much more than a theory or an appealing idea. His trust in *the healing potential of non-ordinary states of consciousness* and in each individual's innate healing capacity was empirically derived from his personal and clinical experience. Furthermore, this attitude was not just a commentary on the nature of the healing process,

it was an essential element of the therapist or facilitator's role in safely and effectively supporting the healing process.

Again and again I saw that trusting and compassionate support, sometimes seemingly tireless support, is essential for deep healing in situations that might otherwise have been harmful or dangerous without it. For people in intense and disturbing emotional states, the message conveyed by facilitators or therapists holding this well-founded trust in the individual's innate healing ability was a much different message, with a far different impact, compared to the message conveyed by doctors in psychiatric hospitals administering drugs to suppress painful experiences. I learned in psychiatry residency that there were times when psychopharmacology was helpful in relieving suffering and could even be life saving. In my training with Stan I saw that, in many situations, there was another approach that could yield deeper and more lasting change with far fewer side effects. One woman who was in the Grof training stands out in my mind. After years of psychiatric medications and multiple, lengthy hospital admissions she came to the Holotropic Breathwork Training. During several six-day training modules she had intense and challenging Holotropic Breathwork (HB) sessions, and required lots of support from the Facilitators and the group. Finally she emerged with a profound sense of healing, peace and gratitude. She then drew a mandala with a circle of figures representing all the doctors, nurses and therapists who had worked hard over the years to help her. She was grateful for their efforts and felt compassion for their limitations, simply not knowing how to provide the help she really needed in order to access the wisdom of her own healing intelligence. This, of course, is an anecdote, not part of a controlled clinical trial, but it is one anecdote among many illustrating *the healing potential of non-ordinary states of consciousness*. As Stan and Christina teach, this healing potential has been recognized and described for millennia. This was the kind of healing work I had been looking for, both personally and in my career. It involved collaboration and deep connection with people who came for help, and ongoing discovery about myself, the human psyche and the nature of consciousness.

Coming back from one of my trips to California for a module of Grof Training, during the time I was serving as clinical chief resident on the Trauma Service at the Institute of Psychiatry, I was particularly excited about the potential for bringing more of Stan's approach to this academic

psychiatric hospital. The Director of the Trauma Unit was a psychiatrist I respected and trusted, and I had noticed he had a copy of Grof's *LSD Psychotherapy* (Grof, 1980) on his bookshelf. Another good sign! So I suggested to him, "Why don't we try something different with some of the people who are admitted in agitated states. If they're not truly psychotic, instead of giving them lorazepam and haloperidol, I'd like to try helping them process and move through their experiences rather than trying to shut the experiences down." His response served to remind me of the depth of the chasm between mainstream psychiatry and what I was learning from Stan, "That sound's like an interesting idea. Are you willing to be here 24 hours a day? Most of the nurses and doctors would freak out, so they're not going to be able to help." I let the idea go, feeling a bit sheepish because I was pretty sure that in my situation Stan would have said, "Ok, when do I start."

Where I did finally start to integrate the Grof Holotropic perspective with my psychiatric practice was when I finished psychiatry residency. My wife, Annie Mithoefer, BSN had also completed the Grof Training, and she and I began facilitating monthly HB groups and retreats. HB, and the approach to healing it instilled, informed and complemented the individual therapy we did with people in the office. Many people came to HB and then decided to come to us for individual therapy to further support and explore the unfolding process of healing and growth that had been catalyzed by their HB sessions. Others first came to the office to see us for therapy and then decided to expand their inner work by participating in our HB groups. Over the years, in our work with individuals and couples outside the HB groups, we incorporated lessons from additional training and experience in other approaches such as Jungian psychology, Hakomi Therapy, Eye Movement Desensitization and Reprocessing (EMDR) and Internal Family Systems Therapy (IFS). Used with flexibility and a broad perspective, all these methods were compatible with the foundation we learned from Stan, to trust and support the individual's own inner healing intelligence. What made that level of trust possible for us in the face of people's suffering and the novel twists and turns of each person's unique, non-linear healing process, was the example that Stan and the other HB trainers had set for us. Part of their example came in the form of generous and compassionate support for our own deep inner work that is essential for anyone aiming to support others in deep work. Over the years since then, participants in our HB groups and clinical trials

have kept adding to the empirical basis of our trust. As one research participant said:

I keep getting the message from the medicine, 'trust me'. When I try to think it doesn't work out, but when I just let the waves of fear and anxiety come up it feels like the medicine is going in and getting them, bringing them up, and then they dissipate.

Holotropic Breathwork and Stan's other teachings guided us toward powerful and deeply engaging and satisfying approaches to supporting others in their healing. These approaches proved helpful for many people who had not gotten adequate help from more conventional psychotherapy and psychopharmacology. And, as is true in medicine in general, one type of treatment was not effective for everyone. Clearly we needed a wider array of effective tools. So, after another 10 year period, this time ten years of facilitating HB groups, Annie and I made another change in the direction of our work. Supported by the Multidisciplinary Association for Psychedelic Studies (MAPS), in 2004 we started our first clinical trial of MDMA-assisted Psychotherapy for treatment resistant PTSD (M. Mithoefer, Wagner, A. T. Mithoefer, Jerome & Doblin, 2011a; Mithoefer et al., 2103). Since then we have been using MDMA instead of HB as a catalyst for reaching non-ordinary states. Instead of clinical practice, we are now focused on clinical trials approved by the Food and Drug Administration (FDA), the Drug Enforcement Administration (DEA) and an Institutional Review Board (IRB, or ethics committee). Despite the differences between HB and MDMA-assisted psychotherapy, the methods are complimentary and the approach to supporting healing is essentially the same. It is based on what we learned from Stan and Christina and other pioneers in working with non-ordinary states of consciousness. Our Treatment Manual describing our adaptation of what we learned from Stan and Christina and others is available without charge at maps.org (Mithoefer, Jerome, Ruse, Doblin & Gibson, 2011b).

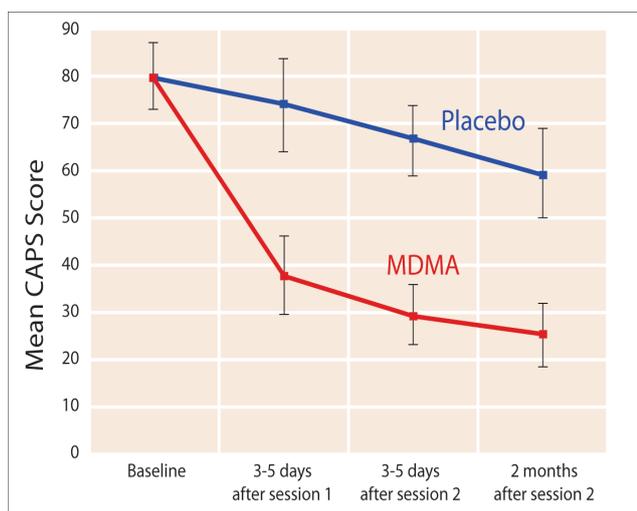
I think it is important to add that we still consider HB to be a very powerful and valuable method of self-exploration, healing and growth (Grof & Grof, 2010). We often recommend it to others, and we continue to appreciate it for our own self-care and self-exploration when we have the opportunity.

Figure 1 illustrates the results of our first Clinical Trial using MDMA-assisted psycho-

therapy for treatment resistant PTSD, previously published in the *Journal of Psychopharmacology* (Mithoefer et al., 2011a). The Clinician Administered PTSD Scale (CAPS), was our primary “gold standard” for measuring PTSD symptom severity in PTSD research. The results of this first study showed significant improvement in PTSD symptoms in both groups, those who were randomized to psychotherapy with inactive placebo as well as those randomized to MDMA-assisted psychotherapy. However the improvement was much larger in the MDMA group. Clinical response, defined as > 30% reduction in CAPS scores, occurred in 25% of the placebo (psychotherapy only) group, and in 83% of the MDMA-assisted psychotherapy group.

Stage 2, Open Label Crossover: After completing the double blind stage of the protocol, 7 of the 8 people who had been randomized to psychotherapy with placebo elected to participate in the open label crossover treatment, in which they received 2 or 3 sessions of MDMA in conjunction with the same psychotherapy, followed by essentially the same schedule of integration sessions. In this group, the mean CAPS score dropped from 65.6 after therapy with placebo to 33.9 after MDMA-assisted psychotherapy ($p < 0.05$). In this group the clinical response after MDMA was 100%.

Figure 1. Clinician Administered PTSD Scale (CAPS) Mean Global Scores



Note: Adapted from Mithoefer, MC, et al (2011). The safety and efficacy of 3,4 Methylendioxyamphetamine (MDMA)-assisted psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: The first randomized controlled pilot study. *Journal of Psychopharmacology*, 25 (4), 439-452.

Subsequent studies, one in Switzerland that has been completed (Oehen, Traber, Widmer, & Schnyder, 2013) and ongoing studies by others in Israel, Colorado and Vancouver and by us in Charleston are showing similar effect sizes.

Now I will briefly discuss and illustrate some of the most important elements of Stan and Christina’s teaching that we consider to be the foundation of our therapeutic approach.

“Non-directive” approach

Our approach is quite non-directive, supporting the participant’s experience as it spontaneously emerges. This comes directly from our HB training, although MDMA-assisted psychotherapy usually includes more periods of talking than HB, which is mostly nonverbal. There are times in MDMA sessions when suggestions from the therapist and verbal interaction can be helpful, but any suggestions are offered in the spirit of collaborative inquiry and invitation, leaving the choice up to the individual. The essence of what we mean by “non-directive” rests in the *timing* of interventions. It is not a prohibition against more active engagement under appropriate circumstances. In fact, there are occasions when failure to offer some direction in a sensitive way would be problematic, just as being overly directive is problematic. What is essential is that the pace of the session allows for the participant’s own process to unfold spontaneously; that the therapists allow ample time for this unfolding before offering direction. For example, if a participant is feeling stuck, the initial approach should be to encourage them to experience and express this stuck feeling as fully as possible, trusting that the inner healing intelligence will guide the response. In this way, delaying an intervention may make it unnecessary. This is analogous to what Stan teaches about the timing of bodywork in HB sessions. The initial approach is for the participant to “breathe into” pains or tightness that arise in the body. Staying with the experience in this way is often all that is needed to process and release the holding in the body, and this approach will always match the underlying process. If the body symptoms persist, then focused bodywork from the facilitators can be very helpful as long as it is done with attention to following and matching the breather’s process as accurately as possible.

Female/male therapist team

Stan and Christina showed us the advantages of a female/male therapist or facilitator team. This provides a sense of safety, as well as the opportunity to relate to and work out transference issues with both sexes, and the benefit of male and female perspectives, insights and intuition.

Reclining with headphones music and eyeshades

MDMA-assisted research sessions include periods of inner focus using eyeshades and music that are similar to HB. In MDMA sessions inner focus alternates with periods of talking to the therapists, quite analogous to times when facilitators and breathers use focused bodywork during HB sessions.

Optional use of focused bodywork

Bodywork is needed less often during MDMA-assisted sessions than in HB, but we do use focused bodywork with the same approach we learned in HB training. This occurs sometimes during MDMA sessions, and more often during follow-up “integration” sessions.

Recognizing the wisdom of the inner healing intelligence, “inner healer”

This is the basis for the therapists acting as facilitators rather than directors of the process. One Marine veteran in our current study described it beautifully:

It feels almost like the inner healer or the MDMA is like a maid doing spring-cleaning. It's as if you thought you were cleaning before but when you got to things you didn't really want to deal with you'd just stick them in the attic. If you're going to clean the house you can't skip the stuff in the attic.

No agenda

In HB training we learned the importance of “beginner’s mind” for facilitators as well as for “breathers” - not having an agenda about what an individual’s process will or should be. The same holds true for therapists and study participants in our MDMA research. One way this is expressed

by therapists is through unhurried and connected presence, their willingness to be present with curiosity and patience without having to know where the process is going or how long it will take. In the Grof training this important lesson was demonstrated by the trainers, and was expressed by Tav Sparks when he would say, “Stay as long as you think you need to, and then stay longer”.

Encouragement to fully experience and express whatever comes

In any approach to working with non-ordinary states, the difference between a problematic session and a profoundly healing session can depend on recognizing the possibility and the value of moving into and through painful or frightening experiences, rather than trying to move away from them. In preparing our study participants for MDMA sessions we often quote Stan’s perspective that, “a symptom is something that’s half way out”. So best not to try to push it back in. In fact, acknowledging, feeling and expressing whatever comes- with words, sounds or movement- is likely to facilitate release and unburdening. As study participants have said after directly experiencing the truth of Stan’s perspective during MDMA-assisted sessions:

I have respect for my emotions now (rather than fear of them). What's most comforting is knowing now I can handle difficult feelings without being overwhelmed. I realize feeling the fear and anger is not nearly as big a deal as I thought it would be.

I don't think I would have survived another year. It's like night and day for me compared to other methods of therapy. Without MDMA I didn't even know where I needed to go. Maybe one of the things the drug does is let your mind relax and get out of the way because the mind is so protective about the injury.

I realize I'm not trying to break through anything. It has to be softly opening. With the medicine nothing felt forced. I know I'm going to have to feel the feelings and there's still fear that the grief will be overwhelming, and I know feelings are unpredictable and the currents can be swirly, but yesterday when I put my toe in it felt so wonderful to feel. I remember every detail, it's a pristine, pristine image.

Deep inner work can change life from “being like a boxing match to being more like surfing”

This is another perspective Stan shared with us during our training that applies directly to our research. Several MDMA study participants spontaneously expressed the same perspective (without having heard Stan’s analogy):

After you've ridden a few of those waves of fear then it gets easier and easier to trust the next one.

I used to be always jumping into the waves, now it's more like riding the waves.

Respect for transpersonal experiences

As we train research therapists for further clinical trials with MDMA-assisted psychotherapy, we emphasize the importance of respecting, and not pathologizing transpersonal experiences, if they occur. Regardless of the therapists’ own beliefs or opinions about what Stan calls “the ontological status of transpersonal experiences”, it is essential for therapists to respect the importance of these experiences to individuals having them, and to appreciate the contribution they may make to healing, growth and lessons about consciousness. Stan says, “Have a big story or no story, but don’t have a small story.” As a study participant describes, these experiences can be beautiful and deeply healing.

I see huge white doors with beautiful white glass, so huge and heavy, but a master has engineered them so you can open them with one hand. It's only without the fear that the doors are so light. How interesting! If I go up to them with all the fears it makes me weak. I'm taking those fears out of different parts of my body, looking at them and saying 'it's ok but I'm leaving you here.' The fear served me well at one time, but not now for going through these doors.

The process keeps unfolding after the sessions

This lesson was taught explicitly during the Grof Training, and it was brought home by our own inner work and by watching and hearing what other people shared about their HB process over several years of training. Stan and Christina have wisely required that one cannot complete the HB

Training in less than two years in order to allow time for its lessons to be fully developed and integrated. Knowing and trusting this reality has been vitally important to supporting research participants after their MDMA-assisted sessions. It is true that major insights, shifts in emotion and energetic clearing can occur during several hours of HB or MDMA effect, often leading to a sense that more has been accomplished in hours than had been in previous years of more conventional therapy. In fact, it can be challenging for some people to accept and trust changes that happens this quickly until they experience the real ways these changes manifest in their daily lives afterward. Conversely, expecting that healing and growth must be completed during the relatively short time spent in non-ordinary or *holotropic* consciousness can make the transition back to *hylotropic* or everyday consciousness distressing and discouraging. Until one understands and directly experiences the ongoing nature of deep healing that flows from work with non-ordinary states in a conducive set and setting, they may be attached to the idea that more sessions are needed before their process can continue. Happily, if HB participants or MDMA research participants understand the ongoing nature of the process, and especially if they have support and take the opportunity for a practice, such as meditation, journaling, yoga, psychotherapy or other ways of connecting with their inner experience and their bodies, they consistently report continuing healing and growth unfolding for weeks, months, or perhaps for a lifetime.

It is with deep gratitude that Annie and I so often draw on what we learned from Stan and Christina Grof and other wonderful teachers in the Grof Training. Without their inspiration and guidance we wouldn’t have seen the possibility of the work we’re doing now with MDMA-assisted psychotherapy, or known how to do it safely and effectively. In our MDMA studies people suffering from chronic, treatment resistant PTSD are experiencing deep, lasting healing. Many are telling us it saved their lives. After thousands of hours with research participants in preparation and integration sessions as well as MDMA sessions, Annie and I are convinced that the powerful therapeutic results of MDMA-assisted psychotherapy are catalyzed by both the remarkable effects of MDMA and by the *set* and *setting* in which it occurs. In our studies the setting and the mindset of therapists and participants are based largely on Stan and Christina’s profound teachings about the deep

healing intelligence within each of us, and the possibilities and methods for accessing and supporting that intelligence in order to “change life from a boxing match to surfing”.

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