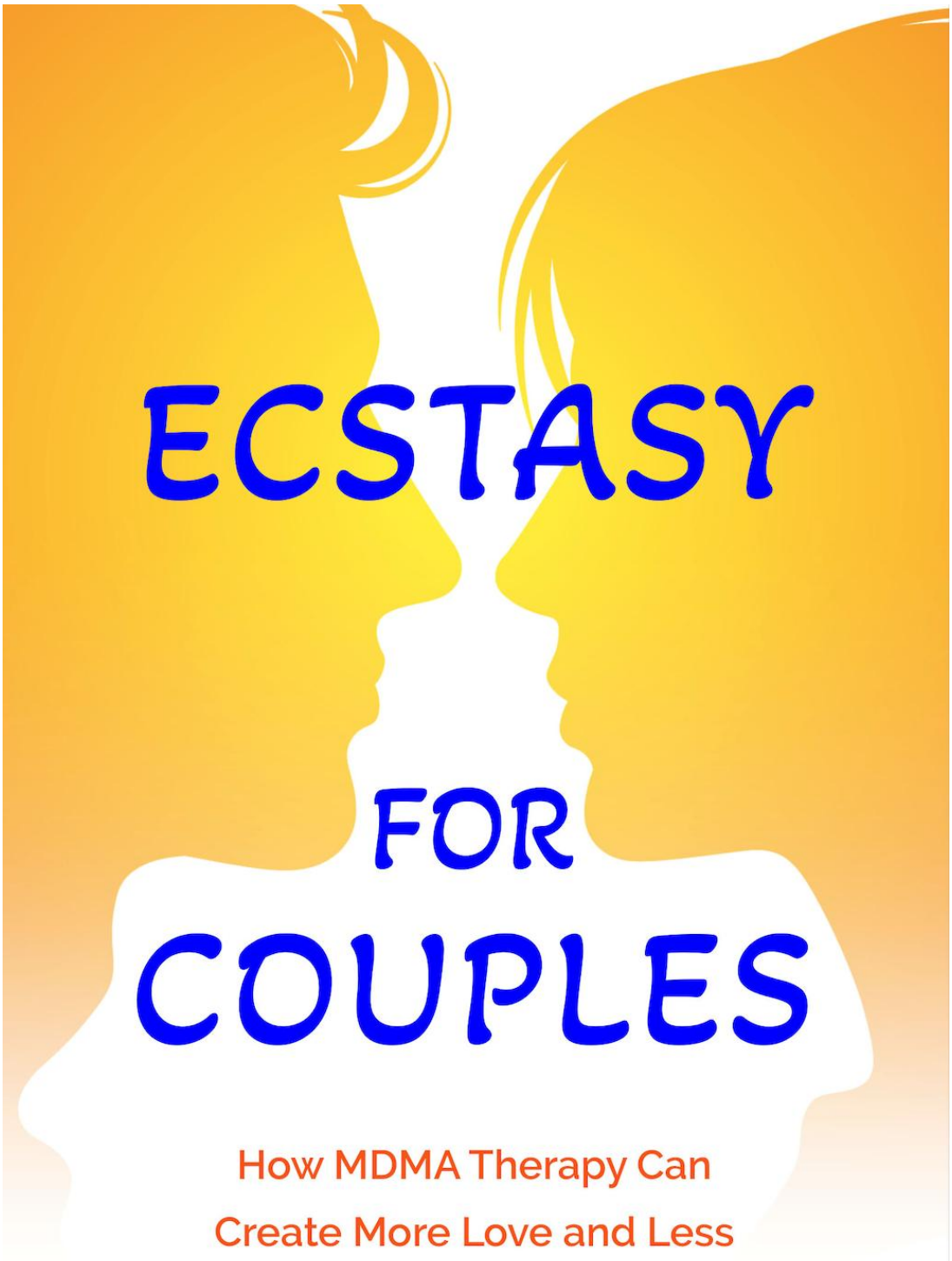

ECSTASY FOR COUPLES

How MDMA Therapy Can Create More Love and Less Conflict in Your Relationship

JONATHAN ROBINSON

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Free Resources for You:

If you'd like to be on my email list and receive my occasional MDMA newsletter, go to:

XTC4Couples.net

Once you put in your email address, you'll immediately receive the 12 questions that lead to instant intimacy with your partner, as well as 10 ways to avoid bad psychedelic trips. In addition, you'll receive a discount coupon code for my MDMA facilitator training and MDMA couples training. (For info on the trainings, go to MDMAtraining.net).

What People Say About Jonathan Robinson's books about MDMA Therapy:

"MDMA is a revolutionary medicine to transform relationships and increase love in the world. Jonathan is at the cutting edge of this nexus and has charted a clear course for us to follow. The world needs love now more than ever, and Jonathan's practical approach points the way."

--Amy Islip, Psychotherapist & Relationship Counsellor

"Drawing on decades of experience as a couple's therapist and one of the world's most experienced guides, Robinson approaches MDMA not as a party drug but as a **sacred catalyst for empathy, honesty, and emotional safety**. He presents research findings alongside personal accounts, providing a framework for couples to explore the potential benefits of MDMA-assisted sessions in a mindful, intentional way.

What makes *Ecstasy for Couples* especially compelling is Robinson's **tone of warmth and accessibility**. Through practical exercises and reflective prompts, the book extends beyond the experience itself, guiding couples to build new patterns of communication and vulnerability in everyday life."

--Cricket Wingfield, MD., CPCC

"This is an authoritative, comprehensive, and highly practical guide to optimizing the potential therapeutic benefit of MDMA."

--Michael Horwitz, MD. (Former Director of Addiction Medicine, Cedars Sinai Medical)

"Jonathan accomplished in one session what six years of intense talk therapy could not solve. The insights I had were life-changing. What a blessing!"

--Marilyn Van Derbur (Former Miss America, author of *Miss America by Day*)

"There is no individual better suited to writing a book on this subject, and he has done a masterful job."

--Brian Evans, MD, MBA

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INTRODUCTION:

The drug MDMA, commonly known as Molly or Ecstasy, is a breakthrough medicine for healing relationships. Along with the right information and guidance, it can help partners restore their love and harmony much faster than other types of couples' therapy. Yet, at the same time, it can be misused or abused if it's not taken in a supportive setting. In this book, I'll provide you with numerous helpful ideas and practical tools to help you create a magical experience with your partner. When used therapeutically, I've seen that a single MDMA-assisted couple's journey can often be even better than doing two years of weekly couples counseling.

In 1984, I did my master's thesis on the therapeutic effects of MDMA on overcoming traumatic memories. After I got my psychotherapy license, I'd often lead clients in MDMA assisted therapy to overcome trauma, anxiety, and depression. The specifics of how I do that type of therapy are detailed in my book, *Ecstasy as Medicine*. Yet, once my book *Communication Miracles for Couples* became a bestseller after an appearance on *Oprah*, I began doing a lot of couples counseling.

Unfortunately, couples who have trouble in their partnership wait an average of six *years* before seeking help. By the time I'd see couples in counseling, they were often at each other's throats and on the verge of divorce. In addition, traditional marriage counseling is often a long, slow slog. I knew there had to be a better way. So, as I began using MDMA in my couple's work, I found the results were remarkable. Instead of an expensive and difficult slog through traditional couples' analysis, my clients experienced MDMA-assisted therapy as enjoyable, quick, and amazingly effective in healing and enhancing their relationships.

Ultimately, we are all looking for a life filled with love, peace, and joy. Easier said than done. In Western culture, we receive no education on how to communicate effectively, nor any training on how to live with and resolve problems with a partner. Relationships often start with a wonderful hit of pleasurable hormones, but often end with a torrent of blaming, shaming, and complaining about one's partner. It need not be this way.

In this book, you'll learn how to safely guide yourself–and possibly others–toward long-term satisfaction with the help of this amazing medicine. In Part I, titled "A Revolutionary Approach," I discuss the key ingredients that make for a loving, successful relationship. Additionally, I discuss risk reduction and contraindications when considering this medicine, as well as the basic structure I use to quickly assist my clients. In Part II, "Conducting the Sessions," I detail the specific interventions and techniques I find most helpful in working with couples. Towards the end of this section, I also discuss how you can successfully take MDMA with your partner even without a guide. Finally, in Part III

(From Insights to In Life), I describe how you can integrate the insights from your session into your daily interactions with your partner. By reading this book, my hope is that you'll be able to use MDMA to fix, enhance, or deepen your relationship, no matter your situation.

This book is really written with two audiences in mind. First, those who want to learn practical ideas and methods to get the most out of their MDMA session with their partner. Second, it is also written for folks interested in learning my unique protocol for guiding couples on a healing Ecstasy session. If guiding others is not your interest, you may choose to skim or skip specific chapters that are less relevant to you and your partner. However, be sure to carefully read Chapter Four to avoid any contraindications associated with MDMA before reading the key chapters in Part II of this book.

You'll soon notice two things about this book. First, I've written it from the perspective of heterosexual couples. However, I believe that the many ideas and methods presented apply equally well to same-sex couples. Secondly, in the paperback and kindle version of this book, I open each chapter with a comic by Ashleigh Brilliant, known for his series of comic "Pot-Shots." I do this to provide a bit of levity, as well as a comedic comment on the subsequent subject to be explored in each chapter. When dealing with the trials and tribulations that can arise from relationships, humor can be a very helpful tonic.

I honor your commitment to learning this cutting-edge way to bring more love and less conflict into your relationship. If you are a healer, I expect you'll find this information helpful in your work with others. In a world in which love and understanding are not given the importance they deserve, I hope you'll feel inspired by the practical methods and ideas offered in this book.

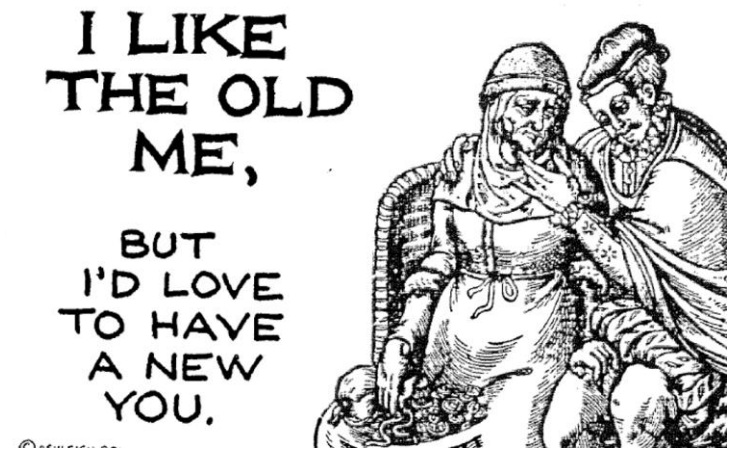
Author's Note and Disclaimer

While I provide much information about the drug known as MDMA, Ecstasy, or Molly, this material is not meant to mean I am advocating for its use. Buying or ingesting any illegal substance is risky, and such substances often consist of unknown chemical makeup and purity. In this book, I try to educate readers on how to reduce the possible risks associated with the use of medically prescribed MDMA—which is currently legal or decriminalized in some countries. Providing risk reduction information should not be interpreted as encouragement to use or abuse any legal or illicit substance. I am not responsible for any adverse effects or consequences resulting from the use of any of the suggestions or procedures discussed in this book. As of this writing, in late 2025, MDMA is a Schedule I illegal drug in the United States. This puts MDMA in the same category as marijuana, heroin, and LSD. Therefore, readers are cautioned to consult appropriate criminal law and medicine experts about the risks of ingesting MDMA before deciding to do so.

Part I: A Revolutionary Approach

In this section, I discuss and explore the basic why, what, and how of couples therapy with Ecstasy. You'll understand why this medicine is so beneficial in couples therapy, and you'll gain an overview of my specific protocol for helping couples. You'll also learn about the history of MDMA therapy, as well as the contraindications and risks associated with this type of couples' work.

Chapter One: What's Wrong and What's Needed



The skills necessary to create long-lasting and loving romantic relationships can be easily learned under the right conditions. What are those conditions? Well, I've seen that the best conditions are with the help of a trained guide while the two partners are high on MDMA. Even without a guide, partners taking MDMA together often experience profound healing within a single day.

In traditional talk therapy, the problems couples face can often take months or years to resolve. The fact of the matter is that when partners are irritated with each other, working through problems is extremely challenging. On the other hand, when lovers feel emotionally connected due to the power of Ecstasy, working things out is relatively easy. Most couples have a litany of problems they need to work through. Rather than slog through such issues over many months or years in traditional therapy, Ecstasy-assisted couples therapy can be quick, easy, and inexpensive.

You may think you're uniquely faced with big challenges in your relationship, but that's not the case. According to the National Institute of Health, nowadays the average relationship lasts only about two years. The combination of societal and personal stress, unrealistic expectations, and a lack of effective communication skills often leads to significant difficulties. In previous generations, things were different. It used to be that people married more to survive than to find everlasting love. With lower expectations and less societal stress, it was perhaps easier in bygone days to be relatively happy in one's partnership. Yet, we are now conditioned to think that our lover must satisfy every emotional need we have. In addition, we are never taught in school the fundamentals of

how to have a loving relationship. It's no wonder couples are often left feeling frustrated or hopeless.

What Most Couples Get Wrong:

Before exploring what is needed to heal relationship challenges, it's helpful to understand the common pitfalls that couples fall into. In my experience helping hundreds of couples in pain, I consistently see six "strategies" they use that never work out well. I label these six unworkable strategies as: blaming, shaming, complaining, persuading, denial, and distraction. While high on MDMA, most couples can quickly see that these six tactics don't work and should be abandoned. Such insights are one reason why Ecstasy can be so helpful in relationships. Yet, by briefly detailing each of these traps right now when you're (hopefully) not on MDMA, you'll have a head start in avoiding them in the future.

First, there's blame. This is the "go-to" method that you can find at the heart of every relationship that's gone bad. While blaming one's partner may be justified in many cases, the problem is that it never ever leads to a good outcome. After all, when was the last time you told your partner what they were doing wrong and they responded: "Yes, I now *see* what you've been trying to tell me. It really *has* been all my fault. Now that I see it clearly, I will immediately change my ways. Thank you for telling me what I've been doing wrong." Such words have probably never been sincerely spoken on this planet.

Although blaming one's partner never helps, it *is* quite addictive. It's a hard habit to break. When I work with couples, I often ask them, "In your relationship, how many times would you say you have blamed your partner for something?" The answer is often thousands of times. Then I ask, "Of all those times, how often has it helped resolve an issue and brought the two of you closer together?" The typical answer is zero. You do the math. If you're batting zero for a thousand, it's time to give up the game. Admittedly, even though I know all this stuff, I sometimes catch myself blaming my wife. However, I've learned to stop myself when I see this behavior and, instead, try a more effective strategy for resolving the issue at hand. I suggest you try to do the same. Fortunately, while high on Ecstasy, couples can easily give up the blame game.

In a similar way to blame, shaming your partner, or complaining about their behavior, is also highly ineffective. Once again, if you take stock of how often shaming and complaining bring the two of you closer together, you'll be motivated to stop such conduct. Not only are these strategies useless, but they are also toxic to the relationship. They only lead to digging a hole deeper, and as couples dig their hole of shaming and complaining, it just makes it harder for both partners to dig their way out.

Next, there is persuasion. I often see couples try to persuade their partner about how wrong they are, or how their own point of view is the most correct. Once again, I've almost never seen this work. When you try to "persuade" your mate about how right you are, it normally just leads to your partner resisting whatever you say. Ultimately, you're digging another hole in which you will eventually have to dig yourself out of. Rather than try to persuade your partner with your point of view, it's more effective to clearly state exactly what you want from your partner. For example, one woman I counseled always tried to convince her husband why he should do more work around the house. That never worked. Instead, I suggested she simply say, "Would you be willing to do your own dishes this week? That would make me so happy." She was shocked when he cheerfully agreed to such a specific request. All her former attempts at persuasion were just time spent digging a hole.

Finally, there are the final two strategies that ultimately don't work in relationships: denial and distraction. Obviously, denial doesn't magically make issues disappear. That's too bad—it used to be one of my favorite strategies! Unfortunately, it always came back to bite me in the butt. When I saw that denial didn't work, I turned to distraction. Needless to say, there were always things distracting my wife and me from discussing delicate issues. However, over time we realized that, like denial, distraction never helped anything go away—our problems just piled up and had to be faced eventually.

What's the Target?

Now that we've briefly discussed what typically goes wrong in relationships, it's essential to examine the key ingredients of a healthy relationship. After all, if you want to hit a target, it's essential to first establish exactly what the target is. I believe that the "target" all couples are aiming for is knowing that their partner cares about their needs, understands them, and has empathy for their feelings. I use the acronym C.U.E to represent the needs of **C**are, **U**nderstanding, and **E**mpathy. While these needs are foundational to any good relationship, they are usually lacking in one or more ways in most romantic partnerships. Fortunately, when a couple takes Ecstasy together, the medicine seems to give them a powerful experience of care, understanding, and empathy. From this unique experience, they now have a much clearer idea of what is desired and what is needed to create a lasting and loving connection.

You have probably heard of the book, *Men are From Mars, Women are From Venus*. While the idea that men and women have different needs is a familiar notion, in reality, I find that people often fail to truly understand their partner's needs. Instead, they frequently feel their mate shouldn't have the needs they *do* indeed have. That doesn't help at all. Fortunately, we don't do this with our pets. For example, I don't tell my dog that she shouldn't smell another dog's poop. I recognize that my beloved dog enjoys that habit--

which I find disgusting. In a similar way, I understand that my wife really enjoys shopping–which I hate. But by recognizing that shopping seems to be a fundamental need for my wife, I can let her do her thing with my encouragement.

In my Ecstasy sessions with couples, we use various methods to help them understand each other better, get a better sense of each other's needs, and finally, have empathy for each other's struggles. Empathy is a lot more important in a relationship than most people realize. We want to know that our partner truly feels our struggles and doesn't simply dismiss our feelings. Regrettably, many couples struggle to show empathy to one another. In general, men tend to struggle more than women in showing empathy, and it can be beneficial to understand *why* this is the case.

Women often complain to me that their man does not display any or much empathy in their relationship, and instead finds them to be very defensive. I explain to these women that modern humans have been around for about 300,000 years, and that during 99% of that time, there was only one job opening for men: kill other human beings that were a threat to their tribe and kill animals so they could eat. Basically, men are genetically "programmed" to be killers. Men who were too empathic to get good at killing were kicked out of the tribe and left to die. The result was that such men didn't pass down their empathic genes. Obviously, an empathic killer is an oxymoron. Unfortunately, women no longer need a man who's good at killing. As society has changed, women want a man who *is* empathic—a trait that has been genetically rebuffed by natural selection. So, the bottom line is that, for most men, empathy is not easy for them to display.

One of the things I love about Ecstasy is that it provides partners with a powerful experience of what empathy feels like, and the transformative value it can have in a relationship. I'll use a personal example. Being a typical heterosexual man, I used to be terrible at giving my wife empathy. However, when I first took Ecstasy with her, it was as if a whole new world of feelings opened for me. I suddenly understood that my wife lived in a sea of vigorous emotions, and that by dismissing her feelings as unimportant, I was rejecting what was most real to her. (By the way, I encourage you to watch an hysterical 90-second video that illustrates this tendency in men. Simply go to Youtube, and type in "It's not about the nail." You'll love it). Nowadays, with the help of MDMA, I see how my wife is a truly different species with different needs, rather than a slightly broken version of me. That has helped me to understand her, and as she felt my understanding, it has brought us much closer together.

From Needs to Deeds

In my work with couples, I've seen that most problems and arguments stem from two people having different needs, as well as different strategies for fulfilling those needs**.** Case in point: my wife and I have different ideas about how clean our house should be. Basically, I'm quite sloppy, and she is someone who likes everything clean and in its proper place. Having tried blaming, complaining, shaming, and attempts to persuade each other with no results other than a hole we had dug, we tried to resolve the issue with the help of Ecstasy. While high on MDMA, it took about three minutes to resolve this longstanding issue to both of our satisfaction. In our shared sense of deep connection, we explored various options, saw what could work (detailed in Chapter 11), and voila—the issue was resolved. No years of therapy required.

Part of the magic of an MDMA journey is the fact that each partner's need to be right is temporarily suspended. With each partner's ego out of the way, two things are easier to accomplish. First, it becomes clear that most people ultimately have similar needs—such as the desire to feel safe, loved, understood, and respected. Second, while on MDMA, it becomes easier to explore *solutions* that might better satisfy each partner's needs. Unfortunately, most couples are not in touch with their authentic needs. Instead, they only know what *strategies* they think will satisfy their needs—and that's often in conflict with their partner's strategies.

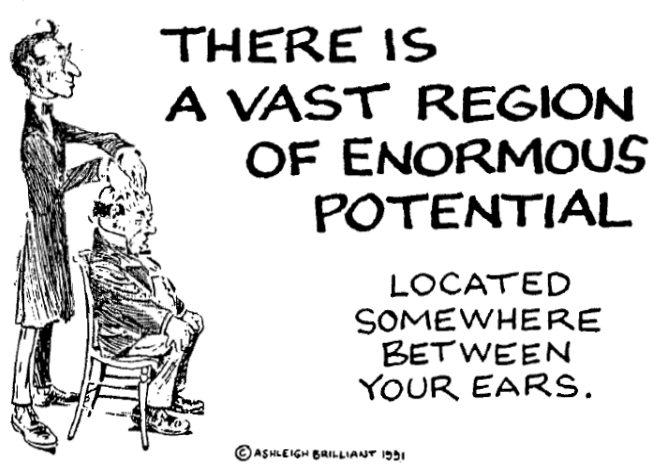
Let me offer an example of what I mean when I refer to exploring new strategies for meeting your partner's needs. Melissa and Sam, a married couple, came to me arguing about money. Sam felt that Melissa spent too much—so he tightly controlled the money in their marriage. Melissa felt her husband was a tightwad and controlling. They both thought the problem was money, but their real issue was the underlying need they were trying to satisfy through their limited finances. During our MDMA session together, they both realized they were trying to meet their needs for safety and respect. Having money is one (not very effective) strategy for feeling safer and respected, but there are plenty of other ways to satisfy those needs. Once they had such insights, they were able to discuss the real problem: how each could support the other in feeling safer and respected in their marriage.

As couples are able to discuss their real needs, it opens the possibility of having their needs met much more effectively. I often advise couples to clarify what needs they think are most important to their partner. By doing so, they're in a much better position to satisfy those needs. The truth is, if you give your partner what they most long for, they'll be happy to give *you* what you most want. In later chapters, I'll detail how to use an Ecstasy session to learn what your partner most deeply desires. But for now, simply know that, as you satisfy your partner's deepest needs, whole new vistas of love, communication, and fun open up.

Ecstasy or MDMA (I use these interchangeably throughout the book), is a sacred medicine when used with the right intention and guidance. In an age when we all face significant stress, it's more important than ever that we cultivate relationships that are supportive, honest, and loving. Fortunately, Ecstasy can give couples the direct experience of what that feels like, as well as the insight into how to overcome longstanding problems.

In the next chapter, I discuss the history of MDMA and how I got involved with it. In Chapter Three, I outline my specific protocol for helping couples in guided sessions. If you're just interested in knowing tips for a self-guided journey with your partner, you may choose to skip or skim those chapters. However, if you do decide to skip the next two chapters, be sure to read Chapter Four. It covers how to reduce the risk and side effects of taking MDMA. I'm confident that by reading this book, you'll learn a lot of great ways this medicine can be used to bring even more love into your life.

Chapter 2: The Twisty History of MDMA and Me



In my book, *Ecstasy as Medicine*, I provided a history of MDMA throughout the years. Some of that will be reiterated here, but with a new focus on how MDMA has been used and studied as a medicine for helping couples.

The history of MDMA all begins when it was first synthesized by a chemist named Anton Kollisch, who worked for the German pharmaceutical company, Merck. He was attempting to develop a drug that promoted blood clotting. However, due to a lack of significant medical applications, further research on MDMA was not pursued. The compound remained in obscurity until the mid-1970s when it resurfaced and gained attention for its remarkable effects on human consciousness. It was during the 1970s that the influential American chemist Alexander "Sasha" Shulgin rediscovered MDMA. Shulgin, fascinated by its psychoactive properties, became an advocate for its potential therapeutic applications. He conducted extensive experiments on himself and others, documenting the subjective effects and advocating for its therapeutic potential.

In 1977, Shulgin introduced MDMA to a psychologist named Leo Zeff from Oakland, California. Zeff had for many years been giving LSD, and a similar drug to MDMA called MDA, to many of his patients. Of course, this was all illegal—so he had to keep quiet about his activities. Yet, MDMA was still legal at the time, so Zeff became an outspoken advocate for the use of MDMA in therapy. Over a few years, he introduced MDMA to approximately 150 therapists, who subsequently gave it to hundreds of their patients.

One of the therapists he introduced Ecstasy to was a man named George Greer. George was a psychiatrist, and along with his wife Requa, authored what was likely the first peer-

reviewed published study about MDMA. In the study titled “Subjective Reports of the Effects of MDMA in a Clinical Setting,” the Greers detailed the positive effects of MDMA on 80 subjects. The participants didn’t volunteer with the intention of trying to heal a relationship. However, Dr. Greer noted that every subject except one reported improved communication in their relationships after the MDMA session. Also during the1980s, the president of the Association for Humanistic Psychology, a man named Rick Ingrasci, conducted many MDMA experiments with couples. In reviewing these experiments, he would write: “What [MDMA] does is, actually remove the fear of being real, of being authentic with yourself and with other people.”

By the early 1980’s, many therapists in the San Francisco Bay Area were giving MDMA to their patients, finding it particularly helpful in treating trauma and helping couples in their relationships. While MDMA was gaining recognition for its therapeutic potential, it gradually made its way into the nightclub and party scene. It quickly became associated with the emerging "rave culture" and all-night dance parties–especially in Texas of all places. At a place called The Stark Club, gays, rednecks, Mexicans and Americans all danced together on Ecstasy as one happy family. People who consumed MDMA reported increased sociability and an overall positive mood, making it appealing for recreational use in the energetic club environment.

I first encountered MDMA at the college I was attending, U.C. Santa Barbara, in 1979. I had become familiar with LSD and figured this “new drug” was going to take me on a similar trip. I was pleasantly surprised to find it was a completely different type of experience. As an emotionally repressed and nerdy kid, I was neither empathic nor in touch with my feelings. For me, MDMA was a ticket to a whole new world. When my girlfriend and I took it together, I learned what intimacy, honesty, and empathy were really all about for perhaps the first time. Years later, as a graduate student in counseling, I did a master’s thesis on the therapeutic effects of MDMA on overcoming traumatic memories. This was 1984, and MDMA was still legal at the time. However, in 1985, when my thesis was completed, the U.S. government had just made MDMA illegal. Therefore, no journal was willing to publish my thesis.

With the drug now illegal, law enforcement efforts intensified. Illicit manufacturers sought to circumvent legal restrictions by producing and marketing alternative substances marketed as Ecstasy. These substances often contained various chemicals and compounds, some of which were much more dangerous than MDMA itself. The widespread use of these adulterated pills led to a rise in adverse effects and contributed to the negative reputation associated with Ecstasy. The negative media coverage further stigmatized MDMA, emphasizing its potential dangers while downplaying its potential therapeutic

benefits. MDMA became associated with reckless behavior, party culture, and illicit drug use, overshadowing its earlier promising applications in therapy.

Despite the legal troubles and negative publicity, the desire to explore MDMA's therapeutic potential persisted among researchers, therapists, and advocates. In the 1980s, a man named Rick Doblin was an enthusiastic proponent of MDMA. In 1986, Doblin founded MAPS, which stands for Multidisciplinary Association for Psychedelic Studies. Doblin founded MAPS with the primary goal of supporting clinical trials and research investigating the safety and efficacy of psychedelic drugs for therapeutic purposes. MAPS initially faced significant challenges, particularly due to the stigma associated with psychedelics because of their prohibition in the 1970s. However, Doblin was not to be deterred. Through MAPS, Doblin began advocating for the therapeutic use of MDMA. Over a 40-year span, MAPS has played a crucial role in raising money for research, supporting clinical trials, and lobbying for regulatory changes.

George Ricaurte, a neurologist at John Hopkins was hired by Doblin to research the potential toxicity effects of MDMA. Doblin hoped that hiring a respected scientist and having his findings show MDMA was basically safe would help lead to human clinical trials. Yet, he was unaware at the time that Ricaurte would soon become known for, as Ann Shulgin put it, “Using government grants to find everything possible that is dangerous about MDMA.” Ricaurte would later go on to proclaim–with zero evidence–that “even one dose of MDMA can lead to permanent brain damage.” Doblin had initially felt that Ricaurte was an impartial scientist, but as he later reflected, said “Over time, I saw that was not the case.”

The U.S. government often lavishly funded labs like Ricaurte’s to try to prove the harm drugs did to people. Their research was often used by the media to create headlines such as, “Proof that Ecstasy Damages the Brain.” Ricaurte’s lab got paid well for promoting highly misleading and non-scientific statements about MDMA’s harmful effects. In 2002 Ricaurte published a study in the prestigious journal, *Science*, that claimed that when they injected ten squirrel monkeys and baboons with a dose of MDMA, two of them had died and two others collapsed from heatstroke. Even though the findings seemed suspicious, *Science* published the results, possibly because the journal received pressure from the U.S. government. The study was widely reported in the news. But then, the following year, *Science* issued a rare and startling retraction. It was learned that Ricaurte hadn’t given the animals MDMA, but instead had dosed them crystal meth. To this day, it’s still not clear whether this was an honest error or some kind of sabotage.

Meanwhile, around 1995 I began leading occasional journeys with MDMA in my office. I became aware of an entire “underground” industry of therapists and guides who helped people “trip” on LSD, MDMA, and psilocybin. When a client was on MDMA, I felt like I could

do two years of therapy with them in an afternoon. I decided to specialize in MDMA therapy. Then, in 1997, my book *Communication Miracles for Couples* got published. Due to appearances on *Oprah* and *Geraldo* in which the book was lavishly praised, it became a *New York Times* bestseller. This led to me getting an influx of couples wanting my help. I quickly realized that the couples willing to take MDMA together with my guidance quickly got better, whereas the couples who came to me for traditional marriage counseling took months or years for any sizeable improvement.

In my previous book, Ecstasy as Medicine, I shared a story about my parents and MDMA. It's a good story, so I'll share it again. My dad and stepmother began wondering why I was spending so much time and energy focused on an illegal drug. I tried to explain to them why I was so enthusiastic, but they didn't really get it. In desperation, I said, "Well, the only way to understand my excitement for this drug is to try it yourself." To my surprise, they agreed. So, I supplied them with two doses, along with directions on how to create a suitable setting for their journey. A year later, I asked them if they had taken the MDMA I had given them. They told me they had indeed tried the drug but reported that "it had no effect." Surprised by their statement, I asked them, "So, what *exactly* happened after you took the medicine?"

What my parents reported next had me laughing for a long time. They said, "Well, once we got over the fact that the drug didn't work, we had nothing planned to do, so we sat on the couch and talked. It turned out we had the best talk of our 30-year marriage! We chatted about how wonderful our lives were and how lucky we were to be so in love after all these years. We even talked about a few issues that had repeatedly come up during our marriage, and we were able to work all that out. Then, we just cuddled on the couch for a long time. It was such a sweet evening; one of the best of our 30-year marriage. The only disappointment was that the drug never took effect."

Somehow, my parents had totally missed realizing the drug had facilitated this experience for them. After hearing their report, I asked my parents, "When was the last time you talked about your love for each other for several hours, then cuddled on the couch?" Of course, they answered, "Well, that had never happened before." Nevertheless, they *still* insisted they were not under the influence of a drug! Such can be the experience of MDMA. At low and even medium dosages, MDMA can have a profound effect while simultaneously feeling perfectly natural. I've seen other couples have similar experiences to my parents. They may feel like the drug really didn't affect them, yet they end up communicating in a very new and healing manner.

In the early 21st century, MDMA once again became known as a potential treatment for PTSD. In fact, in 2017, the FDA categorized MDMA as a "breakthrough treatment" for PTSD.

While MDMA gradually became known for its healing effects on trauma, it was also increasingly used by couples to heal and enhance their relationship.

In a *Time Magazine* article from 2023 titled *Psychedelics Could Revolutionize Couples Therapy*, MDMA is singled out as a great improvement over traditional couples counseling methods. The article states, "MDMA can build trust, release tension and fear, and erode inhibitions, allowing partners to have hard conversations with compassion and without judgment." One therapist is quoted as saying, "If there's a long-held resentment or disagreement in a couple and people are too hurt or too wounded or too guarded to talk about that, but then you're able to use the drug to temporarily get guards down…that can really help clear out a lot of emotional baggage."

Currently, there are ongoing studies investigating MDMA's potential in treating other mental health conditions, such as anxiety, depression, and addiction. Preliminary findings suggest that MDMA may have a broad range of therapeutic applications beyond PTSD. Tommaso Barba, a PhD candidate at the Centre for Psychedelic Research, Imperial College London, is studying the effects of MDMA on couples' intimacy. He advocates for MDMA's potential in improving couples' connections within therapeutic settings.

Researchers are also examining the mechanisms of action underlying MDMA's therapeutic effects. Recently, scientists have become interested in how MDMA (and other psychedelics) increase people's ability to learn new behavior—what's called the "critical learning period." MDMA's ability to increase empathy and enhance emotional introspection has been attributed to its effects on neurotransmitters, especially serotonin and oxytocin. Understanding these mechanisms can contribute to the development of targeted and potentially even more effective treatments.

In 2023, I began teaching a 45-hour online training course on how to facilitate healing MDMA journeys. It became very popular, with over 500 healers enrolled. In fact, the popularity led to significant blowback from journalists and institutions who thought that my allowing individuals without clinical degrees to take my training was not a good idea. (*By the way, you can learn about and still enroll in this training by going to MDMAtraining.net*). I understood their concern, but with several medical doctors as guest lecturers discussing safety precautions, and an extensive review of participant applications, I was willing to allow folks without clinical degrees to learn this skill. Anyway, with what everyone believed would be an FDA decision in 2024 to reschedule MDMA as a legal drug in clinical settings, I thought we'd need a lot more practitioners able to effectively facilitate such journeys.

Long story short, the FDA surprised practically everyone by voting to keep MDMA as an illegal drug—despite repeated studies showing its incredible effectiveness. As I delved into

why the FDA decided against rescheduling MDMA into a less restrictive category, I discovered that the FDA (Food and Drug Administration) had two key factors influencing their decision. First, the FDA is largely funded by pharmaceutical companies, and those companies indirectly influenced the FDA not to reschedule it. After all, that could take away significant income from big pharma's other money-making drugs, notably anti-depressants and anti-anxiety medications. Secondly, the FDA believed that a drug requiring therapeutic support in addition to the medicine created significant challenges in evaluating its effectiveness. After all, it's called the Food and Drug Administration, not the Food and Drug and Therapy Administration.

The upshot was that, at least for now, MDMA is still a Schedule I illegal drug—in the same category as heroin and marijuana. Rick Doblin of MAPS is still trying his darndest to get the FDA to reschedule MDMA as a drug that's able to be legally prescribed under clear medical guidelines. We'll see when and if that happens. As research continues, there is growing optimism that MDMA-assisted therapy will eventually become a recognized and regulated treatment option for various mental health conditions.

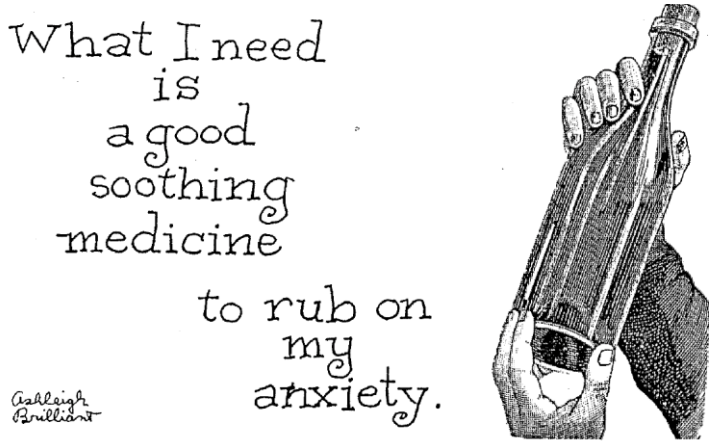
When I interviewed Rick Doblin of MAPS in July of 2023, I asked him how he thought the future of MDMA would unfold. Of course, he could only speculate who would be allowed to eventually prescribe MDMA. Rick suggested, "I do not think it should be limited to psychiatrists…the likelihood is that doctors of any kind will, but they may need a small training program. It could be a couple of hours." Then, I asked Rick about who will be certified to be a guide for journeys. He replied, "We (MAPS) don't want to be the only provider of the training, but we want it ideally to be provided by us or by groups that we authorize." A lot of how things unfold will be determined by the FDA when (and if) they finally make MDMA a legal medicine.

Rick Doblin's contributions to the field of psychedelic research and advocacy cannot be overstated. Through his work with MAPS, he has played a crucial role in re-establishing psychedelic research and has helped pave the way for the integration of psychedelics into mainstream medicine and mental health care. As I've gotten to know Rick, I can also say he's a very fun, open, and great guy. His dogged persistence and powerful sense of mission over a 40-year span has been an inspiration to thousands of people.

Currently, Rick and his MAPS cohorts have also been involved in supporting research on Psilocybin, LSD, Ayahuasca, Marijuana, and Ibogaine. In addition, in 2024, Rick asked me to be involved in a study to ascertain the effects of MDMA in couples' therapy. I am currently working with other folks to document the effects of MDMA in helping couples experience more harmony. Over the years, Doblin's work has garnered support from many public figures, politicians, and even law enforcement officials who recognize the benefits

of psychedelic-assisted therapies. While the history of Rick Doblin is ongoing, his efforts show the power of what one committed person can do to make a positive impact on the world.

Chapter 3: My Magic Method with Molly



In this chapter, I outline the specific protocol I use when working with MDMA. If you're only interested in taking Ecstasy on your own without a guide, it's not critical that you read this chapter. However, if you want to learn the basic structure I use to create MDMA magic, you'll find plenty of useful information here.

Ultimately, couples coming to counseling are looking for three things. I refer to them as the "Three E's." First, they'd prefer a method that is Efficient. In our time-crunched world, any method that yields great results quickly will outperform approaches that take months or years to be effective. Secondly, folks want a method that's Easy. We all have plenty on our plates as it is. For an approach to be truly valuable, it must be relatively easy for the couple to engage with. Otherwise, they won't stay with it long enough for the healing to occur. Finally, couples want a method that's genuinely Effective. Additionally, its effect needs to be sustained after the therapeutic intervention has been completed. In my experience, Ecstasy-assisted therapy for couples Excels (a fourth "E"?) in delivering the goods.

By the time couples come to me for help, they have often experienced many years of anger and frustration with each other. Luckily, I've seen that a single wonderful experience together while on Ecstasy can often erase many years of difficulty. The human heart is hungry for love, and given the right conditions, can be very resilient. In the sessions I lead, I

first help couples understand each other. In fact, I've never had a couple come into my office and say, "We understand each other very well; that's why we want a divorce." Yet, I frequently hear partners complain, "They just don't understand me…that's why I want a divorce." So, how do I help partners understand each other? Throughout this book, I'll offer many simple methods that I've found to be of enormous help. However, Ecstasy makes the ability to understand one's partner amazingly easy.

My Guided Ecstasy Sessions

Just as with making a good chocolate cake, there are many ingredients that go into a successful couple's session on Ecstasy. In later chapters, I'll discuss topics such as set and setting, as well as the specific methods I employ when facilitating these journeys. However, to better understand my approach, a brief overview is helpful here. To begin with, I meet with a couple interested in this therapy for an hour to discuss their situation. This initial session is often conducted over Zoom, as it is more convenient, and many couples I work with don't live in my area. During this initial hour, I ask about their difficulties, determine if they're suitable for this type of therapy, and address all their questions. By the end of this hour, it is usually a clear "yes" or "no" as to whether they plan to move forward with a journey.

If everyone agrees that a journey is a good idea, we set up a time to spend 5 hours together with the couple on the MDMA medicine. You may be surprised to know that I conduct the vast majority of my sessions over Zoom. For most of my career, my sessions were conducted at my office, but when Covid hit, I thought I'd see if this type of therapy could work over Zoom. To my astonishment, I found that it seemed to work even *better* than my in-person sessions.

Although I can't know for sure why this might be the case, I've speculated that it may be due to two major reasons. First, couples feel more comfortable and secure in the privacy of their own living quarters. Second, doing a session over Zoom–in conjunction with the medicine–offers couples an even greater degree of emotional safety than taking the medicine in a therapist's office. Whatever the reason, Ecstasy-assisted couples therapy works amazingly well over Zoom. It also has the added benefit of making it more convenient for everyone, as well as practically eliminating the legal risk for the facilitator. After all, it's not illegal to talk to folks over Zoom.

Once the couple starts to feel the effects of the medicine, I have a time-tested formula I often use to help couples go from feeling adversarial to feeling accommodating and open with each other. I will detail this process in Chapter 10. However, although I have notes about their issues from our initial session, I hold lightly to any agenda. For the most part, I

"let the medicine lead." In essence, this means I allow whatever is bubbling up at the moment to be the focus. People who facilitate this type of therapy often remark that the Ecstasy seems to "know" what needs to come up to be worked on. I have found this to be very true. On the other hand, if the medicine isn't bringing up a clear topic to be discussed, I'll fall back on my notes or various methods that I know work very well for couples.

For a session to be fully successful, a few distinct elements are necessary. First, partners must be able to discuss—without blame — the issues that have caused them trouble. Fortunately, Ecstasy reduces blood flow to the Amygdala—the portion of the brain that normally prevents folks from facing their fears. Challenging topics such as sex, money, divorce, infidelity, and unhappiness are all openly discussed and explored while on Ecstasy. In fact, MDMA normally acts as a magnifying glass, bringing more light and clarity to what previously had been seen through a distorted or dirty lens. Without the normal fear, blame, and anxiety associated with triggering topics, couples can often work through their problems with just a little help from their facilitator.

I must confess that, although my wife, Kirsten, and I are both trained as psychotherapists, ten years ago we were having deep trouble in our relationship. For reasons that weren't clear to either of us, Kirsten had been highly irritated at me for several months. It was quite unpleasant for both of us. As in previous times when our 30-year relationship was feeling out of sorts, I suggested we take MDMA together. What happened surprised us. It turns out that Kirsten's beloved aunt had died a few months earlier, and due to a busy schedule, Kirsten had failed to visit her aunt in her dying days. While on MDMA, it surfaced that Kirsten was very angry at *herself* for this unfortunate behavior but was subconsciously taking out her anger on me. With this information, I led Kirsten through a process where she could forgive herself, which led to much sobbing while I held her. Long story short—after the session, her anger at me completely vanished and our loving relationship was restored. Sessions such as this have taught me that MDMA can often get to the "bottom" of what's really going on in a relationship.

Emotional and physical connection is another element that helps a couple's session be a success. Most of the couples I see for this type of therapy have not felt emotionally connected or had sex for a very long time. They often begin the session on opposite sides of a couch. Yet, as the medicine and my guidance begin to take effect, they inevitably start to move closer to each other. I find it very poignant to watch two people suddenly remember the love they once felt for each other. Such moments are often punctuated with tender hand-holding or gazing into each other's eyes for the first time in many years. Because physical touch is so important, I always make sure that any couple I work with

can, if they desire, sit very close to their partner. The physical connection seems to be an integral part of creating a deeper emotional connection.

During the five-hour journey, the three of us explore what's in the way of a more loving and less conflictual relationship. Sometimes I focus exclusively on one partner for a period, then the other partner for a similar length of time. Yet, the bulk of most sessions involves discussing the main problems that keep coming up for them, and how to handle them more effectively. I often introduce simple communication methods (detailed in later chapters) that help facilitate greater honesty, empathy, and problem-solving. By the end of most five-hour journeys, couples feel like they have a new path forward in their relationship.

After The Journey

The day after a couple's journey, I email them to see how they're doing. I suggest they take it easy and, when they have time, listen to the recording of the session I sent to them the previous night. I also provide an A.I. generated summary of the entire session, complete with details of important insights and the agreed-upon action steps for moving forward in their relationship. Some MDMA therapists choose to do a follow-up Zoom session the day after a journey, but I normally schedule such a session about a week later. There is no "right" timing for conducting a follow-up session. It's largely a matter of personal preference. However, I prefer to schedule a one-hour follow-up session about a week later, as I believe it allows couples time to both listen to their session's recording and apply what they learned during their journey.

When the follow-up session occurs, many couples report they got as much value from listening to the recording as they did from the actual session! Hearing how they interact in this new, more loving manner often fills them with hope as to what's possible. Next, I ask each partner to tell me how their week went. I find that most couples tell me their week went surprisingly well, although it's not uncommon for old problems to arise. Then, we delve into the details of what each learned, the methods they found most effective, and finally, we collectively create a plan for beneficial changes moving forward.

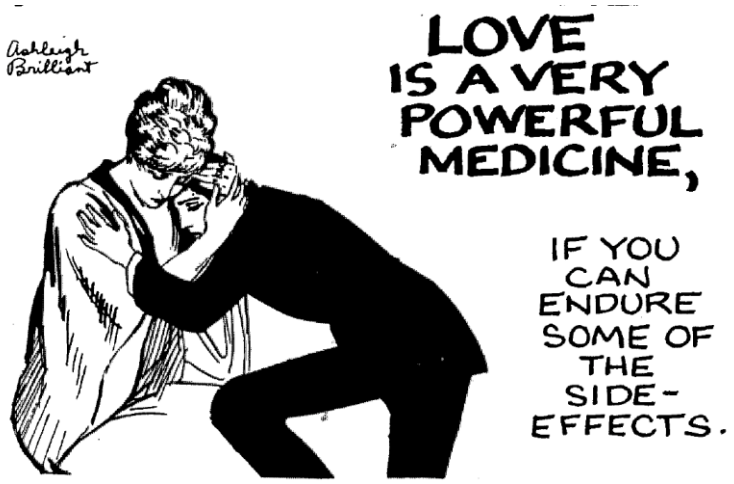
It has been said that a chain is only as strong as its weakest link. In couples therapy, that's especially true. I've found that the weakest link for most couples is their ability to be consistent with the action steps they know would improve their relationship. Therefore, many years ago, I developed a method to help couples maintain consistent behaviors that nourish their partnership. Fortunately, this method requires only about 3 minutes a week to complete, and it's astonishingly effective. I detail this method in Chapter 17. Armed with new insights and a new way to adopt helpful behaviors consistently, couples soon find that their relationship is transformed.

So, that's a bit of an overview of my protocol when I work with couples. Having worked with over 250 couples in the last 40 years, I've learned what tends to consistently help restore a couple's love. Fortunately, MDMA does a lot of the heavy lifting, making my suggestions and interventions much more effective than they'd be without this sacred medicine. In an age when most couples are dealing with long-standing problems and constant stress, I've seen that a guided MDMA session is the quickest and easiest way to help couples reset their relationship.

Here's an analogy I often tell my clients. If you were in a two-seater airplane and the pilot had a heart attack and died, you and the plane would likely end up crashing. However, if, before he died, the pilot had given you five hours of instruction on how to land a plane, you could probably land the plane without crashing. Unfortunately, most couples have not received even a single hour of instruction on how to avoid crashing their relationship when times get tough. Yet, with the help of Ecstasy, how to truly nurture a relationship (and avoid crashes) becomes obvious. Once two people have such an experience, all they need are some simple tools to help them avoid future crashes.

Love is a magical elixir. For me, restoring love between two people is an honor and a great delight. Like a medical doctor using the latest technology to heal the physical body, an MDMA facilitator uses the "technology" of Ecstasy to heal or enhance a relationship. By learning all the specific ingredients that lead to a healing Ecstasy journey, you can help transform your relationship—or the relationships of people you work with.

Chapter 4: Contraindications and Risk Factors



The purpose of this chapter is to inform you of every possible concern or contraindication about MDMA therapy–and how to overcome them. In my book, *Ecstasy as Medicine*, I wrote a detailed chapter about the risks, contraindications, and potential negative side effects of taking MDMA. I also discussed practical ways to avoid all these potential problems. Since then, I've come across some additional tips, and updated what I previously wrote. Even if you think you know the risks or have previously read them in my other book, I strongly encourage you to read this chapter. When taking any powerful drug, it's critical to know how to avoid potential problems. While MDMA is a very safe medicine, just one false belief or one missed step can lead to a negative outcome.

The challenges associated with MDMA therapy fall into seven basic categories. I label these seven categories as follows: the cost, obtaining pure medicine, dosage, drug interactions, medical contraindications, finding a qualified guide, and managing unpleasant side effects. I'll tackle each challenge in turn.

The Cost:
First, the cost. The drug itself is not very expensive. It is often sold for somewhere between $15 and $25 per dose. Yet, if you want a trained MDMA facilitator guide, that can get pricey. As for me, for the initial Zoom call, five-hour journey, and a follow-up integration session, I work on a sliding scale. Currently, I charge between $1600 and $3000 for the whole process, and my clients determine what they can afford within my sliding fee. That might sound like a lot, but when you consider that a year of weekly counseling sessions typically costs $8000 or more, my fees can seem like a bargain.

The Medicine:
Next, is the challenge of securing the medicine. When working with an underground guide, they may or may not supply the medicine. If they don't, or if your session is over Zoom, you'll have to work out a way to get pure MDMA. With folks I work with, I give them the name of a contact I have that can supply them with medicine at a reasonable price. My contact uses the app, Signal, so no one gets into any legal trouble. (Signal is fully encrypted and therefore not traceable by law enforcement). My clients simply put in an order for MDMA with my contact, pay for it via Venmo or Paypal, and my contact mails them the goods. Easy. I've never experienced or heard of any legal trouble with this approach.

Whether you're taking MDMA alone, guiding a friend or client, or with a group of people, an important consideration is the purity of the medicine you're taking. The purity of the medicine matters. While Europe faces a flood of high-potency Ecstasy pills, the US has the opposite problem: pills or powders sold as "Ecstasy" or "Molly" often contain very little or no MDMA. According to a range of sources, anywhere between 30% and 60% of what is being sold as Molly or Ecstasy in the USA is not in fact MDMA. The rest is often made up of such things as bath salts, methamphetamine, or other mind-altering compounds.

Before ingesting what you think is MDMA, have it tested–or at least know that the batch you're getting is from a trusted source. At the very least, you can ask if anyone else has tried the batch you're thinking of trying, and if so, can you talk to them? Someone who has used the same batch can tell you if the stuff you're thinking of trying is the real stuff. You can learn more about drug safety, as well as testing kits you can buy at dancesafe.org, and you can purchase an MDMA testing kit: https://dancesafe.org/product/mdma-testing-kit/ The kit costs about $50 and will do about 50 tests.

According to an article published in the respected PubMed online resource, the difficult hangovers that often accompany an MDMA journey are almost always the result of the impurity of the medicine taken and /or a detrimental environment in which it is ingested. People who take pure MDMA in a good environment tend to feel fine the day after their journey–especially if they take commonly recommended supplements afterward.

Another option, which is cheaper but not as thorough, is to simply test your MDMA for Fentanyl. As you probably know, Fentanyl is a highly dangerous opioid that kills a lot of people each year. Although it is rarely found in MDMA, it has been known to occur. For peace of mind, I suggest testing any new MDMA source you secure for traces of Fentanyl. Fortunately, you can buy a Fentanyl "test-strip" that's extremely accurate for a mere $1.99 at this site: https://dancesafe.org/product-category/testing-strips/

The Dosage:
You also want to be smart about the amount of MDMA you and your partner take. A typical dose of MDMA tends to be about 125mg. If you take under 70mg, you might not feel it at all, and if you take over 200 mg, you may well feel overstimulated or nauseous. When I work with clients, I suggest they procure a 125mg pill or capsule, and a 60 mg "booster" in case they feel they want more MDMA 90 minutes into their journey. I've found that about half of my clients

decide to take the booster, and half don't. Just as a little bit of alcohol can be fun, and a lot can make you sick, MDMA does different things at different dosage levels. In addition, some people are more sensitive to MDMA than others–just as people have different tolerances for alcohol. By starting with a typical dose, then having a booster ready in case you feel a need for more, you maximize your chances of having a good trip. If you tend to be sensitive to drugs, consider taking a smaller than normal dose. You can always take more, but you can't take less.

Drug Interactions:
Not everyone is suitable for MDMA assisted therapy. The most frequent impediments are other medications that, when combined with MDMA, either lessen its effects or make it dangerous. First, there is a class of drugs known as MAO inhibitors. Most of these medications are antidepressant or anti-anxiety medicines. Common names for them include: Marplan, Nardil, Emsam, and Parnate. These medicines aren't as common as they once were because they've largely been replaced by safer medicines. Yet, I always ask prospective clients if they are taking any prescribed medicines, and I ask specifically about MAO inhibitor drugs because they can be dangerous when combined with MDMA.

A more frequent obstacle to MDMA therapy is when a client is taking an antidepressant known as an SSRI. Common names for these types of antidepressants include Lexapro, Prozac, Zoloft, Paxil, Celexa, and many others. Since new antidepressants are always coming out, I suggest you Google any medicine you take to see if it is an SSRI-type drug. If it is, it can interfere with you feeling the effects of MDMA because such medications work on the same neurotransmitter pathway. In addition, on extremely rare occasions, combining MDMA with an SSRI drug can cause something called Serotonin Syndrome, which can be dangerous.

Since many clients that come to me are also on SSRI's, I have established a way of handling such cases. Typically, I suggest that if they want to do MDMA therapy, they should work with their doctor to reduce the dosage of their antidepressant over a three or four-month period. If they agree to that, we then plan an MDMA session for two to four months hence. Of course, sometimes a client may find that getting off their antidepressant medicine feels too uncomfortable. In such cases, I wish them well and we cancel their planned MDMA session. However, in a few cases, I've had a client greatly reduce the dosage of their antidepressant medicine, then still partake in their MDMA journey. Although I've limited experience with this approach, I haven't encountered any major problems. Unfortunately, there is a lack of research on the exact safety and effectiveness of this reduced dosage approach. The main drawback is that a person taking a small dose of antidepressants may react much less to the MDMA than someone not on such medication.

Since medicines are frequently updated and new information is constantly emerging, I recommend conducting your own research. All you need to do is type into Google the name of any medicine you take, along with the letters MDMA, and you'll see articles about possible contraindications show up. Regrettably, such articles are often written in scientific jargon so removed from English that it may be hard to know what they're actually trying to say. Yet, if you read carefully, you can ascertain if the study says that combining MDMA with your prescription

meds *might* cause a problem– or if it says they should *not* be combined under any circumstances. Ultimately, you must decide for yourself what level of risk you're willing to take. For most people, the biggest problem with taking MDMA while on a greatly reduced amount of antidepressants is that the effect is muted.

Finding a Qualified Guide

For people looking to try MDMA therapy for the first time, finding a qualified guide can be a challenge. Of course, you're welcome to contact me at my email address if you think I would be a good guide for you. My email is: iamjonr@aol.com If I'm booked up for a while or you prefer someone else, I may still be able to help. I have trained a few MDMA guides who are also experienced in couples work. I'd be happy to refer you to them if I have a waiting list and you need immediate assistance.

Since an MDMA therapy session is a rather intimate experience, it's important that you feel safe and trust whoever you use to guide you. Of course, you can always use a friend or mate as a guide, but if you're doing this therapy to work through challenges, I would heartily recommend someone who has been trained in such guidance. The feeling of trust you have with your facilitator, along with their skills, greatly impacts the result you're likely to experience. I often hear from my clients that being guided by me (or someone else who is trained) is a totally different experience than self-guided journeys or being facilitated by a friend.

You may also choose to do an MDMA session on your own, with just you and your partner. If that's the case, then the various ideas and exercises in this book should prove helpful. I have devoted Chapter 14 specifically to couples partaking of an Ecstasy session on their own. Yet, you should know that taking MDMA without a guide tends to be much less therapeutic. The main problem with a self-guided session is that it's hard to stay focused in a way that leads to lasting benefits. The MDMA medicine tends to induce a state of euphoria, and most folks have trouble diving into challenging issues when feeling so good—unless they have a guide.

I have a couple I've known for years who have done many self-guided MDMA journeys together. They would often tell me about them and the great value they received from these journeys. One day, they asked if I would guide them. I agreed. During their guided journey with me, all kinds of traumatic memories came out that neither of them had remembered in their self-guided trips. Fortunately, I was able to gently lead them through these memories in a way that was deeply healing. It seemed that the safety and skills I provided allowed this couple's previously hidden material to surface and be healed. I've heard similar stories from many people I've trained. Somehow, a person's subconscious seems to know when to surface challenging material, and a good guide can definitely make that more likely.

Assuming you *do* plan to use a guide, I suggest you try a one-hour Zoom "get to know you" session with whoever you're thinking of facilitating you and your partner. If you feel that your one-hour session went well, then you can confidently book a time for your full MDMA journey. If you feel uncomfortable in any way with your potential guide, I suggest you hold off. When clients contact me, I always suggest a one-hour Zoom "discovery call" to see if we're a good

match. If we are, we proceed to book a 5-hour journey. If not, I refer them to someone who I think will be better suited to their particular needs.

It's important to know that people react to MDMA in various ways. While I've never had to deal with a "freak-out" in over 600 sessions, I've known other therapists who have reported such things. Fortunately, it is very rare. That's why I feel safe enough to do most of my sessions over Zoom. Yet, I always ask my clients to have a friend or mate in the general vicinity in case they feel a need for physical assistance. Most of the time, a person who feels anxious on MDMA can be easily calmed down by verbal reassurance and suggestions that they take some slow, deep breaths.

Medical Considerations

When clients come to me, I always ask them if they have any medical conditions I should be aware of. I specifically ask them if they have had heart trouble, high blood pressure, a thyroid condition, or have had a stroke. MDMA temporarily raises blood pressure by about 20 points, so it puts a slight pressure on the heart. I am not a doctor and I am not qualified to provide medical advice. However, I do know an MD who, for a reasonable fee, will consult with folks who are worried that their medical condition might preclude them from taking MDMA. You are also welcome to ask your primary care doctor. At the very least, you can do your own research on Google by typing in your medical situation plus MDMA and see if you can find useful information. It's always better to be safe than sorry, so if you think this might be a concern, make sure you consult with someone who can offer their expertise.

Unpleasant Side Effects

I should note that some people who take MDMA go through a 10 to 20 minute "discombobulation" period when they first come-on to the drug. During this short period of time, they can feel quite uncomfortable. It's as if their mind has let go of a trapeze they've been holding onto, and yet they haven't fully grasped the next trapeze—so they feel ungrounded. When clients are going through this phase, I simply reassure them that it will quickly pass, and that they'll soon enter a more peaceful and comfortable experience. My reassurance is usually all that is needed for them to relax with the new sensations and slight nausea they may be experiencing.

For perhaps 5% of folks who take MDMA, they feel very anxious when they first come onto the drug. In such cases, I guide them through a short meditation, where they focus on their breath or the sensations in their feet. If that doesn't help much, I ask them questions to bring up a more positive mindset. Questions that I've found helpful include:

1. What is something or someone you're grateful for in your life?
2. What part of your body currently feels the most relaxed or comfortable?
3. What have you done in the last year that was fun or made you feel good?

There are two more unpleasant side effects that can accompany an MDMA journey. The first is the tendency for a person's jaw to tighten during their session. Luckily, this tendency can be greatly diminished or eliminated if a person takes 300 to 400 mg of magnesium glycinate with their MDMA medicine. Such supplements are inexpensive and available at Amazon or any health food store. Taking another 200 to 300 mg of magnesium glycinate at bedtime after a session can also be a good way to relax and help a person fall asleep.

Last, but not least, there are the unpleasant side effects that can happen a day or two after an MDMA session. For about half of folks who take MDMA, the day after their session will be accompanied by some slight tiredness and/or sadness. This is partly due to the emotional content of the therapy, and partly due to having just dumped a lot of serotonin into their brain. I tell my clients that, if possible, try to take it easy the day after their session in case they feel worn out. For perhaps 5% of folks who take MDMA, they can experience considerable tiredness and/or sadness for up to three days following their session. While rare, it's helpful to be aware of certain supplements and practices that can reduce the likelihood of this happening.

Because randomized, placebo-controlled experiments are so expensive to conduct, the following recommendations I provide are not based on hard science. Rather, they are based on the opinions of many people who have used a lot of MDMA. Yet, because everyone's body is unique, what works for one person may not work for another. Therefore, if you are the type of person who has historically had a hard time the day after a journey, I'd recommend trying whatever feels right to you from the suggestions below. The more things you try, the more likely you'll find something that works well for you. So, without further delay, here are my top 8 recommendations to lessen any unpleasant aftereffects of taking MDMA:

1. During your journey, drink plenty of water—especially water that has electrolytes in it. A popular brand called "Smartwater" has electrolytes added to their purified water. Another option is to drink coconut water—which naturally has electrolytes in it.
2. Try taking what's called ALA + ALC. You can buy it cheap here: https://www.vitacost.com/vitacost-alpha-lipoic-acid-acetyl-l-carnitine-hcl-60-capsules Take one capsule when starting and ending your journey, two before bed, then 3 capsules the next day.
3. Take a 300 mg magnesium glycinate supplement before going to bed the night of your MDMA journey. On the morning following your journey, take the magnesium supplement again with a nutritious breakfast.
4. Avoid alcohol the day of and the day after your journey. If you feel a headache the night of your journey or the day after, it's fine to take Ibuprofen/Advil.
5. Many people say supplements such as Vitamin C, CoQ10, and grape seed extract help them recover from an MDMA session. Nutritious food and green drinks are also said to be helpful. If you're sensitive, take such things before and after your journey.
6. Gentle exercise, taking a bath, or a dry or steam sauna can also aid in recovery.
7. If you have a hard time falling asleep the night of your journey, it's fine to take any standard sleep medication.

8. Some people like a light, nutritious meal as they come down from MDMA. In general, it's a good idea to avoid alcohol and stay hydrated. Drinking a green type of drink, and/or electrolytes (Gatorade, coconut water, etc) can aid in recovery.

Listen to your body and try to intuit what would make it feel good. If you feel tired the day after a journey, you may simply need to take a nap or rest more than usual.

Now that I've discussed all the contraindications and concerns when taking MDMA, you may be feeling a bit hesitant—or even paranoid about trying it. However, I should point out that most of the problems I've mentioned are very rare. In addition, the challenges associated with taking MDMA can usually be mitigated with the right supplements, care, and information. The fact is that any medicine that's powerful is usually accompanied by a list of precautions. That's why when you see a new medication advertised on TV, an announcer inevitably states something like, "In rare cases, this medicine can lead to nausea, headache, diarrhea, and even fatal heart attacks." Yikes! Fortunately, MDMA is extremely safe when taken in an appropriate dose while in a safe setting, so my advice is to simply avoid doing anything stupid.

I've thrown a lot of useful information at you in this chapter. Before trying MDMA assisted therapy, I want you to know all the information–good and bad–so you can make the best decision for you. MDMA therapy can indeed lead to major breakthroughs in a single day–so the precautions listed here are, in my opinion, small compared to the potential value of this medicine. Millions of people have taken this medicine in the most unfavorable circumstances, adhering to none of my precautions, and they've done just fine. So, take the precautions listed as simply prudent advice meant to avoid rare cases of difficulty. In truth, for the vast majority of users, taking MDMA is very safe, fun, enlightening, and a fantastic learning experience.

Chapter 5: Setting Up Your Session

You probably are aware that, when taking any psychoactive drug, creating a good mental set and a favorable environment is of paramount importance. Since psychedelics–including MDMA–often amplify what's already going on in one's head and environment, you want to make sure things are okay before you launch. Therefore, you should avoid taking MDMA after receiving bad news, or taking any psychedelic in a place where you feel unsafe or uncomfortable. However, when taking Ecstasy with a partner, there are additional things to consider that make for a good journey outcome. In this chapter, I'll detail the conventional ways psychedelic explorers create a good set and setting. In addition, I'll also discuss important ways to set up a session that are unique to couples taking MDMA together in a therapeutic context.

Setting Things Up

As mentioned previously, I conduct an initial Zoom call with prospective clients to ensure a good fit between us and to learn about their unique situation. In the next chapter, I detail exactly what I ask and what I do in this initial session. Basically, I want to make sure I understand their issues, and that my clients are comfortable with me and my approach. In rare cases, I realize that a potential couple may not be a suitable match for this medicine, usually because one of them is currently on antidepressants. However, the most common situation is that couples have not clearly defined what they want to achieve by taking MDMA together. I help them to clarify their intentions.

After our initial "get to know you" session, I email the couple a document that has some basic information on how to prepare for their journey. This is what that document says:

In order to aid your inward journey, there are certain things I'd like to remind you of:

1. Refrain from eating 2 hours before you take the medicine.
2. Refrain from drinking anything but water 2 hours before the medicine.
3. Try to get a good night's sleep the night before your journey. It's okay to take typical sleep medication if you are accustomed to doing so, but not Trazodone.
4. If you normally drink coffee or caffeinated beverages, you can do so, but during the day of your journey, you should drink a minimal amount.
5. As best you can, create an environment free of distractions. Wear comfortable clothes and create a comfortable place to sit by your computer. Make sure you have reliable internet access.
6. Have plenty of water easily accessible during your journey.
7. Have no alcohol the day of and the day before your journey.

Besides these suggestions, I also think it's helpful for couples to consider creating a ritual that fosters a positive state of mind for their journey. For many centuries, people's lives were infused with various rituals. Nowadays, elaborate rituals involving substances are much rarer than they used to be. That is unfortunate because when rituals are done well, they pave the way for transformation. Fortunately, creating a great mental set and setting can be like preparing for a pilgrimage. If done mindfully, each part of the MDMA preparation process can add to the sense that something important is about to take place. The search for a guide, obtaining good medicine, taking preparatory supplements, and clearing one's schedule can all be seen as steps in one's pilgrimage. By taking such steps before the medicine is ingested, a couple creates a mental set conducive to a great outcome.

There are many ways to enhance the sense of ritual inherent in an MDMA journey. I like to explore what each partner has used in the past to bring added meaning and intention to events in their lives. When a couple includes meaningful rituals in their journey, it tends to increase the depth of insight and the transformative effect of the medicine. If a couple has had good psychedelic encounters in the past, asking about their experiences can help infuse greater meaning into the journey they're about to take. Once again, creating a good mental "set" inevitably leads to a great experience.

Many years ago, I led a spiritual group of 30 students who would watch movies that conveyed a powerful message. After they'd watch a movie, I'd have them write down what they learned from viewing the profound movie I had presented to them. At one point, I was going to be away, so I gave what I thought was the movie, *Gandhi,* to a friend to play for this group of people. Little did I know, but the actual movie in the DVD sleeve was the movie, *Men in Black 2*.

In case you haven't seen it, *Men in Black 2* was blasted by critics and audiences alike for being both stupid and boring. However, this group of people was conditioned to see the

"profound message" within *any* movie I presented to them. Evidently, their past experience and their *intention* to see something profound in *Men in Black 2* overwhelmed the inanity of the actual movie. Virtually everyone wrote glowing reviews of what they had learned from this movie. One participant even reported, "*Men in Black 2's* message has dramatically impacted how I see the world in a positive way. It was transformative."

The reason I tell you this funny story is because it shows how positive expectations, along with a clear intention, can be so powerful in how we view or experience something. Therefore, make sure all MDMA journeys you are part of involve some kind of ritual. Fortunately, there are many possible ways to do this. For example, I often ask partners I'm working with to create a playlist of songs they might want to hear on their journey. In fact, only about 10% of the couples I facilitate decide to listen to any of their playlist while on the medicine. Nevertheless, I think the simple act of creating a playlist helps couples prepare for their journey. On the other hand, in the MAPS protocol, the therapists create a playlist for their clients. I think this is a missed opportunity. After all, the music that partners choose is likely to be much more meaningful to them than the music a therapist picks.

Another way to add ritual to an MDMA session is to use each partner's spiritual beliefs and tendencies as a prelude to a journey. Most people have a habitual way to denote a special occasion. This could include such things as saying a particular prayer, invoking a spiritual being, holding a special object, or perhaps reading from a Holy book. Sometimes I suggest that couples come up with their own unique way to prepare for their journey. Below is a list of things my clients have used to help them emotionally and spiritually prepare for their medicine work:

1. Taking a bath, shower, or ritually washing each other's hands before ingesting their medicine.
2. Listening to a favorite song as they "come on" to the MDMA.
3. Looking at photos of people and animals they love before their trip.
4. Reading a favorite poem, or passage from a book that has deep meaning for them.
5. Holding an object that has a special significance to them, such as a gift from a friend, a wedding photograph, or an object from a deceased loved one.
6. Doing a particular type of meditation that helps with centering.

It can be fun for a couple to come up with their own unique ritual that feels just right, or when guiding someone, to encourage your client(s) to create what would work best for them. In most cases, people have something that they've used in the past that helps evoke a special feeling. They just need to be reminded about it and encouraged to use it.

Unique Considerations for Couples

So far, I've mostly discussed ideas and rituals that apply to any type of journey work. However, there are several unique things to consider when setting up a successful couples' journey. To begin with, it's critical that partners create a quiet space—free from distractions. If a couple has kids living at home, this can be especially hard to do. I often suggest that couples with kids go to a nearby hotel and hire a babysitter. I've found that if the parents are at home, there's a good chance the kids will interrupt the session.

In a recent session I did with a married couple, one of their kids called with panic in their voice. Evidently, they had missed the bus and needed a ride home. While high on MDMA, each parent patiently talked to their teen, eventually directing them to take a cab home. It was all for naught. The anxious teen insisted that they be picked up by one of them. Well, the couple was way too high to drive, so they kept making excuses as to why they couldn't do that. Finally, after much gnashing of teeth, they called a friend who came to pick up their teen. By the time this whole thing was worked out, three hours had passed. We barely got to explore any issues—other than the anxiety of their teenage daughter.

Since I conduct most of my work via Zoom, I ensure couples have a comfortable couch or bed where they can sit close together. This serves two purposes. First, it allows me to see both of them on a single screen. Yet, most importantly, it allows the lovers to get physically close to each other during the session. Such cuddling often helps couples to feel emotionally connected, and thereby leads to better outcomes. On occasion, I have had partners want to make love during their session. In those cases, I suggest they take an hour to turn off their sound and camera and enjoy themselves. I also mention that, while the lovemaking will be intimate, it's almost impossible to have an orgasm while on MDMA. After an hour or so, we resume the Zoom, often with a very relaxed and happy couple!

Besides physical considerations, I like to help create the right mental set at the start of a session for couples working with me. I have found that two simple statements inevitably lead to a good mental set. First, I usually set the stage by saying this is a time to be honest, vulnerable, and open with each other. I also tell them that they are welcome to be very honest with me—especially if I'm doing something they don't like. Secondly, as the medicine begins taking effect, I ask the question, "How did the two of you meet?" It sounds like an innocent question, but it almost always leads to a feel-good story that helps the partners feel more connected. Once partners feel connected and comfortable, a positive outcome is almost assured.

Creating a beneficial set and setting is both an art form and a science. The artistic aspect involves listening to your heart, being creative, and enjoying the process. The science part

involves knowing various interventions (discussed in later chapters) that help heal and enhance the relationship. When you combine the medicine of MDMA with an intentionally created set and setting, magic and miracles are the most likely result.

Part II: Conducting the Sessions

In Part II, I detail the specific techniques I find most helpful in working with couples. From my initial encounter with couples, all the way through to the 5-hour journey session, you'll learn the precise exercises, ideas, and interventions I frequently use. In the next to last chapter in this section, I also discuss how you can successfully take MDMA with your partner even without a guide.

Chapter 6: The Initial Discovery Session

When couples first reach out to me via email, I send them a response that outlines how I work, my fees, and any specific comments based on the information they provided in their email. Assuming they then want to meet, we set up a one-hour Zoom call. I call this a "discovery call" because we are all trying to discover if there's a good fit in terms of intention, rapport, and timing.

Although this chapter is largely geared towards healers learning my protocol for helping couples, it can also be seen as a window into how to prepare for a self-guided journey. There are many things to accomplish in this initial session. First, after initial greetings are exchanged, I make sure I answer any pressing questions the couple may have. Once that is done, I ask some basic, friendly questions to gauge how the conversation flows and help us establish rapport. For example, I might ask where they are calling from, how they heard about me, and how long they've known each other. Basically, I just follow my curiosity, keeping it light for a few minutes and often revealing a couple of things about myself as well.

Once basic rapport is established, I begin by asking questions that may disqualify them as potential clients. Basically, that consists of three questions:

1. Are either of you currently, or have you recently been on antidepressants?
2. Do either of you have a serious health issue I should know about, such as high blood pressure or a weak heart?

3. Have either of you ever been diagnosed with schizophrenia or some other serious mental health disorder?

If they assure me these potential obstacles are not a problem, I begin asking them about their relationship and their intentions. During this back-and-forth, I notice the pattern of communication they have with each other, as well as the feeling or energy between them. Some couples that I see clearly don't like each other, but most are simply struggling with common challenges that typical partners face. On occasion, I see couples who want to use the MDMA session to decide whether they should split up or not. I tell them that there are no guarantees, but even if they eventually decide to split up, the MDMA journey should help make that transition easier and friendlier.

Next, I ask a lot of questions about their relationship and what they hope to accomplish. Most couples only have a vague idea of what they hope to achieve during their session. My questions help unearth their biggest issues, as well as help to clarify what a successful outcome would look like. At this point in the session, I typically ask many questions about their relationship. What follows are the ten questions I most commonly ask, along with a brief explanation of why I ask each one.

The Ten Key Questions:

1. **What motivated you to embark on this journey at this time?**
   Typically, couples seeking a guided journey are in the midst of a transition or crisis that has prompted them to seek help at this time. It's important for me to understand what motivated them to take the steps to finally seek help.

2. **What's your history with MDMA or other psychedelics, and what have those experiences been like?**
   I ask this question because it gives me an indication of how much "hand-holding" they may need. If they've never tried MDMA or other psychedelics before, I will have to proceed slowly and with caution. Likewise, if they've previously experienced bad trips, I will want to understand why they had such a rough experience. That information can then help me guide them through any challenges that arise.

3. **What concerns, if any, do you have about doing a session?**
   People are often hesitant to voice their concerns, so this question makes it more likely that apprehensions will be directly addressed. As a couple expresses their hesitancy, I am almost always able to alleviate their concerns. Oftentimes, their worries are based on wrong information, such as thinking they will be "out of control" during the session or experience hallucinations. When I inform them that those things are not part of the MDMA journey, they become much more at ease.

4. **What do you hope to experience through this work?**

This question helps direct couples to their hoped-for positive outcome. The more they can talk about their hopes, the better. Sometimes this question leads partners to reminisce about previous MDMA or psychedelic experiences. As they talk about such times, it often puts a smile on their faces.

5. **What would be the outcomes of a truly successful guided journey together?**
   This is perhaps the most important inquiry I have during the introductory Zoom session. I take careful notes as to what they say. My job is to serve my clients, and I can best do that by knowing—in detail—what they want the outcome to be. If their initial answer to this question is a bit vague, I'll usually ask for more detail in follow-up questions. If each partner has very different answers to this question, I'll point that out and help them generate outcomes they both feel excited about.

6. **Do the two of you argue much, and if so, has that ever resulted in physical harm?**
   A common pain point for many couples is the frequency of their arguments. If arguments from the past have sometimes led to violence, it's essential for me to acknowledge and address that issue during a session. There are various tools that I've used to help couples who argue a lot, and they are very effective. Yet, if arguing or violence is not a problem for a couple, I can avoid delving into those topics during their journey.

7. **When was the last time you had sex? If you're currently having sex, how often would you say that has happened in the last three months?**
   A surprising number of couples have not had sex for many months or years. If that's the case, I certainly want to know about it, as it's a hot-button issue. How each partner reacts to this question also provides me with more insight into what is happening between them. Sex, and the lack of it, is one of the key subjects that is often too challenging for couples to talk about directly. However, while on MDMA, partners can be very forthcoming about this issue. As a couple's sex life is candidly discussed, obstacles to more physical intimacy can be addressed and, potentially, overcome.

8. **What are the top three issues you'd potentially like to explore while on this medicine?**
   Sometimes you have to ask a question in different ways to get a fuller picture. Although this question can seem similar to question #5, I'm surprised at how often it triggers completely new information. Asking for three specific topics to explore prompts partners to dig deeper into what they feel is not working in their relationship.

9. **If you had a magic wand, what is one thing you'd want to change about your partner?**

Almost everyone in a relationship wants to change something about their partner. Making that specific and explicit helps me to know the dynamic between two people. Additionally, it provides me with important information to know and discuss during the journey session.

10. **If you had a magic wand, what is one thing you wish you could change about yourself?**
    This question helps partners to take a step back and focus on their own deficiencies—rather than those of their partner or the relationship. It also shows me how much a person is willing to be vulnerable, and how much self-honesty they're able to manifest. In some cases, what they report, such as intense trauma or trigger reactions, is helpful for me to know so they can be addressed during the journey. Also, I like asking this as the final question because it helps partners let go of blame and gently points them in the direction of humility and their own inner work.

Of course, these questions are not written in stone. Based on what's happening in the moment, I may ask additional questions or share stories from my own marriage challenges. During this questioning process, I'm also looking for how vulnerable each partner is, what their body language is telling me, who seems to be more hesitant, and which partner tends to be more dominant in the relationship.

Once I have learned the answers to my questions, I often discuss how a typical session unfolds. I tell the couple that they need to block out at least 5 hours with no distractions. If they have kids, we talk about various options for how to do that. If time allows, I like to give couples one or more of the communication tools I find are so helpful in relationships. I explain that lovers truly want to be understood by their partner, but that unhealthy communication habits can hinder genuine understanding.

My favorite communication exercise I give to couples I just met is to suggest they fill in the following sentence:

What I'd really like to have in our relationship with each other is...

How each partner answers this question is not only revealing, it also helps clarify to their partner (and me) what they're looking for from a potential journey. I usually suggest that they complete this sentence three times each. Often, each time a partner completes that sentence, their answer becomes deeper and more vulnerable. I also notice if they seem to blame their partner in how they complete that sentence. That gives me a clue that there is some deep-seated resentment that will surely emerge during the journey.

Identifying Misery Go Rounds

If time allows, I try to identify what I call a couple's primary "misery go-round." A misery-go-round is when a couple has an issue that inevitably leads to both of them being

triggered in an increasingly destructive spiral that they can't get free from. Over many years, most couples get caught in some misery go-round that causes a lot of hurt and frustration. A common example is when the woman in a marriage focuses her attention on the kids, but this tendency makes the husband feel abandoned and angry. Then, his anger prompts his wife to avoid him, which in turn makes him angrier, which prompts her to avoid him even more. This back-and-forth triggering cycle continues to perpetuate itself. It can be painful to watch and even more painful for the couple caught in the vortex.

To help a couple out of whatever misery go-round they have going, I first explain to them what I mean by the term. Then I'll ask, "Is there some pattern you two have where, how you each deal with it leads both of you to get increasingly triggered by how your partner handles it?" Most couples enthusiastically agree they have such a pattern somewhere in their relationship. Common misery go-rounds include the proper way to treat the kids, handle money, deal with relatives, or how often to have sex. Once a misery go-round is identified, I tell the couple that we'll certainly explore this topic during their journey—and hopefully find a satisfying way to resolve or avoid this pattern. My words, which identify their destructive pattern and signify a potential way out, often fill my clients with a renewed sense of hope.

Towards the end of the Zoom call, I directly ask the couple if they'd like to set a date for the journey, or if they'd like to discuss it between themselves and get back to me. In about 98% of cases, the couple is ready to set a date. The healing journey has now begun.

Chapter 7: Love Languages and the Point System

A major goal I have when working with couples, whether on MDMA or not, is for them to understand exactly what their partner most wants from them. I've noticed that the vast majority of partners have a completely inaccurate view of what their lover most desires. To remedy this situation, I discuss a concept many couples have likely heard about—love languages. This concept was popularized in a notable book called "The 5 Love Languages" by Gary Chapman. Briefly, this book outlines that there are five different ways, or "languages," in which people receive love.

Although this idea can be helpful to couples, I've seen that few have really used it to their practical advantage. Therefore, I have devised three simple ways to determine exactly what helps one's partner feel most loved. In this chapter, I'll describe each of these three exercises so you can help your partner—or those you work with—know precisely how to help them feel fully loved. Yet, before diving into the three exercises, I'll briefly describe author Gary Chapman's theory of the five love languages.

Mr. Chapman says that people have various ways in which they are most receptive to receiving love and affection from their partner. He describes these five languages as:

1. Words of Affirmation
2. Gifts
3. Acts of Service
4. Quality Time
5. Physical Touch

I have indeed seen that folks have various ways they are best able to receive their partner's affection. Mr. Chapman's five categories are a good starting point, but in my experience, they fall short of being specific enough to be of great value. In working with couples, I've learned that each person has *very* specific behaviors they crave from their partner, and quite frequently, their partner is unaware of what those behaviors are. From my perspective, the low-hanging fruit is to know exactly what your partner most desires that is easy for you to give. By doing that, your partner will be happy with you. Of course, when your partner is happy with you, they tend to be more giving and loving in return, and everyone benefits.

Unfortunately, there are a couple of major obstacles to knowing exactly what your partner most wants from you. First, few people are consciously aware of what they truly want from their partner. They know their partner sometimes says or does something that makes them feel loved, but it's a mystery as to exactly what that is. Second, even if they *do* know what helps them feel loved, most partners are too embarrassed to tell their mate specifically what those behaviors are. One of the advantages of guiding couples on MDMA is that precise, and sometimes embarrassing, information about what they secretly desire is much easier to uncover. Like a truth serum, MDMA makes talking about embarrassing details rather humorous and easy.

Discovering a Love Recipe

The first exercise I often lead couples through is a guided meditation, allowing them to discover intimate details about what helps their partner feel safe and loved. I call this process finding a partner's "love recipe." As I mentioned earlier, the 5 Love Languages is a good starting point for understanding what helps your partner receive your affection. Yet, the love language idea becomes much more powerful the more specific you are in knowing what truly impacts your lover. So, using the example of a couple I recently worked with, Carol and Tim, I'll illustrate what the love recipe process sounds like:

Me: I'm going to guide the two of you through a brief process in which you discover what specific things help your partner feel very loved by you. To begin with, I'd like you to remember a time you felt extremely loved by your partner; a time where you totally knew they truly loved you. (I pause for about 30 seconds).

As you recall this time, what exactly helped you realize they were in love with you? Was it something they said, or something they did? (pause for 10 seconds). Might it have been a certain look, or tone of voice, or some other very specific thing that just made you *know* they truly loved you? (pause for 30 seconds) Carol, what helped you know Tim was crazy about you?

Carol: I'm remembering a time when Tim took me to meet his mother. We were having dinner and he looked at me with glowing eyes that were so loving. Then he said to his mother, "Isn't she great?" in a tone that was filled with pride and joy.

Me: That's great. That indicates to me that the way Tim looks at you with love in his eyes and tells someone how wonderful you are seems to be a major way you know he loves you.

Carol: That's right. When I've heard him compliment me to his friends, that also makes me feel cherished.

Me: Yes, once again, getting that verbal confirmation in front of others really impacts you.

Carol: Absolutely!

Me: Now Tim, I'm wondering if you can describe a time you knew that Carol was totally in love with you?

Tim: What comes to mind is a time that Carol cooked me a special dinner for our anniversary. It was very romantic. Then, after dinner, she led me to the bedroom and we made mad passionate love. She arranged the whole thing.

Me: That sounds like a wonderful experience.

Tim: I will always remember how that felt.

Me: Notice that each of you remembered very specific things that made you feel totally loved. Carol, you mentioned that a certain loving look from Tim, along with his complimenting you in front of others, had a significant impact. That might fit under the category of "words of affirmation" in the Love Language model. Tim, your memory of a great meal and great sex might fit under the category of "acts of service" in the 5 Love Languages system. Now you both have some new information about what truly makes your partner feel cared for. Congratulations.

The Fantasy Partner

In the couples I've worked with, I've seen that intimacy is often decimated by how each partner behaves when highly stressed. The fact of the matter is that every person has distinct patterns of (undesirable) behavior when they are under a lot of stress. By becoming aware of one's own pattern, as well as the typical response of one's mate, it's possible to mitigate the potential damage of such behavior. A simple way to avoid escalation when a partner is stressed is to learn how they'd like to be loved when they are feeling frazzled. An easy way to find out this important information is to ask your mate what their "perfect fantasy partner" would do in stressful situations. For example, you might ask them to

imagine exactly what their perfect fantasy partner would say or do in the following circumstances:

1. When you are stressed and feeling anxious.
2. When you are feeling sick or under the weather.
3. When you want to be alone and not communicate.
4. When you are angry at them.
5. When you want to make love or have an intimate physical connection.
6. When you want to spend quality time together.

I often have clients go through each of these six items, completing a sentence such as, "When I am… (fill in the appropriate scenario, i.e., stressed, sick, etc.), I'd really love it if you could…(then be as specific as possible).

For better or worse, we all have clear-cut expectations of what our partner *should* say and do in the above-listed circumstances. The problem is that such things are rarely communicated directly. Then, when our partner fails to meet our unspoken desires, we feel disappointed and unloved. Directly revealing what you want your partner to do in various situations does not guarantee they'll do it every time. However, *failing* to communicate your expectations and desires practically guarantees they will *not* fulfill your wishes.

As with the Love Recipes exercise, general answers are of little use. Saying, "When I'm stressed, I want you to be nice to me," is completely useless. However, saying, "When I'm stressed, I'd really love it if you could first listen to me empathically without trying to fix the situation. Then, when I'm done talking, I want you to say–in a caring voice–how you imagine I'm feeling. For example, you might say, "You must be feeling really anxious and worried right now. I get it." Finally, I want you to ask me if I'd like a hug, and if I say I do, give me a long, intimate hug."

Do you see how much more helpful it is to know exactly what your partner wants? Once you know this information, if it's easy to satisfy your partner's private desire, you'll be much more likely to do it. When I asked Jay and Julia (of the previous chapter) to use this method, this is what happened:

Jay: *When stressed, I tend to behave by* blaming everyone and everything in an exaggerated manner. *What I really want from you at such times is* an acknowledgment of my feelings, and if it feels right, a shoulder massage or a hug.

Julia: *When stressed, I tend to behave by* blaming you for something and getting angry. *What I really want from you at such times is* for you to listen to me, acknowledge my feelings, and tell me it will be okay while holding me.

As you can see in the example with Jay and Julia, couples often want the same thing from each other when under stress. Yet, unless these things are directly communicated to one's partner, they rarely happen. Instead, partners tend to react to their lover's stress by blaming, shaming, complaining, or explaining why they shouldn't be so stressed. How often does that help? In my experience—never.

The Point System Process

A final exercise I sometimes guide couples through is a method for assigning a "point value" to various desired behaviors. This exercise often blows people's minds. Somehow, assigning a point value to various behaviors seems to drive home the idea that some behaviors are unimportant, while others are truly positive game-changers. One metaphor I often use is that of assigning points in football. If the rules in football were changed so that every field goal scored 50 points instead of 3, then the entire game would be about kicking field goals. Likewise, when partners learn that certain simple behaviors score 50 points instead of 3, they become highly motivated to engage in the high-scoring behaviors. After all, why spend all your energy trying to score 3 points when you can just as easily score 50?

Having led dozens of couples through the Point System Process, I've been amazed at how similar most men and women have "scored" various behaviors from their partners. When I ask couples to assign a value, from 1 to 100, to specific behaviors their partner does, some trends become crystal clear. Of course, these are just averages and based almost exclusively on heterosexual couples, so the value your partner gives to any particular behavior may vary quite a bit. Nevertheless, it's a good starting point to see trends that may be helpful for you to know about.

In the chart in the paperback and Kindle version, I list 8 behaviors that are commone amongst couples living together or married. So as to not confuse you listeners by reading a chart, I'll just summarize what the chart indicates.

In the chart that follows, I have listed eight behaviors that are common amongst couples living together or married. Then, I list an average number of points that men and women, in my experience, have assigned to each behavior. I have also included some behaviors that typically result in negative points. Besides knowing what truly creates a blossoming of love in a relationship, it's also important to understand what truly diminishes it. Therefore, some point values have a minus sign beside them—indicating that these behaviors hurt their partner. So, with no further ado, here's the chart:

Behavior	Value Men Give	Value Women Give

1.	Dismissing feelings	-5	-50
2.	Validating feelings with empathy	20	85
3.	Doing chores around the house	15	40
4.	Initiating quality time	10	50
5.	Working hard to pay the bills	10	25
6.	Initiating hugs	5	45
7.	Initiating sex	75	10
8.	Arguing and Yelling	-35	-60
9.	Not initiating sex	-50	-15
10.	Caretaking when sick	50	45

While this chart does not represent a wide swath of the population, even with its small sample size, certain things become pretty clear. In general, women greatly value it when their man shows empathy and validates their feelings rather than dismissing them. Men greatly value the initiation of sex from their partner. Both sexes highly value being taken care of when sick, and both sexes really dislike arguing and yelling—especially women.

When I have couples give a point value to the behaviors listed above, they are often surprised at how important their partner values certain things. For example, men are flabbergasted at how many points women assign to empathy and validating their feelings, as well as how many points they "lose" for dismissing their feelings. On the other hand, women are often surprised at how many points men give them for initiating sex. Of course, as I mentioned earlier, your partner may evaluate things quite differently. Yet, I've been amazed at how consistently men and women have assigned similar values to the chart above.

When couples have a clearer idea of what their partner truly values, it becomes easier for them to become motivated to exhibit those specific behaviors. As a recent male client related to me, "I never realized I could score 85 points in a couple of minutes just by listening to her feelings. Instead, I've been busting my ass 50 hours a week to pay all the bills, and all I got for all that was a measly 25 points? I've been doing this all wrong." Similarly, a female client recently stated, "I had no idea he wanted me to initiate sex, or that it was even really important to him. After all, he never told me that."

Part of the problem is that people think that the best way to show their partner love is by the way they tend to receive it. Case in point, many years ago, I had a girlfriend, Bonnie, to whom I would often give spontaneous shoulder rubs. One day she said, "Would you cut that out!" I responded, "What's the matter? I do that to show you how much I care about

you." She quickly responded, "Well, I don't feel very loved. After all, you never tell me you love me." She was right; I never actually said the words "I love you" to her, although she frequently said such things to me.

Bonnie and I had a long discussion about this episode, and we finally realized what had been going on. While I was growing up, if I did something my stepfather didn't approve of, he would hit me repeatedly with his belt. Yet, before getting this beating, my stepfather would say, "I'm doing this because I love you." Therefore, the words "I love you" had a negative connotation to me. I figured, talk is cheap. The way to *really* show a woman you love her is to touch her and massage her. That was my rule of how real love should be expressed. On the other hand, while Bonnie was growing up, she had an uncle who frequently gave her massages. One day, this uncle sexually molested her. Therefore, she took my massages as being a precursor of impending doom. We both thought we were expressing love to each other, when in fact we were unconsciously pushing each other's buttons!

Serenity Buttons

A common term couples sometimes use is "that really pushes my buttons." There is an understanding that certain behaviors can consistently annoy one's partner almost instantly. However, we don't have a term for the opposite experience: when our partner does something that almost immediately calms us down or helps us feel safe and loved. So, I'll use the term "serenity buttons." I've come to realize that most people have some phrase or some type of touch they can receive from their partner that *instantly* makes them feel relaxed and cared for. Your mission, should you decide to accept it, is to find out what might be your partner's serenity button(s).

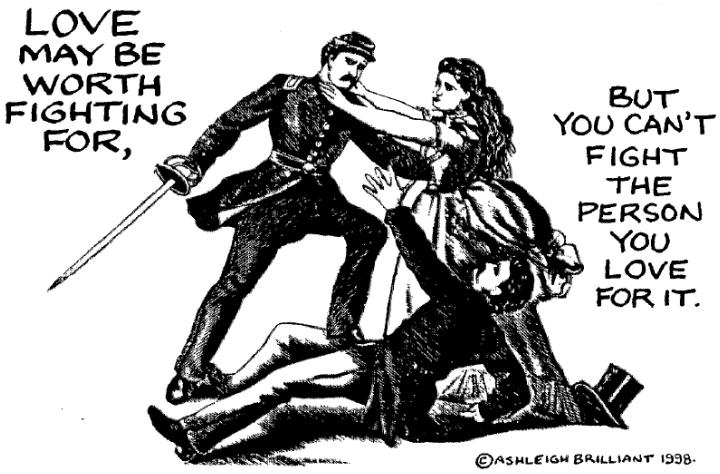
The fact that my wife and I know each other's serenity buttons has greatly enhanced our marriage. My wife knows that no matter how stressed out I am, if she gives me a shoulder massage or foot rub, I instantly relax and feel an endorphin rush. I know that no matter how upset my wife is, if I give her a hand massage and tell her something I appreciate about her, she immediately calms down. Knowing how to quickly bring your partner into emotional balance is a wonderful skill to possess. We all get agitated at times, but it's often difficult to help ourselves in such moments. By knowing what helps your partner instantly feel serene and loved, you can help them be their best self more consistently. And as the saying goes, what goes around comes around.

A metaphor I sometimes offer my clients is that everyone has a "love tank." Just as with the gas tank in a car, your love tank can be full, empty, or somewhere in between. When your love tank is full, you feel a deep connection to your mate, communication is easy, and

solving problems is a breeze. When your love tank is nearly empty, you feel annoyed, you get into ridiculous fights, and solving problems is nearly impossible. Therefore, smart couples discover the simple key behaviors that fill each other's "tank."

In this chapter, you've learned three exercises that can help you (or your clients) easily fill their partner's "love tank." You need not explore all three of these exercises with your partner—or those you work with. Find what works best for you and your situation. Yet, they each can provide unique information that can enhance the love between two people. Although these exercises can be done even without MDMA, couples tend to answer more specifically and openly while under the influence of this sacred medicine. As partners get good at filling each other's love tanks, problems tend to disappear, and the warm glow of intimacy is enhanced.

Chapter 8: Intimacy Inhibitors



A simple way to bring more love into any relationship is to simply identify what is counterproductive–and then stop doing those things. Of course, even when you're aware that something is harmful to your relationship, it doesn't just magically disappear. (See this 2-minute funny video: https://www.youtube.com/watch?v=LhQGzeiYS_Q). However, awareness is always the first step to having something change. Unfortunately, trying to help couples see what they're doing that doesn't work can be like pulling teeth. The good news is that, while under the influence of MDMA, the task of pointing out specific deficiencies is much, much easier.

Normally, when couples go to a therapist, each partner secretly hopes to present their "case" to the counselor and be told that they are innocent while their mate is completely guilty. To avoid this scenario, I typically propose an alternative model to couples I work with. I tell them that a relationship is like two people dancing together. If even one partner falters, the dance is ruined. Therefore, each partner must be responsible for knowing precisely what they do that is detrimental to the overall dance. Trying to tell your partner how they screw up never helps the two of you to dance (or love) better.

As I've been blessed to work with many couples, I've come to see patterns of behavior that often interfere with connection. Ultimately, intimacy is about trust, safety, and vulnerability. In fact, the instructions for finding intimacy are hidden in the word: In to me see. When couples communicate in a way that fosters understanding and openness, intimacy occurs. Unfortunately, there are many things that can get in the way. In Chapter One, I discussed some of these patterns and labeled them as blaming, shaming, complaining, persuading, denial, and distraction. In this Chapter, I want to go into more detail about three of the most common detrimental behaviors that occur in relationships. My hope is that, as you come to recognize these patterns in your relationship—or the people you work with, you'll be able to cut them off at the pass.

The Three Most Common Intimacy Inhibitors

Perhaps the single most problematic pattern I see in relationships is when one partner dismisses their mate's feelings and point of view. This is so common that, for most couples, it's barely seen as detrimental. It's just business as usual. Yet, once it is identified as problematic in an MDMA session, couples start to see it in almost every interaction they have. It's like when you're thinking of buying a certain type of car, you suddenly begin to see that car almost everywhere.

Once my book, *Communication Miracles for Couples* became a bestseller, I received a lot of emails from folks who said one technique in particular transformed their relationship. In the book, I referred to the technique as the "Acknowledgment Formula," or AF for short. Basically, the Acknowledgment Formula is a simple fill-in-the-blank method for making sure couples don't dismiss their partner's feelings. Over time, I've seen that couples who can adequately practice this method almost always find their way back to love and a deeper connection. Conversely, couples who consistently fail to use this technique are generally headed for trouble.

So, what is this magical method? It's very simple. When your partner speaks about anything difficult—whether it be about you or their day, begin by summarizing what you heard them say in a single sentence or less. I suggest you do this by starting your sentence with: It sounds like…(then summarize the essence of what you heard in a single sentence). There is no need to mimic their whole storyline—even if they talked for five minutes. A single sentence will do. Then, guess how they feel or how they felt about what they just told you. I suggest you start with the words "that must feel (or must have felt)…" Then guess what you think is the main feeling they are currently feeling or felt in the situation they described. This sounds easy to do, but it is not—especially when you think that what your partner is saying is not accurate—or is about how you're not measuring up.

One couple I worked with, Jay and Julia, exhibited dismissive behavior in nearly every communication they had with each other. I pointed this out to them during our initial Zoom call, but they didn't seem to really grasp the destructive nature of it. However, I "caught" them doing this dismissive pattern in our journey session before the MDMA took full effect. Therefore, I was able to point it out in real-time. Here's a transcript of what occurred.

Jay: I feel like whatever I say, you end up making some remark that puts me down.

Julia: That's not true. You're just oversensitive.

Me: Julia, you just did what Jay was trying to describe. He reported his experience, and you dismissed it, saying it wasn't true and that he was oversensitive.

Julia: Oh, I'm sorry. I guess I feel irritated so much of the time because he never does anything around the house. I end up doing all the work.

Jay: I do chores around the house. You just don't notice.

Me: Jay, you just did what *you* don't like to hear from Julia. Julia shared her truth, and instead of validating her feelings, you basically told her she was wrong. Now, I imagine that what would typically happen next is Julia would dismiss how you responded, and then you'd both be in the throes of an argument.

Julia: Yep, that's exactly what would happen.

I went on to explain to Jay and Julia that, even if what their partner says is factually untrue, what they say *feels* true to them. Therefore, if they want to be heard, they first need to validate their partner's experience and feelings. In essence, you're saying to your partner, "I understand that you're having the experience and feeling you say you are having." Unfortunately, instead of validating each other's experience and feelings, Jay and Julia would inevitably disagree, dismiss, or deny what their mate had said. This would only make each of them more upset, lead to more blame and dismissal, and often result in a heated argument.

At this point, I introduced Jay and Julia to the Acknowledgment Formula. I suggested they try to briefly summarize and guess what their partner is *feeling*—even if it is not based on rational or accurate information. Typically, couples have a hard time adjusting to this new way of communicating, but with Jay and Julia starting to feel the effects of the Ecstasy, they quickly understood what I was pointing them toward. I told them to use the following formula:

It sounds like… (summarize what you heard your partner say in one sentence or less)

That must feel…(guess as to what they're feeling).

This is how their next communication went:

Julia: I'm starting to feel the drug. It's making me feel weird, like I'm not completely in control. I even feel a little bit nauseous.

Jay: *It sounds like* you're going through a strange phase. *That must feel* a little scary or disorientating.

Julia: Yes, that's exactly right. Thank you for hearing me without trying to fix me or show me what I'm doing wrong.

Jay: I guess I tend to do that a lot. I just don't want you to suffer unnecessarily, and it looks to me like you often let your emotions get the best of you.

Julia: It sounds like you don't want me to have a hard time. That must feel frustrating and stressful when you see I'm feeling anxious.

Jay: That's exactly right. I feel like you're really hearing me now!

Julia: It sounds like you feel I'm finally listening. That must feel really good for a change.

Me: You're both communicating really wonderfully now. Notice what you're doing and not doing. You're not dismissing each other's feelings or telling each other why you shouldn't be feeling the way you do. Instead, you're listening to your partner's experience and then making an educated guess about how they must be feeling about it. Congratulations!

Guessing how your partner feels is not the same as agreeing that what they say is true or right. We often have irrational feelings, false memories, and ridiculous interpretations of events. Arguing that your partner shouldn't be having the experience they say they're having is an endless waste of time and detrimental to intimacy. On the other hand, when you quickly summarize what your partner is trying to tell you, and guess how your partner feels about it, it shows you care. Furthermore, it shows you understand their experience–even if you secretly don't agree with it. As an added bonus, when you validate your partner's feelings and experience, it always makes them more open to hearing what *you* have to say.

When I was trying to learn and practice this technique with my wife, I found it especially hard when she was blaming me for something. I immediately wanted to show her how wrong she was. This would inevitably lead to an argument. Blame is never helpful. Finally, I got smart and came up with a phrase that I would say in my head that would get me to use the Acknowledgment Formula even if I was highly triggered. The phrase I'd say to myself was: "I could validate her *experience* even if I don't agree with it, OR I can have a three-hour argument with her." When these two options became clear to me, I would inevitably use

the Acknowledgment Formula, and in as little as a minute, we'd be back to feeling connected. Catastrophe averted.

Disapproving Non-Verbal Behavior

A second intimacy inhibitor I try to make couples aware of when I work with them is the effect of disapproving non-verbal behavior. Most couples are not aware of how much each other's body language and voice tone affect their mate. According to numerous studies, the words we say account for only 7% of the impact of our communication with each other. Our body language accounts for approximately 38% of the effect of our communication. Finally, there's the impact of the tone of our voice. The tone of voice we use when talking to our mate influences what they hear by a full 55%.

These numbers can be hard to believe. In workshops I lead, I use a simple example to help people grasp what they refer to. I choose a person in the audience and, with arms crossed and leaning back, I say in an extremely sarcastic voice, "It's sooooo great to see you. I'm just *thrilled* that you're here." Despite the words I use, my tone of voice and body language make clear I don't care for them. Then I choose another person and, with a big smile and a playful tone say, "Hey Fred, you idiot, what are you doing here?" Once again, my body language and tone of voice greatly overshadow the words I say.

People look to non-verbal behavior to get a sense of the true meaning being conveyed by another. Instinctively, we know that people often don't tell the full truth with their words, so we look to someone's voice tone and body language to discern what they're really saying. When couples are unaware of their non-verbal behavior, they can often send mixed messages that interfere with intimacy. During MDMA sessions, I often point out these mixed messages and their effect on one's partner.

Going back to the session I had with Jay and Julia, I noticed that Julia was telling Jay she wanted to connect more deeply with him. However, when she said those words, she wasn't looking at him, and her tone of voice sounded angry—not loving. I asked Jay what he thought of what Julia had said, and he reported, "I don't believe her. She sounds angry." I agreed. I suggested Julia look at Jay and speak from her heart about what she really wanted. Her whole body language changed, as did her tone of voice. In a vulnerable tone she said, "I miss feeling close to you sweetie. I really want to connect with you." Immediately, Jay got it. Tears came to his eyes, and they embraced in a long, slow hug.

Dr. John Gottman has been studying couples' behavior for over 40 years. One distinction he writes about is what he calls "emotional gestures." Emotional gestures are little things partners do to signify they want to connect with their mate. It could be as simple as a question, "How was your day?" Yet, many emotional gestures are done non-verbally, as

when we look approvingly at our partner, or touch them on the shoulder, or give them a hug. Unfortunately, when one partner "gives" an emotional gesture, and the other partner doesn't "receive" or acknowledge it, a feeling of rejection results. After a while, partners can withdraw or become numb because they have been hurt by numerous non-reciprocated emotional gestures.

In MDMA sessions, the subject of rejection comes up often. Frequently, both partners have felt rejected by the other. Men commonly feel rejected by their mate for never initiating sex or making excuses for not feeling romantic. Women often feel rejected by their man's non-verbal behavior, such as avoiding long hugs or intimate eye contact. As I draw attention to such things, couples get a better understanding of how moments of connection are often being missed or avoided. Such awareness is the first step to things being able to change. In many cases, I give each partner a specific "task" to lean into. For example, I may give one mate the practice of looking directly at their partner, and give the other the task of frequently touching their lover. The impact and result of these simple assignments can often be transformative.

The Difficult Conversation Protocol

In most relationships, couples tend to avoid saying certain difficult things to their partners. Eventually, these unsaid things erode intimacy and trust, creating an invisible wall between two people. Avoiding difficult conversations is like putting on a pile of coats, then trying to be physically intimate. During an MDMA session, it's much easier to express difficult things to one's partner. To assist such conversations, I've often suggested couples engage in what has been termed "The Difficult Conversation Protocol." This helpful exercise originated from renowned sex educator, Reid Mihalko, and I've adapted it a bit for couples I work with on MDMA.

The first step in having a difficult conversation is to create a favorable "set and setting" for it to occur. Of course, being on MDMA is ideal, but even when on MDMA, I suggest a partner say something like the following:

"I'd like to have a difficult conversation with you to let you know something I've been avoiding telling you. Is now a good time for that?"

Setting up a safe "container" for a difficult conversation is really important. No one likes to be surprised with a challenging truth. By setting up the conversation deliberately, partners have a significantly better chance of reacting positively.

Once a partner is properly prepared for a difficult conversation, there's a "script" for how the exchange should proceed:

1. *What I'd like to have happen in this conversation is*…(briefly describe your hoped-for outcome from saying a difficult thing to your partner).
2. *What I've been afraid might happen by saying this is*…(briefly describe what you fear would normally happen as you reveal unsaid things).
3. *What I've been avoiding telling you is*… (briefly say what you've been hesitant to reveal, without excuses or a long story as to why you haven't previously told them).
4. *Thanks for listening. What, if anything, would you like to share in response?*

Once again, I'll use Jay and Julia as a good example of how this can lead to a breakthrough conversation while on MDMA:

Jay: I'd like to have a difficult conversation with you to let you know something I've been avoiding telling you. Is now a good time for that?"

Julia: I can't think of a better time.

Jay: *What I'd like to have happen in this conversation is* for you to have a better understanding of my needs, and as a result, I could feel closer to you. *What I've been afraid might happen by saying this is* that you'd get angry, shame me for saying this, and say something hurtful in response. *What I've been avoiding telling you is* that when I come home from work, you often bombard me with complaints from your day, and I find it really annoying. When I get home, I'm tired and I don't want to talk or listen to anyone for about an hour. *Thanks for listening. What, if anything, would you like to share in response?*

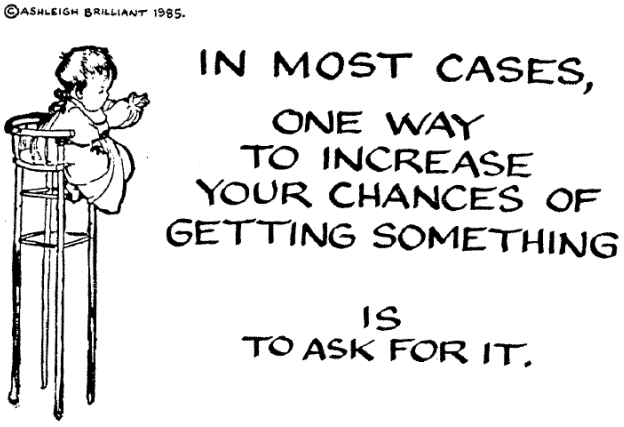
Julia: Wow, I didn't know that. I can understand that. Thanks for letting me know. I'm sure we can work something out so that both our needs are met.

Jay: I really appreciate that.

As you can see, what might have normally led to an explosive argument can become a loving communication with this simple protocol. Once couples have used it successfully while on MDMA, they're more likely to have the confidence to use it after they've enjoyed the heights of Ecstasy. The ability to have difficult conversations without them escalating into an argument is a key skill necessary for successful relationships. With this protocol, couples can create increasing trust and overcome one of the main barriers to intimacy.

Discussing the details of what specifically inhibits intimacy can be quite challenging for lovers. Yet, when a couple is on MDMA, such topics usually flow quite easily. Partners typically become curious, find the subject fascinating, and are able to do the exercises I suggest with clarity and vulnerability. It's emotionally moving to witness. When couples move towards greater connection, it feels good for everyone involved.

Chapter Nine: Practical Love Practices



In the last chapter, I discussed some common things couples do that get in the way of intimacy, along with how to overcome them. In this chapter, I want to explore three simple practices couples can do to further enhance their relationship. When facilitating an MDMA journey, I like having a lot of exercises to choose from. If the couple feels stuck or doesn't know what to talk about, I can always have them do one of the many exercises I have in my "pocket." With experience, I have developed an intuitive sense of which practices lovers might benefit from the most. While these exercises are best used while partners are on MDMA, couples often continue using them post MDMA because they've just experienced how impactful they can be.

In an age of endless distractions, practices such as the ones that follow can become potential lifesavers for ensuring the connection between two people doesn't fade away. Couples can easily fall into routines that prioritize dealing with daily struggles and lose the spark that initially drew them together. Fortunately, while on MDMA, these three exercises are very effective in reigniting the spark of love between two people. Once the spark is back in a relationship, ongoing integration work can help turn that spark into a passionate fire once again.

The Curiosity Contest

The Curiosity Contest, or CC, is a method that can be done in a structured or spontaneous fashion. It consists of simply asking your partner any question you're authentically curious about. In its formal structure, couples go back and forth, taking turns asking each other

questions they'd like to know about their mate. In its spontaneous form, it consists of simply asking your partner any question you're curious about as it occurs to you. The only "rule" of the exercise is that partners have to answer the questions honestly. The "contest" part of the practice is to see who can ask the most questions—from true curiosity—of their partner.

I've seen couples learn more about their partner in twenty minutes of doing this exercise than they've acquired from twenty years of marriage. Unfortunately, genuine curiosity is a rare commodity these days. We've all been conditioned to live in our own little world and not practice the art of wondering about another person's inner realm. Yet, when partners ask—without judgment—about their mate's desires, experiences, and hopes, a new level of intimacy arises. Having witnessed the magic of many couples doing the CC practice, I've written down some of my favorite questions partners have asked each other. Here are a dozen of my favorite inquiries:

1. What do you like best about our relationship?
2. What have you avoided saying to me because you feel I'd react badly?
3. How would you like our sex life to go differently? Is there anything I can do to make it better?
4. What do you struggle with the most in our relationship?
5. Are you attracted to other people, and if so, how do you deal with that?
6. Have you ever considered opening our relationship to being physically intimate with others?
7. What would you want to do with an extra million dollars?
8. What are your current thoughts about having kids (or another child)?
9. What helps you to feel peaceful or closer to God?
10. Why do you get so annoyed at me when I…(fill in the blank)?
11. What is making you feel so stressed lately?
12. What do you think we need to do to make our relationship better?

When not on MDMA, couples are often afraid to ask such intimate questions of each other. They fear their partner will react badly or judge them for their honest response. However, Ecstasy opens up a safe "space" for non-judgmental inquiry. By asking questions from true curiosity, couples develop much more understanding and compassion for their partner. Once the CC is experienced on MDMA, partners know what it's like to be asked and listened to with true curiosity. Later, when not on MDMA, their positive experience with it can often open the floodgates of more curiosity and non-judgmental listening. It's a gift that keeps on giving in their relationship.

The structured way of leading the Curiosity Contest is to simply suggest to partners that the more they understand their mate, the closer they will feel. I then have them face each other, and one partner begins by asking their lover a question about them that they are curious about. Partners take turns asking each other questions, listening to the responses without any comment or response. When one partner is done responding, the other can then ask a question. This back and forth can go on for a predetermined number of rounds, or until one partner has run out of questions. The fact that the couple is on MDMA creates a safe container for non-judgmental listening. The result is compassionate understanding and deeper intimacy.

The Regrets Exercise

After several years in a romantic relationship, resentments often pile up. They might be the result of a pile of small hurts and broken agreements, or they may be the result of a big tear in the relationship, such as infidelity. Whatever the causes, it's important to help couples relinquish their resentments and tap into forgiveness. There are many ways to do this, but my favorite is through what I call "The Regrets Exercise." In The Regrets Exercise, each partner takes turns completing the sentence, "*One thing I regret having done in our relationship is*..." Upon hearing a regret from their partner, the only response they are to make is to say, "Thank you." Then the second partner proceeds to complete the same sentence. The couple goes back and forth, completing the same sentence for 3 or 4 rounds.

It's remarkable how healing this simple exercise can be for many couples. It's a first step to restoring trust, and as trust is restored, the trajectory of a relationship can quickly change. In most cases, couples don't express the regrets they have in their relationship. To do so requires a fair amount of vulnerability and admitting that they've been wrong. That's a hard pill to swallow. So instead, we pretend that we have no regrets, and our partners then assume that we don't feel remorse for anything we've done. Well, unless you're a psychopath, you probably *do* feel remorse for some of the things you've said or done in your relationship. Revealing them to your partner can be a crucial step in helping them forgive you and release their resentments.

When I've witnessed couples utilizing The Regrets Exercise, I can often feel the immediate healing taking place. It's as if a heavy burden has been lifted from each partner, resulting in an opening to greater love and intimacy.

Here's a transcript of a couple I worked with doing The Regrets Exercise. I'll call them Michael and Melinda:

Michael: I regret calling you names when we get into heated arguments. I especially regret calling you a bitch.

Melinda: Thank you…I regret telling you that you're a lousy lover. It was meant to hurt you when I was feeling really hurt, and it wasn't true. You're a very good lover.

Michael: Thank you…I regret buying the sports car without consulting with you first. It was an underhanded thing to do, and it was totally understandable that you were mad at me. I also regret dismissing your anger as if it were not appropriate.

Melinda: Thank you…I regret yelling at you and being mad at you for many days after you bought the sports car. I wish I had just told you how I felt about it and moved on, but I didn't. I regret trying to punish you by cutting you off for several weeks after that.

Michael: Thank you…As I've told you before, I really regret the sex I had with that sex worker when I was at the conference. I know it caused you immense pain, and I wish I could go back in time and make a different decision. Anyway, I deeply regret that whole experience, and I'm very, very sorry.

Melinda: Thank you…I know you're very sorry, and I trust that you won't do that again. And I regret that, again, I tried to punish you by giving you the silent treatment. I wish I had been more mature about it and suggested we immediately go to therapy to heal our relationship.

Michael: Thank you.

Me: That's 3 rounds. That's great. Now, just for a moment, close your eyes and take two deep breaths. (pause) Imagine that all those accumulated regrets and resentments are dispersing into the air, leaving both of you feeling lighter, cleaner, and fully open to being free of the past. (pause). When you're ready, slowly open your eyes and look silently at each other. I want you to imagine saying to your mate, "As best I can… (pause for them to silently say to their partner)…I forgive you for all the idiotic things you've done (pause again for them to silently repeat)…because I've done some pretty stupid things myself." You are now free to let go of all your past resentments. Congratulations!

As you can read in the preceding transcript, couples frequently have more than a single sentence to say about what they regret. That's fine. The prompt, "One thing I regret having done in our relationship is…" is only a starting point. If partners choose to say more about their regrets, it's usually helpful in increasing understanding and healing. You'll also notice that I follow The Regrets Exercise with a brief guided meditation in which couples can imagine letting go of resentments, resulting in a feeling of being free of the past. Finally, I end with the statement, "I forgive you for all the idiotic things you've done—because I've done some pretty stupid things myself." This (hopefully) humorous assertion helps couples

realize that we all make mistakes, and therefore, compassion and forgiveness are necessary.

Appreciation Practice

One of the simplest ways to improve a relationship is to create an appreciation practice. According to renowned marriage researcher John Gottman, communicating appreciations is perhaps the quickest way to uplevel the satisfaction in your relationship. Of course, couples do occasionally appreciate something about each other. Yet, in my experience, the true power of appreciations is mostly untapped by couples I have worked with. To really tap into the potential power of the art of appreciation, you need to turn it into either a specific exercise or a ritualistic practice. Let's look at both possibilities in detail.

The first appreciation practice I often suggest to couples on MDMA is to face each other and take turns saying something they appreciate about their partner. Simple. Yet, a couple of subtleties can make this experience much more powerful. First, it helps if couples hold hands and look directly at each other when they express what they appreciate about their lover. Second, the more specific the appreciation, the more powerful it tends to be in affecting their mate. For example, telling your partner, "I appreciate that you keep the house clean," doesn't make much of an impression. However, it has much more impact if you say something like the following: "I appreciate how much work you do around the house to keep it beautiful. Your efforts to keep the house clean and filled with a sense of serenity help me to feel peaceful and fully loved by you. Thank you." Can you see how a more specific and "flowery" appreciation is just much more powerful to hear?

When couples repeatedly express their appreciation for each other, it has two important effects. First, it helps their mate immediately feel loved and open-hearted. Secondly, it indirectly tells their mate the things they do that their partner really values. Science shows that the best way to change a person's behavior in a relationship is to reward them when they do what you want. Well, an appreciation is a kind of reward. So, by saying what you appreciate, it incentivizes your partner to do more of that behavior. It's a win-win.

To help couples "tune-in" to what they appreciate about their partner, I offer a couple of suggestions. I explain that an appreciation can be about a character trait (such as kindness, competence, humor, etc.), or a specific action their partner has done that they have valued. In addition, I suggest that they include telling their partner how their action or character trait adds to their life, or how it makes them feel. As couples face each other for the appreciation exercise, I advise them by saying: Ask yourself, "What is some character

trait or action you have appreciated about your partner, and how has it--or how is it bettering your life?" In most cases, I have partners do three rounds of back-and-forth appreciations.

For couples struggling with a difficult problem, taking a moment to express appreciation can be quite a challenge. At a time when you're frustrated or annoyed with your partner, saying an appreciation can feel insincere or devoid of feeling. Surprisingly, I have found that these "coerced" appreciations are *still* super impactful. Whether a couple is on MDMA or not, a "forced" appreciation has the effect of softening both partners' hearts, making it easier to work through difficult communications.

I often provide couples with a visual analogy that helps them understand the value of making oneself say an appreciation—even if they don't feel like it in the moment. I show them a blank piece of paper with a very small black dot somewhere on the page. I tell them to imagine that the small black dot represents the current problem or complaint they have about their mate. I explain that couples have a certain way of relating to the black dot on the large piece of paper. Then, I bring the black dot as close to my eyeball as possible. Finally, I proclaim in an exaggerated tone, "There's nothing but black and darkness to see. It's *all* dark, and it goes on as far as the eye can see." Usually, the couple laughs, recognizing the absurdity of focusing on a small black dot while overlooking the large white space of the entire sheet of paper.

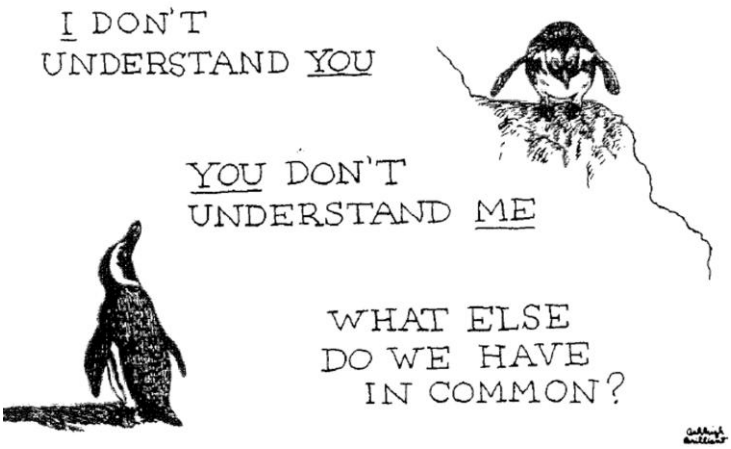
I go on to explain that focusing on the black dot is what often happens in relationships. We tend to get fixated on what's wrong--rather than the larger context of what's working or what we appreciate. Appreciation practices help to alleviate this tendency. In fact, I often suggest couples write down in a document a list of at least a dozen things they've appreciated about their partner in the past. Then, I suggest they take a picture of this document on their smartphone so it'll always be nearby to look at in times of high tension. When you find yourself fixated on your own version of the black dot, take a look at what you have appreciated about your partner in the past. You'll most likely find that it will quickly soften your heart and help you avoid a potential argument.

A final way to access the power of appreciations is to set aside a ritual time each day to express a single appreciation to your mate. Once couples have experienced the power of voicing their appreciations while on MDMA, I often give them the homework assignment of saying one appreciation per day to each other. Whenever possible, it's best to tie this practice to a habitual time or action. My wife and I do it when we walk our dogs in the morning. Other couples I know do it right before going to bed. A simple prompt I suggest is for couples to complete this sentence:

Something I appreciated about you today was…(be specific, and say how it impacted you).

In as little as a minute a day, couples doing a ritualistic appreciation practice find that their intimacy slowly but surely increases. It packs a wallop of impact for very little time invested. Since everyone's life is busy nowadays, it's more important than ever that couples find quick and powerful ways to connect. The Curiosity Contest, The Regrets Exercise, and the Appreciation Practice are three of the most impactful things for increasing intimacy in the couples I've worked with while on MDMA. Once couples try these exercises while on MDMA, they are often convinced of their value and proceed to use them after their session. The result is a profound transformation.

Chapter 10: How the Journeys Go



Every journey has a beginning, a middle, and an end. When a couple partakes of an Ecstasy session, it's important to know how to make the best use of each part of their journey. Typically, when I work with couples, I suggest they take the medicine about 20 or 30 minutes *before* I connect with them on Zoom. Since it usually takes about 40 minutes for folks to start feeling the MDMA effects, that gives us about 15 minutes to connect before they start to feel the effects of the medicine. During that time, my goal is to ensure the couple feels comfortable, their questions are answered, and to establish rapport with my clients. For example, I might say, "I imagine you're feeling a bit nervous. That's perfectly normal. This will be a great adventure for the two of you. I want you to feel free to be perfectly honest with me today. If I'm doing something that doesn't feel right to you, please let me know. I'm here to serve you in a way that feels good to you."

Around ten to fifteen minutes into our session, I ask my clients if they have begun to notice any subtle effects of the medicine. If either of them answers "yes," I state that noticing the first effects can be helpful in an interesting way. I might say, "When people start to feel altered in a good way, they typically find certain things become more noticeable. For example, when I begin to feel the medicine, I tend to notice that it feels like silence becomes louder, or that things seem to slow down and I feel my body more. Then, when

I'm not on MDMA, I look for such things, and as I look for those changes, I start to feel more peaceful and a little bit high. I'm wondering what each of you are noticing as the first signs of the drug taking effect?"

Asking the couple about the first signs of the drug taking effect serves two purposes. First, as stated, it can be helpful for each partner to know how they first notice they are feeling altered. After all, inner peace and a feeling of openness are always available, but normally we are attuned to other priorities. Yet, by looking for the first indications of peace, it's possible to "tune into" such experiences when not on drugs. Secondly, my asking about what they feel helps the partners to dive more deeply into their own experience. Rather than having them get lost in anxious thoughts, I want the couple to focus on and feel the heart-opening effects of the Ecstasy.

Once the couple is clearly feeling the effects of the medicine, I innocently ask them, "So, I'm curious about how the two of you met? What's the story there?" I ask this question for two reasons. First, it gives the couple a comfortable and enjoyable topic to talk about during a time that could otherwise feel "weird." As MDMA kicks in, some people feel a bit discombobulated or nauseous for about ten to fifteen minutes. Having a pleasant topic to discuss can help them through a challenging time. Second, most couples have a story about how they met that puts a smile on their faces. It typically brings back positive memories of when they first fell in love. To turbo-charge such memories even more, I'll often ask, "What first attracted you to your partner?" As they answer that question, it further stimulates an open heart and a warm feeling of connection.

Let the Medicine Lead

At this point in the session, I do what's called "let the medicine lead." This is a term that signifies that the MDMA will seemingly bring up whatever needs to be talked about. In fact, in the MAPS protocol, therapists provide almost no direction throughout the entire journey. Personally, I think that is a wasted opportunity. I agree that giving individuals or couples some "space" to see what naturally arises can be helpful, but only up to a point. Without some eventual direction, individuals or couples can just get lost in "blissing out," and miss the therapeutic possibilities with this medicine. Yet, I acknowledge that there are many ways to facilitate sessions, and there is no clear-cut right way that works for everyone. I try to balance my facilitation with letting the medicine (and the couple) take their natural course. With experience, I've found a balance that seems to work well for me and the couples I work with.

Another aspect of letting the medicine lead is the ability to hold lightly to any agenda you have. Typically, I have a lot of notes about the couple I'm working with from the initial Zoom

call we did. If I'm not careful, I can find myself bringing up what I think are the key issues before they're ready to talk about them. By allowing time for the medicine to do its magic, a couple can sometimes stumble upon important issues that were not previously discussed. Furthermore, having a non-directed phase gives lovers time to connect more deeply and find their natural rhythm for exploring issues.

About eighty or ninety minutes into our session, I take stock of how high each partner seems to be. I might ask something like, "On a 1 to 10 scale, with ten being very altered, how high do each of you feel now?" I ask this question to help make a recommendation on whether they should each take the "booster" dose (about 60 mg) that's available. Commonly, one partner is significantly more impacted by the drug than the other. In such cases, I'll usually recommend that the individual who is less impacted take a booster dose, while their partner refrains. Although lovers don't need to be equally affected by the medicine, it helps if they are in the same ballpark. I don't want one partner off in la-la land while the other feels quite normal. The "sweet spot" for working therapeutically is for each partner to feel open-hearted and connected, but not so high that they have trouble speaking or following a conversation.

Diving Down into The Issues

Once a couple feels connected and they've been given some time to see what naturally arises, I ask them if they'd like to start exploring some of their relationship issues. They always say "Yes," but I ask this question simply to segway into a new phase of their journey. In general, I ask the partners which issue they would like to explore first. If there is no clear answer to that question, I choose one that seems perhaps the easiest to resolve or talk about. I begin there, as I want the couple to feel successful in their communication before we delve into more challenging territory. For example, I might say, "From our initial session, you both reported you feel you don't get enough appreciation from your partner. I'd like to hear more about that, and perhaps what can be done about it." Oftentimes, I have couples play a few rounds of the Appreciation Game discussed in Chapter Eight. This game further reinforces the couple's sense of connection—which is helpful when exploring more difficult issues later in the journey.

At some point, either I or one of the partners brings up their most difficult problem. This is usually their biggest misery-go-round. As a reminder, a couple's misery-go-round occurs when a specific topic inevitably leads to an endless cycle of each person's responses triggering their partner. This back-and-forth triggering cycle can be like a deep hole that feels impossible to climb out of. In discussing a couple's misery-go-round, I first normalize this tendency. I state that just about every couple eventually gets caught up in a misery-go-round cycle, and that by shedding some light on it, we can alter its painful pattern.

I asked my friend and master therapist, Scott Catamas, for a classic misery-go-round situation. He provided the following example with a couple named Jessica and John:

Jessica never received the love she wanted from her father and has had multiple relationships with men who won't commit or love her as deeply as she longs for. John had a neurotic mother who was very clingy and overly attached to him. He feels safest when he is independent and free to do as he pleases. John and Jessica meet and have a very strong physical attraction. They quickly become lovers, and in the bedroom, it is off-the-charts great sex for both of them. Yet, Jessica longs for a deeper, ongoing connection. However, John soon reaches his "Intimacy threshold" and pulls away. The more he takes space for himself, the more Jessica is afraid of abandonment. She reaches out increasingly for connection, which pushes John further away. This is a classic misery-go-round.

What is the solution to such a pattern? Both partners need to understand and have compassion for each other's past experiences and how they impact their current relationship. In addition, couples need to openly discuss their predicament and explore new behaviors to prevent such painful cycles. In the following chapter, I discuss the Problem-Solving Question, a key method I use to help couples overcome their most destructive patterns. When helping couples overcome their misery cycles, I begin by helping them map out exactly how their pattern operates. Once it is mapped out impartially, we explore various possibilities for breaking the pattern. Eventually, we decide on a solution we think might work to break the cycle, and have each partner commit to using that method for a single month to see if it works.

Common Questions:

During my time with couples, I ask various questions to help partners explore difficult and important aspects of their relationship. These questions often reflect an intuitive response to what I perceive is needed in the moment. I don't have a pre-set list of questions I use. However, I do end up using many of the same questions in my various sessions. Therefore, below you'll find some of the most common questions I tend to ask, along with a brief explanation of why I find them helpful:

1. **So, what's the payoff for this behavior?**
   This question helps people become aware of the ulterior motive of some of their actions.
2. **If you continue to do this, what might be the potential downside?**
   This inquiry helps partners recognize the negative effects of their unhelpful behavior, potentially encouraging them to refrain from such actions.

3. **If you could change how you react to this, what might be the potential upside of that?**
   This question helps partners envision potential benefits that could result from overcoming past triggers.
4. **What's it like dealing with that?**
   I ask this to help partners understand each other's struggles, thereby increasing empathy.
5. **What are you noticing in your body right now?**
   This question is designed to help a person shift their focus from their head to their body and feelings.
6. **How do you think that felt when your partner experienced that?**
   Another question aimed at fostering understanding and empathy between a couple.
7. **What's one thing you wish you could change about how you are in the relationship?**
   This query helps promote humility, self-awareness, and regret, which can all help repair broken trust.
8. **What is something you regret in your relationship?**
   Another question that promotes humility, self-awareness, and vulnerability.
9. **What is something you'd like to understand about your partner?**
   This inquiry aims to foster increased understanding and curiosity about one's partner, thereby promoting empathy.
10. **What is something you've been afraid to talk about with your partner?**
    This question helps promote increased honesty, vulnerability, and a more open approach to a difficult conversation.

If you're doing Ecstasy on your own without a guide, you may find some of those questions helpful during your journey. Although the list of questions just outlined can be helpful, I don't mechanically try to insert them into the session. Instead, throughout a journey, I have in the back of my mind the question, "What's needed now?" It's like a silent mantra that helps me avoid getting lost in my own agenda, or sucked into a useless tangent. Sometimes, after a heavy issue is discussed, what's needed is a moment of lightness or laughter to balance out the energy. At other times, I feel a need to focus on one partner's past trauma, or confront them with some undesirable behavior I see them doing. With experience, what develops is an intuitive sense of knowing what a couple needs at any given moment. On occasion, if I feel unsure about what's needed in the session, I'll ask the couple to go inside for a moment and see what "bubbles up" to be discussed. Usually, that will trigger one or the other partner to bring up the next topic that is ripe for healing.

At some point in the session, if the topics haven't naturally come up, I bring up the issues that are usually the most challenging for couples: sex, money, broken trust (such as infidelity), and parenting. As with any difficult issue, I strive to help couples gain a deeper understanding of their partner, achieve clarity on what they truly want, and develop agreements and solutions that are more likely to succeed than past approaches. With the help of greater understanding, improved communication, and the problem-solving approach, couples typically experience a powerful sense of breaking through past hurts and limitations.

Orchestrating the Comedown

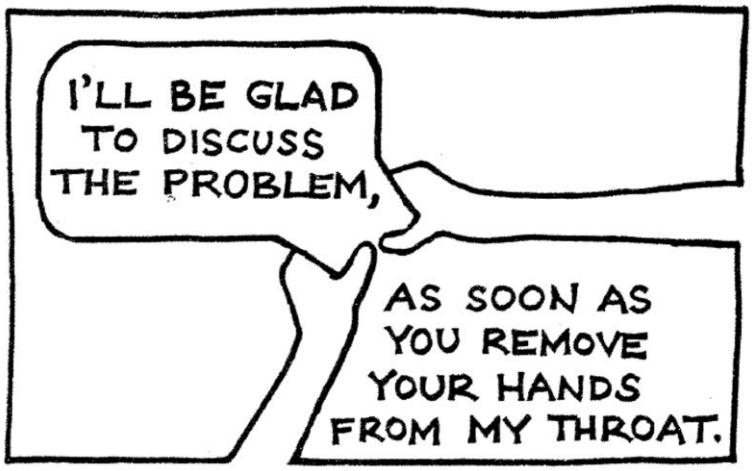
At approximately 4.5 hours into the session, I begin leading couples toward finishing up their journey. This involves asking questions that help them come to a satisfying conclusion to their journey. Questions I might ask at this point include:

1. Is there anything we haven't yet talked about that you want to make sure we touch upon?
2. What would you say really impacted you from what we've done today?
3. What's something you learned that you really weren't very aware of before?
4. What is something each of you really appreciated about your partner in today's session?
5. What, if any, questions do you have for me?

Once there's a sense of completion, I inform the couple that there are various ways to spend the rest of the evening. I tell them that some couples prefer to cuddle and talk, while others enjoy spending quiet time alone, and that they should do what feels best to them. I also state that about one-third of folks feel really good the next day, about a third feel pretty normal, and about a third feel a bit tired or sad the day after a journey. However, it's best if they can take it easy the following day, and perhaps do some journaling, start listening to the recording I send them, and engage in some gentle exercise. If they have some of the supplements I've suggested for reducing the chances of a hangover, I advise them to take them as directed.

I aim to end my sessions on a positive note. One way I commonly do this is by giving each partner a precise appreciation of a way they manifested during the journey. I usually feel great appreciation for the couples I work with, so it's often a heartfelt and sweet moment. Then, we set up a time for the integration session (about a week later), and we bid farewell. On the following morning, I send an email to the couple, asking how they are doing, and telling them how to access the recording. Normally, I hear back enthusiastic replies of hopefulness and gratitude from each partner.

Chapter 11: The Problem-Solving Question



I enjoy performing magic tricks when speaking to audiences. People generally don't remember the details of what I say, but they always remember the magic tricks. I've found that magic tricks make effective metaphors for the points I'm trying to convey in my talks. After performing a couple of impressive tricks that wow my audience, I do one last trick that I promise will knock their socks off. I ask for a volunteer to think of a number between 1 and 1000. Then I tell them, "I'm going to write down what you're going to say." Next, I take a pad of paper and secretly write down what I think they're going to say. Then, I ask my volunteer, "Is the number 943?" Inevitably, they sheepishly say, "No." At this point, I turn over my pad of paper and reveal that I had written down the word, "No." Finally, I tell the audience, "I did it! I wrote down what you were going to say."

After some laughter, I tell my audience there is a point to this trick. I had set things up so it was extremely likely that I would succeed. Unfortunately, when it comes to handling problems, most couples set things up so that it's likely they will fail. In relationships, failing to communicate effectively often leads to further failures. Conversely, successful communication helps foster future success. That's why it's important to know how to increase your chances of success when trying to solve difficult problems with your mate. Unless you have a precise system for solving problems, your chances of success are very

small. I've noticed that most couples tend to resort to blaming, complaining, shaming, and explaining when faced with difficult problems. Of course, these strategies never help. What does work is a combination of listening and understanding your partner, combined with what I call The Problem-Solving Question, or TPSQ for short.

The TPSQ is a straightforward question that directs couples toward practical solutions that can help resolve the issue at hand. It steers lovers away from blame and towards a negotiated agreement that is a satisfying new solution for handling a problem. The question is:

"Considering both our needs in this situation, what are a couple of ideas you have that might work better for both of us?"

Inherent in this question is that both partners are trying to satisfy an important need, and that coming up with more than one way to solve the problem is better than insisting it's your way or the highway. As couples explore this question, they attempt to come up with various solutions, and from the solutions generated, choose one that is acceptable (at least for the moment) for both partners.

While the Problem-Solving Question is key to avoiding arguments, the first step in solving any problem is understanding your partner's feelings and perspective on the issue. Besides providing you with helpful information, understanding your partner is a prerequisite for them to listen and appreciate *your* viewpoint. To help partners understand each other, I have them use the Acknowledgment Formula from Chapter Eight. You might remember that it is the technique where, after hearing your partner say what they need to say, you respond with:

1. It sounds like... (summarize the essence of what they said in one sentence or less).
2. That must feel... (guess as to the primary feeling(s) they have about what they said).

This simple, but surprisingly effective method for helping couples understand each other creates a strong foundation for working through problems in a non-adversarial manner. Here's what it sounded like for a couple, Paul and Susan, when talking about how to discipline their kids.

Susan: I don't like how you yell at the kids. I'm afraid they're starting to be afraid of you. You're particularly hard on Joseph. Just because he doesn't always do his homework doesn't mean he's a bad kid.

Paul: *It sounds like* you think I might be hurting Joseph by getting mad at him. *That must make you feel* very anxious.

Susan: Yes, that's right.

Paul: Well, when Joseph doesn't do his homework, I get upset because he's a smart kid and I don't want him to make the same mistakes I made in school. Instead of just sitting down and doing what he needs to do, he's just goofing off with video games and God knows what. I don't know how he's going to get into college if he doesn't develop any discipline.

Susan: *It sounds like* you're afraid Joseph is throwing away his opportunity for a good life, and that's very upsetting to you because you want him to succeed.

Paul: Yes, that's exactly it.

During a session I had done previously with Paul and Susan when they were *not* on MDMA, the result was very different. Instead of listening and understanding each other, they resorted to futile attempts at persuasion and then blaming each other. It was not pretty. However, when using the Acknowledgment Formula while on MDMA, understanding each other was easy. From such experiences, couples begin to open the door to seeing how truly effective communication feels. Once Paul and Susan each felt heard by the other, I then directed them to use the Problem-Solving Question. This is how that interaction went:

Paul: So, what are a couple of ideas you have that might work better for both of us?

Susan: Well, you can simply let go of trying to control him and just let him do what he wants to do.

Paul: That's an interesting idea. Do you have any other ideas that might work better for both of us?

Susan: You could leave all disciplining of Joseph to me so that you're not yelling at him all the time.

Paul: Thank you for your ideas. Would you be willing to hear a couple of ideas I have that might work well for both of us?

Susan: Sure.

Paul: You and I could go to Joseph together and tell him he can only play video games after he has completed at least 30 minutes of homework. For the two games he likes to play, Fortnite and Minecraft, we can create a new password that only we know. Then, when he shows us some homework from that night, we can log him into his games with a password only you and I know.

Susan: That might work, but I'm still worried you'll get frustrated with him when he refuses to do his homework. Would you be willing to have me check on his homework and, if he does it, log him into his video games?

Paul: I'm willing to give that a try for a couple of weeks to see if it works, but if I don't think it's going well, I want to be able to come to a new agreement.

Susan: That seems reasonable. Okay, agreed.

For four years, Susan and Paul had argued about how to handle Joseph. In four years, there had been much gnashing of teeth, but no mutually agreeable solution. With the help of The Problem-Solving Question and MDMA, coming to a possible solution to the problem took five minutes.

To make coming up with a reasonable solution much easier, I tell my clients to simply attempt a short-term agreement. In the example of Susan and Paul, it was relatively easy for Paul to agree to something for "a couple of weeks." With that caveat, if he didn't like how it was going, they could negotiate a new agreement. I call this approach "coming up with *experimental* solutions." Frequently, couples fail to come up with an agreed-upon way to handle a situation because they're afraid they'll have to abide by the agreement *forever*. Yet, by coming up with a short-term "experimental solution," and stating when they'll review it if it's not working, it makes it much easier for both partners to agree and move forward.

There is one challenge with The Problem-Solving Question…it doesn't feel as immediately satisfying as blaming your partner. If you're like me, you quite enjoy the feeling of righteous indignation that comes from thinking you're right about something and your partner is being unreasonable. However, the price you pay for moments of righteousness is wasted time and lost connection. Furthermore, blaming your partner—even when you're totally in the right--never solves anything. Unfortunately, our addiction to blame means that one partner sometimes has to ask The Problem-Solving Question repeatedly before their mate even *tries* to answer the question. After all, to really answer the question requires each partner to give up blaming and explaining, and instead negotiate a way to solve the issue.

The Three Possible Responses

Over many years, I've seen that The Problem-Solving Question inevitably leads to only three possible responses. The most common response when asked this question is to avoid it, distract from it, or even worse, get mad at one's partner for asking it. As mentioned, we humans enjoy being righteously angry, and coming to a negotiated solution is just not as emotionally satisfying as a good wallop of blame. In such cases, I advise my clients to listen to their partner, use the Acknowledgment Formula, and then ask their partner the same question again. After a while, partners hell bent on distraction and blame eventually run out of steam and relent. Yet, when partners are on MDMA together, distraction and blame rarely occur. Instead, sincere attempts at reasonable answers are the norm.

The second most common response to The Problem-Solving Question is for the partner being asked the question to simply express their single preferred way of handling the issue at hand. In the previous example of Paul and Susan, Susan told Paul, "Well, you can simply let go of trying to control him and just let him do what he wants to do." While this may satisfy Susan, it's clearly not a solution that would work for Paul.

In response, Paul simply said, "That's an interesting idea. Do you have any other ideas that might work better for both of us?" Rather than get into a discussion as to why Susan's idea wouldn't work for him, he simply acknowledged her idea ("interesting"), then asked for another idea. When he didn't care for her second idea either, he unassumingly asked, "Would you be willing to hear a couple of ideas I have that might work well for both of us?" I've found that, after listening to their mates' ideas, and asking if they could now mention a couple of their own, partners always feel obligated to say, "Yes."

Once each partner has expressed a couple of potential solutions, they are in a negotiation instead of an argument. Arguments about who is right and who is wrong, or whose solution is best, can go on forever. Most couples would rather endlessly suffer and argue rather than simply surrender to their partner's dictate. On the other hand, negotiations usually take only about five minutes--if done in good faith. With the added notion that it's easier to come up with a short-term agreement (that can be reviewed later), it's relatively easy for couples to reach a workable solution. By avoiding an adversarial approach to problem-solving while on MDMA, solutions become obvious, and trust between partners is greatly increased.

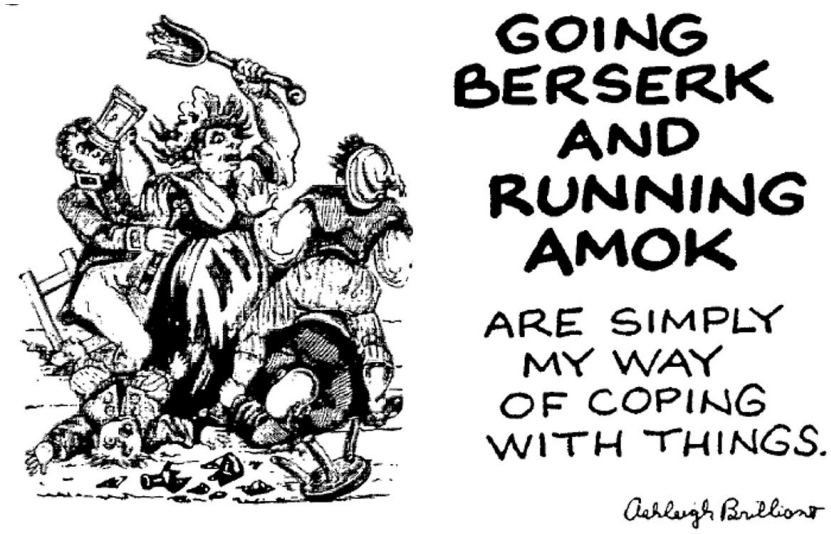
The third and final way The Problem-Solving Question is resolved is when one partner offers a solution that is immediately agreeable to the other partner. While on MDMA, and after understanding their partner's viewpoint, this response happens rather frequently. In such cases, all that's left to do is for the couple to agree on how long they plan to commit to the proposed solution before reviewing it. When couples have their first experience of quickly negotiating their way past a previously intractable problem, it gives them immense hope. Oftentimes, during an MDMA session, couples can work out solutions to numerous problems that have plagued them for years.

At this point, you may be wondering if solutions generated while high on MDMA are still agreed upon when they show up for the integration session a week or so later. To my initial surprise, they do indeed. I tell couples, while they are on MDMA, that any solution they agree to will be reviewed during the integration session. I don't want them to think that they agreed to a promise just because they were high on drugs. My reassurance is another factor that makes it easier for couples to work things out while on the medicine. I've found that couples find the solutions worked out while on MDMA still work for them about 95% of the

time. If they don't, I have them use The Problem-Solving Question during the integration session to negotiate a new mutually agreeable experimental solution.

In Chapter 17, I'll discuss a way to reinforce the changes in behavior stated in agreements made during an MDMA session. A common question I get is, "What happens if my partner doesn't do what they said they'd do?" I have a method for dealing with such situations that is also discussed in Chapter 17. However, when couples don't feel forced or coerced into a particular way to solve a problem, but instead agree to it wholeheartedly, they rarely go back on their promise. The Problem-Solving Question, together with MDMA, provides couples with a "technology" for finally resolving issues that were previously unsolvable. From such experiences while on MDMA, new hope and new love are born.

Chapter 12: Individual Trauma and Trigger Work



As I work with couples during a session, it sometimes becomes apparent that one or both of them need to look at their triggers and past trauma in greater depth. A clear indication that such work is needed is either a frequent misery-go-round, or an exaggerated reaction to something their partner does. It has been said that a "hysterical" reaction is always historical. In essence, this means that if something in the relationship elicits a huge response, it probably has its roots in some earlier trauma.

Trauma is a word thrown around a lot nowadays, so it's helpful to have a simple understanding of it. Trauma can result from not being able to fully "digest" an event due to its intensity and/or one's lack of emotional resources at the time. For example, if a five-year-old is yelled at and hit by a drunken parent for being messy, they may feel overwhelmed—and thus traumatized--by the event. Later on, when their partner criticizes them for being messy, it can bring up an intense reaction that can be traced back to their childhood experience.

Trauma, and the psychological diagnosis of Post Traumatic Stress Disorder (PTSD), are related, but not quite the same. PTSD is used to signify a person who has experienced a rather severe trauma that has led to ongoing and debilitating symptoms in their daily life. However, to a more or less extent, we've all experienced some trauma in our lives, and these prior incidents can affect how we react to our partner even decades after the initial ordeal. Common experiences, such as an unloving parent, a bad breakup, or an

embarrassing sexual incident, can create challenges in a relationship that need to be addressed even if they don't qualify as PTSD.

According to expert surveys, 70% of adults experience at least one traumatic event in their lifetime, and 20% of people who experience a traumatic event will develop PTSD. That's a lot of people. These "markers" of past pain show up in one's current relationship, and if they're not attended to directly, can lead to endless arguments and multiple failed relationships. In my book, "Ecstasy as Medicine," I have a chapter dedicated to helping clients overcome their trauma and PTSD symptoms. However, when working with couples, I use different methods to help partners work with their trauma reactions. Once they better understand their trauma and their resulting triggers, I help them overcome those inflated reactions with the help of their partner.

Exploring Trauma Triggers

One concept that helps partners explore their trauma and triggers is to imagine their trigger as a separate "person" that can be set apart from the rest of themselves. This idea, borrowed from the Internal Family Systems (IFS) modality, can make looking at one's symptoms easier and more specific. For example, let's say a partner has a long history of thoughts and feelings about intense jealousy or fear of abandonment. I'll tell such a person to identify a precise "part" in them that gives them trouble, along with the corresponding thoughts and feelings of that part. Then, I'll have them summarize the "story" they tell themselves when this part is up for them. An easy way to do this is to fill in the following sentence:

> ***The story this triggered part tells me in my head is***...(then, in a sentence or two, summarize the essence of the story this part tells you).

The stories that clients create in their minds are often the result of what is called their "attachment style." In recent years, the concept of attachment style has received a lot of interest. Depending on your and your partner's attachment style, predictable problems arise. There are four main attachment styles: secure, anxious, avoidant, and disorganized. These styles describe how individuals form and maintain relationships, influenced by early childhood experiences with their parents or caregivers.

Here's a breakdown of each style:

> **Secure Attachment**: Individuals with a secure attachment style feel comfortable with intimacy and independence, and are able to express their emotions and needs effectively. They tend to have healthy, balanced relationships where they feel safe and supported.

Anxious Attachment: This style is characterized by a strong desire for intimacy and closeness, but also by a fear of abandonment and a tendency to worry about the relationship. Individuals with this style may be overly sensitive to their partner's actions and moods.

Avoidant Attachment: Those with an avoidant attachment style tend to avoid emotional intimacy and closeness. They might appear aloof or emotionally distant, preferring to handle things on their own and avoid discussing deep feelings.

Disorganized Attachment: This style is often associated with a history of trauma or instability in early childhood. Individuals with this style may exhibit mixed behaviors, sometimes seeking closeness and other times pulling away, due to conflicting needs and a lack of consistent coping strategies.

Your attachment style can change depending on the nature of your current partnership. In one relationship, you may have found yourself to be avoidant, while in another coupling, you may have felt more anxious. There are plenty of good books on attachment styles, but for now, suffice it to say that if you know your own and your partner's attachment style, it can lead to greater understanding of each other's patterns. For example, a common pattern is for a woman to feel anxious attachment, and the man to feel avoidant attachment. These two styles can lead to a passionate attraction, only to cause great difficulty later. As an illustration, I often see that as a woman with anxious attachment tries to get closer to her man with avoidant attachment, the man hits his "intimacy threshold" and pulls away. This leads to the woman feeling clingier and the man feeling more suffocated, and it quickly spirals downward. It's a classic misery-go-round. During an MDMA session, as a couple sees this pattern—or some other pattern–it can be discussed without blame, and a healthier way to handle the conflict can be generated.

The Repeated Question Technique

One of my favorite and quickest ways to uncover trauma triggers is to have one partner repeatedly ask a straightforward question to their mate. The question is: *What's something that really triggers you in our relationship?* As one partner asks this question several times, the answers tend to become more profound. Here's an example of Jay and Julia using this technique:

Jay: What is something that really triggers you in our relationship?

Julia: When you don't clean up after yourself.

Jay: Thank you. What is something that really triggers you in our relationship?

Julia: When you don't do the tasks you said you'd do around the house.

Jay: Thank you. What is something that really triggers you in our relationship?

Julia: When you tell me something will get done, like the garbage, and it doesn't get done.

Jay: Thank you. What is something that really triggers you in our relationship?

Julia: When you make excuses for something not getting done.

Jay: Thank you.

Me: You can sense a certain theme here. Julia gets very triggered when she perceives that you (Jay) don't keep your word when you say you'll do something. My guess is that it triggers feelings you (Julia) had as a child when your dad (an alcoholic) would often fail to do what he told you he'd do.

Julia: Yes, I can feel the connection. When that would happen with my dad, I'd feel totally betrayed and abandoned, which is pretty much how I feel when Jay forgets to do something.

Me: So, you can see that this trauma from the past is making these situations with Jay feel pretty intense—almost life-threatening.

Julia: Yes, that's pretty much how it feels.

I explained to Julia that most people do have veils of past pain influencing their current circumstances, and that being aware of that is the first step in healing. I went on to explain that Jay's mother, who was very clingy with him, had made him fear being too intimate with Julia. Although such insights didn't magically cure Jay and Julia of their triggers, it *did* help each of them to be more understanding and compassionate with each other when they saw their partner being highly triggered.

Dismantling Triggers

Once a couple has insight into their past traumas and current triggers, the next step is to lessen the intensity of the triggers--or find a workaround. In the previous chapter, I discussed the problem-solving question, and how trying short-term solutions can be a way to circumvent difficult circumstances. In fact, Jay and Julia used that process to come up with ways to minimize the triggers for each other. In the case of Jay not doing what he said he'd do on time, they worked out that Julia would text him a reminder the day before and the day of something that needed to get done. To avoid hitting Jay's intimacy threshold and his wanting to run away, they agreed that whenever he said the words "full-up," Julia would immediately give him an hour to be by himself.

Workarounds created through the problem-solving question can be truly helpful, but ultimately, you also want to lessen the intensity that results from triggering events. Earlier in this chapter, I talked about how Internal Family Systems (IFS) therapy can be useful. I'm not trained explicitly in IFS work, but under the influence of MDMA, I find that clients are very responsive to the idea of "talking" to parts of themselves that have historically given them trouble. I'll often provide a distinctive name to a specific part of a client, such as "intimacy avoider," or "complainer," or "criticizer." Then, I'll have the client embody that part while I ask them various questions, such as the following:

1. How old are you?
2. What event birthed you? Was it a particular traumatic event?
3. What do you want? What are you trying to do for her (or him)?
4. You were helpful and necessary at one time....are you truly making her (or his) life happier now?
5. Would you be willing to help her (or him) in some other way that would cause less difficulty?
6. What new "job" might you do that would work better in their current relationship while still keeping you safe?

The IFS approach to healing is deep and complex, and if this concept attracts you, you might want to get the book "Self Therapy," by Jay Early, or consult with an IFS therapist.

Another symptom of earlier trauma is when a client does what I call "thought looping." It's common for clients to become stuck in an endless loop of thinking the same thoughts repeatedly. Once again, I have couples that are trapped in thought loops identify the exact story being repeated in their head. Once the looping story is identified, I have them use a humorous "magical mantra" to help them overcome the thought loop. What is this magical mantra? It's to imagine saying to the part generating the thought loop, "Blah, blah, blah." That's it. Saying this "mantra" to yourself or out loud in an exaggerated tone makes it even more effective.

Saying, "Blah, blah, blah," is basically a way to tell this persistent thought loop that the gig is up. You're mindful of its ways, and you're becoming bored with its attempt to keep you upset. You're ready to move on. It sounds funny, but it can help you let go of the story and get focused on more helpful matters. I use this method myself, and I love it. It only takes 3 seconds to do, and it always makes me smile. A little bit of humor can overcome a lot of anxiety. Of course, persistent thoughts tend to come back later, but when (and if) that happens, I just say the magical mantra again...blah, blah, blah...

As you may have noticed, I specialize in methods that are quick and easy to do. Partly because I found that folks tend not to use techniques that require a lot of time or are complicated. However, some trauma reactions can be quite intense and need more ongoing professional support. One modality that has been shown to be particularly effective is called EMDR, which stands for Eye Movement Desensitization Reprocessing. It can only be done by a skilled professional. If you or your mate seems to suffer from an earlier trauma that is not lessened with the various suggestions here, I encourage you to seek an EMDR or other specialist who can further help you.

Typically, trauma victims attempt to avoid or distract themselves from their trauma symptoms. Instead, while they are high on MDMA, I advise my clients to get curious about them. For example, I might ask them to remember a time they were highly triggered. Once they feel what it felt like to be triggered, I ask them a series of questions:

1. What image or memory triggers your symptoms?
2. Where do you feel these symptoms in your body?
3. How would you describe your symptoms in terms of sensations?
4. How big an area do these sensations occupy?
5. What do you not like about this feeling?
6. What happens if you try to simply let those sensations be there without resisting them?
7. Can you send some love or compassion to this part of you?

Taking clients through a series of questions such as this can help them develop a more distant or less personal view of their trigger reactions. I want my clients to discover ever-new subtleties about their trauma reactions and triggers. The more a client can engage their "inner Sherlock Holmes," the better. By asking these questions while a client is on MDMA, I've found that it helps desensitize or lessen their trauma symptoms after the session.

MDMA is often used for treating PTSD because it restricts blood flow to the amygdala, the part of the brain responsible for our feeling fear. Therefore, any process that aims to elicit a trigger or a trauma during a session can be beneficial. As the partner recounts or feels into their reaction, they inevitably have a more impartial view of their initial trauma. Having a client simply go over their "trauma story" in detail while on MDMA helps to take the sting out of it. After the drug wears off, the client will likely notice that the previous intense feelings associated with their trauma are greatly lessened.

Another method for lessening or extinguishing a trigger is to have one partner repeatedly try to trigger their mate, while their mate just passively "absorbs" the trigger.

For example, recently I was working with a couple in which the woman would often criticize her husband with sentences that had the words “always” or “never” in them. She’d say things such as, “You *never* clean your dishes,” or “You *always* talk too loud.” This infuriated the husband because the statements were far from the truth. So, in a humorous tone of voice, I suggested the woman say 25 “always” and “never” critical statements to her husband in the same tone of voice she normally would use. After a while, her words lost their sting. He (and she) just started laughing. Later, in their integration session, they both reported that the “always/never trigger” was no longer a problem. It had been extinguished in 10 minutes while on MDMA.

On occasion, a major trauma or intense trigger will show up that feels overpowering for a partner. If that happens, I encourage them to stand up and shake their entire body quite intensely. If you watch other mammals after they’ve faced a fearful situation, they naturally shiver and shake out their body to recover from their ordeal. Humans would be wise to do the same since it moves the previously trapped energy out of the body in a way that is ultimately healing. For added benefit, while they are shaking, I suggest they say, “I’m afraid right now, and that’s okay.” The combination of shaking and a verbal affirmation is quite effective in helping their body regain emotional balance.

A final method I sometimes use with individuals who get highly triggered by their partner is to have them ask themselves, “What else could this mean?” Usually, a person having a big reaction to their partner has subconsciously asked themselves, “What is the worst and most disempowering meaning I could attribute to my partner’s behavior?” Having asked this question subconsciously, their mind makes up a problematic answer. However, by asking, “What else could this mean?”, their mind is encouraged to look for a more empowering meaning. If nothing else, just asking that question makes them a bit less sure that the disempowering meaning they conjured up is undoubtedly the right one.

Jay and Julia offer an example of how asking a better question can be a lifesaver. Jay told Julia he was set to have lunch with an old girlfriend who was in town. Julia interpreted this as a sign that he wants to leave her for his previous flame, and that it could be the end of their marriage. When she asked herself, “What *else* could this mean?” She came up with several possibilities:

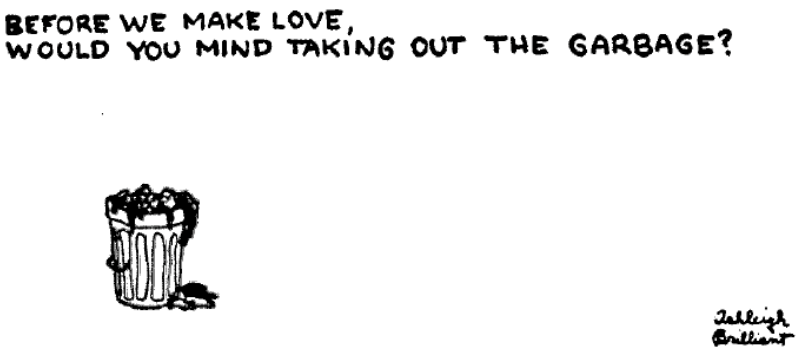
1. It could mean that Jay feels so secure in their marriage that he could casually tell Julia about the lunch date without feeling a need to make a big deal out of it.
2. It could mean that Jay has a good heart and doesn’t need to make enemies out of, or create emotional distance, from previous girlfriends.

3. It could mean that Jay will always be honest with her about any encounters with women, thus helping to avoid clandestine affairs.

Once Julia was aware of these other, more empowering meanings, she could easily let go of the fear that had been gripping her. Ultimately, our reactions are based on what we make things mean. Change what you make things mean, and your response will change accordingly.

An entire book can be written about how to help you or your partner overcome trauma and its corresponding trigger reactions. You might find that some trauma and triggers can be quickly handled with the help of MDMA and the various tools suggested in this chapter. On the other hand, you may find you need ongoing professional support to make consistent progress. Whether your healing happens quickly or with additional professional help, being free of burdensome triggers is a great gift to give to yourself, as well as your partner.

Chapter 13: The Problem and Promise of Sex



If you think you and your partner are struggling with your sex life, you are not alone. It's quite rare for couples to have an easy and fulfilling sex life over a long period. Yet, because people don't generally share about their sex life, they often feel that they're unique in having difficulty. Not true. The 2021 General Social Survey found that about 50 percent of all adults polled had sex once a month or less, with half of those people reporting they hadn't had sex for a year. As a therapist, I often begin the discussion about a couple's sex life by normalizing how challenging an area this is for most people.

Because sex is such a "loaded" and challenging subject for most couples, I usually only bring it up once partners feel very connected and high on the MDMA. After a brief introduction in which I normalize how difficult it is for most couples to have a satisfying sex life, I ask them about their unique situation. I've found that, in the couples I work with, probably half of them are either rarely having sex, or not at all. If this is the case, I attempt to give them hope by telling them this is quite common, while also suggesting there is a step-by-step approach for improving their situation.

The first step in enhancing a couple's sex life is to get a detailed and impartial description of what their current experience is. I will often ask each partner the following questions:

1. On a 1 to 10 scale, with 10 being "fantastic" and 1 being "very unsatisfied," how satisfied are you with your sex life in the past year?
2. How often would you say you've been having sex in the last year or so?
3. How often would you say your sexual experiences result in an orgasm?

4. What do you think would improve your sexual experiences (if they are having sex), or what do you think needs to happen before engaging in sex again (if they're not having sex)?
5. Has there been infidelity in the past, and if so, what effect did that have on your sex life?
6. What was your sex life like at the beginning of your relationship?

It's not unusual to receive wildly different answers to the questions from each partner. Depending on your point of view, that can be either humorous or tragic. Sometimes I wonder if they are truly having sex with each other! Nevertheless, once I have an accurate map of what the situation is, I map out a course of action for how to move forward with an improved sex life. Of course, the plan depends on where they have landed on the map. For couples that haven't had sex in a long time, we explore the various obstacles in the way. For couples who are having sex but are not fully satisfied, we explore methods that might make that better. Fortunately, the MDMA helps to make conversations that have been previously avoided much easier to talk about.

For some of the couples I work with, it soon becomes clear that one or both partners have experienced sexual trauma in the past that is currently interfering with their love life. It's tragic to learn that upwards of 40% of American women have either been raped or endured attempted rape. Nor have men escaped sexual trauma. Many of the men I've worked with have been the victims of pedophilia, humiliation, erectile dysfunction, and childhood shaming. When I become aware that one or both partners are burdened with sexual trauma, as discussed in the previous chapter, I will work with them individually to quickly lessen their wounding. Having their mate witness my therapeutic intervention is also part of the healing process. Lovers who have a clear understanding of their partner's sexual trauma tend to be more compassionate and patient when it comes to improving the couple's love life.

When a couple rarely or never has sex, it often points to big underlying issues worth exploring. Those issues might include past infidelities, major resentments, a lack of safety, an absence of intimacy, or some other factor. The questions previously outlined will usually uncover what the problem is. If not, I'll ask directly, "Why don't you have sex (or have sex more often)?" MDMA is like a truth serum. I find that couples will often speak about what has previously been kept unsaid. Learning about each partner's perspective is a first step in healing the obstacles in the way of a better love life.

The F Words and Sex

In facing the obstacles to a better love life, I've come to realize that there are five major categories to sort through that all begin with the letter "F." These five F words are: **f**un, **f**ears of intimacy, **f**oreplay methods, **f**orgiveness, and **f**ive erotic styles. I'll discuss each one in turn.

Fun and Sex

Sex is supposed to be fun. Sometimes, couples forget that. In addition, if a couple is having a lot of fun in their relationship, it often leads to another F word which I will not spell out here…So, part of my job in helping couples have a better (or any) love life is to help them have more fun in their relationship. I do this by first discussing the power of fun in helping them have a better sex life. When couples begin to associate hurt feelings, fears, and uncomfortable tension with having sex, the sex that results (if any) is not good. Fun and light-hearted playfulness is a great antidote to the tendency to make sexual challenges into rigid, problematized issues.

One way to add fun to a couple's love life is for them to remember what it was like when they were first in a relationship. What were they doing differently then? When I ask this question, common answers have included:

1. We made love at various times during the day, not just at night before going to bed.
2. We tried various positions instead of having a set, predictable routine.
3. We were sometimes high on drugs or less inhibited due to some alcohol.
4. We sometimes did role-playing or some other form of sexual exploration.
5. We didn't always have to orgasm. Sometimes we'd just "fool around."
6. Sometimes we'd do "quickies," and sometimes long sessions of making love.

Based on what the couple declared to have enjoyed in the past, I suggest they bring some of those ideas into their current love life. If they have historically shied away from sexual exploration in the past, I encourage them to venture into new territory. When I see that all this "sexual talk" is bringing up sexual energy for them for the first time in a while, I'll ask them if they'd like to take a half hour or so to explore being physically intimate right now. If they both seem open to the possibility, I'll tell them to leave the Zoom meeting and meet me back on Zoom in 30 to 60 minutes. Then, before signing off, I tell them that while on MDMA, it's almost impossible to orgasm, so don't even try. Instead, simply enjoy being sensual and/or sexual with each other.

When couples do this "exercise" and return to the Zoom session, they usually have big smiles on their faces. It may have been the first time they were physically intimate in a very long time. Yet, on MDMA, the usual obstacles to physical intimacy often disappear entirely.

Their shared experience of ecstatic physical connection while on Ecstasy makes it much easier for them to engage in more intimate connection later when they are not on the drug. The first time over an obstacle is very challenging. Yet, once that has been accomplished, the path forward is much less difficult.

Foreplay Methods

As the book "Men are From Mars, Women are From Venus" declared, men and women tend to be very different. That's not news. However, learning *how* and *why* they're so different sexually--and respecting those differences--has evaded most couples. I often explain my take on how and why heterosexual couples have such different needs and perspectives on sex. Without going into my whole lecture about that, suffice it to say my goal is to help partners understand each other better and have more patience for their differences.

At a retreat I went to several years ago, about 40 women were asked to gather in a circle while about 40 men watched as they answered specific questions about sex. It was eye-opening to hear them discuss topics such as foreplay, what turns them on, what turns them off, etc. I remember one question was, "What's your favorite foreplay technique?" I think all the guys were stunned when they heard the most popular answer was, "When my man does the dishes." In other words, the women were saying that what gets them aroused is when they see their man be helpful and considerate. As you may have guessed, when the roles were reversed and women could overhear what gets men aroused, the number one answer was a bit more predictable. The most frequent answer was, "When she initiates sex."

One exercise I suggest couples engage in to enhance their experience of foreplay is quite simple. I have each partner complete the sentence: 3 things you do (or could do) that truly arouse me are…(list the 3 things in detail). Unfortunately, I've found that most couples may *think* they know what those things are for their partner, but they're usually wrong. Having them state the often-embarrassing details of what really "does it" for them can often have a lasting impact on improving their future love life. That's a good return on investment for a five-minute conversation.

Forgiveness and Physical Intimacy

When one or both partners have stored up resentments or hurts, it can often result in the curtailment of their sexual energy. The bad news is that, for couples that have been together a long time, resentments tend to pile up. Furthermore, most couples don't know how to heal past hurts and offences, so they linger and hinder the connection they crave. However, the good news is that MDMA can turbo-charge the ability to let go of resentments

and encourage true forgiveness. When I see that lovers have veils of past pain interfering with their love life, I suggest they do the following two exercises to foster forgiveness.

First, I advise the partner holding onto resentment to imagine taking their partner's perspective on the issue they still feel resentment about. Then, I have them say:

1. What happened (from their partner's perspective).
2. Why did their partner act that way, given their circumstances, feelings, and history?
3. The emotions they imagine their partner experienced at the time.

This exercise helps a resentful partner step out of their perspective and into the reality of their mate. It can foster compassion, understanding, and the letting go of hurt and blame. As with many such techniques, it works much better when partners are on MDMA than when they're not.

If appropriate, I have the individuals take turns going through this process until both have imagined what led to their partner's past hurtful actions. Then, I like to follow up this exercise with a way for the couple to symbolically and emotionally let go of their resentments in a shared, physical act. My instructions for engaging in this symbolic forgiveness ritual are the following:

1. Each partner writes down their past resentments—specific incidents or feelings—on slips of paper.
2. With each resentment they write down, they add the words, "I now recognize I played a part in creating this situation, and I am now ready to forgive both me and you so that love can be restored."
3. The slips of paper are destroyed together—either burned, shredded, or dissolved in water.
4. Immediately after the papers are destroyed, they name **one thing they want to replace the resentment with** (trust, playfulness, intimacy, etc.), and declare **one small action** each can take to nurture that.

I have found these two forgiveness exercises to be like a one-two "punch" that packs an emotional wallop. Of course, there are many types of letting go practices, such as the Regrets Exercise of Chapter 9, or the RARE exercise to be revealed in Chapter 16. Couples and facilitators need to feel into what feels right and most helpful in the moment.

Fears of Intimacy

Sometimes one or both partners will have strong negative associations with emotional or physical intimacy. In previous chapters, I've discussed why this might be the case. There could be many reasons, such as previous trauma, an avoidant attachment style, bad parenting, etc. The list can be long. Yet, one aspect of "fearing" intimacy that is often

overlooked is the fact that men are not culturally or biologically conditioned to be "good" at intimacy. Before around 1960, intimacy and what it entails was not even on the cultural radar of what men were supposed to be able to do. Then, when times changed, men were often unable to adapt easily to the new expectations being placed on them.

Fortunately, like other skills, the ability to be physically or emotionally intimate with another can be learned and improved upon. It's somewhat of a stereotype, but I have often counseled "macho" men that, if they could learn some intimacy skills, it would likely result in a much-improved sex life. While that statement is clearly sexist, it does get them motivated to do what has been challenging for them in the past.

To make emotional intimacy as simple to "do" as possible, I tell partners it mainly consists of completing two simple sentences. Those two sentences are:

1. Right now I'm feeling....(be as specific as possible).
2. Right now I'm secretly wanting (be as specific as possible).

It has been my observation that emotional "intimacy" is really about revealing what you feel and want at any given moment. In Chapter Seven, I mentioned that the instructions for intimacy are hidden in the word: in to me see. Well, the quickest way to help a partner see "into" you is to tell them what you're feeling and wanting. It's that simple. Yet, the practice of revealing what you feel and want is not easy for most people. Like with any skill, it takes practice and perseverance—especially if you're a guy or if you were brought up in a family that kept such things hidden.

The good news is that being vulnerable and expressing your feelings and wants, along with showing appreciation for your partner, can quickly help overcome many past hurts. Here's a recent transcript from a couple that tried this method:

Barry: Right now I'm feeling embarrassed and hopeful, and I'm secretly wanting to hug you and kiss you.

Cheryl: Wow, that feels good. Right now I'm feeling turned on, and I'm secretly wanting to rip your clothes off!

Me: Well, right now I'm feeling embarrassed, and that I'm in the way! I'm secretly wanting you two to spend 40 minutes alone without me guiding you on Zoom.

Cheryl and Barry: (in unison) That sounds like a great idea.

Barry: Thanks Jonathan. We'll log back on in 40 minutes!

This simple exercise led to Barry and Cheryl (not their real names) having their first intimate physical connection in over two years. When they logged back on, they looked like

newlyweds, and Barry was “all-in” on this “intimacy stuff.” With the help of MDMA and a couple of simple exercises, they had blown past all the obstacles that had kept them from enjoying sexual connection. It was a joy to witness.

Five Erotic Styles

Finally, there is a fifth concept that I have found helpful when working with clients about their sex life. It has been called The Five Erotic Blueprints. These five erotic “styles” are descriptions of the various ways lovers get “turned on” sexually. Whereas the five love languages can help couples maximize the receiving of love, the five erotic blueprints can help couples increase their sexual satisfaction. The five erotic blueprints are descriptions of how individuals most easily get aroused and enjoy sexual experiences. By knowing your partner’s and your own preferred erotic style, two things become possible. First, partners can be better able to satisfy each other sexually. Second, couples can become more patient and caring with a partner who has a different erotic blueprint than they do.

The erotic blueprint concept was pioneered by a woman named Miss Jaiya. She briefly labels the five erotic styles as:

1. **Energetic**: People with this style focus on the emotional and energetic connection that precedes physical intimacy.

2. **Sensual**: Folks with this blueprint are turned on by engaging all five senses to create a highly sensual and beautiful experience.

3. **Sexual**: Individuals with this tendency focus on traditional sexual activities. They often enjoy explicit visuals, dirty talk, and the directness of sexual encounters.

4. **Kinky**: People with this style get turned on by experiences considered “taboo,” including power dynamics, roleplay, and other unconventional desires.

5. **Shapeshifter**: Folks with this blueprint enjoy a blend of the other blueprint types and thrive on variety and new experiences, embracing the diversity of erotic expression.

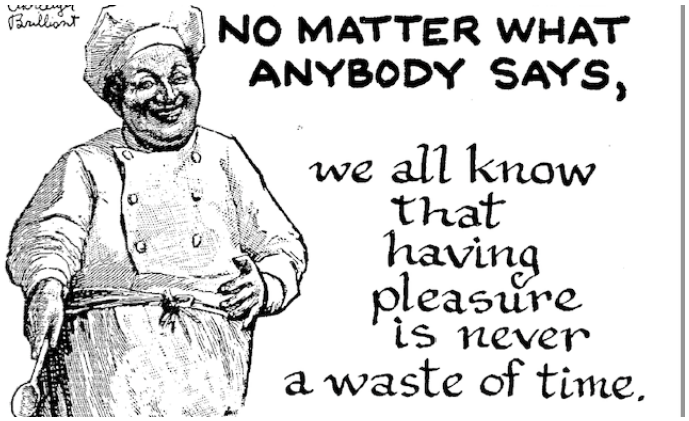
As mentioned before, knowing your own and your partner's erotic blueprints can help improve communication, deepen intimacy, and increase sexual satisfaction within a relationship. If you want to know what your erotic blueprint tendency is, you can take a free quiz to find that out at: https://missjaiya.com/ At that URL, you can also find a lot more information about erotic blueprints and how to make use of them to improve your love life.

My main way of working with the erotic blueprints concept is to introduce couples to the idea that each person has a very unique way of tapping into sexual energy. Once you know your partner's unique path to being turned on, it's easier to satisfy them. Unfortunately, most couples have different erotic styles, and their lack of understanding of these differences leads to frustration and a lack of connection.

When I present the erotic blueprint idea to couples in an MDMA session, I can often see a "lightbulb" go off in their head. They get that this new understanding opens the possibility of being more effective in how they approach mutual sexual satisfaction. However, it is not always an easy path forward. When couples have different erotic styles (as is usually the case), it can be a challenge to figure out how each can be satisfied during a single sexual encounter. Of course, discussing exactly how to do that is more easily achieved while a couple is on MDMA. With my guidance, we often map out how to bridge the differences in a way that can be satisfying to both partners. If you want to know more about how to do that, you can read Jaiya's book, "Your Blueprint for Pleasure."

Physical intimacy and sexual satisfaction are challenging arenas for most couples, but bringing up these issues on MDMA can be both highly effective and straightforward. Having done traditional sex therapy with couples not on MDMA for several years, I can appreciate how much quicker progress can be made with the help of MDMA. This magical medicine facilitates sexual conversations in a way that is badly needed. Once such dialogues take place, my job is to make sure progress is maintained through ongoing integration work that happens after the drug high is over.

Chapter 14: Doing X Without A Guide



If you're thinking of taking MDMA with your partner--but without a facilitator--this chapter is specifically for you. I've waited till this chapter to discuss this possibility for two reasons. First, I wanted you to know all the information from the preceding chapters before taking Ecstasy on your own. I figured that the more information you knew, the better your journey would likely be. Second, I wanted you to get a sense of how much there is to be aware of when setting up a successful journey. Although it is relatively easy to have a good time when taking Ecstasy with a partner, it's a lot more complicated to have that journey be of lasting benefit to the relationship.

When taking Ecstasy with your partner, you'll likely feel deeply connected. In fact, you may find it easier to bond with your partner without a facilitator guiding you. That's the good news. The "bad" news is that it's very hard to drop into challenging relationship material unless you have a guide helping you to do that. As the medicine takes effect, it's easy just to enjoy the high and forget about all the issues you had hoped to tackle. However, having a clear-cut plan for what you want to accomplish can certainly be of help.

To aid you in making your journey an experience of lasting value, I've included a checklist, a discussion about intentions, and some exercises you might want to explore during your trip.

A Checklist Before Ingestion

On any successful journey, there's preparation to do before you launch. In previous chapters, I already discussed many ways I help couples prepare for their experience. To

make remembering all that information as accessible as possible, below you'll find a brief "checklist" of important things to consider before you ingest the medicine with your partner.

1. Safety First — Dose and Purity Matter

- Use a reagent test kit to confirm your MDMA is pure, or at the very least, talk to someone who has used the same batch as the MDMA you'll be using to ensure it's good stuff.
- Start with a small or moderate dose, such as 120 mg or less. You can always take more; you can't take less.
- Avoid re-dosing unless you have experience with it and it has gone well in the past. The less you take, the less strain on your body.

2. Create a Physically Safe and Comfortable Setting

- Choose a calm, private environment you both love — cozy lighting, music you both enjoy, and comfortable seating.
- Have water nearby, as well as healthy snacks available for when you come down.
- Avoid situations where you might feel rushed, unsafe, or interrupted.

3. Hydration and Body Care

- Sip water slowly; don't chug (too much or too little water can be harmful).
- Remember to take periodic stretch breaks so your body doesn't get stiff.

4. Intentional Opening Conversation Beforehand

- Share your hopes, intentions, and any concerns before taking MDMA.
- Agree on boundaries — e.g., sexual boundaries and/or topics that might feel overwhelming and how you'll signal each other if something is too much.

5. Plan Deep Relationship Exploration

- Discuss what your intentions are, as well as how you hope to carry out those intentions.
- Have your smartphone and/or a journal available to record insights and conversations.

6. Bring Connection Tools

- Have a playlist of meaningful songs ready.
- Prepare activities that deepen connection — such as looking into each other's eyes, holding hands, sharing memories, or giving a gentle massage.

7. Allow Emotions Without Judgment

- If tears or intense feelings come up, see them as part of the release process.
- Offer reassurance ("I'm here, I love you, you're safe") rather than trying to stop the emotion.
- Know that even difficult emotions or conversations can soon pass and be restored by a feeling of peace and connection.

8. Create Grounding if Overwhelmed

- Have a plan if one of you feels anxious — change the music, dim the lights, move to a different space, or possibly hold each other in a comfortable spooning position.
- If you want to change your energy, or that of your partner quickly, consider shaking your body out, dancing, or splashing cold water on your face.

9. Plan the Comedown and Aftercare

- After the peak, switch to calming music, dim lighting, and soothing touch.
- The next day, be gentle with yourselves — eat nourishing food, rest, and avoid stressful activities.
- Know that some people experience an "emotional hangover," and allow each other space if that feels right to one or both of you.

10. Integrate the Insights

- In the days after, read any journal notes and/or listen to any recording you made of the session. Then, talk about what you learned about yourself and your relationship.
- Discuss with your partner how the two of you might integrate what you learned into your relationship dynamic.

Look for practical ways to carry the warmth and openness into your daily life. See chapters 16 and 17 for additional integration methods and ideas.

Working With Intentions:

When engaging in a journey with your partner, it's always a good idea to have a mutually agreed-upon intention. Of course, the medicine may lead you into a different direction than your stated intent, but it's still a helpful tool to have in the background. Even if the MDMA leads the two of you away from your stated intention, having a clear objective can help steer you back to your shared purpose when you go off on tangents.

Below you'll find many examples of intentions couples have used. If one or more of these resonate with you and your partner, then feel free to write them down on a piece of paper to

look at during your journey. However, you may want to discuss and create your own unique intention with your partner. Either way, it's important that it be written down so you can easily be reminded of it during your session. Here are, in no particular order, eight common intentions, along with some helpful guidelines for each. Our intention is...

1. **...To simply enjoy each other, feel connected, and tap into the love we share.**
   This intention is perhaps the easiest to create, and can be a great way to reboot the relationship and reconnect deeply amidst a busy life of mundane activities.

2. **...To deepen our physical connection and discuss how we can have a better sex life.**
   For couples hesitant to talk about their physical bond, this intention can help them discuss specific details of how to create a more mutually satisfying sexual experience.

3. **...To use the medicine to create more empathy and understanding of each other's lives.**
   This intention is for couples who have a hard time "getting" what's behind their partner's various needs and behaviors.

4. **...To help us discuss and work through one or more difficult issues that we've been stuck on.**
   For couples who keep dealing with the same problems without an agreeable solution, this intention can help them finally work out an agreement that works for both partners.

5. **...To let go of resentments and things from the past that have blocked us from deeper intimacy.**
   The Regrets Exercise from Chapter 9, along with the questions from this chapter, can help couples work through past hurts and start anew.

6. **...To decide if we want to stay together, and what the future of our connection might look like.**
   When on Ecstasy, it can often become quite clear to a couple whether or not they want to stay together. This clarity can then make their next steps easier to do without fear or blame.

7. **...To help us make a major decision together, such as whether or not to have a child, move, or take a new job.**
   Once again, the clarity of mind and fearless discussion that accompanies an Ecstasy session can be a great help when deciding amongst important life choices.

8. ...**To better understand the triggers we have with each other, and the possible earlier trauma underlying those triggers.**
   Compassionate understanding by your partner is a major source of healing. When your partner understands why you have a certain trigger, it helps to lessen their reaction—and lessen your trigger.

Did any of the above intentions resonate with you and your partner? If so, besides writing it down for quick reference, you may want to discuss with your partner what would help the two of you to fulfill your intent. For example, is there anything you can do beforehand to achieve your intent, such as create a playlist of helpful music, a list of issues to discuss, or exercises to explore? When high on Ecstasy, the last thing you want to do is spend your time looking up an exercise or trying to remember things to discuss. It's best to have everything clearly denoted on paper right in front of the two of you.

Exercises for Exploration

There have been many exercises offered throughout the book up to this point. You can choose any of the ones that have resonated with you. From my experience, I've found that the Regrets Exercise and the Appreciation Practice from Chapter 9, The Problem-Solving Question from Chapter 11, and the Difficult Conversation Protocol from Chapter 8 are all extremely valuable. However, one exercise that many couples have found quite helpful and exploratory is simply asking each other good questions. I have included a dozen such questions below.

When doing this exercise, let each partner answer the same question before moving on to another question. If a natural conversation ensues after a partner answers a question, that's fine. Follow your curiosity. Listen without interrupting or problem-solving unless your partner asks for it.

1. What do you like most about yourself?

2. What would you do if you had no fear and you knew you could not fail?

3. What is something in your past you regret or are ashamed of?

4. What helps you to feel really loved by me?

5. What is something you've avoided saying to me?

6. What's one of your favorite memories of us being together?

7. What are two of the most important things you've learned about love?

8. If you could change one thing about yourself, what would it be?

9. What specifically do you think would improve our physical and/or sexual connection?

10. If you could change one specific thing about me, what would that be?

11. What's something about you that you feel I don't fully "get" or understand about you?

12. What's something you love or appreciate about me?

If it feels right, you can end this exercise by discussing how it was for you and what you learned from the answers you received.

Non-Verbal Exercises

Verbal exercises can be powerful, but practices in which no words are exchanged can sometimes be even more intimate and intense. Normally, other than when making love, couples avoid such profound levels of intimacy. Being high on MDMA makes the entrance into intense intimacy much easier and more "juicy." One of the quickest ways to create deep intimacy with one's partner is to simply silently gaze into each other's eyes. I have found it helpful to set a timer for this exercise, such as five minutes. When doing this practice, you can look at one eye, both eyes, or even between your partner's eyes. There is no "goal." Simply let whatever feelings that arise come and go as you attempt to stay present with your partner. The experience can often be quite profound.

Another one of my favorite nonverbal practices to try while on Ecstasy is what I call "devotional face holding." In this exercise, one partner closes their eyes while the other partner gently holds and caresses their lover's face. This may sound weird, but it can be quite profound. You can imagine you're stroking and caressing a newborn baby, allowing tender feelings of devotion to arise as you lovingly gaze at your partner's face. While you gently touch your lover's face, their "job" is to simply fully receive the devotion and

tenderness you feel towards them. After five minutes or so, you can trade roles and enjoy the experience from the other perspective.

Of course, while high on Ecstasy, many couples feel a strong desire to engage in sensuous or sexual exploration. If a couple has not shared a sensual or sexual connection in a while, such activity can be especially healing. Unfortunately, MDMA can often inhibit an erection. If an erection is desired, I've heard that Viagra can help. It should be noted that MDMA also inhibits the ability to have an orgasm, so attempting to reach a climax is not a good idea. However, the fact that MDMA inhibits an orgasm can be a feature—not a bug. For couples who get too focused on "achieving" an orgasm, the ability to enjoy sensuous play free from a goal can be a wonderful experience. In addition, MDMA can make it much easier to talk about what feels best in real-time feedback. Such detailed information can be very valuable for couples when engaged in future sensual and sexual activity.

Finally, listening together to a playlist of songs that have special meaning to both of you can be a wonderful nonverbal experience. Most couples have a few songs that they share from their past that elicit positive memories and strong emotions. Holding or cuddling each other while listening to such songs can be a heart-warming way to create sacred time together.

I've given you a lot of ideas in this chapter to help make a journey without a guide a profound and healing experience. I suggest you and your partner read this chapter together and decide which practices you might want to try. Of course, the medicine may take the two of you in a slightly different direction, but good preparation increases the chances of a loving, profound, and healing outcome.

Chapter 15: Handling Challenging Scenarios

In the MDMA training I lead (MDMAtraining.net) I have a long session titled "35 Challenging Scenarios That Might Occur." Since there were a lot of folks in this course who were not necessarily licensed therapists, I sensibly provided guidance on how to handle challenging situations they might face. Yet, in the hundreds of journeys I've led, the scenarios listed in this chapter have only occurred on extremely rare occasions. Nevertheless, when and if they ever do occur, you'll want to know exactly how to handle them safely and effectively.

I've grouped the 35 challenging scenarios into two groups. The first group, titled "25 Things to be Prepared For," is intended for both couples and guides. Sometimes my advice on how to deal with a situation applies more to the couple than the guide, or vice versa. Either way, if you're ingesting or guiding MDMA, it's important to know how to handle unusual circumstances. The last 10 scenarios I describe only apply to guides, and are therefore titled, "Just for Guides." If you don't facilitate MDMA journeys, you need not read this particular section.

Each of the scenarios that follow has happened to me at least once. When you've led over 600 journeys, you tend to see it all. Yet, you may ingest or guide MDMA for many years without ever encountering any of these situations. However, as the Boy Scouts like to say, "Be prepared." Knowing how to handle unusual circumstances will help you feel more at ease during a journey. In addition, the suggestions I provide in this chapter are simply what I have found to be effective for me and the folks I have worked with. If

you feel a situation warrants a different response than the ones I suggest here, use your best judgment.

So, without further ado—and in no particular order--here are 35 challenging scenarios that could arise, and my brief advice as to the best way to handle each of them:

25 Things to Be Prepared For:

1. **One or more partners experience prolonged nausea**:
   I let folks I work with know that some people experience slight nausea as they first come onto the drug. I inform them that, if this happens, it usually lasts only a few minutes. However, perhaps 5% of people experience nausea for much longer than that. When that happens, I suggest they get a bowl or bucket in case they need to vomit. In addition, a cold washcloth on their forehead can also be of help. I also offer reassurance that they'll soon be okay and that what they're experiencing is perfectly normal. If nausea persists for more than an hour, I suggest their partner cuddle them until they feel fully safe and relaxed. Prolonged nausea is usually a sign of a client feeling a lack of safety or repressed anxiety.

2. **One partner is quite high, the other is not:**
   People have different sensitivities to MDMA. Therefore, you can encounter a situation where one partner is floating on clouds of bliss, and the other has yet to feel anything. In such situations, I ask the partner who doesn't feel much to take the booster dose right away. That will usually even things out soon enough. I also ask the partner who is quite high to engage in conversation with me. This verbal exchange keeps the partner who's blissed out from drifting off into their own separate world.

3. **One partner is on MDMA, the other is not:**
   On rare occasions, one partner in a couple has decided they will not be taking the medicine. This has always worked out okay, although it can sometimes limit the level of intimacy that is experienced. Nevertheless, I proceed with the journey as I normally would. I have found that the partner who has not taken the medicine will usually get a contact high. Therefore, they are generally able to participate pretty much as if they had taken the MDMA.

4. **The partners are in two different locations:**
   On one occasion, as I logged onto Zoom for the session, I learned that the couple I was working with were in two different cities. Yikes! This was definitely not what I

wanted to see, but being that they had already taken the medicine, I had no choice but to pretend that everything was fine. The journey went okay, but since they couldn't touch or hold each other, the intimacy was undeniably limited. I would recommend trying to avoid such a situation whenever possible. However, if it occurs without warning, just act like it's no big deal.

5. **The partners insist that the session be on Zoom or insist it be in person:**
   Some couples and guides prefer in-person sessions, while others opt for all their journeys to be conducted on Zoom. Currently, I like to do all my sessions on Zoom. I find it's not only more convenient, but the level of safety created on Zoom leads to better outcomes. However, if a couple insists their session be done in my office, I simply charge them more for that service—or I refer them to someone in their area.

6. **One or both partners resist the experience:**
   When a partner resists their experience, I use that as an opportunity to guide them into a "no resistance" meditation. In this guided meditation, I ask them to pinpoint where and how they feel their resistance, and what it might be "telling" them. Then, I ask them to breathe a nurturing color into the resistance, hold their breath for five seconds, and then exhale with a sigh, releasing any tightness they feel in that area. I do this repeatedly until they feel more at ease and more relaxed.

7. **Partners take more than the MDMA:**
   On rare occasions, partners decide to do things on their own, ignoring my instructions. For example, they may combine their MDMA with magic mushrooms or LSD, or some other substance. In such cases, I don't admonish them—since doing so could make them feel bad at just the time they're coming onto the drugs. Instead, I clarify what they ingested so I can better predict what they're likely to experience, and then I work with whatever shows up as best I can.

8. **Infidelities or other hard truths are revealed:**
   Since MDMA can act like a truth serum, sometimes secrets are revealed. When this happens, I normalize it by reassuring both partners that such revelations are part of the healing process. I make sure the Acknowledgment Formula from Chapter 8 is used to slow things down and prevent things from escalating out of control. We then talk through the situation, focusing on each partner's feelings, fears, and hopes for how the trust in the relationship can be repaired. I will often proceed to use the RARE formula discussed in Chapter 16.

9. **Emotional backlash after the journey:**
   Infrequently, the closeness experienced during a journey can result in a negative repercussion after the session. When this occurs, during the integration session, I reassure couples that this can sometimes happen. I suggest they agree to use the words "yellow light" to signify two minutes of mutual silence when either partner is feeling upset. This "yellow light" protocol, and the brief silence it entails, can be a great way to prevent escalation. Then we go over the various tools they've been taught to facilitate good communication when they are feeling upset. I may also suggest ongoing coaching as a means to prevent future problems.

10. **One or both partners are back to normal early on in the journey:**
    Having a 60 mg booster of MDMA available helps to alleviate this problem in most cases. However, even with a booster, some clients metabolize Ecstasy very quickly. They may seem and even feel quite normal, yet I've noticed that they are still affected, whether they realize it or not. I simply proceed with the journey as usual, reassuring the client(s) that the MDMA is working even if it's not apparent to them.

11. **After the session, the journeyers have insomnia for several nights that follow:**
    It's quite normal for people to have a hard time sleeping the night of a journey. After all, MDMA is part amphetamine. I tell clients that it's fine to take a sleeping pill if they need help falling asleep. Yet, if their insomnia persists for a second, third, or fourth night, that's a problem. I suggest common sleep remedies such as Valerian root, 5-HTP supplements, prescription medication, a warm bath, and avoiding screens two hours before bedtime, among other options. I reassure them that their normal sleep pattern will surely resume soon…and that has always been the case.

12. **One or both partners talk a lot, conversing superficially:**
    Occasionally, journeyers will use the increased energy of MDMA to launch into gossip, chit chat, and mindless verbal diarrhea. When this happens, I point it out, then ask leading questions that point to deeper issues and topics. If they continue to engage in superficial conversation, I let them. After all, it's their journey. One time when this happened, I thought the journey was a complete waste of time. Yet, the couple reported to me that the session was terrific and had magically restored the love between them. So, you never know!

13. **One or both partners become silent or respond in one-word answers:**
    When this happens, you have some options. You can point out their lack of verbosity, hoping they'll eventually say more. You can let them do what they're

doing, trusting that their internal processing is doing them some good. Lastly, you can take control by guiding them in meditations or instructing them in methods and ideas you feel would be helpful to them. I tend to do all three of these options. With five hours to kill, there's plenty of time to try all of these ideas and see what seems to work best.

14. **A partner recovers memories of childhood sexual abuse or other intense trauma:**
    When this happens, I immediately suggest two things that can help the client handle the intense feelings that can arise with such memories. First, I say we don't know for sure if these memories are historically accurate. Instead, such things as sexual abuse can sometimes be a metaphor for feeling violated as a child. Second, I suggest that the fact that this memory is now coming up means their subconscious knows they are now strong enough to handle it. I suggest that it's a good thing this memory is surfacing now, as it can then be worked through and released. Then, once I learn the details, I proceed to use many of the trauma-releasing methods discussed in Chapter 12.

15. **A family or other emergency arises during the session:**
    It happens. A child calls who has missed a ride home or a partner receives an emergency phone call that they need to answer. I let the couple deal with whatever they need to attend to as best they can. Since MDMA is not like psilocybin or LSD, they have always handled things just fine. I tell the couple to call me as soon as they've completed their necessary business. Once they're back on Zoom, I gently guide them to their former state of peace and openness. We discuss any "residue" from having to leave the session, but then get right back to what was happening before they had to attend to other matters.

16. **The client feels the strong effects of the medicine beyond even the next day:**
    Perhaps 1% of the time, MDMA will trigger a rather long experience of being altered. Usually, this has been a welcome experience of greater joy and openness, but even that can be disruptive to a person's life. When clients have informed me of their situation and wanted to come back "down," I suggest a couple of possibilities. First, I recommend they take a long, cold shower. That usually works. If that doesn't work, I advise them to eat a bunch of meat and work out at a gym until they're tired. The key is to get them back in their body in a very tangible way.

17. **A partner goes into a deep rage, screaming and hitting their mate.**

Okay, this happened to me once. The man revealed an infidelity with his partner's best friend. Yikes! I encouraged her to keep screaming and hitting the couch—not her partner. After a minute, she had no scream left in her. Then, the three of us talked calmly about the infidelity, expressing feelings, regrets, and finally, a path forward for restoring trust in the relationship. When a person's emotions are out of control, it does no good to resist what's happening. Instead, it's best to direct their outrage in cathartic ways (i.e., screaming and hitting the couch) rather than harmful ways (i.e., hurting themselves or their partner).

18. **The client exhibits resistance in the form of controlling all aspects of the journey:**
    Some folks are control freaks. If a partner displays a need for constant control, I point out this tendency and attempt to unearth the fear and possible trauma underlying it. I suggest they try to let go of this need to control everything during their journey. Then, I help them experience the peace and relaxation that can occur as a result of letting go of control.

19. **A partner wants to make important life decisions during the journey, and insists on acting upon them immediately.**
    The clarity that can occur during an MDMA session can sometimes result in the feeling of needing to immediately act on the insights gained. During their journey, I've had clients feel they need to instantly get divorced, quit a job, confront an abuser, or make some other big decision. In these situations, I advise them to hold off on acting on their impulse until after our integration session—approximately a week later. I tell them that if the decision is a good one, it will still be available to them at that time.

20. **The client thinks this work is their calling—while the guide believes they have a lot of work to do before they could truly be helpful to others.**
    MDMA sessions are often quite profound, and this can result in people wanting to become facilitators of this work. Yet, a lot of information, skill, and inner work is required to become a proficient practitioner of journeys. For folks interested in pursuing this career, I suggest they begin by taking my training (MDMAtraining.net) or someone else's training.

21. **The client represents a dual relationship, which places demands on the facilitator for special treatment.**

Dual relationships can be tricky to navigate. Examples of dual relationships are family members of the facilitator, previous partners, or friends of the guide. When working with people I know, I like to discuss in our initial call the potential issues that can arise in such circumstances. Besides sometimes wanting special treatment, friends and family members of the facilitator may want normal fees reduced or eliminated. In addition, giving "negative" feedback to people you know can be tricky and lead to complications. Discussing these things openly beforehand can help prevent problems down the line. If a discussion of these things doesn't go well, then that's a sign that you may want to consider referring them to another facilitator.

22. **For whatever reason, it becomes clear that the guide should not continue to work with this couple.**

    On rare occasions, I have felt that I was not a good match for a couple. I may have felt triggered by their way of being with each other, or thought that they had a mental health history that would be too risky for this type of work. Whatever the reason, I try to explain my bowing out in as non-offensive a manner as possible, blaming my own inadequacies if possible. Then, if appropriate, I may refer them to another practitioner who may feel differently about going forward with a session.

23. **The client continues to vomit throughout the session:**

    If a client vomits once, that's not a problem. Yet, if they repeatedly purge throughout a journey, I begin to worry about dehydration or something even more severe, such as serotonin syndrome. First, I encourage them to drink water with electrolytes, or a sports drink such as Gatorade. I also try to relax them, since purging can be the result of fear or intense feelings coming up. If all these efforts don't seem to help, I have encouraged a client to seek medical assistance. In over 600 journeys I've led, this has only happened once. Fortunately, as soon as I suggested seeking medical attention, the purging immediately stopped, and they were fine.

24. **A client faints on or off camera:**

    The one time a solo client fainted off camera, I was worried. I didn't know what had happened. Fortunately, as a safety precaution, I always have the phone number of a nearby friend. My client's friend immediately dropped by the house. By then, my client was recovering from her fainting spell and everything was okay. Of course, when working with couples, you need not worry about a client being alone. In the unlikely event one person faints, the other partner can apply a cold washcloth to their forehead and inform you of their condition.

25. **Something not covered here...**

Although I've tried to cover every conceivable situation that can be problematic, you could encounter something not covered here. If that's ever the case, it's important to handle the situation with as much reassurance as possible that everything will be okay. MDMA makes people more empathetic, so if a facilitator or a partner is "freaking-out" from an unforeseen circumstance, that will just exacerbate the situation. Instead, all people involved should try to stay calm, handle things as best they can, and offer reassurance that things will be okay to anyone going through a hard time.

Just for Guides:

The following ten situations are instructions that apply specifically to facilitators of sessions. If you're not a guide, you're welcome to read it, although the advice won't apply directly to you...

1.Clients feel blame or antagonism toward the guide and/or are very disappointed with the session:

Even the best facilitators can occasionally have a couple who blame them for not achieving the desired outcome. Perhaps one partner wanted a fairy tale reunification, but the other partner was firm in wanting a separation. Whatever the reason, the best way to handle such antagonism is to acknowledge their disappointment and provide empathy for their situation. When doing that, I've always had a client's frustration dissipate.

2.A client exhibits attraction, flirtation, or seduction of the guide.

Of course, this happens more frequently when working with only one person versus a couple, but it *has* happened to me during a couple's session. Doing sessions over Zoom makes this less problematic than when it's done in person. Yet, my way of handling it is to share what I'm feeling and noticing, and ask their partner what they feel and notice as well. I also inquire if their flirting is a common practice, or if it's just showing up due to the MDMA. We then proceed to discuss how such behavior can impact their partner and the entire relationship.

3.The client has sexual energy arise and touches themselves or masturbates:

Yes, this can happen. Fortunately, it's quite rare and has only happened when working with individuals. However, I've handled it by asking them to be alone for a while, allowing them to enjoy their pleasure without my presence.

4.Client exhibits unconscious behavior like fawning, over-complimenting, or pedestaling the guide:

Due to the heart-opening aspect of Ecstasy, it's not unusual for clients to deeply appreciate their guide. I simply acknowledge their warm feelings, then change the subject. However, if they continue to focus on how wonderful you are, I point out that they are actually feeling the love that has been bottled up inside themselves. I explain that as they become free of their inner obstacles, they can feel this love for more and more people, including for themselves.

5.Client(s) insist on going outside/leaving the journey space:

If doing a session over Zoom, this can be a real problem. I begin by suggesting that going outside can be dangerous. Yet, if they still insist on going, I ask them to take their phone with them so I can continue to be in contact.

6. The client(s) desire to journey again and again, before really integrating the results:

When clients have profound sessions, they may want to journey soon thereafter. I tell them that the more often they do MDMA, the less it tends to be effective—which is true. Then, I typically suggest a time at least three months hence before I'm willing to guide them again. In the meantime, I suggest they focus on what we discussed during their integration session.

7.The immediate family or one of the partners in a couple is unsupportive of this work and threatens the guide:

This has happened to me on two occasions. First, I suggested they read my book, "Ecstasy as Medicine," and then have a conversation with me so I can know of their concerns. Once they had more information and were listened to respectfully, their concerns (and threats!) were no longer a problem.

8.A client is actually facilitating MDMA work, but is untrained. They want the guide to mentor them and/or supply them with medicine:

This one is easy. I suggest they take my training (MDMAtraining.net). Until they take my training or another group's course that I respect, I am not willing to mentor them or share ways to access pure medicine.

9.Client wants to become friends with the facilitator:

This can be challenging, although if your session is done over Zoom, it's less likely to be a problem. When clients have expressed a desire for ongoing connection, I tell them I am honored by their invitation, but my role as a therapist precludes me from such a connection. However, in my case, since I have not renewed my psychotherapy license for several years, it is not strictly true. Nevertheless, it's an excuse I have used that helps avoid leaving clients with a feeling of rejection.

10.The client has a bad or failed internet connection:

This issue occurs probably more than any other scenario previously discussed. I usually ask about their internet connection during our initial call, and I request that they find a place where their connection will be reliable. In addition, I get their cell number in case their internet connection goes out or is too choppy. Despite my best efforts, 5% of the time, a bad internet connection has impeded the session in some way. Be sure to get the phone numbers of clients so that you at least have a backup plan.

…I've thrown a lot of information at you in this chapter. All of these scenarios are extremely rare, so you need not be worried that they will arise in your session. Yet, if some challenge does show up, I hope my guidance here will be helpful. In general, calm reassurance and respect for each person's feelings are what's needed to handle almost all situations effectively.

Part III: From Insights to In Life

Insights and profound experiences are all well and good, but the rubber meets the road in daily life. In this final section of the book, I discuss various tools and ideas for helping couples turn their insights into key behavioral changes. With the right key changes, couples can enjoy more love and less conflict.

Chapter 16. Rules, Trust, and Agreements

In the way that money is the currency of business, trust is the currency of relationships. We continually assess whether we can fully trust our partners, and sadly, they often fall short. Of course, things like infidelity can severely break the trust between partners. Yet, just as damaging is when couples break relatively small agreements that, over time, accumulate into a big pile of hurts. Fortunately, couples can get more skilled at making agreements and keeping their promises. Yet, before getting into the art and science of agreements, it's important to discuss what lies beneath them.

Rules Rule:

The term "rules" is a shorthand word for the often unexpressed expectations couples have for how their partner should act. We all have dozens of rules about the "proper" or "loving" way our partner *should* be in our relationship. However, problems arise when these rules or expectations are not expressed, or they conflict with your partner's rules. For example, you may secretly have a rule that expects your mate to tell you when they buy an expensive item. On the other hand, your partner may have a rule that they can buy whatever they want without your permission. Who is right? Neither partner. Rules are simply based on our beliefs, but when they conflict with our partner's rules, trust can be broken.

Most rules we have are subconscious, meaning we don't even know we have them until someone violates them. For instance, when I got married, I had a rule that I shouldn't have to do dishes. As you can imagine, this idea conflicted with my wife's expectation that everyone should do their own dishes. I didn't even realize I had this rule about dishes until it came into conflict with my wife's expectation of how husbands should act. To avoid

nightly conflict, we had to reach an agreement on how dishes are done in our house. When our initial agreement—that I always do my own dishes—kept being broken by me, it eroded my wife's trust in me. Eventually, we worked out an agreement that I could keep, and trust was restored.

While we don't necessarily need to communicate every rule we have to our partner, it's helpful to state the expectations that we hold dearly, or rules that we find are frequently violated. Having worked with a lot of couples, I've identified 12 areas where partners often have differing rules that create problems.

12 Common Areas for Differing Rules:

1. How our partner should behave when they are attracted to others.
2. How our partner should assist with household chores.
3. How our partner should act when they know they will be late for getting together.
4. How our partner should handle paying for things and sharing finances.
5. How our partner should be regarding initiating sex and the quantity of sex.
6. How our partner should discipline our children.
7. How our partner should be regarding the use of drugs or alcohol.
8. How our partner should connect with our friends.
9. How our partner should maintain a clean and orderly household.
10. How our partner should drive.
11. How much time should our partner devote to TV, sports, or hobbies.
12. How often should our partner spend quality time with us.

As you can probably understand when reading through this list, there are plenty of areas where two people are likely to have very different rules of the "right" way to behave. In the MDMA sessions I lead, I frequently get partners to divulge their previously unsaid rules in areas where there has been conflict. I do this by asking them, "How do you think your partner should act differently than they currently do in that area?" Yet, I let them know there are no right or "best" rules, despite each person thinking *their* rules are the right ones to have. I explain that our rules often originate from our parents and childhood, and as a result, they can sometimes become outdated and no longer be appropriate. Finally, in areas where there is a clear "rules conflict" with their mate, we discuss coming up with agreements on how to deal with that issue.

From Rules to Agreements

I've noticed that happy couples often have just as many conflicting rules with their partner as unhappy ones. The key difference is that happy couples talk openly about how to handle such situations in a way that's tolerable for both partners. On the other hand,

unhappy couples often blame their lover for their "ridiculous" rules, while never agreeing on how to handle those challenging circumstances. Since they fail to agree on how to solve their differing expectations, they're forced to continually rehash those situations. The result is frequent tension, blame, and arguments.

The solution is for the couple to finally resolve how to handle the conditions in which their rules are in conflict. In Chapter 11, I discussed how The Problem-Solving Question can be used to negotiate short or long-term solutions to challenging situations. Yet, before engaging with that method, I have couples list areas where conflicting rules are repeatedly an issue. Once they have written down two or three problem areas between them, they're ready to start negotiating their way to an acceptable agreement. However, even before doing that, the first step is to evaluate *their* own rules. Just because they have a rule they picked up in childhood does not mean it currently works in their life.

Case in point: my rule that I never do the dishes worked in my childhood because my family always had a live-in maid. To my chagrin, my wife did not want to be a live-in maid! She thought my expectation that she should do all the dishes was "insulting." Looking at my rule impartially, I could see her point. Evaluating whether our rules still make sense is a challenging task. In MDMA sessions, I often ask each person, "Does your rule or expectation still work in your life? How do you think it might negatively impact your partner?" While on MDMA, I've found that couples can be very open to seeing that their long-held rules are now unworkable or obsolete.

Once clients have evaluated their rules and are ready to negotiate a way to handle conflicting expectations, I have them use The Problem-Solving Question. Inevitably, at least while on MDMA, they come to some agreement as to how to handle challenging discrepancies in their rules. Of course, the MDMA helps smooth the way, as well as my stating that any solution they come up with is only agreed upon for one week—until their integration session. Most people are amenable to trying something for a week. When their agreement works for that week, it's easy for both partners to acquiesce to a long-term agreement. Even when an initial agreement proves unworkable, it's better than feeling stuck and hopeless. If the initial deal does not work for either partner, we can simply come up with a new agreement.

Keeping Agreements

Jay and Julia, the couple I have used as an example previously, both felt that their partner had a "track record" of breaking agreements. There wasn't any major event, such as infidelity, but rather a series of small things, including not showing up on time for dinner. I explained to them that even small things—such as agreeing to take out the trash and then

not following through—are a breach of trust. I described how, when trust erodes, couples start to give up on each other. Jay and Julia listened attentively to my words (MDMA helps!), but they didn't know how to restore the broken trust they both felt.

The problem is that most couples don't fully understand how damaging small breaches of trust can be. Once trust is diminished or broken, it's hard to restore. In my book "Communication Miracles for Couples," I describe a 4-step process for restoring trust in a relationship. Yet, during an MDMA session, just talking about this subject often feels healing for both partners. At least they now have a better understanding of why they have felt so much resentment and distance from their partner. Broken trust hurts.

Before diving into my 4-step formula for repairing broken trust, I want to offer a few simple ways to help you keep any agreements you make. First of all, don't consent to any agreement that you know won't work for you. That's just asking for trouble. Second, it's a good idea to write down any agreements you make with your partner. While this is not always necessary, it helps bring clarity and significance to what might otherwise be subject to interpretation or forgetfulness. Third, I suggest you support your agreement with a Post-it note reminder around your living space or suggestions I offer in the next chapter. Clarity is power, and if you and your partner can sidestep problem areas with agreed-upon solutions, you're doing each other a great service.

Having said all this, I can predict what you're thinking: What if my partner fails to keep their agreements? When agreements are clear, written down, and mutually acceptable, they are rarely broken. However, it *does* happen on occasion. When it happens, I suggest the offending party use the "RARE formula" which I will soon detail. At times, I've had partners agree to a "penalty" when they break an agreement. For example, it might be part of a written pact that each time an agreement is broken, the guilty party must pay for their mate to have an hour-long massage. Initially, my wife received several massages that I paid for when I would neglectfully leave dishes in the sink. I think she secretly hoped I'd leave dishes in the sink so she could get another massage!

Repairing Broken Trust

Think back to a time when a partner broke an agreement with you, and you both knew it was their fault. What did you want from them? If you're like most people, you didn't want to hear their excuses and rationalizations. As their excuses babbled out, you probably became even more upset. When agreements are broken, I think people really need their partner to go through a four-step process I abbreviate through the acronym "RARE." The R stands for responsibility. Before anything else occurs, if you break a promise, take responsibility for what you did. Only after you do that will your partner's ears be open to

hear anything else. Taking responsibility means I now have the ability to respond to what has happened (response-ability). You can only respond if you first admit an agreement was broken.

After taking responsibility, Apologize. People want to hear a sincere and heartfelt apology when they've been hurt. There's no getting around it. If you insist on avoiding this step, you'll end up hitting a wall. A sincere apology can go a long way in repairing trust. Since few people are willing to do it, it makes it even more powerful. Apologize for both the broken promise and the hurt that it caused. It won't cost you anything, and yet it will make a world of difference. In your partner's eyes, your stature as a person will dramatically rise.

The next letter is another R, which stands for Request information. Ask your partner a question such as, “Is there anything I can do to help you feel better?” Or “Is there anything you want from me right now?” People react to broken agreements in different ways. By asking your partner what they need from you, it'll help them know you truly care. Listen carefully to their response, and do what you can to satisfy any requests they have of you.

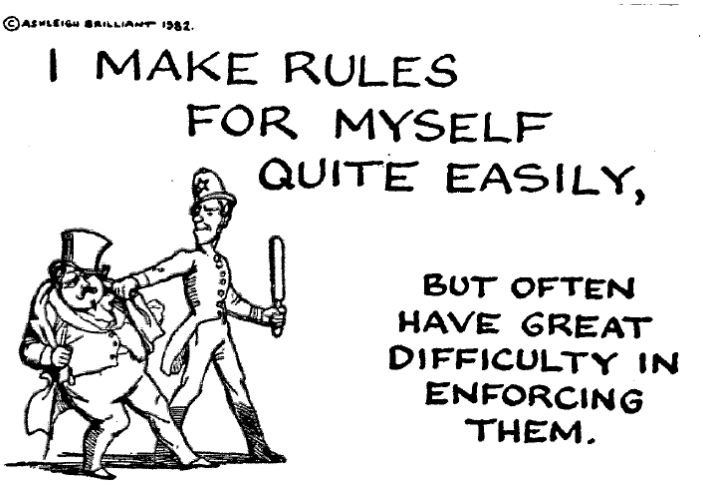
Last, but not least in the RARE formula is E for entrust. The dictionary defines entrust as “to commit to another with confidence.” When agreements and trust are broken, the final step in the healing process is to create a new agreement you're willing to keep. If you fail to do this, your mate will likely feel you're not sincerely sorry you broke their trust. But when you proclaim a new promise, it makes a statement to yourself and to your partner that you really want to change.

Sometimes, despite our best intentions, agreements that we’ve made can’t be kept due to life circumstances. Perhaps we agreed to be home by seven every night, but our boss just gave us an urgent task to complete. Whatever the obstacle to keeping your word, it’s essential that if you know you can’t keep an agreement, you communicate about it as soon as possible. I’ve seen that partners are very forgiving when they receive a reasonable explanation as to why a promise can’t be kept. I’ve also seen that partners get very upset when agreements are broken without any prior explanation. Therefore, when an obstacle arises. I suggest immediately sharing with your partner about why you’d like an exception to a promise. Then, once communicated, make a new agreement that better fits in with your current life circumstances.

We all make mistakes. Yet most people magnify their mistakes by blaming others or denying the fact that they even made them. Don't go that route; It doesn't work. Instead, be a RARE person who accepts **R**esponsibility, **A**pologizes, **R**equests information to help the situation, and **E**ntrusts a new agreement they plan to keep. While this process may be difficult, it doesn't take long, and it's extremely effective.

Once a couple understands that trust and keeping agreements are a fundamental requirement for intimacy, love can blossom. When a couple builds on a strong foundation, they can weather the inevitable storms that show up in life. It's a wonderful feeling to know your partner trusts you and supports you.

17: Integrating New Habits



Couples engaging with MDMA therapy often think that all the magic happens on the day of their journey. I look at it differently. In my mind, the "big day" is the day that we do our integration session. It's the moment where the rubber meets the road. The insights and connections of a journey can be astonishing, but they mean nothing if they don't translate into day-to-day transformations. Unfortunately, most journeyers don't realize that effective integration methods are the key to making a relationship better. Therefore, I drive home this idea to them during our one-hour integration session.

During the MDMA journey, I have helped the partners see they each need to do some things differently to preserve a loving connection. In practical terms, this translates to consistently practicing new behaviors in their relationship. Since I don't want to overwhelm them, I try to limit the number of new behaviors for them to do to two or three at the most. In my notes from the journey, I look to see which ideas and methods seemed to have the most impact and resonance for them. We briefly review those ideas and methods, then I discuss the importance of getting support so that those key behaviors can be maintained.

Human beings are creatures of habit. Old conditioning keeps us locked into behaviors that are often counter to our current hopes and dreams. Just as old conditioning has been reinforced by repetition, new behaviors have to be supported by repetition until they become a habit. Unfortunately, potential new habits face a wall of resistance from our old habits. The good news is that such resistance is temporary. Once couples get enough momentum going, beneficial new habits get reinforced by the increasing harmony in the relationship. It's like when a rocket takes off, it faces immense resistance at first. It uses

most of its fuel to get five miles off the ground. Yet, once a rocket (or a relationship) gains momentum, it only takes a little more effort to get it up into orbit.

The Contract Method

Early in my career, I sought a way to provide couples with the support they needed without them having to keep seeing me in counseling. Eventually, my exploration led to the creation of the "Contract Method." This technique helps couples stay motivated for long periods of time to create new habits–without having to keep seeing a therapist. In addition, it costs virtually nothing, only takes five minutes a week, and is practically 100% effective when used as described. Before going into the details of the Contract Method, explaining some of its underlying principles is important.

First, as you may know, people do things to avoid pain and/or gain pleasure. Unfortunately, many beneficial things are initially hard or "painful" to do. We may say we'll go to the gym three times in the next week, but then we often break our promise to ourselves. After repeatedly breaking our word to ourselves (and others), we acquire weak "promise muscles." By that, I mean our promises to ourselves and others often fail to be backed up by action. So, we may say to ourselves, "I'm going to do that exercise where I say what I'm feeling and what I'm wanting," but in the back of our mind, a voice says, "Bullshit! You rarely follow through." This pattern needs to change, and a whole new technique is called for it to change.

Contracts are used in business for a simple reason: they work. In the Contract Method, you write a contract that lists a few items you commit to completing within one week. In the method I'm proposing, contracts are always just for one week. This is because you know what your upcoming week will be like. During busy weeks, you might put fewer things on your contract that you commit to doing. In addition, by writing a contract for just a week, you can readjust your contract to the needs of a given week.

Three things make contracts a powerful force for changing people's behavior. First, there is accountability. All contracts have some form of accountability to verify that the parties involved actually did what they said they would do. In the Contract Method, you can be accountable to a mate or a friend. Preferably, the person you're accountable to is also using *you* as an accountability partner for *their* contract–but that is not a requirement. Second, all contracts have a deadline. You need to know when the contract is up so any violations can be determined at a precise time. Lastly, all contracts have clearly defined consequences if people fail to comply with the terms of the contract.

During the integration session, I ask each partner what two or three things they'd like to do (or not do) that they believe would improve their relationship. Having just spent five hours

on MDMA talking about such things, partners are usually pretty sure about what would help improve their relationship. If they are not clear, I review the simple methods that seemed to resonate with them during their journey. Once they have chosen what changes they'd like to make, they are ready to be introduced to how to write a contract.

Truth, Consequences, and Accountability

Contracts work well because they create accountability, specificity, and clear consequences in one simple method. Finding an appropriate consequence to impose on yourself when you violate your contract can be challenging. If you make the consequence too big, you won't abide by it when you fail–and the whole contract idea collapses. However, if you make the pain for contract violations too small, it won't potentially motivate you to do what you said you'd do. After a great deal of trial and error, I found only one consequence that worked exceptionally well. It was a penalty small enough that people would truly implement it if they broke their contract agreements. Yet, at the same time, the consequence was impactful enough that they'd do almost anything to avoid it. Before I tell you what this penalty is, you should know a few things about it:

It is not illegal.

It takes only a minute to implement.

It works even when you're positively sure it won't work.

It works immediately and remains effective even after years of use.

It has slight variations depending on the country in which you live.

So, are you curious? The penalty is very simple: anytime you fail to do an item on your contract, you take the equivalent of $1.00 U.S. and rip it up or throw it in the garbage. That's it. This is a lot more impactful than you might imagine. I've had clients who snorted $20,000 of cocaine a month stop their habit to avoid ripping up $1.00. If you don't live in the US, you might not be able to rip up the equivalent of $1.00, but you can throw away a similar amount of money in the garbage. You can't give this money away because that would not be painful. Instead, you want to tell your brain that there is a clear and definitive price to pay when you don't do what you promised. Astonishingly, the threat of ripping up or throwing away a dollar is enough to change people's behavior. I was skeptical too, but after using this method with thousands of people, I know it works.

At the end of the one-week contract date, your mate or a friend holds you accountable for the items on your contract. For each item you failed to finish by the completion time, you must rip up or throw away the equivalent of $1.00 US. Some of the things on your contract, such as saying one appreciation each day to your partner may be hard to do. Yet,

destroying money is very painful. When you must decide between ripping up a dollar and saying an appreciation, you'll likely choose to express an appreciation. From such "decision points," new behaviors are established. Moreover, even if you choose to rip up $1.00, you're still keeping your word. Gradually, your "word" or promise to yourself grows stronger as you keep to your written commitments.

To give you a better understanding of this method, I'll show you a recent contract that a client wrote during their integration session with me and his partner:

I, Tom, agree to complete the following items by this time next week:

1. Say at least one appreciation to Jean during 5 of the next 7 days.
2. Exercise 3 times for at least 45 minutes each time.
3. Put on 2 Post-it notes reminders to use the "It sounds like…that must feel" technique at least 3 times during the week.
4. Read a minimum of 20 pages from the book, "Communication Miracles for Couples."
5. Take out the garbage by 3 pm Monday.

For each item I fail to complete by one week from today, I agree to rip up (or throw away) $1.00

signature)_____(date and time)_____

Notice that most of the items on Tom's contract refer to things that will assist with making his relationship with his wife, Jean, much better. However, taking out the garbage is a different type of task. It's perfectly acceptable to put items on your contract that make your finances or other areas of your life work better.

When writing a weekly contract, I tell my clients to write SMART goals. That is, make your contractual items **S**pecific, **M**easureable, **A**chieveable, **R**elevant, and **T**ime-bound. What you put on your contract can be the same or different week after week. I tell my clients that a great way to know what to put on their contract is to ask a simple question. The question is:

What are the 2 to 4 most important things for me to do this week—that I would not normally do-- to take great care of myself and improve our relationship?

I suggest couples begin the Contract Method with two or three items on their contract per week. Then, after a couple of weeks, they can add more items as they get the hang of it. Once they've written the contract, they sign it, print out a copy, and place it where they'll

see it every day–like their bathroom mirror. Then, they clarify the exact time and method they'll be in touch with their accountability partner when the contract deadline arises. In my case, I have a friend, Dan, who keeps me accountable. Yet, some couples use their mate as their accountability partner. For some couples this works well, but for most lovers it does not. After all, I don't want my wife to see I put on my contract, "Say five appreciations to Kirsten this week." But with my buddy, Dan, we simply connect on the phone at the time of the contract deadline and ask a single question of each other: How did you do on your contract this week?

While the Contract Method is extremely effective, I've found that people are only consistent with it if they have someone they can be accountable to. This need not take much time. Dan and I schedule a three-minute call every Thursday afternoon at 5:00. Our conversation sounds like this:

Jonathan: Hey guy, how was your week? Did you do everything on your contract?

Dan: Sure did. Great week. Sarah and I are doing really well. We did the Curiosity Game twice this week and it was amazing, plus all the other tools I've been doing for a while. How about you?

Jonathan: I was humbled. I missed one. I said I'd say five appreciations to Kirsten this week, and I only said three. However, I did everything else on my contract, including finishing the next chapter in my latest book.

Dan: Have you ripped up the money yet?

Jonathan: I'm doing it right now, and even after 40 years of doing this, it still sucks.

Dan: Good, you want it to hurt. I got your latest contract five minutes ago. It looks like it's pretty much the same as last week's contract.

Jonathan: Yep, this time I hope not to blow it. I got your contract and I see it has a couple of new items. Looks good. Have a great week and I'll call you next Thursday at 5:00.

Dan: Sounds good. Take care.

With the Contract Method, in under five minutes a week, you can dramatically increase your motivation toward what is truly important to you. All you need to do to get started is to ask your mate or a friend to hold you accountable at the same time each week. I think a

phone call is best, but you can also hold someone accountable simply by texting them at the scheduled time. Although it's not necessary that they also create a contract each week, it can be a bonus if accountability is a two-way street.

Besides the threat of throwing away money, the Contract Method works so well because it forces people to clearly decide what they *must* do each week. We all have things we'd *like* to do, but we frequently don't do things that fall into the "would like to" category. However, once we put something in the "must category," our attitude shifts. For example, no matter how busy you are or how inconvenient it is, you always find a toilet when you need one. Finding a toilet is a *must* in your brain. Failure to find a toilet is not an option. Therefore, you can go decades without failing to get to a needed toilet. Amazing. That's the power of clarifying what must occur before a given deadline. The Contract Method is a simple way to tap into this power.

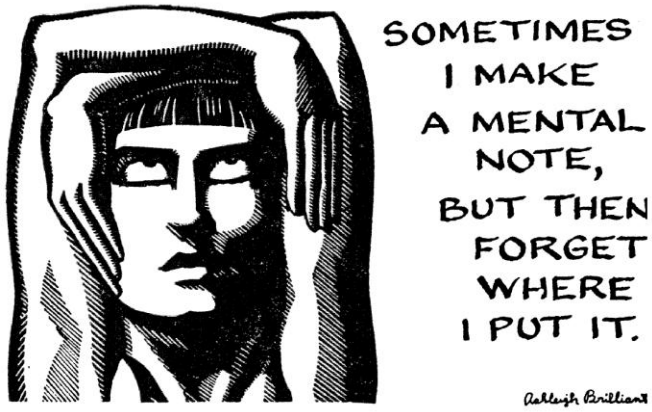
In the previous chapter, I discussed how trust is the currency of relationships. Unfortunately, in most long-term relationships, trust is frequently broken. A partner repeatedly says they'll do something—but then they don't do it, or perhaps a big breach of trust occurs. The good news is that the Contract Method helps partners gradually build up their "promise muscles." We trust people who consistently keep their promises. Through the power of the weekly contract, couples get much better at keeping their promises. At the same time, the new actions they take to improve the relationship help to quickly transform the couple's dynamic. Before long, they are consistently creating much more intimacy and positive feelings than before their journey.

One last thing about the contract makes it so transformative for couples. It gives them a system for regularly evaluating how much effort they're putting into their relationship. Great relationships rarely just happen. Like most things, they require care and maintenance. Nowadays, we're all so busy that only scheduled things tend to get done. The Contract Method ensures that the time or techniques for connection are scheduled into their week. Even if a couple decides not to do the money-destroying part of the method, simply being accountable to each other for helpful behaviors is a game-changer. Consistent practice of the insights and tools that they've learned in their journey is the surest path to more love and less conflict.

While my basic protocol involves an initial one-hour call, a five-hour journey, and a one-hour integration call, I often suggest that couples also do once-a-month coaching calls with me. This helps to keep them accountable to the changes they're trying to make. Long-term change is hard. It needs support. The Contract Method helps tremendously, but I've found that if a couple can afford monthly one-hour counseling sessions for three or

four months, success is almost guaranteed. Since relationships largely determine our level of life satisfaction, it's an investment that is very much worth it.

Chapter 18: MDMA and Relationship Greatest Hits



I've provided you with a lot of information in this book. It might even seem overwhelming. To help you incorporate some of the best ideas from this book into your relationship, I am using this chapter as a "greatest hits" summary. In this chapter, you'll find bullet point summations of ideas and methods that I think are the most important for you and your partner to remember. By reading these reminders periodically, I hope you'll be better able to incorporate the ideas and methods that most resonate with you.

I have grouped key insights by chapter number:

Introduction:

- MDMA, when used responsibly, can heal and transform relationships more quickly than traditional therapy.
- The author, a psychotherapist with 30+ years' experience and bestselling books, found couples often waited too long for help and therapy was slow.
- His research and practice with MDMA revealed breakthroughs in days instead of years.
- The book teaches couples how to safely use MDMA to repair, deepen, or enhance their bond.
- Part I explains relationship foundations, risks, and structure. Part II covers guiding sessions. Part III shows how to integrate insights.
- Written for both couples and guides, the book blends practical methods with humor.

Chapter 1: What's Wrong and What's Needed

- When partners feel disconnected, problem-solving becomes nearly impossible.
- MDMA can temporarily dissolve defensiveness and open the door to rapid healing.
- The six dead-end strategies that never work: blaming, shaming, complaining, persuading, denial, and distraction.
- Blame feels justified, but it never brings closeness. Batting zero for a thousand means it's time to stop.
- Persuasion rarely works—clearly ask for what you want instead.
- Denial and distraction bury problems, but they always resurface.
- The real "target" in love is Care, Understanding, and Empathy (C.U.E).
- Empathy matters more than agreement—it helps partners feel truly seen.
- Men often struggle with empathy due to deep evolutionary wiring, but it can be learned.
- MDMA provides a powerful glimpse of authentic empathy and connection.
- Most arguments aren't about the surface issue—they're about deeper unmet needs.
- Behind every fight is a longing for safety, respect, or love.
- Strategies fail when needs are unspoken; when deeper needs are expressed, the path to solutions opens up.
- Meeting your partner's deepest needs inspires them to meet yours.
- Love flourishes when both people feel safe, understood, and cared for.

Chapter 2: The Twisty History of MDMA and Me

- Despite the stigma, Rick Doblin founded MAPS, tirelessly working for decades to prove MDMA's safety and therapeutic power.
- MDMA helps couples release resentment, build trust, and communicate with compassion—often achieving years' worth of healing in a single session.
- Its therapeutic effects come not from "tripping," but from feeling natural empathy, openness, and love.
- Even skeptics often don't realize the "medicine" worked—because it feels like their best, most authentic selves.
- Modern research confirms MDMA's potential in treating trauma, anxiety, depression, and relationship wounds.

Chapter 3: My Magic Method With Molly

- Lack of understanding, not lack of love, is the most common root of divorce.
- MDMA helps partners understand and feel each other in ways normal talk therapy rarely achieves.
- Surprisingly, Zoom sessions often work better than in-person sessions, offering comfort, safety, and privacy.
- MDMA reduces fear by calming the amygdala, allowing open discussion of tough issues like sex, money, and even infidelity.
- During an MDMA session, specific communication methods can help anchor the breakthroughs and turn them into long-lasting effects.
- MDMA acts like an instruction manual for love, helping couples experience and acquire the tools to avoid future crashes.
- Love is the medicine—MDMA simply opens the heart to let it flow again

Chapter 4: Contraindications and Risk Reduction

- Knowledge is safety: One false belief or missed step can ruin an MDMA experience—know the risks before diving in.
- Purity matters: Up to 60% of "Molly" in the U.S. isn't real MDMA; always use a trusted source and/or testing kit (dancesafe.org).
- Smart dosing: Typical dose = 125mg with an optional 60mg booster after 90 minutes; start low; you can always add more.
- Tapering SSRIs: MDMA and antidepressants shouldn't be mixed. If you are on SSRI's, ask your doctor about tapering off over 2 to 4 months.
- Medical cautions: Heart disease, high blood pressure, thyroid issues, or stroke history = check with a doctor first.
- Test your guide: Always do an initial call to test your comfort and connection before booking a journey.
- Unpleasant moments pass: Discomfort or anxiety in the first 20 minutes is normal—deep breathing, grounding, or gratitude can ease it.
- Jaw tightness fix: Taking magnesium glycinate before and after a session eases muscle clenching and supports sleep.
- Same day and next day care: Hydrate with electrolytes, avoid alcohol, eat nutritious food, and rest; supplements like Alpha lipoic acid, CoQ10, and Vitamin C can help recovery.
- Aftercare rituals: Light exercise, baths, saunas, and sleep can all support recovery and integration.
- Big picture: Problems are rare; with precautions, MDMA is among the safest medicines, offering breakthroughs far outweighing small risks.

Chapter 5: Setting Up Your Session

- Mindset and environment matter most—never take MDMA when highly stressed, feeling unsafe, or unsettled.
- Clarify intentions early—define what you and your partner want from the journey.
- Personal rituals add power—spiritual prayers, meaningful objects, meditation, poetry, photos, baths, or favorite songs can set the tone.
- Privacy is essential—create a distraction-free space; if kids are at home, arrange childcare or go to a hotel.
- Physical closeness matters—sit together on a couch or bed, cuddle, or even make love if desired (though orgasm is unlikely).
- Start with connection—remind each other to be open, honest, and vulnerable.
- Begin positively—sharing the story of how you met often rekindles warmth and sets a loving tone.
- When MDMA is joined with intentional preparation**,** couples create the conditions for breakthroughs, healing, and deeper love.

Chapter 6: The Initial Discovery Session

- Initial call: If using a guide, start with a discovery call to assess fit, intentions, and rapport.
- Screen for contraindications: antidepressants, serious health conditions, or a history of psychosis.
- Explore any history with MDMA/psychedelics to anticipate needs and potential challenges.
- Define successful outcomes in detail, aligning both partners on shared goals.
- Identify the top three relationship issues for exploration during the journey.
- Discuss the structure of a session, including at least 5 hours of uninterrupted time, logistics management, and the introduction of communication tools.
- Try a sentence completion exercise: "What I'd really like to have in our relationship is…" to reveal deep longings and resentments.
- Explore "misery go-rounds"—recurring conflict cycles that spiral into mutual pain.

Chapter 7: Love Languages and the Point System

- Love languages (words, gifts, service, time, touch) are a good starting point, but often too vague to create lasting change.
- Specific behaviors—your partner's unique "love recipe"—are the key to making them feel fully cherished.
- People often don't know, or feel embarrassed to reveal, what they really want from their partner.
- MDMA can make uncovering hidden desires easier by lowering shame and increasing openness.
- **Exercise 1 – Love Recipe:** Recall times you felt deeply loved; identify the exact behaviors (tone, look, words, actions) that created that feeling.
- **Exercise 2 – Fantasy Partner:** Imagine what your perfect partner would do in stressful, sick, angry, or intimate situations. Share specifics, not generalities.
- **Exercise 3 – Point System:** Assign point values to partner behaviors. Learn which small actions score "50 points" (game-changers) versus "3 points" (minor).
- Discover and share each other's **"**serenity buttons**"**—simple words or touches that instantly lead to calm and reconnection.
- Think of love like a gas tank: when it's full, connection flows; when it's empty, everything feels harder. Know how to fill your partner's "love tank."
- When partners feel loved in the way they most desire, love multiplies naturally, creating a cycle of generosity and intimacy.

Chapter 8: Intimacy Inhibitors

- Love grows not only from what we do right, but from stopping what we do wrong.
- Awareness of harmful patterns is the first step to change—MDMA helps couples see these clearly.
- A relationship is like a dance—if one falters, both stumble; blame never helps.
- Intimacy thrives on trust, safety, and vulnerability—"In to me see."

- Three key intimacy inhibitors: dismissing feelings, disapproving non-verbal cues, and avoiding difficult conversations.
- Dismissing feelings is the #1 intimacy killer—validation matters more than factual accuracy.
- Use the **Acknowledgment Formula (AF):**
    - "It sounds like…" (summarize their story in one sentence).
    - "That must feel…" (guess their emotion).
- Validating isn't agreeing—it's showing care and understanding.
- Even irrational feelings deserve acknowledgment; dismissing them guarantees disconnection.
- A simple phrase to remember: "Validate her/his feelings, or argue for hours."
- Non-verbal signals matter more than words: body language (38%) + tone of voice (55%) = 93% of impact.
- Emotional gestures (smiles, touches, eye contact, questions) are invitations for connection; ignoring them feels like rejection.
- Awareness of missed or mixed signals is the first step to healing.
- The **Difficult Conversation Protocol** makes hard truths easier to talk about:
    1. State your desired outcome.
    2. Share what you fear might happen.
    3. Reveal the avoided truth.
    4. Invite a response.
- Safe containers prevent defensiveness; intentional setup matters.
- When expressed vulnerably, difficult truths deepen trust instead of sparking conflict.
- MDMA sessions often reveal patterns gently, helping partners practice new skills in real-time.
- The goal: clear validation, open body language, and honest but kind communication—the keys to lasting intimacy.

Chapter 9: Practical Love Practices

- Relationships can lose intimacy due to routine, distraction, and unspoken resentments—yet some exercises reignite connection.
- **The Curiosity Contest** (CC): Partners ask each other questions born from genuine curiosity, taking turns to listen without judgment.
- MDMA helps provide a safe space for couples to ask vulnerable questions without fear of judgment.
- **The Regrets Exercise:** Each partner takes turns saying, "One thing I regret having done in our relationship is…" The only response should be "thank you."
- Naming regrets relieves hidden guilt, restores trust, and dissolves accumulated resentments.
- **The Appreciation Practice**: Regularly voicing specific, heartfelt appreciations strengthens intimacy and rewires focus from problems to gratitude.
- Appreciations are more powerful when detailed, emotional, and expressed face-to-face.
- A simple daily ritual of one appreciation—even if "forced"—softens tension and nurtures love.

- Carry a list of your partner's qualities or actions you appreciate—an antidote to the "black dot" focus on complaints.
- Together, curiosity, regret-sharing, and appreciation form a powerful trio of intimacy-building practices.
- Tried first on MDMA, these methods often transform couples' ongoing relationships into deeper love and connection.

Chapter 10: How the Journeys Go

- Begin sessions with comfort, rapport, and reassurance to calm nerves and set a safe container.
- Use light, positive topics (like how the couple met) to ease the initial coming onto the medicine.
- "Let the medicine lead"—allow space for natural unfolding, but balance this with gentle direction to avoid wasted opportunities.
- Hold lightly to an agenda—important issues may emerge organically when partners feel safe and connected.
- Use a booster dose strategically if partners' experiences are uneven—aim for both to stay in the "sweet spot" of openness and connection.
- Transition into relationship exploration by starting with easier issues first, building confidence before diving into deeper wounds.
- Normalize "misery-go-round" cycles—help couples map the pattern, build compassion, and test new solutions for breaking destructive loops.
- Draw on common guiding questions that spark self-awareness, empathy, and vulnerability (e.g., "What do you regret?", "How do you think your partner felt?").
- Bring up core issues—sex, money, broken trust, parenting—when the couple is ready, guiding them toward clarity and workable agreements.
- Close the session by reflecting on key insights, appreciations, and lingering questions, helping couples leave with integration in motion.

Chapter 11: Individual Trauma and Trigger Work

- Big reactions in relationships are often rooted in old trauma—"hysterical is historical."
- Trauma happens when an event is too overwhelming to fully process at the time.
- Past wounds—like neglect, criticism, or betrayal—often resurface in current conflicts.
- PTSD is severe trauma with ongoing symptoms, but most people carry some trauma that affects their relationships.
- Recognizing your triggers is the first step toward healing and breaking the cycle of conflict.
- Internal Family Systems (IFS) helps by treating triggers as "parts" of you with their own stories, needs, and behaviors that can be looked at in detail.
- The story that a triggered part tells often comes from a partner's attachment style (secure, anxious, avoidant, disorganized).
- Anxious and avoidant partners often create the "misery-go-round" of clinginess vs. withdrawal.

- The Repeated Question Technique ("What triggers you in our relationship?") reveal deeper wounds that need to be attended to.
- Recognizing that your partner's trigger may come from childhood pain helps to build compassion.
- Problem-solving questions and short-term workarounds (like reminders or "full-up" breaks) can ease friction.
- Humor helps: thought loops can be interrupted with a playful mantra—"blah, blah, blah."
- IFS-style questioning of your inner parts ("What event birthed you? How are you trying to help me?") reduces their power.
- Desensitization works: repeating triggering phrases, like "you always/never," until they lose their sting.
- Shaking the body while affirming "I'm afraid, and that's okay" helps release trapped fear.
- Ask, "What else could this mean?" to replace disempowering interpretations with empowering ones.
- Curiosity about sensations and compassionate self-inquiry transform trauma into insight.
- MDMA reduces fear responses, making trauma processing and desensitization easier.
- Some triggers resolve quickly, others need professional therapy (e.g., EMDR).
- Healing trauma frees you and your partner to love without the weight of past pain.

Chapter 12: The Problem-Solving Question

- In relationships, most couples unknowingly set themselves up to fail through poor communication.
- Effective problem-solving requires listening, understanding, and a systematic approach to creating solutions.
- Understanding your partner first makes them more likely to hear your viewpoint.
- Once both feel understood, introduce **The Problem-Solving Question (TPSQ):** *"Considering both our needs in this situation, what are a couple of ideas you have that might work better for both of us?"*
- The TPSQ shifts focus from blame to collaboration and solution generation.
- Asking for *multiple* ideas avoids deadlock and invites negotiation, rather than dictation.
- Short-term, "experimental solutions" reduce resistance by making agreements easier to try.
- Negotiation typically takes only minutes compared to years of argument if done in good faith.
- Three common responses to TPSQ:
    1. **Avoid/distract/blame** → respond with acknowledgment + repeat TPSQ.
    2. **Partner offers one-sided solution** → acknowledge, then gently ask for more ideas.
    3. **Proposes mutually agreeable solution** → confirm and set review period.
- While MDMA often enhances openness and reduces blame, the same problem solving tools can work without it.
- Solutions agreed upon in sessions are usually upheld afterward, building trust and hope.
- The real payoff: replacing righteousness and blame with connection and cooperation.

Chapter 13: The Problem and Promise of Sex

- Sexual struggles are common—normalizing this truth reduces shame and opens space for healing.
- Begin by mapping the current reality with questions about satisfaction, frequency, orgasm, past infidelity, and early relationship dynamics.
- Sexual trauma is widespread; acknowledging and working through it fosters compassion, patience, and deeper healing.
- Lack of sex often signals deeper issues like resentment, mistrust, or absence of intimacy—MDMA helps bring hidden truths to light.
- The "Five F's" of sex improvement: **fun, fears, foreplay, forgiveness, and five erotic styles.**
- Fun is essential—recall early playfulness, experimentation, and lightness to reignite passion.
- Encourage couples to try past enjoyable practices or explore new ones without performance pressure.
- Foreplay is often misunderstood—have each partner share three things that truly arouse them (often surprising each other).
- Resentment blocks intimacy—use MDMA to facilitate perspective-taking and forgiveness rituals to release old hurts.
- Fears of intimacy often stem from trauma or conditioning—intimacy is a skill that can be learned and practiced.
- Emotional intimacy boils down to revealing feelings and wants in the moment by completing the sentences: "Right now I'm feeling….and I'm wanting…"
- Vulnerability plus appreciation can reignite both emotional and physical connection.
- The **Five Erotic Blueprints** (energetic, sensual, sexual, kinky, shapeshifter) help partners understand unique arousal styles.
- Recognizing and respecting differences in erotic styles prevents frustration and fosters mutual satisfaction.
- MDMA accelerates honesty, forgiveness, and exploration—making progress in sessions much faster than traditional sex therapy.
- Integration after MDMA ensures gains in intimacy and connection last beyond the experience.

Chapter 14: Doing X Without a Guide

- MDMA with your partner can deepen love and bonding—but planning is key for lasting benefits.
- Safety first: test purity, keep doses moderate, and avoid unnecessary re-dosing.
- Choose a private, cozy, and interruption-free environment.
- Stay hydrated and stretch during the experience.
- Open with a clear conversation: set intentions, boundaries, and discuss hopes.
- Write down intentions so you can revisit them during the session.
- Common intentions include: reconnecting in love, improving intimacy, building empathy, resolving stuck issues, letting go of resentments, deciding on the future, making major

life decisions, and exploring triggers/trauma.
- Bring tools of connection—music, journaling, eye contact, massage, or shared activities.
- Allow emotions to flow without judgment; reassure instead of suppressing.
- If overwhelmed, shift music, lighting, posture, or use grounding activities like dancing or cold water.
- Plan the comedown: soothing music, rest, nourishing food, and self-care the next day.
- Integration matters: review notes, reflect together, and apply insights into daily life.
- Use verbal exercises: asking meaningful questions about love, fears, regrets, and needs.
- Explore non-verbal intimacy: eye gazing, devotional face holding, sensual touch, or shared music.
- Treat sexuality as exploration, not orgasm-focused—MDMA supports playful, pressure-free intimacy.
- The medicine may lead you off-plan, but preparation keeps the journey purposeful.
- Plan together as a couple—structure helps healing and a lasting connection.

Chapter 15: Handling Challenging Scenarios

- Be prepared, not afraid—challenging scenarios are rare, but knowing what to do brings calm confidence.
- Normalize discomfort**.** Nausea, insomnia, or uneven effects are temporary and manageable with reassurance, rest, or boosters.
- Partners may react differently; use conversation, cuddling, or dosing adjustments to maintain connection.
- Transform resistance—guide into mindfulness practices, breathwork, or gentle inquiry to soften control and anxiety.
- Handle surprises with compassion**—**trauma or emotional outbursts are opportunities for healing, not crises.
- Channel anger into cathartic but harmless outlets; support trauma releases without judgment.
- Pause big decisions. Encourage waiting until the integration session before acting.
- Guide without ego—if antagonism, projections, or flirtation arise, respond with empathy, boundaries, and redirection.
- Reinforce safety nets**—**always have backup plans: contact info, hydration for purging, remedies for insomnia, and alternatives for tech issues.
- Avoid mixing substances, overuse, or rushing to repeat journeys; integration is where growth solidifies.
- Hold professional boundaries**—**decline friendships, special treatment, or mentoring requests until proper training is completed.
- Respond to emergencies calmly. Life interruptions happen; allow space to handle them, then gently return to the session.
- If in doubt, reassure**.** Empathy, calm presence, and non-judgmental responses are the universal ways to handle unexpected situations.

Chapter 16: Rules, Trust, and Agreements

- Trust is the currency of relationships—without it, intimacy collapses.
- Small broken promises erode trust just as much as big betrayals.
- Hidden "rules" (unspoken expectations) are often the root of conflicts.
- Rules are not universal truths—just personal beliefs, often inherited from childhood.
- Most rules stay subconscious until a partner violates them.
- Different rules around chores, sex, money, time, parenting, or friends are common friction points.
- Happy couples don't avoid their conflicting rules—they talk, negotiate, and form agreements.
- Agreements transform clashing rules into workable solutions.
- Don't assume your childhood rules still fit—evaluate and update them.
- Short-term agreements are easier to test before committing to them long-term.
- Write down agreements and use reminders to help keep them.
- Never agree to something you know you won't follow through on.
- Broken agreements—even small ones—damage trust over time.
- Repairing trust requires the **RARE formula**:
    - **R**: Take **Responsibility** for breaking the agreement.
    - **A**: Offer a sincere **Apology** for the hurt caused.
    - **R**: **Request** what your partner needs now to feel better.
    - **E**: **Entrust** a new agreement you commit to keeping.
- Excuses erode trust—owning mistakes rebuilds it.
- Communicate immediately when life circumstances prevent keeping an agreement.
- Use penalties or playful consequences (like giving a massage) to add accountability.
- Trust grows strong when partners consistently honor agreements.
- A foundation of trust allows couples to face life's storms with unity and love.

Chapter 17: Integrating New Habits

- The real magic of MDMA therapy happens not on the journey day, but during the integration session, where insights become daily habits.
- Insights without action mean nothing—lasting change requires consistent new behaviors.
- Limit changes to 2–3 practical actions so they are manageable and sustainable.
- Old habits resist change, but repetition builds momentum until new behaviors become natural.
- Like a rocket launch, resistance is hardest at the beginning, but once momentum builds, progress requires less effort.
- The Contract Method provides accountability and structure without ongoing therapy sessions.
- Contracts last one week only, making them flexible, realistic, and adjustable.
- Effective contracts have three essentials: accountability, deadlines, and consequences.
- Consequences must be small yet painful—ripping up $1 works surprisingly well.
- Weekly accountability with a mate or friend ensures promises turn into action.
- Contracts build "promise muscles"—strengthening trust through kept commitments.
- Write contracts with SMART goals: Specific, Measurable, Achievable, Relevant, Time-bound.

- Ask yourself weekly: *What 2–4 things would best improve my relationship and self-care this week?*
- Keep contracts visible (mirror, fridge, etc.) and review them at a set accountability time.
- Accountability can be as short as a 3-minute weekly check-in call or text.
- Even when money is destroyed, the contract reinforces truth and integrity.
- Over time, couples create a habit of evaluating their effort and prioritizing their relationship.
- Great relationships don't happen by accident—they require scheduled care and consistent effort.
- The Contract Method ensures insights become daily practices, trust grows, and love deepens.

Conclusion:

Modern-day romantic relationships are often challenging. Only in the last 100 years have so many couples attempted to live together for many decades. In the past, couples often received frequent support from their family, tribe, or church. Nowadays, such support is rare. In addition, as recently as 1918, the average life expectancy in the U.S. was just 39 years! Therefore, not many couples had to worry about maintaining a relationship for 30 years or more...For better or worse, we now live in a different situation; therefore, we need new ideas and methods to ensure our romantic relationships can stay happy and healthy for a long time. I think of MDMA as a new "technology" to help couples keep the flame of love alive--despite all the factors now making relationships more difficult.

During the 28 years my wife and I have been a couple, there have been three times when we hit a wall in our relationship. If it weren't for taking MDMA at those times, I seriously doubt our marriage would have survived. Fortunately, our MDMA journeys quickly allowed us to heal some old wounds and work through some stuck patterns. Nowadays, our relationship is more loving than ever. I've seen and facilitated results like that with countless couples.

You can have everything in your life going well, but if there's turmoil in your romantic relationship, you'll likely be miserable. The opposite is also true. If you feel aligned and in love with your mate, you can have all sorts of problems in your life, but you can still feel good because you're in love. That's how important relationships are to our sense of happiness. The good news is that, with well-guided MDMA couples therapy, most relationships can get back on track quickly and enjoyably.

The future legality of MDMA is uncertain. Most experts expected it to be reclassified in August 2024, but that didn't happen. However, based on its proven effectiveness in treating PTSD, its legal status could soon change. Yet, even if its legal status were to change, it would only be offered at clinics at prices of $14,000 or more. Fortunately, the protocol I suggest in this book makes MDMA couples therapy available for less than one-tenth that price. Therefore, part of my mission is to ensure that enough people are properly trained to facilitate this type of therapy. If you think you'd like to learn how to become an MDMA facilitator, feel free to check out my online training at MDMAtraining.net. For readers of this book (like you!), you can use the coupon code OFF200 to receive $200 off the standard enrollment fee.

If you would just like to find a trained facilitator to guide you and your partner, you are welcome to contact me personally at iamjonr@aol.com. I'd be happy to send you detailed information about how I work and what I charge, as well as a list of guides I've trained that I can vouch for.

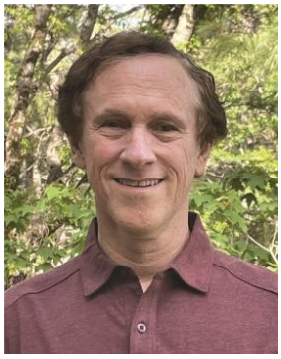
Finally, one last story: One of the times I was on *The Oprah Show,* it was with several people who had once been clinically dead for a short time. Obviously, all of these people ultimately survived and had what has been described as a near-death experience or NDE. I was surprised to hear how similar their experiences were. For example, all of these folks said they had a chance to review their entire life while clinically "dead." In addition, in their life review, they all felt they were being asked the same question. What was that single question? It was, "*How well did you learn to love?"* In this age of non-stop stress, busyness, and distraction, it's important to remember that there is nothing more important than love. Fortunately, I've seen that guided MDMA sessions can help us be better at loving.

....I want to thank you for being the type of person who would read a book like this. To me, it means you're an explorer of what truly matters in life. If you found this book's information inspiring and useful, please let others know about it. Through folks like you sharing your enthusiasm, couples will learn ways to create more love and less conflict in their lives. Ultimately, we make the world a better place by learning how to love one another with more skill, compassion, and depth.

If you'd like to contact me, you can do so at: iamjonr@aol.com. If you'd like the 12 questions that magically lead to instant intimacy with anyone, go xtcforcouples.net and put in your email address. You'll immediately receive those 12 questions.

You have been listen9ing to xtc for couples written and narrated by jonathan robinson. Thank you for litening. The end.

About the Author



Jonathan Robinson is a former psychotherapist, best-selling author of 16 books, and a professional speaker from Northern California. He has reached over 200 million people around the world with his practical methods, and his work has been translated into 47 languages. Mr. Robinson has made numerous appearances on *The Oprah Show* and CNN, as well as other national TV talk shows. Jonathan is the author of several bestsellers, including *The Enlightenment Project* and *Communication Miracles for Couples*. He is also the co-host of the popular podcast *Awareness Explorers*. Jonathan regularly speaks at psychedelic conferences and Fortune 500 companies such as Google, Microsoft, and Apple. He is known for his highly entertaining presentations filled with practical information.

To get more information about Jonathan's MDMA facilitator training, go to MDMAtraining.net. If you'd like to contact Jonathan, or receive free information on MDMA updates and how to avoid bad psychedelic trips, go to XTC4Couples.net

Book Back

Can Your Relationship Be

Quickly Repaired or Enhanced?

MDMA, often called Ecstasy or Molly, can frequently transform a couple's relationship in a single day. In this comprehensive book, you'll learn:

- How a trained facilitator can help guide a couple to overcome entrenched problems with ease
- The latest guidance on how to avoid unpleasant side effects
- Why a 5 hour couples session can be equal to doing 2 years of traditional therapy
- How to successfully do Ecstasy with your partner without a guide
- How to guide your partner or another couple for maximum benefit

In numerous studies, MDMA has been shown to be highly effective for treating trauma. Yet it has long been known to be equally effective for healing and enhancing relationships. This is the first book written on exactly how couples can get the most enjoyment and therapeutic value from taking this medicine together.

What makes *Ecstasy for Couples* especially compelling is Robinson's tone of warmth and accessibility. Through practical exercises and reflective prompts, the book extends beyond the experience itself, guiding couples to build new patterns of communication and vulnerability in everyday life."

--Dr. Cricket Wingfield, MD., CPCC

About the Author

Jonathan Robinson is a former psychotherapist, the author of numerous bestselling books, and has been a frequent guest on Oprah and CNN. He has led over 600 guided psychedelic journeys and teaches a popular course on how to do MDMA-assisted therapy. His websites are XTCforCouples.com and FindingHappiness.com