



Evenings with Molly: Adult Couples' Use of MDMA for Relationship Enhancement

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Abstract Within the modern resurgence of psychedelics as medicinal agents for a range of conditions, the story of MDMA (Ecstasy, Molly) has been re-narrated from a dangerous street drug to a breakthrough mental health therapy. Even still, the story of MDMA remains incomplete within a binary discourse of deviant recreational use versus psychotherapeutic-medical use. The present research aimed to uncover an emerging model of MDMA use grounded in the experiences of adult couples using MDMA privately and in the context of their committed relationships. Eight adult couples who self-reported active MDMA use were recruited for confidential in-depth interviews exploring questions related to *drug*, *set*, and *setting* as a general framework for understanding their private experiences with MDMA. A general inductive coding process was used to arrive at four overarching themes: Conscious Use, A Tool for Exploring, Planned Recovery, and Difficult Experiences. Couples reported making purposeful decisions about MDMA use, collaborating together on becoming physically and emotionally “set” for their drug experience. Couples described positive effects on communication, intimate bonding, and providing a relationship “tune up,” among other durable changes to the relationship. An emerging cognitive-relational model of “evenings with Molly” contrasts with existing models of use by suggesting the possibility of informed, non-problematic adult use of the drug for cognitive and relational enhancement. With a small, homogenous sample reporting generally positive experiences with MDMA self-

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administration, findings from this study cannot be generalized. It remains unknown what proportion of the total MDMA user population might align with the non-problematic adult use of MDMA explored in this study. Additional focused investigations might examine the prevalence and varieties of non-clinical use among adults in order to arrive at rational, science-based regulatory frameworks.

Keywords 3,4-Methylene-dioxymethamphetamine · MDMA · Psychedelics · Grounded theory

Introduction

Since its growing appearance in the late 1970s as both a therapeutic tool and recreational drug, the story of 3,4-methylene-dioxymethamphetamine (MDMA) has been narrated by political, social and medical debates built on conflicting assumptions about its properties and appropriate uses, that in turn have determined whether MDMA is permissible or not, helpful or not, and legal or not. For example, over the last seven decades MDMA has been constructed as an illicit tool for psycho-spiritual exploration, a sexual enhancer, a dangerous party drug, a potential weapon for mind control (i.e., in the MK-Ultra project), and a breakthrough medicine for mental health conditions such as post-traumatic stress disorder. A constructivist view of drugs acknowledges that drugs have no inherent categorical belonging as a “harmful drug” or a “helpful medicine” outside of the socio-political meanings and uses given them (Cohen et al., 2001). Psychoactive drugs of all kinds often have lengthy and complex histories that simultaneously hold conflicting categorizations regarding their legality, dangerousness, therapeutic applications, and moral standing, layered with political and economic motivations for controlling use among certain populations or for certain purposes (Cohen et al., 2001; Szasz, 1974). The aim of the present research was to uncover an emerging model of MDMA use, underrepresented in the literature, grounded in the stories of adult couples using MDMA privately and in the context of their committed relationships.

Three primary typologies of MDMA use, each accompanied by a set of assumptions about the drug and its context of use, are documented in the literature: psychotherapeutic-medical, deviant/recreational, and psycho-spiritual. Table 1 contrasts explicit and implicit assumptions of each model outlined according to Zinberg’s (1984) classic breakdown of drug, set, and setting. “Drug” here refers to the physical properties of a substance and its desired and undesired effects. “Set” refers to the user’s state of physical and mental preparedness before and during drug use, and “setting” encapsulates the environments where users encounter the effects of the drug. Each model operates on assumptions about MDMA and MDMA users, which then shape the socio-political narrative. In clinical studies, for example, participants are assured a consistent preparation and controlled dose of MDMA, whereas in the context of illicit use, “drug” might include adulterants from a myriad other substances. Within the psychotherapeutic model, MDMA users are identified as patients receiving treatment and seeking healing, whereas the illegal recreational model positions MDMA users as “partyers” with an accompanying set of

Table 1 Primary models of MDMA use and assumptions regarding drug, set, and setting

	Psychotherapeutic medical ^a	Deviant recreational ^b	Psycho spiritual ^c	Cognitive-relational
Drug	Supports and enhances psychotherapy, esp trauma work Standardized dose, limited frequency, known quality MDMA is medicine	Supports social-emotional arousal in group spaces Variable dose, possible bingeing, unknown quality MDMA is a party drug	Supports self-understanding and empathic connection Measured dose, planned or variable frequency, unknown quality MDMA is a tool	Supports durable relationship enhancement Measured dose, planned frequency, unknown quality MDMA is a medicine, a drug, and a tool
Set	Dangerous if not supervised Users are diagnosed with a mental disorder; a patient receiving treatment Users are managing or treating their mental-emotional distress Substantial psychotherapeutic preparation	Inherently dangerous, possibly neurotoxic Users are “partyers” with a potential for drug abuse Users are avoiding, coping, escaping, or acting irresponsibly Spontaneous, unplanned use with little preparation	Not considered dangerous when used purposefully Users are “healthy seekers” preparing for sacrament or ceremony Users are seeking knowledge of Self and personal and spiritual growth Perceived mental and emotional readiness to engage MDMA	Not considered dangerous, on par with cannabis Users are healthy adults seeking deeper connection with their partners Users are exploring intimacy, celebrating, and bonding Intentional, planned use guided by communication and preparation
Setting	Controlled clinical environment Supervised use within a regimented treatment plan and ethical guidelines	Social use in public venues Uncontrolled settings that might encourage risk taking, including sexual behavior or polysubstance use	Comfortable non-clinical setting Guided use with agreements around boundaries	Private, intimate setting Couples support one another in private use with intentions and agreements; possibility for profound sexual encounters

^aGreer and Tolbert (1990), Holland (2001), Mithoefer et al. (2013)

^bCampos Battisti et al. (2006), Collin and Godfrey (1997), Majumder, White, and Irvine (2012), Parrott and Lasky (1998)

^cAdamson (2012), Watson and Beck (1991)

assumptions regarding their intentions for using MDMA and the dangerousness of the substance. A small literature base weaves in another model of recreational use, once described as “New Age,” of people who believe MDMA can induce spiritual, enlightened, or profound existential insight or introspection (Adamson, 2012; Watson and Beck, 1991). This model of use is constructed with clinical components, such as facilitation by an informed guide, along with non-clinical self-exploration and self-discovery meant for seekers of the Self.

Some psychotherapists and physicians in the 1970s were interested in MDMA’s ability to enhance positive feelings, empathy, and interpersonal connectedness. These early adopters developed therapeutic techniques and harm reduction strategies for individual and group MDMA sessions which began laying the groundwork for later clinical research (Passie, 2018). Greer and Tolbert (1986) concluded from an early study with individuals administered MDMA in clinical settings that “the single best use of MDMA is to facilitate more direct communication between people involved in a significant emotional relationship” (p. 326). Subjects in their study expressed a greater sense of ease in relating to their partners, friends, and co-workers for days, weeks, and months after their sessions. Among recreational users in non-clinical contexts, Anderson, Reavey, and Boden (2019) detailed how 14 individuals in heterosexual relationships drew temporal and spatial boundaries around their MDMA use in order to incorporate MDMA as part of healthy relationship work. Couples carefully crafted the bounds of their MDMA experience, treating it as a significant or special event with attention to creating a physical environment that enhanced their connections and intimacy. The majority of participants reported going out with friends to use MDMA together, while still maintaining an “intimacy bubble” with their partner. The present study builds on this research by focusing on how couples in committed relationships use MDMA specifically in their private home settings, rather than in public spaces or with groups of friends, and perceived impacts of MDMA use on their relationship.

Since MDMA’s prohibition in 1985, few studies examine the drug’s potential benefits among recreational users in non-clinical contexts or subjective experiences reported on relationships (Anderson, 2017). Once made illegal, MDMA use was constructed with a deviant, criminalized gaze on sub-cultures of young people who were using the drug illegally in clubs and raves (e.g., Campos Battisti et al., 2006; Collin and Godfrey, 1997; Cristiano, 2014; Eisner, 1994; Grob, 2002). Prohibition of MDMA constructed a backdrop of assumptions that emphasized negative effects and the dangers of recreational drug use. Among MDMA users in the post-prohibition era, the research literature largely documents use among adolescents and young adults, with recruitment methods dependent on locating informants at public recreational venues, such as clubs and raves (e.g., Cristiano, 2014; Gouzouliz-Mayfrank and Daumann, 2006). Other studies with MDMA users rely on participant sampling from informants seeking care in university clinics (Holzer III et al., 2006) or through extended social networks of people using MDMA in dance/rave venues, bars, inner-city neighborhoods (Boeri, Sterk, and Elifson, 2004), and “rolling parties” in private residences (Carlson et al., 2004). All of these studies conclude with the need for investigation with informants in contexts or venues that may not be easily located. Echoing national statistics on teen MDMA use, a survey of nearly

700 young women in Texas found that 15% of low-income respondents reported MDMA use, with a significant proportion of use reportedly outside of club or rave settings (Holzer III, et al., 2006). Johnstad (2021) suggests that still today there is little known about the true extent of the psychedelic user population, with most studies of psychedelics constrained to small subsets unlikely to represent the full population of users. The present study explored the experiences of an underrepresented subset of the MDMA user population: adult couples who use MDMA privately in their own home. This investigation sought to inductively analyze first-hand experiences from an older generation (over 30 years of age) of MDMA users, including their histories of drug use, current experiences with using MDMA, and self-reported effects and impacts of MDMA use, without relying on a priori assumptions based on existing models of use.

Methods

Participants

Participants included adult couples that reported being in a committed relationship and actively using MDMA together in private spaces. To represent an “older” demographic of MDMA users, at least one individual in the relationship was required to be over 30 years of age. Active use of MDMA was defined as having used MDMA together at least twice in the past year. Couples using MDMA in public venues or social settings were not excluded from the research as long as they also reported private use. A recruitment flyer and business card identifying the purpose of the study and contact information of the investigator were displayed in high-traffic locations, such as music festivals and cafes, in a populated corridor of a large western state. A combination of convenience sampling and respondent driven snowball sampling was used for recruitment over a period of twelve months spanning 2017 and 2018. In that time, 28 interested couples contacted the investigator. Seven couples did not qualify based on age or recency of MDMA use. Thirteen couples successfully completed screening but did not schedule an interview. The final sample consisted of eight couples (16 individuals).

Procedures

Interested couples were screened over the phone for inclusion and to review informed consent. A semi-structured interview guide was developed for one hour of questions related to participants’ experiences with MDMA and 30 min to collect individual drug history and demographic information. As polydrug use is noted as a potential barrier to assembling clear data about MDMA use (Gouzouliz-Mayfrank and Daumann, 2006), drug history questions gathered information about how participants use substances currently and in their pasts. Sample drug history questions included: according to your definition of drug, what is the first drug experience of your life and what substance(s) did it involve?; how has your drug

history impacted your decision to take MDMA with your partner?; and, do you ever wish you didn't take drugs?

The semi-structured interview guide focused on open-ended descriptive questions to explore *drug*, *set* and *setting* as a general framework for understanding a drug experience. Questions regarding *drug* involved participants' perceptions of the benefits and harms of MDMA and their use of other substances to enhance or modify their MDMA experience. Within the study's framework of drugs as social phenomena and symbolic objects, participants were also asked to hypothetically rename MDMA to any name of their choosing that aligned with their personal experience of it. *Set* was operationalized as how couples mentally, physically, and emotionally prepare for and experience taking MDMA together. Couples were asked questions related to how they make the decision to use MDMA, how they prepare for the experience and over what duration of time, and what, if any, possible negative experiences they try to mitigate in their preparation process. *Setting* referred to how couples decide on and prepare the physical space and environment for taking MDMA together. Interview questions in this category also included exploration of differences in using MDMA in private versus public spaces and a description of the best and worst settings couples have used MDMA in. In addition to *drug*, *set*, and *setting* prompts, couples were asked about the impact of their MDMA experiences on their relationship to each other and relationships with friends and family. For the purposes of member checking, thirty-minute follow-up interviews were scheduled 2 to 6 weeks after initial interviews to review the accuracy of couples' interview transcripts, provide space for further insights, and discuss the extent to which emerging themes accurately reflected their lived experiences. Investigator notes from member checking were included as additional data attached to participants' original interview transcripts. Participants were interviewed at a time and place of their choosing. Couples from another state, which included couples from New York, Florida, and California, were interviewed over phone or video call. Couples residing within the investigator's geographic region were interviewed in person.

Once all couples were interviewed, an online discussion forum was opened for 45 days using an invite-only Google group. The online forum provided a final optional opportunity for member checking, wherein participants could discuss emergent themes anonymously with other participants and express any final feedback to the investigator. Along with the online forum invitation, a written summary of the emerging model of use was circulated to couples. This research was approved by the Institutional Review Board [Author's institution].

Data Analysis

Initial interviews were audio recorded, transcribed verbatim, and uploaded into NVivo 11 software for coding and analysis. Participants' names were changed in written transcripts for anonymity. General inductive qualitative data analysis involved an iterative process of open and focused coding. Open coding began by the first author reading line-by-line and developing in vivo codes to capture and condense the meaning of each content unit. This first round of coding produced 100

Table 2 Participant demographics

	Age/sex	Education	Race/ethnicity	Income	Family size	Years together
Alison	37/F	Graduate	Filipino	–	4	12
Ben	35/M	Graduate	White	–		12
Christine	27/F	Graduate	White	–	2	9
Travis	30/M	Graduate	Italian	–		9
Victoria	56/F	Graduate	Jewish	\$80,000	3	14
Jon	55/M	Highschool	White	\$80,000		14
Mallory	33/F	Some college	–	\$80,000	2	4
Christopher	33/M	Some college	½ Greek ½ European	\$80,000		4
Megan	31/F	Highschool	White	\$20,000	4	6
Neil	30/M	Bachelor	Russian	–		6
Cisca	33/F	Graduate	White	–	2	2
James	34/M	Graduate	White	\$135,000		2
Lindsey	29/F	Graduate	Welsh/French	\$20,000	–	6
Brian	34/M	Bachelor	White	\$30,000		6
Katie	35/F	Bachelor	Other	\$25,000	–	1
Pete	38/M	Some college	White	\$10,000		1
Avg. age	36		Avg. income:	\$56,000		

(-) = data not reported or collected. Author's table

codes. Constant comparative method was used to compare content in subsequent transcripts with existing codes to begin collapsing codes into themes. As much as possible, the naming of themes retained elements of the original in vivo codes in order to stay grounded in the data. Transcripts of the initial interview and in vivo codes were shared with participants at their follow-up interview as part of an iterative process of member checking. Taken together, the constant comparative method and member checking made it possible to examine emerging themes until saturation appeared to be reached. Themes are presented in italics along with direct participant quotes within three overarching categories that emerged from analysis: Conscious Use, A Tool for Exploring, and Planned Recovery. A fourth category, Difficult Experiences, was added by the investigator to specifically pull out data relevant to perceived safety and harms of MDMA.

Findings

Relationship and Drug History

Participants ranged from 27 to 38 years of age, with the exception of one couple in their 50's, and represented a range of education and income levels (see Table 2). All respondents reported being in heterosexual relationships, with three couples sharing children together. When asked about current substance use, participants most often

reported the use of cannabis, with at least one partner from each of seven couples using cannabis frequently or daily. Three participants reported being naïve to MDMA prior to their first experience with their partner, though every participant reported use of at least one illicit or psychedelic substance before their current relationship. Six of eight couples further reported exploring other psychedelics together in their current relationship, including psilocybin, LSD, prescription medications such as Adderall or hydrocodone, and plant medicines such as San Pedro cactus.

Individuals in this study reported self-acceptance for being a person who uses drugs. For example, Ben remarked, “I actually like that I’ve taken drugs and like that it’s kind of helped develop who I am, and I don’t go back and have any regrets of things that you know I haven’t done.” Almost every participant reported they “never wish I *hadn’t* taken drugs,” with the exception of Cisca who stated that social stigma around using drugs sometimes caused her to question her use.

Couples’ MDMA Use

All eight couples reported MDMA to be a therapeutic substance, more often referred to as a “medicine” than a “drug.” For Megan and Neil, MDMA was “a therapeutic time for ourselves” providing “a means of immediate intimacy.” Alison and Ben explained how taking MDMA “is like what you should get out of seeing a therapist” in terms of building intimacy, opening to new possibilities, and facilitating open communication. Neil described how MDMA revealed their true selves within the partnership so that they can “realign back to where we want to be” as a couple. While couples generally referred to MDMA as a “medicine” with “therapeutic” or “healing” properties, when asked to give their own name to MDMA based on their personal experience of the substance, several replied that they liked the name Ecstasy. Other participants offered the following additional options: “heart medicine,” “love drug,” “connection,” “magic in a pill,” “can’t fight on this drug,” “brilliant sanity in a pill,” and “silly sexy supplement.” Couples reported a “childlike state” (Katie) that was full of energy and “much like frolicking” (Cisca) with a “ground of love” (Travis). Couples further remarked how their first experience together with MDMA was one of the “most profound evenings of my life,” (James) and that the “first time opening up changed something in our relationship” (Jon). For one couple, Victoria and Jon, who reported that their initial intention in using MDMA together was for sexual exploration, their eventual exploration of psychedelic drugs like LSD, DMT, and psilocybin were all part of a larger context of using these substances with new purpose in their lives.

Couples considered MDMA a medicine that only needed to be taken every three or four months in order to maximize what they considered its benefits. Most often couples reported using MDMA once every 3–6 months, and three couples reported using the substance several times within 1–2 months. Participants reported ingesting capsules or pressed pills, most often using the “eyeball it” measure of doses, and negotiated dose amount together from the desire to “be on the same level.” Three couples reported procuring only small amounts of Molly so that they could resist the temptation to ingest more than the desired amount, as explained by Mallory, “it’s a

way that we limit ourselves from doing more than we intended to, that we decided on when we were sober.“ Other couples reported repeated dosing throughout the evening, with the explanation that it is “better to start with a lower dose and just slowly turn the knob up if we feel that is what we wanna do” (Brian). Trust and communication in dosing was deemed important by every couple, particularly when partners would consume different doses.

Conscious Use

Christine and Travis first described the term *conscious use* in the initial interview while wrestling with how to explain their current use of MDMA together. Travis offered the phrase “safe and intentional” and Christine responded with, “the words that are coming to mind are *conscious use*, you know what I mean?” Adult couples in this study described their MDMA use as purposeful and aimed to facilitate more intimate connection between themselves and their partner, as Christine later described, “I feel like it [MDMA] has added so much depth to our relationship, like the energetic tether is just so strong, I don’t know if it would be that way without MDMA.” This “energetic tether” extended beyond the couple’s own intimate relationship to their individual relationships with family, community, the world, and even higher dimensions like the universe and deity(ies).

Couples suggested that *preparing together* and *communication* about taking substances together created positive outcomes, meaning that by taking time to become set by preparing physically and mentally, they increased their chances of having a good time and enjoying the experience. Some couples spoke of *personal intention* as an important aspect of their use together. Personal intention did not always involve a specific issue couples wanted to focus their experience around, but rather could reflect a general sense of purpose, described by Megan as, “being open to new possibilities is generally the immediate intention based in it, and I think that is in and of itself therapeutic...It’s that it makes you open to the possibility of our relationship as a couple as well as the possibilities of ourselves.”

Through discussion beforehand, couples gauged how set they felt for taking the substance together, evaluated the environment and conditions they planned to encounter while on Molly, and verbalized intentions for what they would like to see come from enjoying Molly together. The process of *preparing together* for couples was oriented toward generating positive outcomes. Preparing together was itself part of the experience too, as the communication and planning increased their anticipation and excitement for the evening they were going to share. Couples prepared together by deciding when and where to take MDMA, gathering supplies, cleaning and setting up space(s), taking care of regular responsibilities, as well as obtaining and testing the substance. In physical preparation, couples reported making decisions about their use days and weeks prior to a planned evening, though on occasion, spontaneous unplanned use was acceptable too. They described eating healthy balanced diets, staying hydrated, moderating the intake of other substances, and exercising. For Ben and Alison, this meant that “a good few weeks beforehand we’re both kinda working out a lot more than we normally do, to look well and also have the uh, perseverance to get through the night.” This also included avoiding

heavy or oily foods the day of and reducing intake of other substances such as alcohol and prescription medications. Over half of couples reported the use of vitamins, minerals, and supplements before and/or after taking Molly. Other couples echoed this sentiment of the importance of their emotional and mental wellness for a Molly experience, noting that they “never had a bad week and wanted to roll.”

For the actual MDMA experience, couples described setting up spaces that provided intimate privacy, different textures, mellow lighting, and comfort. Some couples reported preferring being close to the outdoors and others preferred creative or artistic spaces. Shifts in setting appeared to be vital to couples while under the influence of MDMA. This included changes in activity, physically moving from room to room, from inside to outside, and shifts of setting that included changes to different textures, sounds, and lighting. For an evening with MDMA, Mallory described the two settings they moved between this way: “the living room had plants all across the windows, and the couch we made together, it’s very comfortable, and you can stretch out on it; and the bedroom is very fluffy, comfortable bed, comfortable blankets, and clean, there’s plants, and candles.” In Mallory’s experiences with MDMA at home with their partner, “you do something really intensely for like a second, and then you go listen to music for like twenty minutes very intensely.” Participants changed setting and environment while on Molly as a way to manage the intensity of the experience and to change the mood intentionally. In preparing together, couples not only mitigated potential risks and harms associated with the substance, but more importantly focused their exploration of Molly together on maximizing positive effects on the individual and their relationship.

A Tool for Exploring

Participants reported the state of being on Molly to be a *tool for exploring* because it inhibited fear of self-exposure and generated a “testing ground of playing support role for each other” (James). MDMA was described as helping participants “feel more ok in my body” (Lindsay), “helps me open up more” (Christopher), and several participants reported a “positive social affect immediately following” (Neil, Pete) an evening with Molly. One participant, a military veteran, reflected the common sentiment of using MDMA for self growth, remarking that taking Molly with his wife allowed him to “turn off...the social façade” in order to “really get at what your true desires are” (Neil).

Couples generally made a distinction between what they considered drug use for “escaping” and drug use for “discovering” or “exploring.” One husband reported that their decision to take Molly together at this point in their lives is “more of a way in, instead of a way out” (Neil). The discovery that happened was described as “positive emotions of many days crammed into a few hours,” (Mallory) and that these effects helped with exploration of feelings. Alison explained how, in her and her partner Ben’s experience, MDMA helps “break down a lot of your walls that you probably put up” and that the emotions and expressions they shared on MDMA are “actually who you are, your true self.” Travis and Christine too described how exploration of their true selves was easier on MDMA, stating “I think it’s related

to...a lot of the insecurities and fears dropping away” (Travis) so that “my fear of his response will fall away, or my insecurity of...maybe he’s going to really hate this or think that I’m gross or stupid or whatever, like that kinda goes away” (Christine). Victoria explained the “heart opening” effect of MDMA as removing “that layer of inhibition that might normally be there, or concern about what will happen if I bring this up...it feels easier to maybe approach things that at other times can be more challenging.”

On the individual level, the MDMA experience was described as opening access to a “more sensitive registry of emotions, thoughts, and feelings” (Ben). One participant reported that after an evening taking MDMA with his partner, he found himself teary eyed and crying the next day when he reflected on a friend who had died years prior. He noted that this emotional sensitivity was an integral part of why he felt Molly was a beneficial substance for him, noting, “other men would greatly benefit from exposing such emotions” (Pete). Another male participant reported that addressing his social anxiety was part of his original intention for using Molly with his partner, but other aspects of the experience of “celebrating life” and “intimate bonding” with his partner ultimately became more important (Megan and Neil). On the dyadic level for Ben and Alison, the MDMA experience facilitated a perception of “true intimacy in a relationship” that included “being open to new possibilities of our relationship as a couple...it makes us both talk to each other about what we each want ourselves to be, then like how we can accomplish these ends as a team.”

Communication was thus a prominent theme for couples, including both the process of communication in preparing for a MDMA experience and the outcome of improved communication in their relationship. Communication was not reported to be problematic in couples’ relationships, but the use of MDMA was noted as strengthening their communication together and in other outside relationships. For Victoria, MDMA provided her and her partner “a short window where we have like this super connected conversation;...not that we don’t have a lot of deep conversation, but it’s like I feel like Jon opens up more easily to like deeper conversation.” Alison also remarked how MDMA helped her and her partner disrupt and learn new communication patterns: “we are also emotionally traumatized too from previous relationships, so we are re-learning communication and this is a very, very huge tool for me.” Couples recounted exploring communication in new ways through words, touch, play, and empathy, and that communicating with other people was impacted as well. Multiple participants, for example, described opening up to the experience of communicating with empathic knowing:

“it’s also allowed us into this space that you can’t really explain to somebody, like there is this direct knowing that happens on this substance, and we share that and I think that has actually brought us closer together as well” (Cisca). “it shows you that there are different planes of existence and that the sort of plane of existence that is MDMA is very different from normal instances...I never thought I could look into somebodies eyes and um, have that really deep knowing” (James).

Enhanced communication, intimate bonding, and celebration were all important uses of MDMA reported by couples, and more generally, couples reported using Molly to help “revive the relationship again” after the “little lulls” that come with being in a partnership for many years (Alison). Almost all respondents suggested that MDMA has improved both their own relationship and their connections with family. Cisca adamantly conveyed her respect and appreciation for changes in her husband and her other relationships because of MDMA and other psychedelics, she avowed, “I’m really, really, passionate about this particular substance, it’s completely changed the course of my life.” Alison and Ben also described using their MDMA experiences to reflect on and improve their relationships as parents: “we may talk a lot as parents and what we want to do about our kids,...there have been times we both said you know, we yell too much, or just tried to reflect on how our kids are growing up, and I just come back and Alison may reflect on...things to work on better with our kids,...making sure that they know that we love them.” Even further, Christine and Travis reported sharing Molly with their siblings, parents, aunts and uncles, and on more than one occasion a grandparent joined them for the experience of taking Molly together with the family.

Planned Recovery

Planned recovery was described as couples intentionally making time and space to recuperate together. Recovery for some couples was defined as “slowing down” and “integration time,” and reported as an “afterglow.” Travis described, “it’s not a hangover, a hangover brings in that like bleh, but it is like a little sun god beaming the next day, like mmm the world is right.” Couples intentionally blocked out time to be together the next day, made space to take care of physical needs, to get rest, and support each other. Couples suggested that their time to recover was about bonding and support, as an extension of the MDMA experience into subsequent days for the couple to reflect upon their experience together. In that time, couples paid attention to their thoughts, feelings, and expressions, reminding each other to “be gentle with themselves” and to catch up on missed sleep. Couples emphasized the importance of the planned recovery period, described by Christine this way: “I think people sometimes only focus on what happens while you’re on the drug. Like while it’s in your system or something, because we intentionally block out time to be with each other the next day and I really look forward to that.”

Couples also practiced returning to the state of being on MDMA while in their planned recovery period. The MDMA experience was perceived as a process of discovery, with the planned recovery period described as a process of “taking lessons learned from MDMA experiences and then bringing them into sober life” (Travis). The planned recovery period appeared to be as important as the MDMA experience itself in terms of creating time and space for this part of the process. It was also perceived as a way to extend the positive effects after taking Molly together, as one participant explained, “there is magic in the remembering” (Mallory). Valuable experiences were possible during the weeks and months after couples’ took Molly together and practiced or “returned to” their MDMA discoveries in their usual daily lives. Travis explained:

It's not like I do MDMA and all of a sudden I'm feeling safe, but it's that my body knows a little bit more. And that's why I have returned to the experience too, because I don't think that it's a one time, you do MDMA feel safe and then never struggle again, it's like there is almost a returning, yeah, yeah like taking that lesson, bringing it into life, returning, [and] checking back in.

Other couples refined this theme, adding that taking MDMA together created a newness that you could go back to. Reflection in the planned recovery period offered a fresh space to operate from and “the ability to see [their] partner in a new way.” Neil attributed the reasons to take MDMA with his wife as simply a “serendipitous alignment with life,” while others suggested the decision was made because they view Molly as a *tool for exploring*. Termed to be an agent for change in their relationship, participants would practice returning to their experiences with MDMA in order to extend the positive effects after taking Molly together.

Difficult Experiences

While all eight couples reported that they “do not consider MDMA dangerous,” they did attribute harm to other substances, including alcohol, cocaine, antidepressants, NSAIDs, and even sugar. Three participants reported that alcohol had generated more severe consequences in their lives and their relationships than any other substance. For example, Travis explained,

the way I relate to these substances is being aware of addiction in my family and so I'm actually more inclined to want to use these illicit substances than to turn towards alcohol. Because in spite of the fact that alcohol is legal, you know my father is one of six brothers, and is the only one who didn't end up being an alcoholic. So, you know to me, I see something like LSD or MDMA as being safer even than alcohol.

With regard to *difficult experiences* with MDMA, couples most often named dehydration as the risk they contemplated prior to their use. As reported by Brian, “I wouldn't say that I actually have ever specifically been like, let me prepare for a negative experience, I think more so...making sure you have access to water and food and a phone in case you need to call somebody.” None reported considering an overdose on Molly as a possible risk, though couples did report perceived risk or possible harm from ingesting more than one substance in their evenings with Molly. *Communication* about dosing and polydrug use within the broader category of couples' *conscious use* of MDMA was reportedly essential to “be on the same level” and maximize hoped for benefits. Another safety issue named by couples was the risk of buying an adulterated substance. Four couples stated that they at least occasionally use a kit to test the MDMA they purchased prior to ingesting it.

No couples reported ever having a medical emergency that required outside intervention. When asked what they would do in case of a medical emergency while on MDMA, couples tried to imagine hypothetical worst case scenarios, but concluded each time that they felt it unlikely to encounter a serious harm or other event that would require medical or police intervention. Sarcasm occasionally

marked the tone of participants in response to the question of potential harm or emergency, as in Neil's response to the question: "I eat shit that comes out of a microwave, (chuckle), there are, I have bigger concerns that I am thinking about (laughter)."

No couples reported the adverse physical effects of MDMA to be intolerable. Couples were mostly able to "push through" any undesirable effects to enjoy the experience with their partner. With regard to possible emotional difficulty of their MDMA experiences, Brian described a common sentiment, "in that sense, there are no real negative experiences, even, there are difficult experiences but there are no bad trips or whatever...you take note and there is always something that you can get out of it." This perceived ability to work through difficult moments while on MDMA may be in part due to couples playing support roles for each other and their perceptions of themselves as well-informed and well-prepared for their MDMA use together.

Discussion

Adult couples in this study represent a small sample of a hidden demographic of MDMA users who find benefit in self-managed recreational use in the privacy of their own homes. Participants reported positive benefits for both the individual and the relationship and viewed MDMA as enriching their lives. Couples reported making purposeful decisions about MDMA use with their partner and pointed to a timeline of events that takes place over days, weeks, and months. Couples changed their usual routines getting ready for the experience and made conscious decisions beforehand that oriented toward positive outcomes. Together, couples sorted out under what circumstances they were ready to share the experience, collaborating together on becoming "set" for taking Molly. MDMA was not considered by couples to be a dangerous drug and couples described being able to manage any difficult experiences that might be encountered while on MDMA. Couples appeared most to appreciate MDMA's relational qualities, with primary perceived effects on communication, intimate bonding, and providing a relationship "tune up," among other durable positive changes to the relationship. Each couple shared their own meaningful experiences of taking Molly, and overall, participants reported being satisfied with their decision and would willingly continue using MDMA together as long as it felt beneficial.

Comparing couples' reported use of MDMA in this study to existing models of use (Table 1), constructions around *drug*, *set*, and *setting* span the disparate epistemological spaces of existing models. While technically defined as recreational users, couples in the present study adopted language from the psychotherapeutic-medical model, some even borrowing directly from clinical research protocols to inform their evenings taking MDMA with their partner. Although they reported the experience to be therapeutic, the use of the term "therapeutic" might be a colloquialism used generally to capture the sense that the experience addresses individual and relational needs and desires, demonstrating sustained improvement to their relationships. The borrowing of medicalized terminology to describe private

drug use might also serve the purpose of distancing oneself from a stigmatized deviant model of use. Adults in this study suggested their use represented an exchange between two people in a healthy relationship, which stands in contrast to how the psychotherapeutic-medical model assumes a diagnosed patient needing supervised care for treatment of mental and emotional distress. Though adults recognized the substance as illegal and did not wish to have interactions with law enforcement, their move into secluded private venues was reportedly more about intimacy and privacy than it was about fear of incarceration. Unlike the deviant/recreational model that assumes drug use is escapist, irresponsible, or otherwise dysfunctional, recreational users in this study did not believe that their use of MDMA or other drugs aligned with those common assumptions. Physical and emotional preparedness was stated to be crucial for adult couples in deciding whether or not to take MDMA on any given occasion. The commitment of the relationship and maturity of intention that participants reported reflect critical differences of their use compared to that typically represented in the literature for deviant, illicit, or recreational users.

Congruent with the psycho spiritual model, participants in this study engaged the experience of taking MDMA together as a purposeful transformation of consciousness, much akin to the alchemical catalyst described by Adamson (2012). Participants used MDMA as a tool to catalyze empathic connection in how they related to themselves and their partner while on the drug, with planned use guided by communication and preparation. Couples reported relational tools for communication that came from taking Molly, which they anchored back to and practiced together in their sober lives post-experience. In couples' experiences, however, there was no need for a sober guide to facilitate the altered state. Couples' use in this study goes a step beyond the concept of self-help, personal discovery, and "New Age spiritual seekers" (Watson and Beck, 1991) to make a case for purposeful cognitive and relational enhancement by informed consenting adults. Couples' descriptions of their use aligns more with the field of nootropics, defined as a drug or other means used to improve cognitive functions of healthy subjects in the absence of any medical indication (Frati et al., 2015). Often labeled "smart drugs," the term *nootropic* describes the use of drugs for cognitive enhancement to achieve self-improvement. Qualitative data from this investigation suggest adults may be using MDMA in a similar way to nootropics, as a pharmacological strategy for cognitive enhancement, though in this case to promote sustained changes to behavior and relational improvement beyond current capacities. Within this emerging cognitive-relational model of MDMA use (Table 1), users might be portrayed as healthy adults seeking deeper connections with their partners through planned MDMA use that is mutually supported through their stated intentions and agreements. MDMA itself is constructed by couples as a multi-faceted substance that serves simultaneously as a medicine facilitating sustained therapeutic benefits, a relatively safe drug for celebration and enhanced intimacy, and a tool for opening up communication and exploration of the Self and Other.

Limitations

Findings should be interpreted in light of the exploratory nature and small sample size of this study. While couples from four different states participated, the sample was still homogenous in terms of demographics and history of recreational drug use. Couples in this study were mostly middle class White professionals who reported frequent present day cannabis use and historical use of MDMA. Participants' comfort and self-acceptance around their drug use might have made them more willing to share their experiences as non-problematic. It remains unknown what proportion of the total user population might align with the informed and non-problematic adult use of MDMA explored in the present study. Because MDMA has been driven underground since its prohibition in 1985, it remains unclear who the dominant sector of users actually is (Johnstad, 2021). While couples in this study are likely not representative of the entire MDMA user population, they do begin to uncover an underrepresented segment of the user population. Couples interested in participating in an interview study might also be inherently biased toward positive MDMA experiences. Harms or adverse outcomes might have been minimized in favor of expressed enthusiasm about what couples appreciated about MDMA. Also given the illicit nature of their procurement and use of MDMA, it is not possible to ensure that couples in this study were actually ingesting unadulterated MDMA. Couples' reported experiences with MDMA took place in the context of unknown quality of the substance, unknown or variable dosing, and possible polysubstance use. Even still, the findings of this study suggest an additional line of inquiry regarding non-clinical user populations and with accompanying implications for how MDMA might be regulated in an emerging drug policy reform landscape.

Conclusions

This investigation contrasted the first-hand experiences of adult couples using MDMA in private venues with the myriad existing assumptions surrounding how drug use is narrated inside and outside of the clinic. For the past two decades, researchers have attempted to counter and dispel prohibition era myths about the inherent harms of MDMA and examine the therapeutic potential for MDMA-assisted psychotherapy for mental health conditions (Cole, 2014; Sessa, Higbed, and Nutt, 2019). For some advocates, this has involved pointing out the power dynamics and contradictions involved in constructing current uses of psychoactive drugs in mental health care aimed to suppress or numb patients' emotional and psychological lives (Ballesteros, 2018; Sessa, 2014). MDMA, for example, had been considered dangerous in the era of prohibition because of its disruption of serotonin neurotransmission. However, most antidepressant and antipsychotic medications used routinely as first-line treatment today for many mental health conditions disrupt the same neurotransmitter systems and are known to cause a range of adverse effects, including behavioral toxicity, metabolic disorders, sedation, suicidality, and more.

The current investigation holds implications for more broadly thinking about the legal possibilities for MDMA beyond a psychotherapeutic-medical model, which conceptualizes the efficacy of MDMA to the “chemical self” and for use among a specifically diagnosed population of potential users (Hendy, 2021). Sociopolitical constructions of MDMA and assumptions about MDMA users hold significant implications for its eventual regulation, particularly with regard to who has access to take MDMA, where, and for what sanctioned purposes. In an era characterized by the increasing recognition of the failings of prohibition and a renewed willingness to engage widespread drug policy reform, critical questioning of prohibition era narratives along with exploration of models for accessing drugs outside of the clinical gaze might be warranted. The more expansive cognitive-relational view of “evenings with Molly” described by couples in this study suggests the possibility of an additional framework based on informed, non-problematic healthy adult use for cognitive and relational enhancement. More focused investigations might examine the prevalence and varieties of such use among adults in order to arrive at rational, science-based regulatory frameworks.

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Informed Consent Informed consent was obtained from all individual participants included in the study.

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