A Healing Experience with MDMA: A Psychotherapist's Mini-Autoethnographic Case Study

Una Experiencia Curativa con MDMA: Estudio de Caso Mini-Autoetnográfico de un Psicoterapeuta

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Abstract

This paper reports a mini-autoethnographic case study of my personal experience with MDMA-assisted group therapy (MDMA-AGT), addressing the lack of therapists' firsthand accounts in the literature. As psychedelic-assisted therapy (PAT) becomes a professionalized field, such narratives can guide safe and effective practice. The study offers practical recommendations for conducting MDMA-AGT sessions and outlines what participants can realistically expect. Insights aim to support psychologists, psychotherapists, and other mental health professionals—particularly those considering induced altered states of consciousness—in making informed decisions, while illustrating how PAT can be integrated into clinical work to enhance empathy with clients and foster personal and professional development. I also provide recommendations for possible future studies.

Keywords: psychedelic renaissance, psychedelic-assisted therapy (PAT), MDMA-assisted group therapy (MDMA-AGT), mini-autoethnographic case study, focused ethnography

Resumen

Este artículo presenta un estudio de caso mini-autoetnográfico de mi experiencia personal con la terapia de grupo asistida con MDMA (MDMA-AGT), abordando la falta de relatos de primera mano de terapeutas en la literatura. A medida que la terapia asistida con psicodélicos (TAP) se profesionaliza, estas narrativas pueden orientar una práctica segura y eficaz. El estudio ofrece recomendaciones prácticas para realizar sesiones de MDMA-AGT y describe de manera realista lo que los participantes pueden esperar. Las perspectivas buscan apoyar a psicólogos, psicoterapeutas y otros profesionales de la salud mental, en particular a quienes consideran los estados alterados de conciencia inducidos, en la toma de decisiones informadas, a la vez que ilustran cómo la TAP puede integrarse en el trabajo clínico para mejorar la empatía con los pacientes y fomentar el desarrollo personal y profesional. También presento recomendaciones para futuros estudios.

Palabras clave: renacimiento psicodélico, terapia asistida con psicodélicos (TAP), terapia grupal asistida con MDMA (TGA-MDMA), estudio de caso mini-autoetnográfico, etnografía focalizada

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Introduction

Psychedelic-assisted therapy (PAT) has seen a global resurgence in the past two decades as a novel approach for treatment-resistant mental health (MH) conditions, with ongoing evaluation of its safety and efficacy (Destoop et al., 2025; Ghosh, & Sur, 2025; Kim et al., 2025; McIntyre et al., 2025). MDMA-assisted therapy (MDMA-AT) and MDMA-assisted group therapy (MDMA-AGT) use pharmaceutical-grade MDMA alongside psychotherapy (van der Kolk et al., 2024; Zamaria et al., 2025), emphasizing a relational approach that supports autonomy and reduces stigma (Beachy et al., 2025). It aids trauma recall and processing while enhancing social learning through integrated "top-down" and "bottom-up" processes (O'Donnell et al., 2024). In 2017, MDMA-AT was designated a "breakthrough therapy" for post-traumatic stress disorder PTSD due to its unique ability to enhance trust, self-compassion, and prosocial behavior while preserving ego function and cognitive clarity (Wolfgang et al., 2025).

The therapeutic benefits of PAT arise from the dynamic interplay between the substance itself, the client's mindset ("set"), and the therapeutic environment ("setting")—concepts deeply informed by indigenous psychedelic traditions (Oña et al., 2015, p. 98; Perivoliotis et al., 2025, p. 2). When any of these elements are overlooked or distorted, the risk of adverse outcomes increases (Carhart-Harris et al., 2018). PAT is becoming a professionalized part of the field of psychotherapy (Kinahan, & Wilson, 2025), and its demand for training exceeds supply (Aicher, Müller, & Gasser, 2025). Nevertheless, the issue of whether therapists using PAT should possess first-hand experience with psychedelic substances remains contested. As Villiger (2024) puts it, should personal psychedelic experience of psychedelic therapists during training be "required, optional, or prohibited?" (p. 869).

Therapists' Personal Experiences of PAT

Therapists providing PAT often benefit from personal psychedelic experiences during training, a practice that is common among them (Aday et al., 2023; Villiger, 2024). Without firsthand experience, therapists may risk misinterpreting PAT, developing unrealistic expectations, or overlooking the importance of set and setting, all of which can diminish therapeutic effectiveness (Nielson, & Guss, 2018). Experiential training fosters comfort, confidence, and the ability to support clients in non-ordinary states (Dames et al., 2024). Hence, for therapists providing PAT, personal experience with psychedelic substances is preferred and could potentially be required to practice in the field (Scanlon, & Donohue, 2025). Despite the above benefits and preference, I concur with Emmerich and Humphries (2024), Rosenbaum et al. (2024), and others that mandating trainees to use psychedelic drugs is ethically unjustifiable and should never override their free will.

As a registered psychologist since 1992, I did not receive professional training in PAT. Throughout my career, I have encountered considerable challenges in treating clients with conditions such as treatment-resistant depression, PTSD, complex PTSD, and complex trauma. The recent resurgence of research and clinical interest in PAT has drawn my attention to its potential benefits and mechanisms of action. Approximately twelve months ago, I began formal training in this field, which ultimately led to my decision to participate in a professionally guided MDMA-AGT session during a retreat. This paper reflects on that personal experience and aims to address a gap in the current literature.

The Gap

Although firsthand experience with PAT is widely recognized as valuable for PAT practitioners, published accounts of such experiences remain scarce. With few exceptions—mainly in the form of recorded interviews (Grof, 2018; Harris, 2023; Huberman, 2023; van der Kolk, 2021)—therapists' personal perspectives remain underrepresented. In the current context of PAT becoming a professionalized area of psychotherapy (Kinahan, & Wilson, 2025), this deficiency constitutes a significant gap that I addressed through the following study aims and research questions.

Study Aims and Research Questions

This study aims to address the aforementioned gap by contributing to understanding the processes that drive therapeutic change through MDMA, thereby achieving expanded states of consciousness and enhancing clinical outcomes. To this end, I address the following four research questions:

> **RQ1**: How to implement the essential requirements for a safe and effective MDMA-AGT session?

RQ2: What therapeutic outcomes can be expected from an MDMA-AGT session?

RQ3: What are the most likely side effects associated with an MDMA-AGT session?

RQ4: What are the most likely underlying mechanisms of change facilitated by an MDMA-AGT session?

Significance of the Study

This study offers practical guidance for conducting safe and effective MDMA-AGT sessions, outlining both what participants can expect and how clinicians can responsibly integrate such practices into their work. This integration aims not only to deepen empathetic understanding of clients but also to foster clinicians' personal and professional growth. The findings are intended to support psychologists, psychotherapists, and other mental health professionals who are considering work in this emerging field—particularly those interested in experiencing induced altered states of consciousness—to make informed decisions grounded in the realities of MDMA-AGT. In doing so, this paper responds to calls in the literature to recognize the benefits of therapists' first-hand experience on PAT (Tadmor, Halperin, & Simon, 2025) as a feasible, timely, and essential inquiry (Nielson, & Guss, 2018), and to expand research on MDMA-AT (Perivoliotis et al., 2025) and group-based PAT (Rose, 2025).

The remainder of this paper proceeds as follows. The next section outlines the study's method, followed by the presentation of the findings. The discussion then interprets these findings in light of the existing literature and evaluates proposed mechanisms of action for MDMA. The paper concludes with a summary and final considerations, identifying both a research agenda and future directions.

Method

Study Design

This study employs a blended research design, a mini-autoethnographic case study design (Fusch, Fusch, & Ness, 2017), also known as focused ethnography (Knoblauch, 2005). This design combines ethnography and case study methods (Bayeck, 2023) to leverage their respective strengths while mitigating their limitations (Fusch, Fusch, & Ness, 2017). Case studies explore contemporary phenomena within real-world contexts (Yin, 2018). Focused ethnography examines specific phenomena within defined contexts through limited fieldwork (Kelly, 2022), providing psychologists with access to human experiences that would otherwise be inaccessible (Simonds, Camic, & Causey, 2012). Moreover, autoethnography serves as a reflective practice, fostering self-knowledge and self-awareness (Serrano-Miguel, 2022).

Setting, Equipment, and Materials

The setting was a large country house comprising a group of 17th-century buildings, situated in the heart of a national park in the Catalan pre-coastal mountain range of northeastern Spain. The session took place in an open-plan room measuring approximately 120 square meters, which was private, free from external interruptions or stimuli, and comfortably accommodated all participants. It featured parquet flooring and was equipped with yoga mats, zafus, and floor mattresses. Participants could lie down, recline, or sit up with support from pillows. Blankets and water were also available, along with ambient temperature control through air conditioning. The room was also furnished with high-quality audio equipment and was aesthetically pleasing, with fresh flowers. Pharmaceutical-grade MDMA was used in this controlled clinical setting. The dosage for each participant varied based on body weight and other individual characteristics.

Participants

Participants were 16 volunteers (9 women and 7 men), all of whom were acquainted with one another through their ongoing integrative transpersonal training and had successfully completed the relevant screening procedures. Several participants, including me, were practicing as psychotherapists. Ages ranged from 29 to 70 years.

Procedure

The session was facilitated by a co-therapy team of seven individuals with prior experience working together. The team was led by a medical doctor and psychotherapist with extensive expertise in MDMA-AGT, who served as prescriber and primary therapist and remained present throughout the session. Six secondary therapists provided

additional support. Each participant was paired with a counterpart (i.e., a working partner) who had previously undergone the same therapeutic process and remained with them throughout the session. Preparation for the session involved several structured components. First, although participants were already familiar with one another, a team-building exercise was conducted to strengthen trust, increase morale, and foster group cohesion. Second, participants were encouraged to cultivate an attitude of openness and trust toward both the co-therapy team and the therapeutic process, while acknowledging the importance of allowing the inner healing process to unfold at its own pace. Third, participants were asked to reflect on their personal intentions for the session, articulate them as precisely as possible, and share them with their counterparts. Finally, participants were reminded of previously learned sensorimotor and somatic techniques, with emphasis on using the breath to remain present and regulate anxiety or other intense emotions. Participants self-administered MDMA dissolved in diluted orange juice using plastic cups. Throughout the session, participants lay on mattresses, wore eye shades, and listened to a pre-selected music program. The total session duration was approximately eight hours, with peak effects emerging 60–90 minutes post-administration and lasting for an additional 1–2 hours. When needed, participants were assisted in standing and walking to the bathroom to reduce the risk of falls. Overall, the procedure closely followed established MDMA-AT and MDMA-AGT protocols (Mithoefer, 2017; Stauffer, Bouleh, & Anderson, 2025).

Findings

In this section, I present my experience with MDMA that addresses the four research questions. Although the RQI was covered mainly in the "Method" section, which outlined the essential requirements for conducting a safe and effective MDMA-AGT session, here I expand on the experiential dimension. I employ narrative and descriptive language, drawing at times on terminology from a transtheoretical and integrative perspective, primarily informed by Schema Therapy (Young, Klosko, & Weishaar, 2003) —a pragmatic approach that synthesizes elements of Cognitive Behavioral Therapy (CBT), Attachment Theory, Psychoanalytic Object Relations, Self-psychology, Relational Psychoanalysis, Social Constructivism, and Gestalt Therapy.

My Experience

Overall, my experience with MDMA was deeply embodied and somatic—far more than I had anticipated. It was infused with emotion, enriched by layers of insight, and grounded in a profound sense of safety, self-acceptance, self-compassion, gratitude, and empowerment. I articulate this experience through six emerging themes.

A Compass for My Mind

My intention—shared openly with my counterpart—was to draw into the light any fragments of unfinished business lingering in the quiet corners of my life. Though it began as a softly drawn sketch upon the canvas of my mind, it grew into a steadfast compass, pulling me forward with quiet insistence, deepening my devotion to the journey, and weaving my spirit ever more intimately into the unfolding tapestry of experience and discovery yet to come.

The Emergence of a Three-Layered Self

The experience unfolded quietly and progressively. Gradually, I became aware that my consciousness was splitting into three distinct streams, each moving at its own pace and with its own voice. This paradox of multiplicity held within unity did not feel chaotic; if anything, it felt devastatingly precise. These states appeared simultaneously within parallel processes, operating from different perspectives while remaining deeply connected. Together, they formed a three-layered state of consciousness comprising my Vulnerable Child (VC), my Healthy Adult (HA), and my Higher Self (HS).

My VC refers to the part of me that embodies the feelings, thoughts, and physical sensations associated with painful memories and intense emotions stemming from unmet emotional needs as a child, such as the frozen grief of being unseen and unprotected. It also holds self-defeating patterns (schemas) developed in childhood that can be triggered in certain situations, leading to feelings of overwhelm, helplessness, or anxiety.

My HA represents my state of mind, embodying psychological maturity — the part of me that is capable and well-functioning. It provides me with guidance to make informed, realistic decisions in everyday life. This was the part of me that had chosen to engage in this deep work, to surrender to the process, and to sit with discomfort rather than

turn away. It was not heroic. It was human, cautious yet willing. I have painstakingly cultivated my HA in therapy and was now called upon to re-parent and integrate my VC by choosing wisely, and to stay present. It has allowed me to respond to challenging situations with compassion and adaptive coping strategies. My HA was the quiet voice that had brought me to this point in my life and said, "You are safe now."

My HS is my transcendent, wise, and loving self that exists beyond the limitations of my ego and everyday consciousness. It is the source of my inner wisdom, guidance, and connection to something larger than myself, which I may call universal consciousness, source, or spirit. This HS is the presence that exists within me and extends beyond what therapy models can fully map, aligning with what some traditions refer to as the spiritual, observing, wise mind or self. This part of me was vast and unhurried, watching the unfolding storm of feelings and memories with deep compassion. It did not interfere. It did not judge. It simply watched, holding my VC and HA in a timeless, quiet, and gently luminous field of awareness. Thus, I derive my inner peace.

An Unexpected Gift

What showed up to the surface startled me—a memory I thought I had buried in my countless therapy sessions over the years. It was the image of the small boy I once was, four years old, standing bewildered and unseen, as he was handed over to his grandparents. The warmth of his parents' embrace was suddenly replaced by a quiet absence he could not name.

I felt stunned by its return. After over thirty years as a psychologist, and after forty years of personal psychotherapy intermittently (spanning from 1976 to 2016), I was convinced I had fully healed this early wound of my life. I had sat with this memory, explored it, processed it, grieved it, cried over it, integrated it, and set it free—so I thought. Under the MDMA's wise and compassionate gaze, however, I realized how wrong I had been. My young child was right there, alive and pulsing, asking for something more profound. In that moment, I realized that some wounds do not disappear simply because we have examined them thoroughly; they wait for us to meet them with the compassion of the body and the tender acceptance of the heart. Underneath all the years of insight and careful work, the little boy was still waiting to be held and emotionally reassured forever. I could finally fully embrace him, without fear, without judgment, without the need to fix him, only to love him unconditionally. In that embrace, a quiet alchemy unfolded, transmuting old grief into the simplest, most profound form of healing: presence, love, acceptance, and compassion.

Processing Emotions Breath by Breath

Suddenly, and evoked by the emotive and melancholic quality of Samuel Barber's Adagio for Strings playing in the room, before I knew it, I could see my four-year-old self, who I once was. I had traveled back in time and space. From there, for the first time, I was able to re-experience a painful and sad episode of my life. Initially, I felt overwhelmed, as if everything came crashing in like an emotional tsunami. My body was trembling and sweating. It took a tremendous amount of emotional labor to process the entire experience.

My HA knew that diaphragmatic breathing, not thinking, was the only effective way to process such raw emotions of my embodied trauma. I also knew that my VC's healing had begun, and that, for the first time, I had the opportunity to relive my experience adaptively. Therefore, although I felt exhausted at some point, I persisted until the end.

The Healing Power of Self-compassion

Following the emotional labor described above, the healing began in earnest. An impulse rose within me to draw my VC into an embrace—not only to hold him, but to honor my awareness of his confusion and the quiet ache of abandonment. Holding that awareness, I let my hands move in slow, rhythmic strokes along my upper arms, the warmth of my touch seeping deep into my skin. The motion was steady and unhurried, each breath a gentle reminder that I was present, whole, and able to hold both him and myself as one. This ritual became more than comfort—it became a vow, a steadfast promise to remain, now etched indelibly into my mind.

Weaving Wholeness Through Integration

My integration process unfolded through individual and group sessions, writing, and ongoing reflection, gradually deepening in richness and meaning. It began shortly after the session with a brief conversation with my male counterpart, followed the next day by a detailed debrief with him

and a senior therapist, and later by a debrief with the whole group. Three days later, I joined an online group session led by the co-therapy team leader while continuing to journal. Over the following fourteen weeks, the integration process culminated in writing this paper.

The integration gave me the chance to slow down and truly reflect on what I had experienced. It allowed me to attach a deeper meaning to my journey and gain insight into the origins and evolution of some of my schemas and core beliefs, as well as how these mental frameworks shaped my sense of self, my relationships, and my approach to navigating the world. One of the clearest examples was my "emotional inhibition" schema—the belief that I needed to hold back my true feelings to meet others' expectations and keep the peace. For much of my life, this meant pretending everything was fine, even when it was not. I had come to believe that expressing negative emotions would only invite judgment, rejection, shame, or a loss of control, so I hid them away. Through integration, I softened that belief and moved toward a greater sense of wholeness and inner coherence. What has emerged are enduring feelings of peace, connection, serenity, and gratitude—qualities that now remain accessible in my daily life. Importantly, I experienced no adverse reactions or side effects from the MDMA-AGT session.

Discussion

The above findings are consistent with existing literature, which emphasizes that the therapeutic benefits of psychedelics and MDMA arise from the dynamic interplay between the substance itself and the clients' set and setting (Oña et al., 2015; Perivoliotis et al., 2025). I have addressed the optimization of the setting in the "Method" section. Next, I examine the elements and conditions that contributed to the session's outcomes. This analysis is framed within the broader literature and organized around five interrelated themes: intention and the therapeutic alliance, the role of music, somatic experiencing/healing, self-compassion, and integration and collective effervescence.

Intention and The Therapeutic Alliance

My intention to bring forth unfinished, unconscious biographical material during the expanded state of consciousness—combined with the therapeutic alliance established with the group of participants, my counterpart, and the co-therapy team—enhanced trust and provided both a solid foundation and therapeutic containment (Noorani, 2021), thereby fostering an enriching experience. Importantly, this alliance had been carefully cultivated over several months through our shared integrative transpersonal training curriculum. Such prior groundwork aligns with existing literature, which identifies both intention and therapeutic alliance as foundational components of PAT (Levin et al., 2024) and of MDMA-AT specifically (Perivoliotis et al., 2025; Zeifman et al., 2024). The alliance is also among the most frequently reported mediators and mechanisms of change in psychotherapy (Baier, Kline, & Feeny, 2020; Messer, 2013).

The Role of Music

The carefully curated musical program evoked the image of my four-year-old self as a VC, facilitated emotional release, supported introspection, and shaped the pacing of my journey in ways that aligned with existing research. Namely, the evocative power of music plays a central therapeutic role in PAT (Dwyer et al., 2025), as an adjunct to support peak experiences (MacLeod, Clarke, & Warner, 2025), and as an enriching element that creates meaning and facilitates mental imagery and emotional engagement (Escobar-Cornejo et al., 2025).

Somatic Experiencing/Healing

The breathing exercises and self-soothing havening touch techniques I employed to process my intense somatic experience align with current literature. Research highlights the central role of sensorimotor and somatic therapies as embodied processes within PAT (Mithoefer, 2017; Gold, 2024). These approaches support emotional processing by facilitating the release of stored tension and trauma (Grassmann, Stupiggia, & Porges, 2025; Levine, Blakeslee, & Sylvae, 2018; Liang et al., 2025; Loizzo, 2023). Having touch stimulates oxytocin release, thereby promoting neurobiological conditions conducive to the adaptive processing and resolution of distressing cognitions and memories (Crowther, Mellor, & Sun, 2025; Sumich et al., 2022).

Self-compassion

My experience of accepting unconditionally and embracing my VC, while softening any

self-judgment patterns and creating space for a more compassionate stance toward myself, enabled the healing that took place and is highly consistent with the self-compassion construct. That is, being supportive toward oneself when experiencing pain or suffering caused by personal mistakes, inadequacies, or external life challenges. Self-compassion comprises three key juxtaposed components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus overidentification (Neff, 2023). The cultivation of self-compassion is often reported as a key outcome of PAT, fostering psychological flexibility and reducing self-critical patterns (Agin-Liebes, Zeifman, & Mitchell, 2025; Watts, & Luoma, 2020). Furthermore, emerging evidence suggests that MDMA may uniquely facilitate prosocial states characterized by heightened trust and self-compassion, while preserving ego integrity alongside cognitive and perceptual clarity (Wolfgang et al., 2025).

Integration and Collective Effervescence

My integration process, in which disparate aspects of thoughts, feelings, and behaviors were synthesized into a more coherent and harmonious whole, was substantially amplified through shared reflection and group experience. This dynamic evoked what Durkheim (1912/2001) termed *collective effervescence*—a state of heightened affect, energy, awe, and perceived contact with the sacred that arises when individuals gather for a shared purpose or ritual (Kronsted, 2025; Rose, 2025). Such collective phenomena appeared to foster a pronounced sense of community and gratitude that extended beyond individual PAT experiences (Dorsen et al., 2025). These experiential dimensions further parallel Ferrer and Puente's (2013) construct of *transpersonal cocreation*, which refers to the participatory emergence of spiritual insights, practices, and states that render spirituality more accessible. Together, these frameworks suggest that collective integration practices may deepen and broaden the transformative potential of PAT. Finally, my experience was consistent with Greer and Tolbert's (1986) suggestion that even a single session of MDMA-AT may be sufficient to yield significant and enduring therapeutic outcomes, particularly when contextualized within collective processes.

Limitations

This mini-ethnographic case study carries limitations inherent to both ethnographic and case study research, particularly the difficulty of extending findings to broader contexts. Although it offers valuable insights, the study remains susceptible to observer bias and the subjectivity of data interpretation, which constrain the transferability of its findings to other settings or populations. However, as McIntyre et al. (2025) observe, such concerns about generalizability or ecological validity in psychedelic research mirror those faced by many clinical trials of conventional pharmacotherapy in psychiatry.

Conclusion

My experience of MDMA-AGT underscored the critical importance of set and setting in conducting effective and safe PAT and MDMA-AGT. It also illuminated peak experiences and potential mechanisms of change consistent with existing literature. Although ethnographic and case study methods carry inherent limitations, the findings remain promising and offer practical guidance—particularly for clinicians considering firsthand engagement with induced altered states of consciousness—by supporting informed decision-making and fostering realistic expectations. Future research could build on this work by examining the neurological mechanisms underlying MDMA's effects through mixed-methods designs, integrating the contextual depth of qualitative data with the statistical rigor of quantitative approaches, thereby strengthening validity and reliability through triangulation.

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Data Availability Statement
Data supporting these findings are available upon request.

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