A Tale of Two Hippies: The Making of MDMA and Psychedelic Characters

by

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Table of Contents

Introduction -------------------------------------------------------------------------------------------------------------------------------- p. 3

Chapter 1: Set and Setting ------------------------------------------------------------------------------------------------------------- p. 6

Chapter 2: Protagonists, Antagonists, Agonists, and Agony -------------------------- p. 28

Chapter 3: The Godfather Part E -------------------------------------------------------- p. 46

Chapter 4: Hippie to Businessman ------------------------------------------------------ p. 65

Chapter 5: Integration Session -------------------------------------------------------- p. 86

Works Cited ----------------------------------------------------------------------------------------------- p. 98
Introduction

This project emerged out of skepticism. While I was on board with the idea that psychedelic drugs could be used as medicine, I was wary of the people working at the forefront of the movement. From very little research it was apparent that older white men were at the head of psychedelic research, which rubbed me the wrong way. For an area of research to be seemingly stemming from progressive ideals, I saw shades of hypocrisy. Not to say that older white men cannot be progressive change makers, but the lack of diversity appeared to me as a red flag indicative of a structural problem. Women and racial minorities have long been pushed to the side in all areas of science, so why would a field pushing for change not make their own changes in this regard? As I continued to look into psychedelic science, particularly the research being done with MDMA ("Ecstasy" or "Molly"), I noticed that very few people were echoing my concerns about the people in charge. Being a social sciences student at a left-leaning institution, where we are constantly encouraged to evaluate such dynamics, I found myself wondering if I was being too critical.

For MDMA, the two people who were most often touted as heroes are Alexander “Sasha” Shulgin and Rick Doblin. Shulgin, who died in 2014, was a chemist who is credited with making MDMA mainstream in the 1980’s from his work the previous decade. Rick Doblin isn’t a scientist by training. Rather, he is an activist and businessman who is the executive of the organization funding clinical trials using MDMA to treat post-traumatic stress disorder. What struck me about these figures was their open admission to drug use, and how such behavior would likely not slide if they were not have a decent degree of institutional power
to reinforce their legitimacy. Shulgin, for example, was a successful chemist for the massive Dow Chemical Company before he ever tried MDMA. Doblin got a doctorate from Harvard in public policy. At the end of the day, they were/are both champion networkers, and being well-connected bolstered their power and visibility.

In Science and Technology Studies, one key premise is to question who is producing scientific knowledge. While I am – and as many advocates for alternative medicine are – disenchanted with the current position of pharmaceutical companies in the United States, I wondered what it meant for psychedelic science to be created from the minds of the privileged. Because the counterculture of the 1960’s was rooted in activism and justice, it seemed contrary to me for psychedelic science to be largely run by powerful people. Despite popular belief, psychedelic patrons have been continuously and actively engaged with science since the flower-power days (see: Kaiser & McCray, 2016). Why, then, does such a movement in science seem to be just as much of an ivory tower as any other scientific field?

My initial goal was not to investigate specific individuals, but rather to critically interrogate the current project of making legal medicine out of psychedelic drugs. As I did more research, though, I became drawn away from the drugs themselves and more toward the individuals involved in bringing them to life. Two of them appeared everywhere. In popular media, in scientific articles, it was impossible to escape Sasha Shulgin and Rick Doblin. Because MDMA is in a moment right now, on the verge of becoming legal prescription medicine, I
became curious what it meant for its characters to be as important to the drug’s vitality as its chemical activity and the scientific verification of that activity.

Using MDMA and the men most tied to its legacy, I describe how characters are made to facilitate the making of a technological product. Drawing from scholars of science such as Bruno Latour and Sandra Harding, I hone in on two important and related theoretical ideas. Firstly, knowledge is co-constructed with the social world around it. Second, models such as Actor-Network Theory point us to the fact that people and their technologies are woven together into a tapestry of interdependence. My first chapter attends to the social and political history of MDMA in medicine, as well as how psychedelics have entered the world of psychiatry. The second chapter shows how both chemicals and people are able to become characters – heroes, villains, fools – to fulfill an overall narrative. The third and fourth chapters are devoted to Sasha Shulgin and Rick Doblin respectively, identifying how they are portrayed and serve roles as psychedelic characters. In the conclusion, I return to the question that drove my project: what are the implications of these character realities existing for MDMA? Why have these individuals gained the characterization they currently have?

Enjoy the trip!
Chapter 1: Set and Setting

“set and setting: The inner and outer environments in which a drug experience takes place; “set” is a term for the mind-set and expectations the person brings to the experience, and “setting” is the outward circumstances in which it takes place. Set and setting are particularly influential in the case of psychedelics.”

- Michael Pollan in *How to Change Your Mind* (2018), defining the concept outlined by Dr. Norman Zinberg (1984)

Public interests in psychedelic drugs boomed following the release of *How to Change Your Mind: What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence* by popular science writer Michael Pollan in 2018. Pollan, who was previously known for his work on nutrition, got significant attention for detailing his personal use of hallucinogens in the book, particularly because of his self-identification as a stereotypical Baby Boomer. Such perspective, from a member of a group that grew up in the post-counterculture vilification of drugs, provided compelling testimony that psychedelic drugs could one day become legitimate medicine. *How to Change Your Mind* specifically focuses on three drugs: lysergic acid diethylamide (LSD), psilocybin (magic mushrooms), and 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT or “Toad”). All three of these compounds are hallucinogenic, that is, they are associated with the visuals and distortions of reality we commonly think of when hearing the word “psychedelic.” In the book’s introduction, Pollan makes a note that MDMA – “Ectsasy” or “Molly” – is promising drug in the medical world, but because it is not a hallucinogen, he will omit mention of it in his book.
Now, in 2020, MDMA is currently in Phase III clinical trials to treat post-traumatic stress disorder with plans to finish by 2021. The trials, organized and funded by the Multidisciplinary Association for Psychedelic Studies (MAPS), began in 2003, and since, MDMA-assisted psychotherapy has been tested in sites all over the United States, as well as in Canada, Switzerland, and Israel. In 2017, the FDA declared MDMA-assisted psychotherapy to be a “breakthrough treatment” for PTSD, putting it on the fast track for eventual approval. In January of 2020, MAPS got approved for expanded access by the FDA, allowing patients outside of the clinical trials to qualify to receive MDMA-assisted psychotherapy before Phase III trials wrap up. By 2022, MAPS anticipates that MDMA-assisted psychotherapy will be an approved treatment for PTSD available in clinical locations around the United States.

MDMA has lived and grown in different places, from clinical psychology, pharacochemistry, and public health research articles to mass media publications. To illustrate how MDMA became such a vital object in psychiatry, this chapter approaches the drug from several angles to reflect the drug’s rather convoluted existence in academic medicine, law, and society. These worlds of MDMA co-construct each other; the social spills into the legal, laws direct academic research, scholarly work reflects – but may also ignore – societal forces. Here, I aim to give space for MDMA to be multiple, for it to be a pharmaceutical product while also being a social tool. Because of the drug’s multifaceted nature, our story this chapter is not entirely chronological. We begin with explaining how MDMA found its way into its current legal situation and the consequences of its criminalization. Then, we go back in time to cover how the drug played a key role
in distinct social worlds and subcultures. Finally, we backtrack again to explore how MDMA emerged as a psychiatric tool in the first place and where it resides in medicine today.

**Early History**

The early history of MDMA is relatively straightforward. Unlike the natural psychedelics, MDMA’s synthetic origins are clearly traceable to a laboratory. Merck Pharmaceuticals in Germany is credited with the original synthesis of MDMA in 1912. In 1914, Merck patented the drug as an intermediate compound in the creation of another drug intended to prevent abnormal bleeding. Chemists from the company later reexamined the drug on several occasions while it was still under patent, but little to no recorded information came from these subsequent investigations. One reason for this lack of record could be that Merck’s record facilities were most likely destroyed by bombings during the Second World War (Karch, 2011).

MDMA’s journey in America largely starts in the 1950’s as part of the Edgewood Arsenal experiments. The United States Army Chemical Research Center in 1953 began funding a project out of the University of Michigan testing a battery of phenethylamines – chemical derivatives of mescaline – on five mammalian species (Holland, 2001). One of these drugs was referred to as “EA-1475,” and since the declassification of this data in 1969, the identity of this compound has been known to be MDMA (Hardman et al. 1973). Edgewood Arsenal was largely a project aimed at developing a mind-control drug to aid the
United States in the Cold War with the Soviet Union (Grob, 2000). There is no
evidence that the Army funded any human research in this process.

Scholarship has pointed out that historical accounts of MDMA in the
period from 1960 to 1979 are limited (Passie & Benzenhöfer, 2016). During these
two decades, it was difficult to consider the role of MDMA without first
considering a quite similar drug, MDA. Chemically, the two are not too
dissimilar, as in MDMA’s early days, it was not uncommon to refer to it as “N-
methylated MDA” (Shulgin & Shulgin, 1991). MDA was a popular recreational
drug of the counterculture in the 1960’s to the early 70’s, but prior to that, it was
property of a pharmaceutical company. Smith, Kline, & French (now
GlaxoSmithKline) patented MDA as an appetite suppressant in 1958 (Holland,
2001). Because of this detail, MDMA is often mistakenly reported as also having
origins as a dietary assistant. Additionally, MDA was also part of the Edgewood
Arsenal experiments, as well as a large focus of the CIA’s own brainwashing
program, MK-ULTRA (Grob, 2000). MDA became an illegal Schedule I drug as
part of the 1971 Controlled Substances Act, but the lesser known MDMA
remained unscheduled.

Prior to 1970, the press surrounding MDA dwarfed its sister compound.
MDMA appeared in the literature in the 1960 as a product made by two Polish
researchers (Biniecki and Krajewski, 1960). At the same time, MDA was
becoming a drug of choice for underground synthetic chemists as recreational
users became more and more enamored with its euphoric effects. When MDA
became outlawed, the search for alternatives brought MDMA to the public’s
attention. MDMA first appeared on the streets in Chicago in 1970, but forensic
data was not reported until 1972, following the passage of the Controlled Substances Act (Gaston & Rasmussen, 1972). In fact, the rise in illicit attempts to produce structurally-derivative versions of MDA created issues for forensic labs unable to identify precise compounds in such small dosages (Sreenivasan, 1972). Throughout the 70’s, MDMA began to spread across the country, with major production operations popping up in places like Texas, North Carolina, and the San Francisco Bay Area (Passie & Benzenhöfer, 2016). The government showed their concerns in 1977, as the Drug Abuse Warning Network (DAWN) issued a public notice, drawing attention to MDMA as a potential threat to health and safety.

Samples of MDMA in forensic data first began to be reported as “Ecstasy” in 1981, a name that would mark the drug for the decade. In 1985, the Drug Enforcement Agency (DEA) initiated an emergency banning of MDMA, effectively labeling it as a Schedule I drug among the likes of heroin, cocaine, and the classic psychedelics. Enforcement schedules are on a scale from one to five, one being deemed the most dangerous and five being considered worthy of regulation but not as much of a concern. For example, tranquilizers such as Valium, Ambien, and Xanax are all Schedule IV drugs and have penalties in place for their illicit distribution, but doctors can still easily prescribe them to patients. Schedules I and II have the most regulation, and at these levels it is much more difficult for physicians and laboratory researchers to gain approval to prescribe or conduct experiments with these drugs. The MDMA ban, moving it to the highest degree of regulation, came about after Texas Senator Lloyd Bentsen issued a formal complaint to the DEA the year prior (Holland, 2001). The United States’
decision to criminalize MDMA at the highest level ultimately led to the World Health Organization implementing the same restrictions on the drug internationally in 1986.

**Therapeutic Potential**

The ultimate decision to place MDMA as a Schedule I drug was not without backlash, particularly from researchers who saw it to have potential in a psychotherapeutic context. The “rediscovery” of MDMA by the scientific community is largely attributed to Berkeley biochemist Alexander T. “Sasha” Shulgin, who synthesized the drug for the first time in 1976 (Benzenhöfer & Passie, 2010). Shulgin soon after shared his findings with his friend, Leo Zeff, who is credited with popularizing MDMA as an adjunct to psychotherapy among an underground network of fellow therapists (Stolaroff, 2004). Zeff previously had used MDA in therapy sessions with patients, but found MDMA to offer greater benefits. In 1978, Shulgin, in collaboration with Purdue chemist David Nichols, published the first pharmacological data showing MDMA administration in human subjects (Shulgin & Nichols, 1978).

In the early 1980’s New Mexico psychiatrist George Greer began work conducting clinical experiments using MDMA in therapy contexts. From 1980 to 1983, Greer, along with psychiatric nurse Requa Tolbert, conducted MDMA-assisted psychotherapy sessions for 29 patients in Santa Fe and San Francisco (Greer & Tolbert, 1986). Nine of the 29 patients had DSM-III diagnoses going into the treatment, and they all reported improvement of their conditions after receiving the therapy. While the study showed a variety of unpleasant reactions to
the treatment, such as insomnia and weight gain, one would hesitantly say that the research did not merit further investigation of the compound in a therapeutic setting. Of course, by the time the article was published at the end of 1986, the DEA had moved forward with MDMA’s scheduling.

Criminalization and Beyond

The DEA began its process to move MDMA to Schedule I in July of 1984 (Rosenbaum & Doblin, 1991). Government officials reportedly were surprised at the backlash from members of the psychiatric community who found the drug’s scheduling to be egregious. While most mental health professionals at the time were actually not in favor of recreational use of MDMA, they were more concerned with the fact that placing any substance at the highest level of scrutiny makes obtaining it for research astronomically more difficult.

Several experts within the field of psychiatry united to testify for the benefits of MDMA in front of the DEA. Before the DEA trials began, respected psychiatrists, psychologists, chemists, and pharmacologists sent letters to the DEA calling for a trial in the first place, as the agency was likely to schedule MDMA without holding a formal meeting. Psychiatrists George Greer and Lester Grinspoon, clinical researcher James Bakalar, and psychologist Thomas Roberts were largely at the front lines of this charge (Beck, 1990). Roberts, who holds a PhD from Stanford University, wrote to the DEA in August of 1985 both as a concerned academic and as someone who personally has reaped benefits from MDMA. In 1981, Roberts himself participated in George Greer’s MDMA-assisted psychotherapy experiments as a subject, finding the drug to hold great
potential for people with emotional problems. Following Roberts’ lead, researchers like Sasha Shulgin and David Nichols, who published the first human pharmacological reports of MDMA, also sent letters to the DEA expressing concern over the drug’s impending scheduling. Shulgin specifically maintained that he did not oppose regulations, but, rather, he stated that placing MDMA at Schedule III would help all researchers continue to evaluate the chemical’s clinical value without too much difficulty. The voices of medical professionals and academics in this moment were crucial in getting MDMA a shot at justice by having a fair trial to determine its fate.

However, not all scholars were on the drug’s side. During the trials, UCLA psychopharmacologist Ronald Siegel served as a key academic witness who was in favor of placing MDMA as a Schedule I drug. In both formal testimony and in interviews with the media, Siegel compared MDMA to phencyclidine – PCP or “Angel Dust” (Eisner, 1989; Klein, 1985). Siegel noted that seekers of spirituality advocated for PCP in its early years, only for the drug to soon become associated with the onset of psychosis and schizophrenia (Klein, 1985; Cohen, 1977). Additionally, Siegel provided statistics declaring that the amount of “Ecstasy” consumed by Americans per year had tripled between 1976 and 1985 from 10,000 to 30,000 doses (Holland, 2001). He argued that with the proliferation of MDMA on the black market, more and more distributors would adulterate the drug with even more harmful chemicals; however, he failed to discuss how imposing a strict ban could increase this effect, as it did with drugs like heroin (Eisner, 1989).
At the hearings, many therapists and psychiatrists delivered testimony in favor of MDMA legalization, yet clinical benefits were not the main focus of discussion (Beck & Rosenbaum, 1994). In order for a drug to be labeled Schedule I, it has to show no currently accepted medical use, unsafe use under medical supervision, and, at the forefront of discussion, potential for abuse and misuse. Because opposing researchers like Ronald Siegel worked to undo the arguments of MDMA proponents, much of the discussion came down to whether or not the drug would be abused and destroy lives across America (Beck, 1990). Defining “potential for abuse,” though was more of a political decision than it was a logical, empirical calculation. At the end of the trial, the judge recommended MDMA be placed at Schedule III, and many researchers agreed it was the correct decision. Choosing not to accept the trial’s results, the DEA went ahead and placed the drug at Schedule I anyways on the justification that there was indeed high potential for abuse, dismissing the testimony of scientists as merely anecdotal and distracting from a legitimate public health crisis. The DEA’s decision to go against the judge’s recommendation was highly scrutinized and even resulted in MDMA being temporarily unscheduled from December 22nd, 1987 to March 22nd, 1988 after an appeal from Dr. Lester Grinspoon, a time period called the “Grinspoon Window.” The Grinspoon Window did not last because the DEA maintained that potential for abuse was too great, and used such a claim to ignore the recommendations of clinicians and judges.

Ultimately, the reason it has been so difficult to remove MDMA from its standing as a dangerous narcotic is due to a battery of early laboratory research indicating the drug is unsafe. Data from the first of these studies that struck fear
into the public were relayed in 1985 by future-director of the National Institute on Drug Abuse (NIDA), Charles Schuster, on the *Phil Donahue Show*. Schuster reported data on the effects of large MDA – not MDMA – injections on the brains of rats (Ricaurte et al., 1985; Rosenbaum & Doblin, 1991). This study ended up also being presented by a University of Chicago scientist to during the DEA scheduling trials to aid the prosecution (Holland, 2001). Such data helped to rationalize the fear of the spread of drugs on the streets as a medical need.

Even after MDMA’s scheduling had been solidified, negative research coming out of NIDA-sponsored investigations continued to affect the public opinion of the drug. George Ricaurte, the first author of the study that made waves on *Phil Donahue*, ended up being the primary producer of further toxicity studies as he moved from the University of Chicago to Johns Hopkins University. Ricaurte became well-known for his style of research; he would administer large doses of drugs to animal models and report the worrisome effects on the animals’ neurons (Rosenbaum, 2002). At the end of 1990’s into the 2000’s, his lab began churning out experiment after experiment reporting “neurotoxicity” after exposure to MDMA, publishing both *in vivo* animal studies and clinical work (McCann et al, 1998, Hatzidimitriou et al., 1999; McCann et al., 2000). These studies added fire to “raver madness” in the transition into the new millennium, stigmatizing both the use of MDMA and the cultural practices associated with it. PET scans from one of the study showing a reduction in activity of serotonin neurons in MDMA users because a favorite image by NIDA, and it became plastered all over anti-Ecstasy public health materials (Doblin, 2004).
But Ricaurte’s lab was not done with this project. In 2002, he published an article with the daunting title “Severe dopaminergic neurotoxicity in primates after a common recreational dose regimen of MDMA (‘Ecstasy’)” in the high profile journal, *Science* (Ricaurte et al.). Essentially, Ricaurte’s lab attempted to demonstrate that a standard dose of MDMA induced the neurotoxic effects reflecting Parkinson’s disease in monkeys. Such data were intended to evoke the same sort of concern about MDMA as there was to adulterated heroin causing Parkinsonian symptoms in the 1980’s (Langston, et al., 1983). Even at the time of the MDMA scheduling trial, fears about drug-induced Parkinson’s disease permeated the discourse around Ecstasy (Eisner, 1989). Ricaurte’s results could have banished MDMA from having any chance at becoming medical treatment. Instead, it encountered scientific criticism when it came out that the monkeys in the experiment received methamphetamine, not MDMA. Ricaurte then was forced to retract the study, as well as an additional anti-MDMA study (Ricaurte et al., 2002; Boot et al., 2002). The blunder resulted in the questioning of Ricaurte’s entire body of work, as the Multidisciplinary Association for Psychedelic Studies (MAPS), the organization currently sponsoring clinical trials for MDMA, filed a Freedom of Information Act request to investigate, and nitpick, all of Ricaurte’s research (Doblin, 2004). The delegitimization campaign of MDMA neurotoxicity research took off in full swing, as Phase II clinical trials for MDMA-assisted psychotherapy began in 2003. The efficacy of this campaign was demonstrated in researcher David Nutt’s 2009 editorial where he “compared the dangers of using ecstasy (1 serious adverse event in 10,000) to those of horseback riding or ‘equasy’ (1 serious adverse event in 350)” (Nutt, 2009; Dunlap et al., 2018).
In more recent years, the concern over MDMA has moved instead to impure “Ecstasy.” As the therapeutic effects of the drug became more and more accepted among medical professionals, public health efforts have shifted to ensuring the purity of drug rather than curbing use altogether. Harm reduction methods for psychedelic drug use, strategies to mitigate bad trips and health concerns, have been argued for decades (Zinberg, 1984).

MDMA Social Worlds and Scenes

It is notably difficult to discuss recreational use of MDMA while simultaneously elucidating its prospects to be legitimate medicine. When discussing the use of MDMA in a therapeutic setting, the accounts of how the drug came to be a part of the lives of many are backgrounded. Jerome Beck and Marsha Rosenbaum note that in the second half of the 20th century, recreational drug users started identifying with the social worlds that contextualized their use (1994). In the case of MDMA, the drug had found its way into a variety of scenes with several different types of users. Most commonly, these scenes were dancing venues. In the 80s and 90s, MDMA came to be frequently associated with “yuppies,” young urban professionals, and their tendency to party outside of the realm of social acceptability. In last two decades, MDMA users have distanced themselves from the yuppy narrative, representing a more middle-class, racially diverse, and younger consortium of people.

MDMA use has largely been tied to dance music throughout its entire history as a recreational drug in America. One legal scholar points to an obvious, yet important, detail that venues for dance music come in two varieties: small and
large (Treacy, 2005). Prior to MDMA’s criminalization, it was associated with the former. Dallas’ nightclub scene in particular was quite enamored by the drug, as evident by a Texas Senator being the one to call for a ban on “Ecstasy” (Beck and Rosenbaum, 1994). MDMA users in the 80’s in Dallas, as well in other major US cities, appeared to comprise three distinct groups of people: yuppies, college students, and gay men. These three demographics appeared to be most drawn to the drug because it was a legal option for partying, as opposed to cocaine or cannabis. Following the MDMA ban, the Dallas nightclub scene took a big hit, as the appeal to party diminished.

Smaller venues also came to hold “Acid House” music and raves. Emerging out of European dance movements, rave culture and electronic dance music (EDM) facilitated the success of MDMA as a cultural phenomenon. San Francisco clubs, as the earliest adopters of the American rave scene, appeared to garner great success thanks to the availability of MDMA, and EDM along with it (Beck and Rosenbaum, 1994). While standard nightclubs suffered from MDMA criminalization, those that emphasized Acid House found cultural loyalists that kept the drug bound to the dance events. In 2003, congress passed the Reducing Americans’ Vulnerability to Ecstasy (RAVE) Act to mitigate the use of MDMA at EDM clubs. The act, largely written by then-Senator Joe Biden, gave law enforcement the authority to shut down raves suspected as promoting “Ecstasy” use under the provisions of the Crackhouse Statute of 1986. The RAVE Act has been criticized since its passage, as part of an omnibus bill, for overextending the legal authorities of the state by targeting a social movement more so than the drug distribution itself (Treacy, 2005). Another legal scholar argued that the act
exemplifies poor policy creation for the sake of having a catchy acronym to line sponsors’ political CV’s (Levy, 2003).

Due to vague wording, the RAVE Act could apply to large EDM concerts as well (Treacy, 2005). Big-scale venues, though, have never been the location to analyze MDMA use; rather, the “underground” nature of the early Acid House scene defined a culture of drug users for the decades to come. Research suggests that MDMA, both pharmacologically and socioculturally, promotes a sense of solidarity and unification at raves (Kavanaugh & Anderson, 2008). In recent years, likely because of the dissemination of health concerns, MDMA use has declined at raves as alcohol has become the drug of choice, followed by cocaine. The RAVE Act resulted in the closure of smaller venues that could not afford to pay fines. As a result, rave clientele shifted back toward the people who were considered typical in the 80’s: “yuppies.” This time, though, the more affluent crowd forgoes MDMA, for it has since gained reputation as more of a rugged drug.

MDMA use by gay men from 1980 to the beginning of the 21st century had its own cultural nuance. Gay bars were reportedly reliable sites to obtain “Ecstasy” in the Dallas nightclub scene (Beck & Rosenbaum, 1994). Moving into the 90’s, homosexuality increasingly became viewed through a public health lens amid the HIV crisis. Researchers looking at drug consumption patterns among urban gay men found MDMA to be among the most popular of recreational drugs, often associated with methamphetamine, ketamine, and cocaine as favorites of the group (Klitzman, 2006). MDMA began to play a critical role at circuit parties, particularly in New York City, which were largely defined by their implicit sexual
nature (Boeri et al., 2004). Research by Robert Klitzman of Columbia University specifically directed his research in the early 2000’s on correlating MDMA consumption with unsafe sexual practice among gay men in New York City (Klitzman et al., 2000; Klitzman et al., 2002, Klitzman, 2006). Extensively citing research from George Ricaurte in these studies, Klitzman engages in a practice that doubles up on pathologizing both gay sex and MDMA use. Still, Klitzman noted the ability of MDMA to produce “homosocial bonding,” that is, the facilitation of community among gay men with MDMA as a ritualistic device (2006).

Beyond the rave scene and gay subcultures, MDMA has had a variegated life. Because of the drug’s association with psychedelia, people identifying with the New Age movement rising from the counterculture also became associated with MDMA (Beck & Rosenbaum, 1994). On the flipside, hip-hop music and its listeners also developed their own fondness of the drug. Hip-hop clubs in the 90’s and early 00’s had moderate MDMA use, and reference to it became to pop up in the music as well (Boeri et al., 2004). The influence of rap music on young Americans brought MDMA into further territory, by popularizing it among groups of people like the children of immigrants in the early 21st century (Lee et al., 2011). Additionally, as MDMA picked up popularity, people began using MDMA in the privacy of their own homes (Boeri et al., 2004). While use of the drugs were originally tied to locations, such as nightclubs, the spread of MDMA beyond distinct subcultures distorted its attachment to spatial realms.

What is MDMA-Assisted Psychotherapy?
Prior to the reintroduction of MDMA into the clinical world, many mental health practitioners were already experimenting with using psychedelic drugs on patients. LSD in particular was thought to hold some benefit in the treatment of psychic distress, but the political forces of 1960’s made it difficult for such a drug to become acceptable, and the practice was largely pushed underground, especially after the Controlled Substances Act was passed in 1970. Similarly, MDA was also used in clinical experiments before it, too, was labeled a Schedule I drug. The researchers who early on developed treatment models using psychedelic drugs made a significant impact on how MDMA would come to be used in clinical settings.

Stanislav Grof was perhaps the most influential psychiatrist to work therapeutically with LSD in the 20th century. Grof, a Czech psychiatrist and follower of transpersonal psychiatry, became fascinated with LSD after overseeing clinical use of the drug as a medical student in Prague (Shroder, 2014). By 1954, he had allegedly tested LSD in more patients than any other medical professional in the world and became renowned as an expert. Grof literally wrote the book on LSD-assisted psychotherapy, cementing his place as one of the world’s foremost experts in psychedelia in psychiatry (Grof, 1980). He largely advocated for an eclectic approach to using LSD in clinics, combining more classic “psycholytic” therapy with more spiritual “psychedelic” therapy. One common trend in LSD psychotherapy which he perpetuated was the use of blindfolds and headphones with new-age music to maximize the peak experience. Grof later moved to the United States where he held a psychiatric appointment at a Maryland hospital. He then moved to California to become a scholar-in-
residence at the Esalen Institute, a relatively famous retreat center specializing in psychological wellness (Shroder, 2014).

When the Controlled Substances Act passed in 1970, Grof was no longer able to use the chemical that had been so integral in his professional career. In searching for alternative practices to employ, Grof, along with his wife Christina, developed “holotropic breathwork,” a therapy technique in which the subject hyperventilates to facilitate a spiritual transformation (Watjen, 2014). The premise behind holotropic breathwork is that by depriving the brain of oxygen, patients can enter a “non-ordinary state of consciousness” which parallels a psychedelic experience. Grof became renowned for his workshops where he both delivered the therapy as well as instructed clinicians and wannabes how to administer a holotropic breathwork session. While these sessions were not performed with psychedelic drugs, the development of holotropic breathwork as a technique worked to continue the practices of psychedelic psychotherapies during a period of prohibition.

On another front, Chilean psychiatrist and anthropologist Claudio Naranjo also played a significant role in the development of psychedelic psychotherapy. As an anthropologist, Naranjo spent time with indigenous people in South America who used ayahuasca and tribal communities in Africa who used iboga (Naranjo, 2001). As a clinician, Naranjo focused on administering MDA to patients in Chile. Incorporating the spiritual knowledges he obtained through anthropological research into the Gestalt therapy in which he was formally trained, Naranjo brought a unique perspective into medical settings. From his work with MDA, Naranjo made key observations that helped scholars and
Clinicians alike understand how the drug operated as a psychiatric tool. He referred to MDA as “the drug of analysis,” highlighting its usefulness in elucidating childhood memories in regression therapy (Holland, 2001; Naranjo, 2001). Naranjo emphasized the use of MDA – and MDMA – as a great facilitator of dialogue and openness for discussion, placing less value on the psychedelic therapy technique of using headphones and a blindfold. Becoming a leading authority on medical MDA, Naranjo built connections with other psychedelic scientists, such as Sasha Shulgin with whom he studied another quite similar drug called “MMDA” (Shulgin et al. 1973). While Stanislav Grof became known for distinctly psychedelic methods in his LSD therapy, Claudio Naranjo found a more happy medium in MDA therapy, bringing traditional psychotherapy approaches together with spiritual themes.

The methods used by George Greer and Requa Tolbert in the 1980’s, among the first MDMA-assisted psychotherapy clinical experiments, remain largely intact for the current practice used in clinical trials. Much of their methodology comes out of the clinical work of Leo Zeff, the therapist who largely popularized the drug (Greer & Tolbert, 1990; Stolaroff, 2004). Greer and Tolbert specifically note the influence of Stanislav Grof on the development of Zeff’s practice, as well as indigenous psychedelic rituals and Buddhist mindfulness meditation (Greer & Tolbert, 1990). Despite such pretenses, the actual protocol they used was fairly simple (Greer & Tolbert, 1990; Eisner, 1989). Patients would come into the session having fasted for 4-6 hours to reduce somatic side effects. Prior to taking the MDMA, the patients and therapists would establish a clear “mental set,” explicit goals and expectations for the session. Following this
discussion and establishment of informed consent, the patient would ingest the
MDMA (around 100-150 milligrams for men and 75-125 milligrams for women)
usually in orange juice. To transition into the therapeutic mindset, the patient
would lie down and, in the spirit of Stanislav Grof, listen to music via headphones
while wearing eyeshades. The drug’s effects would initiate after 45-60 minutes,
upon which the patients would engage in talk-therapy, however, rarely initiated
by the therapists themselves to allow for organic development of insights by the
patient. Around one-and-a-half to two hours into the session, the patient would
take a 50 milligram supplemental dose of MDMA to prolong the experience. The
course of the day would last six to eight hours in total, and the patients were made
sure to be safe and in the company of trusted family or friends once leaving,
recording any important observations should they need to be reported to the
therapists. In this experiment, Greer and Tolbert only administered MDMA on
one single occasion (Greer & Tolbert, 1986).

Of course, once MDMA had been blacklisted for therapeutic use, Greer
and Tolbert could no longer continue their study. In the 1990’s, the
Multidisciplinary Association for Psychedelic Studies (MAPS) began to sponsor
clinical work with MDMA conducted principally by Dr. Charles Grob at UCLA.
MAPS, a non-profit with the goal of supporting the medical research of
psychedelic drugs, was a fairly small organization, but their support was crucial in
allowing researchers like Grob to pursue these projects. Grob ran an initial safety
study with MDMA on volunteer patients from 1992 to 1995 (Grob et al., 1996).
When the study indicated minimal physical risk, Grob submitted a new protocol
to administer MDMA to terminally ill cancer patients (Emerson et al., 2014).
Using such a patient group served two purposes: MDMA could be shown to alleviate their anxieties surrounding death, and, because the patients would die anyways, potential harms associated with the drugs purported neurotoxicity would be less of an issue. However, the study never ended up happening because Grob had other responsibilities.

In 2001, MAPS submitted the protocol for MDMA-assisted psychotherapy for patients with treatment-resistant post-traumatic stress disorder (Emerson et al., 2014). Clinical trials in the United States are conducted in phases, beginning with initial safety studies in Phase I. Phase II trials are to verify proper dosages and clinical efficacy, and Phase III trials expand the patient pool to demonstrate safety and efficacy across a more diverse sample. Because of the work done with MDMA in the 80’s and 90’s, there was no need to conduct Phase I preliminary safety studies as there may be for novel compounds. In 2003, the protocol was approved, and in 2004, FDA Phase II trials finally began. The trials were under the direction of Dr. Michael Mithoefer, a psychiatrist operating out of Charleston, South Carolina, who specialized in emergency medicine and had particular interest in trauma (Shroder, 2014). In Mithoefer’s study, 10 out of the 12 of the patients who received MDMA-assisted psychotherapy no longer met the DSM-IV diagnosis for PTSD following treatment, compared to two of the eight patients who received placebo with therapy (Mithoefer et al., 2011). While this data was collected, MAPS began setting up research sites across the country, as well as abroad in places like Canada, Switzerland, and Israel. Mithoefer also got funding to run a trial specifically focused on military veterans and first responders, and published similarly promising results (Mithoefer et al., 2018). The following year,
pooled data from six treatment sites was published, boasting a sample size of 72 patients who received an active dose of MDMA with psychotherapy, as well as evidence that the treatment worked significantly better than placebo (Mithoefer et al., 2019). In 2017, after the FDA declared MDMA-assisted psychotherapy a breakthrough treatment for PTSD, MAPS submitted a protocol to begin Phase III clinical trials on 200-300 patients.

The current protocol does not differ too much from the methods used by Greer and Tolbert in the 80’s. The most significant change, though, is the duration of the treatment. While Greer and Tolbert typically met with their patients on one occasion, the MAPS protocol consists of three treatment periods (MAPS Public Benefit Corporation, 2018). Each period consists of an experimental session, in which the patient receives their dose of MDMA or inactive placebo, as well as three “integration sessions” occurring the day after, two weeks, and three to five weeks following the experimental session. Each experimental session lasts a total of eight hours, similar to Greer and Tolbert’s study, and patients are required to spend the night at the clinic. For the first experimental session, patients assigned to the experimental condition receive 80 milligrams of MDMA, a medium-low dosage. In the second and third experimental sessions, the dose ranges from 80 to 120 milligrams, with the intention for the patient to have a moderate dose adjusted to their personal metabolism. Just as in Greer and Tolbert’s study, patients receive a half-dose supplement – in this case, 40 to 60 milligrams – of MDMA one-and-a-half to two hours into the session. In the integration sessions, patients receive no drug. Instead, the patient spends 90 minutes discussing and processing the content of the experimental sessions with the therapists. It is also worth noting that all
sessions are conducted by a male-female co-therapist pair, just as Greer and Tolbert were.

Conclusion

The story of MDMA has many threads, and at times can feel convoluted. However, it is imperative to understand that the context in which MDMA lives inform each other as part of a network. Additionally, so many people have been involved in the construction of the social, political, and medical history of a drug that has been both vilified and exalted in the short time period it has existed. Telling its story would be near impossible without also providing details about its proselytizers, practitioners, and patrons. As you read this chapter may have noticed little to no mention of how MDMA actually works. I could have bored you with the specifics of its pharmacodynamics and pharmacokinetics, but such jargon is not as important to the big picture as the people mobilizing around it are. The following chapter explores how both drugs and their people are made to be the characters that act in a network like we see with MDMA. By looking at cases in which scientific figures and chemicals are made to participate in cultural narratives, MDMA’s current situation will appear less like an anomaly and more like a logical course of events.
Chapter 2: Protagonists, Antagonists, Agonists, and Agony

“The folk hero is not dead; rather, he is continually emerging.”
- Orinn E. Klapp (1949)

“Have a big story or no story at all, but don’t have a small story.”
- Stanislav Grof, psychedelic psychotherapist

In any story, there are characters you root for and those you cannot stand. And, as historian of science Douglas Allchin puts it, “every history – every story – has an implicit lesson, or moral” (2004). In histories of science, we seldom attend to the fact that characters deliver us these lessons; the scientific content is merely the vehicle by which they escort us. Invoking the word “character” implies the involvement of people, but we need acknowledge that technological products are actors. As evident from conceptual models such as Actor-Network Theory, inanimate objects can be quite animated (Callon, 1986; Latour, 1987; Law, 1987). Technology becomes enrolled into our social world through intricate processes which provide it with just as much agency, power, and responsibility as a person may have. On paper, classical hallucinogenic drugs can be reduced to “5-HT2A-receptor agonists,” but in practice specific pharmacology hardly enters their social world. Rather, drugs like MDMA are discussed using more evocative adjectives, bringing “Ecstasy” to the forefront of the decade-spanning narrative and contrasting it with “agony” (for example: Gertz, 1985; Santini & Goodman, 2002; McMillan, 2015). Such activity is more than linguistic, though. As psychedelics move through economics, politics, and medicine, the words we use to describe them are reflective of practical engagement with the world.
Drugs are perhaps one of the most obvious types of technological characters. They can save the sick, they can invade communities, and most importantly, they can define the aura of their users. The line between medicine and narcotic is a loose boundary, but so is the line between hero and villain. In this chapter, I discuss how scientists and drugs alike can be cast as either positive and negative, depending on the historical moment and surrounding social forces. When thinking about psychedelic drugs, this conversation is especially crucial. The psychedelic world is rife with colorful characters – and chemicals – who may me more ontologically unstable than other scientific beings. That is, our perceptions of them, and what we make them to be, are products of a fluctuating discourse and an ever-evolving narrative. The chapter concludes by detailing how people within psychedelia who found their way into Michael Pollan’s *How to Change Your Mind* were made into psychedelic characters. Looking at these figures, we can more easily see how the making of MDMA and its characters, discussed in the subsequent two chapters, comes to fruition.

*The Making of Heroes and Villains*

It is important to consider that in making someone a character, their intrinsic qualities play less of a role than the external social forces that define them do. In storytelling, there are three tropes which characters are often cast under: the hero, the villain, and the fool (Klapp, 1954). While these roles may seem clear-cut, one could very easily enter into a situation believing themselves to be a hero, and yet, be painted by society as a villain. Orinn Klapp’s hallmark example of this is John Wilkes Booth, who assassinated Abraham Lincoln under
the assumption that he was saving the South. And indeed, if one examines Booth from the vantage of a Confederate sympathizer, perhaps he does not appear to be the villain schools teach of in American history. Klapp’s essay, “Heroes, villains, and fools, as agents of social control,” aims to purport that defining such categories is not as innocuous as one may believe. Each category is an extreme of sorts, and is useful for marking deviance from a particular societal norm, largely in terms of virtue. As someone emerges as a public figure, their demarcation as “other” slowly gains such virtue, and the individual could appear as either heroic, villainous, or foolish depending on the context. Klapp cites Charles Lindberg’s rise to cultural stardom as exemplary of someone being cast as a crusader, radical, and crackpot all in relatively the same moment: “Lindberg began as a ‘Flying Fool,’ became the ‘hero of the air,’ and then, for a period prior to World War II was vilified as a ‘pro-Nazi.’” The dominant discourse now accepts Lindberg as a hero in the face of competing claims that say he is otherwise. Klapp argues that making a hero or villain or fool serves a specific social purpose to perpetuate cultural standards and collective values by promoting reactions such as hero-worship, scapegoating, or clowning.

Scientists are often portrayed as heroic. A 1959 survey of the public opinion on scientists found that a vast majority of respondents believed scientists to be working on “things that will make life better for the average person” and to be more hardworking than the average person (Withey, 1959). The survey also showed that people did not necessarily buy into the “mad scientist” stereotype, nor did they find scientists to be inherently secular. As a general profession, scientists were seen as humble, altruistic, and work-oriented. While this was the
dominant narrative, scientists who reach celebrity status grow beyond individual personhood; they become characters with different spins on what it means to embody heroism. Science, of course, is not value-free. A key tenet of science and technology studies (STS), science and its products “have always been deeply integrated with their particular social and historical contexts” (Harding, 2015). The same goes for the scientists.

One scientist venerated in the 20th century was Richard Feynman, the physicist who won the Nobel Prize in 1965 for contributions to quantum electrodynamics. Feynman was known for his conduction of demonstrations for the physics-naïve, from simple juggling to an ice-water experiment that showed how the Challenger disaster went wrong (Feynman, 1988). Not only was he brilliant, but he was fun. Feynman became a popular figure in the media for being a bongo-playing lover of life, and people bought into it. His series of anecdotes, *Surely You’re Joking, Mr. Feynman!*, became an instant bestseller (1985). Richard Feynman was cast as a hero for showing that scientists could be silly while saving the world (Shapin, 2009). While he was made a hero, Feynman could easily have ended up a notorious villain. Sexuality became a big part of his image, and while some have said this made him appear more “liberated” (Shapin, 2009), others are more offended. Noting that Feynman boasted about picking up women in *Surely You’re Joking*, writer Leila McNeill aired out a list of concerns:

“He worked and held meetings in strip clubs, and while a professor at Cal Tech, he drew naked portraits of his female students. Even worse, perhaps, he pretended to be an undergraduate student to deceive younger women into sleeping with him. His second wife accused him of abuse, citing multiple occasions when he’d fly into a blind rage if she interrupted him while he was working or playing his bongos” (2019).
McNeill continues to acknowledge that these offenses are brashly excused by a cult of “nerds” who consider Feynman a personal hero. His followers actively dismiss his vilification, serving to keep Feynman’s status at bay. But how does this affect how Feynman is seen in the academy? While contemporary science studies has issues with Feynman’s sexism (see: Soble, 1995), as both a scholar and public figure, he is relatively unscathed, and the work he has produced is no less legitimate than it was when he won the Nobel Prize. A 2018 editorial in Nature Physics, among the most prestigious of physics journals, noted that the year Feynman would have turned 100-years-old was full of celebration for the physicist, even though people within the discipline are mostly aware of his blatant sexism ("Rethinking our physics heroes").

However, if you look at Craig Venter, pioneer of the Human Genome Project, the fact that he was constructed as a villain makes the project, initially branded as for the benefit of society, appear to have nefarious aims. Venter was Time Magazine’s first “Person of the Year” of the 21st century for winning the race to map the human genome as president of Celera Genomics. In his media coverage, the “way of introducing Venter to the public was to stress how unconventional, ornery, and bloody-minded he was” (Shapin, 2009). As perhaps the biggest figure in the biotechnology world at the time, Venter struck more fear onto his onlookers than he did hope for the future. As Celera became the leader in personal genomics, concern began to bubble that they would monopolize the industry (Butler & Smaglik, 2000). With a broad cultural fear that the human genome could be used against us, emblematic in the release of the 1997 science-fiction film Gattaca, Venter’s cold persona did not help to alleviate these
concerns. His image as a corporate malfeasant likely contributes to concerns that the government or Big Pharma could own all of our DNA.

Like John Wilkes Booth thought himself to be a hero, scientists too can have such delusion to how the public will perceive their actions. Scientists are no doubt aware that there are strategies for success in their field. Indeed, in 1982 Carl Sindermann published *Winning the Game Scientists Play*, an instructional book for scientists to learn how to present themselves as effective professionals (1982). The book is less instructive than it is a model for conforming to the structure of experimental worlds. While one could study Sindermann’s book front to back, it would not guarantee success in industry or academic. Consider the case of Elizabeth Holmes, the subject of the 2019 HBO documentary *The Inventor: Out for Blood in Silicon Valley*. Holmes was the CEO of Theranos, a biotechnology company specializing in miniaturized blood-testing devices that did not work effectively. The company initially did quite well, and Holmes received much praise for her leadership and innovation. She modeled her image after Steve Jobs, donning the same black turtleneck each day. Holmes also took influence from Thomas Edison’s research style, emphasizing the importance of trial by error and persistence in developing scientific tools. However, once Theranos was revealed to be a sham, Holmes transformed in the media from a hero – a young woman in biotech among a sea of men – to a villain and fool. She was accused of lying at the expense of both her company and the public who she promised to save using her inventions. Holmes and Booth both illustrate how despite one’s intentions, breaking critical social conventions, murder or lying, makes it difficult for one to be accepted as heroic.
The Making of Colorful Chemicals

Just as scientists can be made into heroic or villainous characters, drugs are also susceptible to becoming celebrated panaceas or castigated toxins. The war on drugs advertised crack cocaine – and its crackheads – as an invader seeking to ravage communities, but before this narrative, the same chemical was sold in innocuous glass bottles by Coca Cola (Musto, 1991). Such a dichotomy is evident in the field of psychiatry, of course with drugs like MDMA, but also with pharmaceuticals before it. The mid-to-late 20th century was an interesting time for psychiatric drugs, as compounds relied on cultural values and As David Herzberg puts it, “[advertisers] described the tranquilizers and antidepressants as truly revolutionary medical advances, helping to anchor them in the therapeutic arsenal as ‘medicines’ rather than as ‘narcotics’ or ‘dope’” (2009, p. 6). As capitalist enterprise became increasingly intertwined with medicine, monetary forces direct our attention to the former as rational in cases that benefit specific companies.

In the earliest days of American psychiatry, much of the medicine used to treat mental illness seems out of place today. Neurasthenia, the late-19th-to-early-20th century condition of mental fatigue, was treated by physicians with an eclectic arsenal of chemical treatments. Among these medicines were arsenic, strychnine, valerian, opium, and cannabis (Caplan, 1998, p. 55). The two foremost treatments are both considered obvious toxins today. While arsenic’s toxicity is more ubiquitous, strychnine, too is most associated in Western culture with poisoning (Inglis-Arkell, 2015). In the medical literature, these poisons continue
to appear even after their acceptance as toxic, but largely in the discussion of East Asian herbal therapies. One case study report described chronic arsenic and lead poisoning in a 33-year-old Korean woman who consistently took prescribed herbal medicine to treat hemorrhoids. (Mitchell-Heggs et al., 1990). Another case study of a 42-year-old woman in China showed toxic effects from taking improperly processed maqianzi seed, a remedy for pain conditions (Chan, 2002). While these reports were likely well-intentioned, they not only perpetuate the notion that Eastern medical practice is less legitimate than Western, but also that these women were irresponsible and uneducated for electing to use these poisons as medicine. Neither article’s title suggests that they are case studies. Rather, they imply that herbal medicine in general is poisonous, a “click-bait” tactic that ignores the fact that many use these therapies without known toxic effects. Here, traditional herbs become cast as evildoing imposters, and in such vilification, Western pharmaceuticals are implicitly exalted as safe alternatives.

Valerian root, another of the cited treatments for neurasthenia, also has transformed since its participation in early American psychiatry. Unlike arsenic and strychnine, valerian was never labeled a toxin. Valerian has been a treatment for insomnia since the time of Ancient Rome, and is still a used sleep aid today (Sharma et al., 2010). The herb modulates the neurotransmitter GABA, an inhibitory signal associated with sedative effects. Valerian was once thought of on the same level as tranquilizers such as valium, prescribed to treat anxiety disorders and nervous conditions. Now, though, valerian is marketed as an over the counter sleep supplement that would be found in the vitamin isle at any supermarket in American. Among the essential oils, the herb once prescribed by
Galen is taken far less seriously. Scientists today are generally unconvinced that valerian works. A meta-analysis of valerian sleep studies reported methodological inconsistencies, as well as publication bias, that make it easy to dismiss the use of the herb clinically (Bent et al., 2006). Even though animal research finds comparable effects of valerian to mainstream tranquilizers (Sakamoto et al., 1992), and seemingly legitimate clinical trials conducted recently have shown valerian to work better than placebo to treat obsessive-compulsive disorder (Pakseresht et al., 2011), such work does not compensate for the societal stigma toward herbal therapies in favor of synthetic money-makers. Valerian’s best chance to be profiting for companies is to accept a role in a niche market for the consumer group who values natural methods of care. It is marketed as a nutritional supplement today in order to bypass FDA regulation of psychoactive drugs, and will likely stay that way because the nutraceutical industry only continues to flourish (Sharma et al., 2010).

Also consider that opium and cannabis were valid psychiatric medicines long before heroin and marijuana were declared Schedule I under the Controlled Substances Act. Just like valerian root, opium was prescribed by ancient classical doctors to treat psychic distress (Weber & Emrich, 1988). However, in the time period that neurasthenia has essentially disappeared from psychiatric diagnostics, opioids have undergone a radical transformation in the world of psychiatry. In the 1890’s, morphine’s popularity as a prescription drug peaked, both for mental and somatic ailments (Courtwright, 2001, p. 2). At this point in America, opioid addiction was considered an affliction of middle-to-upper-class white women who had the means to see a doctor. Addiction at this time was simply thought by
doctors as a physical reaction to the medicine that was helping these people. By the 1920’s, nonmedical opiates had spread through society, and as more poor people and people of color had access to the once-medicine, doctors reframed their ideas of addiction to reflect more of a psychopathological problem (p. 3). Such a conceptualization paints opioid users as intrinsically broken and heightens the political urgency to pass laws that would lead many of these people to be institutionalized. Since opioids have become synonymous with addiction, and addiction has been reified pathologically as “substance abuse disorder,” the use of an opioid in psychiatric practice would appear paradoxical today.

Cannabis is an interesting character for psychiatry, and medicine in general, with which to grapple. There is a prevailing understanding in the mental health world that marijuana consumption increases one’s risk for psychosis or the onset of schizophrenic symptoms (e.g. Ferdinand et al., 2005). Contrarily, cannabidiol (CBD), the non-psychoactive cannabinoid component compound of cannabis often contrasted with tetrahydrocannabinol (THC), has been increasingly suggested as a reasonable treatment for anxiety disorders including panic disorder, obsessive-compulsive disorder, social anxiety disorder, and post-traumatic stress disorder (Schier et al., 2012). In the past decade, CBD has emerged as a ubiquitous substance sold all over America in balms, beverages, and snacks. The marketing of CBD demonstrates a stark rebranding of a substance still quite stigmatized in America. Cannabis products can be medicine for some, but in a different form, they could have quite negative associations. Consider how false claims about marijuana were used by the media to justify the murder of Trayvon Martin, a black teenager who was fatally shot in 2012 (Tepperman,
2013). Cannabis’ history in America is naught without racism, and the moral panic that resulted in the acquittal of Martin’s murderer is just one example. The Supreme Court case *Ohio v. Robinette*, which allowed police increased jurisdiction to search “suspects’” vehicles, found its verdict using the fact that the black defendant had a small amount of marijuana – as well as “Ecstasy” – in his car, making him a legitimate criminal to justify a racist practice (Alexander, 2010, p. 67).

The aforementioned psychiatric treatments for neurasthenia, while out of style, are all recognizable characters. Arsenic and strychnine are nefarious evildoers, opioids and marijuana are dangerous thugs, and valerian is an unproductive, oddball hippie. When it comes to drugs manufactured by the pharmaceutical industry, though, it is perhaps less clear where they lie on a moral scale. David Herzberg’s *Happy Pills in America* details the making of tranquilizers and antidepressants as characters in American medicine and provides an opportune site to explore how certain chemicals become pharmaceutical heroes or villains, if only transiently (2009). Herzberg’s analysis is multifaceted; it demonstrates how psychiatry’s favorite drugs change over time, it shows how the people who use these drugs become types of characters themselves and in turn characterize the drugs, and it exemplifies the weak boundary between illicit and trustworthy drugs.

Herzberg’s historical approach is largely chronological, detailing the pharmaceuticals in the order in which they rose to popularity. While his focus starts with the tranquilizers of the 1950’s and 60’s, his history really begins in the 1940’s with the development of chlorpromazine, an antipsychotic drug developed
in Europe that was largely used as an anesthetic agent before it was used in psychiatry. Marketed under the brand name Thorazine by Smith Kline and French, chlorpromazine was, “virtually all side effect,” and that was a good thing (p. 18). Psychiatrists reveled in the fact that the antipsychotic drug essentially incapacitated their most troublesome patient group, allowing them to force treatment compliance. Heightened interest in the effects of chlorpromazine led to increased efforts to research and develop tranquilizing agents. The first of these drugs to emerge prominently out of these efforts was Carter Products’ Miltown, meprobamate, which tripled the company’s total sales the year it was introduced in the mid-1950’s (p. 26). Miltown was explicitly marketed using the word “tranquilizer” as to associate itself with the successful chlorpromazine and remove itself from sedatives like barbiturates which were known to have undesirable side-effects.

Out of Miltown’s success came more tranquilizers in the 1960’s like Valium and Librium, which essentially erased their predecessor from the scene. Herzberg notes that one pharmacology textbook was too early to include Miltown in its 1955 edition, but by the 1965 edition it had already gone out of style (p. 39). One reason Miltown had to pass its torch, other than the assortment of side-effects, was that it lost control over its narrative; it became a villain. When Miltown was first marketed, advertisers paid little attention to gender, which in hindsight appeared to hinder their marketing potential (p. 62). Soon though, Miltown in the eyes of the public would become “a commercially ubiquitous ‘happy pill’ for men” (p. 73). In the post-war culture, masculinity was at an all-time fragility high, and tranquilizers were beginning to be seen as a threat to
manliness. As Miltown became a cultural figure, the people who were to be Miltown’s prescriptees were fearful that the drug would emasculate them, and so became part of Miltown’s narrative. Valium and Librium were much more targeted toward women in their marketing campaign, and thus did not lose a fan base when tranquilizers became known for being masculinity kryptonite. Miltown’s exit from the pharmacopeia is like if all types of shaving became viewed as exceedingly feminine, so pink women’s safety razors became Gillette’s hallmark product.

Valium, though, also struggled to be an unproblematic chemical character. Just as language and attitudes toward addiction transformed how opioids were viewed at the beginning of the 20th century, concerns over Valium’s addictive potential colored its image. The 1965 Drug Abuse Control Amendments specifically placed regulations on barbiturates and amphetamines, labeling them as explicitly addictive, but only made suggestions that tranquilizers like Valium and Miltown should be investigated for their addictive potential (p. 96). Such legislation exemplifies how the law sowed the seeds for Valium’s imminent portrayal as dangerous. At the same time, the Drug Abuse Control Amendments also reinforced new rhetoric behind addiction, declaring that certain people were more “addiction prone” than others (p. 112). Moving the onus from the chemical – once being addictive itself – to the patient reframed the character of the addict as well as the character of the tranquilizer. It split drug users into two types: legitimate patients and those who would be junkies. The latter group would take advantage of the poor tranquilizer, which of course had good intentions according to the companies who were advertising them. Even so, by the mid-1970’s it was
too obvious that Valium was consuming the lives of many Americans. As public figures such as first lady Betty Ford came out as Valium-dependent, the image of the tranquilized woman became imprinted on the American collective consciousness (p. 122). Feminist activists played a big role in crusading against Valium. One housewife-turned-activist Cynthia Maginnis pointed out “that her whiteness and affluence helped her gain the sympathies of men and women who shared her background” (p. 147). Using her privilege to hammer into place Valium’s villainy, somebody who embodied heroism decried the chemical that had once been prescribed by the handful. Just as Miltown only had its moment in the sun, Xanxax replaced Valium to become the benzodiazepine of choice in the 1980’s, and Prozac became the king of psychiatric medicine.

Making Psychedelic Human Characters

Michael Pollan’s How to Change Your Mind relies on its characters – both human and chemical – to tell the story of hallucinogens. Of course it makes sense from a publisher’s standpoint to have the book contain an intriguing cast, but it makes one wonder, could he tell the story of psychedelics without them being so animated? Some of these characters his readers would have heard of, Aldous Huxley or LSD for example. But 5-MeO-DMT and Roland Griffiths are more obscure figures in psychedelia that novices may not be familiar with. Within the network of Pollan’s world, each character interacts with another on some level, shaping his audience’s understanding of how psychedelics have reached the current moment in science and medicine. Even if Pollan did not maintain such an enthusiastic, adventurous tone throughout the book, psychedelics’ ubiquity in
American culture would likely drive the narrative and color the characters in a certain light anyways.

In Pollan’s first chapter, “A Renaissance,” he writes about the so-called “second psychedelic renaissance” in which psychedelic drugs re-entered the medical world after their criminalization. While Pollan has a bunch a people to discuss, his clear favorite in the chapter is Roland Griffiths, a psychiatrist at Johns Hopkins University. Griffiths in 2006 published one of the most influential studies in psychedelic science to date, demonstrating how a “mystical experience” from taking psilocybin is critical to ensuring therapeutic efficacy. Pollan describes Griffiths as “a most unlikely psychedelics researcher” due to his reserved, straight-laced nature (2018, p. 31). Coincidentally, his early work in the 1970’s was with the National Institute on Drug Abuse conducting pharmacological studies that helped paint Valium as a villain. However, in the 1990’s, Griffiths became enchanted with yoga and Buddhist spiritual practices, leading him to think differently about the nature of science. Pollan exalts Griffiths as a hero for being a successful, follow-the-rules scientist while also being a progressive thinker and accepting new ideas. In such a description, Pollan makes an implicit comparison to the likes of Timothy Leary, whose eccentricity, as he claims later in the book, was harmful to advancing the legitimacy of psychedelic medicine. In Griffiths’ story, psilocybin is also a companion character, a friend of whom Griffiths was initially skeptical, but came to appreciate through his own spiritual journey.

When Pollan does discuss Timothy Leary’s role in psychedelic medicine, it is as someone who takes blame for LSD’s disappearance from psychiatry and
the halt to psychedelic research. Pollan tries to excuse the Harvard professor’s role in stigmatizing psychedelic science by saying that despite “the heedless, joyful, and amply publicized antics of Timothy Leary, the sheer Dionysian power of LSD was itself bound to shake things up and incite a reaction” (p. 186). Here, Pollan argues that LSD as a cultural figure had just as much agency and power as Leary. Neither figure could escape their association under the social forces declaring what was or was not acceptable within medicine and academia. LSD, of course, is not a villain in the grand scheme of How to Change Your Mind.

Pollan’s personal experience with LSD described in his “Travelogue” chapter are rather neutral, as he concludes by saying he was disappointed he was not “propelled…into the lap of god” as psychotherapist Leo Zeff had been (p. 252). Even though he wished for a better trip himself, Pollan upholds the idea that LSD could be useful for people in therapeutic settings, promoting the narrative that its earlier characterization had been too consumed by misinformed cultural ideas.

In his historical overview, Pollan also includes a group of men who boast prestigious legacies that help to legitimize psychedelic medicine. It all starts with Humphrey Osmond, who is credited with being the first to develop psychedelic psychotherapy (p. 146). Osmond, along with colleague Abram Hoffer, found success using LSD as a treatment for alcoholism. His work drew the attention of writer Aldous Huxley, who was quite interested in Osmond’s research. Osmond gave Huxley the mescaline that inspired his coinage of the term “psychedelic” and authorship of his notable work, The Doors of Perception. Osmond and Huxley would then link up with another notable gentleman by the name of Al Hubbard, “the most improbable, intriguing, and elusive figure to grace the history of
psychedelics” (p. 164). The so-called “Johnny Appleseed of LSD,” Hubbard was nothing if not sketchy (p. 167). Even though he lacked a third-grade education, Hubbard had a knack for technology and selling ideas; as a teenager around 1920, he sold a patent to a battery he came up with for $75,000. He found himself in jail during prohibition for running a radio communication system for bootleggers. He continued to participate in less-than-kosher operations to earn money after being released, and by the 1950’s he was the owner of a charter boat company and the scientific director for a company that mined uranium, making him a millionaire. After trying LSD for the first time, Hubbard decided everyone had to try it, introducing the drug to Silicon Valley scientists, Hollywood actors, government officials, and other people one may consider professional and important. Osmond, Huxley, and Hubbard were people from three completely different worlds, and yet, they complement each other as psychedelic characters. Osmond brought the biomedical expertise, Huxley brought a creative philosophical mind, and Hubbard brought the fraternity of connections. Huxley and Hubbard both offered Osmond much insight on how one may optimize psychedelic psychotherapy, influencing its trajectory to future pioneers like Stanislov Grof and Claudio Naranjo. This trio’s story is meant to emphasize how people with brilliant minds, though different perspectives, came together to build psychedelic science for the benefit of society. The way Pollan praises these individuals, Al Hubbard’s criminal past becomes mere quirkiness; forget the fact that he was a troublemaker.

Conclusion
Did you notice scarce reference in this chapter to our friend MDMA? The drug in the spotlight is obviously a character too. As we learned in the first chapter, it has teetered the moral line between good and evil just as the characters present in this chapter did. Even though Pollan omits MDMA from his narrative, people that have brought MDMA to life do make cameos in *How to Change Your Mind*. Sasha Shulgin, the chemist credited with bringing “Ecstasy” into the 1970’s, is name dropped throughout the book. Pollan also interviews Rick Doblin, the man in charge of the MDMA clinical trials for PTSD, in the final chapter. Outside of Pollan’s work, Shulgin and Doblin have been constructed as characters larger than life, just as the drug for which they became recognized has been. In the following two chapters I explore how the making of MDMA’s specific characters offers illuminating case studies of how both people and drugs are conceptualized in ways that are not always logical in favor of powerful social forces.
“I have dedicated my life to this area of inquiry. Someday I may understand how these simple catalysts do what they do. In the meantime I am forever in their debt.
And I will forever be their champion”
- Sasha Shulgin, in *PiHKAL*

In 2014, the *New York Times*, as did many major media outlets, reported on the death of “a chemist who specialized in the creation of and experimentation with mind-altering substances, and who introduced the controversial drug popularly known as Ecstasy for potential therapeutic use” (Weber, 2014).
Alexander T. “Sasha” Shulgin died at the age of 88, missing out on the chance to see the drug he helped to popularize become legal prescription medicine. In the story of MDMA, Shulgin was a character, both literally and figuratively, who helped color the narrative of the drug and how it got to where it is today.

Shulgin’s notoriety as a figure in psychedelic medicine largely comes from his mystical scientist image. His obituary in the *Washington Post* noted that in his later years, he was “a revered elder - a psychedelic Gandalf of sorts” (Vastag, 2014). While a 2005 *New York Times* profile tried to assign him the title, “Dr. Ecstasy,” the name that stuck the hardest ended up being “the Godfather of Ecstasy” (Bennett, 2005). Such a label, while dramatic, is fair; he helped to publish the first human pharmacological study on MDMA, allowing for the clinical work to progress before the DEA could ban the drug (Shulgin & Nichols, 1978).

His most notable publication is not a scientific article, though. Rather, the work for which Shulgin gains the most attention is *PiHKAL*, which stands for “Phenethylamines I Have Known and Loved” (Shulgin & Shulgin, 1991). The
book, subtitled “a Chemical Love Story,” was published in 1991 by Shulgin and his wife, Ann, who co-wrote the book. Part of PiHKAL’s charm is that it contains two books in one. “Book I” is “The Love Story,” a semi-autobiographical tale of the life and work of Sasha Shulgin and how he came to meet Ann. The term “semi-autobiographical” is troubling. On one hand, many of the events in the book have been recapitulated to the media as genuine occurrences, indicating a certain degree of truthfulness. On the other hand, “The Love Story” was written using pseudonyms, with the majority of names “changed to protect personal privacy and to allow [the Shulgins] freedom in the telling of [their] tale” (p. xiii). Sasha and Ann adopted the monikers “Shura” and “Alice,” characters that seem to represent intensified versions of their true selves.¹ Chemist and friend of the Shulgins, David Nichols, admitted: “One cannot be certain of the exact extent to which Shura and Alice mirror Sasha and Ann, but the richness of imagery, detail of thought, openly expressed emotions, and moments of intimacy clearly give insight into the personalities of the two people I know” (p. ix). For the sake of narrative, Sasha and Ann Shulgin distilled themselves down to Shura and Alice Borodin, but these characters are still essentially them.

“The Love Story” is only the first book of PiHKAL. In “Book II - The Chemical Story,” the Shulgins shifted from prose to hard science, detailing the chemistry and pharmacology of 179 psychedelic compounds Sasha made himself

¹ The Shulgin’s have acknowledged that “some of the stories in Book I are fiction” (Shulgin and Shulgin, 1997, p. xiii). Even so, the major events of the book found their way into obituaries chronicling the chemist’s life (see: Weber, 2014; Vastag, 2014). For the sake of my analysis, the exact truthfulness of PiHKAL’s events will not be scrutinized, as, in history, perception is reality.
in his lab. Each drug is listed in alphabetical order with detailed synthesis instructions along with drawings of their structural formulas. Shulgin then reports dosage ranges as well as the average duration lengths for effects. For example, for MDMA, Shulgin wrote that 80-150mg are necessary for an effect which will last four to six hours (p. 736). While “the Love Story” is around 450 pages, “the Chemical Story” edges it out to about 500 pages, complementing a compelling tale with a breadth of intellectual content. Book II also beats Book I in terms of public attention. Because of the detailed instructions for the synthesis of psychedelics, government officials have taken *PiHKAL* to be a “cookbook” for criminals to make their own batches of illegal drugs (Bennett, 2005). Indeed, *PiHKAL* has frequently been found at the scene of the crime at clandestine laboratory busts.

“The Love Story” and “the Chemical Story” mirror a classic dichotomy in modern science. In the field of science and technology studies (STS), scholars have extensively detailed the perils of the natural/social world under a modernist discourse. While there may be some disagreements, the general consensus is that social and natural properties are not separable from one another, that claims about material science cannot be understood without broader societal forces and vice versa. By bisecting *PiHKAL* into one social book and one natural book, the Shulgin’s manifest the social/natural divide as a tangible publication. Thus, *PiHKAL* serves as an interesting site to explore how social forces spill into the supposedly naturalistic facts we understand about MDMA. The making of Sasha Shulgin as a public figure exemplifies this spillage, and by examining his character, we see clearer the drug he brought to society.
**Why a Love Story?**

*PiHKAL* being “A Chemical Love Story” is almost a play on words. Sasha and Ann Shulgin not only fall in love with each other in the book, they also fall in love with phenethylamines, the class of drugs that includes MDMA. *PiHKAL*’s first book, “The Love Story,” is organized in three parts. The first 100 pages are told from the perspective of Shura, the character representing Sasha. Alice, Ann’s character, takes the next 230 pages. The couple shares the remaining 120 pages, switching off narrators. Roughly 70% of “The Love Story” is told from Alice’s perspective.

In the first 100 pages, Sasha/Shura brings the reader through the first 55 years of his life. He emphasizes several key moments during this time that brought him to the world of psychedelic chemistry. The earliest is a complicated story in the Navy when the placebo effect drew him to be fascinated with the human psyche. Then in 1960, years after he obtained a PhD in biochemistry, he tried mescaline for the first time and became smitten with psychedelics. As an industrial chemist working for the Dole Chemical Company (actually the Dow Chemical Company), he got lucky synthesizing successful commercial pesticides, which allowed him the opportunity to work on whatever he wanted for the company. At Dow/Dole, Sasha/Shura would synthesize MDMA for the first time in 1965, and try it himself in 1967.

When Ann/Alice enters the story, Sasha/Shura’s first wife died of a stroke, and Sasha/Shura finds himself in an affair with the wife of one of his closest friends. Drama ensues, and after pages of emotion, antics, and sex, Ann/Alice and
Sasha/Shura wed. In addition to being an entertaining tale, the second portion of “The Love Story” serves to teach readers, likely naive to psychedelics, all about these drugs as the scientist shows his girlfriend how to trip. The pair take several phenethylamines from Sasha/Shura’s lab, each drug providing a different psychedelic lesson and experience for Ann/Alice.

As a biography, *PiHKAL* is jarringly personifying. Sasha Shulgin is presented not like the cold, dehumanized industrial scientist readers may expect of someone with an occupation in chemistry, but rather as a raw, vulnerable individual with a fascinating mind. Much of this picture develops out of Ann/Alice’s contributions to the story, as she fleshes out the character the media mourned in 2014.

*The Research Process*

One obituary for Sasha Shulgin used the headline, “Godfather of psychedelics used himself as a guinea pig” (Ottawa Citizen, 2014). In death, Shulgin was remembered for his distinct style of experimenting with psychedelic drugs: testing them on himself. Shulgin makes sure to devote plenty of real estate in *PiHKAL* to explain his unconventional methodology. He states firmly in the book’s introduction that he finds “assays such as nest building among mice, disruption of conditioned response, grooming, maze running, or motor-activity [to] have no value in determining the psychedelic potential of a compound” (Shulgin & Shulgin, 1991, p. xxii). Later in the book, when Shura discusses his methods with Alice, he similarly decries animal research in psychedelic studies. Shura suggests that in the 1970’s, “scientists shudder at the idea of anything but
animal work, and when you argue that a mouse or dog can’t possibly tell you how a drug is changing your perceptions or your feelings, it falls on deaf ears” (p. 144).

By Sasha/Shura’s logic, the only possible method to truly glean data on novel psychedelics, requiring subjectivity for evaluation, is self-experimentation. In Shura’s discussion with Alice, he adds that criticism of these ways of researching ignores the history of the scientific process, as it used to be the norm, if not encouraged, for scientists to consume their own medical creations. Indeed, historical analysis reveals that the “peak of self-experimentation occurred in the first half of the 20th century,” and plenty of scientists from this period received accolades, such as the Nobel prize (Weisse, 2012). In emphasizing self-experimentation as a viable methodology, Shulgin promotes himself as almost noble for using traditional means to test his drugs, even if these means have gone out of style and would be criticized by leaders in the field.

A major concern with self-experimentation is that of safety. The history of synthetic drugs is laced with anxieties surrounding danger and uncertainty, so there is no wonder why critics would raise their eyes at Shulgin’s insistence here (see: Jenkins, 1999). Shulgin uses his experience as a pharmacologist to fight off concerns, citing that “the very few drugs that are active in the human central nervous system which turn out to be dangerous to the investigator at effective doses, have usually given some preliminary warnings at threshold levels” (Shulgin & Shulgin, 1991, p. xxiii). Shulgin claims that people with his level of experience know when to sound off the alarms, that if he was truly in danger he
would see it coming and know what to do. His calmness in the face of consuming mystery toxins may further establish Shulgin as the “Godfather of Psychedelics.”

While there are several instances throughout PiHKAL where Shulgin takes his concoctions by himself, he emphasizes the role of his “research group” in being essential for creating the qualitative reports listed in “The Chemical Story.” Shugin writes in the book’s introduction that after he tests a drug on himself and finds it to produce a significant effect, he takes the drug again with Ann to bring in a second opinion, both biologically and psychologically (p. xxv). The pair rank their experience on Shulgin’s personally developed rating scale, which ranges from “no effect” to “serene and magical.” Then, the drug is ready to go to the research group. Shulgin’s group was a cohort of his trusted friends, who, at the time of PiHKAL’s publishing, totaled to 11 people including the Shulgin’s. Shulgin describes them as “volunteers, some of them scientists, some psychologists, all of them experienced in the effects of a wide number of psychotropic drugs” (Shulgin & Shulgin, 1991, p. xxvi).

In “The Love Story,” Sasha/Shura inducts Ann/Alice into the group, where she along with the readers learn how these experiments are conducted. The characters presented as research group members are mostly husbands and wives, all white, all middle-aged, all intellectual-types. When Ann/Alice is invited to join the research group in the 23rd chapter of “The Love Story,” the occasion seems so nonchalant she does not realize at first the group is gathered to test a psychedelic

\[\text{\footnotesize\textsuperscript{2}}\] Shulgin adds that another, more formal, way to describe this sensation would be as “peak experience.” In doing so, Shulgin mentions humanistic psychologist Abraham Maslow, who he incorrectly labels as a psychiatrist.
drug; she merely thought she was bringing fruit to her boyfriend’s social gathering. Shulgin explains in *PiHKAL*’s introduction that the group all come together, usually at his house, with food and sleeping bags in preparation for their research. He emphasizes that in the experiment there are strict rules, such as three-day abstinence from all drugs, including prescription medication (p. xxvii). If any research member has a “reality-based” concern, the phrase “hand in the air” is an established safe-word. Before the session begins, any member can veto proposed plans for the experimental session should they feel discomfort, and everyone must agree to new proposals during the experiment. Shulgin’s example is that if “one person [feels] uncomfortable about hearing music,” they will not play music (p. xxviii). Sexual content “can be discussed” during the experiment, but only acted upon in the case of “established couples.” At the end of the experiment, each group member gives qualitative reports of the experiment using Shulgin’s rating scale and personal description.

Sasha Shulgin’s psychedelics research group could easily appear more nefarious. The intent to produce scientific knowledge immediately labels this drug use as an experiment rather than a slumber party. Framing the research group as less-than-recreational raises questions surrounding privilege. An older, not to mention, white, crowd consuming mystery chemicals at a cabin in the mountains is portrayed as sophisticated; meanwhile, black, urban teens using cannabis could face death should law enforcement witness their own “experiment.” While Sasha Shulgin included reports of these experimental results in “The Chemical Story,” such synthetic phenethylamines have hardly been considered for medical use.
beyond MDMA. The research group nevertheless appears to be a group of venerable elders, led by an omniscient sage, in spite of the obvious illusion.

Authority and Authenticity

Biomedical knowledge is nothing without authority to back it up. Such authority, of course, can be drawn from a variety of sources. For Sasha Shulgin, these sources may almost appear contradictory. While he no doubt receives authority from institutional powers that many other doctor-scientists also benefit from, Shulgin’s legacy greatly profits from engagements outside of those institutions. In the world of chemistry and medicine, Shulgin was more or less an insider, but he was also more or less an insider within the psychedelic world. By achieving legitimacy as a psychedelic and biomedical figure, Shulgin can cover more ground to secure the legendary status his obituaries indicated.

Managing his world as a chemist required he jump through the proper hoops, but to be respected in psychedelics, Shulgin would need to downplay his institutional acrobatics. For example, early on in *PiHKAL*, he lets his readers know he went to Harvard. Sure, that looks great as a chemist, but how does that fare for psychedelics? Consider that Timothy Leary’s standing as a Harvard professor could only get him so far, as 2nd-wave psychedelic scientists have turned on Leary for his failure to conduct good science (Doblin, 1998). Shulgin minimizes the ivory tower with two excuses: the first, that he flunked a standardized exam that prevented him from attending the University of California in Berkeley like he planned, and the second, that he dropped out of Harvard after two years anyways to join the Navy (Shulgin & Shulgin, 1991, p. 10). He largely
attributes dropping out to not fitting in at a school where he “rated as a non-
person” for coming from a working-class family. Rather than taking up the elitist
attitudes of such an institution, Shulgin formulates his identity around being a
misfit who was trying to figure out things like everyone else.

Humility is a key actor in Shulgin’s ability to build himself up as an
authority figure. Of course, within the first several pages, he declares that he “was
a child prodigy,” and, yes, he could speak multiple languages and play piano and
the viola and write poetry all as a young child (p. 4). But despite these feats, he
thought of himself as average as an adult. He argues that people only thought he
was exceptional because he squeezed his way into many a niche. Shulgin wrote
that even though he was a “so-so” viola player, because he was not playing the
ever-so-popular violin, he was in high demand for chamber music groups (p. 15).
The same, he said, held for chemistry, of which he claimed to be average, as he
pursued a degree in biochemistry where he could be a better chemist than the
biologists in the discipline. He does not actually convince his readers that he is an
average chemist, especially at points when Alice/Ann gushes over the genius of
her partner.

Because Shulgin procured scientific authority through the proper channels,
he was then able to act as a translator of sorts for those outside of the club. For
example, the first psychedelic drug Shulgin tried was mescaline, and his
observations proved to be profound, declaring, “I understood that our entire
universe is contained in the mind and the spirit. We may choose not to find access
to it, we may even deny its existence, but it is indeed there inside us, and there are
chemicals that can catalyze its availability” (p. 17). Even in Shulgin’s musings, he
blends the spirituality of the psychedelic world biochemical language, and he does so in an unpretentious way.

Perhaps Shulgin avoids pretenses because he comes across as authentic. Never in *PiHKAL* does he give the impression that the romanticization of psychedelics is to cover up the danger that lies within them. In fact, Shulgin is quite candid that using psychedelic drugs comes with unpleasant moments. In Chapter 13 of “The Love Story,” Sasha/Shura discusses a bad trip he had while conducting an experiment on himself, distress he largely attributed to smoking marijuana prior (p. 75-79). During the experiment, he felt that time was moving much faster than it actually was, which drove him to great fear. Not just Sasha/Shura struggles with psychedelics throughout the story. In the book’s longest chapter, Ann/Alice spends a week in a state of psychedelic panic, essentially a major psychiatric episode, in an experiment she did not realize would go on for quite that long (p. 365-409). Almost every time the research group makes an appearance, someone, usually one of the more neurotic men in the group, does not have an enjoyable experience either.

*Care to Language and Modesty*

Sasha Shulgin was in a tricky situation when he first began reporting on MDMA in the 1970’s. The countercultural movement had left its mark, and the stigma surrounding psychedelics could not be simply overcome using chemistry. In *PiHKAL*, Shulgin notes several ways that he managed this stigma, attending to modest language and half-truths.
At the level of basic terminology, Shulgin fretted over the word “psychedelic” in his publications. He understood the word to be quite political, and feared that academic journals “might look upon the term ‘psychedelic’ as advocative” (p. 25). For publishers he deemed more conservative, Shulgin used the word “psychotomimetic,” meaning the imitation of psychosis, to represent these substances he himself found to be positive. Indeed, in the first human pharmacological study of MDMA, Shulgin and collaborator David Nichols settled on using the term “psychotomimetic” (1976). In hindsight, it is almost bizarre to fathom that such an overwhelmingly negative definition would be touted by one of the biggest names in psychedelics.

It is apparent in PiHKAL that despite Shulgin’s appreciation for psychedelic drugs, he does not want attention. In the 11th chapter, Sasha/Shura flees the press after giving expert testimony for the House Committee on Crime in America. He did not want to be there in the first place, but received a subpoena to answer any questions federal lawyers asked of him. He described the minimal press that occurred from his testimony as “a brief account of the regrets of a drug researcher concerning any of his discoveries which might have become social embarrassments” (Shulgin & Shulgin, 1991, p. 65). When Ann/Alice was getting to know Sasha/Shura later in the story, he tells her that “[he’s] a quiet person; [he doesn’t] make a lot of noise in public; [he’s] not leading any new social movements” (p. 157). One might expect more revolutionary actions from someone who claimed to be a “champion” for psychedelic compounds, but yet, Shulgin really did not intend to make waves beyond his circle of contacts.
He likely would not have even published *PiHKAL* if the MDMA ban in 1985 was not as disastrous. On top of that, the Federal Analog Act of 1986 was a direct target on the type of research Shulgin conducted. His main method for chemical discovery was to synthesize slight alterations on the same structures until he had worked out a whole family of compounds. Under the new law, all of his tinkering would be illegal. Because Shulgin’s work was threatened, his voice got louder. After *PiHKAL* got published, the DEA raided his lab, fined him a large sum of money, and revoked his license to work with Schedule I drugs (see: Shulgin & Shulgin, 1997). For this reason, Shulgin may appear to be more of a renegade later in life, but for the majority of his career, he kept to himself and did not use his voice.

*Distinguishing the personal and professional*

Roughly 70% of “the Love Story” is written from the perspective of Ann Shulgin – rather the character Alice Borodin. From a literary angle, this makes sense as a tactical decision. Ann is declared to be both a therapist and a writer on *PiHKAL*’s jacket, and Sasha never boasts his writing ability beyond his proclivity for poetry. While it may be true that because Ann is a better writer, we hear more from her, she also acts as the psychedelic naive, learning about the drugs through the man she too was learning about. For readers unfamiliar with the psychedelic catalog, Alice Borodin’s wide-eyed curiosity becomes a teaching tool, rather than relying on Shura’s expert voice lecturing for the majority of the book.

However, the transition from Shura’s voice to Alice’s is as going from sobriety to intoxication. In “part 2” of “The Love Story,” told entirely from
Alice’s perspective, Ann writes about a recurring spiritual experience she had as a child, an amalgamation of sleep paralysis, astral projection, and extreme dissociation she called “the spiral.” The way Ann tells about the spiral in vivid, essentially psychedelic, detail is a big jump from where we left off from Sasha, as Shura’s first wife Helen died of a massive stroke in the previous section. The character of Alice, in her eccentricity and bravery (Ann tells us early and graphically how she survived a gruesome miscarriage in her early 20’s) complements her husband’s relative stocisim as well as highlights areas of Shura’s/Sasha’s personality that fail to shine through in the memoirist sections.

Without Ann’s commentary, readers would likely see a much different picture of Sasha, one less colorful, and one more flawless. In Chapter 27, Ann/Alice witnesses Sasha/Shura’s bad side, which she calls “Siberia” in reference to his Russian heritage (p. 230-248). In a depressive state of sorts, he snaps at her:

“I’m so sick of being the candy-man, the one who busts his ass in the lab to create new materials, new tools for exploring the human mind and how it works, while everyone around me only wants another trip. Nobody cares one whit about real research, real investigation, real work in this area...Not a single one of them cares about me, just me, for my own sake. It’s the candy-man they love, not Shura Borodin” (p. 244).

Ann/Alice finds herself shocked to see the typically calm person she knew banging on his desk in anger. When she asked him if she did something to upset him, he criticizes her untidiness, an insecurity Ann/Alice references throughout “The Love Story.” The readers are not meant to resent Sasha/Shura for his outburst, rather, to see him as more of a real person than the caricature he has become in the eyes of the media.
Even though this vignette serves to bolster Shulgin’s credibility as a human being, some of Sasha/Shura’s actions in PiHKAL raise questions surrounding his judgement. Ann/Alice enters Sasha/Shura’s world while he is in a relationship with a woman named Ursula, his good friend’s wife who he started having an affair with before his own wife died. Ann/Alice essentially falls in love with Sasha/Shura at first sight, and she quickly learns that Ursula is living in Germany and has been telling Sasha/Shura she will leave her husband to be with him for a long period of time, without following through. Ann/Alice decides to pursue Sasha/Shura regardless. In the book’s 19th chapter, “Seduction,” Ann/Alice narrates as if the reader intended to pick up a steamy romance novel (p. 148-170). She finds herself surprised when their intimacy picks up that he forwent the use of his masculine appendage to use his hand instead. He later says regarding the former that “he must reserve that for Ursula” (p. 165).

Ursula herself is cast as “The Love Story’s” villain. When Ann/Alice first joins the research group, one of Sasha/Shura’s old friends confides in her that Ursula has a fondness for forming relationships with married men. He calls her an “anima woman,” invoking Carl Jung’s concept to refer to a “woman who lacks a solid identity” and becomes an actress of sorts to fulfill a man’s fantasy (p. 213). Terms such as these have been criticized for their sexist origins (see: Wehr, 1987), but Ann/Alice leads readers to hate Ursula along with her. All while staying firmly committed to the idea of Ursula, Sasha/Shura introduces Ann/Alice to a variety of phenethylamines on which they have copious sex. The grief Ann/Alice has knowing that her boyfriend continues to tell her she will be dropped for his actual true love, Ursula, causes many tears throughout “The Love
Story.” Sasha/Shura is portrayed as childlike and as someone easily manipulated by an evil vixen, not as someone wise beyond his years as his legacy would suggest. His lack of regard for Ann/Alice’s position in an already unorthodox relationship is of course forgiven, as they enjoyed a happy marriage, but it is remarkable that he manages to take on the role of a victim in the narrative.

Such personal details in the life of a professional figure are seldom shared to the public, but the Shulgin’s are clearly no ordinary figures. The intimacy of their relationship as conveyed in PiHKAL perhaps adds to Sasha Shulgin’s perceived authenticity, inviting readers to see both the good and bad sides of the scientist. Although certain moments are troubling, particularly the affair with Ursula which takes up a good portion of “The Love Story,” supplementing the science with drama using Ann/Alice’s narration makes the story more compelling. As evident from Michael Pollan’s success with How to Change Your Mind, inserting the personal in an edifying tale has commercial benefit and enhances respectability of the author (2018). By learning more about Shulgin in this intimate way, we learn more about the science.

Shulgin and The System

In PiHKAL, we come to learn that Shura is a member of “the Owl Club,” a social retreat in San Francisco consisting of “gentlemen from a broad array of political and professional backgrounds, leaning somewhat toward the political right and well-to-do” (Shulgin & Shulgin, 1991, p. 60). Shura’s “Owl Club,” as it turns out, refers to the Bohemian Club, a notorious men’s club tied to elitist secrecy (Bennett, 2005). While the goings on at the Bohemian Grove have been
spectacularized by people such as conspiracy theorist Alex Jones, the club undeniably represents unfathomable – and eerie – institutional power, considering every Republican president since 1923 has been affiliated with the Bohemian Club, sans Trump (Wehr, 1994; Chamings, 2019). Shulgin wrote that he came to join the group to play viola in the club’s harmonic band, a seemingly innocent, charming act (Shulgin & Shulgin, 1991, p. 60). However, Shulgin appeared to be a member into his old age, recounting a geriatric health scare (while on the psychedelic drug 2C-E) in the woods with the “Owl Club” in the 40th chapter of “The Love Story” (p. 419-427). What does it mean for Shulgin to have been buddy-buddy with members of such an unwholesome organization?

Shulgin was well connected with the right people. Prior to the mid 1980’s, he felt secure in his position as a psychedelic researcher. It is well documented that he had friends in the DEA; a DEA official officiated his wedding (p. 331). He proved his loyalty to the government by providing expert testimony when asked, and as a result he was left alone. When the political tides changed during the Reagan era, only then did Shulgin decide to no longer be silently complicit with conservative institutions. Although, Shulgin is seldom cast as purely self-serving. Much of his storyline in PiHKAL revolves around producing science for the benefit of society. Did it really benefit society, though, to have the United States Department of Defense and NASA implore Sasha/Shura to gather data for them? Perhaps Shulgin was merely optimistic that his data would end up in the right hands, and I am jaded by STS concerns over the production of knowledge. PiHKAL nevertheless produces Shulgin as a progressive individual and champion, when he was clearly a part of the system that became his personal oppressor.
Accepting Shulgin as a Hero

To many, Sasha Shulgin was one to be venerated. Hamilton Morris, current psychedelic media star and son of filmmaker Errol Morris, has cited Shulgin as a personal hero (Morris & Smith, 2010). Shulgin conducted science in the wake of Timothy Leary, Aldous Huxley, and Terrence McKenna, other figures deemed instrumental in the production of psychedelic knowledge. While McKenna, for example, championed psilocybin, MDMA became Sasha Shulgin’s horcrux, the compound by which he would live or die. The future success of MDMA as a viable treatment for PTSD lifts up Shulgin’s legacy, and promotes him as an early innovator in medicine, despite the vitriol surrounding “raver madness” that cloud’s the drug’s history.

To undermine Shulgin’s authority, one could easily turn to the second page of PiHKAL’s introduction where he explains that deciding which drugs to take is all about cost-benefit analysis. He says, “I use a moderate amount of alcohol, generally in the form of wine, and – at the present time – my liver function tests are completely normal,” and he therefore saw minimal risk in drinking (p. xv). In 20 years, Shulgin would die from liver cancer. While alcohol consumption likely was not the definitive culprit, his medical prognosis did not serve well to make his point.

Accepting Shulgin as a hero, though, is not that difficult, despite my efforts to poke holes in his psychedelic aura. The narrative that he dedicated his life to the illumination of the unknown is deeply embedded in his legacy. As for many historical figures, hindsight favors the achievements and creations of a
successful person over their faults. We have not shredded the Declaration of Independence to spite Thomas Jefferson’s racism. Sasha Shulgin was hardly an activist, and yet, his advocacy for MDMA as a “low-calorie martini” remains one of the strongest testimonials. As we see in the following chapter, long term commitment to a movement, particularly in the face of public disapproval, significantly helps one’s chances to make it into the hall of fame.
Chapter 4: Hippie to Businessman

In 2019, Rick Doblin was atop Business Insider’s list of “The 10 people transforming healthcare,” among the likes of pharmaceutical CEO’s, the CEO of 23andme, and a creator of gene editing tool Crispr (Brodwin et al.). Doblin, of course, is being recognized for being the founder and executive director of the Multidisciplinary Association for Psychedelic Studies (MAPS), “a 501(c)(3) non-profit research and educational organization that develops medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and marijuana” (Mission). Founded in 1986, MAPS has radically transformed since its early days as a dinky little pet project to an internationally operating organization with wide regard in medical circles. Such a transformation is visible in Doblin himself, as he went from being one of MDMA’s early heroes to being the man in charge of the group inches away from making it legal prescription medicine.

Doblin’s Roots

Rick Doblin was born in the 1950’s to an upper-middle class family in the suburbs of Chicago (see: Lomartire, 1985). His father, Morton Doblin, was a respected pediatrician who headed a drug-abuse clinic. His parents were no doubt displeased when he dropped out of the New College of Florida a few months into his first semester. Doblin attributed dropping out to a lack of maturity as well as the need for soul searching following his initial experimentation with LSD (see: Melone, 1985; Shroder, 2014). He then hitchhiked out West to California to attend a workshop with famed psychedelic psychiatrist/guru Dr. Stanislav Grof, from whom Doblin learned about the intersection between psychedelic drugs and medicine, as well as Grof’s field of transpersonal psychology. Doblin would
return to the New College to design his own independent study degree in transpersonal psychology, only after taking a 10 year hiatus in which he started a building company that ended up failing (Shroder, 2014). While finishing up his undergraduate degree, he co-founded Earth Metabolic Design Laboratories (EMDL), a non-profit with the goal of supporting psychedelic drug research (Holland, 2001; Emerson et al., 2014). EMDL would eventually morph itself into MAPS in 1986 in the wake of MDMA criminalization.

**His Early Image**

1985 was a big year for MDMA, but it was also a big year for Rick Doblin. In a New York Magazine article published in May of that year, journalist Joe Klein noted that “Time, Newsweek, all three networks and Phil Donahue have ‘done’ [MDMA stories] in the past two months.” Klein also reported that the heightened coverage of MDMA was “the result of a lobbying campaign almost single-handedly orchestrated, promoted, and financed by a 31-year-old University of South Florida undergraduate Rick Doblin.” This article, which was also recirculated in the San Francisco Chronicle a month later, emphasized Doblin as a character within the MDMA moment far more than he may have anticipated. In the Newsweek article about MDMA, for example, Doblin was simply acting as a spokesman for EMDL, but in Joe Klein’s article, Doblin played more of a central role (Adler et al., 1985).

The subsection of the article that hones in on Doblin began:

“‘It is difficult to discern whether Rick Doblin is a vestige of the 1960s or a harbinger of the New Age. He glows, he burbles, with psychedelic illumination and good humor. ‘I don’t like to call the drug Ecstasy,’ he says. ‘It’s false advertising. I call it “Adam,” which works of several levels: It’s a variation on MDMA, it’s calmer than Ecstasy, and it connects with the Garden of Eden.’” (Klein, 1985)
From the jump, Klein labeled Doblin more like a child, a burbler, than someone who would one day become a leader in healthcare. Klein wrote as if Doblin is almost playing a game by referring to MDMA as “Adam,” despite prominent psychotherapists of the time doing the same (see: Stolaroff, 1997).

Klein also brought attention to Doblin’s recreational use of MDMA. He describes a story Doblin told him about taking a low dose of MDMA to attend a lecture by televangelist Jerry Falwell, so he could “understand him better, to see if [they] had common ground.” Doblin told Klein that he had done this before at other lectures by people ranging from United Nations Assistant-Secretary General Robert Muller, Reagan Secretary of State Alexander Haig, and the Dalai Lama. According to Doblin, “Adam is a great drug for listening to lectures.” His intent was to display that MDMA could generate compassion to a level that one could empathize with even the most horrendous individuals, like notorious homophobe Jerry Falwell. Klein emphasized that others found it difficult to see beyond Doblin’s admittance to casual MDMA use at such events, declaring it to be “reckless candor” instead of useful testimony. Because Doblin was acting as a spokesman for his non-profit, EMDL, which specifically advocated for medical psychedelic use, his co-workers found these words almost dangerous. Klein captured this rift between Doblin and the foundation in a charged anonymous quote:

“‘Rick is a good kid, but he may be single-handedly responsible for the emergency scheduling of MDMA by the government,’ says a foundation source, ‘which is a shame because a lot of people have invested years of work on MDMA. It should be made clear that unlike Rick, the foundation opposes recreational use of this compound. We’re not opposed to having MDMA regulated, but not as strictly as the government is proposing.’”
Here, someone from EMDL insinuated that Doblin’s early proselytization resulted in the problem for which he would eventually gain fame for solving: MDMA criminalization. The EMDL source also referred to Doblin as a “kid,” further adding to the immature image of the then-31-year-old. Klein then interrogated Doblin on the inter-EMDL tension, which Doblin did not seem to be too bothered by, saying that merely, “It’s a disagreement over strategy,” as if he lacked total self-awareness. Doblin did add, though, that if this disagreement did not resolve, he “might have to start his own foundation,” foreshadowing the transition from EMDL to MAPS.

Joe Klein had his article recirculated through the San Francisco Chronicle, but one line in particular got changed on its way there. Boldly, in New York, Klein asserted, “Apparently, Doblin has enough money – inherited from his grandfather, a Chicago industrialist – to do whatever he wants.” In the San Francisco Chronicle, mention of his inheritance was struck, as Klein merely stated that Doblin is “the wealthy grandson of a Chicago industrialist.” Doblin was labeled as an entitled, irresponsible trust-fund drug-user in the article’s first rendition, but Klein toned it down for the second release. In the summer of 1985, though, with so many articles about MDMA in circulation, Klein’s statement in New York proved to have an impact before he rewrote that line.

As the summer progressed, Florida newspapers – Doblin was based in Sarasota at the time – did several profiles on Doblin. In an article published by the Tampa Tribune three weeks after Klein’s article hit the press, Doblin speaks up about his image:

“He then mentions a fact he says is sometimes misrepresented in national stories about him. It involves a trust fund – about $150,000 – set up by his
grandfather, who owned a Chicago metal-stamping factory. Doblin says he has been portrayed as a rich kid using the trust fund he was given when he turned 21 to take a media joy ride for his favorite drug. That bothers him a bit because, he explains, it’s not true. ‘I managed to lose all my money in the construction business,’ he says. In fact, he adds, his parents had to help him pay for his house.” (Lomartire, 1985)

Despite Doblin’s complaint, his privilege, entangled with his hippie persona, clouded the profiles about him in the summer of 1985.

One of the largest of these profiles was in the Miami Herald’s magazine, Tropic. The article opened as many did that year (e.g. Polman, 1985; Dowling, 1985; Corwin 1985), with testimonial from a housewife whose psychic woes were healed by MDMA (Leen, 1985). Jeff Leen’s profile, “XTC,” stands out, though, as Doblin was the person who gave the woman the drug:

“Seated at the kitchen table, smiling paternally as he listens to this tale, is Rick Doblin, a short, muscular man radiating calmness. It’s his drug. He’s proud of it. The woman is speaking earnestly, reasonably. Then she drops this: She’s given the drug to two of her children. To her 16-year-old son, who wasn’t doing well at school. To her 19-year-old daughter. Who was feeling suicidal.”

Bringing teenagers into the mix, Leen quickly invited readers to be skeptical of Doblin, or at least to be confused why he was in this woman’s kitchen in the first place. Leen labeled Doblin as a strange figure, but not more strange than the current cultural moment with MDMA. Just as MDMA provided an “unlikely controversy,” Doblin appeared to Leen as an “unlikely spokesman” for the movement. Referring to Doblin as “obscure,” Leen emphasized Doblin’s lack of

1 Considering MDMA’s branding as a “yuppie drug,” this choice by publications such as the Philadelphia Inquirer, Life Magazine, and the LA Times to draw immediate attention to early-middle-aged presumably white women is notable one. In their own way, these publications add to the readers’ notion of what an MDMA user looks like by bringing in the image of the housewife.
credentials compared other psychedelic characters like Dr. Timothy Leary, Aldous Huxley, and anthropologist Carlos Castaneda. Doblin "was just some...guy...living in the suburbs of Sarasota.” In Leen’s profile, the majority of Doblin’s strangeness is localized in his material possessions. Leen takes care to characterize Doblin’s house, which makes sense, considering he spent his years out of school in the construction business, and Doblin enjoyed discussing his residence:

“He says he built his house when he was 21, intending it to serve as a ‘metaphor for the center’ in his life. The metaphor cost a lot of money; it cost more than $100,000 – $80,000 from a trust fund left to Doblin by his grandfather and $20,000 borrowed from his parents. The house is a three-story rectangle of weathered cedar that towers above the surrounding pine. Inside, a 20-foot ceiling rises toward exposed cedar beams sheltering imposing walls of solid granite. The effect is that of a big, opulent cabin in the woods. ‘I built the home in a way to reassure people who are tripping,’ Doblin says.”

Again, his trust fund finds its way into his story, now, though a mere $80,000 instead of the $150,000 reported by the *Tampa Tribune* (Lomartire, 1985).

Regardless, such an expenditure for such a young person appears wasteful, especially for a glorified tripping cabin. Beyond the building itself, Leen brought attention to the pretentious contents of the home, including a massage room, a sensory deprivation tank, a restaurant-quality stove, and the waterbed Doblin slept on underneath a skylight. To add to the pretenses, Doblin commented on the one thing he didn’t have, saying that “TV causes brain damage.”

Jeff Leen also wrote about Rick Doblin in action, so to speak. In the article, Leen followed Doblin as he took “MDMB,” a legal-at-the-time sister-compound he called “Eden.” Leen described the ambiance of Doblin’s mild trip: “Vivaldi is playing on a stereo in the tent in the darkness. Someone lights a
candle. Rick lies back and shuts his eyes.” The classical music we saw in *PiHKAL* returns, but with a different effect than it had for the Shulgins. Rather than adding sophistication, Doblin’s youth and lack of credentials makes the scene worthy of condescension. Leen and Doblin then went on a walk and ran into a friend of Doblin’s, who he also gave MDMB. The friend painted a sad image; he describes the rut he’s found himself in, a life of cocaine addiction and incessant TV-watching. From Leen’s perspective, MDMB seemed to light a fire under the friend to get his “s--- together” and finish school, leading the conversation to graduation. Lean emphasized here that Doblin started at the New College 14-years-ago and then failed in the construction business, telling readers that Doblin’s “house was mortgaged to finance his business and now his parents own it. These days he gets by on the $650 they send him each month.”

We learned from the *Tampa Tribune* that “his parents had to help him pay for his house,” but Leen’s declaration that Doblin’s parents had to buy the house invites greater scrutiny (Lomartire, 1985). Additionally, Doblin was seen as leaching from his parents’ pockets while contributing nothing to society apart from giving mystery drugs to low-life companions. Even if Doblin felt misrepresented, he would still have struggled to make his entitlement and drug-related actions appear acceptable to both national and Florida readers not already on his side. And he did not have many cheerleaders. The *Miami Herald* received several letters quite upset about the article. One West Palm Beach resident had quite the bee in his bonnet, declaring that the *Herald* had “done [its] readers a grave and terrible disservice.” He believed that “extolling the virtues of this ‘mild’ psychedelic drug of the ‘80s” would do no more than encourage mass use
of a dangerous substance, resulting in addiction and dependence mostly in young people. A Miami resident, Rocco A. Galabrese, Ph.D., noted that Jeff Leen was still critical of Doblin, even though Galabrese agreed with the previous writer that Leen’s article was too sensational:

“I think the author did well, but not too well, when he carefully noted that Doblin does not carry the ‘credentials’ of past psychedelic gurus. All types of claims can be made about some promising new quasi-psychadelic chemical, which in the present case, has not even been properly tested.”

Doblin himself wrote a letter to the Herald’s editor. He began with comments on psychedelic medicine, but then went in to talk about his character, saying that, “Though sensationalized, I recognized myself in the article. A few clarifications seem important.” The first was in regards to the scene in the kitchen with the housewife. Doblin explains that the children received MDMA in a therapeutic setting, under medical supervision. Doblin’s other grievance with the article was about his education. He felt as if Leen intentionally made it sound like Doblin had been enrolled in the New College for 14 years without graduating, so he clarified, “During the years of my construction career, I was not a student.”

Doblin’s portrayal during the 1985 media storm was not flattering, as it pushed him away from his EMDL colleagues and caricaturized him as a freeloading recreational drug user, not a serious figure in a medical movement. How, then, did Doblin get to where he is today? Much of his transformation is ____________

2 In addition to highlighting that Doblin was not taken seriously, this letter also exemplifies how MDMA-assisted psychotherapy was treated as pseudoscience. What does it mean for a chemical to be “properly tested?” George Greer and Requa Tolbert’s 1986 paper would come out the following year, but they had nevertheless been conducting psychiatric experiments in New Mexico at the time of the 1985 media storm.
evident in the ways he is juxtaposed to other figures in the psychedelic medicine world over time. Initially, journalists explained who Doblin was by comparing him to the infamous Timothy Leary. Doblin did active work to undo this association, which arguably bolstered his credibility. In his early years, Doblin tended to clash with the medical authority figures, but as time went on, the people who went to medical school actually complemented Doblin’s alternative expertise. His presence in high profile media in the 2010’s next to non-scientists also shows that he underwent fundamental change.

Timothy Leary

One of the early comparisons Doblin receives to Timothy Leary was in Joe Klein’s New York Magazine Article in the 1985 media storm. Klein referred to Doblin as “an unabashed proselytizer, a psychedelic cheerleader in the tradition of Leary, though without Leary’s academic credentials or rebellious spirit.” Klein picks up on two points: the first that Doblin’s formal education at this point was not impressive, and the second that even though Doblin comes across as enthusiastic, he’s not calling for Leary’s famous “turn on, tune in, drop out” call to ideological war. Klein praises Doblin for this, noting that “he wants to cooperate with the government on MDMA research,” rather than taunt the establishment as a thorn in their side.

In August later that year, one profile of Rick Doblin run by the St. Petersburg Times in Florida made a more explicit attempt to compare Doblin to Leary. Commenting on the bumper sticker on Doblin’s truck reading, “I brake for hallucinations,” writer Mary Jo Melone remarked that the slogan seemed to be “of another day that seems so long ago – the 1960s, the days of mind-bending drugs
and the guru who promoted them, Timothy Leary.” Melone declared that comparing Doblin with Leary would be “inevitable,” because he was on track to become the champion of the drug of the 1980’s like Leary was for LSD in the 1960’s. Comparing these two men was, at the surface, a gimmick for readers to see how a fellow Floridian, someone in their backyard, could be the next Timothy Leary. Underneath, though, we see how Leary’s ideologies were associated with Doblin’s character, even if he did not intend for them to be so. Melone also wrote about how Doblin believed that psychedelics could bring out a “global spirituality” amid threats of nuclear warfare, comparing this discourse to “the flower power of 20 years ago.” The influence of the 1960’s counterculture movement on the public’s conceptualization of psychedelic drugs translated to Doblin being cast in Leary’s shadow. Indeed, the Sarasota Herald-Tribune wrote that “Doblin’s message is essentially the same as Leary’s,” further pushing the narrative that Doblin was a reincarnation of the controversial Harvard professor (Wisser, 1985). Doblin, though, did not try to appear like Leary, nor was Leary someone he personally idolized. As Jeff Leen noted in the Miami Herald, “When Rick Doblin talks about psychedelic drugs, he does not invoke Timothy Leary.”

Nevertheless, the Miami Herald slapped on the cover of their Tropic magazine, “How a Sarasota college student became the Timothy Leary of the ‘80s” (Leen, 1985). Then-editor, Tom Shroder, said that at the time of the article, he was surprised to see Doblin in the Leary-esque proselytizer role, because ten years prior in 1975, he knew Doblin just as a “a charismatic hippie with a pet wolf who was building himself a spectacular house in the woods near town” (2014). Shroder was even more surprised, though, to see Doblin 20 years after the Miami
Herald article front and center in the New York Times. As the editor of The Washington Post Magazine, Shroder came across Doblin’s name as the sponsor of a Harvard study testing MDMA as an anxiolytic and antidepressant drug for terminally ill cancer patients. He noted that the New York Times described the man he knew as “the hippie in the woods” as “a very sophisticated-sounding Harvard Kennedy School PhD.” At the time Shroder reached out to Doblin, MAPS had already initiated their first Phase II PTSD trials, and Shroder could not have been more surprised. He acknowledged that Doblin, too, was aware how differently he appeared since the Miami Herald published their piece on him in 1985 – which was intentional. Doblin told Shroder that he had shown the MAPS board the cover of the magazine to “demonstrate how completely he’d remade his image, from a rebellious hippie to the sponsor of cutting-edge scientific research in some of the nation’s more conservative institutions.”

So how exactly did he break away from Leary? Well, he found his way to Leary’s home turf: Harvard. As a PhD student studying public policy, Doblin published an article following up Leary’s well-known Concord Prison Experiment (1998). In the experiment, Leary aimed to prove that psilocybin-assisted psychotherapy could reduce recidivism rates among incarcerated Massachusetts prisoners. The New York Times summarized Doblin’s follow-up, saying that he “found that Leary had either fudged the data or buried evidence of a bad trip,” praising Doblin for “[confronting] the legacy of his forebears” (Leland, 2001). In the same article, the Times captures Doblin’s changed essence since the 80’s:

“Dr. Doblin, who holds a Ph.D. in public policy from Harvard, does not consider himself a drum beater in a bus. ‘What’s different between now and then is that we’re not self-selecting ourselves out as the
counterculture,’ he said. ‘Part of my mission is to bury the ghost of Timothy Leary.’”

By labeling Leary’s work at Harvard as unscientific, Doblin rises as the leader of a new age of legitimate psychedelic science.

*The other psychedelic scientists*

You may remember Dr. Lester Grinspoon as the Harvard psychiatrist who got the DEA to temporarily unschedule MDMA in 1986. In the *St. Petersburg Times’* 1985 MDMA article, Grinspoon appears less than happy to be associated with Doblin:

“A Harvard psychiatrist with whom he says he is working, in the continuing drive for human testing of MDMA, nearly groaned when asked about Doblin. ‘I wish he’d leave my name out of these things,’ said Dr. Lester Grinspoon.”

Grinspoon should not have been a stranger to spectacle; he offered testimony as a cannabis expert in John Lennon’s deportation trial (see: Hertzberg, 1972). Yet, Doblin seemed to rub him the wrong way. The way the author phrased it, Grinspoon does not appear to be a willing collaborator of Doblin at all, even though his group, EDML, backed psychiatrists like Grinspoon throughout the DEA trials. Another 1985 article also took care to separate Doblin from more established figures, following a description of Doblin with, “On a more sober note, Dr. George Greer, a psychotherapist in Santa Fe, New Mexico, made and then ‘administered’ MDMA to 29 ‘human subjects in a therapeutic setting’” (Hudson). Such juxtaposition should not be taken for granted. Psychiatrists during the media storm did not easily mesh with Doblin’s narrative. Later that year, when he stepped down from his role at EMDL, he also took more of a back seat to let the psychiatrists be center stage. He was asked to be a guest on the *Phil*
Donahue Show, but declined and had psychiatrist Rick Ingrasci appear instead alongside Bob Schuster, who would become the director of the National Institute on Drug Abuse the following year (Holland, 2001; Rosenbaum & Doblin, 1991). Sanitizing the MDMA discourse at the time required Doblin’s separation from big boys, but as MAPS picked up traction, Doblin would pair nicely with more serious figures.

Largely this transformation would occur out of a dance with Dr. George Ricaurte at Johns Hopkins, who became infamous for publishing the false data about MDMA’s neurotoxicity. Doblin and Ricaurte were actually good friends before the debacle; Doblin went to Ricaurte’s wedding (Shroder, 2014). After Ricaurte published his findings, Doblin went on the warpath, because not only did he lose a psychedelic ally, MAPS had partially funded Ricaurte’s experiment. Doblin then connected with psychiatrist Charles Grob after reading Grob’s critique of Ricaurte’s methods (Grob et al., 1990; Shroder 2014). Grob and Doblin became an inseparable pair through the ‘90s and early ‘00s, as MAPS got to work funding Grob’s own MDMA safety trials starting in 1992. As the media became interested in the research, Grob proved to offer a steady contrast to Doblin’s unconventional presence, as evident by a quote from a Florida news article:

“‘We all have to be very cautious and conservative,’ said Dr. Charles Grob, a psychiatrist at Harbor-UCLA Medical Center and associate professor at UCLA School of Medicine. ‘It's very important not to make

\[\text{\textsuperscript{3}}\]

The more “scientist” dominated feature resulted in Schuster presenting data showing brain changes in rodents exposed to MDA, a compound related to MDMA. Rosenbaum and Doblin (1991) largely attribute the DEA’s decision to ultimately criminalize MDMA to Schuster’s presentation, even though Schuster himself was for scheduling the drug at Stage III to allow for continued research (Holland, 2001).
any unsubstantiated claims or to be anything but totally impartial.’” (Malmgren, 1994).

Grob’s cool and collected nature could not be more different from Doblin’s. In one article published that same month, Doblin is quoted speaking in metaphor about the state of MDMA research, sounding less-than-scientific declaring, “We’re like early man who says fire’s too dangerous…We’re not even at the stage where we figured out fire keeps you warm in the winter” (Romero, 1994). The author notes Doblin as a “Harvard-trained social scientist,” making sure that readers do not confuse him for a real scientist, while also giving him the backhanded title of “self-appointed spokesman for the new wave of research.” By referring to him as a mere “social scientist”– albeit, from Harvard – and calling him a “self-appointed spokesman,” the author did not bolster Doblin’s medical credibility. Instead, Doblin is cast more as a goofball. Thankfully, Grob acts as Doblin’s psychiatrist foil, quoted as saying, “‘I want to be distanced as far as possible’ from the politics.” While Doblin used his public policy degree and big mouth to get attention, Grob would focus on the science, an understandable partnership.

It would be false to claim the pair complement each other perfectly. An article in the New York Times in 2012 noted that Doblin and Grob’s working relationship was not always rainbows and sunshine: “Because Grob and other psychedelic researchers are careful to separate their scientific work from the shadow of the 1960s, they have a complicated relationship with a psychedelic advocate named Rick Doblin” (Slater). Despite Doblin’s efforts to distance himself from Timothy Leary, some of that association still stuck. The article captures tension, quoting Doblin’s colleague: “‘Rick Doblin has done a lot for the
field, but he is more of a populist,’ Grob says. ‘We need careful and controlled scientific studies showing the efficacy of these drugs so funding can continue.”’ A little trouble in paradise for Doblin and Grob, though, is not necessarily negative. Considering the changing political tides and public perception around drugs, such as cannabis, in the last decade, Doblin benefits by being seen as a radical-type progressive (see: Daniller, 2019). Whereas Grob previously helped bolster Doblin’s legitimacy, in more recent years traditional researchers like Grob almost get more flack for not being as explosive as Doblin.

**Bob Jesse**

Michael Pollan’s *How to Change Your Mind* also invoked Doblin’s name (2018). Doblin’s role in the book was largely to exemplify what a psychedelic drug lobbyist could look like. Pollan framed this by placing Doblin aside tech executive Bob Jesse: “When the history of second-wave psychedelic research is written, Bob Jesse will be seen as one of a pair of scientific outsiders in America – amateurs, really, and brilliant eccentrics – who worked tirelessly, often behind the scenes, to get it off the ground” (p. 34-35). Jesse was Pollan’s character to claim; while Doblin has been in the press since 1985, pretty much only Pollan has published in a major news periodical about Jesse (Pollan, 2015). Pollan described Doblin first as a “great shaggy dog with a bone” (p. 35). Such an image painted Doblin as someone who is likeable, but perhaps not always taken seriously. Pollan also found Doblin to be “disarmingly, perhaps helplessly, candid” when talking to journalists and news outlets. Because *How to Change Your Mind* came out just in 2018, Pollan of course made note of Doblin’s great success with MAPS, but the
way he portrayed him is still evocative of the 1985 media storm. Pollan even made a slight comparison to Timothy Leary.

However, in contrast to Doblin, “Bob Jesse is a monk” (p. 37). Pollan described Jesse as a timid yet masterful force in the psychedelic medicine movement. Jesse, like Doblin, was not a researcher by training, rather, he was a software engineer for Oracle in the 1990’s. Jesse was also an activist of sorts for queer people in the tech industry, but did so without drawing too much attention to himself. His role in psychedelics was as a sponsor, as the leader of the “Council on Spiritual Practices” which would meet at the Esalen institute, the California spiritual retreat center where Stanislav Grof taught holotropic breathwork workshops. Jesse was well connected at Esalen, becoming friends with people like National Institute on Drug Abuse director under George H. W. Bush and Ronald Reagan, Bob Schuster. Schuster connected Jesse with psychiatrist Roland Griffiths, and together, they published the highly influential 2006 paper on psilocybin and the therapeutic value of the “mystical experience.”

Pollan’s depicted Jesse as the ideal type of person to facilitate 21st century psychedelic research because he is so quiet. This praise likely emerges out of the fact that Jesse seldom speaks to journalists, and Pollan was able to secure a profile with him. Regardless, the effect is that Doblin’s transformation since the 1980’s does not appear to be as efficacious as he boasted to Tom Shroder. Doblin still got to be a hero in Pollan’s book, though, if only a Perseus to Jesse’s Heracles. Pollan devoted much more space to Jesse’s achievements than he did to discussing Doblin. In reality, though, Doblin has more psychedelic clout. Sure, getting a profile in How to Change Your Mind makes Jesse look good, but Doblin’s
presence in American journalism for almost four decades, as well as widely
circulated TED Talk in 2019 grants him undoubtedly more visibility. Pollan
exalting Jesse over Doblin may not mean anything, but it does demonstrate how a
narrative an individual can string together may not be reflective of the grand
narrative.

*Doblin in the current moment*

“On his 18th birthday, Rick Doblin, who is now 65, decided he wanted to
become the first therapist to legally administer [psychedelics like ecstasy]”
(Brodwin et al., 2019). This is how the Business Insider article that exalted Doblin
as a leader in progressive healthcare opened their praise for him. With hindsight,
this declaration coming from the 21st century carries much less of a mocking tone
than we saw during the 1985 media storm. Instead, this sentence reinforces
Doblin as someone who has spent a great deal of time in the psychedelic world
and as someone dedicated to alternative medicine. The article also proclaims
confidently that “at age 20, Doblin created the Multidisciplinary Association for
Psychedelic Studies, or MAPS,” which of course is untrue. Doblin founded
MAPS in 1986, when he was 32-years-old, and helped to found EMDL in 1984 at
age 30 (Emerson et al., 2014). In fact, Doblin had not even tried MDMA until
1982 (Shroder, 2014). Distorting Doblin’s life history in this way acts in a couple
ways. Firstly, it extends his historical legacy and supplants him further as
someone in the game for the long haul. But more importantly, it emphasizes that,
at this juncture, Doblin’s timeline does not interfere with his overall narrative. He
has effectively gained legitimacy and respect in the biomedical world to the point
where trusted media sources can hyperbolize his achievements and mistakenly believe fallacies about him without people noticing or caring.

While the *Business Insider* piece gave Doblin some exposure, it definitely did not delve too deeply into his history or character. In 2019, though, Bloomberg’s *Businessweek* ran a profile on Doblin that exemplifies how he is portrayed in modern media: the most fun business man around. The article followed Doblin to MAPS’ biggest fundraising event of the year, the Burning Man festival (McBride and Brown, 2019). The authors described Doblin, 65, as having “greying, slightly wild, curly hair” but “dressed sensibly in khaki cargo shorts and green eyeshadow.” In this depiction, the author’s presented a dichotomy that is sewn throughout their piece, one of professionalism and eccentricity. The same dichotomy exists in Burning Man itself. The festival, known for being a site of implied drug use, has transformed in the past decade by becoming popular among those in the tech industry and Silicon Valley. Doblin’s role was not to party in Nevada’s Black Rock Desert with the techies, but rather, get as many donations as he can from wealthy attendees. The authors framed their profile around Doblin’s goal to specifically track down Google co-founder Sergey Brin.

One key point was that drug use is officially prohibited under Burning Man’s rules. The author’s presented this as a prominent challenge for lobbyists like Doblin at the festival. He was seen as triumphant in this battle, as his side nonprofit, the Zendo Project, got listed on Burning Man’s information pamphlet. The Zendo Project is a harm-reduction initiative funded by MAPS that helps people through bad trips. Prior to 2018, the Zendo Project’s tent had been on the
outskirts of the festival, but it has since been allotted better real estate as well as official acknowledgement by Burning Man. In the profile, Doblin guided a military veteran with PTSD through an MDMA trip in what the authors described as having “the feel of therapy,” despite Doblin not being a licensed therapist. The convenient encounter made Doblin appear quite virtuous beyond being a businessman seeking donations. Not only did he put money into a nonprofit for public health, but he himself could act as a spiritual guide for those in distress. And yet, he maintained a consistent sense of humility. Telling a story about missing out on a donation from Steve Jobs, Doblin calls himself “a f--- up who keeps trying.”

On his quest for funds, Doblin received much praise. David Bronner, CEO of Dr. Bronner’s soap company, who also happens to be on the MAPS Board of Directors, calls Doblin “Obi-Wan Kenobi” for his networking abilities. Doblin spent a good bit of time at Bronner’s campsite dubbed “Foam Against the Machine.” Doblin expressed remorse to the journalists following him that people at the tent had complained about their presence, due to requests for anonymity. Doblin’s efforts managing the “conservative element” were noted throughout the piece. Much of his work is to destigmatize psychedelic drug use, evident in his encouragement that donations to MAPS should not be anonymous. Of course, he “makes exceptions if the checks are big enough.” While he did not get a chance to meet with Sergey Brin as he had hoped, the journalists did catch Doblin securing a $100,000 donation from a pharmaceutical company heiress to reach $27 million cumulative donations.
In the profile, Doblin also embraced the wild side of Burning Man. At Bronner’s tent, he was the master of ceremonies for the opening of a Plexiglas shower art instillation, labeled so as to avoid bathhouse laws. Doblin, “dressed in a gold robe, copper loincloth, and Roman-style crown” manned a foam hose where he sprays the mostly naked festival-goers dancing to the music. At the event, Doblin gave a blessing for the “love of psychedelics,” embracing the weirdness surrounding him. One would hesitantly associate such behavior with that of a leading medical change maker, and yet, Doblin was portrayed as fun and cool for his actions at Burning Man. These actions would surely have negated his cause back in the 1980’s, but coming from a successful man in charge of a business, they are worthy of praise.

**Conclusion**

Rick Doblin may have begun his engagement with the media without control over his presentation, but as his career progressed, his characterization became much more positive. Not only did he hone in on his goal to market MDMA, but he also remarketed himself. He largely started as a fool and became a hero, not unlike MDMA’s journey itself. While he did use marketing strategies to work on his image, I would be hesitant to give him too much credit for making himself a character. Rather, he has been continuously co-constructed as one of MDMA’s champions, and as the drug’s public appraisal became more positive, so did his. Doblin’s joyride at Burning Man would hesitantly have been lauded in the 1980’s, for example. The turning tides of the social world are the driving force for transforming both the character of MDMA and its human companions over the
past four to five decades. What are the implications of these intertwined transformations? In the following chapter, I examine how the presence of psychedelic characters like Doblin and Sasha Shulgin tells us a lot about the world that is allowing for MDMA’s medicalization.
Chapter 5: Integration Session

“All kinds of drugs are deeply, permanently, infused into our culture, into our way of life”
- Sasha Shulgin, in PiHKAL

Sasha Shulgin and Rick Doblin are ecstatic characters who hold together the story of a chemical from its origins in the 1970’s to final stages of FDA clinical trials in 2020. They are represented today as relatively unproblematic figures in the promotion of MDMA as medicine. In Chapter 3, I drew attention to areas in which Shulgin does not perfectly align with the progressive agenda for which he is an icon. The story of MDMA benefits from such incongruence to build the drug a more positive image. In Chapter 4, I showed how Doblin’s portrayal changed over the time he spent in the media as he became legitimized as a psychedelic figure. His public perception, just as MDMA’s, is mutable and subjective to dynamic social forces. To conclude, I aim to demonstrate how the making of such psychedelic characters like Shulgin and Doblin is reflective of capitalist goals beyond the honest mission to develop accessible alternative medicine. Additionally, the development of psychedelic science has proved itself to be just as problematic as mainstream science, despite its intentions to brand itself as countercultural and ethical.

*Psychedelics and Capitalism*

For the marketing of new age, spiritual products, having guru-type characters to reinforce the brand is a common strategy. Consider the marketing of Transcendental Meditation. The movement started by Hindu swami Maharishi Mahesh Yogi in the 1960’s has since manifested into a multi-billion dollar fortune
(Skolnick, 1991). His image and ideals have been used to sell trademarked Maharishi Ayur-Veda products including herbs, oils, teas, and supplements in the name of holistic healing. Author and physician Deepak Chopra has grown to international fame for becoming a spokesman for Transcendental Meditation, becoming a bestselling author and generating income from spiritual workshops costing hundreds of dollars. Both Maharishi Mahesh Yogi and Chopra are characters within the sphere of alternative medicine whose images generate profits for an ever growing industry. For the past few decades, though, the marketing of Transcendental Meditation has been continuously called out as a pseudoscientific co-optation of spiritual wellness by biomedicine (e.g. Baer, 2003). Such capitalization is at the expense of working-class consumers who either cannot afford to partake in the expanding sociomedical movement or pay Chopra for the promise of health, unsupported by scientific research.

As meditation and yoga have grown to find a place in medicine, psychedelics have continuously been by their side (Richert & DeCloedt, 2018). As countercultural wellness movements emphasizing relevance to mental health, both psychedelics and mindfulness are becoming more and more present in the lives of people seeking something different from traditional Western pharmaceuticals. Psychedelic psychotherapy is just as susceptible to relying on these guru-type characters as we see with South Asian spiritual practices. Stanislav Grof, the man who inspired Rick Doblin to embrace the science of psychedelics, has adopted such a role similar to that of Deepak Chopra. As George Greer and Requa Tolbert noted (1990), the methodology of MDMA-assisted psychotherapy takes influence from both Grof’s practice of Holotropic
Breathwork and Buddhist Vipassana (mindfulness) meditation. Holotropic Breathwork, the facilitated practice of hyperventilation to induce a “non-ordinary state of consciousness,” though, is not regarded as a legitimate therapeutic practice (Fasce, 2018). Like Chopra’s concept of “quantum healing,” Holotropic Breathwork is generally considered pseudoscience, despite its influence on the development of MDMA-assisted psychotherapy. Grof’s company, Grof Transpersonal Training has trademarked Holotropic Breathwork and holds workshops in which people can become certified in the practice. His workshops, of course, have been praised by the likes of Rick Doblin whose start came from his own certification in Grof’s techniques. Because of Grof’s longstanding medical authority and legacy in the psychedelic community, the fact that he has used his doctor-guru image as a profit-making strategy for forty years is largely unquestioned.

Many participants within psychedelic science are concerned, too, with the thought of capitalist motives clouding the fight for medicalization and driving avaricious counter-maneuvers. While MAPS will be the sole distributor of MDMA, which cannot be patented as Merck Pharmaceuticals already did so in the 1910’s, the future bodes dubious for psilocybin, another psychedelic showing clinical promise. In 2018, COMPASS Pathways, a British mental health company, received FDA breakthrough therapy designation for their research using psilocybin to treat major depressive disorder. Unlike MAPS, which operates using a public-benefit corporation, COMPASS is a for-profit company that seeks to gain from patenting treatment programs and industrially grown mushrooms they would sell themselves. Without explicitly naming COMPASS, Bob Jesse, the lowkey
man Michael Pollan juxtaposed to Rick Doblin in *How to Change Your Mind*, organized a for a statement intending to “promote key principles in the research and development of psychedelic medicines, including intellectual and scientific integrity, service, open science and open practices, and non-interference” (Chacruna, 2018). The statement was signed by every notable name in psychedelics, including Rick Doblin, Ann Shulgin, and the late Ram Dass. Despite its well intentions, the statement’s signatories, largely Doblin, faced some criticism for being hypocritical (Davis, 2018). Many of the signatories, researchers at prestigious institutions like Johns Hopkins and New York University, have collaborated with for-profit companies, and MAPS has consulted with COMPASS as well. Doblin’s willingness to collaborate with the industry draws red flags for some, who see signing Jesse’s statement as directly counter to the actions the group has done in the past. Additionally, Ann Shulgin signing in the name of her late husband’s “research institute” imbues upon the statement the sort of positive values one would associate with the adorably eccentric Sasha without any action done to reinforce them. Here we see how the power of a simple name recognition can be used to make a political statement.

*Psychedelic Injustice*

It is safe to say that the world in which MDMA first emerged is no longer the world we are living in. Even in the past 10 years, the expansion of social media and the Internet have transformed the ways we interact with one another. There is increased pressure to appear virtuous to our peers through our technological limbs. For psychedelic studies, a discipline that would never have
made it off the ground without a liberal counterculture, embracing a progressive agenda in the face of opposition from conservative politics has been critical. Organizations like MAPS embody this agenda, with Rick Doblin serving as the face of its ideals. MAPS has continuously run on the platform that they want to change how the current medical system does not listen to the people. They have a widespread e-footprint, currently more than 100,000 followers on Instagram, and boldly advocate for alternative medicine in the face of inevitable critique.

However, the world of psychedelic science struggles when critics label it as neoliberal, a fraudulent perpetrator of structures within science and capitalism that undermine true progression.

A hit to MAPS’ credibility as an organization upholding principles of social justice occurred when, in March of 2020, the online publication Quartz published an article entitled, “Psychedelic psychotherapy has a sexual abuse problem” (Goldhill). The piece investigated a lawsuit against two therapists in the MDMA-assisted psychotherapy trials for PTSD filed by one of their former patients. From 2015 to 2016, Meaghan Buisson was treated in Vancouver by Richard Yensen and Donna Dryer, a married co-therapist team as part of the MAPS trial. While being a patient, Yensen assaulted Buisson, whose PTSD in the first place was the result of sexual violence. Even though Buisson filed the suit against the therapists, MAPS themselves appear quite at fault for enabling what had transpired. For starters, Yensen did not have a license to conduct psychotherapy while Buisson was his patient. As the therapy sessions were run by pairs, MAPS only required one of the two therapists to hold a license, which Yensen’s wife did. Additionally, MAPS did not notify the FDA until after
Buisson had made her allegations public, despite her contacting MAPS officials many months prior. Buisson criticized MAPS for failing to disclose the risk of sexual violence to patients making themselves vulnerable for their trials. Rick Doblin’s public comments are also unflattering. He stated, “I did not realize that ‘psychologist’ was a protected title,” in regards to Yensen’s lack of a license, drawing into question his authority and proper judgement. In April of 2019, as Buisson’s allegations became public, Doblin initially refused her request to make a public statement. When MAPS did end up making a statement a month later, the statement described Yensen and Dryer as having committed “ethical violations,” rather than exemplifying a structural issue with the trials. Doblin also said that MAPS “bore no legal liability” to compensate Buisson for damages, even though MAPS ultimately agreed to pay her for the costs of future therapy.

Doblin and MAPS here were portrayed as doing the bare minimum to tell the public that they care about violence to trauma victims, all while remaining complicit with the structures that enabled such behavior. In the Quartz article, Doblin is also quoted describing sexual assault allegations against a board member of a prominent psychedelic conference as “one of those open secrets.” The article also uses several quotes from Doblin about MDMA’s therapeutic action to demonstrate how he would have been aware of the potential risks to trauma victims, such as the following from Julie Holland’s 2001 book, Ecstasy: The Complete Guide:

“There’s a long-established awareness in psychotherapy that the intimacy of the relationship sometimes shades into sexual relationships between patient and therapist that are not to the advantage of the patient…. MDMA helps people open up in very intimate ways.”
This language is revealing. It downplays the severity of the violence that occurs in situations with such power imbalance, as well as the institutional acknowledgement that sexual misconduct is an ever present issue without widespread effort for change. For MDMA specifically, the article points out that Dr. Rick Ingrasci, an early MDMA-psychotherapy practitioner who was extensively cited – alongside Doblin – during the 1985 media storm (e.g. Klein, 1985), had been sued for sexual abuse by a client he treated with MDMA (Goldhill, 2020). In fact, the primary reason male-female co-therapy teams are used in psychedelic psychotherapy is because of the accusations toward Ingrasci (Passie, 2018). Violence and misconduct run deep within psychedelic psychotherapy, and while Doblin and MAPS have spoken against these types of behavior, and implemented some changes to hopefully prevent them in the future, Richard Yensen’s actions cannot be undone and draw into question the validity of MAPS’ data, which includes subjects that Yensen treated. MAPS, of course, is not “canceled” for enabling this specific case. However, it is apparent that misconduct runs throughout the history MDMA and psychedelic psychotherapy, and MAPS only took steps to rectify this issue when Buisson made public statements that threatened the organization’s brand image.

Psychedelic science also has a diversity problem, mirroring almost all other capitalist institutions in our society. The vast majority of the characters in the story of MDMA are white men, Sasha Shulgin and Rick Doblin embodying such a trend. A lack of representation demonstrates apathy to work against the profit-making structures that have long excluded minorities. In response to the burgeoning research coming out of MAPS-sponsored projects, Dr. Monnica
Williams, a clinical psychologist at the University of Connecticut and therapist for the MAPS MDMA-assisted psychotherapy trials, has produced a body of work on the lack of minority representation in psychedelic studies (George et al., 2020; Williams & Labate, 2020; Williams et al., 2020). Firstly, Williams’ team identifies the issue of the absence of indigenous people and ethnic minorities in the development of psychedelic medicine (George et al., 2020). Considering that plant-based hallucinogens such as psilocybin, ayahuasca, mescaline, and ibogaine are all emerging as treatments for psychiatric conditions ranging from major depression to substance use disorder, the absence of representatives from tribal communities that have traditionally used these compounds in the conversation of psychedelic medicine is quite notable. They also point out that Michael Pollan’s How to Change Your Mind hardly mentions any women, let alone people of color. Rather, minorities are instead tokenized to mystify psychedelics so Pollan could tell his story of the Western scientists. This is not new to Pollan, though. Williams’ colleagues even bring up that Sasha Shulgin’s role in the rediscovery of MDMA is overemphasized at the expense of Chilean psychiatrist Claudio Naranjo, who collaborated with Shulgin in the 1960’s and whose work with MDA was crucial to the development of Shulgin’s focus on the drug.

Williams has also addressed specific problems with the MDMA-assisted psychotherapy trials that require culturally informed design changes (Williams et al., 2020). Crucially, the trials have not emphasized the fact that black, latinx, and Native American people are more likely to experience trauma and that their traumas may be culturally specific or racially based. Indeed, in Rick Doblin’s 2019 TED Talk, he really only highlights wartime and sexual-related traumas as
specific types of people who could benefit from MDMA-assisted psychotherapy. Williams and colleagues show that MAPS did a poor job at attracting people of color to enroll in the clinical trials. Due to the history of experimentation on minorities in America, a heightened level of sensitivity toward populations systemically mistreated by medicine is necessary. MAPS’ therapists also were composed of less than 10% people of color. Williams’ team at the University of Connecticut emphasized diversity and cultural sensitivity, and even though they brought about certain changes to MAPS’ procedures such as rewriting the language on the consent forms and better training for the therapists, the UConn data was not included in MAPS’ results due to failure of the university’s health center to support the research. Williams as a black woman in a field dominated by white men maintains an optimistic tone in these 2020 articles despite the institutional failings surrounding her. She emphasizes that work done outside of MAPS, such as that of the Chacruna Institute for Psychedelic Plant Medicines brings issues of inequity in psychedelic science to the forefront of discussion (Williams & Labate, 2020). Of course, these voices are not as represented as the likes of Rick Doblin, whose image has become synonymous with the psychedelic medicine movement.

Casting Our Characters

To conclude, I invite you to imagine the future of MDMA-assisted psychotherapy and to picture Sasha Shulgin and Rick Doblin in this future. The year is 2025. People with post-traumatic stress disorder can access the treatment at participating clinics across America. MAPS’ training programs enroll more and
more therapists each month, licensing them to administer MDMA to patients. The revenue from both the training programs and distribution of the MDMA gives MAPS the opportunity to pursue psychiatric clinical trials with MDMA targeting other conditions ranging from generalized anxiety disorder to autism spectrum disorders. They also have the funding to sponsor trials testing psilocybin and cannabis on psychiatric disorders and develop partnerships with botanical companies specializing in growing these plants. Throughout the MDMA trials for PTSD, MAPS produced a documentary with a major studio, generating an account that “follows” Rick Doblin’s arduous journey to medicalize MDMA. The film is a success on streaming platforms. The heightened interest in psychedelic medicine and MDMA leads to the production of yet another documentary; the second film is centered around Hamilton Morris, son of filmmaker Errol Morris, citing Sasha Shulgin as his personal hero (Morris & Smith, 2010). It follows Morris, a pharmacologist himself, systematically conducting Shulgin’s protocols outlined in *PiHKAL* to connect with his idol. Both films lead to increased financial support for psychedelics research, largely because Shulgin and Doblin were portrayed as inspirational figures.

Meanwhile, though, there are problems with MDMA-assisted psychotherapy as it is being implemented in standard medical practice. For starters, most insurance companies do not cover the treatment, resulting in a steep co-pay for those who choose the therapy. These companies do not reap the benefits from the therapy that they did from the prescription of SSRIs, and would rather maintain the status quo. Even though we saw veterans portrayed as a key patient group for the therapy, the VA struggles to get reimbursements for soldiers
prescribed the treatment. As a result, the majority of people receiving MDMA-assisted psychotherapy are upper-class. Minority groups are also wary of the therapy, as minimal work has been done to ensure that all groups of people understand how a drug of abuse is suddenly available from a therapist. Reports of sexual abuse by therapists also have not ceased, and follow-up data reveals that people who have trauma rooted in sexual violence have worse prognosis compared to those whose trauma is from military combat.

Later in the year, Ann Shulgin passes away. Rick Doblin is a primary source in the New York Times obituary profile, noting her contributions to psychedelic science. The profile portrays her and her husband as mystical, ethereal forces of knowledge. However, there is no mention of any difficulty the MDMA trials faced. MAPS consequentially receives large donations from people inspired by the Shulgin’s, and they of course stream both of the documentaries that came out earlier that year. Rick Doblin gets a book deal from a major publisher and dedicates it to the Shulgin’s. Michael Pollan writes the forward.

While I believe that MAPS and Doblin are well intentioned, I do not see my imaginary scenario as too farfetched. In the world of psychedelics, both the people and the drugs are living characters, and by tuning into the people, like Doblin and Shulgin, we pay less attention to the goings on of the chemicals. Instead, we bask in the history of a strange compound that was the underdog in a psychiatric world controlled by capitalism. Our characters fill the contours of MDMA’s journey to medicalization, and in doing so, their own images are distilled to propel the medicalization further Shulgin and Doblin and MDMA interdependent entities; they have made each other into beings to tell us a story,
one which helps us to get on board with psychedelics, and who knows, become psychonauts ourselves.
Works Cited


Malmgren, J. (1994, November). Tune in, turn on, get well? St. Petersburg Times, 1F.
Melone, M. J. (1985, August). New ‘guru’ pitches ecstasy, the drug labeled both a killer and a medical tool. St. Petersburg Times, 1B, 10B.


recreational dose regimen of MDMA ("ecstasy"). Science, 297(5590), 2260-2263.


