



Research Paper

‘Never drop without your significant other, cause that way lies ruin’: The boundary work of couples who use MDMA together

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ABSTRACT

MDMA has a variety of pro-social effects, such as increased friendliness and heightened empathy, yet there is a distinct lack of research examining how these effects might intertwine with a *romantic* relationship. This article seeks to compensate for this absence and explore heterosexual couples' use of MDMA through the lens of the boundaries they construct around these experiences. Three couple interviews, two diary interviews and eight written diaries about couples' MDMA practices were analysed. Douglas' (2001) and Stenner's (2013) work around order, disorder and what lies at the threshold between the two are employed here. This conceptual approach allows us to see what happens at the border of MDMA experiences as crucial to their constitution. Two main themes are identified in the data. First, MDMA use was bounded from daily life both temporally and corporeally: the drug was tied to particular times in people's lives as well as the performance of rituals which engaged the material world and reenchanted everyday spaces and selves. Secondly, other people are excluded from MDMA experiences to varying degrees in order to preserve the emotionally intense space for the couple alone. This paper claims that MDMA use forms part of a spectrum of relationship 'work' practices; a unique kind of 'date night' that revitalises couples' connection. Hence, MDMA should be recognised as transforming *couple* as well as individual practices. Finally, it is suggested that harm reduction initiatives could distinguish more 'messy' forms of emotional harm and engage with users' language of 'specialness' to limit negative impacts of MDMA use.

Introduction

MDMA (3,4-methylenedioxy-methamphetamine or 'ecstasy') is well-known for its sociable and empathic effects (Bogt, Engels, Hibbel, & Van Wel, 2002). Increased confidence and friendliness have been reported by both recreational users (Bogt & Engels, 2005; Sumnall, Cole, & Jerome, 2006) and under controlled, experimental conditions (Kirkpatrick et al., 2014; Vollenweider, Liechti, Gamma, Greer, & Geyer, 2002), with 'feeling closer to people/empathy' the most frequently highlighted aspect of increases in sociability (Morgan, Noronha, Muetzelfeldt, Feilding, & Curran, 2013). Improvements in interpersonal relationships have also been spoken of in relation to the drug in both anecdotal reports (Adamson, 1985; Beck & Rosenbaum, 1994; Greer & Tolbert, 1986; Holland, 2001) and in more robust qualitative studies (Duff, 2008; Farrugia, 2015; Hilden, 2009; Hinchliff, 2001; Solowij, Hall, & Lee, 1992). However, there is a paucity of research examining MDMA's impact on *intimate* relationships. There are only three studies that specifically focus on heterosexual couples' use of MDMA and the resulting picture is mixed. MDMA's influence has been

found to be: potentially lasting and beneficial with over a quarter reporting improved relationships (Rodgers et al., 2006); detrimental to relationships with 40% of their 329 ecstasy users described ecstasy-related relationship problems in a 6 month period (Topp, Hando, Dillon, Roche, & Solowij, 1999); and ambiguous, depending on whether ecstasy-using partners were still together or not (Vervaeke & Korf, 2006).

This paper seeks to clarify this picture; arguing that a drug which increases social confidence and empathy could be an interesting context for intimacy. Couples' MDMA experiences will be primarily explored through the concept of 'boundary work', examining how these experiences are produced as separate from everyday life and the intrusions of unwelcome others. The article will first detail how couples perform ritualised acts to mark out the boundaries of special MDMA experiences, which allow them to feel aspects of their love, intimacy and relationships in new ways. In particular, these intimacies will be conceptualised as co-constituted by corporeal, material, spatial and temporal forces. A discussion of how and why couples protect MDMA experiences from others external to their relationship will follow. It is

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suggested that couples want to harness the emotional intensity associated with MDMA for the benefit of the couple alone, ensuring that the drug does not dangerously deepen intimacy outside of the exclusive couple relationship. In this way, this article highlights a complex connection between MDMA consumption and heterosexual couple intimacies, mediated by ritualistic practices and corporeal, material forces.

Closeness and MDMA use

Beck and Rosenbaum (1994) were the first scholars to discuss MDMA and interpersonal relationships in detail, highlighting the enhanced connection and communication users reported. Participants who were initially drawn to MDMA to ‘get high’, spoke about continuing use for other reasons like the drug’s bonding effects, which were perceived as therapeutic in nature. Others described their use of MDMA as ‘therapeutically’ motivated and valued the drug facilitating emotionally intimate conversations, which helped stop them from being as ‘closed’ as they usually were (Hilden, 2009, p149) and created ‘enduring ties’ (p157) between them and their friends. These bonding effects were repeatedly spoken about as permeating beyond the time and place of ecstasy use; leading to changes in well-being and social behaviour (Hunt, Evans, & Kares, 2007; Hinchliff, 2001), and solidifying friendships (Bahora, Sterk, & Elifson, 2009; Lynch & Badger, 2006). For example, a young woman in Bahora, Sterk and Elifson’s (2009) study spoke about her ecstasy-using friends as family, emphasising the emotional power of ecstasy and how these shared experiences cemented connections in the long-term.

Farrugia’s (2015) work suggests that gender might also play a role in the value of social experiences on MDMA. Young, male users of MDMA enjoyed being able to express their feelings more freely in intimate conversations and be more physically affectionate compared to their day-to-day experience, which deepened existing friendships. Farrugia argues that approaches focussed on ‘risky young masculinity’ (p250) obscure how men are playing with the affective possibilities of social life on MDMA and how this might transform their affective capacity more broadly.

Widening our focus to research looking at drugs generally and relationships, Rhodes, Rance, Fraser, and Treloar, (2017) explore the affective relations of care enacted by heroin-using couples. Rather than viewing these partnerships as solely risk-producing, the couple relationship is viewed as providing a safe haven against a hostile world, laden with social stigma and material difficulties. The shared care of the everyday realities of heroin use is simultaneously pragmatic and deeply emotional. Couples produced narratives of best friendship, rooted in the mutual satisfaction of everyday life together, of which a large component was drug use. While there was acknowledgement of the downsides to the intertwined, co-dependent dynamic which seemed to go hand-in-hand with heroin use, most still felt that “the care and protection produced in relationships outweigh the bads as others might present them.” (Rhodes et al., 2017, p15). Another study of couples who used heroin or cocaine daily by Simmons and Singer (2006) explored the ways in which partners existed in a mutually-reinforcing dynamic of care and collusion, sustaining their drug dependencies. They cared and felt strongly for their partner, the interactions with them adding to their life in many ways, while also colluding together to procure and take the drugs they were dependent on. Care was given and received by partners saving each other’s lives, sharing an understanding of the painful realities of drug dependency and providing a safety net when selling drugs.

These studies point to the importance of analysing how drug consumption and partnerships can be co-productive, drug use both creating and protecting from difficult interpersonal dynamics.

These studies provide an insight into how feelings of intimacy and closeness might become entangled with drug use; part of the crucial social connections which shape our lives. These researchers stand apart from epidemiological studies which seek to conceptualise MDMA use as

either irrelevant or damaging to social connections. In fact, the presumption of relational harm is sometimes built into studies, which set out to measure drug-related problems including intimate partner violence (Topp et al., 1999). However, more common, is the total omission of relationships from studies of MDMA use, even those examining long-term consequences (see McGuire, 2000; Parrott, 2001; Verheyden, Maidment, & Curran, 2003). There is an assumption within these studies that the effects of drug use can be contained to the individual. For example, cognitive, sleep-related, neurobiological and psychiatric difficulties. Insufficient attention has been paid to the relational webs within which people are embedded.

Yet, even when relationships are included, there is a lack of granularity with respect to how the relational dynamics are affected. Soar, Parrott, and Turner (2009) identify that MDMA improves social functioning but fail to specify *how* this might be so. While there is value in comparing measures of, say, interpersonal functioning, across a range of contexts (e.g. non-drug, polydrug etc.), it is helpful to know more about how this mechanism functions if we want to understand why people are taking MDMA and the impact it is having on their lives and relationships. Vervaeke and Korfs’s (2006) study goes a little further – stating that intimate relationships might be influenced by the entactogenic properties of MDMA, the drug’s ability to enhance sex and its potential to create relational discord in the depressive ‘dip’ after use. However, questions regarding the way in which entactogenic qualities or low mood in the days after use impinge upon a couple relationship – the emotions and activities they render possible – remain unanswered.

This paper takes a qualitative approach to understanding the meaning, feelings and activities of couples’ MDMA experiences and how they are embedded within and affect their relationship. We add to a collection of researchers using mainly qualitative methods to better understand people’s reasons for using drugs, what these experiences mean to them and how they are integrated within the broader context of their everyday lives (Anderson & McGrath, 2014; Bahora et al., 2009; Beck & Rosenbaum, 1994; Duff, 2003, 2008; Farrugia, 2015; Foster & Spencer, 2013; Hinchliff, 2001; Hunt et al., 2007; Levy, O’Grady, Wish, & Arria, 2005; Moore & Miles, 2004; Moore & Measham, 2008; Olsen, 2009; Solowij et al., 1992). This study has much in common with the growing body of new materialist AOD (alcohol and other drug) research which seeks to map the socio-material relations of drug use, (e.g. Böhling, 2014; Dilkes-Frayne, 2014; Duff, 2008, 2014; Farrugia, 2015; Fraser & Moore, 2011; Keane, 2011; Malins, 2004; Potts, 2004; Race, 2011, 2015; Rhodes et al., 2017), recognising that the things people do on drugs are key to understanding the pleasures and meaning of drug use (Duff, 2008) and that the boundaries of drug use are porous, as their effects stretch beyond the moment, and into broader ways of relating and being intimate in everyday life (Farrugia, 2015).

We share too an emphasis on the role of the material, the non-human world of objects and rooms, and how it co-constitutes drug experiences. Drug effects are understood not in a linear fashion but as a patterned network, consisting of “substances, feelings, interactions, narratives, and ways of life” (Rhodes et al., 2017, p19). Rather than focusing on one individual actor, this work follows new materialist AOD approaches in recognising the array of human and non-human actors that produce a drug experience. This study’s particular contribution to this body of work is in mapping out the social networks, namely between romantic couples, within which drug use is embedded (c.f Rhodes et al., 2017; Rance, Treloar, Fraser, Bryant & Rhodes, 2017). However, this paper is distinct in that a process account retains a clear focus on the human, apt for this study’s consideration of meaning and context of couples’ use.

The boundaries of intimacy

Intimacy is determined by a protective boundary which occludes distractions from the world and other non-intimates (Jamieson, 2005). In fact, the couple has been described as a ‘little cosmos’ or a ‘unity’

(Finn, 2005), predicated on what it excludes (Stenner, 2013). Giddens (1992) recognizes trust as a core way in which exclusionary boundaries are put into action, since trust is often based on what is kept from others.

In this paper, we will argue that couples carefully construct symbolic boundaries around their MDMA use which tributise their experiential ‘flow’. These boundaries contain the MDMA experience, setting it apart from the humdrum of everyday life so that they become special events. Boundaries function not only to control use, but also to enable and constrain certain intimate feelings, experiences and atmospheres. We will argue that couples use ritualistic practices to assemble the experiential boundaries of MDMA use. Boundaries are thus understood as emerging from boundary-making practices, or ‘practice[s] of differentiation’ (Holloway, 2003, p1968) – they are enacted. While these boundaries are multifarious in nature, including, for example, relational and emotional boundaries, this paper pays particular attention to the spatio-temporal dimensions of the experience and how these are constituted and reinforced – this will be referred to as ‘space-time’.

Spatial-temporal experience is understood here as not distinct entities that interact but mutually co-constitutive (Brown & Stenner, 2009). One cannot exist without the other, they are completely interdependent and intertwined. Indeed, space-times are key to the production of subjectivities, for example the queue at methadone clinics risks producing the very kind of drug-dependent subjectivity it wishes to alleviate (Fraser, 2006). A lack of seating, close proximity of clients to one another and inconvenient opening hours all make the illicit buying and selling of methadone, and other drugs, more likely. Furthermore, space is not a static container of the events of life; different spaces actually mean different spatial practices (Lefebvre, 1991). For example, the space of a shopping centre emerges from the practices of buying and selling, the relationships between consumers and shop owners in addition to the shop owner’s positioning in glass shopfronts. The space of the shopping centre is not conceived of as passive but composed of active, spatial practices. Space is similarly understood here as relationally produced, but framed within a process-orientated view, which sees the world as made up of interlocking processes. Thus, space is not an external thing we are *in* but a process; it interweaves with other threads (temporality, embodiment, emotion, cognition, social relations etc.) to produce experience. In other words, our lives don’t take place *in space*, rather they are *spatial*.

Our argument is theoretically informed by psychosocial process philosophy (Brown & Stenner, 2009; Brown & Reavey, 2015), which sees what happens at the borders of systems as crucial to their constitution, and in particular, uses the ideas of anthropologist Mary Douglas (2001) and psychologist Paul Stenner (2013) around order, disorder and what lies at the threshold between the two. Both scholars are interested in how systems are ordered based on what is excluded from them. For Douglas (2001), this means exploring what a culture considers unclean and dirty to understand the order a culture is striving to create, and for Stenner (2013), a consideration of who might be shut out in order for a relationship to flourish.

Douglas’ work speaks to the ritualisation of MDMA experiences and how ritualised acts exclude the noise of the surrounding world. Dirt, pollution or noise can never be understood in isolation but in relation to a ‘total structure of thought whose key-stone, boundaries, margins and internal lines are held in relation by rituals of separation.’ (Douglas, 2001, p42). Through looking at what couples exclude from MDMA space-time, we can hope to gain an insight into what kinds of ‘structure of thought’ they are hoping to establish. A core part of Douglas’ approach is that ritual isn’t simply a mechanism for making what we would have experienced anyway more vivid, but actually formulates the content and quality of our experience. This takes place in several ways. Firstly, one of the ways ritual modifies experience is by sharpening focus: it can frame an experience in a particular way, enclosing in desired themes and shutting out intruding ones, and thereby invoke expectancies e.g. how a bedtime story settles a child into the calmness

needed for sleep. Secondly, external symbols involved in rituals can act as mnemonic devices, reminding participants to enter particular states, like the way a prop in a theatre show can tie together an actor’s performance. Thirdly, rituals can shape our experience by actively reformulating the past and returning us to an earlier state of cleanliness and purity (Balee, 2016; Douglas, 2001). For example, for some Southeast Asian Muslims, coming into contact with a dog, even accidentally, requires ritual bathing to restore their former, unpolluted state. Rituals are complex, they can be both symbolic and practical. Hence, for this example, bathing may pragmatically help with the transference of disease but is also symbolic of a return to purity.

In comparison, Stenner’s work will be helpful in appreciating who must be excluded from MDMA space-time to maintain couple intimacy. Specifically, his ideas around what he calls *foundation by exclusion* are helpful in exploring these barriers; he discusses how we can think about phenomena as being created and maintained not only through what is included but what is *excluded*:

‘it is through a relation to the exclusion or expulsion of ‘the third’ or of ‘thirdness’ that unity and identity are created and maintained. The implication is that behind the foundation of something unified (something that might be described as a *system*) there lurks expulsion and exclusion, and that this exclusion is necessary (rather than incidental) to the ongoing constitution of the system.’ (p3)

‘System’ is used here broadly to refer to a social system, an organism, a system of experience or of knowledge; therefore, we can conceive of a couple and their MDMA experiences as systems in this sense. Initially, let us think about the couple as a unified, ordered system and how this might be related an exclusion of ‘thirdness’. At first glance, coupledness is all about two people: their meeting, coming together and establishing a more long-lasting connection. However, on closer inspection, we can see thirdness or, indeed a specific ‘third’, loom large. Historically, romantic togetherness has been predicated on a ‘unified, exclusive...dyad’ (Finn, 2010, p2): the couple only exists as a social system because others are kept out (e.g. sexually and/or emotionally). In this way, the excluded third can be said to *mediate* between the two positions in the system and thus actually be creative of the system. A mediator is easy to overlook since it is the very thing that *must* be overlooked in order for a relation to be formed through it. Take as an example a sexually monogamous couple: the relationship between the two partners is mediated by the others they are not sexually intimate with. If these non-sexually intimate others were not ‘included as excluded’ (Stenner, 2013, p3, referencing Agamben) then what would unify the couple as a system?

However, just as a system is mediated and thus created via the excluded third, it can also be *interrupted* and destabilised via the excluded third. It is easy to see how this might apply to the previous example: a drunken liaison, the excluded thirdness, could interrupt and potentially destroy the couple system, showing just how crucial its exclusion was to the unity of the sexually monogamous couple. For MDMA experiences, the who of the excluded third varies from couple to couple, but we argue the ‘why’ is the same: MDMA use becomes part of exclusive, shared couple space and thus mandates protection.

This work uses a practices approach to intimacy (Jamieson, 1998 2005, 2012; Morgan, 1996, 2011; Gabb & Fink, 2015). Rather than thinking of a monolithic entity which is intimacy for all people, at all times and within all contexts, a practices approach entails thinking in terms of *practices* or acts of intimacy, the things people do to ‘enable, generate and sustain’ a subjective sense of special closeness (Jamieson, 2012, p133). This idea draws from how Morgan (1996; Morgan, 2011) attempted to sidestep pre-conceived ideas of what ‘the family’ meant within sociology by focusing on what families *do*. Gabb and Fink (2015) argue that a *practices* approach could be helpfully extended to couple relationships; claiming there is a knowledge gap about the diversity of things couples do together, from going on date nights or carrying out acts of practical care, to talking about deeply buried secrets. For example, Gabb and Fink (2015) discuss the importance of negotiated

couple time, 'date nights'. These could be relatively unstructured and part of the everyday or 'strictly rule bound, to separate it from daily routines and make such time feel special and especially meaningful' (Gabb & Fink, p30). Date nights were part of 'relationship work', practices that strengthened and sustained couple intimacy in long-term partnerships.

Methodology

Data collection

We recruited 14 participants from the UK, Germany, Belgium, Sweden and USA, conducting interviews and collecting diaries between 2015–2016. The eligibility criteria stipulated they were over 18 years of age and had taken MDMA with their current partner five times or more. The participants were from two studies: the first with couple interviews ($n = 6$) and the second with diaries and optional diary interviews ($n = 8$). The criteria for inclusion were the same, except that both partners had to be willing to take part to be eligible for a couple interview (six more couple interviews were performed but are not included in the present analysis). The recruitment sites were also the same for both studies, as were the rationale for the study presented to potential participants in the information sheets. The first study, involving couple interviews, was conducted to explore couples' full history of MDMA experiences and situate these experiences within the broader context of their relationship. This method of data collection method also allowed for an appreciation of couple dynamics in practice. The second study, involving individual diaries and optional interviews, was intended to capture everyday minutiae around one particular MDMA experience that might be omitted, glossed over or simply forgotten as well as providing an outlet to communicate sensitive or less positive information. Both men (9) and women (7) took part. All were currently in heterosexual relationships, which varied from 18 months to 24 years in length. This was a purposive sampling, recruited through a variety of online forums and word-of-mouth. No financial incentives were made available, although the reimbursement of expenses and refreshments were offered.

All interviews were in-depth and semi-structured. Specific attention was paid to the context of couples' experiences: the feelings, spaces and material objects which constituted them. The first study asked each couple to bring five objects or photos to the interview to remind them of particular times they'd taken MDMA together (Reavey, 2010). The incorporation of visual methods was intended to better reflect the multi-modal nature of reality (Attard, Larkin, Boden, & Jackson, 2017; Boden & Eatough, 2014; Reavey, 2010; Reavey & Johnson, 2008; Silver & Reavey, 2010) and focus couples' accounts on *specific* drug experiences.

For the diaries, participants were advised to complete the diary every day for a week around when they happened to be taking MDMA with their partner and were given the option of an interview structured around the diary as well (Kenten, 2010). Diaries have been used in social science research, particularly in health research (Kenten, 2010) and can be used as part of qualitative (Elliott, 1997) or quantitative research paradigms (Corti, 1993), particularly to facilitate discussions of what might be considered too trivial or routine to be brought up in formal interviews (Latham, 2004). Pseudonyms and other anonymity-protecting measures were employed for all participants. If participants agreed to take part in the optional diary interview, an interview guide was drawn up to reflect key points of interest in the returned diary.

Data analysis

All interview transcripts and diaries were analysed using Braun and Clarke's (2006) six stages of thematic analysis. This involves searching for themes within the data which not only 'represents some level of patterned response or meaning within the data set' (Braun & Clarke, 2006, p82), but also 'captures something important about the data in

relation to the research question' (p82). Coding adhered more towards 'deductive' (theory-driven) and 'latent' (searching for implied meanings) approaches. Each couple interview was coded separately, and a thematic map produced – the same process was adhered to for each diary or diary/individual interview pair. The data set was then brought together in order to provide a more rounded picture of couples' MDMA use, all thematic maps being analysed in concert to produce the final themes.

Assembling the temporal borders of 'special' MDMA space

Couples actively constructed boundaries between 'special' MDMA space and the everyday. Certainly, there were exceptions to this: three couples who were interviewed as part of the research project but whose comments were not included in this paper spoke about how MDMA had been part of the rhythm of their everyday lives – reflected in their at least weekly use of the drug for several years (though for all three the level of use had since decreased dramatically). However, for most, MDMA use was an anticipated event that juttred out from the flow of daily activities. In fact, the word 'special' itself frequently emerged as a descriptor: 'taking the MDMA is like a special event' (Tomás, diary); 'Nowadays I save MDMA for special occasions.' (Ken, diary); 'makes it more like special' (Carrie, diary); 'it's a special thing for us' (Eva, couple interview); 'those entire 2–4 hour windows are so special' (Nick, couple interview). These boundaries often had a temporal aspect; marking out certain times within which they would take MDMA:

'I feel excited. We don't take this often at all (maybe 2–3 times a year) so taking the MDMA is like a special event' (Tomás, diary)
'We have both been waiting for this day for a long while' (Karl, diary)
'We take it around 3 times a year... I found that taking it [too] much [in the past] reduced the emotional value for me, it tended to become more about getting high and fucked up.' (Ken, diary)

There was a general sense among couples that the passing of a certain amount of time between uses (usually one to four months) legitimised their drug use. Thus, the borders between acceptable and unacceptable use became manifest; with use that was '[too] much' and seen to neglect health being derided. Karl sums up the attitude of the majority of participants when he says, 'any "smart" human being knows they did something that was stressful on their body and should take some time off'. What begins as a testament to health seemed to have become something more, with Tomás drawing a direct line between not taking MDMA 'often at all' to the experience feeling like 'a special event'.

However, infrequency does not, by itself, make an event idyllic, it is something *about* MDMA experiences combined with occasional use that produces this impression. In a similar vein to Tomás, Ken finds that narrowing the acceptable times to take MDMA retains the 'emotional value' of the experience for him, which he sees as encroached upon by more intense patterns of use where it's more about 'getting high and fucked up'. While taking MDMA together was special to couples for many reasons, the way it made them *feel* was the main thread running through their accounts. For Ken, being on MDMA reminded him and his partner 'how we feel for one another' – something that was always there yet 'life and the workaday' could sometimes 'get in the way' of Karl, too, 'feel[s] closer' to his partner and Tomás speaks about how the drug 'allowed us to connect more than we do normally', crucially not fabricating but *enhancing* their connection through an augmentation of feeling, 'just feel what I already felt but more'.

The specialness of these experiences was further delineated through coordinating MDMA use with important life events. Like when Eva returns home from several months abroad and she takes MDMA with her partner as a kind of 'homecoming party' or when Karl describes his girlfriend having her 'last exam today' as the 'perfect' time to do MDMA. Use was also linked to other less significant but still out-of-the-

ordinary events such as seasonal changes, Carrie uses MDMA ‘one time during each season’ to mark ‘the end of something or the beginning’, and ‘a close friend...visiting from out of town’ (Ken). Therefore, casting MDMA use as special and outside of the norm went hand-in-hand with framing certain times of use as unacceptable. In contrast to studies which depict the couple either as a kind of cage, locking partners into cycles of problematic drug use (MacRae & Aalto, 2000) or a factor to be considered in interventions attempting to regulate individuals’ use (Fals-Stewart, O’Farrell, Birchler, Córdova, & Kelley, 2005), relationships here seemed to act to *control* drug use. Couples tied MDMA use to certain time frames and significant, infrequent events in their lives. Aside from being inadvisable on a health level, they found too that overuse could take the (emotional) shine off.

Eliminating and enchanting everyday life

On the whole, MDMA experiences were a part of a ritualised process for couples; which expressed couples’ values, such as care for health and prioritisation of their relationship, and also modified the nature of their experiences (Douglas, 2001). Key to the ritualistic boundarying of MDMA experiences was a pushing out of daily concerns. This was often performed through practices that engaged with the materiality of the world: couples reordered spaces, objects and their own bodies. This ‘rhythm and choreography’ (Holloway, 2003, p1962) of spatial and material elements can be seen in Carrie’s description of the buildup to taking MDMA with her partner of two and a half years:

Carrie: Like we ate healthier the days before and we’ve taken a nap [...or maybe do some yoga or meditate to like calm myself down...] and like we’re ready to, uh, engage in this activity. Uh, and I find it nice that it’s like: I am clean, the house is clean. We have actually made an effort to make it easy or like, or make the trip as good as possible...like before we take the MDMA, I’m like ‘ok, the bed should be made. We should have flowers there, ok, kettle on’...uh, we have some chewing gum, like set the scene but like on MDMA. And it’s important that we have like a water bottle with us... I think like the idea of how we’re going to do it makes it more important to set the setting than while actually on it

Interviewer: what kind of scene are you trying to set?

Carrie: a scene where like we can be together and like, uh, talk without there being anything other that disturbs us

Interviewer: mmm

Carrie: and that’s why I turn off my cellphone, for example, because I know it won’t disturb me if it’s off (Diary interview)

Her preparations seem all-encompassing and bestow a real sense of occasion; the drug is treated here as an important guest. She performs what is arguably a secular ritual of purification, defined by Douglas (2001) as involving ‘separating, tidying and purifying’ (p2): she *purifies* her body and mind, ‘ate healthier’, ‘we’ve taken a nap’, ‘some yoga or meditat[ion]’, ‘I am clean’; *tidies* her home, ‘the house is clean’, ‘the bed should be made’, ‘we should have flowers there’ and *separates* out MDMA space-time, ‘set the scene’, ‘we can be together...without there being anything other that disturbs us’. Moreover, the actions she engages in to reshape her body and her environment are crucial to the special space-time produced; the body is thus seen to be actively engaged in making sense of the space and bordering it from its everyday uses (Holloway, 2003; Kong, 2001). While less elaborate, some cleansing process was spoken about by several participants: ‘We took some vitamins, had food, cleaned the apartment’ (Effy and Aron); ‘we take some vitamins and magnesium and drink juice...and we clean the flat and...we take a bath’ (Eva and Lars); ‘we’d given [the room] a quick Hoover and tidied anything that looked out of place until it was firmly in place’ (Melanie).

If rituals can shape our experience by symbolically reformulating the past and returning us to an earlier state of cleanliness and purity (Balee, 2016; Douglas, 2001), then we suggest that a process of

purification before taking MDMA – wiping away the unhealthy habits, physical grime and even mental noise of everyday life – might also help augment our experience of intimacy. Carrie expands on how she interacts with her partner on MDMA later in the interview:

Like I also find it easier to understand what he needs because like instead of being concerned about what I think about it, it’s easier to like open up the empathy and try to understand what he needs... I can focus all my attention on him...without like extra noise around it. Like in everyday life I feel like my mind is getting in the way or things I should do is getting in the way...or like circumstances getting in the way. Uh so it’s easier to be like uh on only one track without anything else to think about (Diary interview)

While empathy is one of the most well-known effects of MDMA (Bedi, Hyman, & de Wit, 2010; Dumont et al., 2009; Hysek et al., 2013), it is important to emphasise that it appears entangled with and modulated by an array of other corporeal, material forces described previously, a production involving a significant amount of labour on Carrie’s part. It becomes clear here that it is her everyday, cognitive self that she has worked so hard to exclude, it is the ‘noise’ of her ‘mind’, normally associated with our thoughts, that ‘get[s] in the way’ and obstructs the free flow of her ‘empathy’. Such mental noise is barricaded from MDMA space-time through her ritualistic diligence: a dirty flat could act as a visible reminder of the ‘things [she] should do [that] get...in the way’, yoga and meditation have been found to calm rumination (Deyo, Wilson, Ong, & Koopman, 2009; Kinser, Bourguignon, Whaley, Hauenstein, & Taylor, 2013) and separating the experience from the intrusions of others and pre-empting physical needs by resting and eating properly means that ‘circumstances’ can’t possibly ‘get...in the way’. All these practices cultivate a barrier around MDMA space-time, dividing her cognitive and feeling selves, and opening up an idealised, simpler kind of intimacy where she can focus only on her partner.

Hence, the MDMA space-time that Carrie constructs through her ritualistic practices of separation makes room for non-everyday ways of feeling and being: an unselfish, giving love. Yet, in addition to this ideal of love, the value of the experience is also embedded in a broader spectrum of relationship work practices that prioritise time together (Gabb & Fink, 2015). In other words, MDMA use could be seen as a particular kind of date night. For Carrie, this covered well-worn territory such as catching up with her partner, discussing personal and relational issues as well as simply feeling the love she had for him on a more visceral level, ‘instead of just like loving with your heart, you’re loving with your fingers as well’. It is important to note that these effects are not simply contained to the MDMA experience itself but can persist, spreading into everyday life. This is the case for the bodily love that Carrie feels for her partner on MDMA, about which she says, ‘it’s possible to tap into that feeling in sober state as well.’ Once she has experienced that bodily affect on MDMA, she can remember and re-feel it in daily life too (Munro & Belova, 2008). It is possible that experiencing such feelings could add to the depth of love she feels for her partner, solidifying their bond.

This ritualistic preparation and separation of MDMA space-time was performed in a different way by another couple; purifying but also enhancing their surroundings and selves:

Eva: So, we take some vitamins and magnesium and drink juice and we buy some wheat beer and we have ginger tea because of our stomach, it’s brilliant. And we clean the flat and...we take a bath and stuff. It’s just for all the preparation. And this...it’s a special thing for us...

Lars: it’s like a ritual...that we do like, cleaning and everything is good. And we don’t want to have like any negative influences on, uh, on our trip. Not, not an untidy flat or something, no [...]

Eva: yeah, it should be pretty. It’s important to have some candles and we have some tapestries we hang on the walls...and, um, what

we have additionally is something like massage oil because we like to get massages and glowsticks, I love glowsticks [laughter] (Couple interview)

Once more, there are acts of self- and environmental purification, ‘we take some vitamins’, ‘we take a bath’, ‘clean the flat’ but beyond this, MDMA space-time is marked out as ‘a special thing’ in another way: through the inclusion of celebratory items. The adornments of ‘tapestries’, ‘glowsticks’ and ‘candles’ alter their surroundings and make visible a kind of carnival atmosphere; reinforced by how the couple later describe taking MDMA together as ‘a little celebration of our relationship’. Eva and Lars could be said to be performing a temporal-spatial ‘framing’ (Milner, 1955 cited in Douglas, 2001) where the ritualistic acts they perform fashion a symbolic frame. Inside this frame are desirable elements – warmth, cosiness and celebration – and held outside are undesirable elements, ‘any negative influences’ – everyday disorder, ‘untid[iness]’, and the grime accumulated on and within their bodies and flat. Hence, whenever they perform these acts all together, we argue they are weaving a familiar frame, shifting their state to one of freshness and festivity; opening up new ways of being and connecting in the re-enchanting, familiar space of home.

Many of these aspects, though differently described, relate to the spatial rearrangement of their environment. Thus, the visual appearance of their living space seems crucial to symbolically marking out the space from its day-to-day functionality. For example, the way Eva and Lars modify the light with ‘candles’ and ‘glowsticks’ could be seen to offer them new possibilities for being. Candles have been used in religious ceremonies throughout history to represent light, divinity and salvation. This sense of hope and transcendence could alter how the couple behave by focusing them on positive forces, and feelings, between them, bringing them closer together. Similarly, the ‘tapestries’ they use draw on a long history of people adorning their environments to make visible a celebratory atmosphere, which might imbue the space with new possibilities for festivity and fun. Indeed, Lars talks about how sharing the openness and fun of MDMA experiences together early in their relationship created a ‘special bond’ between them, which transferred to daily life where he ‘still wanted to hang out with her even more’.

Ritual can also be seen to modulate couples’ experiences as they initiated friends into MDMA use. These ‘rites of passage’ (Turner, 1987) were carefully constructed affairs, centred around making the transition from non-user to user as smooth as possible; with the couple working together to produce the right kind of intimate space. As Ken describes:

We’ve gone over the logistics, and the playlist. Most we’ve discussed is how we’ll deal with the newbie later tonight, we’re both gonna bring our friendly and cool A-game to put him at ease and hopefully have himself a great drop. Topics to avoid and push, what to do if he gets anxious, That’s it. (Diary)

Ken’s parting phrase, ‘That’s it’, is probably not intended as ironic but could feel that way after he describes his ‘obsessive...planning’ and precise calculation of quantity and timing of the dosage and now details some rather precise, and unusual, ‘logistics’. If a ritualised symbolic frame keeps desirable elements in and undesirable ones out, inside this frame exists a controlled, safe and emotionally sanitised space, and outside lies any hint of uncertainty or anxiety. Planning the drug dose agenda, music and conversation of the night thus provides a focusing mechanism for a different kind of state for Ken: one of calmness and readiness. Indeed, ‘remind[ing] [him]self that [he’s] properly prepared’ soothes his anxiety. It should be noted too how much of a joint strategy the process is, ‘we’ is repeated several times; suggesting the couple might participate in mutual soothing, helping to prepare each other for the ingestion of what is a powerful, psychoactive drug and minimising related anxiety.

Certainly, not all couples prepared to the same degree that Ken, Eva and Lars or Carrie did. For those who didn’t wholly rearrange their

space or who took MDMA outside the home, an object could embody a certain kind of mood. For example, Karl buys ‘glowlights’ to provide some psychological breathing space. They punctuate the continuous ‘busy talking’ and inspire a state of play, where he can just ‘lay back... enjoy the show’. Similarly, Jenny brings a ‘blinky ring’ to her and Mark’s joint interview, which is ‘fun to play with’. She never interacts with it apart from when they take MDMA and coming across it in her bag is a ‘fun surprise’: prompting some joviality and lightness to the otherwise rather serious business of ‘dealing with *all* the issues that [they] have’.

Thus, we suggest that the ritualistic preparations couples perform – gathering supplies and objects for use, cleaning/adorning their homes and themselves, working out how the night will work on a practical level, calculating dosages and calming themselves through yoga or reminding themselves they’ve ‘properly prepared for this’ (Ken) – serve not only to control their use but to shape – and seemingly enhance – the way they *feel*. Everyday tasks, items, bodies and spaces are repurposed and become part of a ritualistic, preparatory process. In doing so, couples physically embody a sense of specialness as well as acting it out through a constellation of objects: the ordinary becoming ‘enchanted through the enactment of the sacred’ (Holloway, 2003, p1968) or, what we refer to here in a secular context as the ‘special’. This can be seen as representing how the boundaries couples construct should not be envisaged as simple segmentation of special MDMA space-time from the everyday, rather that MDMA space-time is made special *through* the everyday. This is reflected in how they talk about a revival and re-energisation of existing feelings of love and connection:

Lars: It was like ‘I want to love you even more, let’s take MDMA’ [...] it’s like celebrating, yeah, that’s really good because that’s what we do. We celebrate our relationship on [a] level that you just can’t celebrate if you’re sober because it’s just not chemically possible (Couple interview)

We *feel* closer and we feel more connected (Karl, Diary)

It makes us flash back to that night [we got together], and the weeks immediately after, when we were starting to get realise our feelings for one another (Ken, Diary)

Being on MDMA doesn’t construct entirely new ways of relating and feeling, it *extends* and *enriches* existing feeling: early feelings are ‘flash [ed] back to’, there’s ‘more connect[ion]’ and ‘even more’ love; yet it does so in powerfully novel ways that are otherwise ‘not chemically possible’. Ritualistic production of MDMA space-time combined with the particular empathic qualities of the drug allow couples to feel their familiar, assumed love at a greater level of intensity. Lars speaks for many of the (male) participants when he frames the experience firmly within a neurochemical discourse, but the couple’s attempt to shape the atmospheres of their MDMA spaces belies their understanding of other influences and how to control for them. This was mirrored across the interviews and diaries, with all couples describing some attempt to control and influence the atmosphere of their MDMA experiences: whether that is through rearranging their space, physical and mental cleansing, planning out music/activities or bringing in particular items.

We argue then that couples mark out MDMA space-time through and with the everyday; both temporally and corporeally. They carve out acceptable times of use – sometimes tying these to the high points in their lives – in addition to arranging spaces and selves. In contrast to other research that portrays the couple relationship as an obstruction or an irrelevance to regulated drug use, couples here seem to help boundary and control their MDMA experiences together. Yet, more than this, MDMA is not portrayed as a corrosive force on their relationship. Rather, it inhabits a special zone, where familiar spaces, selves and connections can be reformed and re-enchanting.

Policing the intimate borders of MDMA space-time: just the two of us?

Assembling ritualised space-times necessarily involved excluding certain things. This included other people. Most often, participants saw taking MDMA, to some degree, as a couple ‘thing’. Coupledness is predicated on the inhabitation of a domain which belongs ‘just to us’ (Stenner, 2013): this symbolic territory including favourite hobbies and past-times, inside jokes, places and, often, sex (Gabb & Fink, 2015). MDMA experiences would be incorporated within this couples’ territory, so that MDMA use became a thing the couples *did* together and formed part of the fabric of their relationship. This was performed by couples in different ways: some didn’t want anyone else physically present when they took MDMA together while the majority were content to practice a less visible exclusion: others could be present, but their partner had to be there too. This was the case for Abby and Ryan, who used to take MDMA together but stopped after having their children:

Abby: We pretty much always hang out together...you know we wouldn’t be ‘oh Ryan’s off in that room, I’m off in this room.’

Ryan: yeah if we went with a group of friends

Abby: yeah

Ryan: it would be us two and a group of friends

Abby: yeah

Ryan: so, if our friends wanted to go and dance in another room and we wanted to dance in this room, it would always be

Abby: we’d stay together...you know if he goes off to the loo, I’d stay put until he got back (Couple interview)

While they go out with their friends, their night revolves about being with each other, ‘we’d stay together’. They also look out for one another, prioritising each other’s musical preferences and dutifully waiting if one of them goes ‘off to the loo’. They do this because they ‘always want to spend our time together’: just as this is true in their everyday life, this extends to MDMA too and emphasises how drug experiences are continuous with and incorporated into people’s lives; in contrast to the isolatable phenomenon that some research paints it to be (Moore, 2008; Mugford, 1988). Taking MDMA becomes a thing ‘[they’ve] done together’, compared to a ‘really amazing, once-in-a-lifetime holiday with your boyfriend or girlfriend’, and part of the ‘shared life’ they see as essential for maintaining a close relationship. Bringing MDMA use inside the borders of exclusive, couple territory allowed couples to lay claim to these fun, bonding experiences as *theirs*, something that could be used as a shared resource to bond them together.

A well-defined boundary emerges from Ken’s description around MDMA experiences as something belonging to the couple and which partners cannot, on their own, share with others:

‘It’s essential that my wife be present. Since we first got together, neither of us has ever partied when the other wasn’t. This is not a rule we agreed upon, it just turned out that way. Personally, if my wife wasn’t around, I doubt I’d be in the mood to party. Back when I was starting to drop, a friend told me the best thing was to never drop without your significant other, cause that way lies ruin. May sound dumb but 10+ years later, turns out its pretty good advice. [...]

‘When I was single the best advice I ever got on using X was, don’t talk to the same girl the entire night, because you WILL fall in love with her. For a week, and you’ll be torn up about it the entire time. Much better to talk to multiple people, keep moving around, don’t over expose yourself to any single soul for too long.’ (Diary)

While this boundary is presented as organic, not ‘a rule we agreed upon’, this belies how the idea’s origin is later located in his friend’s ‘good advice’. The risks that non-boundaried MDMA experiences can present to couples is hinted at in the melodramatic turn of phrase, ‘that

way lies ruin’. The threat becomes more fully apparent when discussed in the context of being single. Ken is wary about ‘over expos[ing]’ himself to ‘any single soul’ since this will form an intense, albeit short-lived, connection, ‘you WILL fall in love with her. For a week...’. This echoes what Timothy Leary coined as the ‘instant marriage syndrome’ on MDMA; repeated in humorous tales of caution against falling ‘in love’ with strangers by Beck and Rosenbaum’s (1994) participants. The emotional connection forged by MDMA is considered so strong, Ken must ‘keep[s] moving around’; using the restless movements of his body to order the social space and erect an emotional barrier, cutting off the depth of intimacy in his interactions.

It is a small leap to consider how the emotional risk tied up with MDMA use might be magnified if already part of a couple, described as ‘a unity’, a ‘little cosmos’, a ‘field’ emerging from what it excludes (Stenner, 2013). This special, couples’ domain for Ken and his wife on MDMA seems to be centred on emotional intimacy: others can be physically present, but the level of intimacy wrapped up with MDMA is only to be experienced when *both* partners are there. This was typical for many of the participants we spoke to who only ever took MDMA with their partner there: Melanie writes how she ‘wants [her partner] there’, calling him ‘an integral part of the MDMA architecture’; Eva and Lars refer to MDMA as ‘a little celebration of our relationship’ and have only taken it together since becoming a couple; Mark and Jenny only take MDMA together since they’re ‘using it for relationship and therapeutic reasons’; Effy describes it as ‘very important’ for her partner to be with her on MDMA.

While other couples did not verbally articulate the emotional dangers of taking MDMA without a partner in the same way Ken did, their actions, always taking it together and often staying physically close to each other over the course of the experience, we suggest tell a different story. There are two notions of the couple that inform this viewpoint. The first is that a certain degree of emotional exclusivity is necessary for a couple relationship. If deep intimacy is seen as a preserve of the couple, and a deep level of connection is often found in MDMA experiences, then always having your partner with you on the drug could be seen to provide some kind of insurance against destabilising emotionally exclusive coupledness.

The second is that our romantic partner is the person we are supposed to experience our most intense feelings with (De Botton, 2016) and with whom the level of intimacy is the deepest, beyond all other connections: friends, parents and other family members (the only exception being children) (Perel, 2007). Couples very much *did* articulate the emotional power of taking MDMA, like an intensification of positive and muting of negative feelings. Arguably, partners might want to share such intense feelings with their partner or they could be worried about the impact of them or their partner sharing such intense feelings with someone else – jealousy is a frequent bedfellow of romance (De Botton, 2016). Thus, MDMA experiences are subsumed within the vast array of other things, places and practices that make up the special, shared couple domain; with partners rarely traversing this emotionally potent territory alone.

Conclusion

This paper has illustrated the ways in which couples draw boundaries around their MDMA experiences: segmenting them from everyday life and from the intrusions of others. Taking MDMA with a partner encouraged a desire to make the experience special, and infrequent; controlled use is shaped by the couple dynamic. Boundaries around special MDMA space-time were embodied through the orchestration of self and space (Holloway, 2003; Kong, 2001). Rituals of purification and celebration produced an idealised kind of space; simultaneously capable of pushing out everyday concerns and re-enchanting familiar feelings. There is also a remarkable sense of control on display in these preparatory accounts, setting up a stark contrast with the idea of chaotic, reckless drug use.

Shared MDMA experiences can modulate and enhance existing feelings of closeness, forming part of the broader spectrum of relationship ‘work’ practices that sustain couple relationships. It is important to throw the spotlight on factors that *sustain* rather than endanger relationships (Gabb & Fink, 2014), unlike much of the existing research which focusses on ‘stressors’ for and the consequences of relationship dissolution (Walker, Barrett, Wilson, & Chang, 2010), despite the value and prevalence of these relationship in people’s lives (Korobov & Thorne, 2006; Office for National Statistics, 2014). Here, couples subsume MDMA experiences into the things they enjoy doing together, that refresh and revitalise their connection to each other. For example, taking MDMA was viewed as a kind of ‘date night’, forming part of the spectrum of relationship work practices a couple might engage in (Gabb & Fink, 2015) as well as facilitating moments of total emotional connection and mutual feeling, beyond what they experience together day-to-day. This finding compliments and extends the socio-material body of work within which this paper is situated. More broadly, our contribution centres on the co-production of practices, drugs and relationships. These couples use rituals of separation and purification to create a space-time where experiences of intimacy and pleasure are modulated in significant ways. For example, couples could focus on their feeling, rather than cognitive, self; enjoy a celebratory, special event and experience a safe, emotionally sanitised atmosphere together. These experiences could also go beyond the MDMA space-time, to filter into their everyday lives, for example the forging of a lasting, special bond was still felt well after the effects had worn off. In addition, others were excluded from couples’ MDMA experiences physically and/or emotionally in order to preserve the intense emotional intimacies for the benefit of the couple alone. These boundary-making practices, though presented as organic, seemed often to be pre-determined and relatively fixed. This cordoning off of MDMA experiences function to maintain the stability of heterosexual, monogamous coupledom.

We now turn to the implications of the current work for drug policy and practice. Drug use is often positioned in drug policy debates as an inherently risky practice, labelled as drug *misuse*, which has correspondingly negative effects on wellbeing. Drug policy should develop a more nuanced, processual view of drug use: as emerging from the patterns of activity and feeling people experience on them (Cromby, 2017), rather than a monolithic negative category. Taking MDMA can form part of relating practices which forge and fortify a relationship. While not always described as being easy or sustainable, these practices crucially can be a part of the unfolding of a couple’s relationship.

The credibility of harm reduction initiatives which do not engage with users’ understanding of risk *and* pleasure has already been cast into doubt (Foster & Spencer, 2013). Policy makers purport to emphasise the provision of accurate information around drugs and alcohol, in the words of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), ‘factual, objective, reliable’ information. It is here specifically argued that this might entail more ‘messy’ forms of emotional harm, which have hitherto been absent from harm reduction material and were raised in this research. For example, the repercussions of being too emotionally, or sexually, intimate with someone other than your partner. This might be ameliorated by encouraging couples to be explicit with one another about their MDMA use boundaries – how, when and with whom they want to take MDMA with and why – which has been described as instrumental in the navigation of other practices such as non-monogamies (Barker & Langdridge, 2010; Easton & Hardy, 2009; Taormino, 2008). Finally, use might be regulated through harnessing users’ desires to preserve its ‘specialness’, which many participants emphasised as important to them, taking seriously the recommendation of Foster and Spencer (2013) that initiatives use the terms of drug users in order to better resonate with them.

Drug experiences are continuous with practices that couples do to sustain their relationship, often called relationship ‘work’ though it

doesn’t often *feel* like work for couples (Gabb & Fink, 2015). Although the boundaries couples drew to segment MDMA use from everyday life were not always infallible and, as a result, unwelcome others or anxious thoughts and feelings could sometimes cross into this intimate space, this boundary work did much to protect the quality of their MDMA experiences together and the exclusivity of their bond.

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