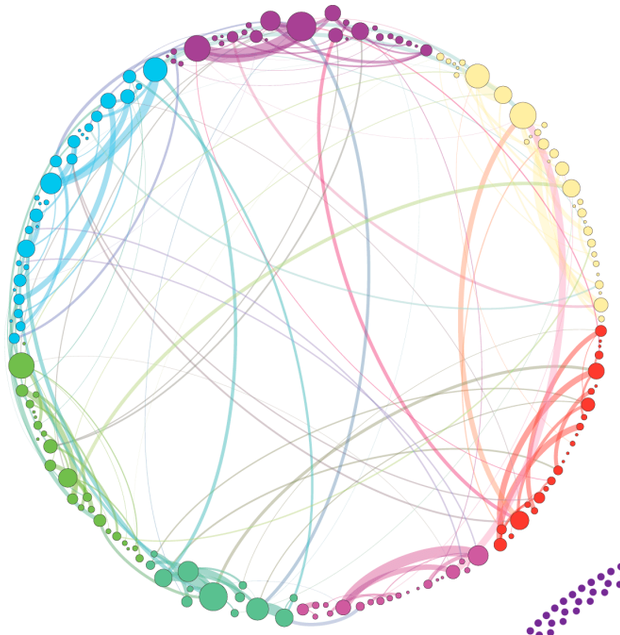
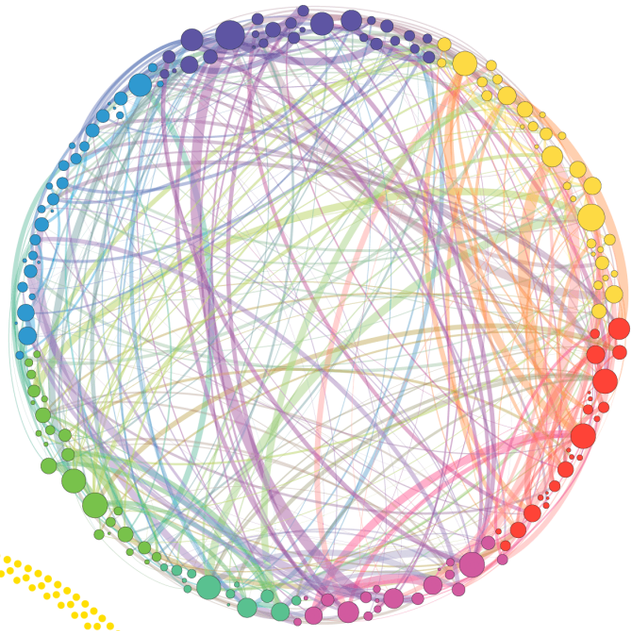




PSI

Psychedelic Somatic Institute

An Introduction to Psychedelic Somatic Interactional Psychotherapy

Saj Razvi, LPC
www.psychedelicsomatic.org

PSYCHEDELIC SOMATIC INTERACTIONAL PSYCHOTHERAPY

The Journal of Psychedelic Psychiatry

"The PSIP Model"

Download slides at: psychedelicsomatic.org/psychanp

Email me: saj@psychedelicsomatic.org

EXPERIENCE DEPENDENCE

Psychedelic medicines are highly experience dependent for outcome (example recreational vs clinical MDMA):

A. Internal conditions (set)

B. Environment (setting)

C. Relational interaction

D. Modality

Our focus is to develop a psychotherapy to match the psychedelic: non-rational, non-linear, non-verbal, non-ordinary consciousness requires non-ordinary psychotherapy

INTEGRATION / SITTER MODEL (NON-DIRECTIVE, NON-INTERACTIONAL)

The drug session itself is given in a room with soft ambient lighting and a comforting soundtrack (which may contribute to the therapeutic value as well). There are generally two therapists present in the room (ideally one male and one female) who are there to provide reassurance, medical cover, and care. They only talk with the patient if the patient wants them to, which they generally do not. It is important to note that there is no expectation of conversation during the "trip" and no direction by either therapist of the patient's speech or thought. It is the next day in the "integration" session that the content of the trip is discussed and interpreted and psychotherapeutic benefits derived.[1] (Nutt, 2019)

INTEGRATION / SITTER MODEL (NON-DIRECTIVE, NON-INTERACTIONAL)

A. Basic therapy model since 1950's

B. Good news is that it works, participants reliably show significant benefit using this model

C. Is this the best model or can we improve upon it?

D. Does it work better or worse for certain populations (terminally ill, trauma survivors, TRD)?

E. We speculate that this is the default model because traditional psychotherapy interventions such as reality testing, insight, cognitive restructuring, meaning making, narrative story telling don't interface well with psychedelic consciousness (secondary consciousness processes). This is why therapy and benefits happen the following day during integration.

F. Design a model whose interventions and processing takes place during the altered state of psychedelic consciousness, and amplifies the healing factors within that state? Realtime processing vs post-session processing.

DUAL MODES OF HUMAN COGNITION

- Robin Carhart-Harris (Entropic brain model):

A. Primary Consciousness

1. Phylogenetically early, shared with other animals, no conception of time, no self rumination or meta-cognitive processes (no abstract thinking), no goal orientation, non-rational, non-verbal. Consciousness arising out of sensory input of external and internal generated physical sensation, emotion, imagery, concrete, visceral, embodied consciousness. Type of memory active in PC is implicit, non-declarative forms such as episodic & procedural memory (vast majority of personality). Animalistic form of cognition (dog, toddler, dream states). Less stable, less filtered, more chaotic consciousness.
2. Derived from sub-cortical brain networks (brain stem, mid-brain limbic system, nervous system)
3. PC gives rise to an implicit self: primordial, unconscious, visceral. Core Response Network (Levine), implicit communication, implicit cognition, implicit emotion, implicit perception of self, other, world, implicit homeostatic self correction (Schore)

DUAL MODES OF HUMAN COGNITION

- Robin Carhart-Harris:

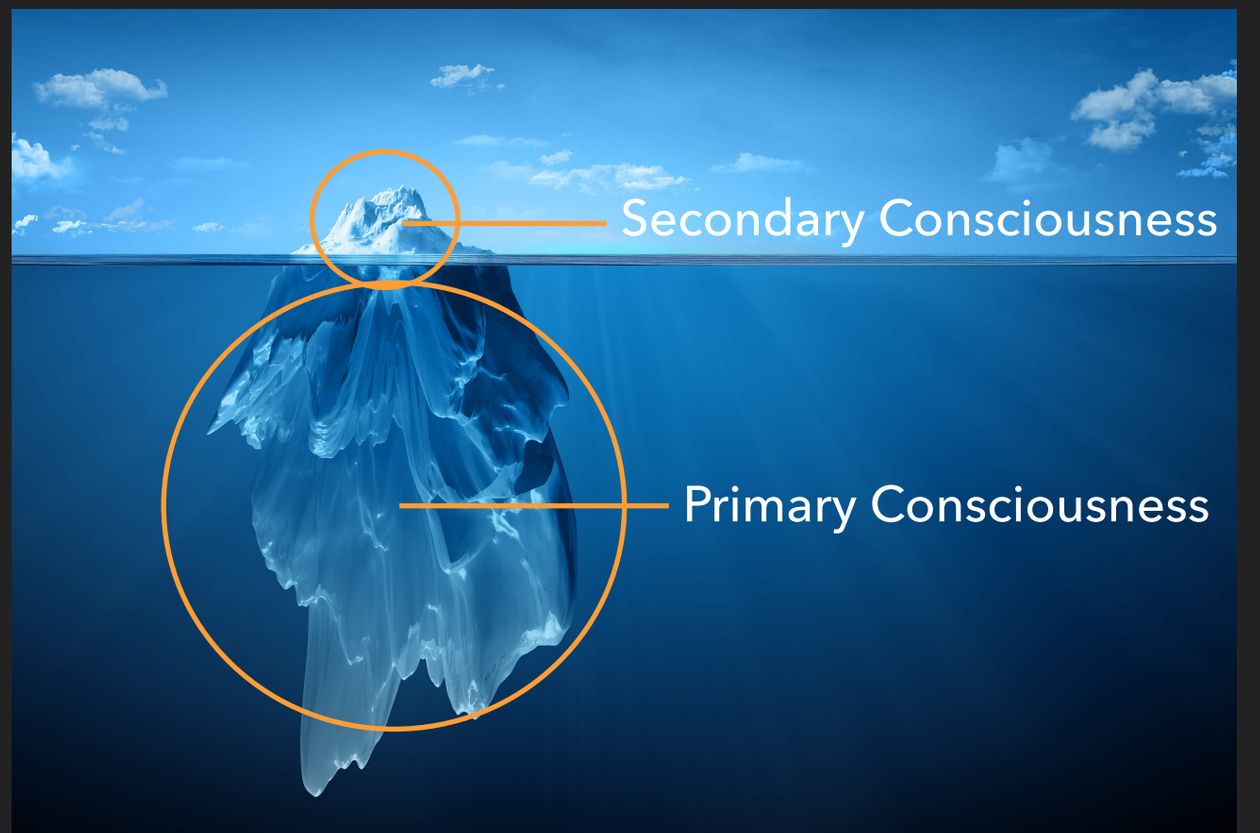
A. Secondary Consciousness (SC): ordinary, waking, adult mind. Self reflection, abstraction / meaning making, cognitive thought, time, goal orientation, verbal, rational, linear…(I.e traditional therapy processes)

1. Derived from synchronizing action of default mode network (DMN) upon higher order, cortical brain regions (brain = orchestra, DMN = conductor, SC = music)

2. Yields conscious self, the self you identify as you. Provides stable states of consciousness & identity.

3. Purpose: “meticulously detail reality”…SC is survival response that seeks to understand, predict & manipulate environment (removed stance of chess player)

DUAL MODES OF HUMAN COGNITION



- Even though we operate in SC much of the time, PC is still very much under the surface (Freud's topographical model of mind)

"Despite the designation of the verbal left hemisphere as "dominant" due to its capacity to explicitly process language functions, it is the right hemisphere and it's implicit homeostatic-survival and communications function that is truly dominant in human existence." (Schore, 2003)

SUPPRESSIVE ACTION OF DMN

A. DMN generates SC through suppression of the more chaotic and more unstable cognition of PC (suppression of entropy) & brain networks that generate PC.

> It is argued that this entropy suppression furnishes normal waking consciousness with a constrained quality and associated metacognitive functions, including reality-testing and self-awareness… Moreover, this leads to the proposal that the brain of modern adult humans differs from that of its closest evolutionary and developmental antecedents because of an extended capacity for entropy suppression. (Carhart-Harris, 2014)

B. DMN = reality filter removing information & experiences, including memory, deemed noise to produce more stable, predictive sense of reality.

C. DMN activity yields a more defined, stable, less permeable ego / identity.

D. DMN is defining characteristic (for good or ill) of western civilization (science, engineering, modern life, factory farming, landing on the moon)

E. DMN over-expression yields rigid, depressive, ruminating personality (non-traumatic depression)

A BIG PRICE TO PAY: LOSE OF IMPLICIT SELF

A. DMN suppression of PC means we lose access to visceral, embodied, implicit self.

B. Loss of awe, mystery, wonderment (consider childhood)

C. Gain a removed, analytical, meta-position over life (chess player) vs being in the game (flow)

DMN SUPPRESSES HOMEOSTATIC BIOLOGICAL SELF CORRECTION

A. DMN suppression of PC also means suppression of psycho-biological homeostatic corrective mechanisms that are useful for processing mental health symptoms:

1. Defense cascade / autonomic nervous system (implicated in anxiety, depression, PTSD, addiction & complex childhood trauma)

2. Definition: Defense cascade is a well documented progressive series of survival / defensive responses engaged by the mammalian autonomic nervous system under conditions of threat.(Freezing, tonic immobility, collapsed immobility, and quiescent immobility). Homeostatic discharge of these responses post-threat is disrupted by SC.

3. Not surprising that homeostasis exist for biological functions, it is surprising that homeostasis exist for mental health.

PSYCHEDELICS DISRUPT SECONDARY CONSCIOUSNESS

A. Psychedelic substances (psilocybin, LSD, DMT, mescaline and to a lesser extent MDMA & cannabis) have affinity for the serotonin 2A receptor

B. Serotonin 2A expressed in cortical areas and most densely expressed in DMN nodes. Not present in subcortical areas (I.e psychedelics do not effect primary consciousness)

C. Psychedelic state = disruption of DMN, SC, reality filtration. Leads to emergence of PC.

> "It is proposed that entry into primary states depends on a collapse of the normally highly organized activity within the default mode network…psychedelics alter consciousness by disorganizing brain activity." Carhart-Harris

D. Emergence of PC homeostatic mechanisms potentiated by the psychedelic shutdown of DMN / SC

VIDEO

Sample sessions of primary consciousness based autonomic processing

WHAT WAS THAT?

A. Disruption of DMN (using what medicine?)

B. PSIP: Selective Inhibition (interruption of SC voluntary copy mechanisms to allow for PC autonomic homeostatic signal)

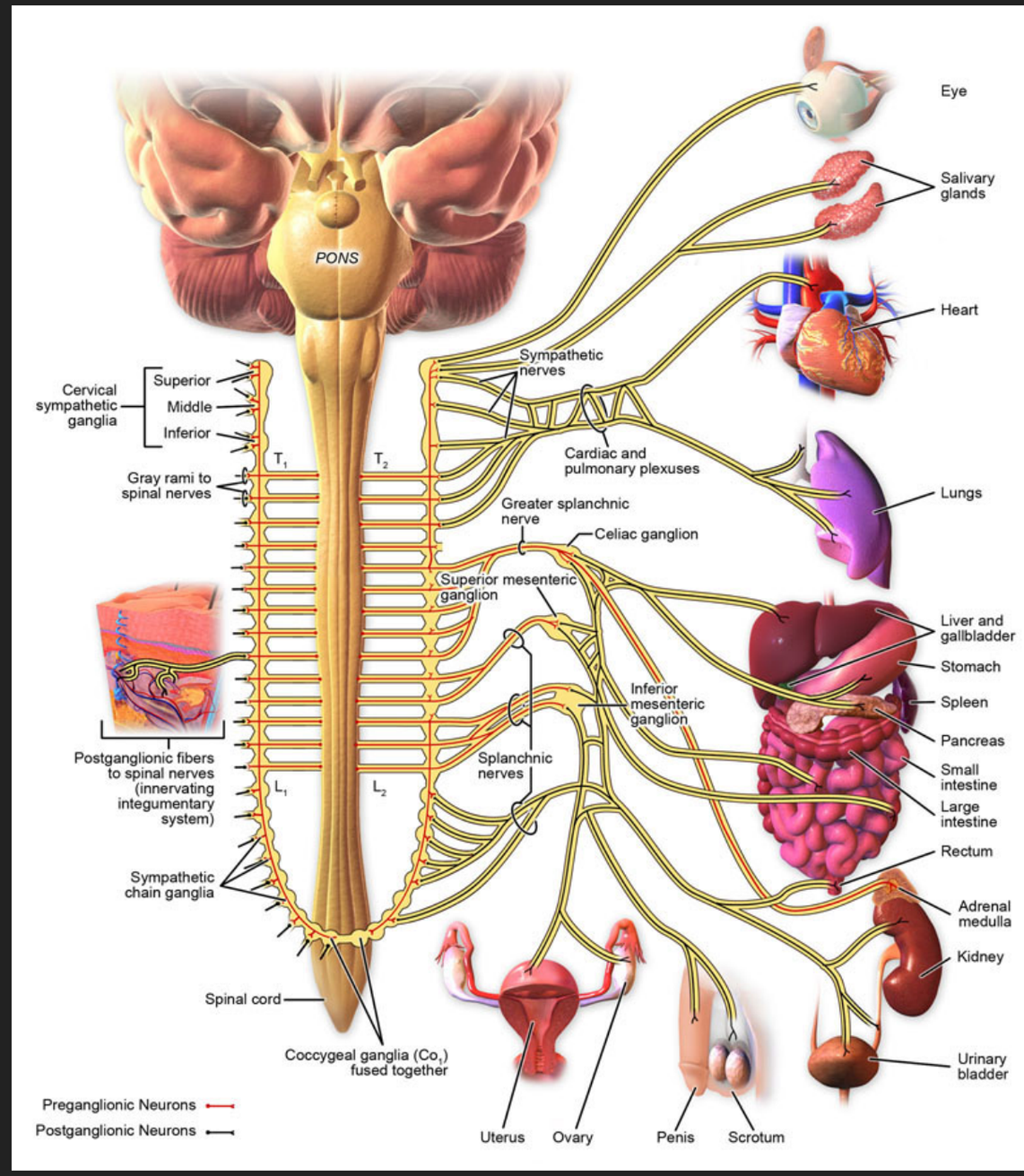
C. Disruption of executive function, insight, narrative story telling, meaning making, self conscious censorship, SC identity, coping, avoidance & management strategies

D. Emergence of PC and traumatic non-declarative memory

THE AUTONOMIC NERVOUS SYSTEM & MENTAL HEALTH

Autonomic nervous system is:

A. One of the sub-cortical networks that compose PC; down regulated by SC
B. Biological mech underpinning defense cascade responses
B. Also inhibited by life time of habituated voluntary control & management
C. Becomes far more fluid, accessible when clients enter PC (not just with psychedelics)
E. Primary part of trauma response
F. Primary part of trauma processing
G. Preferential pathway for psychedelic processing (robust channel).



- What does the ANS do?

All mammals share the same basic autonomic nervous system

Porges, SW: (2001) The Polyvagal Theory: Phylogenetic Substrates of a Social Nervous System. *International Journal of Psychophysiology* 42, 123-146

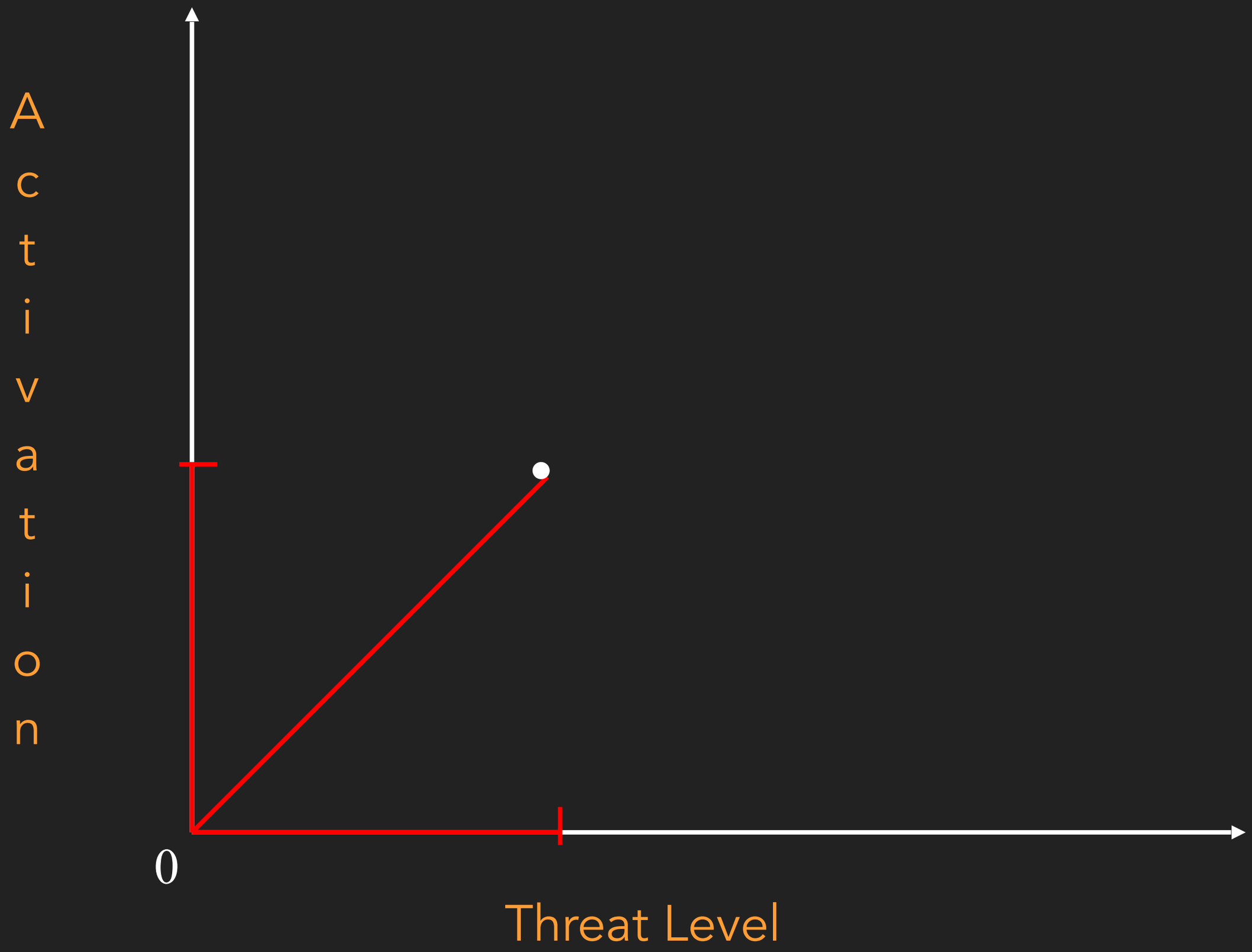
DEFENSE CASCADE / MODELING THE ANS

Threat

=

Activation of the ANS

The greater the real or perceived threat, the greater the ANS response

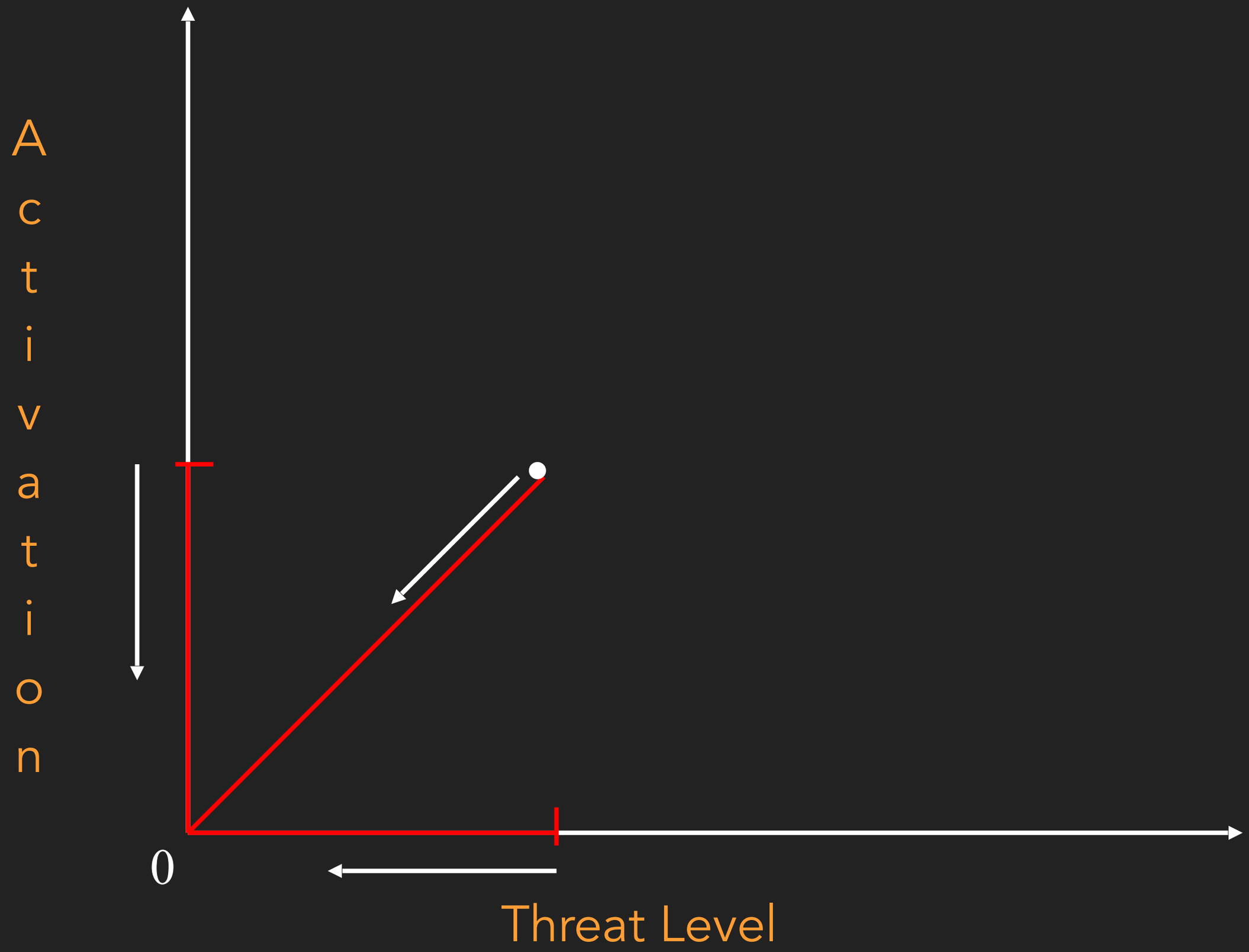

Activation
0
Threat Level

ANS DYNAMICS

A. For mapping purposes, imagine ANS response as a marble on a track that is being acted on by gravity.

B. The marble seeks the most stable, relaxed, and efficient position possible (because ANS activation is a state of tension and requires biological energy to maintain).

C. Once threat has passed, ANS marble homeostatically seeks calm, neutral state.


Activation
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Threat Level

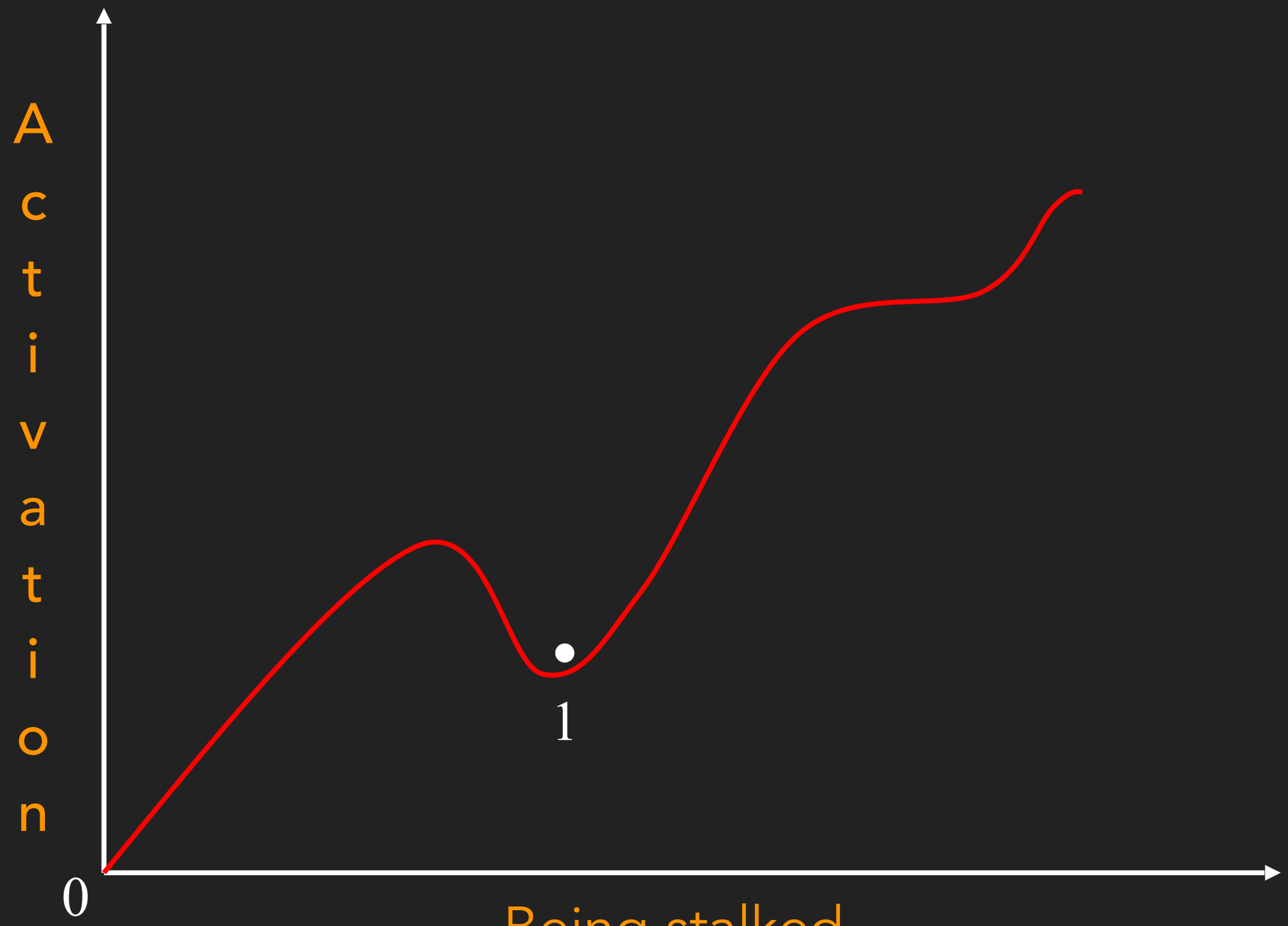
DEFENSE CASCADE / MODELING THE ANS

A. Mammalian ANS is more complex with various attractor states built into the system.

B. Attractor states are stable states, can ‘hold’ the marble and ANS activation for long periods of time. They are discontinuous, preferred states for the ANS to pop into.

C. These stable states appear to be adaptive for survival advantage

State 1 : Mild Stress

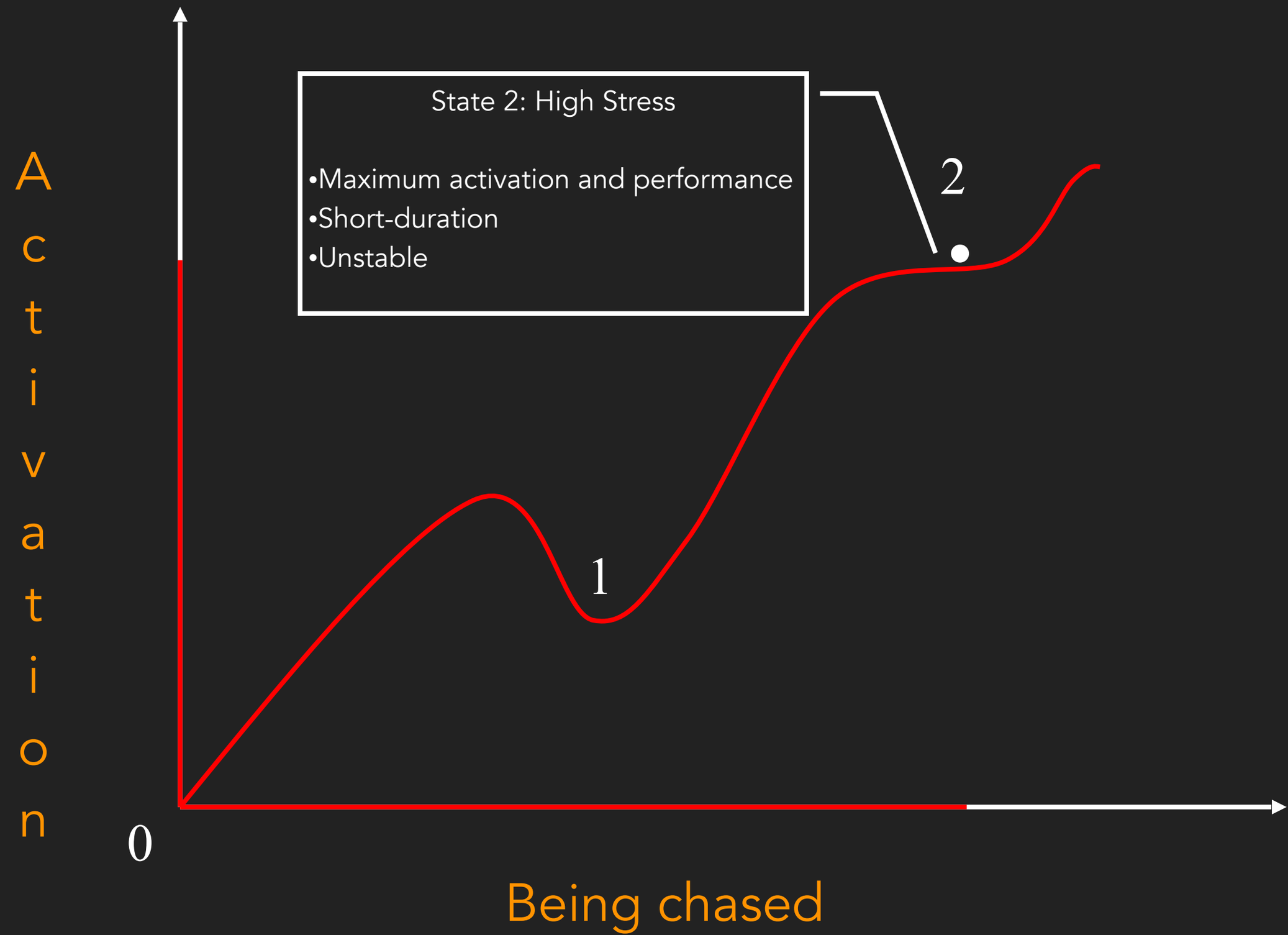


State 1 - Mild Stress

Adaptive ANS responses & symptoms:

- Increased energy
- Fear
- Anxiety
- Anger
- Hyper-alertness
- Excitement
- Irritability / annoyance
- Increased heart rate and breath speed
- Insomnia
- Somatic Tension: tight muscles, headache or other pain, sensations of heat, contraction
- Restlessness or feeling fidgety
- Speedy thoughts
- Feeling Nervous

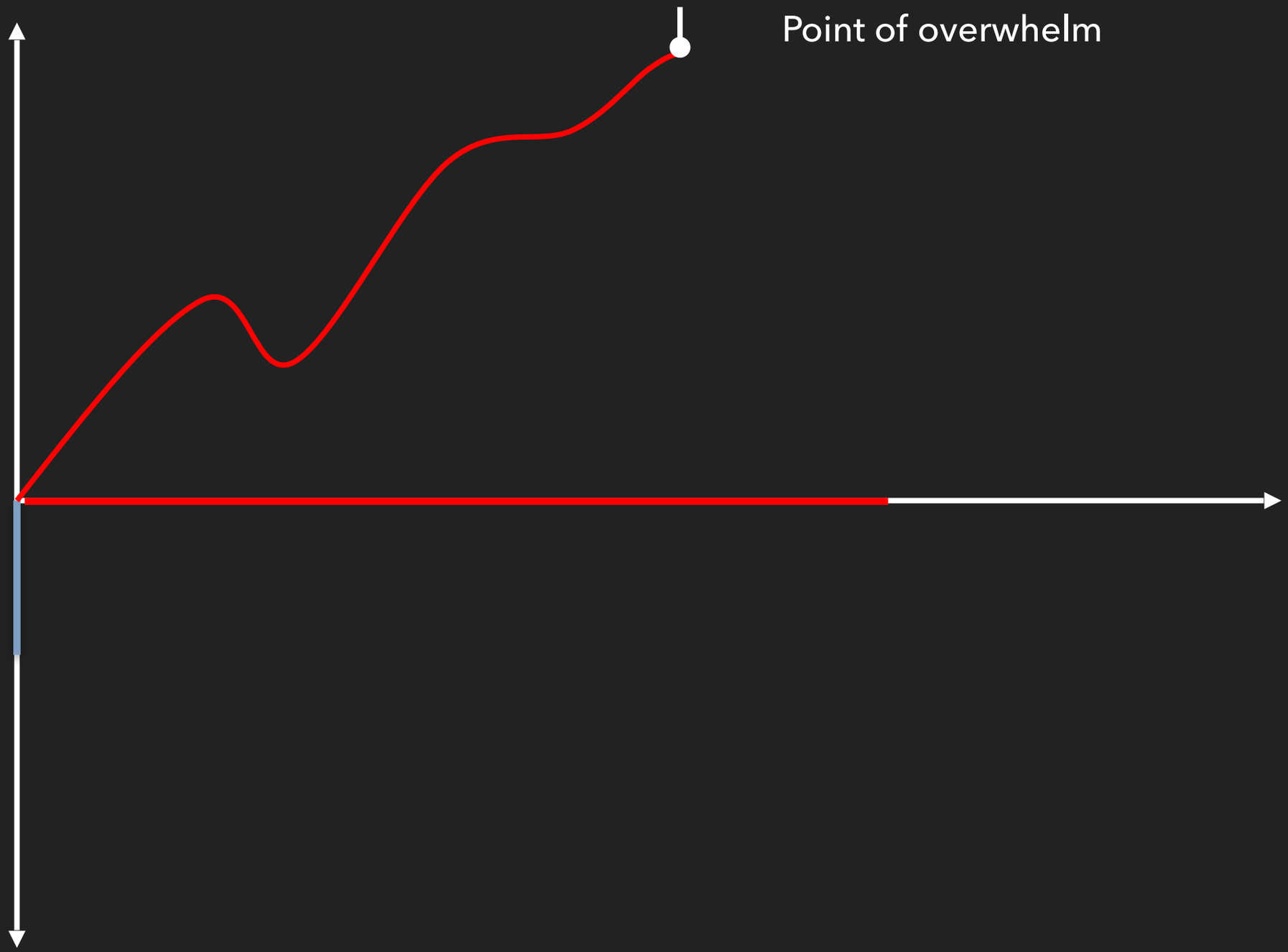
State 2: High Stress

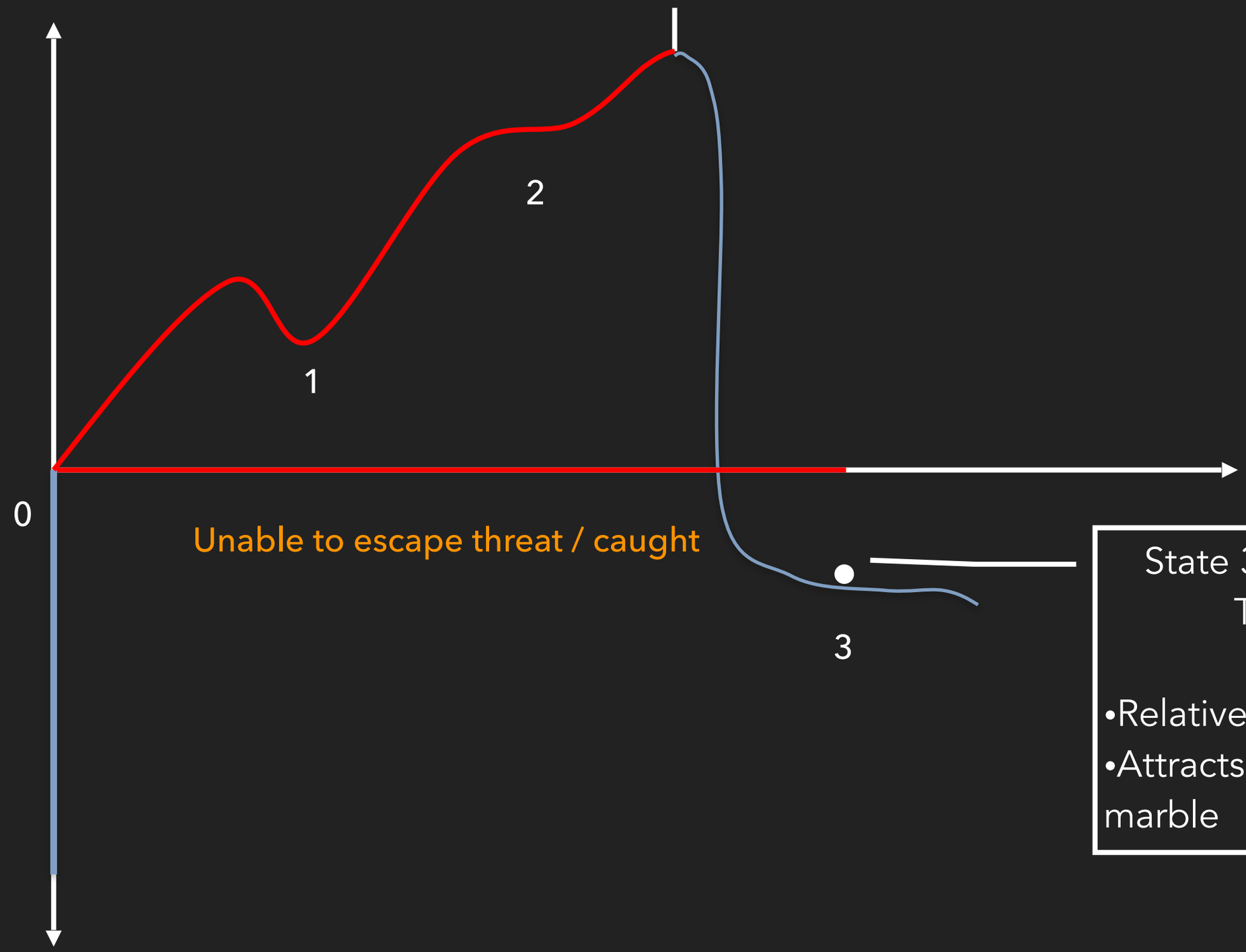


State 2 Symptoms – High Stress:

Adaptive ANS responses / symptoms Include:

- Panic
- Hyperventilation
- Heart Racing
- Sweating
- Shaking, trembling
- Overall body tension: muscles contracting
- Rage
- Terror
- Maximum performance
- Very fast thoughts
- Doesn't last very long


Point of overwhelm



State 3: Moderate Trauma

- Relatively stable
- Attracts and holds the marble

State 3 Moderate Trauma

Adaptive ANS Responses / Symptoms include:

- Moderate opioid dump
- Lethargy
- Sleepiness
- Heaviness
- Collapsed posture
- Lessening muscle tension
- Fogginess / Dissociation
- Sensations of heavy weight
- Feeling cold
- Nausea
- Confusion
- Slow Thoughts
- Suicidality
- Hopelessness

Alternate or occur simultaneously with State 1 & 2 symptoms

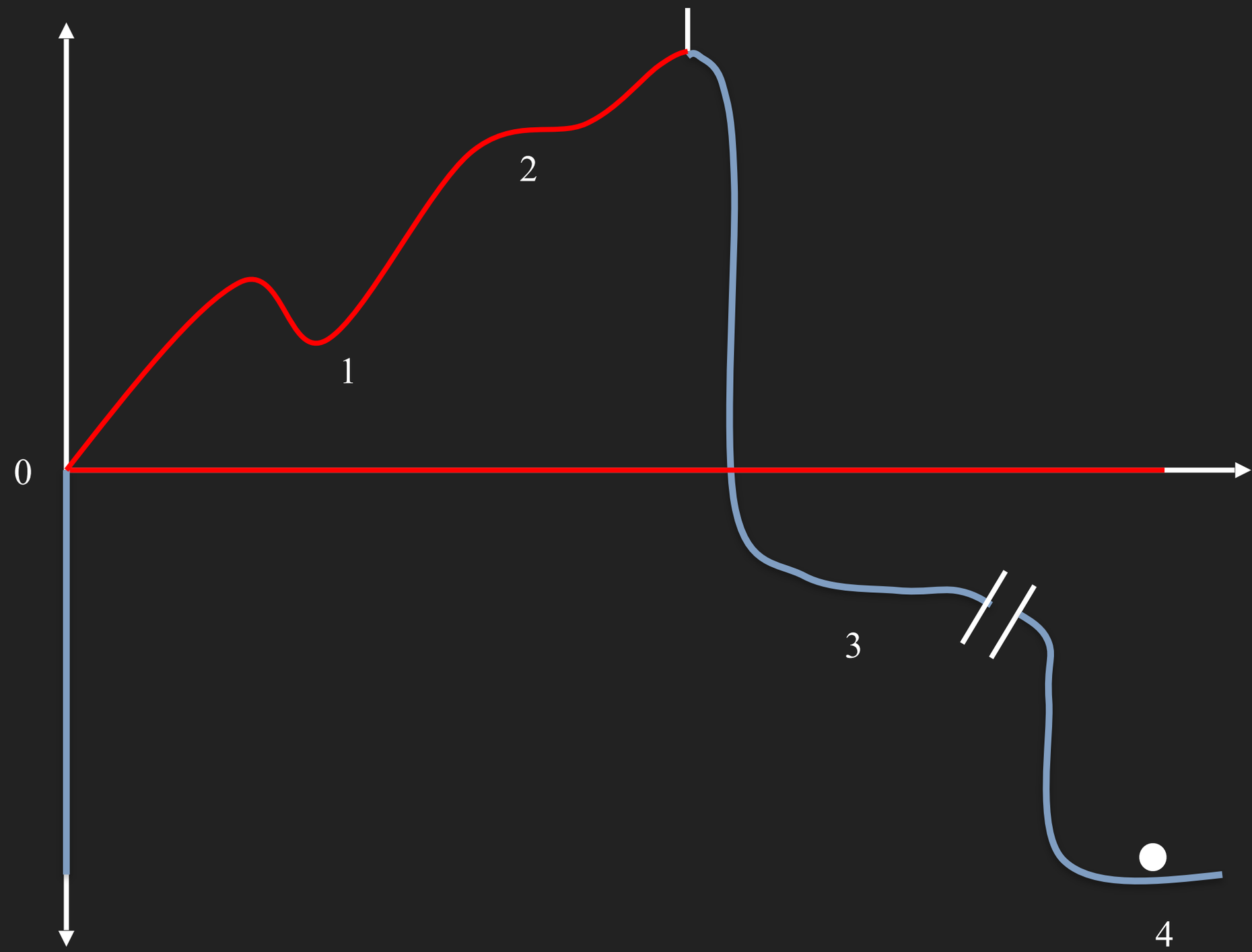
Endogenous Opioids

Stress-induced analgesia has been described in experimental animals after a variety of inescapable stressors such as electric shock, fighting, starvation, and cold water swim. In severely stressed animals opiate withdrawal symptoms can be produced either by termination of the stress or by naloxone injections.

…2 decades after the original trauma, opioid-mediated analgesia developed in subjects with PTSD in response to a stimulus resembling the traumatic stressor, which we correlated with a secretion of endogenous opioids equivalent to 8 mg of morphine.

van der Kolk, BA: (1994) The Body Keeps the Score: Memory and Evolving Psychobiology of Posttraumatic Stress. *Harvard Rev Psychiatry*. Volume 1, Number 5

What happens when a psychedelic response meets an opioid response?


0
1
2
3
4

State 4 Severe Trauma

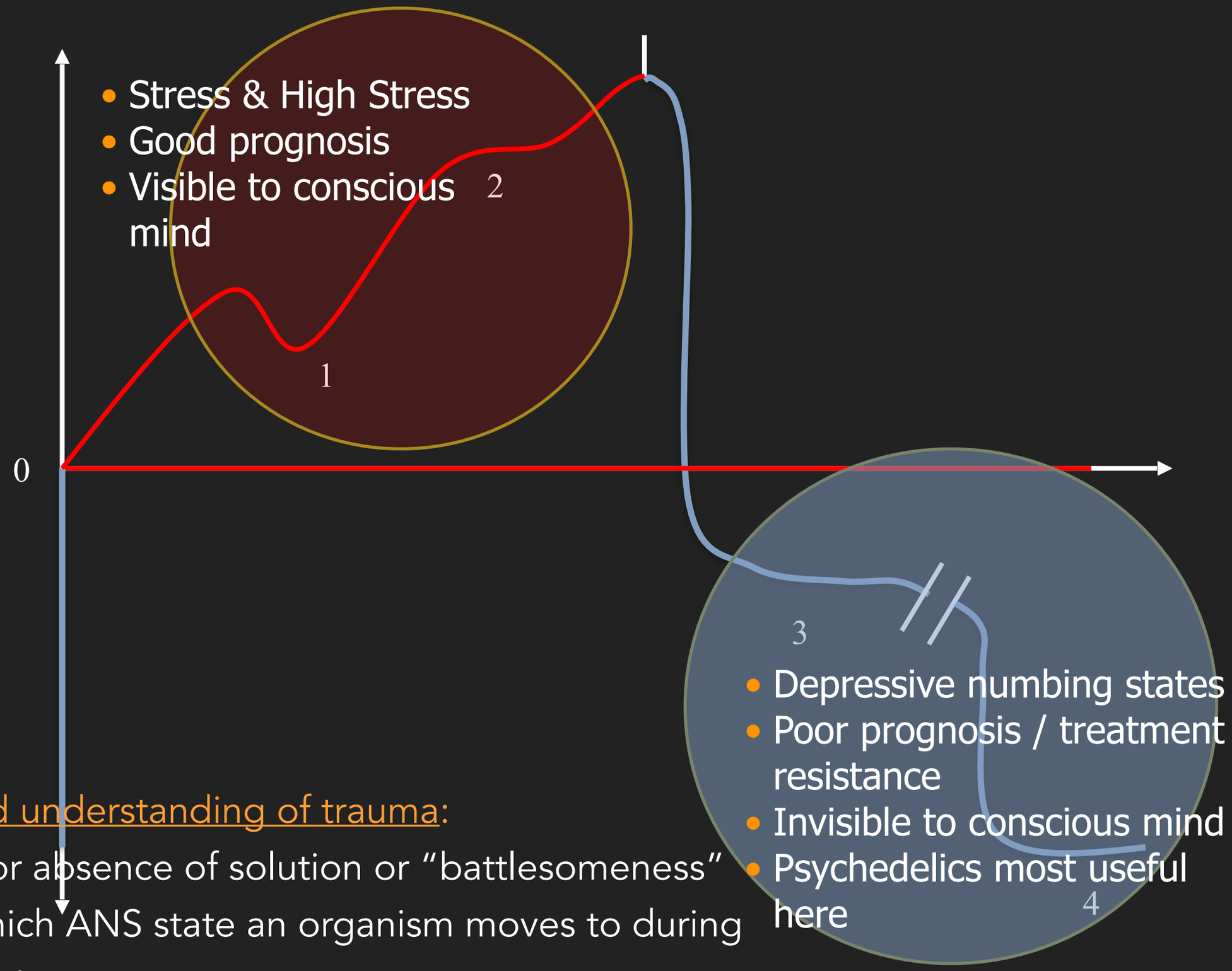
Adaptive ANS Responses / Symptoms:

- Large opioid dump
- Blank affect
- Numbness
- Feeling disconnected
- Spaciness
- Vision changes: clouded or tunnel
- Feelings of unreality
- Most dissociated state
- Out of body experiences
- Floaty
- Respite

Absence of State 1 & 2 Symptoms

VIDEO 2

Selective Inhibition with cannabis



A solution based understanding of trauma:

- the presence or absence of solution or "battlesomeness" determines which ANS state an organism moves to during the actual event
- solution also determines a great deal about how we process trauma now

What happens when a psychedelic response meets an opioid response?

PRINCIPLES OF ANS SELF CORRECTION

A. Stress & trauma states are generated by ancient, non-verbal, involuntary feature of mammalian biology (think temperature regulation or insulin release).

B. ANS resolution should take the same autonomic pathway to neutrality…surprisingly, homeostasis applies to mental health!

C. Not problematic that these states exist, they are adaptive; it's problematic when we cannot return to neutrality.

D. PSIP goal is to activate the involuntary, autonomic, homeostatic self correction capacity of the ANS during the psychedelic state to process traumatic memory (typically non-declarative)

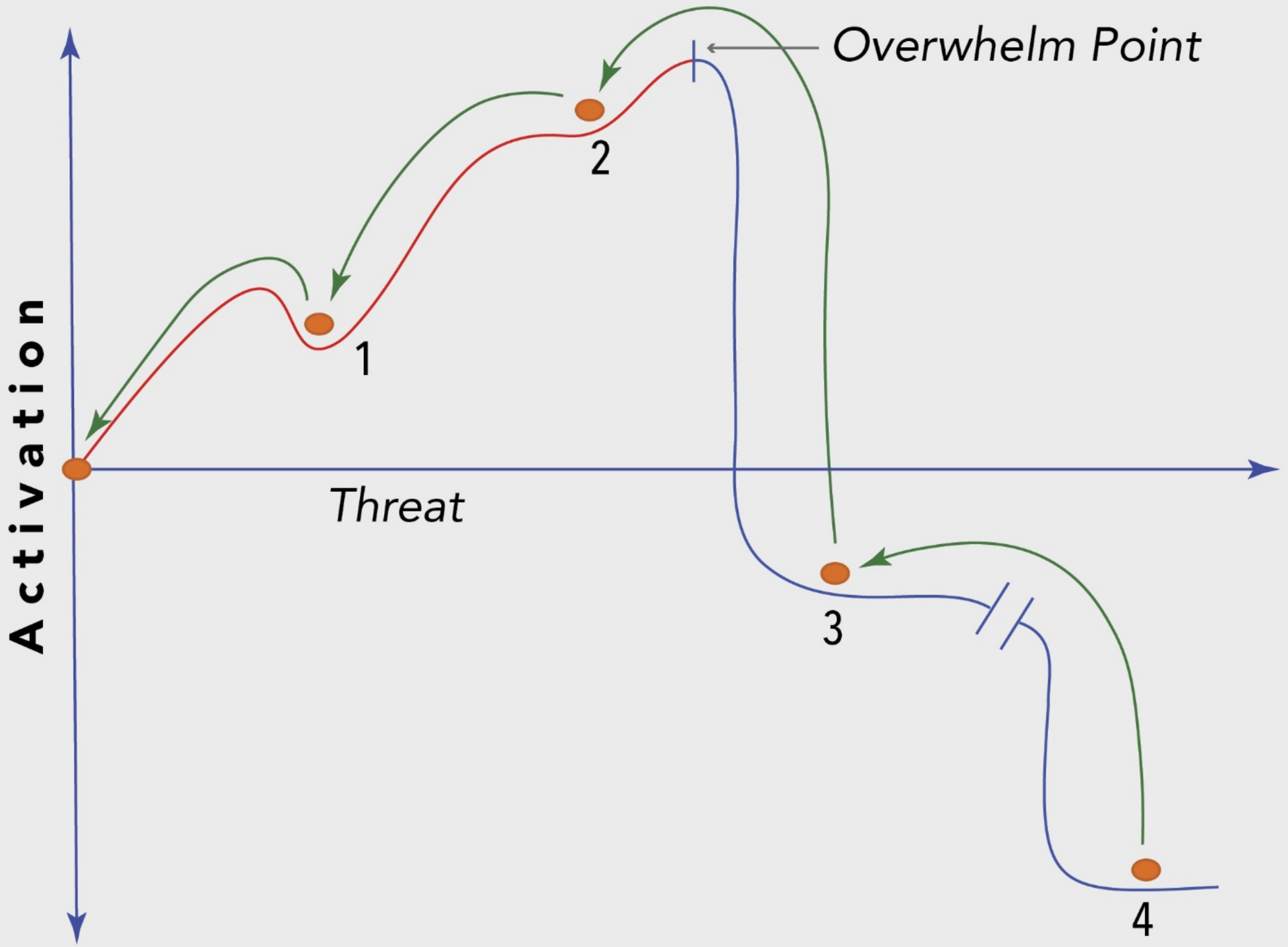
RESTARTING HOMEOSTATIC ANS SELF CORRECTION

Two strategies:

A. Psychedelic disruption of SC, entrance into PC very helpful…but not sufficient
    1. Lifetime of top down SC management of ANS means body process is not readily available.

B. Use of *selective inhibition (SI)* to reduce / arrest voluntary management allowing for nascent involuntary ANS responses to emerge.
    1. Without direction towards somatic process, clients will revert to their habituated processing pathways (insight, talk) and not engage ANS homeostasis.
    2. ANS self correction can be engaged just with SI; psychedelics act as catalysts to this innate biological process.
    3. After a few sessions, ANS becomes preferential pathway for the psychedelic.
    4. SI is one of the primary interventions in PSIP, focusing on inhibiting physical, mental avoidance / coping strategies.

Autonomic Nervous System Response Model



BENEFITS: WHY DO THIS WORK?

A. Regain access to implicit, embodied, emotionally fluid, permeable self (wonderment, mystery, awe). “Who am I” identity drawn from a deeper source.

B. SC is a tool for goal orientation & survival…(surgeon or airline pilot, yes) not so good at meaning. Meaning arises organically, naturally, inevitably from direct contact with world.

C. Direct experience of the mystical, divine vs second hand account

D. Achieve biological / ANS neutrality & responsiveness

E. Regain access to a more robust somatic pathway to process many mental health symptoms (future resilience)

F. Create a foundation for further psycho-spiritual development.

G. Greater empathy / sensitivity to life

THE FUTURE

What is the vision?

A. We can do so much more than putting bandaids on profound wounds (how difficult or impossible healing can be without psychedelic medicine support)

B. These are our medicines, our right to heal! Grass roots availability of psychedelic therapy.

C. Anyone who wants access to high quality, legal psychedelic therapy can get it.

D. Contact with primary consciousness is both transformative and empowering. Many people without severe conditions requiring light guidance and support can engage their own process.

E. Clinicians can provide psychedelic psychotherapy in their private practice settings. Not under FDA regulatory framework & not corporate for profit model.

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