

# Psychedelic Somatic Institute

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## Psychedelic Somatic Interactional Psychotherapy (PSIP)

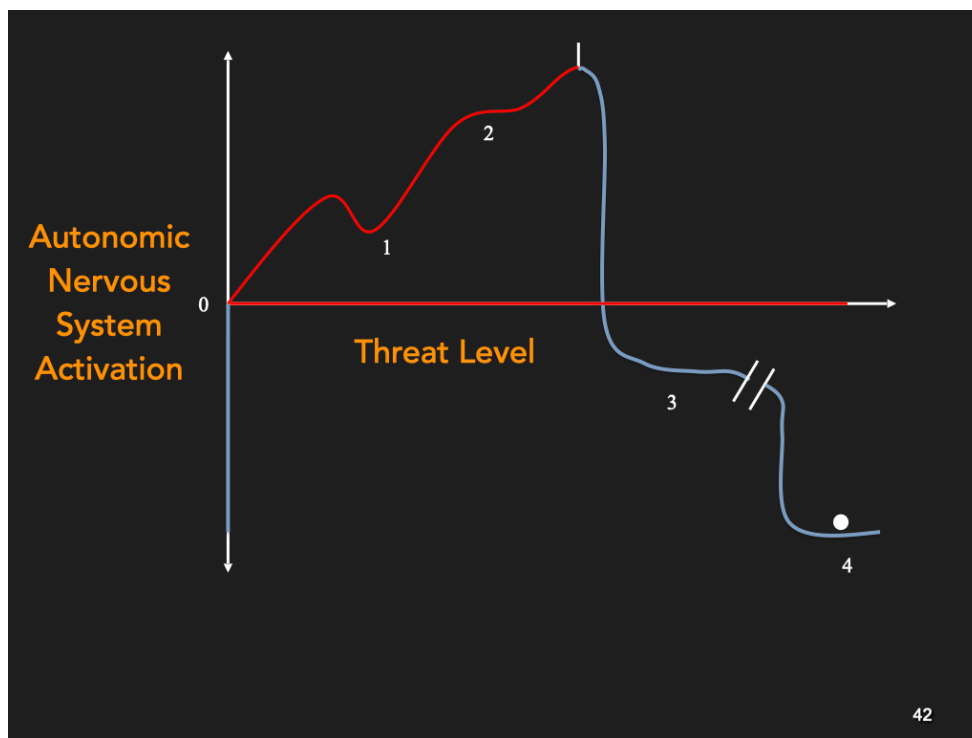
PSIP is a therapeutic modality combining legal psychedelic medicines with a somatic, autonomic nervous system based treatment protocol. Set, setting, modality and therapeutic relationship are key determinants of how psychedelics move through a person's system and the outcomes they produce. While it is possible to gain new insights and talk your way through a psychedelic therapy session, we find that it is much more effective to 'feel' your way through a psychedelic therapy session. The body holds profoundly intelligent, self-corrective, healing mechanisms that become very active during the psychedelic state. The autonomic nervous system is crucial to processing the emotions, hidden memories and unconscious programming that arise in psychedelic therapy.

In fact, we find that the autonomic nervous system becomes a preferential pathway for the psychedelic to move through a person's system. This is because the ANS is far more robust at processing anxiety, fear, overwhelm, dissociation, traumatic depression, complex PTSD symptoms, and trauma than the cognitive capacity. Insight does not shift underlying painful symptoms, the nervous system does.

**Here are a few key points that will help clarify the PSIP therapy model:**

- 1) [Many mental health conditions are primarily subconscious, non-verbal, nervous system phenomena](#)— There is strong evidence to suggest that the majority of symptoms that cause people to enter into treatment are based in having experienced highly stressful and traumatic events, primarily in childhood. These experiences are encoded and reside within our subconscious programming. They reside below the level of awareness and are not accessible through standard talk therapy means. These core formative experiences are made known through psychedelic processes and can be effectively engaged by the body.
- 2) [Many mental health symptoms were at one point adaptive mechanisms that helped us survive threats](#). If you are in a dangerous situation, be it domestic violence, a car accident, a war zone or in a stressed family as a child where needs were not met, it is very appropriate to be hyper-vigilant, nervous, ready to fight or flee or dissociate if that was the only way to survive. Many people find relationship and intimacy to be threatening if the intimacy of their own family felt chaotic or dangerous. These symptoms are healthy survival responses that were formed in a threatening context but may no longer be necessary.
- 3) For a number of reasons, [stressful and traumatic charge can get locked into the nervous system](#) and remain as reactive years later as the day the events occurred. Even after threats have completely disappeared, the ANS can retain charge in the form of anxiety, tension, compulsions, depression, and dissociation. With few exceptions, most wild mammals have an innate autonomic process that turns on to release traumatic charge. The intelligence behind

PSIP is that it is not a new invention; rather it uses the autonomic release process innate to the mammalian nervous system.



### Autonomic Nervous System Map

**State 0:** Calm, responsive, awake (no threat and no ANS activation)

**State 1:** Mild stress and anxiety, nervous, physical tensions, excitement, irritation, hyper-vigilance, insomnia, fidgety, fast thinking

**State 2:** High anxiety, angry, panic symptoms, intense physical tension (stomach, chest, jaw, neck, leg contractions), powerful fight or flight responses, fast short breaths, hyper fast thoughts

**State 3:** Collapsed, hopeless, heavy, sleepy, depressed, slowed motor responses, slowed thinking, blurred vision, hopelessness, dual activated ( frequently a mix of state 1 and 2 symptoms with numbing, depressive symptoms), moderate endogenous opioid release

**State 4:** Thorough numbing, lack of physical sensation and flat affect, numbed out, blank, feeling 'floaty', depersonalized, disconnected, dissociated, empty, hollow, unnatural calm. Relatively normal speech and cognition disconnected from emotions.

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## Elements of the PSIP Model:

- **Resourcing**— Resourcing is where it all begins. It is the ability to feel good, to feel nurtured and calm within yourself. If trauma is a raging river, the ability to resource is an island where you can rest and regenerate. Typically, the more stress and trauma a person has compromising their nervous system, the harder time they will have getting to a calm, resourced state. One of the gifts of psychedelic medicines, particularly ketamine, is that they can quickly and powerfully create resourced states within individuals. People may have an experience of existential and relational re-connection. They may feel held and loved for the first time in their lives. This is a significant therapeutic opportunity as it is the foundation of all the movement and processing to come.
- **Solution**— The presence or absence of a solution to the difficult events in our lives determines our nervous system response, and where these events live on the ANS map. Threats with solutions will appear as stress or even high stress whereas things that happened to us with weak or no solution will create depressive, hopeless, numbing responses. Psychedelics and human relationship play a powerful role in re-establishing a sense of solution to the experiences that crushed us, particularly in childhood. Whether it is through personal, relational or spiritual means, the solutions instilled in the PSIP session create a situation where dissociation (the hallmark symptom of threats without solution) is rapidly processed.
- **Selective Inhibition**— Once clients have developed a sense of solution, a sense that there is a way out, we can begin to pressurize the client's system into a healing response. Selective Inhibition (SI) is the primary organic body process used in the PSIP model, and it involves the limitation of voluntary calming impulses to allow for involuntary autonomic reactions to arise and complete. The ANS contains a vast amount of charged impulses that were encoded as part of the original traumatic memory. SI in combination with psychedelic medicine make contact with these charged memories and the body begins to move through the ANS states listed above. SI shifts the person from dissociation to depression / hopelessness, to high anxiety states to mild stress states and finally to a neutral, uncompromised nervous system.
- **Dissociation**— This is the most significant response we have to trauma and it is the most difficult to work through. It was the defensive response the nervous system engaged when there were no other defenses or solutions left. The endogenous release of opioids manifests as depression, hopelessness or blank affect. Even psychedelic medicines do not by themselves crack dissociation, it takes guidance to track and focus the psyche on what it was designed to never see. Talking through an entire psychedelic

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session can leave a dissociative layer completely untouched. Fortunately, psychedelic medicine will greatly accelerate the processing of dissociation with the appropriate direction, focus and interventions.

- **Traumatic Transference**— Occurs when trauma takes place in a person's family, particularly during childhood. This is when the very definition of intimacy, family, father, mother, touch are intertwined within and colored by the traumatic memory. The processing of complex trauma, this is especially true with the addition of psychedelics, yields intense negative transference either towards the therapist or another loved one in the client's life. We discovered that traumatic transference was ever present in the MDMA phase 2 trial where one therapist would be assigned the idealized parent role and the second clinician would be handed the negative transference role by the client's subconscious mind. The ability to work with this layer is an absolutely necessary skill in psychedelic therapy.