

Internal Family Systems: A Therapeutic Model for Each Stage of the Psychedelic Experience

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INTRODUCTION

In his Introduction to the Internal Family Systems Model ^[1], Richard Schwartz introduced the field of psychology to a new model of therapy that offered a novel perspective on how we see ourselves. This perspective heralded a new paradigm that views all people as being composed of parts and a Self and embraces this as a good thing. One of the most exceptional elements of the IFS model is the view that the Self can never be damaged regardless of the trauma we experienced. The model affirms that we are all born with Self. However, as children, when we experienced pain, neglect, or abuse rather than the loving presence of others, our parts mobilized and took on protective roles to ensure the injured parts of us were protected from further harm. Schwartz defined the mobilizing parts as *protectors*. The parts being protected or suppressed, so their pain did not flood our systems were identified as exiled parts or *exiles*.

The shift from behaviors being viewed as disordered to behaviors being seen as necessary and adaptive is being embraced by clients, with waiting lists for training ever-increasing and IFS therapists numbering in the thousands. A similar scenario exists for those seeking healing through psychedelics. Where psychedelics were once the scourge of drug and law enforcement agencies, they are now seen in a new light that offers hope to those who have not found relief through the standard methods of treatment.

In addition to IFS being embraced by those seeking therapy, it is also being utilized by members of the psychedelic-assisted healing community, psychedelic researchers and

trainers, and programs currently providing certification in psychedelic-assisted therapies and research as an ideal model for both guides and clients utilizing psychedelics for four primary reasons:

1. IFS is the only evidence-based theoretical framework that offers the view that each of us is truly greater than the sum of our parts. Clients who have experienced both IFS therapy and psychedelics often share that their view of a concrete self gives way to a view that their true Self is an essence. This view is not limited to psychedelics. It can also be experienced in states such as those reached in deep meditation, trance dance, shamanic drumming, and breathwork.
2. Multiplicity instead of Monomind: IFS maintains we are a multiplicity. This view helps clients explore contradictory emotions and impulses and creates the space necessary to investigate the different origins of these emotions and impulses. It also helps clients relate to emotions and impulses in a healthy way.
3. IFS welcomes all parts. IFS assumes all parts, even the ones whose strategies cause problems for the client, such as binging on food or alcohol, gambling, etc., are ultimately found to be responses to protect the client's system. A positive intention always underlies even the most extreme behaviors. IFS welcomes all parts with curiosity and compassion and

explores why parts use their specific methods to bring hoped-for relief.

4. Healing instead of Coping: IFS is a constraint-release model that also offers healing steps that include witnessing and unburdening embodied feelings, thoughts, sensations, beliefs, and impulses that have been held in the body from past emotional wounding. Relative to psychedelics, IFS offers a means to navigate protective systems to reach the constraint, while the psychedelic substance magnifies this process, making it much clearer to recognize what to do and when.

Together, IFS and psychedelics enable clients to see the conditions surrounding the constraint much more clearly, making releasing it (using the tools from IFS) much easier to do more precisely and effectively. Another way to look at this is that psychedelics make our minds flexible enough to reach those deep layers of our hierarchical brain, so the IFS process can help shift the deep-seated beliefs stored there. Also, IFS provides the map and the skills necessary to safely approach charged material while respecting the protective systems. The model teaches us how to release the charge without damaging healthy parts of the system or triggering backlashes after the experience. The use of psychedelic substances without this understanding can, and often does, result in protective layers being stripped away, unearthing suppressed material in ways that leave the client shaken and having to pick up the pieces.

Ego and Parts

What contemporary psychology calls the ego, IFS sees as the protective parts' efforts to ensure safety and minimize harm.

According to Sigmund Freud, the human psyche consists of three parts, which he called entities. The 'Es' (it) houses our primitive needs, primordial desires like hunger, thirst, fear, lust, etc. The 'Über-ich' (lit. Über-

self) contains our cultural and social education and understanding. Lastly, the 'Ich' (Self) manages to get what the 'Es' wants, using the information and rules that the 'Über-ich' has remembered.

'Ich' can refer to different things: It is the German word for I. For example "Ich bin hungrig." (I am hungry) or "Du und ich" (You and I). It can also mean the mind of a person, the inner self. If used to refer to the inner self, it is usually spelled Ich with a capital i. Example: "Meine Perspektive, mein ganzes Ich, hat sich durch diesen Unfall verändert" (My perspective, my whole self changed because of that accident).

The English word 'ego' comes directly from Latin *egō* 'I, myself,' an ancient word used to convey the first person singular throughout the Indo-European family of languages (Old English *ic*, German *ich*, Greek *égō*, Sanskrit *áham*, Hittite *uk*, etc.) the common origin being Proto-Indo-European. Proto-Indo-European (PIE) was spoken around 4000 BCE. (<http://paleoglot.blogspot.com/2007/04/origin-of-indo-european-ego.html>)

The terms "id," "ego," and "super-ego" are not Freud's own but are Latinizations originating from his translator James Strachey. Freud himself wrote of "das Es," "das Ich," and "das Über-Ich"—respectively, "the It," "the I," and the "Over-I" (or "Upper-I"); thus, to the German reader, Freud's original terms are more or less self-explanatory. The term "das Es" was borrowed from Georg Groddeck, a German physician whose unconventional ideas inspired Freud. Groddeck's translators render the term in English as 'the It.'

James Strachey's translation of *das ich* into *ego* birthed a perspective that envisioned ego as a thing, an entity that arouses our pride and defends us against attacks on our identity. This ego has been much maligned by the majority of self-help authors and by many schools of Buddhism.

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IFS's *Self* reflects our most authentic self, our source energy or healer within. Our genuine being. It is who we are when our protective and wounded parts are not activated and blended with our sense of self, obscuring its warmth and radiance.

The mainstream understanding of self is expanded upon in IFS. Our capital "S" Self is the healing energy within us. Akin to the *Source, Atman, Buddha Nature, Christ Consciousness, Spirit*, to name a few examples.

In his book, *No Bad Parts* [2], Schwartz writes, "*In Christianity, the definition of sin is anything that disconnects you from God and takes you off your parts. Burdens disconnect Self from parts and give them extreme impulses. Burdened parts either don't experience Self at all or don't listen to self. So when parts are unburdened, it's not only that they immediately transform, but they also now have much more connection to and trust for Self, which is the second goal of IFS.*"

In IFS, Self is much more than the *who* typically described when clients tell us about themselves.

IFS manifests as an empowering paradigm for understanding and harmonizing our inner systems. It is a model that can help people heal. It offers the world a model of what Self-leadership looks like versus the parts-led model with which we are most familiar. It is imperative to note here that parts do not result from trauma. Parts are not their burdens; however, they carry the burdens that result from trauma. A burdened system is represented below

Note also that parts take on roles, but they are not this role. When burdens are released, associated protective parts can let go of their old role and take a new, healthier role. Furthermore, though parts often show up to us through emotions, body sensations, or thoughts, parts are not these emotions, body sensations, or thoughts. Parts use these to protect the system, and with our support, they can stop using self-destructive or limiting

methods and start using healthier ways of protecting the system.

The Burdened Internal System

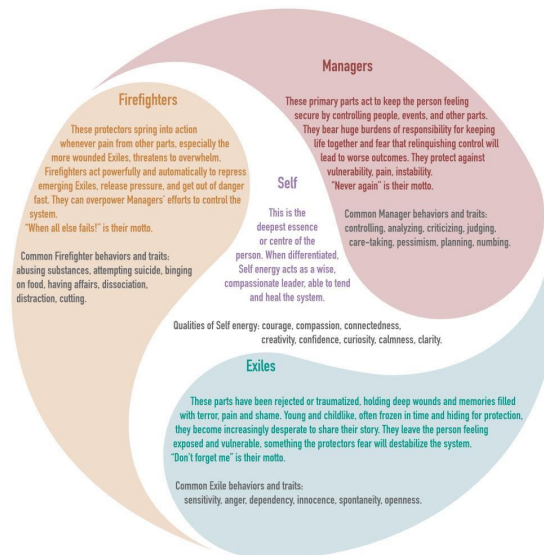


Image based on the schema of Mariel Pastor and Janet R. Mullen LCSW of which the texts were adapted from '*Internal Family Systems*' by Richard Schwarz PhD.

IFS'S EARLY INFLUENCE ON RESEARCH

Researchers Michael and Annie Mithoefer, whose 20+ years of research with the Multidisciplinary Association for Psychedelic Studies (MAPS) using Methylenedioxyamphetamine (MDMA) for individuals suffering from Post-Traumatic Stress Disorder (PTSD), are both IFS-trained clinicians. In addition to the now-proven benefits of MDMA to reduce and even eliminate the symptoms of PTSD, Mithoefer adds that the role of the guide is essential to positive research outcomes.

Results from other research with psychedelics that have used either no therapeutic support or only a bare minimum have produced less positive outcomes, and research subjects reported struggling emotionally after the research was completed. The Mithoefers' research not only had impressive results, but clients reported they had kept improving after

the program had ended. The effect was not just healing but generative.

An important area in need of development is the training of guides. Michael Mithoefer's perspective is that working with the guide's own internal system is one of the most important areas to cover in guide training.

In a 2020 conversation with Ben Sessa, MD, he shared that one of the areas of psychedelic research needing development pertains to establishing an approach that better prepares guides, so their own intrapersonal experiences do not negatively impact the client at any stage, from preparation through to integration.

Dr. Sessa acknowledges that psychedelics are not a magic cure and may not be for everyone. He does not shy away from revealing and exploring the shadow side of psychedelic use. This shadow side can also involve the intrapsychic energies of the guide.

Another powerful reason to focus on the guide is that psychedelics can open the client to experience enhanced sensitivity to their own state and the setting. The guide's behaviors are the most influential elements in the setting because the client, as a social being, is highly intuitively attuned to the state of other people, especially in an unfamiliar situation. The client's system will pick up on highly subtle cues unconsciously communicated by the guide. It is even more critical to honestly be in a state of grounded compassionate curiosity, and the only way to be present in that state is for guides to work with their parts, including parts related to the client they will be guiding.

CONSCIOUSNESS MEDICINE

In her book *Consciousness Medicine* [3], Francoise Bourzat presents an approach for those who provide psychedelic-assisted supports that she defines as the Holistic

Approach, a mindset that provides those working with psychedelics an orientation to how best to hold a safe and supportive frame for the work.

The Holistic Approach

- Assumes that the whole is more than the sum of its parts.
- Assumes that each part of the whole is essential, intimately interconnected, and interdependent.
- Assumes the presence of an integrative, intelligent, purposeful energy.

Bourzat further identifies that the Holistic Model includes aspects of Body, Mind, Spirit, Community, and Environment infused with the qualities of love, wisdom, and creativity.

The Holistic Approach is very much in line with systems thinking. IFS and its approach to parts are a result of systems thinking. We see ourselves as a system that is part of larger systems embedded in greater layers of systems. Therefore, we should also find that we have unique and separate systems that relate to each other in complex ways. This system's approach to ourselves and our mind logically implies the existence of parts. We can see the parallel in family therapy where the work encourages a healthy relationship between the different systems (family members). The systems-thinking lens suggests that we should have systems inside of us that have their own unique relations with other systems inside of us and that we should be able to do family therapy on larger scale systems too, with communities, companies, cities, nations etc.

Mary Cosimano, M.S.W., has served as a research coordinator and study guide in over 350 psilocybin journeys for Johns Hopkins University School of Medicine's psilocybin studies for over 20 years. Based on her two-decade-long experience as a guide, Cosimo writes, "One of the most important outcomes

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of this work: that psilocybin can offer a means to reconnect to our true nature—our authentic self—and thereby help find meaning in our lives [4].”

Cosimano summarizes the nature of her work in one word: Love. The prominent meaning-making and transformative experiences of love and agape (the spiritual, transcendent, or highest form of selfless love) frequently emerge in psilocybin sessions.

The emergence of love within the psilocybin-facilitated mystical experiences, and its role in cultivating compassion and promoting healing, is relational. IFS teaches us how this works intra-personally as well as inter-personally. The client’s expanded awareness is held in the loving space Cosimano provides. There is no technique. There is simply an attuned presence and the qualities of self-identification that in IFS are identified as the 8C’s: Calm, Compassion, Connectedness, Curiosity, Courage, Confidence, Clarity, and Creativity.

In their book, *The Varieties of Psychedelic Experience*, Masters and Houston write: *“It, therefore, should be one of the chief duties of the guide to lead the subject through this newly exposed terrain and elicit its varied contents to lead finally to their interrelationship in the experiencing subject-much in the same way as Virgil led Dante through the medieval hierarchical cosmogony so that its parts became integral to Dante the man. It should be one of the chief tasks of the guide to assume the role of Virgil in this chemically-induced Divine Comedy and to help the subject select out of the wealth of phenomena among which he (sic) finds himself (sic) some of the more promising opportunities for heightened insight, awareness and integral understanding that the guide knows to be available in the psychedelic experience [5].”*

In her book, *The Ethics of Caring* [6], Kylea Taylor identifies ethical issues in working with profound client experiences and non-ordinary states

- The need for a therapeutic paradigm that encompasses the phenomena of non-ordinary states.

We concur with Taylor that the therapist needs to have a larger perspective to be able to offer a supportive container for the client. An interesting challenge working with psychedelic states is that those states are far more extensive than the human mind, so in a way, we can never contain the psychedelic state of our client consciously. We have to connect deeply to our being, including those states even when we are not aware of them. Self is that state of being from which we can offer a container that is large enough to hold the client in the psychedelic state (if the client blends in the session, our Self is larger than that part. If the client connects to Self in the session, we can meet them from Self and tell them: *yeah, go for it!*)

- The special competencies required of a therapist or facilitator work with non-ordinary state experiences.
- A greater need for a safe setting.

Our experience has revealed that in the psychedelic state, we can get more sensitive and connect to wounded parts to which we often cannot connect in typical, everyday consciousness. These parts will only allow us to connect to them and witness them to the extent they feel safe doing so. We need a genuinely safe setting to do deep work, and we cannot fake this. The parts need to feel that safety to relax into the experience. Nevertheless, we can explore what they need to feel safe, which is a great way to prepare for a psychedelic session.

- The potential for stronger and more complicated transference and countertransference.

Because our clients become so sensitive, we note that they are highly likely to

respond to the guide's appearance and characteristics, which could activate memories from their childhood. These memories will be amplified with psychedelics and have a much more significant impact as well as trigger increased and more complicated transferences, which trigger the guides' parts' responses (countertransference).

Given the stronger and more complicated transference identified by Taylor, this transference must not trigger the therapist's or practitioner's protective system or what lies underneath their exiled parts. When this happens, IFS terminology identifies that the therapist or practitioner has become *blended* with a part. At which point the therapist or practitioner is no longer in possession of the qualities of Self that are endemic to the healing process.

Psychiatrist Julie Holland has written about the epidemic of disconnection that antidepressants and social media cannot fix. In her book *Good Chemistry* [7] Holland shares that this state of isolation puts us in a fight or flight mode that impacts our sleep, body's metabolism, and libido. She notes that we can sleep, digest, and repair when we feel safe and loved. We heal.

IFS is one step further toward metacognition (awareness of our own thoughts, emotions, behaviors, patterns). In Buddhist or mindfulness meditation, the invitation is to observe the mind (without meaning to diminish these respected techniques); this is a passive, one-way process. IFS is aware of abilities recognized by the metacognition process and also recognizes that we can interact with our thoughts and emotions as we can with other people, getting more insight into the organization of our psyche. There is great potential in building this two-way relationship with our parts. Developing this relationship is powerfully transformative and recognizes that the mind is naturally multiple, and that this multiplicity is a good thing. Our inner parts contain valuable qualities, and our core

self knows how to heal, allowing us to become integrated and whole. Unlike in most every therapeutic approach that seeks to exile or copes with undesirable qualities and behaviors in IFS, *all parts are welcome*.

The personal work of IFS therapists and practitioners with their own inner systems, their protective and exiled parts, never ends. We note that we have been working from our parts when we find ourselves feeling scared, frustrated, hopeless, incompetent, etc., and know that it is time to seek consultation and our own therapy supports.

Experienced IFS therapists and practitioners experience first-hand the difference between working from Self, this curious, calm, confident, compassionate, courageous, clear, connected, and creative state, and working from a part that always feels more or less uncomfortable in some way. Working from Self enables us to deal with anything our client goes through and do so with love. This is especially important when working with psychedelic states because of their wildly unpredictable and more extreme nature.

PHYSIOLOGICAL SAFETY

Psychedelics have been reemerging as therapeutic allies due to the myriad benefits, they provide coupled with their safety. In his book, *Sacred Knowledge* [8], William Richards identified that the physiological safety of the major entheogens has now been quite firmly established. Studies over the past several decades have shown psychedelics to be essentially nontoxic as well as physically non-addictive.

PREPARATION

The first step in preparing an individual for their psychedelic experience involves the following.

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1. The guide asking themselves the following questions:
 - a. What emotions do I feel towards the client? Do I feel sorry for them? Do I feel the need to help them by changing something in their system? Does something in the client irritate or scare me?
 - b. What are my life circumstances? Do I need clients to pay my bills? Does this client remind me of someone in my life? In myself? Do I feel curious and open?
2. Intake: life and social circumstances of the client.
 - a. Does the client have the means to take a break from work life if needed? Do they have a social support system or a therapist? Are they financially strong enough to pay for a therapist? Does the client have a family member or partner to support him/her if needed?

Guides consider medical issues and contra-indications. How are the clients with strong emotions and body sensations? Is there curiosity or need for suppression or avoidance? Can they take responsibility for the problems in their life, or do they blame external sources?

The main goal of preparation is for the client to know who they are and deeply feel safe to relax into the non-ordinary state. Because we are social creatures, our primary sense of safety relies on nonverbal cues from the people around us. Therefore, good preparation relies on building rapport with the client, investigating, and addressing the areas where the client's system holds fear for the coming experience. This may involve psychoeducation, somatic therapeutic exercises,

unburdening scared parts, adjusting the setting to improve the sense of safety for the individual, teaching them how to connect to Self, but certainly spending a lot of time together listening to the (parts of the) client and making sure they feel seen and heard.

In the MAPS-funded studies carried out by Mithoefer, the guidelines for preparation followed a standardized FDA protocol. The protocol consisted of a 12-week treatment period preceded by three Preparatory Sessions.

When attention is not provided in the therapeutic setting and therapy proceeds without regard to embodied tightness and constriction, it is highly likely there will be backlash after the session, which happens when the psychedelic substance overwhelms the protective systems. When parts signal us through the body, they are calling for our attention. Backlash can occur in several forms, including parts inhibiting the client from returning to future sessions, accidents that result from the client being slightly dissociated from their body after the session, and feelings of unease and heightened anxiety. Backlash can also come in the form of undermining or blaming the guide for doing a bad job. To point out the importance of respecting the protectors, this can also bring very real (professional) dangers to the guide.

Alternatively, when it is not overwhelmed, the protective system may block the experience, preventing the client from sinking into challenging memories or experiences or completely blocking the whole experience. Blocking can take the form of confusion, looping, numbness, excessive talking, dissociation, significant tensions, temporary psychotic symptoms, bursting with ungrounded excitement and joy, etc.

If approaching a journey session activates parts and those parts' feelings, fears and concerns are not acknowledged, the parts can and often do impede the journey. Clients may decide not to come or may suddenly come down with an illness or a reason

not to attend the session. If these inhibiting factors are not sufficient to stop the client from undertaking the journey, parts can impede the onset of the psychedelic medicine or the ability of the client to experience the expected effects, regardless of the dosage and setting. If the mindset is not aligned, the journey will not unfold to its fullest potential.

There is nothing wrong with all these behaviors. They are some of the myriad ways we resist becoming more authentic. Our feelings display how we handle the 'threat' of the unknown. When we continue to show up for ourselves and bring these resistances into sessions, we discover that resistance becomes our teacher, exposing our hidden motives, old identities, and unconscious places of pain and fear, where we do not want to let go.

As we open into ourselves, the inner journey becomes an adventure rather than a struggle if parts' fears and concerns have been addressed beforehand. Clients feel much calmer when their parts have been given permission prior to their journey. A sense of relief that follows when the client moves with intention into those inner reaches and can explore the deepest parts of themselves in a safe and supportive external as well as internal environment.

We have found that the more extensive the preparation, the better the outcome. It is good to check what parts come up when we hear that: when our system is in crisis, we act from the habit, not our mind and understanding. The more we embody the IFS process, the more access we have to it during struggling.

Remember, the degree to which the client's system will allow the client to immerse into the experience depends on the degree of safety the system experiences.

Preparation includes the agreements between the guide and the client, which are common to therapeutic work. These

agreements are enumerated below and built upon those identified by Taylor ^[6].

1. A guide will do no harm.
2. Confidentiality will be kept by the guide.
3. A guide will obtain informed consent from the client.
4. A guide and client will tell the truth.
5. A guide and the client will keep agreements with each other.
6. The client will not cause violence to persons or property.
7. Both will not act sexually or romantically with each other
 1. This agreement can be expanded to include the client to leave at least their underwear on at all times. It can be tempting to strip for a sense of liberation, so a clear agreement helps to protect this boundary.
8. Both will agree clearly on the time, place, duration of sessions, and the fee.
9. Consent for physical touch identifying parameters.
 1. A practical safety-related point is an agreement that the door to the bathroom never be locked and that the guide will respect the privacy of the client while in the bathroom and not to enter unless the client does not respond.
 2. We want to highlight that consent for physical touch can include the need to restrain the client if the client is in danger of harming themselves. Some clients can become a little paranoid, may feel the (strong) need to leave the space or the house, and may need to be prevented

from doing so for their own good. At least agree not to leave the clearly-defined safe space for the duration of the experience until both parties feel the client has regained enough ordinary consciousness to be left alone. In the same vein the client will want to agree that the guide will not leave the client (to go home) until both parties agree that the experience is sufficiently over.

10. The psychedelic experience is considered a Round-Trip ticket.
 1. The guide is going to be present to support the client throughout the psychedelic experience from the beginning until it is fully completed, and both parties agree the day has ended.

Adele Getty wrote that, while on a month-long retreat focusing on shamanistic practices from around the world, one of the 100 participants, Francis Huxley, asked the other participants, “In whose light do you do what you do?” Getty cites this important question that each of us should answer before guiding others into the sacred. “What brings us to do this work? [9]”

SETTING INTENTIONS

The process of setting an intention provides a way for the patient to witness how they create their session experience. The issues of their life may be a starting point, giving the patient a sense of what they do not want. Maybe they are resistant to becoming clear, or perhaps they may have no idea what they want. Maybe they keep changing their intention as they come closer to the session time, allowing issues to instill themselves into a

deeper desire. Nevertheless, investing time to explore which intention feels meaningful for this experience will generally improve the outcomes.

There is a tension and a balance between having a clear and supportive intention vs. allowing whatever needs to happen to happen. Holding too tightly to the intention may tunnel-vision a client who will then miss wonderful chances for healing experiences. Conversely, having no intention to direct their experience may leave the client adrift, and they will emerge without clear lessons. One client once compared the psychedelic experience to a trip to IKEA; they need a list to direct them, or they will get lost in all the choices, but they want to also keep their eyes open for those wonderful goodies they never knew they needed.

A good practice is for the client to formulate and set a clear intention before the experience and then let it go as they go in. Afterward, the guide can reflect on how the experience related or did not relate to the intention.

We have found we often do not get much resolution around the intentions we have set before going into an experience, though we may have gained a lot in the process of setting that intention.

THE PSYCHEDELIC JOURNEY – THE EXPERIENCE

This is where the magic happens. Our inner scientists love this aspect because it realizes that what happens is so far beyond our understanding, we cannot know what to do, but still, we can learn to do this work in a way that relatively reliably brings positive results. This gives us a valuable hint towards how we may approach the work of guiding a psychedelic experience. Here, too, there is a tension between guidance by the knowing guide and following and supporting the processes like an intuitive midwife.

Often the guide is recommended to be non-directive, but we feel this is only partially true and ignores critical aspects of their role. Obviously, guides do not just sit back and allow whatever happens to happen while they observe from the sidelines. Because the psychedelic experience makes people highly sensitive to their environment (hence the observation that the most significant aspects for a positive outcome are the “Set and Setting”) and small events can have a radical impact on the processes. Robin Carhart Harris’ Entropic Brain theory ^[10] and the idea of enhanced criticality goes into details of how this may be explained from a neurobiological perspective. This aspect of psychedelic experiences is evident in the feeling that everything that is seen, felt or happens seems to be infused with a deep symbolic meaning.

So, we need to respect that we are an inextricable part of the process and should take responsibility for the part we play. As guides, we should acknowledge that we will direct the experience on many different levels, often in ways we cannot avoid, and that is okay; the choice of music, the tone of our voice, whether we check in on the client every 30 minutes or every 45 minutes, or only when we have reason to suspect that they need support. Every word we say and every word we do not say will direct the experience in more or less subtle ways.

The psychedelic experience often brings us to places in ourselves where we are lost, stuck, confused, and need support. Clients will often regress to painful memories in an attempt by their system to heal, and we need to realize there is a very real risk of re-traumatization in the psychedelic experience. In those moments, as guides, we need to be very subtly attuned to what is going on in the client and the room, and we have a chance to use this for the greater good.

We note that it is generally a good approach not to assume you know where the

client’s experience needs to go but to carefully observe what seems to be happening and see if you can trust and support the natural unfolding of these processes at a pace that fits the client’s system.

Generally, it is better not to tell the client what to do but to offer companionship in their unfolding experiences. To offer support in the form of a safe and reliable foundation or container for them to experience whatever they need to experience to heal. It helps to keep in mind that whatever the substance is doing is beyond our understanding and humbly trust that the client has a Self and that the system will offer up whatever needs to happen to heal in the best way for the client. In one of Coen’s first personal psychedelic experiences, we were given the mantra: “It is all part of the process.” That mantra served as a valuable guiding thought for that experience and his development as a guide and therapist ever since.

INTEGRATION

Coen was asked how to hold on to the lessons from the psychedelic experience. He answered: ‘in any way you can!’ We feel this response imparts a vital clue to the integration process. Explore with the client what would work for them. Some start to do yoga, some meditation, and some come back to do more psychedelic work on a regular basis. Some divorce their partner, change their job, start to do voluntary work, get a dog, etc. There is no recipe for integration.

Guides need to find out what fits with their client, what can their different parts accept without too much resistance, and which changes they can be excited to get behind. This can take unexpected forms in scale, time, frequency, effort, and so forth. Coen feels the integration process of his first psychedelic experience was to have a couple more psychedelic experiences, start his training as a guide, then as a therapist, and in

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time that led to his integration process becoming the life he lives today.

Often clients do not respect how fleeting a psychedelic experience can be, especially the content. Like a dream, it is highly delicate; it fades and dissolves from memory in no time. Furthermore, clients can very easily fall back into the routines of their previous life because, though they have had a deep experience, their old environment has not changed.

After a psychedelic experience, their minds are very flexible. This can help clients make positive changes in their lives that will quickly solidify into healthy new habits, but it also means that if they do not make changes and fall back into our old routines, much of the benefits of the experience may be lost, and the experience becomes just an extraordinary memory (or worse, there is an equally great potential of allowing oneself to develop unhealthy habits).

It is good to record by writing, voice recording, or drawings, the experience and the lessons from it to help keep them alive. There is the risk of disconnecting from the feelings and emotional content if the client goes into an overly rational and mental part to record the memories. Therefore, we generally recommend clients not to write too much while they are still in the (tail end of) their experience as this engages their rational mind. Drawing is far less rational, so this is an ideal alternative. The impulse to write often also indicates a part that cannot or does not want to surrender to the experience.

We believe it is good to see the integration process as a way to give the experience a place in our life. This means to help the client look back at the experience and see if and how they can relate it to the various aspects of their life. The intention set before the experience helps with this. Guides can look back at the intention and see how the experience could be related to this.

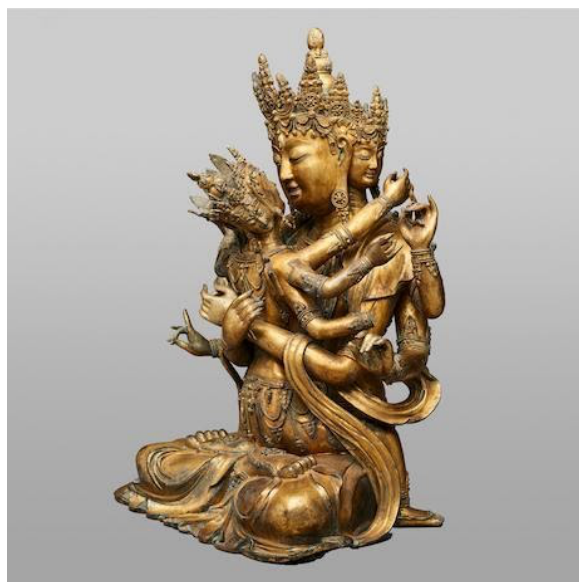
Often the psychedelic experience was ineffable, quite confusing, abstract, or on such a large scale it is hard to express in words. There may have been somatic elements that were hard to relate to meaningfully, such as how the client's body may have needed to move or felt unable to move during the psychedelic experience. Here different therapeutic modalities can help, such as art therapy, psychodrama, and Somatic IFS, which can be drawn upon to support the expressive experience so with the client we can step back and together further explore the revealed depths of their experience. Exercises that support integration include writing, drawing, or creating a collage, a map of a client's life combining as many layers as possible, relational, financial, career, romantic, artistic, physical, and mental health, etc.

Often, clients can discover very meaningful elements they were not aware of consciously. In this way, art therapy can help them bring meaning from below the surface into conscious awareness. In the same way, they can use psychodrama to act out aspects of the experience and Somatic IFS or therapies like Hakomi to feel into and investigate the body sensations. Guides can also use vocalization or movement meditation and invite clients to express parts of their experience in ways that can help them become aware of what was really going on in the experience. If done mindfully, these methods can help them uncover the meaning beyond the direct experience, and the integration work will be to relate those experiences to their daily lives.

What role does integration play in the process of awakening? Remarkable experiences can inspire, but without integration, they can also bring a sense of alienation. In 2021 the Rubin Museum of Art created a 10-episode series hosted by musician and performance artist Laurie Anderson. In episode 9, Anderson interviews Patricia James, a Medicine Woman of Seminole tribe heritage

who has been formally trained in the Cheyenne tradition as a priest and a pipe carrier, both of which identify James as a steward of the sacred pipe and the religious ceremonies for which it is used. James shares her views on the importance of integration ^[11].

The episode begins with James referencing a sculpture of an intertwined pair of lovers, Guhyasamaja and Sparshavajra. The sculpture represents the concept of nonduality, the idea that everything is interconnected. The union of apparently opposing forces is often expressed in Tibetan Buddhist art as the sexual union of male and female, or compassion and wisdom, and represents union rather than separation. This union is necessary for elevating consciousness toward awakening.



Guhyasamaja and Sparshavajra; Beijing, China; Ming dynasty, ca.1400–1500; Gilded bronze; Asian Art Museum of San Francisco; The Avery Brundage Collection, B64B23

IFS teaches us that the Self cannot lead when blended with protective or exiled parts. Exiled parts are the young parts that have experienced trauma and experience pain, terror, and fear. Exiled parts are isolated from the rest of our system. The parts that protect the system from experiencing the exiled part's pain, terror and fear are

referred to as protectors in IFS terminology. Because protective parts are often the same age or are only slightly older than the exiled parts they protect, our responses to perceived threats are often seen as childish. They are the efforts of desperate protective parts that most often generate the exact opposite of the hoped-for result. This is true for all of us and is the reason we can spend our entire lives feeling separated from ourselves and others.

The integration process can become quite intuitive when we approach it from the perspective that we are a multiplicity and contain many parts, some of which are carrying burdens that can be revealed and released prior to, during, and following the psychedelic experience. When Self-to-part relationships are harmonized, a client can lead from Self rather than burdened parts.

In the MAPS-funded MDMA research studies, the 12-week treatment period identifies three integrative non-drug psychotherapy sessions following each experimental session.

The work after each psychedelic session is equally important. There is a form of spiritual bypass by having one psychedelic experience after the other without really taking the lessons from each experience to make changes in a client's life. Much more can be said about this because valuable nourishment comes from setting apart time to simply dive into the subconscious - especially when a client does this with a group of like-minded people.

The MAPS 12-week program with the three experiences and three integration sessions per experience is very powerful. In their private practice, Patrycja and Coen's clients often do not have the luxury of this amount of time, nor do most have the finances to invest so deeply in this level of work.

To provide individuals from all walks of life with the same opportunities for healing,

Internal Family Systems: A Therapeutic Model for Each Stage of the Psychedelic Experience

Patrycja and Coen developed a six-day program as a workable condensed version of the MAPS model. They recommend that their clients add additional online preparation sessions before the psychedelic experience. They have also found that there is a great benefit to clients to have not just one but two psychedelic experiences because not everything rests on the first experience; clients can use the first experience to gently explore what they are getting into by dipping their toes in the water before jumping into the deep end of the pool.

With the integration sessions between the first and second psychedelic experience, clients are much better prepared for the second session where they feel they can really “go for it.”

Patrycja and Coen share that they have never experienced a client reporting that the six-day program was too much in too short a time. This may be because the dose and the pace of the work are adjusted to each client individually.

FINAL CONSIDERATIONS – HEALING AND EMOTIONAL AND SPIRITUAL CARE

As we untangle the patterns that cause pain or do not serve us, it is natural for clients to feel a little vulnerable until they are able to live with their new discoveries. Even more often, clients experience that being safe or empowered feels uncomfortably unfamiliar, and they have an unconscious impulse to move back into old, familiar but unsafe situations even though they are less healthy. It may take some time for clients to make new, healthy decisions on their own. Relationships shift and change as they break free of patterns, and it is an art to develop conscious ways of still being around people who trigger them or as they prepare to leave those who are no longer going to be a part of their path. As they relax into their essential Self,

their experience of change within outer relationships also softens.

Life often presents a challenge quite soon after a psychedelic session, which allows individuals to apply what they have discovered. One of the most common discoveries is to be loving and gentle with oneself when we fall back into old, addictive, or unhealthy patterns. Energy freed up in this way can be redirected to new intentions.

It is important to engage members of a supportive community to see how the integration process is unfolding. Often this is an important challenge in integration. Many clients, after having had a deeply impactful experience that vastly expanded their understanding of life, come back to a partner, family, job, and friends who are not open to this experience at all. These important people may dismiss very valuable aspects of the client’s experience as meaningless fantasies, hallucinations, or merely drug-induced side effects.

In the workplace, it is often even dangerous, at least for some clients’ careers, to even admit to having engaged with psychedelics. These clients need to have at least a small group of people with whom they can meet to safely share their experiences. Often online psychedelic integration or sharing circles offered by psychedelic associations can help. Another option is to enroll in a yoga group where altered states of consciousness are often respected much more and offer chances to meet at least one or two people who are open to listening to the client’s experiences.

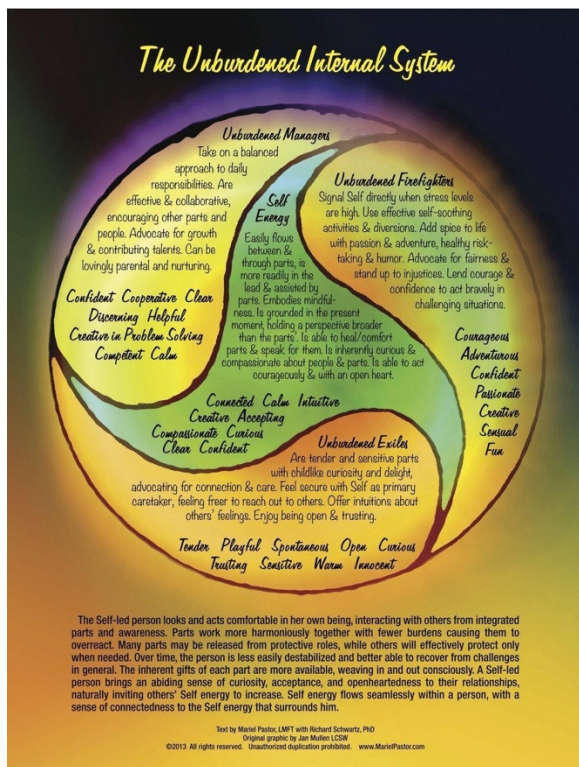
Online group psychedelic support is increasing on Facebook, WhatsApp, and Signal. Just being able to send a message saying they are struggling with life after their experience and receiving emojis of hearts and hugs from others can be very beneficial and remind clients they are not alone. Coen remembers researcher Rosalind Watts mentioning that an issue with her research had not

Morgan, Radecka, and Koning

initially offered space for proper preparation and integration within the boundaries of the study. In response to client feedback, Watts and her fellow researchers set up online sharing circles for their research participants to deal with this issue. Watts addresses this in the ATTMind Podcast episode [12].

CLOSING

We close in recognition of all who have come before who have contributed so much to healing themselves and guiding the healing of others. We know the process of integrating the awakening of consciousness continues throughout a lifetime. May your guided psychedelic experience support your eternal unfolding into what lies beyond our relative knowing.



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