MIND FOUNDATION

Walking each other home

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> With psychedelic-assisted therapy becoming more widely available, therapies need to be adapted to each person's needs on their journey to improvement. The ACE model as a thematic guide could provide one framework for accommodating these individual and specialized needs.

For some people, processing psychological issues through talk therapy can take years and be extremely expensive. One reason for this, as I've seen in my work as an integrative-relational therapist over the past ten years, is that those experiential moments which provide a real shift in the therapeutic process – such as the resurfacing of old wounds – are quite rare. Psychedelics, by contrast, reliably provide those experiential moments and thus hold great potential in catalyzing therapy. I am also hopeful about the possibility for increased access for the under-privileged in our society who don't have the means to pay for years of therapy.

Despite the promise of psychedelics themselves, I want to convey the fundamental importance of therapy in this endeavour. Without the therapy – in the preparation for the psychedelic experience, during the experience itself, and in the subsequent integration of the experience – individuals may well have a confusing, overwhelming, possibly wonderful, and exciting journey into altered consciousness, and yet come away with nothing that makes a significant difference to their actual day-to-day lives.

During my time working on clinical trials with psilocybin at Imperial College London (headed by Prof. Robin Carhart Harris and Prof. David Nutt), my colleague Dr. Rosalind Watts conducted a qualitative analysis that led to the development of the ACE therapy model.1 Intended for therapists working around the psychedelic experience, ACE (loosely based on ACT therapy**)** is a rough guide, more thematic than formulaic, which harnesses the concepts of Accept, Connect, and Embody to promote greater psychological well-being in the participant. It provides a loose framework of key concepts and simple language with which to consider the participant's internal process and encourage a deepening of each theme. The idea is that, depending on the patient and session itself, different aspects of these themes may be cultivated in the patient or adopted by

the therapist herself and may be drawn upon differently in each case. Despite these variations in application, I believe it is these three fixed themes—Accept, Connect, Embody—that contributed to positive outcomes in our trial, thereby underscoring the importance of therapy as an adjunct to psychedelic treatment.

In this essay, I am going to use the ACE model as a template to explore the ways therapy can support and enhance the psychedelic experience throughout a clinical trial. To do so, I will illustrate how these themes can improve psychedelic-assisted therapy, drawing on the experiences of participants who received psilocybin during our clinical trial. It should be noted here that integration sessions for this particular trial were limited to the day immediately following the session, and that a therapeutic relationship did not continue beyond a check-in three months after the trial.

Preparation

From the outset, in the first exploratory phone screening, we are endeavouring to develop a connection with the potential trial participant. As our greatest wounds often occur in relationships and can be healed through relationships, we begin the process of building trust, safety, and shared purpose by understanding and attuning to the participant's life stories, struggles, and hopes. Establishing this connection is an integral element of the potential of psychedelic-assisted therapy, an element that has perhaps not been given as much consideration as the neuropharmacological aspect of the therapy.

Exploring the experience of one of the participants on my second psilocybin trial – I'll call him Dylan – helps to illustrate the importance of connection. Dylan was so anxious about the preparation session that he almost didn't attend: He told us he was thinking instead of going for a beer and "knocking it all on the head." He was weepy and vulnerable during the session. As we heard more of his history, we began to understand why he might be feeling this way. Dylan had an incredibly attractive mother – a ballerina – who admitted to never wanting children and thinking motherhood thwarted her career. His father adored her and so allowed her to treat their children punishingly and cruelly. Dylan was sent away to boarding school at the age of six with no real warning – his mother left him there without explanation.

Sensing that he needed to build connection and trust with both himself and others in order to feel safe going into the experience, we next drew upon the themes of Acceptance and Embodiment. Listening with empathy to Dylan's story, we further explored his concerns about what might arise in the experience, finding that he feared his anger towards his mother might appear. We reassured him that it would be acceptable and that we could "hold" his anger should it arise. We also shared the "Diving for Pearls" visualization that is a central component of the prep session. This visualization prep is designed to foster an attitude of curiosity, courage, and acceptance towards our fears and pain, thereby preparing patients for the actual, "embodied" experience. The analogy is of diving for spiky oyster shells in the deepest and darkest part of the ocean (or our psyche). The hope is that a pearl of wisdom, or insight, or a feeling of connection may well ensue for the intrepid explorer. Dylan reflected later that he found that the visualization prepared him well for the experience and cemented his trust in me and my fellow guide, Jonny Martell.

Experience

Based on the belief that the client leads the process (their expressions of themselves – their wants, fears, desires, difficulties, etc.), ACE encourages the therapist to simply remain alongside the client throughout the session so that they can do their inner work, catalyzed by the psychedelic experience, in a safe and supportive container. Fundamental to the ACE model is the belief that the therapist's warm, nondirective, embodied presence is one thing that allows for the therapeutic effects of psychedelic treatment to arise at all, creating the potential for an individual to feel brave and curious enough to delve into the root causes of what ails them.

Dylan's experience was defined by greater embodiment, self-acceptance, and connection with his environment. He hadn't eaten breakfast and therefore the ascent of the experience was quick. He spoke of feeling pleasurable body rushes and tasting sound (synaesthesia). He moved a great deal and reflected that he felt free in his body. We noticed how he seemed to be making prayer gestures often. He said he felt "bathed in God's love." Later, he spoke about feeling "I am ok to be me" and how this was felt as a huge revelation. He experienced a lot of humility and gratitude, commenting appreciatively on every aspect of the experience (looking at the Katie Scott nature book at the beginning, the "brilliant" playlist, the golden bowl that held the psilocybin capsules, the guides). He describes it thus: "Well, it was as if the body was emotional. It was almost as if I could taste the music."

Another participant – I'll call her Ella – told us how much being encouraged to "go in and through" difficult feelings with courage, curiosity, and acceptance helped her during her experience. Ella grew up with a depressed mother and an absent father. She coped by being a caretaker child and contorting herself to make others happy. In her experience, she was able to reflect on the chameleon aspect of her personality – all the different "costumes" she had unwittingly worn to fit in – without judgment. Ella's biggest emotional breakthrough moment was sitting with her self-doubt around her sense of identity and self-belief. She was able to move "in and through" that and then felt a surge of confidence, stating "I have a lot going on and a lot to offer." Whilst in the experience, she felt she was taught how to feel again, as if she was trying on—or embodying— each emotion and enjoying the differences between them.

Integration

In my work as a therapist, I have found that individuals need to develop narratives that both hand them back their autonomy and encourage an awareness of how interdependent we all are. That's why, in the integration stage of the trial, I provide a safe, nondirective container for participants to make sense of their own experience in ways that will allow them to connect more deeply with themselves and others.

During his experience, Dylan was able to access a capacity to be courageous and curious, to go towards the darkness and fear that arose. In our integration session he reported feeling "so connected," experiencing a more whole sense of self, feeling the best he had in twenty-five years. Dylan reflected that he had felt safe and prepared for the experience, and how appreciative of this he was. He said, "Your advice on doing that was so, so helpful. I could imagine, if you are overtly pushing people in the direction where you don't give them that sense of safety it could be incredibly …. scary. There are points where it was incredibly challenging…. I wanted to just deal with that internally, because I felt if I expressed that it would just overwhelm me. And you know that bit about loving yourself? I've never been able to let myself do that, it was just a really amazing experience. So, thank you."

Dylan wrote to us a few weeks after his experience. He mentioned that his connection with others, in particular his family, had improved greatly and that he was still feeling that he no longer felt depressed, though expressed some awareness that it might return.

“Firstly, thank you for giving me the space and compassion to allow me to accept, that it is ok to not be ok. It was so helpful not be judged, discriminated, and judged for something that I have had no control over, and has ruled and ruined my life for the last twenty years. Being able to be open about my feelings and accepting of these was healing in itself.”

For Ella, a newfound connection to her sense of self was figural in her integration. She was like an excited child, bubbling with appreciation – for us, for the experience, for her newfound creativity. When we spoke to her after one week, she described “writing loads” and having signed up for an imaginative writing course. She spoke about feeling she had the power to decided which thoughts she followed and which beliefs she adopted.

Conclusion

Being able to help people use psychedelics to enhance and encourage their healing processes is a humbling process. I am passionate about the potential for expanding this type of therapeutic endeavour – particularly to people who have been marginalized, traumatized, and oppressed.

If psychedelic-assisted therapy becomes a regulated treatment for mental health issues, however, I think a more nuanced approach that can be adapted to each person’s needs at a particular point in their healing journey would be preferable. Such an approach might enable us to help more of those suffering with the more complex forms of trauma. ACE could provide one framework for accommodating these individual and specialized needs. Psychedelics do have huge potential to help many people if used with the respect and care needed, which includes being paired with an appropriate therapy method.

In order to ground myself in my own role and remember that I am helping provide the container for an individual’s inner healing process to unfold, I hold in mind Ram Dass’s simple, heartfelt message:

> “We are all just walking each other home.”

References

1. Watts R, Luoma JB. The use of the psychological flexibility model to support psychedelic assisted therapy. J Context Behav Sci. 2020 Jan;15:92–102.