UNDERSTANDING INTERACTIONAL PSYCHEDELIC SOMATIC PSYCHOTHERAPY (IPSP) & POLYVAGAL STAGES

The Signs of Life
PSYCHOLOGY
Integrating science and the sacred

IPSP

IPSP is a transdiagnostic approach to therapy that can be utilised with cannabis and ketamine or as a stand-alone non-medicine process. IPSP engages with the autonomic nervous system, overseeing processes related to the **somatic, relational, transpersonal, and metacognitive domains**. The client is supported to explore parts, shadow work, legacy burdens and their attachment modelling throught trauma informed somatic therapy and metacognitive awareness.

Polyvagal Theory

The polyvagal approach to therapy is based on the knowledge that the autonomic nervous system is shaped by **early experience and reshaped with ongoing experience.** Learning to safety listen to your autonomic stories and shaping your systems toward safety and connection is crucial. With professional assistance, you can actively operate your somatic system, tuning into your nervous system and reshaping involuntary responses (fawn, freeze, fight and dissociate) through experiential exercises, whether in therapeutic professional sessions or at home.

Polyvagal Theory invites you into the science of feeling safe enough to embrace the challenges. By bringing explicit awareness to the implicit workings, you can become a regulated and regulating resource for your wellbeing and those around you.

3 Organising Principles of the Polyvagal Theory:

01

Autonomic Hierarchy

The autonomic nervous system is divided into 3 parts, each with its own set of protective actions and shapes your life experiences. Beliefs, behaviours, & body responses are built into this system and created by your lived experience.

- Dorsal vagal system which brings strategies of immobilization.
- The sympathetic system, which involves, flight, fight, freeze and fawn.
- The most recent to evolve is the ventral vagal system offers safety through connection and social engagement.

02

Neuroception

Is the autonomic nervous system's detection without awareness, interacting with the world.

- Working below the level of awareness, it listens inside the body, outside in the environment, and in the relationships between people

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- Reshaping the autonomic nervous system involves making the implicit experience explicit by bringing perception to neuroception and then adding context through the lens of discernment.

03

Co-regulation

A biological imperative essential to survival.

- The ability to self-regulate is built on ongoing experiences of co-regulation. We can connect with others, creating a shared sense of safety.

- With a reliable, regulating other, reciprocal engagement builds safety in connection. Many clients lack this earliest experience of being with a safe person in a safe place.

1- Autonomic Hierarchy

Polyvagal Theory reveals that responses **adaptive** for survival in the past may bring suffering in the present. Trauma stories are held in autonomic pathways that are tuned to a low threshold–high intensity pattern of responding. Trauma survivors often suffer from **unpredictable, rapid, intense, and prolonged states of dysregulation**. This autonomic imbalance and lack of flexibility leads to both physical and psychological health problems.

When events are beyond the capacity of the ventral vagal system you will begin to move predictably up and down the hierarchy from social engagement, mobilisation, and immobilisation (lifelessness).

The autonomic nervous system creatively finds a way out through **numbing, disconnection, and dissociation**. In the beginning move out of dorsal vagal collapse, there is a moment of mobilization from the sympathetic nervous system. If not regulated, this necessary infusion of energy elicits the more typical sympathetic actions of fight and flight. Without a regulating influence such as internal resourcing or connection with another person the onset of mobilization is too much. Rather than moving through action into ventral vagal connection, there is a return to dorsal vagal shutdown.

Autonomic Nervous System Reactions in Each Stage of PSIP

Safety & Social Connection

State 0: (no stress/threat): Warm, comfortable, relaxed & awake. Your nervous system feels safe and you are able to handle what is coming your way being in a mindful state.

Mobilization: Flight or Flight

State 1: (mild stress/ threat): mild discomfort, restlessness, increased energy, irritation, muscle tension, anxiety, fear, excitement, increased pulse/BP, hyper vigilance, anger, fast thoughts, insomnia, & fidgety.

State 2: (high stress/ threat): intense hot symptoms, severe muscle contraction, terror, rage, panic, hyper ventilation, heat, sweating, shaking, very fast thoughts, & maximum performance.

Immobilization: Freeze or Collapse

State 3: (moderate trauma/ overwhelming threat): dual activated, mixed hot & cold symptoms, lethargy, collapse, sleepiness, nausea, sensations of weight and cold, slowed motor and speech responses, helplessness, hopelessness, confusion, visual distortion (foggy or tunnel vision), & suicidal thoughts.

State 4: (severe trauma/ overwhelming threat): blank, depersonalisation, lack of body sensation, emotionally flat, seemingly calm, lack of awareness, absent body parts, distinct lack of suicidal impulses, out of body experiences & relatively clear cognitive process

2- Neuroception

The autonomic nervous system **listens intently, searching for cues of safety and watching for signs of danger to help you orient and act.** This internal surveillance system takes in a constant stream of information and responds by making autonomic adjustments that move you either toward connection or into protection. These adjustments are based on the interactions experienced with people and places and works to **accurately inhibit defence system**s in safe situations or activate when threatened.

Therefore, when shaped in an environment that is **unpredictable** and filled with unexpected events, an environment in which you feel unsafe or unseen, neuroception is biased toward **protection** which leads to a mismatch between autonomic state and actual safety or risk. Autonomic patterns can be reshaped through new experiences and bringing attention to the present moment inviting you to consider the origins of cues of danger.

3- Co-regulation

Humans thrive on social connections, and isolation compromises our ability to regulate autonomic states, impacting well-being. If a core component of well-being is the predictable opportunity for co-regulating relationships, then trauma might be described as the chronic disruption of connectedness.

Trauma creates ongoing adaptive survival responses that hinder the autonomic nervous system's ability to find safety in connection. Without experiences of co-regulation, and trust in ongoing opportunities for co-regulation, the autonomic pathways supporting connection remain underutilized, keeping the system ready to act in service of survival.

IPSP is grounded in Dan Browns 5 Pillars of Attachment

Dr Lani supports the client throughout the therapeutic progress and selective inhibition container by offering a secure attachment grounded in the 5 pillars of attachment. Relational wounding requires relational healing.The client processes developmental trauma in their bodies and within the safe relational field. The goal is to support the client to stabalize secure attachment into their sense of being in the world.