

## Interview

Psychedelic science is growing at a rapid pace, and as evidence accrues, we will most likely see authorization of the use of substances such as psilocybin and MDMA augmenting the effects of psychotherapy in the coming years. Lykos therapeutics (previously called MAPS PBC) recently filed a New Drug Application to the FDA in the US and expects to be able to offer MDMA as a prescribable drug in the treatment of PTSD before the end of 2024 (Lykos Therapeutics, 2024). Several large psilocybin studies are underway and stakeholders aim for a New Drug Application in the coming years (Kozak, Johnson & Aaronson, 2023; Compass pathways, 2022).

# Allen Kalpin and Reiko Ikemoto-Joseph *Psychedelics & ISTDP*

AUTHOR THOMAS HESSLOW CLINICAL PSYCHOLOGIST  
AT THE MÄLMO CENTER FOR ISTDP, MÄLMO, SWEDEN

Psychedelic-assisted psychotherapy shares a number of features with ISTDP. One is that it seeks to unleash the “inner healing intelligence” of the patient similarly to how we in ISTDP aim to help free the patient’s UTA (Mithoefer, 2017; Martling, 2023). Another one is that we optimize the therapeutic setting in order for “breakthrough experiences” to happen (Grof, 1980; Davanloo, 1995). In this article, we’ll get to meet two prominent ISTDP therapists, Reiko Ikemoto-Joseph and Allen Kalpin, who have taken an interest in psychedelic-assisted therapy and are currently working with ketamine-assisted psychotherapy (KAP). I interviewed the two of them in order to provide first-person perspectives on this topic in more detail.

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## Allen Kalpin

### *It's helping me in the process of following the unconscious*

#### How come you ended up working with psychedelics?

—I have had a longstanding interest in psychedelics and when the new wave of research regarding psychedelic psychotherapy began, I followed it with interest. In October of 2022 I participated in a psychedelic psychotherapy retreat in the Netherlands. In the Netherlands psychedelic psilocybin containing truffles are legal. My experience during the two psychedelic sessions conformed to my understanding of the triangle of conflict. I experienced anxiety and resistance and mobilized many defenses. Eventually I had an unlocking of deep previously unexperienced grief. It provided me with an understanding of what the unconscious therapeutic alliance feels like when powerfully activated. It was a very therapeutic experience.

—Of course, it is interesting that others who experience positive results from psychedelic therapy have quite different experiences and attribute their gains to other processes. In a recent psychedelic research paper, it has been expressed that, “It is curious how under LSD the fondest theories of the therapist are confirmed by his patient. Freudian symbols come out of the mouths of patients with Freudian analysts. Those who have Jungian therapists deal with the collective unconscious and with archetypal images. The patient senses the frame of reference to be employed, and his associations and dreams are molded to it” (Nayak and Johnson, 2021). “I believe that this can be the case as well when the “therapist” is oneself.

#### How do you like working as a psychedelic therapist?

—For the past year I have been working part-time doing psychotherapy in a ketamine clinic. There is controversy about whether ketamine is really a psychedelic. I do think it has differences from other psychedelics. Of course, the duration of action is a lot shorter than most other psychedelics. It is also not as reliably mind-altering. Some patients that I have worked with have no psychedelic or overtly psychological experiences at all, even on quite high dose ketamine. Some of these patients have no therapeutic results and some of them have significant benefits, but in a seeming psychopharmacological way, rather than a psychotherapeutic way. However, some people do have an altered state of consciousness experience that, although different from what might be typical of the “classic psychedelics” and from MDMA, can be very psychologically useful.

#### Is this altered state of consciousness similar to the ISTDP experience?

—In my ketamine work so far, I have perceived that with patients who do have a “psychedelic” experience, there is a type of “unlocking of the unconscious.” In ISTDP terms there is a variable degree of relief from superego influence during the drug session. This is associated with a reduction of anxiety and what people often describe as an experience of being in touch with their “real self” or their “childhood self.” At the very least, this can provide a window onto what can be, and thereby help create an increased motivation for doing what is necessary to become more reliably in touch with this real self, and to get out from under the influence of the punitive superego. This can be thought of as an increase of the strength of both the conscious and of the unconscious therapeutic alliances.

Allen Kalpin lives and works in Ontario, Canada. He practices in addiction medicine and psychotherapy. Allen trained with Davanloo, and has practiced ISTDP and ISTDP-influenced therapy since the 1980s.

—Along with this, sometimes patients encounter important memories, accompanied by emotions, that are experienced with less accompanying anxiety than would be associated with these experiences in a non-drug state. This experience can help increase ego adaptive capacity or “window of tolerance.”

#### Are you changing the way you’re working due to these experiences with substances?

—I am just completing a nine-month psychedelic psychotherapy course. In this course the psychotherapy model that is most encouraged is a model of non-directive psychotherapy. Patients are encouraged to experience what they experience without any interventions from the therapist and without any judgements about healthy vs unhealthy emotions or emotions vs anxiety vs defense. There is no triangle of conflict, except in vague and fluid way. There is no concept of superego pathology nor of the role of guilt about unconscious mixed feelings. All experiences are welcomed with the faith that each of us have an “inner healing intelligence” which, when given the chance, will guide the healing process. Psychedelics are thought to facilitate that process. Exposure to this approach has been helpful to me in helping me to more often let go of my preconceptions and tendency to think I know where things need to go, and more truly, as Davanloo would say, “following the unconscious.” Where does that leave you now?

—In my ketamine work I have been experimenting with moving between this more non-directive approach and a more directive ISTDP-influenced approach. The most research-validated use of ketamine is for treatment resistant depression, so there are a lot of patients coming for ketamine who suffer from

the problem of severe unremitting major depression. From my experience so far, I believe that an ISTDP-style understanding of and approach to “restructuring the repressive/depressive mechanism” can be of great utility in both the preparation (pre-ketamine) sessions and in the integration (post-ketamine) sessions.

—I also believe that an ISTDP-influenced intake process

is useful in understanding how to best approach treatment. This includes determining whether ketamine might be appropriate, if it is appropriate, whether the patient needs substantial preparation prior to receiving ketamine, and how much and what sort of preparation might be useful. However, I am still in the process of understanding how these processes best fit together.

## Reiko Ikemoto-Joseph

### *Well-timed and well-primed medicine work can achieve a truly miraculous shift*

#### How do you like working as a psychedelic therapist?

—I wouldn’t describe myself as a psychedelic therapist. Rather, I’m an experiential, psychodynamic therapist who integrates psychedelic medicine when appropriate. I very much enjoy collaborating with clients to decide how and when to involve medicine work, which for the moment is limited to Ketamine-Assisted Psychotherapy (KAP).

—For example, with severely depressed clients, I might explore beginning treatment with a ketamine infusion protocol in order to rapidly lift the depression and mobilize sufficient energy to engage in deeper work. As anyone who practices experiential dynamic therapy knows, establishing a productive working alliance requires a great deal of energy, which severely depressed clients usually lack upon entering treatment.

—For other clients, KAP has proven an extremely powerful and complementary intervention for resolving stuck processes at different points in therapy (see case example below). Finally, for clients who are nearing completion of their treatment, a KAP session or two might offer a spiritual experience that deepens and ties together all of their therapeutic work or opens a window into some areas of experience that were left untouched in the therapy.

Reiko Ikemoto-Joseph is a certified ISTDP clinician and instructor based in Los Angeles, California. She works with individuals and couples in private practice and supervises psychiatry residents through the Psychodynamic Psychotherapy program at UCLA David Geffen School of Medicine.

#### What do you think psychedelic therapy has to offer ISTDP?

—One of the aspects of ISTDP that I have always loved is the way an unlocking can surprise the client by delivering incontrovertible proof of the power of their unconscious. Psychedelic medicine offers something similar in that it puts people in direct contact with the deepest parts of their unconscious, including their earliest memories which are often somatic and without words or narrative. These implicit memories, when experienced in a non-ordinary state of consciousness, usually land in a way that feels irrefutable. Such experiences carry a felt quality of “I just know this to be true.”

—As it relates to pairing psychedelics with ISTDP, one of the most useful synergies has been the unparalleled ease with which patients are able to loosen their identification with former aggressors. For highly resistant patients, introducing well-timed and well-primed medicine work can achieve a truly miraculous shift. Consider the following case example. I was recently working with a patient who presented with an extensive trauma history and a deeply held identification with several former abusers. Introducing KAP midway through treatment facilitated a number of key processes for him:

- It gave him a brief and profound respite. He got to experience directly what it felt like to navigate life without an ever-present, internal perpetrator. Prior to this, he had a difficult time imagining or believing this kind of emotional and psychic freedom was even possible.

- It unearthed a trove of vivid memories of what his childhood was like prior to the onset of chronic abuse and neglect. He was stunned to discover that he had been “a good kid after all.”

- It gave him a clear view into the origins of his superego pathology and how it had helped him survive and adapt to the extreme abuse and neglect he had suffered as a child.

- It loosened his identification with introjected aggressors. Without the medicine work, this had been a painfully slow and frustrating process.

- It bolstered the unconscious therapeutic alliance (UTA) and mobilized complex feelings toward childhood attachment figures, leading to further unlockings of the unconscious.

—Following the KAP series, the patient was able to tolerate complex feelings more easily, experience deep self-compassion, and go whole weeks without self-reproach. Most importantly, he developed an entirely new (non-distorted) narrative about events from his childhood that felt true. He no longer blamed himself for what had happened to him.

### What do you think ISTDP has to offer psychedelic therapy?

—Working with non-ordinary states, especially those facilitated by psychedelic medicine, requires careful assessment

and a safe therapeutic container. I believe this should include experiential knowledge of the patient’s internal capacities, relational and trauma history, personality organization and defensive structure. An ISTDP trial therapy is one of the most efficient and comprehensive means of assessing these variables. Additionally, psychedelic therapy makes heavy use of “set and setting,” which has traditionally included variables such as therapeutic rapport, music and atmosphere, and an explicit intention for the journey. In my experience, prior exposure to ISTDP metapsychology heavily influences the patient’s “mindset” going into the medicine journey and, depending on the dose, directs the work toward attachment and relationship themes while still allowing plenty of room for surprise and wonder. I think this is particularly powerful for patients seeking resolution of early relational wounding.

**Concluding remarks** In the coming years, psychedelic therapy will grow incessantly across the world unless something unexpected comes in to halt the current major developments. The many overlaps with ISTDP make the two modalities likely future companions, and I think that we will see many interesting combinations of the two. The hidden voice that resides in us all – our UTA, inner healing intelligence or self – longs to be free, and maybe psychedelics can offer that kind of liberation in cases when ISTDP can’t, and vice versa. Possibly, the combination of ISTDP and psychedelic therapy will open up a new surprising field of knowledge that is fully outside of our current horizons.

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