

Navigating the Therapeutic Potential of Ego Dissolution: Introducing the Ego Dissolution Integration Framework (EDIF)

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*“Wisdom is knowing I am nothing,
Love is knowing I am everything,
and between the two my life moves.”*

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Abstract. Ego dissolution (ED) is a central feature of many altered states of consciousness (ASC). With the resurgence of psychedelic research, these states have become a growing clinical concern, as they can evoke both profound therapeutic transformation and significant psychological destabilization. This paper reviews the phenomenology of ED, integrates neurobiological insights from predictive coding theory, and examines three psychological frameworks – Acceptance and Commitment Therapy (ACT), Interpersonal Neurobiology (IPNB), and Internal Family Systems (IFS – that together inform therapeutic navigation of these states. Synthesizing these perspectives, the paper introduces the Ego Dissolution Integration Framework (EDIF), composed of four interconnected components: (1) Open up safely, (2) Establish awareness as identity, (3) Relate to self-models, and (4) Balance freedom and function. The EDIF provides clinicians with a psychologically grounded map for transforming ED experiences – whether arising from psychedelics, meditation, or crisis – into opportunities for integration, coherence, and lasting psychological growth.

Introduction

Within recent decades, there has been renewed scientific and clinical interest in the therapeutic effects of psychedelics, which have shown promising results, particularly in the treatment of depression, PTSD, and addiction (Carhart-Harris & Goodwin, 2017; Nutt & Carhart-Harris, 2021). In Sweden, a phase-2 trial of psilocybin for major depressive disorder is ongoing (ClinicalTrials.gov, 2024). Internationally, large-scale phase-3 programs are underway: COMPASS Pathways' first pivotal trial (COMP005) met its primary endpoint in June 2025, with a second readout expected in 2026, and Usona

Institute has initiated its own phase-3 study for major depressive disorder (ClinicalTrials.gov, 2025). Based on these timelines, a potential FDA/EMA approval of psilocybin-assisted therapy for treatment-resistant depression around 2027 is plausible.

While psychedelic research emphasizes neurobiological mechanisms such as enhanced neuroplasticity and disruptions in predictive coding (Vollenweider & Preller, 2020; Carhart-Harris & Friston, 2019), most researchers also recognize that psychological factors significantly shape both the therapeutic potential and risks associated with psychedelic use (Carhart-Harris & Friston, 2019; Olson, 2020).

A central psychological phenomenon frequently encountered during psychedelic experiences is Ego Dissolution (ED), characterized by a softening or dissolving of the self's boundaries, resulting in feelings of unity with the world or a loss of personal identity (Nour et al., 2016). ED manifests in two interconnected forms: ego loss (loss of boundaries and identity) and unity (sense of interconnectedness).

However, ED is far from exclusive to psychedelic settings. Experiences with ED qualities have been documented across various contexts, including meditation, near-death experiences, and psychological crises (Millière et al., 2018; Schwaninger et al., 2002; Greyson, 2000). They have been recognized as a central feature of spiritual and transformative experiences, with historical and psychological relevance (James, 1902; Hood, 1975).

Despite the historically recognized therapeutic potential of ED, and the growing research on psychedelics, there remains a significant gap in the literature regarding strategies to support individuals navigating these experiences (Bathje et al., 2022). Within psychedelic-assisted therapy, the standard protocol generally follows a three-phase structure: preparation sessions, dosing sessions, and integration sessions (Johnson et al., 2008; Watts & Luoma, 2020). While therapeutic frameworks such as Acceptance and Commitment Therapy (ACT; Sloshower et al., 2020; Watts & Luoma, 2020) and Internal Family Systems (IFS)-informed approaches (Morgan, 2020) have begun to be theoretically considered, integration practices typically remain non-directive (Bathje et al., 2022). A recent systematic review concluded that psychedelic-assisted therapy is implemented in highly heterogeneous ways, with no current consensus on how integration should best be carried out (Leone et al., 2024). These approaches within the implementation of psychedelic research also do not explicitly address the ED component of the psychedelic state.

Scientifically founded psychotherapeutic frameworks designed to facilitate the meaningful integration of the often disorienting and destabilizing effects of ED – irrespective of the method through which these states arise – remain an unmet need. Spiritual communities have a rich marketplace with theories and techniques. However, despite often being helpful, these approaches lack scientific support and may in unfortunate cases foster rigid spiritual beliefs and dogmatic interpretations of ED experiences, undermining psychological flexibility and well-being.

This paper addresses the need for a secular psychological model explicitly targeting ED integration, grounded in contemporary neuroscience and established psychological principles. The aim of this paper is to aid clinicians in recognizing and navigating the therapeutic potential associated with ED states, while also being aware of pitfalls. This will be pursued in three steps: the first two sections provide integrative review of existing literature, while the third section presents the paper's novel contribution. Specifically:

- **Part One: Literature Review of Ego Dissolution** – examines the phenomenology of ED and explores its neurobiological underpinnings via predictive coding theory.
- **Part Two: Therapeutic Ego Dissolution Themes** – reviews ED relevant themes in three therapeutic frameworks: Acceptance and Commitment Therapy (ACT; Hayes et al., 2012), Interpersonal Neurobiology (IPNB; Siegel, 2007), and Internal Family Systems (IFS; Schwartz, 1995).
- **Part Three: The Ego Dissolution Integration Framework (EDIF)** – introduces a therapeutic model explicitly designed to leverage the psychological benefits of ED while mitigating its potential risks.

Method

This paper adopts an integrative theory-building review rather than a systematic review approach. While systematic reviews are rightly valued as a rigorous method of evidence synthesis, they presuppose a sufficiently mature and homogenous body of research to allow meaningful comparison, which work on ED integration does not yet provide. A conceptual contribution is therefore warranted: this paper synthesizes

scattered insights into a provisional framework that integrates phenomenological, neurobiological, and clinical perspectives.

Methodologically, the approach combines elements of theory synthesis (weaving together insights from established frameworks such as predictive coding, attachment theory, ACT, IPNB, and IFS) with aspects of theory generation (extending these insights into the novel EDIF framework). Following established guidelines for conceptual scholarship, the emphasis is on theory-building rather than evidence aggregation (Sutton & Staw, 1995; Jaakkola, 2020). Thus, while acknowledging the expectation of systematic methodology in specialist theses, I invite reviewers to consider the contribution of this paper in terms of its theoretical integration and clinical utility.

The literature for the first part of this paper was gathered through an iterative, exploratory search process across multiple academic databases, focusing on peer-reviewed journal articles, book chapters, and relevant historical texts discussing the nature and integration of altered states of consciousness (ASC). AI-assisted tools (OpenAI ChatGPT 4.0/4.5) were employed to suggest relevant sources and refine language. All included sources were independently read and integrated by the author, and all analysis, interpretation, and synthesis are my own.

The psychological frameworks discussed in the second part of this paper were selected for their theoretical relevance and clinical applicability to ED integration. The selection was guided by their conceptual alignment with ED, integration, and trauma-informed repair. The overview is not intended to be exhaustive but to highlight approaches that appear particularly useful for understanding and working therapeutically with ED. Other frameworks may also prove valuable, and future research could broaden this scope.

The Ego Dissolution Integration Framework (EDIF) was synthesized from the insights presented in Parts One and Two. The components are intended as an integrative model for therapeutic work with ED experiences – a map of principles rather than chronological steps. The EDIF does not claim to be all-inclusive or definitive. Instead, it is offered as a conceptual synthesis and provisional framework that may be further examined in empirical research.

Part One: Literature Review of Ego Dissolution

Altered states of consciousness (ASC) have been integral to human cultures throughout history, induced by practices such as shamanic rituals (Winkelman, 2010; Eliade, 1964); ritualistic trance dance and other trance states (Hanna, 1979; Lewis-Williams & Pearce, 2005); meditation (Cahn & Polich, 2006; Lutz et al., 2008); sensory deprivation, including cave and darkness retreats in Himalayan Buddhism and Mayan traditions (Suedfeld & Borrie, 1999; Hatchell, 2014; Brady & Prufer, 2005); holotropic breathwork (Rhinewine & Williams, 2007; Zaccaro et al., 2023); and the consumption of naturally occurring psychedelic substances (Carhart-Harris & Goodwin, 2017; Ruck et al., 1979). While ASC vary widely in form and intensity, some involve not only changes in perception or emotion but a more radical transformation: the loosening or loss of ordinary ego-boundaries. This phenomenon, commonly referred to as ego dissolution (ED), is the specific focus of this paper.

History and Phenomenology of Ego Dissolution

ED involves a temporary loss of self-boundaries accompanied by a wide range of emotional experiences. Empirical studies have identified two primary phenomenological components of ED: Ego loss and unity. Ego loss explicitly refers to the dissolution of self-boundaries, often experienced as detachment from personal identity, depersonalization (emotional disconnection from oneself), or dissociation (Sleight et al., 2023; Yaden et al., 2017). Unity, or oceanic boundlessness, involves feelings of interconnectedness, heightened mindfulness, and positive emotional states such as profound bliss or meaningful connection (Yaden et al., 2017).

Historically, these two aspects – ego loss and unity – have consistently appeared as central themes in religious and mystical traditions. Hinduism and Buddhism explore self-transcendence and concepts like *anattā* (no-self) in texts such as the Upanishads and the Pali Canon. Similarly, Christian mystics (e.g., St. John of the Cross, Meister Eckhart) have described self-annihilation as essential to achieving divine union (*unio mystica*; James, 1902). Sufi mysticism employs the term *fana* (self-annihilation) to describe a dissolution of the ego into divine love (Chittick, 1989). Indigenous traditions, such as Amazonian shamanism, describe ED during Ayahuasca ceremonies, framing ego death

(complete loss of subjective self-identity, typically transient and intense) as a spiritual process of death and rebirth (Savoldi et al., 2023).

Philosophers like William James (1902) and Rudolf Otto (1917) emphasized that experiences of ED could be simultaneously ecstatic and terrifying. James highlighted ineffability, passivity, and self-loss, while Otto distinguished between *mysterium tremendum* (awe and fear) and *mysterium fascinans* (blissful attraction). In contrast, Walter Stace (1960), in his attempt to identify a universal core of mystical experiences, portrayed ED as exclusively positive. He described two primary forms: extrovertive unity (union with the external world) and introvertive unity (a profound sense of emptiness or void). Both forms were presented as profoundly positive, imbued with holiness, peace, and joy. This purely positive interpretation influenced widely used self-report measures such as the Mystical Experiences Questionnaire (MEQ; MacLean et al., 2012) and the Mysticism Scale (M-Scale; Hood, 1975). Consequently, the distressing aspects of ED were often overlooked, potentially biasing results toward linking mystical experiences to positive outcomes (Griffiths et al., 2018; MacLean et al., 2011; Yaden et al., 2017).

Nevertheless, distressing forms of ED have long been recognized in psychiatric contexts. Disorders such as Depersonalization-Derealization Disorder (DDD; Simeon & Abugel, 2006), dissociative states (Nour et al., 2016), and psychosis (Sass & Parnas, 2003) involve substantial disruptions to ego boundaries and alterations in one's sense of self. For instance, individuals with DDD experience persistent detachment or estrangement from themselves or their environment, typically accompanied by emotional numbing, significantly contributing to the disorder's distressing nature (Simeon, 2004; Sierra, 2009).

Even in everyday life, people frequently experience mild forms of ED when deeply absorbed in activities that diminish their typical self-awareness. Such states, described as flow (Csikszentmihalyi, 1990) or absorption (Tellegen & Atkinson, 1974), may arise during deep musical immersion (Herbert, 2011), a sense of serene connectedness to nature (Kaplan, 1995), or focused creative engagement (Dietrich, 2004).

Psychological research suggests that these common experiences of self-forgetfulness share phenomenological elements with more pronounced ED experiences found in meditation, crisis and psychedelic contexts (Millière et al., 2018; Nour et al., 2016; Yaden et al., 2017). ED is thus represented on a spectrum, ranging from subtle

everyday shifts in self-awareness, to profound and potentially transformative dissolutions of self-boundaries common with intake of psychedelics.

For clinicians, recognizing this spectrum allows ED to be approached as a relatable and natural psychological phenomenon, rather than something foreign, pathological, or spiritually authoritative. From a psychological perspective, the task is not to validate or disqualify the metaphysical interpretations a client may attach to their experience, but to support the integration of that experience toward personally meaningful and helpful outcomes.

Phenomenological descriptions of the fuller ED experiences underscore the potential to induce both profound insight and psychological distress. The neurobiological mechanisms underlying this dual nature will be further explored in a later section, but the need for psychological frameworks that offer therapeutic containment and integration strategies may already be intuitively evident. To further illustrate the complexity of ED, the following section examines the lived experiences of Suzanne Segal.

Case Study of Suzanne Segal

Suzanne Segal was a writer, PhD of psychology and meditation practitioner whose personal account of spontaneous ED is documented in her autobiographical book, *Collision with the Infinite: A Life Beyond the Personal Self* (Segal, 1996). Her case provides an example of how ED can manifest across a broad phenomenological spectrum, from depersonalization and psychological distress to spiritual fulfillment. In her case, the interpretation of ED as pathology or transcendence significantly influenced its impact on psychological well-being.

Segal was first introduced to meditation in her youth, practicing Transcendental Meditation (TM) intensively. Her early experiences during deep meditation oscillated between moments of expansive consciousness and an overwhelming fear of annihilation:

“The experiences I encountered in meditation during those months of ‘rounding’ were a mixture of awe-inspiring and terrifying... As soon as I closed my eyes to meditate, a great vastness would appear. The sensation of being pulled across a threshold into the infinite came more and more quickly, and I began to meditate cautiously, trying to hold myself back, fearing the moment of stepping into the emptiness of the transcendent field.

I was afraid that I would never come back and that someone would find my body sitting on the bed days later, empty.” (Segal, 1996, p. 17)

She voiced her concerns to Maharishi Mahesh Yogi, the founder of TM, describing her fear of disappearing completely in the process of transcending. His response was indicative of a common spiritual interpretation of ego loss:

“Don’t worry about the fear,” he said, still laughing. “It’s just the body holding on to the world. You must let go of the world to transcend, but the body becomes afraid because it thinks the world is all there is. You must not listen to the fear of the body – just let go.” (Segal, 1996, p. 33)

This early struggle between surrender and fear foreshadowed the later, spontaneous dissolution of her ego – an event that would alter the course of her life. One day, while stepping onto a bus in Paris, Segal experienced a sudden and irreversible shift in perception, which she later described as a violent expulsion of the self:

“I lifted my right foot to step up into the bus and collided head-on with an invisible force that entered my awareness like a silently exploding stick of dynamite, blowing the door of my usual consciousness open and off its hinges, splitting me in two. In the gaping space that appeared, what I had previously called ‘me’ was forcefully pushed out of its usual location inside me into a new location that was approximately a foot behind and to the left of my head. ‘I’ was now behind my body looking out at the world without using the body’s eyes.” (Segal, 1996, p. 51)

Although she remained functional, interacting normally with others, she felt completely detached from her own body and experiences. She continued:

“The profound distance between the witness and the mind, body, and emotions seemed to elicit panic in and of itself, due to the sensation of being so tenuously tethered to physical existence. In this witnessing state, physical existence was experienced to be on the verge of dissolution, and it (the physical) responded by summoning an annihilation fear of monumental proportions.” (Segal, 1996, p. 51)

This description closely resembles Depersonalization-Derealization Disorder (DDD), a condition characterized by persistent feelings of detachment from the self and surroundings (Simeon & Abugel, 2006). Many individuals diagnosed with DDD report similar dissociative symptoms, such as feeling as though their body is foreign or unreal, or as if they are observing themselves from an external vantage point (Sierra, 2009). Segal, unable to understand what had happened to her, sought help from multiple therapists – some of whom diagnosed her with DDD, reinforcing her fear that something was pathologically wrong.

After years of distress and confusion, Segal began reencountering Buddhist philosophy, which offered an alternative interpretation for her experience. She found concepts such as *anattā* (no-self), *shūnyatā* (emptiness), which described the self as an illusion rather than an absolute entity, and *skandhas* (personality functions that operate on their own). This helped her to embrace her experience as a spiritual realization rather than a disorder, which dramatically changed the emotional valence of it (Segal, 1996):

“To live in the vastness of the naturally occurring state is to bathe in the ocean of non-personal pleasure and joy. This joy and pleasure, which belong to no one, are unlike any joy or pleasure that appear to refer or belong to a someone. The emptiness is so full, so total, so infinitely blissful to itself.” (Segal, 1996, p. 144)

The realization that her sense of self had permanently dissolved no longer felt like a terrifying loss but an entry into a state of boundless awareness. In Buddhist terms, this experience of depersonalization (feeling detached or estranged from oneself, lacking emotional connectedness to self-experience) mirrors *panna* (wisdom) – a state of detached presence in which thoughts and emotions arise but are no longer personally identified with (Lindahl & Britton, 2019). Within this way of framing it, it was the mind that created fear due to its loss of control as the illusion of the person was seen through (Segal, 1996).

However, despite finding ways of relating to her experience that brought peace and pleasure, Segal’s fear later reemerged. She experienced recurring migraines and resurfaced childhood trauma memories, which she attributed to psychological conditioning but may also have been related to an undiagnosed neurological condition. In 1997, she died at the age of 42 from a malignant brain tumor (Simeon & Abugel, 2006).

It can be speculated that Segal's experience of ED could have been caused or influenced by neurological changes caused by the tumor, which raises questions about the interplay between neurobiology and ED. This will be explored in the next section.

Segal's case exemplifies the complex nature of ED – showing how the same phenomenon can be interpreted as a disorder or a spiritual awakening depending on stance. Her experience aligns with both clinical accounts of depersonalization (Simeon & Abugel, 2006; Sierra, 2009) and spiritual descriptions of no-self (Lindahl & Britton, 2019). This story highlights the importance of integration frameworks – without guidance, ED can lead to distress, disorientation, and pathology. However, when placed in a coherent philosophical or therapeutic framework, ED may open pathways to psychological transformation.

Neurobiology and Predictive Coding Theory

Research on the neurobiology of ED comes mainly from two domains: neuroimaging studies on meditation (Yang et al., 2024) and on serotonergic psychedelics such as DMT, LSD, and psilocybin (Nour et al., 2016). While both provide insights into altered self-processing, psychedelics have yielded the most detailed evidence, as they reliably induce ED at high doses.

Neurobiological Correlates. Functional neuroimaging studies link ED to decreased activity in the Default Mode Network (DMN), a network involved in autobiographical memory and self-referential thought – closely tied to the *narrative self* (Carhart-Harris et al., 2012; Stoliker et al., 2022). Changes are also observed in the Salience Network (SN), which directs attention to emotional and sensory stimuli and relates to the *minimal self* (Lebedev et al., 2015).

5-HT_{2A} Receptor Activation and Self-Processing. The subjective effects of psychedelics – including altered perception (Studerus et al., 2011), time distortions (Wittmann et al., 2007), and ED (Swanson, 2018) – are largely attributed to their binding to the serotonin 2A (5-HT_{2A}) receptor subtype (Quednow et al., 2012; Preller et al., 2019; Vollenweider & Preller, 2020). These receptors play a critical role in sensory integration, attention, and processing information related to the self (Carhart-Harris & Friston, 2019) and are densely expressed in high-level cortical regions, particularly the prefrontal cortex,

which is essential for generating and maintaining a coherent sense of self and identity (Nichols, 2016; Preller & Vollenweider, 2019).

The Entropic Brain Hypothesis (EBH). Carhart-Harris et al. (2014) proposed that different mental states correspond to varying levels of neural entropy, or disorder, in brain activity. States of cognitive or behavioral rigidity (such as depression, addiction, or OCD) show low entropy, whereas states of unpredictability and openness (such as early psychosis and infant consciousness) show high entropy. Psychedelics drastically increase entropy, opening the brain to novel patterns, as well as to uncertainty and chaos.

Predictive Coding and RElaxed Beliefs Under Psychedelics (REBUS). Predictive coding theory models the brain as a prediction machine that minimizes mismatches between *priors* (expectations) and incoming signals (Rao & Ballard, 1999; Carhart-Harris & Friston, 2019). Precision weighting – the confidence assigned to priors versus sensory input – determines whether experience is guided by entrenched beliefs or new data (Hohwy, 2017). Excessive reliance on priors leads to rigidity, while overweighting prediction errors produces instability. A balanced *learning rate* results in adaptive responses. (Clark, 2013; Feldman & Friston, 2010).

Carhart-Harris and Friston’s REBUS model integrates predictive coding with EBH. It proposes that psychedelics temporarily relax the precision of high-level priors, allowing bottom-up information to dominate experience. This loosening weakens rigid cognitive patterns and enables openness, novelty, and rapid updating – facilitating insight, but also destabilization (Carhart-Harris & Friston, 2019).

Self-models. Within predictive processing, the sense of self is explained as a set of predictive models anticipating bodily boundaries, agency, identity, and continuity. These self-models are not static images but active structures that shape how we perceive, act, and make sense of ourselves in different contexts. They are organized hierarchically according to temporal scope and complexity. At lower levels, they handle immediate, short-term sensorimotor predictions, such as maintaining balance, orientation, or bodily movements. At intermediate levels, they include moderately stable representations, such as daily goals, emotional states, and social interactions. At the highest levels, they represent abstract and enduring aspects of identity, including personal beliefs, values, life narratives, and long-term self-concepts. Higher-level self-models are temporally deep in

that they integrate information over extended periods, enabling a coherent and continuous sense of self across time (Friston et al., 2018).

According to Deane (2020), agency and boundaries arise when the brain's expectations about the outcomes of its actions match sensory feedback, reinforcing both control and boundaries. For example, if I reach for a cup, my brain predicts the sensations of my arm moving and my hand grasping it. When those sensations match predictions, I experience myself as the agent who caused the movement, and the cup as something separate from me. In this way, accurate predictions sustain both agency ("I did this") and boundaries ("this is me, that is the world"), while unexpected inputs are inferred as externally originating. In ED, the temporal depth of self-modelling collapses: higher-level predictions lose their grip, and without this structure, even ordinary sensations can no longer be securely attributed to self or world. As a result, the usual sense of agency and boundaries dissolves (Deane, 2020).

This hierarchical account of self-modelling also resonates with the philosophical distinction between the minimal and narrative self. The minimal self is the pre-reflective, immediate sense of being an "I" in the moment, whereas the narrative self encompasses one's extended identity, autobiographical memory, and conceptual self over time (Bortolan, 2020). Gallagher and Zahavi emphasize that under normal conditions these two aspects are deeply interwoven yet conceptually distinguishable (Gallagher & Zahavi, 2012). The narrative self relies heavily on linguistic and conceptual processes, while the minimal self is grounded in raw sensory and affective awareness, less dependent on language (Bortolan, 2020). This distinction aligns with predictive processing accounts: high-level priors, which ordinarily dominate selfhood, are relaxed during ED, allowing anomalous prediction errors (novel sensory input) to update and reshape the priors of self-models (Carhart-Harris & Friston, 2019). Psychedelic-induced ED thus feels like an influx of new perceptions or insights, as narrative-based predictions are temporarily suspended, giving way to a more immediate, sensory-driven mode of self-experience.

Conclusion. Predictive coding offers a framework for understanding self-emergence and dissolution. Under normal conditions, the brain constructs selfhood through hierarchically organized predictive models, whose priors sustain a coherent sense of agency and boundaries. Under psychedelics, top-down constraints loosen, neural

entropy increases, and the priors of higher-level self-models lose their grip, leading the hierarchical structure to collapse and with it the ordinary sense of self.

While this section explains ED as a disruption in predictive self-modelling, it does not address what individuals make of this disruption. This is where psychological integration becomes relevant: therapeutic models facilitate the reintegration of self-experience to foster resilience rather than new rigidities, fragmentation, or confusion. Part Two explore psychological frameworks that may offer a roadmap for this integration. First, however, the next section examines evidence on specific benefits and risks to be aware of during this process.

Benefits and Risks

Emotional well-being. One of the most well-documented effects of ED is a significant reduction in anxiety, depression, and emotional distress. Studies on psychedelics have found that ED, particularly when accompanied by a sense of unity and interconnectedness, is strongly correlated with long-term reductions in depression and existential anxiety (Ko et al., 2022, Muttoni et al., 2019). Similar findings have emerged from research on meditation, where deep states of self-transcendence have been associated with decreased amygdala reactivity, suggesting a biological mechanism for stress resilience and emotional stability (Lutz et al., 2008).

Personality shifts and prosociality. ED can also trigger lasting personality and value changes. Psilocybin studies have found that intense ED increases trait openness months after the experience (e. g. MacLean et al., 2011), suggesting greater flexibility in thought and behavior. Likewise, spontaneous awakening experiences – during crisis, deep contemplation, or nature immersion – are often followed by enduring shifts in worldview, self-concept, and relationships (Taylor, 2019). Another recurring outcome is increased compassion, altruism, and reduced materialism. Both mystical and psychedelic ED seem capable of heightening feelings of social connection and prosocial behavior (Griffiths et al., 2018; Yaden et al., 2017).

Mechanisms of Change. These effects align with neurobiological models. The REBUS model suggests that psychedelics relax rigid priors, enabling more flexible adaptation (Carhart-Harris & Friston, 2019). The Entropic Brain Hypothesis (Carhart-Harris et al., 2014) similarly holds that psychedelics increase neural entropy, reducing

cognitive rigidity. Compared to conditions like depression, OCD, or addiction – all marked by excessive constraint – ED appears to create a temporary “window of plasticity” for cognitive and emotional reorganization.

A double-edged window. Yet this openness is inherently destabilizing. For many, it is therapeutic; for some, it overlaps with psychopathology. Below I outline three such areas. First, we I will explore how DDD has its own intriguing relationship with ED, as also was evident in Segal’s case study. After that the destabilization sensitivity in individuals vulnerable for psychotic and manic episodes will be addressed.

Depersonalization-Derealization Disorder (DDD). Depersonalization (feeling detached from oneself) shares striking phenomenological overlap with ED. In both cases, people report disillusion of the ordinary sense of self (“I am not myself”). In DDD, these states are typically chronic, involuntary, and distressing, often accompanied by fear and a desperate wish to “feel real” again (Deane et al., 2020). In contrast, during a well-supported psychedelic trip or deep meditation, ED may be wanted and accompanied by a noetic quality – the very phenomenological opposite of derealization, according to James (1902) – and feelings of awe, unity, or peace (Lynn et al., 2023).

Standardized scales capture this divergence: positively appraised ED aligns with “oceanic boundlessness,” while negatively appraised ED corresponds to “dread of ego dissolution” (Buchborn et al., 2023). This suggests that the phenomenological core – a collapse in the felt sense of “me” – can be similar, but the valence and context play into whether the experience is traumatic or transformative.

Some researchers argue that DDD may represent a “stuck” or incomplete form of ED: boundaries loosen, but without resolution, insight, or integration (Buchborn et al., 2023). In DDD, excessive top-down regulation appears to suppress emotional and self-related processing, leaving individuals trapped in a detached observing state. For example, PET studies show hypometabolism in the right ventral prefrontal cortex, consistent with cortical overcontrol dampening affect (Simeon et al., 2000). Psychedelics, by contrast, tend to disrupt these regulatory circuits and flood awareness with unintegrated sensory and affective signals, creating a temporary but radical unbinding of self (Letheby & Gerrans, 2017).

From a clinical perspective, DDD is strongly associated with trauma and early adversity, where detachment often develops as a protective adaptation. In this view, the disorder functions as a defense, shielding the individual from overwhelming affect at the

cost of vitality and self-presence (Simeon & Abugel, 2006). From a predictive processing perspective, this can be understood as excessive top-down control that dampens emotional and interoceptive signals, preventing raw affective information from being integrated into conscious self-experience (Deane, 2020; Letheby & Gerrans, 2017).

This protective mechanism contrasts with ED under psychedelics, where rigid priors are relaxed and suppressed bottom-up signals often resurface in overwhelming intensity. Psychedelics “unbind” self-models not by over-suppressing affect, but by temporarily allowing more raw, unfiltered input to dominate (Letheby & Gerrans, 2017). In this sense, DDD may represent a *blocked* or “stuck” form of ED – one in which the loosening of self does not open into integration but remains locked in a defensive state (Buchborn et al., 2023).

Recognizing trauma as a frequent background in DDD helps clarify both the overlap and the distinction with ED: while both involve an altered or diminished sense of self, depersonalization typically reflects a defensive closure rooted in trauma. Navigating such states benefits from the insights of ED research, but also requires careful attention to trauma dynamics, since defensive detachment may block the very openness that makes ED potentially integrative.

Psychosis. In its high-entropy, ED can resemble early psychosis, particularly when it arises unexpectedly or without adequate preparation. Both phenomena involve a loosening of cognitive priors and a disruption of ordinary boundaries (Carhart-Harris & Friston, 2019). The key distinction lies in trajectory: while psychedelic-induced ED is typically transient and self-resolving, associated with insight or emotional breakthrough (Nour & Carhart-Harris, 2017; Letheby, 2021), psychosis is more often prolonged, distressing, and characterized by paranoia, fear, and confusion (Garety & Freeman, 2013).

Epidemiological evidence indicates that psychedelics are not associated with increased rates of persistent psychosis in the general population. A large-scale survey of over 130,000 adults found no increased rates of psychosis among psychedelic users compared to non-users, with some outcomes even slightly better in the psychedelic group (Krebs & Johansen, 2013). Similarly, modern clinical trials report only short-lived psychotic-like reactions such as transient paranoia or disorientation, typically resolving as the drug wears off (Sabé et al., 2024).

Nevertheless, caution is warranted. Individuals with schizophrenia, bipolar I disorder, or a family history of psychosis are consistently excluded from clinical studies, due to the potential destabilization risk (Sabé et al., 2024). Case reports and observational studies suggest that intense ED states – whether through psychedelics, meditation, or spontaneous experiences – can act as powerful stressors, occasionally precipitating first-episode psychosis or psychiatric destabilization in vulnerable individuals (Kuijpers et al., 2007; Lindahl et al., 2017). Compared with stimulants or heavy cannabis use, however, serotonergic psychedelics appear significantly less likely to induce lasting psychosis (Krebs & Johansen, 2013).

Bipolar disorder. Another area of overlap with ED is found in manic states. Manic episodes often begin with euphoric, grandiose, and energized emotions but frequently progress toward dysphoria, irritability, and behavioral dyscontrol (Goodwin & Jamison, 2007; Johnson et al., 2012). Some individuals with bipolar disorder describe ED-like qualities during mania, including feelings of boundlessness, grandiosity, and fusion with the universe (Goodwin & Jamison, 2007). Yet despite this superficial resemblance, the phenomenological profiles differ: psychedelic or meditative ED is more often calm, expansive, and contemplative (Millière et al., 2018; Nour & Carhart-Harris, 2017; Yaden et al., 2017), whereas mania is typically restless, hyperactive, and behaviorally disinhibited (Goodwin & Jamison, 2007; Johnson et al., 2012). The disruption of self-referential processing in the Default Mode Network (DMN) may underlie both bipolar disorder (Zovetti et al., 2020) and ED, suggesting a shared neurobiological mechanism that requires further investigation.

Clinical case reports and systematic reviews suggest that psychedelics can precipitate manic episodes, particularly in individuals with bipolar disorder or a family history of mood disorders (Gard et al., 2021; Bosch et al., 2022). A survey of 541 individuals with bipolar disorder found that 32% reported worsening psychiatric symptoms after psilocybin, primarily mania and sleep disturbances, though the majority still perceived overall benefits (Morton et al., 2023). However, that Krebs & Johansen (2013) in their large sample found no association between psychedelic use and increased mental illness rates in the general population suggests that the risk once again is concentrated in vulnerable individuals.

Conclusion. In sum, ED is a psychologically intense phenomenon that interacts with individual predisposition and environmental context. Awareness of bipolar disorder

and psychosis risk before psychedelic use and close monitoring for mood destabilization is recommended. While ED can offer profound personal and therapeutic shifts and insights, it can also destabilize individuals too much, which in turn can be detrimental with certain psychiatric risk factors. While both ED and DDD involve a disruption of ordinary self-experience, ED may represent an opening with potential for integration, whereas DDD more often reflects a trauma-related defensive detachment that can pose challenges for integration.

Clinical differentiation between ED and other psychological conditions is important in order to navigate therapeutic interventions. Table 1 highlights the primary phenomenological, emotional, and contextual distinctions between ED, DDD, psychosis, and bipolar mania, emphasizing therapeutic implications and guiding clinical judgment. As illustrated in Figure 1, ED is typically context-dependent and holds therapeutic potential as opposed to DDD and psychosis. Bipolar mania is excluded in this figure, since although it occasionally involves experiences superficially resembling ED (e.g., expansive feelings or loss of boundaries), its core characteristics – elevated mood, grandiosity, impulsivity, and behavioral activation – are distinct from the phenomenological disruptions central to ED, DDD, and psychosis.

Condition	Key Phenomenological Features	Context and Duration	Emotional Valence	Therapeutic Implications
Ego Dissolution (ED)	Temporary loss of self-boundaries, sense of unity or interconnectedness; can be positive or distressing depending on context and interpretation.	Acute, context-dependent (psychedelic, meditative states), typically transient, can be therapeutically beneficial or destabilizing.	Variable—ranging from profound bliss or neutrality to intense fear.	Potential therapeutic value when properly supported; emphasis on integration, psychological flexibility, safety, and context.
Depersonalization-Derealization Disorder (DDD)	Persistent feeling of detachment from self or surroundings; usually distressing, unwanted, chronic, involves emotional numbing.	Chronic, context-independent; typically associated with trauma or prolonged stress; rarely positive.	Typically negative—experienced as distressing, unwanted, and anxiety-inducing.	Usually pathological, benefits primarily from grounding, emotional regulation, trauma processing, and reducing chronic stress.
Psychosis	Loss of coherent self-experience, delusional thinking, paranoia, and perceptual distortions; typically distressing and associated with impaired functioning.	Typically chronic or episodic with acute exacerbations; associated with psychiatric vulnerability; almost always pathological.	Usually negative—paranoia, fear, confusion; rare instances of positive delusional content.	Pathological; typically requires antipsychotic medication, reality orientation, supportive therapy, risk reduction.
Bipolar Disorder (Mania)	Elevated mood, grandiosity, reduced need for sleep, impulsivity; can include feelings of boundlessness similar to ED but typically energized and goal-directed.	Episodic with clear mood cycling; periods of mania interspersed with depressive episodes; generally pathological if untreated.	Often positive initially (euphoria, grandiosity) but frequently becomes dysphoric, irritable, or problematic.	Pathological; managed pharmacologically (mood stabilizers) and psychotherapeutically (psychoeducation, mood management).

Table 1. Overview of the core characteristics distinguishing ED from depersonalization-derealization disorder (DDD), psychosis, and bipolar mania, highlighting important differences relevant to therapeutic practice.

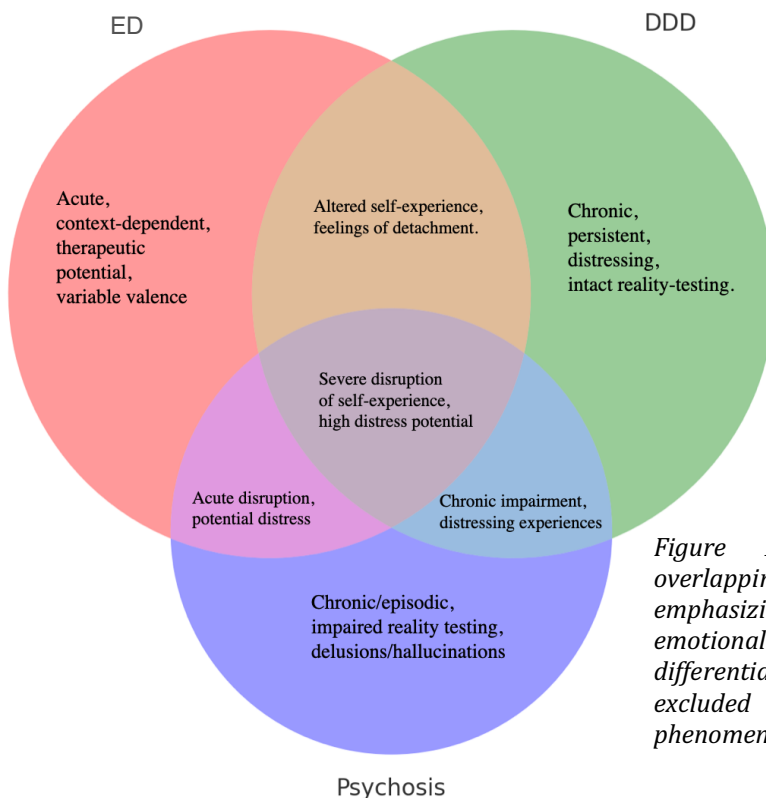


Figure 1. The diagram illustrates overlapping and distinctive features, emphasizing context-dependence, duration, emotional valence, and reality-testing as key differentiating factors. Manic states are excluded in the picture due to less phenomenological overlap.

Attachment Security, Insecurity and Disorganization in Ego Dissolution

Attachment theory explains how early relationships shape an individual's sense of security and capacity to handle stress (Bowlby, 1969). Adults carry internal working models (IWMs) of attachment – secure, anxious, avoidant, or disorganized – which influence how they regulate emotions and handle threat. Secure attachment develops from feeling consistently safe and supported, while anxious and avoidant styles arise from inconsistent or unresponsive caregiving. Securely attached individuals generally regulate emotions more effectively and approach novel or fearful situations with greater confidence (Cassidy & Shaver, 2016).

In the context of ED, attachment dynamics may help explain why some people surrender to or grow from the experience more easily than others. Cherniak et al. (2022) propose that securely attached individuals, with a deeply internalized sense of being loved and supported, may find it easier to let go of their self-model boundaries during psychedelic or mystical ED, much like a child confidently explores when a trusted caregiver is nearby. This “secure base” may foster trust that the disorienting loss of self will be manageable, enabling deeper exploration of consciousness.

Insecure attachment may shape ED differently. Anxiously attached individuals, prone to worry about abandonment, may experience heightened fear or panic when the familiar sense of self dissipates, as the ED state can unconsciously trigger feelings of separation or loss of control. Avoidantly attached individuals, inclined to downplay intimacy or vulnerability, may resist surrender during ED, leading to defensive distancing or suppression of the experience. While this can blunt the depth of dissolution, it can also create friction that makes the journey more challenging and difficult to integrate (Cherniak et al., 2022; Stauffer et al., 2020). These responses align with attachment patterns: insecure attachment generally implies less effective coping under threat, and an ED experience – often described as a “death” of the self – may be perceived as a profound psychological threat (Cherniak et al., 2022).

Empirical findings support this differentiation. Stauffer et al. (2020) found that higher attachment avoidance predicted more challenging psilocybin sessions, while lower avoidance (greater security) was linked to fewer distressing experiences. Interestingly, higher attachment anxiety correlated with more intense mystical-type experiences. A recent survey by Cherniak et al. (2024) similarly found that individuals recalling insecure

childhood caregiving reported more intense psychedelic phenomena, including greater ED and emotional breakthrough. Notably, this effect was not explained by current adult attachment style, suggesting that early IWMs may prime both surrender and difficulty during ED.

Disorganized attachment adds further nuance. Granqvist et al. (2012) found that disorganized IWMs, often stemming from trauma and fragmented models of self and others, are linked to heightened absorption, which in turn predicts greater likelihood of mystical states. Clinically, this suggests that individuals with disorganized attachment may be both more motivated to seek transcendent experiences as a reparative strategy and more prone to entering them. Such openness may also increase vulnerability to destabilization.

Conclusion. In summary, attachment theory highlights the central role of felt safety in ED. Secure IWMs provide resilience and openness, anxious and avoidant patterns shape vulnerability to fear, resistance, or friction, and disorganized attachment confers both heightened risk and potential. While securely attached individuals typically integrate ED experiences more readily, those with disorganized backgrounds may, when carefully supported, stand to benefit profoundly. Positive ED experiences (e.g., sensing unconditional love or feeling “held” by the universe) may even serve as corrective emotional experiences that foster greater attachment security over time. At the same time, these individuals also face elevated destabilization risks, underscoring the importance of a supportive relational context. Ultimately, attachment dynamics make clear that felt safety is a foundational anchor for therapeutic integration – a principle of central relevance to the EDIF.

Part Two: Therapeutic Ego Dissolution Themes

Let us briefly recap where the literature has brought us. We have seen that our ordinary sense of being a self is supported by a multiplicity of coordinated self-models. We have also seen that ED involves a loosening of identification with these models, as their boundaries become less rigid or dissolve, resulting in a sense of ego loss or unity. The balance between hierarchically lower contra higher self-models seems to be thrown off. The psychological vulnerability and IWM of a person seem to affect how this

destabilization is handled, and the literature hints at the importance of trauma awareness, and of felt security before, during and after.

Below I will briefly introduce three therapeutic models that offer psychologically useful perspectives in the context of ED. These have been selected because Acceptance and Commitment Therapy (ACT) and Internal Family Systems (IFS) have both been applied and theorized as relevant for psychedelic integration, while Interpersonal Neurobiology (IPNB) explicitly defines integration as the essence of psychological health. Each model contributes in different ways to understanding how awareness relates to and integrates with the contents of experience. Since ED involves a temporary loosening of the self-model hierarchy, this integrative capacity becomes essential. The selection is not intended to be exhaustive; other frameworks may also provide valuable insights into ED integration.

Together, these models illuminate therapeutic themes that may help clinicians make use of the window of opportunity opened by ED – supporting the development of more adaptive self-models while reducing the risk of confusion or fragmentation.

Acceptance and Commitment Therapy (ACT) is a cognitive-behavioral therapy that focuses on *psychological flexibility* – the ability to stay open and engaged with the present moment, even when it's painful, and to act guided by one's values. ACT teaches skills like mindfulness, cognitive defusion (stepping back from thoughts), acceptance of emotions, and identifying core values to live by (Hayes, 2019). In practice, ACT helps clients cultivate a stable, grounded sense of self from which they can observe their inner experiences without being swept away by them, free to act according to personal values.

Developed by Richard Schwartz in the 1980s, *Internal Family Systems (IFS)* conceives of the mind as naturally subdivided into distinct parts – who much like self-models are quasi-independent sub-personalities with unique emotions, desires, and roles – alongside a core, capital-S *Self* that embodies wisdom and healing (Schwartz, 1995). Psychological health in IFS is characterized by Self-leadership, where the Self guides internal dynamics with qualities such as calmness, curiosity, compassion, and confidence (Morgan, 2020). Psychological distress emerges when these parts take over, relegating the Self to the background. IFS views internal multiplicity as normal and healthy, framing psychological challenges as opportunities for greater self-awareness and integration (Schwartz, 1995).

Interpersonal neurobiology (IPNB), founded by Daniel Siegel, offers a neuroscience-informed understanding of mind and integration. Siegel and Drulis (2023) define the mind as an emergent process of the entire brain-body system within relationships and describe psychological well-being as resulting from the integration of diverse components of this system. Three (out of IPNB's nine) key domains in IPNB directly relevant to the psychological integration of ED are 1) *integration of consciousness*, 2) *integration of internal states*, and 3) *vertical integration*.

A Self larger than self-models

A stance that is larger than self-models is described in IPNB, ACT and IFS alike, in slightly different ways. IPNB illustrates this using the metaphor of a wheel, where the hub symbolizes pure awareness (the observing self) and the rim represents thoughts, feelings, and perceptions (Siegel, 2018). The capability to reside in the *hub of awareness* – to witness mental events as passing phenomena distinct from the core observer – is useful for maintaining psychological stability when contents of the experience are intense. This concept closely parallels ACT's concept of *self-as-context* (as opposed to self-as-content), which refers to a transcendent aspect of self: the idea that we are not simply the content of our thoughts, feelings, or personal story, but rather the container or space in which those experiences occur (Godbee & Kangas, 2020). In IFS, when parts do not overwhelm or take over, we are naturally *Self*, which is similar to the concepts above.

Integration

Vertical integration according to IPNB refers to the coherent integration of lower-level, bottom-up sensory and affective signals from subcortical and limbic structures with top-down, higher-level cortical processing (i.e., narrative and conceptual interpretations). ED, as explained through predictive coding frameworks, temporarily disrupts this vertical balance, allowing bottom-up sensory and emotional information greater prominence. Effective therapeutic integration involves re-establishing a healthy vertical dialogue where intuitive, emotional, and sensory experiences are coherently integrated with conceptual and narrative understandings of self (Siegel & Drulis, 2023).

Throughout all domains of integration, IPNB emphasizes an *interpersonal relational stance*, highlighting that the mind emerges and develops within the context of

interpersonal relationships and is continually shaped by these relational dynamics. Being so dependent on relationships for survival, the human nervous system is ridden with dynamics around relating. Even in the inner life there are relationships, between self-models at different hierarchical level and between different kinds of goals and needs.

Relationship Between Awareness and Self-Models

Considering how extensively ED interacts with IWM, it is essential to target positive attachment experiences in integration. One way to do that is safe attachment relationships to other people. However, as adults we no longer can expect parental attention to the degree that some more primitive self-models may need. The relationship between awareness and self-models is therefore elemental, with its potential to stand in as an internal attachment relationship. This relationship between the observing self (the hub; awareness itself) and the content of experience (such as self-models) can in IPNB terms be viewed as an aspect of *integration of consciousness*. Although both IPNB and ACT have concepts for this engaged relationship of awareness to the content of the experience, IFS is the method that most explicitly emphasizes the potential attachment qualities of this.

Viewing this relationship through an attachment lens, as is done in IFS with the relationship between Self and parts, creates concrete ways to facilitate a healing and integrating relationship between the transcending awareness and the various self-models in need. IFS therapists encourage clients to explore surfaced content as communications from parts. For instance, if profound grief arises during ED, therapists facilitate an inner dialogue between the client's Self and the grieving exiled part, transforming the overwhelming emotion into a meaningful therapeutic inner relationship (Morgan, 2020). This supportive engagement helps clients reframe intense ED episodes as valuable opportunities for self-exploration and healing rather than pathological events or crises (Ferguson, 2022).

IFS identifies two primary types of parts: *protective* and *exiled*. Exiled parts typically carry burdens of unresolved trauma or emotional pain and are often hidden from conscious awareness due to their intense vulnerability. Protective parts, comprising managers and firefighters, actively shield the individual from the pain of exiles through strategies like control, avoidance, or impulsive coping behaviors (Morgan, 2020). In

therapy, the primary healing mechanism is unburdening, a compassionate process where exiled parts release stored emotional pain and rigid beliefs under the supportive presence of the Self, and protective parts (who are usually parentified children) thus get freed from their burdensome responsibilities. As parts relinquish their burdens, they integrate into the internal system with healthier roles and less need to take over, leading to enhanced inner coherence and well-being (Schwartz, 1995).

Central to IFS integration is promoting sustained Self-leadership beyond the psychedelic session. Clients learn to consistently be in Self – with curiosity, compassion, and calm – in relationship to the parts activated. This ongoing Self-to-part relationship fosters lasting emotional integration, and capacity manage internal conflicts and residual psychedelic insights effectively (Morgan, 2020).

Part Three: The Ego Dissolution Integration Framework (EDIF)

The Ego Dissolution Integration Framework (EDIF) is not proposed as a new stand-alone therapy, but a set of principles based on the synthesis of themes that appear particularly salient in the context of ED. It draws on three main influences: (1) predictive coding accounts of how self-models emerge and disintegrate, (2) the role of trauma and attachment in shaping whether such disintegration becomes overwhelming or reparative, and (3) the quality of the relationship between consciousness itself and the contents that arise within it. ACT, IPNB, and IFS provide the therapeutic grounding for its four components.

The EDIF is presented here as a provisional orienting framework, aiming to organize insights from ED research and suggest directions for future theoretical and clinical exploration. While provisional as a theoretical model, it may nevertheless serve as a practical resource for experienced clinicians, supporting the psychologically effective navigation and integration of ED experiences. It can be flexibly applied alongside different therapeutic methods, not limited to the ones referenced above.

For clarity, the EDIF adopts the predictive coding term *self-models* as a unifying concept. This encompasses notions such as inner working models (IWMs) in attachment theory, parts in IFS, self-states or states of mind in IPNB, and self-as-content in ACT. Across these frameworks, self-models are understood as active structures with distinct goals, needs, or agendas.

The EDIF also uses the terms *awareness* or *high-ED-state* to capture experiences of unity consciousness and the observer stance described in different models: the hub of awareness in IPNB, self-as-context in ACT, and the Self in IFS. While related, these awareness concepts differ in degree of ED.

At one end of the spectrum, unity consciousness represents a radical dissolution: no boundaries and thus no relationship remain, as no self-models are identified with and experience unfolds simply as “what is.” Such experiences are profoundly relaxing and can generate insight into what one is not, since perception occurs without attachment to a self. Self-as-context and the hub of awareness are less dissolved, as they involve a stance toward ongoing experience – implying that some rudimentary self-model is still active. The IFS Self is even less dissolved, as it is explicitly relational, engaging actively with other self-models in a healing and integrative way.

The EDIF consists of four main components: 1) Open up safely, 2) Establish awareness as identity, 3) Relate to self-models, and 4) Balance freedom and function.

First, to open up safely, it is essential to recognize and address psychological needs of self-models at varying temporal depths – ranging from immediate emotional security to long-term identity coherence and stable life narratives. Facilitated by careful attention to set and setting, and informed by attachment theory, IFS, and predictive coding theory, this component emphasizes that functionality after ED is helped if inner and outer environments (higher priors and external stimuli) remain consistently safe and responsive during and after the ED experience.

Second, establishing awareness as identity involves insight into the ephemeral nature identification with self-models. This insight, described in IPNB, ACT, and IFS, and supported by predictive coding, is central to fostering resilience and psychological flexibility. It helps prevent the development of rigid spiritual ideas or polarizing internal conflicts by highlighting the transient and constructed nature of all self-models.

Third, the EDIF emphasizes the importance of – from this identity of awareness – relate to and heal self-models. The capacity to identify with a relatively high-ED-state and to compassionately integrate this awareness with self-models (minimal and narrative selves) is tremendously useful following ED experiences. Effective integration – infused with presence, compassion, and relaxed engagement – reduces rigidity and prevents chaotic emotional distress. This component integrates insights from IPNB and ACT, while IFS provides the clearest methods for attachment-informed relational healing.

Finally, the fourth component, balancing freedom and function, addresses the ongoing therapeutic task of navigating between relaxed freedom and practical functionality in everyday life. Guided by neurobiological insights and ACT's values-based decision-making, this component encourages individuals to consciously assess their personal values within different contexts. They are supported in skillfully determining when expansive, flexible states of awareness ("zooming out") are beneficial, and when structured, goal-oriented self-model engagement ("zooming in") is more appropriate, thus cultivating a balanced, adaptive, and resilient approach to daily living.

Component 1: Open Up Safely

One of the most crucial determinants of whether an ED experience is transformative or distressing is the level of safety felt during and after the experience. Safety is not just an external condition (e.g., setting, therapeutic support) but an internal mindset shaped by an individual's attachment history, emotional regulation capacities, and prior expectations. When safety is compromised – whether through an unsafe environment or unresolved psychological conflicts – ED can shift from a state of surrender into a state of terror.

According to predictive coding theory, the brain operates by constantly making predictions about incoming sensory input based on hierarchical models, ranging from short-term, immediate responses to long-term integrative self-models. During an ED experience, high-level priors (long-term models) are temporarily relaxed or dissolved, causing the brain to fall back on more primitive, short-term models – which are often more emotionally reactive and survival-focused. Predictive coding thus provides a framework for understanding ED as a relaxing of different layers of self-models.

Figure 2 visually represents how relaxing of self-models at longer timescales (deeper temporal depths) results in the dissolution of narrative structures, progressing through gradual dissolution of minimal self-experience, and finally into states of unity or undifferentiated awareness. Of course, this is portrayed simplified and more schematic than may be the case in this complex experience. In full dissolution there are no selves left to identify with; unity consciousness is the undifferentiated experience of everything just showing up - happening to no one, just happening. Nothing can be named, no identity can be had, nothing can be internal versus external, no agendas are online, nothing can be

in conflict. It just is. Being a self is a lost and forgotten construct, capacity and habit. This can be likened to the experience of an infant.

The increasingly ego dissolved states move the system toward the left on the continuum seen in Figure 2, toward entropy. As deeper layers of self-models (with longer timescales in association with their needs and goals) dissolve, shallower, more emotionally charged and short-sighted self-models emerge. The individual may in this gradual process regress into earlier psychological states, experiencing unmet childhood needs, unresolved fears, or trauma. If the external and internal environment does not provide a sense of safety, these states may be re-experienced as overwhelming or traumatic rather than healing.

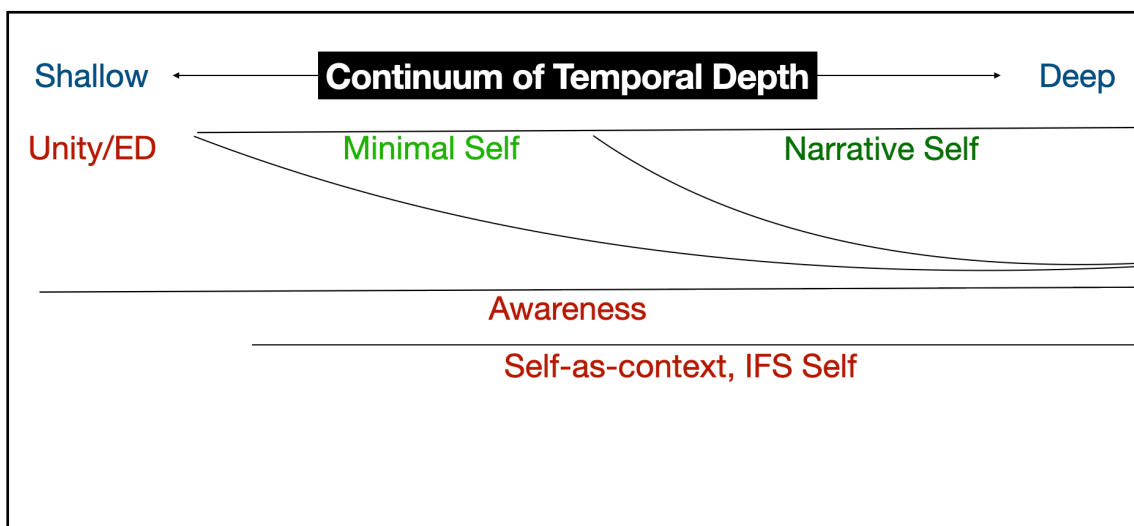


Figure 2. Continuum of Temporal Depth in self-models During ED. Depicts predictive coding theory applied to ED, illustrating how decreased temporal depth (predictive horizon) disrupts narrative self, reveals minimal self, and ultimately leads to states of unity or pure awareness. Deeper corresponds to longer timescales in goals and needs; shallower corresponds to more immediate.

One reason a person may experience terror during ED is the lack of control for the more mature self-models in an environment that does not feel safe enough to be vulnerable in. However, it can also be the case that the younger selves carry difficult emotions from unmet needs of previous conditioning that surface despite a safe environment.

The need for safety is therefore twofold – to make the loss of control in the present experience feel safe, and to mend the wounds from past experiences. The benefits of ED are highly dependent on a safe undressing and rebuilding of self-models for different temporal depths. Clinicians working with ED clients need to be prepared for states (and

their connected agendas and needs) in which the client may act in primitive, childlike ways and respond to them in an attachment-appropriate manner (eg., welcoming, calm capacity, and with emotional presence).

Component 2: Establish Awareness as Identity

The second component is the insight that activated self-models – and the emotions, thoughts and agendas connected to them – are in fact not as stable in awareness as they might seem. As temporally deeper self-models (with long term agendas) relax as the individual moves in the direction of ED, they give way to shallower (more minimal and short-term) ones. And conversely, as ED states disperse when substances leave the system, or demands of ordinary life make themselves known after an ED-inducing activity, hierarchically higher structures with temporally deeper agendas inevitably come back online. Awareness, however, is intact and unchanged. It is present within advanced tasks with great temporal depths, and it is equally present – and often more obviously so, when nothing else distracts – even in experiences of unity consciousness. No particular self-model is thus necessary for consciousness; it travels seamlessly between them (Letheby & Gerrans, 2017; Dahl et al., 2015).

This insight into the illusion of self-model consistency is many times called an “awakening”. The experience of oneself being the same as the presently active self-model activation, with its particular interests, needs and ideas, is seen through as an illusion; self-models are transient, and no single self-model activation is necessary for existence. An “awake” way of functioning as self-models come and go is exemplified by Suzanne Segal’s description of existing as emptiness with *skandhas* (personality functions) operating on their own. In contrast, the normal way of functioning, immersed in identification with self-models, with awareness contracted around and within their agendas, is then experienced as something like a dream state.

The neural correlates of each self-model are of course still intact even when not presently activated, so it is not right to say that they are temporary in the sense that they neurally do not exist when not in awareness. However, which ones are actualized in conscious awareness, potentially taken to be “me”, vary. Thus awakeness means that one is not identified with the self-models as they occur in awareness, but rather with the field of conscious awareness itself, in which self-models experientially come and go.

Some self-models come and go quickly, and others are actualized more continuously than others. It would be intuitive that "ego death" is experienced when the more continuous – and thereby more continuously identified with – self-models deactivate, and thus can be experienced (surprisingly) as not necessary for conscious awareness. These can be either temporally deep – as is the case of narrative, rational self-models – or shallow – as is the case in minimal sense of self-models. In Suzanne Segal's case the witness (temporally shallow) disappeared, and then the fearful self-model (temporally relatively more deep) that got calm once not identified with.

This experiential insight into the identity of self-as-context, as opposed to self-as-content, is most commonly not a permanent and continuous one. It will itself then be translated into a prior – an idea of awareness as identity – which can be present in different ways, as "pointers" within temporally deeper layers, as well as simple and returning aha-realizations in shallower ones.

This prior, as well as the experience it builds upon and seeks to recreate, is therapeutically useful, since it invites a more resilient version of self-identity, creating a flexibility that grants less vulnerability to confusion, reactivity, chaos and rigidity within different self-models as they are no longer taken so personally. It also makes healing responsiveness to self-models readily available, and with that grants a key capacity for the next component of the EDIF. A sense of grounded identity *as* awareness provides the necessary position from which to relate to self-models without being absorbed by them.

The therapeutic frameworks presented in Part Two describe a central, non-reactive perspective from which internal experience can be observed, without fusion or identification. While differing in terminology and emphasis, concepts such as Siegel's "hub of awareness" in IPNB (Siegel, 2010), the "Self" in IFS (Schwartz, 1995), and "self-as-context" in ACT (Hayes et al., 2012) all point toward this stable presence of experience. In Siegel's model, the hub represents neutral and spacious awareness, from which the varied contents of the mind (on the rim) can be witnessed without reactivity. In ACT, self-as-context describes the observing self: the perspective from which thoughts and emotions are seen as events in awareness rather than as truths or self-definitions. Both IPNB and ACT also press on the importance of engagement, but the IFS model deepens the relational quality, as we will see in the next component. Despite differences in language, all three frameworks converge on the recognition that identity need not be fused

with self-models, and that cultivating awareness of this stable, witnessing presence enables flexibility, integration, and inner coherence.

Component 3: Relate to Self-Models

IPNB's model of *consciousness integration* involves the differentiation of the hub of awareness from the content of experience on the rim, followed by the capacity to relate to that content in a coherent and adaptive way (Siegel & Drulis, 2023). Once self-models are recognized as distinct from awareness – as described in the previous component – the next step is to integrate the two in a way that allows for engagement without fusion. While the awakening from identification with self-models may be viewed as a spiritual endpoint for some, from a psychological perspective, it is better understood as a platform for integration.

One can – in one's new identity as awareness – be separated from self-models, which may continue operating with their own agendas, according to their *skandhas* (personality functions). If awareness is not in relationship with those structures, it does not engage. This condition – differentiation without linkage – has been referred to as *spiritual bypassing* (Welwood, 2000). While such states can feel expansive and relieving, they also represent a dissociative split in which the personality remains unintegrated. Linking, then, implies the capacity to relate to self-models from a stable witnessing presence, rather than collapsing into or rejecting them.

To clarify further, it is helpful to look closer at the distinction between consciousness integration and state integration. *State integration* involves differentiating and linking various internal experiences – emotional states, roles, developmental stages, or contextual modes – into a coherent whole. Rather than becoming fixed in a rigid identity (or isolated self-model), a well-integrated mind fluidly accesses, comprehends, and transitions between diverse internal states, maintaining coherence without fragmentation (Siegel & Drulis, 2023). State integration is the intra-individual process of differentiating and harmonizing various self-models. In a well-integrated system, they are not merged or suppressed but can coexist in relationship. A person with high state integration move fluidly between states with high functional coherence.

By contrast, individuals with low state integration have either a more fragmented inner structure or overly linked states. They may be more predisposed to experience ED,

precisely because the pain of state disintegration makes differentiation more accessible, as seen in disorganized attachment.

In cases of trauma-based dissociation, self-models are disconnected and rotate through awareness without mutual access – as seen in dissociative identity disorder (DID). Overly linked states on the other hand, which is the other extreme, may show up as emotional flooding, enmeshment, or unmodulated reactivity, often seen in conditions like emotional instability personality disorder (EIPS) or complex PTSD.

Just as state integration addresses the relationship and cooperation between self-models, *consciousness integration* refers to the relationship between the witnessing awareness and self-models. One may be highly differentiated but not linked (as in spiritual bypassing), or highly linked (fused) but not differentiated (as in identification with self-models). Fully integrated consciousness involves both differentiation and linkage: clear awareness of self-models, and a sustained relational stance toward them. Consider the three extreme types of relationships between awareness and self-models: 1) Linked but not differentiated: the default self-model-identified state, where awareness is fully fused and engaged with the currently active self-model, 2) Differentiated but not linked: spiritual bypassing or dissociative detachment, where awareness is a distant witness, but unengaged, and 3) Integrated (both differentiated and linked): awareness is separated from self-models, but in an engaged relationship with them.

While identification with awareness (the second EDIF component) as opposed to self-models may be freeing and transformative purely in its dissolution of false identity, it does not relate to heal. For relational therapeutic work with human relational wounds that optimally makes use of the ED experience, a near-ED state – a witnessing “I”, with only a slight minimal self, that can relate to self-models – is key. This is the EDIF’s third component.

While the hub of awareness and self-as-context offer a non-reactive vantage point from which self-models can be observed and engaged with, this stance alone may not always be sufficient for relational repair. Attachment theory emphasizes that internal representations of early caregiving relationships – IWM of self, others and the world – shape how individuals experience vulnerability, intimacy, and regulation throughout life (Bowlby, 1988). For individuals whose attachment systems were formed in insecure contexts, merely observing stances may increase clarity but might not fully resolve underlying attachment wounds or relational needs (Cassidy & Shaver, 2016). IFS

addresses this limitation by explicitly facilitating a secure internal relationship between the compassionate, accepting Self and vulnerable or protective internal self-models, effectively serving as an internal corrective attachment experience (Schwartz, 1995). From this position, the Self can engage directly with wounded or protective self-models shaped by early attachment experiences, enabling reparative internal relationships that engaged witnessing alone cannot achieve. To induce a meaningful relating, these self-models are also viewed as agents in their own right. In this way, the IFS Self version of awareness represents a natural progression from awareness-as-witness toward therapeutic inner relatedness, where self-models are not only observed but also actively responded to, with individualized care in flexible but methodological steps. When awareness relates to self-models from this relational stance, respecting their autonomy, it facilitates not only consciousness integration but also indirectly state integration. The internal system becomes awareness-regulated and awareness-led: self-models are not only witnessed but are able to relate autonomously to awareness and to one another through the mediating function of awareness.

Effective therapeutic integration following ED thus involves embracing both state integration and consciousness integration (see Figure 3). Consciousness integration refers to the clear differentiation of awareness from self-models, maintaining an accepting, spacious, observational stance - often described metaphorically as a "hub" or "self-as-context" toward the self-models (integrated or not with one another). State integration, on the other hand, emphasizes psychological coherence, flexibility, and functional harmony among self-models (fused or not with consciousness). IFS therapy explicitly combines these two dimensions by engaging differentiated awareness as a personalized, compassionate, and relational attachment figure toward self-models. This highly integrative approach facilitates secure internal attachment relationships, mitigates the risk of the spiritual bypassing associated with an exclusively observational stance, and supports psychological coherence, resilience, and flexibility.

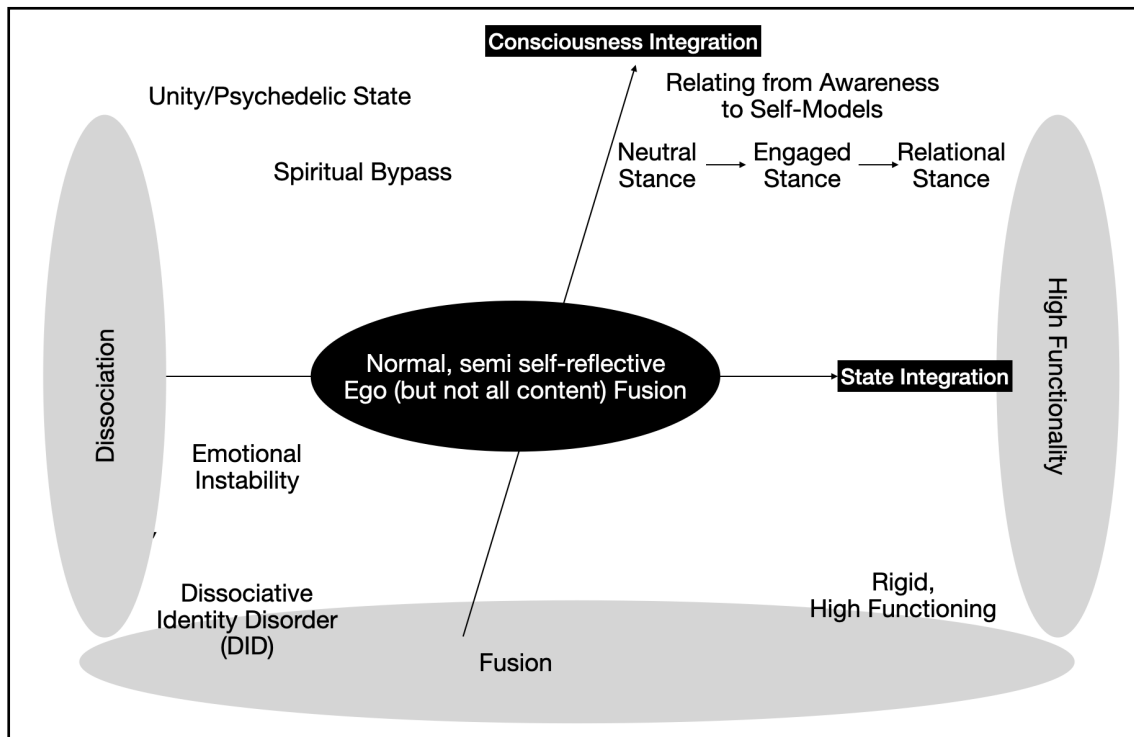


Figure 3. Illustration of two complementary dimensions essential to therapeutic integration following ED. Consciousness integration: clear differentiation of awareness from self-models, characterized by an accepting, spacious, observational stance (a kin to self-as-context). State integration: psychological coherence, flexibility, and functional harmony among self-models. Effective integration therapy combines these dimensions with relational engagement toward self-models, fostering their secure internal attachment to the new identity - the relational near-ED state.

Component 4: Balancing freedom and function

The fourth component of the EDIF addresses the day to day navigation between states of expanded openness and structured, pragmatic engagement in tasks. According to predictive coding theory, the brain continually balances top-down predictive models (priors) against incoming sensory information (prediction errors) to maintain a coherent sense of self and reality (Carhart-Harris & Friston, 2019). Therapeutically, the ability to shift fluidly along this continuum – from openness associated with reduced top-down control, to clarity and stability provided by stronger priors – is of great importance for optimal psychological functioning and personal growth.

ED induced by psychedelics, meditation, or spontaneously, temporarily diminish the dominance of higher-level self-related priors, effectively reducing the brain's typically rigid narrative interpretations. This relaxation can reveal a broader, more flexible perceptual stance, an experiential, holistic mode of awareness – characterized by sensory richness, emotional immediacy, and diminished ego boundaries (Carhart-Harris &

Friston, 2019). Such states may facilitate novel insights, enhanced creativity, and psychological flexibility but typically reduce practical everyday functioning, given the simultaneous reduction in clear self-boundaries, structured goal-directed behavior, and narrative coherence.

In predictive coding terms, identification with self-models engaged in daily tasks involves increasing precision on self-related priors, resulting in more rigid expectations and lessened sensitivity to prediction errors (deviations from anticipated outcomes). Psychologically, this heightened precision in identification with self-models manifests as emotional and cognitive investment, experientially felt as a sense that "something significant is at stake." Such precision increases vulnerability to stress, anxiety, and emotional suffering, aligning with Buddhist psychological perspectives, where rigid attachment (*upādāna*) to desired outcomes and personal narratives is considered a central cause of suffering (*dukkha*; Carhart-Harris & Friston, 2019; Farb et al., 2007; Brewer et al., 2013). Conversely, zooming out in expansive states relaxes this precision, loosening self-related attachments, thereby fostering openness, flexibility, and reduced emotional reactivity.

These shifts are underpinned by distinct attentional modes: narrow, focused attention aligns with zooming in and engaging with self-model agendas, while broad, open awareness supports zooming out in the relaxation of awareness. Attentional flexibility – our ability to move fluidly between these modes – provides a critical mechanism through which self-models are engaged or released, offering both cognitive stability and perceptual openness as needed (Lutz, Dunne, & Davidson, 2007; Seth & Tsakiris, 2018).

Acceptance and Commitment Therapy (ACT; Hayes et al., 2012) offers a valuable clinical complement by explicitly guiding individuals to identify and commit to personal values. Clarifying these values helps individuals determine when zooming in on pragmatic, narrative-driven self-models serve meaningful, purposeful goals, and when zooming out and holding these self-models lightly or releasing them altogether aligns better with psychological freedom, spiritual openness, or emotional renewal.

In summary, the fourth component of the EDIF integrates predictive coding theory and IPNB's vertical integration perspectives to guide flexibility in daily life for well-being and function. Clinicians support individuals in cultivating the felt experience of flexibly and consciously modulating their investment in and attachment to self-models,

allowing adaptive movement between experiential openness and structured pragmatic engagement. This therapeutic capacity fosters psychological flexibility, emotional resilience, and a fluid, integrated sense of self.

Therapeutic Vignettes of the EDIF in Practice

To concretely illustrate the EDIF in clinical practice, I will conclude this section by presenting three fictional therapeutic vignettes. Table 2 illustrates an overview of the components and their theoretical ground.

EDIF COMPONENT	THEORETICAL GROUND	THERAPIST'S INTERVENTIONS
1. OPEN UP SAFELY	Attachment Theory, IFS, predictive coding	Focus on safety in set and setting. Expect and respond attachment informed to self-models at different degrees of maturity.
2. ESTABLISH AWARENESS AS IDENTITY	IPNB, ACT, IFS, predictive coding	Facilitate insight into the constancy of awareness and the ephemeral nature of self-models. Several ACT interventions address this, as well as IFS.
3. RELATE TO AND HEAL SELF-MODELS	IPNB, ACT, IFS, Attachment Theory, predictive coding	Model and facilitate an attachment relationship between awareness (as identity) and self-models. IFS-interventions.
4. BALANCE FREEDOM AND FUNCTION	Predictive coding, ACT	Facilitate finding core values related to freedom vs. function. Facilitate acceptance for the necessity of component three as needed.

Table 2: Overview of the EDIF components, with their theoretical ground and implications for therapist interventions

Vignette 1: Psychedelic-induced ED. Anna, a 36-year-old teacher, participated in a high-dose psilocybin ceremony after years of feeling emotionally constricted and stuck in self-criticism. During the peak, she experienced a rapid “unbinding” of ordinary reference points: *“My name, my story, my body – everything fell away. There was only light and space. Then terror hit: what if I never come back?”* Her heart raced, she trembled, and she alternated between vast openness and a rising conviction that she was being “erased.”

In therapy afterwards, the first task was to restore felt safety and pacing. Sessions began with very concrete anchors – breath tracking, orienting to the room, feeling her feet – and with relational co-regulation: the therapist’s steady, warm presence while Anna narrated the ceremony in small pieces. Psychoeducation framed the experience within predictive processing: high-level self-priors had temporarily relaxed, letting bottom-up

signals flood awareness. Naming this reduced shame (*"I wasn't broken; my system was wide open"*).

As she stabilized, Anna learned to rest in awareness. Instead of fusing with a single terrified self-model, she practiced experiencing sensations and emotions as events occurring *within* awareness. She said, *"It's still intense, but it's not all of me anymore."* This stance provided continuity even when ordinary boundaries felt loose.

When we began parts-oriented work, an abandoned child self-model emerged vividly – memories of coming home to an empty apartment, the cold quiet of being overlooked. Contacted from Self/awareness, this part could show its burdens (fear of vanishing, certainty of being unimportant and unlovable). The therapist supported dialogue and unburdening rituals familiar from IFS, while tracking arousal so the system did not tip into overwhelm. Over several sessions, protective self-models (a perfectionistic "teacher mode," a hyper-independent "I don't need anyone") softened as the abandoned child was met with compassion rather than avoided or overridden.

Integration focused on balancing openness with function. Anna experimented with brief, intentional "drops" into spacious awareness during everyday activities – walking between classrooms, sitting with a cup of tea – followed by deliberate re-engagement of functional self-models ("teacher," "colleague," "friend") so that life remained coherent. Values work clarified how she wanted that coherence to look: fewer extra duties, more time with close friends, music on weekends. The dissolution that once felt annihilating became a resource: a reminder she could be larger than any single story, while still living a grounded, meaningful life.

Vignette 2: Spontaneous ED from Crisis and Trauma. Vahid, 42 with a history of neglect and unpredictability, entered therapy during a painful divorce. He had begun experiencing sudden episodes of detachment: *"I feel like I'm floating outside myself, watching everything from a distance."* Outwardly he remained functional, but inwardly he felt profoundly estranged, alternating between numbness and fear.

Therapy began by establishing safety and predictability – fixed session times, grounding practices, and a co-created weekly rhythm. Psychoeducation framed his experiences not as psychosis but as temporary loosening of self-models. Depersonalization was explored as a defensive closure against overwhelming affect: a strategy once protective, now limiting vitality and presence. This normalizing view reduced shame and helped him see the detachment as meaningful rather than pathological.

A recurring theme was his fixation on the question of who he “really” was. He described feeling like an impostor, as if every identity was performed for others who seemed more real than he did. This was understood as a defensive self-model crystallized around the fear of nonexistence. Rather than seeking a cognitive answer, therapy focused on being with both the underlying pain and the self-models that kept circling around it.

From an awareness stance, Vahid practiced noticing ED-like moments without collapsing into fear – learning to hold the altered perception while staying present in his body and surroundings. Work with parts clarified the inner dynamics: protective roles such as the stoic provider and the hyper-rational fixer maintained detachment to guard against complex feelings, while exiled child parts carried memories of abandonment, fear, confusion, and of being seen as unreasonable or strange in their emotionality. Contacted from Self-awareness, the protectors could be appreciated for their defensive intent and gradually trust that the exiles could be safely met – and *seen into existence and relevance*.

Integration centered on balancing openness with re-engaging functional self-models through simple routines: bedtime rituals with his children, mindful walks, and anchoring in daily life. Over months, detachment episodes became less frightening. What had begun as defensive closure evolved into moments of reconnection with long-buried pain and a renewed sense of vitality.

Vignette 3: The Aspiration of “Effortless Flow”. Ella, 40, attended a ten-day silent retreat shortly after a turbulent separation. On the fourth day, during a period of continuous practice, she reported a profound shift: *“There was vast light and stillness, and no me at the center.”* Back home, she found herself chasing the state: longer sits, stricter routines, irritation with her children for interrupting “the practice.” The harder she tried, the further away it felt. We framed the retreat experience as a temporary loosening of high-level priors, revealing a wider field of awareness in which ordinary self-models could dissolve. Her striving afterward was understood as a protector: a goal-driven self-model attempting to reproduce safety and meaning via control. From awareness, Ella practiced noticing two competing agendas – the part that wanted to vanish into boundlessness and the parts that feared collapse and demanded control. Naming these as self-models reduced fusion; she could feel both impulses without becoming either.

We invited gentle parts dialogues: How long has striving carried this responsibility? What is it protecting Ella from? What would be at risk if it softened? As protectors felt seen, sorrow surfaced – an exiled sense of failure and aloneness post-

separation. Contacted from Self/awareness, this exile could be met, comforted, and gradually unburdened. The retreat's "no-self" now coexisted with a tender, very human grief.

Integration centered on not chasing a permanent state and on re-engaging functional self-models in daily life. Ella experimented with brief "open" moments – waiting for the kettle, feeling sunlight on her hands – then consciously re-entered the roles of "mother," "teammate," "friend." Values work helped her define what coherent functioning looked like now (shared custody rhythms, realistic work blocks, one evening a week for unstructured rest). Over time she reported less clutching at transcendence and more trust in a rhythm: openness when it arises, participation when needed. She summarized: *"Freedom is here, but I don't have to disappear to find it."*

Conclusion. These three clinical illustrations demonstrate how the EDIF can be applied across a range of ED experiences – from psychedelic experiences (Anna), to spontaneous collapse and existential crisis (Vahid), to contemplative aspiration and integration challenges (Ella). While each case presented different entry points, all three engaged the same four components shaped by each individual's needs, history, and context.

The structured clarity of Anna's case shows how the EDIF can guide classic psychedelic integration. Vahid's story reveals how the EDIF adapts to trauma-informed, relationally complex presentations where the line between pathology and transformation is blurred. Ella's vignette, by contrast, reminds us that integration is not always about recovering from intensity, but about sustaining balance amid aspiration – and that even seemingly "light" experiences may surface deeper dynamics.

The EDIF components can emerge in varied sequences and combinations, depending on the individual's process. While vignettes may appear linear, this structure was chosen for pedagogical clarity rather than to imply a fixed sequence. In practice, integration often involves recursive movement between components – looping back to safety, revisiting self-models, or reestablishing identification with awareness as new challenges or insights arise.

Discussion

In the introduction of this paper, the growing importance of ED experiences in contemporary psychotherapy was highlighted, particularly due to the resurgence of psychedelic science. This renaissance places new demands on therapists who increasingly encounter clients seeking integration support following ED experiences. The literature suggests that ED, long recognized as a catalyst for psychological and existential transformation across diverse traditions and therapeutic contexts (Millière et al., 2018; Nour et al., 2016), is likely to become even more clinically relevant in the coming decades. Yet, despite increasing evidence of its therapeutic potential, existing integrative models remain sparse, and the clinical community faces considerable challenges in addressing these experiences effectively (Bathje et al., 2022).

The EDIF offers a novel contribution to clinical psychology by integrating contemporary neuroscience and established psychological principles into a unified therapeutic framework. This synthesis bridges neuroscience and psychotherapeutic practice in an area where such integration is increasingly needed, offering clinicians a psychologically grounded structure for navigating and integrating ED experiences.

The EDIF maintains compatibility to spiritual and existential insights without prescribing any. Its explicit goal is psychological well-being and adaptive functioning, in accordance with the values of the individual. I suggest the role of the clinical psychologist is not to become a spiritual guide – or, just as importantly, a skeptic – but to stay anchored in the psychological process. This stance helps normalize even intense ED states and opens a pragmatic path for their integration into everyday life. By not mystifying the experience, we reduce both existential anxiety and inflated narratives, making space for grounded, values-oriented change.

Positioning the EDIF as Theory

It is essential to approach a model for ED integration with realistic humility. Best practices for integration are only beginning to emerge, and this field will require time to mature. Current psychedelic therapy research strongly suggests that ED experiences correlate positively with therapeutic outcomes, yet the causal mechanisms remain unclear (Griffiths et al., 2018; Roseman et al., 2018). Future work should aim to clarify which

psychological processes mediate these outcomes, and the four EDIF components offer a place to start.

This paper is best understood as a conceptual synthesis and a contribution to theory-building rather than as a systematic review. Jaakkola (2020) distinguishes between integrative theory synthesis – organizing scattered insights into coherence – and theory generation – extending those insights into new conceptual contributions. The EDIF is offered in this dual sense. It integrates phenomenological, neuroscientific, and therapeutic perspectives into a provisional map (synthesis), while also proposing causal mechanisms that may explain why ED leads to transformation in some cases and destabilization in others (theory-building). As Sutton and Staw (1995) remind us in *What Theory is Not*, theory is not equivalent to references, data, variables, or diagrams, but to explanatory accounts of *why* certain processes occur and under what conditions they hold. The EDIF is described as four guiding components, and its theoretical value lies in suggesting why these principles are necessary and under which conditions they are predicted to succeed or fail.

Future research might explore how felt safety and attachment security influence the outcome of ED experiences, how awareness of the transient nature of self-models contributes to resilience, and whether the idea and use of an internal attachment relationship supports long-term integration and coherence. It may also investigate the role of flexibility between expansive and goal-directed states in adaptive everyday functioning. Qualitative and quantitative inquiries into these mechanisms, together with clinician reports on how they intuitively navigate ED experiences, could further ground and refine the framework. Some testable predictions may be:

1. **Open Up Safely.** Dissolution of self-models is interpreted either as threat or as opportunity, depending on the presence of felt safety. Without anchoring in attachment security or therapeutic support, defensive responses such as panic or depersonalization are more likely.
2. **Establish Awareness as Identity.** When narrative identity collapses, identification with awareness itself provides a stabilizing anchor. This stance prevents disorientation but may depend on experiential scaffolding such as mindfulness or therapeutic guidance.

3. **Relate to Self-Models.** As self-models re-emerge, the stance of re-engagement determines outcomes. Compassionate relating – rather than fusion or rejection – enables adaptive reorganization. Without this, defensive patterns are likely to reassert themselves.

4. **Balance Function and Freedom.** ED opens a window of freedom, but sustainable integration also requires functional self-organization. Lasting well-being and functionality depends on balancing openness with stability.

Together, these components form interdependent conditions: safety moderates initial appraisal; awareness-as-identity provides stability during dissolution; relating to self-models guides reintegration; and balancing function and freedom secures long-term adaptation.

The framework is intentionally provisional: it is not offered as a final or exhaustive model, but as a basis for clinical application, theoretical refinement, and dialogue within the emerging field of ED research.

Ego Dissolution and the Bridging of Divides

The revival of psychedelic science, with substances that reliably induce ED, may significantly impact several societal and clinical domains. Psychedelic assisted therapies may have potential to bridge – or exacerbate – longstanding divides: between medication and psychotherapy, psychology and spirituality, and mind and body.

Historically, psychiatry and psychotherapy have operated under complimentary – or contrasting – logics; psychiatry typically prioritizes rapid symptom reduction through pharmacological means, while psychotherapy emphasizes deeper emotional processing. Psychedelics functions simultaneously as biological agents (thus classified as medication) and experiential catalysts amplifying emotional material and facilitating meaningful processing (the therapeutic ideal). Exactly how the medical and therapeutic fields will manage this integration remains an open question.

Furthermore – and more directly relevant to this paper – ED inducing psychedelic therapies also integrate psychology with spirituality, offering neuroscientific frameworks for experiences traditionally considered esoteric, such as transcendence of the ego, unity consciousness, or a felt sense of merging with a divine presence. Once regarded as

mystical, these experiences are now becoming increasingly comprehensible through neuroscientific and psychological models, enriching theoretical understanding and therapeutic practice alike.

Finally, by temporarily modulating and loosening rigid narrative structures of the self-models, psychedelic-assisted therapies and other ED-inducing practices reconnect individuals more deeply to their minimal selves – the immediate, embodied foundation of subjective experience. This embodied reconnection underscores our inherent continuity with physical nature, both internally and externally, emphasizing the value of a more holistic psychotherapy that explicitly integrates somatic and embodied dimensions into therapeutic practice. A collective vertical integration in IPNB words.

Final Remarks

Limitations. Several limitations should be acknowledged. First, key concepts and terms utilized in this paper, such as ED itself, self-models and ego concepts, as well as predictive coding terminology like "precision," carry inherent vagueness. Given the diversity of the fields reviewed, and that these fields might be differentiated due to their unique perspectives, it is unavoidable that terms with slightly different meaning get merged in an integrative attempt. Second, organizing integration support into four distinct components is not exhaustive, given the complexity and multifaceted nature of ED experiences. Alternative models or frameworks might be equally valid. The components that emerged for me, as well as the theoretical frameworks chosen, are likely colored by what I have found useful in clinical reality. Additionally, the integration of ED experiences requires competencies and conceptual frameworks that transcend traditional psychotherapy training, extending into existential inquiry as well as somatic processing.

Ethical Considerations. This paper addresses ED experiences with recognition of their psychological, spiritual, and clinical complexity. Care has been taken to present these phenomena in a balanced manner, acknowledging both their transformative potential and associated risks. The therapeutic models discussed are intended for trained professionals operating within appropriate ethical and supervisory frameworks. No personal clinical data or identifiable client information is presented in this manuscript. The only first-person material cited is drawn from Suzanne Segal's published

autobiographical work. As this is a conceptual paper without original data collection involving human or animal participants, formal ethical approval was not required.

Conclusion. The aim of the EDIF is to offer clinicians a practical and theoretically supported guide to navigating and integrating ED experiences. Although preliminary, it provides initial directions for therapeutic intervention and future empirical exploration. This paper emphasizes the growing necessity for psychologists and therapists to deepen their understanding of ED in both theoretical and clinical contexts, acknowledging that the field remains at an early stage in systematically addressing these experiences.

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