

# EMDR as a Transpersonal Therapy: A Trauma-Focused Approach to Awakening Consciousness

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This article introduces the integration of a transpersonal psychological approach into the standard eye movement desensitization and reprocessing (EMDR) protocol. The history and philosophy of transpersonal psychology is explained as an expanded context for healing. The applications of a transpersonal context to EMDR therapy are discussed as it applies to taking the client from trauma to healing beyond adaptive functioning leading to exceptional human functioning, as depicted in Native shamanism and Eastern spiritual tradition where consciousness is awakened. The influence of the consciousness of the therapist is explored, as the convergence of science, psychology, and spirituality address the interpersonal nature of a shared energy field. Elements of transpersonal psychotherapy are presented, and transpersonal therapeutic skills are described to enhance the range of tools of the therapist from egoic intervention to an expanded range of perception based in mindful awareness, attunement, and resonance. Comprehensive case examples take us through the standard EMDR protocol where these two approaches integrate and flow as healing unresolved early trauma becomes the doorway for spiritual awakening.

**Keywords:** EMDR; transpersonal psychology; consciousness; spiritual awakening; trauma; mindfulness

**T**ranspersonal psychology is considered to be the Fourth Force in psychology. It is an outgrowth of psychology's evolutionary process of taking us from behavioral, to psychoanalytic, to humanistic, and now to transpersonal. Conventional psychology views the individual on a continuum of human experience from severe mental and emotional illness, through variations of maladaptive emotions and behavior, to a range of "normal" behavior and adaptive functioning. Transpersonal psychology is inclusive of this range and then expands it to include the exploration of a spectrum of experience that goes beyond normal, to include exceptional and transcendent dimensions of human experience, such as deep religious and mystical experiences, nonordinary states of consciousness, and exceptional human experiences (Caplan, Hartelius, & Rardin, 2003; White, 1994).

This article describes how the eye movement desensitization and reprocessing (EMDR) therapist can facilitate transpersonal client experiences,

as healing trauma and awakening consciousness evolve simultaneously. Transpersonal interventions and interweaves are integrated throughout phases 2–6, allowing clients to explore their process from an expanded perspective.

The goal of transpersonal psychotherapy goes beyond healing trauma to the awakening and attainment of our highest potential. The tenets, philosophies, and practices of the world's spiritual and wisdom traditions are integrated with Western science, philosophy, and theory to create a full-spectrum psychospiritual developmental model. This model takes us from birth and normal Western developmental phases, to the awakening of spiritual consciousness and the awareness of our interconnection to all living things through a shared energy field, as depicted in Eastern and Native spiritual traditions.

There are constructs presented in this article, such as the concept of the interconnected energy field, that originate from spiritual traditions. These

concepts are ancient and only in our recent history are they being explored by Western science, such as Laszlo (2009) acknowledgement of the “bio-field.” Although some of these spiritual constructs still lack empirical evidence, they have a long traditional history and are assumed to have validity. Blending Western psychology and scientific research with ancient spiritual tradition, we can hypothesize that the individual has the potential to evolve from the perceptions of the egoic mind, where subject and object are separate and distinct, to higher conscious awareness where brain coherence is enhanced and perception expands to include an awareness of a unity within a collective field of consciousness.

The term *consciousness* is used loosely in our culture, and can have a variety of meanings. For the purpose of this article, the term consciousness refers to the state of awareness that the client or therapist is focused upon. Consciousness can be related to waking, dreaming, body, meditative, or altered states. The term *higher consciousness* is not reflective of levels of consciousness within a particular religion, spiritual tradition, or lineage. The term merely presents language for an experience that is transpersonal, beyond what the egoic mind can attain. It reflects a nonspecific state of expanded awareness in which boundaries diffuse, ego identification is diminished, and awareness of a cosmic interconnectedness to all things can be experienced. It is within this expanded state that a connection to a divine force can be known. The level of consciousness of the individual can range from ordinary egoic awareness to authentic self, soul awareness, and ultimately transcendent mystical experiences (Rowan, 2005). Each level of consciousness becomes the reference point for shaping thoughts, belief systems, behavior, and ideology.

## History of Transpersonal Psychology

Humanistic psychology opened our awareness to the whole person (Rogers, 1989, 1961), recognizing the client’s spiritual beliefs and experiences as fundamental components of the integrated self. In transpersonal psychology (Grof, 1993; James, 1950; Jung, 1996; Maslow, 1968; Vaughan, 1993), spirituality is the core component around which all else revolves. The term *spirituality* embodies the qualities of compassion, unconditional love, acceptance, and joy, even during adversity. It may be awakened spontaneously or cultivated through meditation or study within a spiritual tradition. The spiritual individual is open to greater cosmic awareness, seeking

divine connection, with a worldview based in unity rather than separateness.

The foundations of transpersonal psychology were initially introduced by James (1950), considered to be the grandfather of what later became known as transpersonal psychology. Jung’s (1996) theory of the collective unconscious emerged from his spiritual training with Hindu gurus in India in the early part of the 20th century, where he realized through his own experiences that there are archetypal forces of nature, and a multidimensional spiritual body that corresponds to levels of awareness in the individual. Major 20th century contributors, such as Wilber (2000), Walsh (1993), Grof (1993), Vaughan (1993), and Dass (1993), expanded on the concept of wholeness that is at the core of transpersonal psychology, focusing on human potential and the development of consciousness.

## Transpersonal Psychotherapy

Assagioli (2000) and Grof (1993) each created models of transpersonal psychotherapy, incorporating inner soul awareness into the psychotherapy model. Assagioli’s approach, called psychosynthesis, encouraged the client to develop intuitive skills of inner hearing, seeing, deep and direct knowing, allowing the client to explore both psychodynamic and spiritual realms. Grof (1993) used mind-altering substances such as lysergic acid diethylamide (LSD), to research the effectiveness of nonordinary states of consciousness, outside the realm of egoic thinking, in the healing and growth of the human psyche. His results showed healing of psychological trauma when the mind perceived the events from an expanded, or altered state of awareness, which presented new solutions and perspectives not accessible through ordinary states of awareness. Clients described prebirth, birth, past life, near-death, and mystical experiences within a context of an interconnected field of cosmic wholeness, indicating a depth to the healing process that can be accessed as consciousness expands. His research suggests that the therapist can expand the therapeutic context of dysfunction, diagnosis, and origins of trauma, by eliciting altered states within the resolution of trauma thus helping clients attain full potential. As a result of his findings, Grof forged a new theory in the world of transpersonal therapy. He later introduced Holotropic Breathwork that takes the client into transpersonal realms of consciousness.

The term *exceptional human experience* (EHE) was first proposed by White (1994) to define a range

of unusual and mystical spontaneous experiences, often beyond ordinary human consciousness, which she hypothesized are transformative in nature. The recognition of EHEs takes us out of a model of psychology based in pathology and normal functioning, and into a full-spectrum psychology where immanent and transcendent dimensions of human experience are viewed as a doorway to the fulfillment of our highest potential as human beings.

The evolution of consciousness becomes the focus of healing in a transpersonal psychotherapy model. According to Vaughan (1993), the transpersonal psychotherapist supports the exploration of the client's journey to awaken consciousness. "In transpersonal therapy, consciousness is both the instrument and the object of change. The work aims not only at changing behavior and the contents of consciousness, but also at developing awareness of consciousness itself as the context of experience" (p. 160). Clients may begin to recognize their trauma as being part of a spiritual path that is unfolding, providing a crossroads in their lives. As therapists assist their clients in changing the context of their trauma, a new meaning is given to the experience that is healing and transformative.

## Mindful Awareness, Attunement, and Resonance

The term *mindful awareness* was originally taken from Buddhist tradition. It is now used in more general terms to refer to an inner focus, moment-by-moment experience of being present, and nonattached to outcome in which each feeling, thought, and experience is accepted for what it is.

Western science is now corroborating the transformational value of mindful awareness, as held in Eastern spiritual traditions. Siegel (2010) linked enhanced brain function and "neural integration" to internal tracking of information and energy flow through mindfulness, attunement, and resonance within the context of the psychotherapeutic relationship. He proposed that neural integration reflects a balanced brain as separate areas are linked together. This forms a functional whole and an integrated coherent state.

Aggs and Bambling (2010) found that when therapists were taught *therapeutic mindfulness*, it aided them in their practice as they learned to invoke a state of mindfulness during their session. These therapists exhibited greater well-being, equanimity, and acceptance towards their clients and their process. Additional research has found that empathy

and compassion have been outgrowths of therapists' meditation training and aids them in their effectiveness with clients (Davis & Hayes, 2011). When taught to clients, mindfulness has been an effective integrative tool for the treatment of post-traumatic stress disorder (PTSD) (Vujanovic, Niles, Pietrefesa, Schmertz, & Potter, 2013). Kennedy (2014) and Beaumont, Hollins Martin, and Martin (2013) reported that a compassion-based EMDR therapy is effective in breaking through obstacles to client shame and self-criticism, providing important internal resources for the client.

Mindfulness can become a doorway into a deeper attunement where the client can be seen and known on many levels by the therapist. It is through the attunement that an interpersonal resonance can develop where therapist and client are unified within a greater cosmic whole. Siegel (2010) described it best:

This joining is an intimate communion of the essence of who we are as individuals yet truly interconnected with one another. It is hard to put into words, but resonance reveals the deep reality that we are part of a larger whole, that we need one another, and, in some ways, that we are created by the ongoing dance within, between, and among us. (p. 56)

Siegel's statement identifies resonance as the heart of an entrainment between therapist and client and a central component of well-being. Transpersonal therapists have identified resonance between therapist, client, a divine source, and the earth as being the core component to healing in a transpersonal model (Siegel, 2013).

## EMDR Therapy

How can we bridge a trauma-based treatment approach with a transpersonal model? We already know that EMDR is an integrative therapy, and has already been linked to spiritual consciousness (Krystal et al., 2002; Miller, 2014; Parnell, 1996). This article exemplifies how EMDR therapy can become a fertile ground for the integration of a transpersonal psychotherapy model, creating a bridge between the personality and the soul as mindfulness, attunement, and resonance are interwoven into the process.

It is proposed that a transpersonal approach may be integrated into EMDR therapy, allowing for additional factors to be present within a field of resonance that supports greater neural integration in the brain

and accelerated reprocessing from a level of higher awareness, as consciousness evolves (Siegel, 2013). The introduction of these elements of mindfulness, attunement, and resonance begins within the therapist's internal process, as there is nothing that is overtly done to the client outside of the standard EMDR protocol.

### What Is EMDR?

The standard EMDR protocol has proven its effectiveness, and has been recognized as a therapy for healing trauma and restoring normal adaptive functioning (World Health Organization, 2013). As introduced by Francine Shapiro in the 1980s, EMDR is based in an adaptive information processing (AIP) model. EMDR therapy (Shapiro, 2001) conceptualizes unprocessed traumatic memories as stored in the client's memory networks, containing related emotions, thoughts, beliefs, and sensory experiences. The EMDR therapist reprocesses the trauma to an adaptive resolution by psychologically integrating the information through an eight-phase protocol incorporating the use of bilateral stimulation (BLS) such as eye movements, tapping, or tones. The client may quickly and swiftly reprocess trauma that has been impeding normal and adaptive functioning. The past is put into the past, current functioning is adaptive, and a future template is created in which the client is free to create adaptive resolution to stressful situations. Treatment is successful when these criteria are met. However, using a transpersonal psychology approach, the goals for our clients go beyond adaptive resolution, to create a greater sense of well-being for the client as the therapist utilizes elements of transpersonal psychotherapy within the standard EMDR protocol.

### EMDR as an Integrative Transpersonal Psychotherapy

The EMDR community has not widely acknowledged the potential to move beyond adaptive functioning to exceptional functioning and soul awareness as depicted within spiritual traditions and transpersonal psychology models. The inclusion of a transpersonal approach to a brain-based trauma therapy expands the potential to take the client beyond normal functioning to awakening full potential and possibly spiritual consciousness, within the standard EMDR protocol. This changes the context of therapy, and the content of information that emerges.

### Spirituality

Transpersonal psychotherapy is not a model unto itself, but can be woven into the therapeutic process. It begins with the therapist having developed a spiritual awareness for themselves, whether through meditation of Eastern or Native spiritual teachings, or religious practice tied to their own culture and background. The key is to develop and initiate connection to a greater cosmic source that becomes tangible in the silence of inner focusing. Shamanism is used as an example here, although these principles are accepted by various spiritual traditions around the world. The shaman is considered to be the caretaker of the earth, journeying through meditation and mindfulness into the inner silent spaces of what the shaman calls the nonordinary reality. This nonordinary reality holds an awareness of connection to spirit and to nature, beyond linear time and space where we are all connected by a unified field of consciousness. The focus shifts from the egoic perception of separation, to an expanded awareness where we are interconnected to each other and to a larger cosmic whole.

In shamanism, the belief is that the nonordinary reality is as real and valid as the ordinary world. Patterns of trauma, current and ancestral, are held in the human energy field and perceived by bringing awareness to the nonordinary reality (Villoldo, 2000). We can think of the human energy field as being the electromagnetic field of energy that surrounds the physical body. Like a recording holds electromagnetically recorded events, the human energy field holds the *vibrational patterns* (electromagnetic frequency) related to physical disease and emotional trauma. This ancient spiritual belief that the energy body holds information and knowledge is present in modern programs of energy healing (Roman & Packer, 2009; Villoldo, 2000), and has led to the emerging field of energy medicine in our Western culture.

The healing practitioner can work in these ranges of nonordinary reality, clearing old patterns and awakening life force as the individual comes into a state of harmony and balance as resonance with heaven and earth is established. It is through the imagination that the shaman learns to access the higher consciousness necessary in order to work within these realms. Ancient healing practices believe that the key to healing is the acknowledgment of a multidimensional anatomy, which understands the integral relationship of the subtle energy bodies to the physical and emotional body. The philosophy of being part of

a larger cosmic whole is at the root of ancient healing traditions around the world and is integrated into their energy healing practices (Chia & Hilton, 2017; Villoldo, 2000).

The context of this larger whole, within a transpersonal psychotherapy model, is often perceived by both therapist/healer and client as having a spiritual context. This may or may not have a religious context for the client or therapist. It is the individual's reference point and relationship to religion that determines the interpretation. The therapist does not imply an interpretation of the client experience. The therapist explores the client's interpretation and supports the client's process without providing spiritual or religious guidance. Therapists have reported that clients will develop spiritual belief systems without the therapist ever saying a word about a spiritual reference (Siegel, 2013). The spiritual or religious context that emerges offers meaning for the client about their trauma and helps them to cope with the event and memories.

## Science

Studies in neuroscience have shown that coherence happens between two people through mindfulness, attunement, and resonance (McCraty & Childre, 2010; Siegel, 2010). This concept is important to understand how the consciousness of the therapist may influence the process of the client within a shared field. Western research has shown how ancient spiritual practices incorporating mindfulness have the potential to change brain function and biology (Vaitl et al., 2013). It is possible to hypothesize that through the evolving consciousness of the clinician and the therapeutic integration of these tools of consciousness, the therapeutic relationship holds the potential for greater flow and balance in the energy patterns that lie within the human energy field of our client. At the same time, there is an attunement that the client senses emotionally, somatically, and energetically, as they feel more ease, joy, and self-acceptance.

## Psychology

Blackstone (2006) emphasized the role of relationship, between psychotherapist and client, in creating a shared healing field within the experience of nondual consciousness. Blackstone wrote that "nondual consciousness is experienced as the basis of contact, the most intimate contact one could have with oneself and others" (Blackstone, 2006, p. 30). The therapist can respond to the experience of each moment and put aside strategies.

Blackstone's reference to nondual consciousness is taken from Buddhism, where stages of nondual realization range from the illusion of separation of the ordinary mind to the realization of the true nature of being and the complete unity with the divine. Within a clinical context, there is an immediate knowing of emotional qualities from therapist to client within an intersubjective field where rigid organizational structures are released and a deeper knowing of our client emerges. Similarly, Krystal (Krystal et al., 2002) works within expanded states of consciousness in her EMDR practice, allowing the spaciousness within her to facilitate an intuitive and nonlinear protocol with her clients.

The exploration of the intersubjective field within the clinical setting supports the understanding of the healing effects achieved within a shared environment which resonates with a higher vibrational frequency. This concept is similar to musical resonance. Every note has its own unique vibrational signature which moves through a shared unified field, as when one plucked guitar string activates the same note in a guitar across the room. Kossak (2008), in his exploration of attunement through rhythmic improvisation, defined the concept of sympathetic resonance as "a vibratory phenomenon produced by reflective merging created when energy (pulsation) moves between two or more bodies" (p. 37). Nagata (2002) explored the deep embodied experience of being in resonance with another individual and defines *embodied resonance* as "the bodymind's experience of energetic vibration from both internal and external sources" (p. ii). When two or more come together, a sympathetic resonance develops which becomes interpersonal. There is a shared experience of the same emotional vibration that becomes intensified as they resonate together.

## EMDR Therapy as Fertile Ground

The elements that make EMDR therapy fertile ground for a transpersonal model are the internal focus during silent spaces in reprocessing, the use of the imagination, and the ability on the part of the therapist to facilitate a deep experience of connection, moving the client into the realms of higher consciousness within a shared energy field of higher vibrational energy. The BLS component helps the client to attain greater coherence among all systems.

Healing practices of ancient traditions are based on finding vibrational blockages within the human energy field, and releasing those blockages as the

healer accesses the vibrational energy of higher consciousness and uses knowledge of energy healing to help the client restore a balance within their subtle bodies of their energy field (Chia & Hilton, 2017; Villoldo, 2000). The therapist/healer, using a transpersonal approach, can establish a link between higher consciousness and the site where the information is stored in the energy field, creating a greater flow of energy (information) between neurophysiology and the energy system. Vibrational patterns associated with the memory networks of emotional trauma can be identified through the imagination of the client and the inner focus of the therapist. Processing is activated using skills of imagery, resonance to higher consciousness, and EMDR protocol, facilitating a swift emotional and cognitive shift with a higher consciousness perspective. Working in these subtle energies lead to a regeneration of the divine patterns of health and healing within our energy field, our minds, and our bodies.

Abdul-Hamid and Hughes (2015) suggested that traditional Sufi practices incorporating dance is a way of creating BLS of the brain, and can initiate a process similar to what we see within the EMDR protocol. They offer this as a cultural modification of the EMDR process. Perhaps, this is a way of introducing altered states into the EMDR process which bring the mind, body, energy field, and spirit into balance.

The field of energy psychology has emerged through Western adaptation of ancient healing practices, and has been a successful integrative modality with EMDR (Hartung & Galvin, 2003), without the connection to the spiritual core and consciousness at the foundation of spiritual healing traditions. Although a good start, the central core of consciousness can be integrated as the therapist remains centered and in resonance with a larger range of consciousness, and the client is taught to do the same. The client may just naturally resonate with the therapist in this range, or can be taught mindful exercises to bring their focus within and work with their inner senses.

The standard eight phases of EMDR therapy provide the elements needed as a springboard for a transpersonal approach to be implemented. Although the attention of the client is not in a meditative state in the standard protocol, the silent space of reprocessing trauma with the use of auditory or tactile BLS and eyes closed creates the potential for the client to shift into an altered state of awareness.

Vaitl et al. (2013) conducted an extensive literature review and concluded that the elements present

in the creation of an altered state of consciousness are focused concentration on a visual or rhythmic acoustic stimulus, detachment from goal-directed thought, and receptivity to unusual experiences. This would elicit a neurophysiological relaxation response in the left temporal area of the brain as compared to the right frontal areas which are stimulated by negative emotion. The conclusion was that various relaxation techniques predispose the body and mind to accept unusual experiences that emerge during altered states. This can include unusual inner auditory or visual experiences, mystical experience, or even near-death experiences, which expand consciousness. These conclusions support the evidence that ongoing meditation practice and mindful awareness enhance the therapeutic process (Davis & Hayes, 2011; Siegel, 2010). We can assume that the focusing of EMDR therapy, with rhythmic BLS, detaching from expectation and goal orientation, provides the elements for the client to potentially shift awareness into an altered state of consciousness. If we add to these factors the consciousness of the therapist, and the impact within the shared field, it is plausible that the client has the potential to activate consciousness and awaken to a larger spiritual context.

These principles of consciousness are extrapolated from the foundational belief systems and practices of Eastern and Native wisdom traditions. Although the premises of these spiritual traditions lack extensive scrutiny of Western research, they have become widely accepted around the world over many centuries.

Therapists are most likely not spiritual masters, nor may choose to be so. Research has shown that as the therapist learns skills of mindfulness, they report that they become more compassionate, empathic, and attuned to the client (Shapiro & Izett, 2008). We are constantly contributing to the complex multidimensional experience between ourselves and others, linked within a shared unified field. If the therapist continues to evolve within a process of growth and transformation, then the client has greater potential to do the same. This concept is understood in child developmental theory. The same applies to the therapeutic experience for the client. If these ancient concepts are applied to the therapeutic relationship, then we can suppose that through evolving consciousness and the use of imagination, the therapist can perceive in the unseen nonordinary reality, influencing the vibrational patterns held in the energy field through a shared resonance. As the therapist maintains a

balance between the external interaction and an internal focused presence, it is possible to transform human consciousness, heal emotional trauma, and awaken a vital life force within our client.

## The Transpersonal EMDR Therapist

Our clients come in for treatment with a goal of alleviating their emotional suffering, and while we want to help them to attain that goal, the transpersonal EMDR therapist believes that healing is multi-dimensional and that spiritual awakening is at the central core of healing. EMDR therapy uses a dual focus of attention, defined by Shapiro (2001, 2012) as holding the past and present in awareness. In a transpersonal model, dual attention, or “double vision,” relates to holding the present and the larger cosmic whole in awareness. The transpersonal EMDR therapist lives a transpersonal life, and holds that dual awareness within him or herself in all phases of EMDR, bringing in the following elements (Siegel, 2013, 2017).

### Therapist’s Attunement as a Doorway to Spiritual Resonance

The therapist finds his or her unique way to center and align to a sense of cosmic or spiritual connection through inner focusing. This may be mindful deep breathing, imagery, meditation, or kinesthetic sensation of stepping into resonance with a larger whole, setting the energetic foundation for inner wisdom to emerge.

### Internal Feedback Mechanisms

Intuitive processes of inner vision, hearing, direct knowing, and embodied sensation allow for the emergence of unconscious material to make its way to float to the surface of awareness. The therapist uses these deep intuitive skills for assessment and to determine intervention throughout the session. He or she waits for resonance to indicate that the client has successfully processed and that it is timely to use a verbal intervention to ground and integrate the experience, in order to move on to the next level of processing.

### Nonlinear Process of Assessment and Healing

The therapist allows the client’s process to flow unattached to the constraints and expectations of the ordinary world. Old trauma can be resolved and that is a stated goal. That will happen with EMDR.

Therapist and client immerse themselves into a flow of experience in a shared field, allowing the client’s inner experience to determine the way. In shamanism, as one steps into this process, assessment of the blockages in the field begin to blend and harmonize and assessment and healing become one and the same.

### Internal Focus of Awareness

Both therapist and client are focused internally. As the client is reprocessing trauma, the therapist maintains a centered and focused state, while continuously intuitively tracking the clients’ process verbally, nonverbally, and vibrationally. The client learns to mirror this ability by engaging with the therapist on all of these levels.

### Therapists’ Internal Experience

The therapist is immersed in the experience of straddling the egoic and expanded realities. He or she may feel joy, compassion, unconditional love, peace, and kinesthetic experiences of expansiveness, or energy flowing up the spine. Inner senses may make the experience visual with light filling the room, or inner guides by their side. Intuition leads the way as the therapist senses the ebbs and flow of the resonance or lack of resonance in the field. Inner hearing may awaken, as a way of sensing the therapists’ intuitive insights. Wilber (2000) refers to this as hearing the *whispers of the soul*.

Gratitude for the ability to maintain this experience may emerge. The therapist submerges deep within as clients do the same, allowing deep experience and information to rise to the surface of awareness, and then illumination of the process emerges with greater meaning than the egoic mind could have grasped. EMDR therapy is not a rigid process. It provides a framework from which deep interpersonal and transpersonal elements can emerge. There can be a mutual process between therapist and client within this experience of inner focus that leads to the evolution of awakening consciousness, expanding the context of the therapeutic alliance (Allen, 2014).

### Nonattachment to Ego, Goals, Expectations, and Outcome

The therapist steps out of ego and releases expectations to allow the client’s process to reach unlimited and exceptional results. If the therapist limits client expectations, then results are limited. If the

therapist needs to evaluate his or her effectiveness each step of the way, then the therapist is no longer allowing the process to unfold to its greatest capacity. The therapist can follow the EMDR protocol and set client goals, and then surrender to the experience of the moment, shifting states to an expanded awareness.

### Energy Transmission

A transpersonal therapist may have experience, training, and knowledge of the subtle energy field through energy medicine training and meditation practice. The therapist may directly transmit ranges of energy to the client, such as in a heart-to-heart connection as they bring awareness to their open heart. However, many therapists believe that the higher spiritual or soul energy is integrated in them, and they do nothing to actively transmit. They just focus within. Ultimately, transmission becomes mutual and multi-dimensional between therapist, client, heaven, and earth, creating a spiritual resonance within a shared field.

### Integration of Egoic Mind and Higher Consciousness

As the therapist uses intuition to sense the mutual flow of coherent and resonant energy in the shared field, it becomes prudent to wait until after that shift into resonance to bring the client back to dialogue. This allows the client to ground and explore the experience from the perception of the egoic mind. It is often at this stage that the client will describe experiences from a higher consciousness perspective that changes the context of the trauma. Clients frequently begin to perceive their trauma as part of a larger spiritual path, a turning point in their lives. The therapy itself becomes sacred space, where the mind steps back from the egoic consciousness of our everyday world, and a sacred union with the divine is experienced. Sacred space is the space within oneself that allows that divine nature to reveal itself (e.g., Pargament, Lomax, McGee, & Fang, 2014). A spiritual perspective gives the trauma meaning that helps clients cope as they make sense out of an event that seemed senseless (e.g., Walker, Courtois, & Aten, 2015). Inner wisdom and peak experiences can emerge indicating the beginning of the client's path of spiritual awakening is upon him. This experience and perspective can be awe inspiring and life changing (Schneider, 2014).

## Transpersonal Applications to the EMDR Protocol

The integrative applications of a transpersonal approach to the EMDR protocol applies to all eight phases of the standard EMDR protocol as defined by the EMDR International Association (2012). It begins with the internal focusing of the therapist and the ability to utilize intuitive skills and alternative ways of knowing. The concepts of experiencing a unified field with the client is a basic element leading to the effectiveness of this integrative model. The therapist stays centered throughout the process, noticing intuitive experiences that add information through attunement and shared resonance with the client. Although treatment goals are set with the client, the therapist lets go of attachment to expectations and outcome, releasing limitation, and allowing for the client to do the same.

The therapist can prepare for the session by focusing internally through deep breathing, imagery, mediation, muscle relaxation, or body movement such as within the ancient Chinese tradition of Tai Chi. Meditations offered by Peyton (2017) or Siegel (2017) can be utilized. This can be done at the beginning of the day, or just prior to the session. Some therapists have found it helpful to center themselves by taking deep cleansing breaths at the beginning of the session, or with the client, modeling a technique to focus internally relaxing the mind and the body.

During phases 2–6 of the EMDR protocol, BLS is used for resource installation, cognitive and cosmic interweaves, assessing and reprocessing of traumatic memory, body scan, and the installation of emerging positive beliefs and perceptions. A slight variation to the standard protocol is the length of the sets of BLS. This is determined by information gathered intuitively from all levels of connection and awareness, as the therapist relies on his or her internal feedback mechanisms. The therapist may use auditory or sensory BLS so that the client has the opportunity to close his or her eyes during processing. As with all clients, the therapist assesses the degree of dissociation and the appropriateness of shifting into an experience of expanded awareness or an altered state with closed eyes. (Note that this is contraindicated for highly dissociative clients or clients who exhibit psychotic symptoms and have difficulty maintaining their connection to the present ordinary reality.) The therapist may close eyes if the client does the same, tracking the process of the client using internal senses, and opening eyes

for observations of the client's verbal and nonverbal communication.

The therapist learns to track information and energy flow with their internal feedback mechanisms moving fluidly from internal expanded awareness to external focus of egoic awareness, adding a layer of sensory experience as information for clinical assessment and intervention. The attunement to the client is maintained through multiple levels of interconnection. All phases of the EMDR protocol can be approached by the therapist from this internal state of awareness.

The therapist may notice the most significant opportunity for transpersonal intervention as the client begins to process from a level of higher consciousness during the phases of preparation, assessment, reprocessing, installation, and/or body scan. This is evidenced, for example, as the client reports an unusual awareness of inner teachers or guides, a unified mystical experience that changes the context of their trauma, or images that they identify as past life memory. Clients may begin to process with color, light, or symbols that do not make sense to the egoic mind. The therapist helps the client to become accepting of the experience, and explores the meaning of them through egoic awareness as they ground the experience. All phases may be approached by the therapist from a perspective and experience of expanded and egoic awareness, using their own double vision.

There may come a point in the treatment where the contract between therapist and client needs to be reviewed. Although a transpersonal approach is woven into the protocol in the resolution of trauma, the goal of spiritual awakening may come to the forefront of treatment as the client has reprocessed traumatic memory, and informed consent can then be obtained as the focus of treatment has evolved. The therapist does not take on the role of spiritual teacher, but merely helps the client to understand his or her unfolding process of changing awareness within a larger cosmic context. Referrals can be made to meditation teachers or spiritual groups as needed.

## History Taking: Phase 1

As soon as the therapist meets the client in the first session, the therapist becomes the vibrational tool providing safety and balance, nonverbally inviting the client into this emotionally, environmentally, and vibrationally safe space. As the therapist uses double

vision and intuitive senses, the client's energy field can be perceived as being in resonance or nonresonance with the therapist, the earth, and a divine cosmic presence.

As the client shares his or her history, the therapist determines the client's strengths, weaknesses, resiliency, and ability to cope with the effects of trauma. Attachment styles can be assessed and questions asked about the client's spiritual or religious beliefs. These are all considered in the creation of an appropriate treatment plan.

Psychospiritual developmental stages can be assessed during history taking. From a transpersonal perspective, we want to know if the client has a spiritual belief system to draw on as a resource, or is there a feeling of being detached from or abandoned by God? Notice how closely the belief is related to parental relationships and history. Does the client perceive a sense of isolation in the world or interconnection, and to what degree? The answers to these questions will help the therapist understand the psychospiritual developmental factors that have shaped the organizational structure of the client's self-esteem and life choices.

The therapist listens for identifiable trauma and triggers for future processing. Although not all clients come in for therapy with an identified trauma, there may be symptoms of anxiety, depression, and poor self-esteem which are rooted in small traumas throughout the client's life. The therapist listens for negative belief systems that the client has been carrying. As trauma is discussed, the therapist assesses levels of affect regulation and determines whether the client's emotional reactions are within a window of tolerance, or become out of control or dampened. The client's ability to tolerate emotions may be influenced by the therapist's ability to attune with the client, as the client feels seen and understood. This initial step helps the client emotionally regulate in the moment. The experience subtly alerts the client of the potential to integrate the ability to self-regulate.

If the client's emotional response escalates during the history taking, the therapist needs to stay centered within while being present and empathetic to the client's emotional experience. Mindful awareness and breath work can be introduced to the client if the client is becoming emotionally triggered by the content of the information. Teaching the client to take deep cleansing breaths, while the therapist joins in the process, is an initial step toward self-soothing, emotional regulation, and internal and interpersonal attunement.

## Preparation: Phase 2

Phase 2 of EMDR therapy prepares the client for the process of healing trauma. The client is informed about how EMDR therapy works, and the potential for emotional reaction as triggers and traumas come into awareness. The transpersonal approach to the EMDR protocol is not a change in the protocol itself, and does not have to be described to the client, especially if the client does not relate to the concepts. The therapist is being who he or she is and brings themselves into the session. The therapist is not actively doing something to the client. If the client reveals a spiritual or religious belief system that is integrated within them, it can be beneficial for the therapist to reveal that the spiritual elements that influence the client are at the core of a transpersonal approach which can be acknowledged. It often resolves clients' concerns of being judged for their own transpersonal experiences and belief systems.

BLS is introduced by the transpersonal therapist if it is safe to do so without activating traumatic memory or dissociative experience. Studies have validated eye movement as the most effective type of BLS compared to tones, reducing vividness and emotional intensity of trauma (van den Hout et al., 2011). However, the use of headphones with music that alternates from ear to ear is an effective way to create BLS so that the client may choose the option to process with closed eyes, learning to turn within and enhance an inner focus. Dual awareness with eyes open requires mindful awareness in order to stay centered and focused on the experience, thus increasing brain coherence. This dual awareness is not a movement between states of consciousness from egoic to expanded awareness. However, it does create the potential for enhanced levels of brain coherence to elicit an experience based in altered states of awareness and multisensory experiences. The option for the client to close eyes often yields a state change more quickly, not consistent with the standard approach. The therapist needs to respect the client's natural choice and to use good clinical judgment to determine client's ability to manage the experience.

The client is asked to create an internal safe space—an actual place or an imagined place. Often the client chooses a safe place in nature. Connection to nature is considered grounding and stabilizing in shamanic tradition. The client then identifies a word or a phrase as a reminder of this safe space. Helping the client use a safe space within strengthens skills of mindful awareness, aids with affect regulation and

self-soothing, and is a powerful resource in treatment. Its creation forms new adaptive neural pathways in the brain. To be effective, this safe place should be a vivid experience. To facilitate this, the therapist may ask the client to put all of his or her awareness into this safe space, and to become immersed in the experience by suggesting something like this:

Feel the ground under your feet. Listen for sounds. Look around, and what do you see? Smell the air. Look down at your feet and notice what you are wearing on your feet, and on your body. Feel the sun or the breeze against your body. (Bring in the image of their identified safe place.) Notice the sense of safety in this space. (Siegel, 2017, p.117)

When clients experience a state change in the preparation phase, from egoic to expanded awareness, this can be an initial introduction to internal focusing and expanded awareness, as the therapist simultaneously contributes vibrationally to a shared field filled with potentiality for higher consciousness processing, making this a multisensory experience. The therapist determines if the client can experience that sense of safety from the egoic perspective. During this phase of preparation, the client may need guidance from the therapist to work toward stabilization and ego integration in order to move forward. The client's ability to shift states and return to the present egoic state without signs of dissociation is noted by the therapist.

During this phase, internal resources are assessed, and resource installation can include the access of transpersonal resources. As the therapist attunes to a higher spiritual range, the client may spontaneously access a higher part of him or herself. The integration of a higher self, or soul awareness can be very helpful overall with ego integration, as the higher self is used as a resource to do whatever is necessary to foster integration of dissociated ego parts. Clients learn to trust their internal process, and often report images of light, kinesthetic experiences, or a deep intuitive knowing that accompany the emergence of their own inner wisdom. This resource may be drawn on throughout the phases of the protocol for acceleration of reprocessing of trauma, leading to an experience of awakening consciousness.

## Assessment: Phase 3

This phase identifies the components of the memory being worked on in the session. First, the

client identifies a perceptual image of the event. Then, the client is asked to identify a negative cognition (NC) that expresses the current maladaptive self-assessment related to the traumatic experience. Examples of this are beliefs such as, “I am a bad person,” or “I am worthless.” The client is subsequently asked for a positive cognition (PC) indicating what they would like to believe about themselves. Examples are, “I am a good person,” or “I have value.” The client is asked to assess the validity of the PC utilizing the 7-point validity of cognition (VOC) scale, where 1 is *not true* and 7 is *completely true*. While focusing on the image, or sensory experience related to the target memory, with the NC, the client is asked to identify the emotions that are evoked. Client evaluates the level of disturbance utilizing the subjective units of disturbance (SUD) scale of 0–10, where 10 is the *most stressful level*. The client is asked to identify the location of the physical sensations in the body that are stimulated while focusing on the memory. Throughout this phase, the therapist remains centered and focused both internally, and to the outer expressions of the client. Assessment becomes focused in the energy field as well as in the client’s verbal and nonverbal responses.

#### Desensitization: Phase 4

The client focuses on the experience of the target memory while BLS is utilized to enhance brain coherence. This facilitates the movement of traumatic memory from its frozen state in the limbic system of the brain to the frontal lobe, where reprocessing can take place. Interweaves can be utilized if the client appears to be blocked in the process. Transpersonal interweaves can help to remove blocks and allow processing to flow as a state change occurs, creating the potential to process old trauma from a higher consciousness perspective.

This begins to facilitate an awakening of consciousness where spiritual awareness can unfold as an important element of healing trauma. A swift reprocessing of trauma may be accompanied by a shift in the entire context of the trauma. For example, many clients begin to report that their experience was an important part of their soul’s journey as they awaken consciousness through the crisis. Now the trauma is viewed as a doorway to their process of awakening. The perspective of a higher self or soul infiltrates and influences the client’s relationship to their trauma. (Siegel, 2017, p. 127)

Client’s trauma now has meaning and purpose beyond what could have been anticipated, and the SUD becomes a zero.

#### Installation: Phase 5

The client is asked to rate the emerging cognition on the VOC scale of 1–7. BLS is continued until the PC reaches a VOC of 7, when applied to the original target traumatic memory.

In this transpersonal model, therapists are encouraged not to move on too quickly from the installation phase. This part of the treatment is not an ending. It is a chance for new and emerging positive beliefs to reflect an origin based in larger cosmic awareness. It is during this phase that clients may move through stages of evolving PCs as they report, “I am loveable, I am love, I am light, I am.” This evolving process is often accompanied by reported experiences of feeling expansive and enveloped in the unity of a larger cosmic whole, as transformational EHEs and spiritual awakening unfold in the session. The emerging transpersonal PCs are installed using BLS.

#### Body Scan: Phase 6

Phase 6 of EMDR takes us back to a body scan, an important part of the process because memory is not held only on a cognitive level in the brain. It is held in the cells and muscles of the body. Sometimes, it is the only way into the trauma when explicit memory is not accessible, and memory is implicit from preverbal experience or memory stored outside of conscious awareness. Every cell of the body, the organs, and postures may hold memory of trauma even if the client cannot recall it consciously (van der Kolk, 2014). The client is instructed to mentally scan the body while holding the target memory and the PC in mind at the same time, using BLS. The client scans for residual discomfort, or for a positive or neutral sensation or feeling. The client continues until any discomfort neutralizes.

Adding a transpersonal element, the client may be asked to imagine or notice a radiant light above, as a healing light shining down into the discomfort in the body. This is most effective with closed eyes. Shapiro (2012) introduced a similar process called the Lightstream technique. Unlike Shapiro, the therapist is encouraged not to suggest a color for the light or give the client a point of reference for a color. Do not ask the client to give it a form. Only label it as a healing light. Then, ask the client what color presents itself and to notice what changes.

In shamanic tradition, the belief is that the body–mind, or body consciousness, holds information and knowledge within the energy field. The body–mind’s inner wisdom accesses the color necessary for healing. Each color of the spectrum holds a different frequency. The patterns of the belief systems are held not only in the body, but also in the energy field. The mental body grid, a grid of intersecting lines of energy surrounding the physical body, holds the patterns of our belief and mental cognitions.

The client can be asked to scan their energy field with their imagination, if they can relate to that concept. The client’s inner wisdom is the best resource to determine what color (frequency) would help balance the energy field, and not just the physical body. As the color is brought in as a ray of light, patterns can dissolve within the field and the body responds in kind. This healing light technique is an example of a cosmic interweave, where the client’s inner wisdom and spiritual connection envelops the experience, and processing becomes multidimensional. A client who is familiar with the energy field may also bring awareness into it and describe the pattern of negative belief. Processing continues with BLS, within an expanded experience, often reported as spiritual radiance. As negative patterns dissolve, colors may emerge, and experiences of lightness and joy may surface.

PCs can be worked with in the same way. Body memory of positive beliefs can be identified and reinforced as light, energy patterns, symbols, even sounds within the energy field. As energy patterns change, corresponding changes occur within the body, the mind, and the emotional response pattern. This is the integration of the shaman’s top-down approach to healing by changing the energy field which creates emotional and cognitive changes, with the Western bottom-up approach of reaching for the root trauma and unprocessed content, changing the cognitions, emotions, and then releasing the pattern held in the energy field.

#### Closure: Phase 7

A state change is initiated as both client and therapist come back to egoic awareness from an experience of entrainment within an expanded state. The therapist helps the client reorient to the present everyday world. This is an important opportunity for the client to share and ground the experience through dialogue and reflection. As unusual experiences emerge within a transpersonal framework, the therapist’s acceptance

is a crucial factor in their clients’ ability to accept and give meaning to the experience within a context that makes sense to them.

Any unprocessed material is noted. The client is asked to keep a journal between sessions in order to observe and track their continued processing of material, emotions, beliefs, and understanding of their experiences. This includes emerging unprocessed content as well as transpersonal experiences.

#### Reevaluation: Phase 8

The therapist utilizes the EMDR standard three-pronged protocol when the client returns for the next session. The therapist reviews the client’s evolving past targeted memory. An assessment is made of the effects of previous reprocessing, presence of current triggers, and anticipated future challenges. Phases 3–8 are repeated if the client reports any residual or new targets. Once again, the therapist–healer can reinforce the installation of PCs, and transpersonal experiences, giving meaning to current and future anticipated events. It is often in the reevaluation phase that clients relate further insights as they reflect on the previous work. They may then begin to seek experiences for further transformation such as through meditation or yoga.

### Case Examples

The following case examples indicate different manifestations of the client’s transpersonal process. As with most, if not all clients, they come into treatment because they are experiencing depression, anxiety, poor self-esteem, or clear symptoms of PTSD resulting from unprocessed traumatic memory. It may be difficult at first sight to determine which clients have the potential to respond to the therapist’s resonance with an unfolding of their own transpersonal experiences. Both of these clients came into treatment with common clusters of symptoms and lifetime experiences that we see in a psychotherapeutic practice.

#### Case Vignette 1

Mark entered treatment as a result of experiencing disabling panic attacks. His history revealed that he had symptoms of anxiety throughout childhood. He could no longer drive his car long distances, sail his boat, or be a passenger in an airplane, without suffering from severe anxiety and panic. His family was riddled with fear and anxiety, and he learned through early childhood family experience that

he was not safe in his environment. Triggered by a current aborted attempt to fly on an airplane, an emotionally stressful early childhood memory emerged of being 5 years old in an airplane with his family member who was terrified that the plane was going to crash. This was a disturbing traumatic memory, with corresponding stress held in his body. His NC was: "I am not safe." He could not embrace the desired PC: "I am safe" (VOC:2) as he felt extremely anxious (SUD:10).

He was responding well to the EMDR protocol over time, as the therapist was in a centered experience, connecting to the earth, to the higher self, and tracking the flow of energy between therapist and client. Mark's BLS of choice was music that alternated from ear to ear with headphones, choosing to close his eyes during processing. The therapist senses the resonance, and then asks the client to share what is coming up for him. Mark began to emotionally and physically relax as he realized: PC: I am safe now (VOC:5). His SUD around the targeted memory was SUD:2 as the image faded. His panic attacks subsided. He was beginning to feel safer in his car, and could take longer drives as the anticipatory fear of having a panic attack diminished. The therapist used skills of inner intuitive knowing, and tracking energy and information flow with internal feedback mechanisms. Mark was taught stress reduction techniques of deep breathing and centering that he could use outside of session for self-soothing.

Mark reported that he had a history of moving forward in his accomplishments around emotional and physical health, only to slide back into anxiety and sabotage his progress. He was fearful of this happening again, and saw subtle signs of that pattern emerging. The therapist moved back to resource development and helped Mark to identify internal ego parts. He was able to access a saboteur, who positioned himself outside of a circle of positive internal resources. Through his imagination, with BLS, the client was guided by the therapist to access a part of himself that exists beyond the personality. He identified this part as a coach. To the client's surprise, as he accessed the coach, waves of light infused his experience, as the saboteur allowed himself to step into the circle of internal support and love.

Mark then had an unusual experience where he spontaneously imagined that the top of his head opened and flowers were coming out of his head. He needed to check with the therapist to make sure that he was not, in his words, "crazy." The therapist

reassured him and encouraged him to follow his process, continuing BLS, realizing that a picture or symbol is more powerful than words, even if the meaning is not obvious to the conscious mind. The therapist was steadily maintaining a centered experience and opening to the flow of energy, envisioning light filling the room. This became a turning point for Mark. In the next session, he reported that he felt confident that he was safe (VOC:7) as he drove his car without anxiety. He felt confident that he would not get discouraged and sabotage his process.

The following series of unusual events happened for Mark after that session. First, an owl landed outside his patio in the middle of the night, and they held eye contact with one another for hours. In shamanic tradition, animal allies will come to us to work with us for healing and transformation if we allow the process to unfold. The therapist approached the experience with the owl as a resource. Mark believed that the owl was supporting his inner wisdom. This was another turning point where Mark began to feel more confident, and was able to take a short plane flight without anxiety.

Then, Mark had a second experience where a bird dropped from the sky and landed dead at his feet. In shamanic tradition, death represents the end of a cycle, and a new birth. Fortunately, that was the interpretation that Mark gave the incident. Using BLS and internal focusing, Mark believed that it meant that he had to set his priorities and reduce his stress by letting go of a side business that he loved but was not financially profitable. He realized that the business had not failed, but only had come to a natural end of a cycle. This awareness took a large burden off of him and clarified his next steps. He was then able to go on his boat without anxiety.

Then, Mark had a third unusual experience, while on his boat. Two black birds landed and stayed on the boat with him for the duration of his ride, and left when he docked safely. The meaning of this was explored, using the EMDR protocol for resource integration. Mark believed that the birds were messengers reassuring him that he was safe on his journey. His PC: I am safe, was now a VOC:7.

Therapist and client were able to draw on the energy of the bird, and call on it within his imagination, as a resource when emotionally charged material would come to the surface. The bird also helped Mark to feel safe in the original early targeted memory (SUD:0); in the present moment where triggers subsided; and was instrumental in creating a future template where stressful events could find swift adaptive solutions, consistent with the AIP

model. Mark was astounded by this series of events with birds, but became accepting of the deeper meaning and process that it initiated. Mark was realizing the strength of his connection to nature and to spirit. He recognized that as he allowed old cycles to end, new ones began, and he was safe. His life began shaping itself in alignment with the dreams he held of his future.

## Case Vignette 2

Carly came in for treatment because she had been struggling with a diagnosis of lung cancer. She was connected to nature and immersed in a holistic lifestyle. Although 70, she had the demeanor and the innocence of a 60s flower child. She consulted with doctors, but made choices that were true to her belief systems and way of life, often turning away from the conventional medical protocol. She was having positive results, and her doctors supported her choices. She recognized that there were unresolved emotional components to her physical illness and she wanted to heal those issues, hoping that it would also heal her cancer.

Carly had a deep belief that she was invisible and helpless in her environment, stemming from early childhood trauma (NC: I am helpless). In the preparation phase of EMDR, she chose a safe space and went deep into a meditative state, different than the standard protocol. This state change fostered an expanded awareness of safety within a larger cosmic whole, and brought great joy to her experience. The therapist would turn within, finding a centered focus through mindful awareness and then an attunement to the client. This allowed for a shared field of energy to flow between therapists and client, as a potentiality of resonance is established. Early stressful touch stone memories were identified that were at the route of her belief system that she was invisible and, therefore, helpless (SUD:10) since her mother could not see her.

The BLS of choice was a musical CD that had music alternating from one ear to the other. Carly would close her eyes to process an early childhood scene. The therapist's internal focus brought to awareness the connection to the earth and to spirit. The therapist felt sensations of tingling running up her spine, and a bodily pulsation that is reflective of what may be perceived as the connection between the therapist and client in a shared energy field. Using intuitive inner vision, the therapist would observe colors of light filling the room, and sense inner calmness in the experience. Carly would

close her eyes as she would process her traumatic memory. As reprocessing of her early traumas continued she had the emotional awareness that she is not invisible if she is seen and held by a spiritual presence greater than herself.

The therapist guided Carly to use her imagination to access the memory networks of trauma held in her cancer cells. It is accepted that memory is not just held in the brain, but held in the body. In spiritual traditions, consciousness (memory and information) is held within the larger energy field. Carly envisioned that her cancer cells were black and heavy. She realized that her cancer cells held her helplessness. She was guided by the therapist to go deeper into the cell and find the earliest memory of helplessness. Her deep inner focus and imagination took her to a scene that she believed was a past life memory. She described walking on a low-lit bridge in London. A man was walking towards her dressed for the opera, and he stabbed her multiple times and she died. Her SUD was 8 with the NC of "I am helpless." She wanted to feel empowered (VOC:2). The standard EMDR protocol was used to process this memory, using BLS, along with a transpersonal framework of inner focusing and double vision of moving from egoic to expanded awareness. The scene faded and she imagined her soul lifting into a loving and radiant light where she could find forgiveness and self-love. It was this experience that helped her realize that death was not to be feared, and she is not helpless (SUD:0). She felt empowered by the experience (VOC:7), and had found a higher part of herself, her soul, that became a very positive internal resource.

There came a time in the therapeutic process where Carly recognized that her health crisis was leading her on a path of spiritual awakening, and ultimately, a preparation for death. In wisdom traditions, the belief is that a healing is not necessarily the same thing as a cure, and death is a transition that walks by our side since birth. Carly envisioned a strong warrior within her, prepared to face her fears of death, as her cancer began to resurge. She realized that her soul lives on and her identity transformed from a helpless little girl to an eternal spirit.

The therapist asked Carly if she was prepared to die. She said she was, but tears streamed down her cheeks as she was concerned she would miss those that she leaves behind. She perceived the light of her soul as bright and radiant. In a prolonged installation phase, her PC transformed from "I am empowered," to "I am light," to "I am." She spoke about the radiant flow of energy that she and her therapist held

together, as soul awareness emerged. Carly healed on the path to conscious awareness, even though she was not cured. She knew that her spirit would live on. Carly passed on Earth Day, which was representative of who she was.

### Expanded Context of Treatment

In the case examples, the standard EMDR protocol was used in conjunction with a transpersonal framework where an expanded context for treatment can emerge as the client's spiritual wisdom organically reveals itself within a shared field held by both therapist and client. Therapists may also introduce guided imagery and breathing exercises to turn the client's focus internally to allow for a transpersonal experience to emerge. The consciousness of the therapist is not often addressed, but may play a significant role in client transformation as the client's old traumas reprocess and adaptive functioning is enhanced (Siegel, 2013, 2017). This concept is similar to the way a spiritual teacher may hold open a frequency linked to awareness that holds the potential for consciousness to evolve beyond the limitations of our everyday ordinary reality. The therapist trained in internal focusing, mindfulness, meditation, or spiritual practice may do the same. It is the basis of homeopathy that as we add a higher frequency to a lower or denser frequency, the lower resonates with the higher (Khan, 1961).

In modern times, consciousness is awakening, and the therapist can take the client as far as the therapist has gone within themselves. Spiritual mastery on the part of the therapist is not expected. As the therapist's takes a next step on a path of personal growth and transformation, there is the potential for client healing to accelerate and for conscious awakening to evolve within a transpersonal approach to the standard EMDR protocol.

As the therapist shifts states and holds dual awareness, inner intuitive senses can track energy and information flow allowing for an additional set of senses to contribute to clinical assessment, intervention, and healing. The potential for peak spiritual experiences, or exceptional human experiences (White, 1994), are present and may integrate within a larger context for the client as inner spiritual wisdom emerges and healing trauma becomes a path for personal and spiritual growth. Carly's health crisis awakened her to that path, changing the context and content of treatment.

Positive resourcing takes on a larger cosmic tone as the clients' inner wisdom emerges and they become

aware of a connection to a part of themselves that is beyond the personality. Some refer to this as their soul, higher self, or authentic self. Our dissociation from soul awareness is part of the human condition (Grosso, 1997; Miller, 2014). Inviting in that dissociative part that exists beyond the personality, silently or verbally, enhances ego integration and can be used as a cosmic interweave. As the client touches on soul awareness, the veil between the personality and the soul is no longer rigid, but a fluid dance of awareness between egoic perception and the inner wisdom of the soul. The journey of the personality for growth and healing becomes entwined with soul awareness, and expands the context of healing. It is from this integrated perspective that we can understand the journey into what Dossey (2014) would call *nonlocal* consciousness, Jung (1996) would call the *collective consciousness*, and the shaman would call the *nonordinary* reality (Villoldo, 2000) where we can access the forces of nature and the divine spirit as we are all part of one unified field of consciousness. Clients have the opportunity to perceive their trauma as a crossroads with the potential of spiritual awakening and a sense of wholeness.

The experiences reported by Mark in "Client Vignette 1" section are indicative of experiences that may emerge in shamanic tradition. The shaman believes that power stalks us, meaning the forces of nature or animal allies can come to us as messengers of spirit. They have much to teach us if we embrace them. The outer world of the ordinary reality begins to reflect and integrate with the inner world of the imagination that takes us into the nonordinary reality of the shaman. As Mark was able to welcome this experience with the birds, he was able to begin to create more fluidly and embrace his destiny without fear.

Both case examples illustrate how the entrainment between the therapist and client lead to a submersion into the depths of deeper consciousness, with new material and illumination emerging to the surface of awareness. This evolving model reflects a deeply heuristic process as therapist and client internally move together through stages of immersion, incubation, illumination, and explication as depicted in the heuristic model of Moustakas (1990). He described a heuristic psychotherapy model in which the therapist engages in silent, internal exploratory self-dialogue along with open dialogue with the client. In a transpersonal model, the client mirrors this process, engaging in self-exploration and internal dialogue, as well as dialogue with the therapist. It is within these deep internally

focused spaces in the session that therapist and client submerge into the shared resonance.

Heuristic psychotherapy is like a dance creation, a combination of verbal and bodily expressions that reaches a significant level of mutuality and communion between the therapist and the person in therapy. A rhythm and flow are established that make communication at the deepest levels possible. A mutuality of identities, compassion, and empathy facilitates the heuristic process of psychotherapy. (Moustakas, 1990, p. 106)

This silent nonverbal dance becomes the heart of the therapy itself and the EMDR protocol is the container for that dance.

As with any therapeutic approach, ego fragmentation needs to be assessed, and good clinical judgment needs to be used to determine whether facilitating an experience of expanded awareness is appropriate for the client. As the client shifts to internal expanded awareness, the therapist must be attuned to the strength of the ego and the ability of the client to shift states effectively having awareness of both internal and external reality, and the ability to differentiate the two. The shift of states is not part of the standard EMDR protocol, and Shapiro (2001) has questioned whether this would impact on full reprocessing. However, transpersonal therapists using the EMDR protocol report seeing positive results and accelerated processing as the therapist tracks the flow of energy and information and stabilizes the field through their own attunement to a larger cosmic whole (Siegel, 2013).

## Discussion

The evolving transpersonal therapist/healer has been shown to utilize skills of internal focusing and senses with intuitive knowing within the context of the therapy session. Science, psychology, and spiritual traditions are converging around the validity and importance of interpersonal attunement and resonance in human development. As that concept is extended to include resonance to a larger cosmic whole, then brain coherence is enhanced and perception may expand within the already accelerated AIP model of EMDR therapy. The focus is on the internal process of the therapist and how that impacts the information, energy, and consciousness within the shared energy field. The therapist uses an internal process of focusing and centering through deep breathing or imagery in order to

maintain a spiritual resonance within themselves. This is brought into the shared energy field between therapist, client, earth, and a greater cosmic whole, creating a spiritual resonance (Siegel, 2013). It becomes a mutual process of growth and evolution for both therapist and client. Clients may be actively taught tools of internal focus with deep breathing and imagery in order to access additional resourcing skills, as the therapist deems appropriate.

Often clients mirror the therapist and enter the silent space of resonance, without any direct guidance from the therapist. The therapist is not actively doing anything directly to influence the process of the client. They are accessing their own attunement and resonance to a larger cosmic whole. Therefore, informed consent is only required for EMDR therapy. Once the focus of therapy shifts naturally from healing trauma to spiritual awakening, a new informed consent can be attained as the transpersonal EMDR therapy is explained. A reevaluation of treatment goals needs to be agreed upon and the process of personal growth and transformation continues with a clear intention to work within a transpersonal model. Often, as the client passes this threshold, remnants of trauma may emerge again but are quickly reprocessed from a higher consciousness within the client.

The therapist has been encouraged to assess the degree of dissociation that the client experiences, and the appropriateness of shifting into an experience of expanded awareness or an altered state with closed eyes. Caution is taken in using transpersonal interventions with highly dissociative clients or clients who exhibit psychotic symptoms and have difficulty maintaining their connection to the present ordinary reality. Cosmic interweaves were described but may not be appropriate for clients who cannot clearly differentiate between fantasy of the imagination, and ordinary reality.

However, it has been clearly noted that the therapist's ability to focus internally and maintain a connection to their higher consciousness and interconnection to a unified field is applicable with all client populations and all phases of the EMDR protocol since the therapist is not actively doing something to the client, but is supporting the unfoldment of client process as the therapist attunes to a higher part of themselves. In shamanic tradition, the belief is that we have a body/mind that is intelligent, and knows what it needs to heal. That body/mind will intuitively know what range of frequency to attune to for its own healing. This ancient belief appears to have validity in practical

application as clients choose to resonate or not resonate with a higher range of frequency, unless they are ready to do so.

The extensive case examples weave together the EMDR protocol with concepts of ancient wisdom traditions, indicating how the EMDR protocol remains the same, while a transpersonal approach is integrated. The benefits of this for the therapist is that there is a wider range of sensory and intuitive input that can be internally draw upon and utilized in client treatment. The therapist is not expected to be a spiritual master, but only to turn within and utilize skills of inner focusing as they learn to track energy and information flow. The ideology of a unified energy field, as depicted in ancient wisdom traditions, provides a context for the concepts of resonance that can be an influencing factor in accelerated client processing and the awakening of consciousness as an outcome of processing trauma within the EMDR protocol. The skills required on the part of the therapist are beyond what can be learned from reading an article. The therapist is encouraged to learn techniques of mindfulness, meditation, or inner focusing.

The benefits of this transpersonal approach for the client is that the client may view their trauma from a larger context as their own spiritual wisdom emerges. This expanded context gives new meaning to their trauma, and may potentially lead to a larger sense of purpose and life direction. Clients often spontaneously join meditation groups, or yoga classes as a way of nurturing their emerging spiritual awareness.

A deviation from the standard protocol is that the intervention of the therapist in the reprocessing phase is influenced by the internal tracking of energy and information flow, rather than staying with the standard *set* of bilateral passes before intervention. Intervention and grounding occur after the emotional and vibrational shift within the client, and not before. The therapist is also encouraged to prolong the installation phase in order for the client to have the opportunity to allow the PC to evolve with transpersonal meaning. In all other ways, the standard protocol remains the same as transpersonal skills and interventions are interwoven and integrated.

The therapist is encouraged to be open to any client perceptions of the origin of client information such as dreams, past lives, spiritual experiences, or extraordinary human experiences. Reprocessing any traumatic image with a maladaptive belief system changes brain function and enhances neural

integration. The therapist has been encouraged to pay specific attention to emerging positive beliefs, and to continue to allow the client to process through the imagination, the body, and the energy field as appropriate in order to enhance the experience and awaken consciousness. The journey of healing the early traumatic wounds of the personality has the potential to entwine with a parallel process of spiritual awakening.

As with other integrative modalities, such as hypnotherapy (Harford, 2010), and sensorimotor approach (Ogden, Minton, & Pain, 2006), a transpersonal approach can be useful as an enhancement to the standard EMDR protocol (Krystal et al., 2002; Miller, 2014; Parnell, 1996). Utilizing a transpersonal approach within the AIP model can successfully create a future template infused with light, energy, safety, resilience, and emotional stability. The future is hopeful and bright and the client may perceive that the trauma has been the transition point to greater awareness and possibly spiritual awakening. Therapists' internal experiences and intuitive senses have been defined and clarified through initial exploratory research completed by this author (Siegel, 2013). This article attempts to provide a language and a reference point for therapists who are already intuitively working within the transpersonal realms of awareness, and to open new creative thought for those unfamiliar with the transpersonal field of psychology.

Practices of mindfulness have been utilized in healing programs, and suggested as a more formal training for therapists (Dimidjian & Segal, 2015) to enhance their skills and client effectiveness. Formal training in this transpersonal integrative approach is recommended as the therapist learns the applications of mindful awareness and resonance within the EMDR protocol. The transpersonal approach to EMDR offers the opportunity for the consciousness of the therapist to play a role in client transformation. There has been Western research on interpersonal neurobiology (see Siegel, 2010 for a review) and coherence (McCraty & Childre, 2010), validating the impact of relationship on our state of well-being. However, there has only been limited exploratory qualitative research on the impact of the consciousness of the therapist as a factor in the healing process of the client (Butlein, 2006; Siegel, 2013). Qualitative research does not demonstrate causality, but merely describes the experiences as reported by the research participants. While this provides a deeper understanding of human experience, conclusions of causality cannot be made.

There are two areas of research that would be appropriate from this point. Further research exploring how the consciousness of the therapist impacts treatment outcome would be recommended. A comparative study of the outcomes of EMDR therapy versus EMDR as a transpersonal therapy within the context of a full-spectrum psychospiritual model, would be an important next step in determining the effectiveness of this integrative treatment approach.

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