

Transpersonal Dimensions in Healing Pre/Perinatal Trauma with EMDR (Eye Movement Desensitization and Reprocessing)

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Full Text: Headnote ABSTRACT: The transpersonal nature of pre/perinatal life enhances healing of trauma from this early time with the use of Eye Movement Desensitization and Reprocessing (EMDR). EMDR has been acclaimed as being an extremely effective therapeutic method for healing trauma (Shapiro, 1997, 2001, 2002). EMDR has also been recognized as having transpersonal potentials associated with its use (Shapiro, 2002; Parnell, 1996, 1997). This article presents three adult cases in which EMDR has assisted healing of pre/perinatal trauma. The transpersonal dimension of healing in these cases is a significant focus of this article. KEY WORDS: Transpersonal, prenatal trauma, EMDR, healing trauma, pre-existence, transpersonal nature of memory. INTRODUCTION The history of EMDR goes back to the 1980's and was introduced and then developed by Francine Shapiro. At the July, 2002 World Congress for Psychotherapy in Vienna she received the Sigmund Freud Award for the outstanding contribution of her work with EMDR as a therapeutic method for treating trauma around the globe. This is one of Dr. Shapiro's observations about EMDR: "A time-efficient, comprehensive methodology for the treatment of the disturbing experiences that underlie many pathologies, EMDR is an integrated model that incorporates aspects of psychodynamic, experiential, behavioral, cognitive, body-based, and systems therapies. It comprises an eight-phase treatment that includes the use of eyemovements or other left-right stimulation. EMDR helps trauma survivors reprocess disturbing thoughts and memories, providing profound and stable treatment effects in a short period of time. Although neurological investigators still have not provided a definitive explanation, a number of physiological studies are being carried out and theoretical suggestions have been put forth that link the effects of EMDR to REM sleep, dual attention, and/or bihemispheric involvement" (Shapiro, 2001, front cover flap). Therapists have seen and experienced a transpersonal nature of this work (Shapiro, 2002). This paper touches upon many of these aspects of EMDR as reflected in three specific cases, a primary thrust of which relates to transpersonal dimensions of the healing of pre/perinatal trauma in adults with the use of EMDR. TRANSPERSONAL NATURE OF THE SOUL AND LIFE EXPERIENCES Down through the ages from ancient times to the present, mankind has pondered the existence of the soul, where the soul came from and the soul's relationship to the developing unborn. Scientists, theologians, psychologists, educators, artists, healers and politicians have attempted to assess the reality of the soul's nature and relationship to the physical body in any given lifetime. In recent decades, the soul's spiritual quality appears to have gained a growing interest and acceptance, however the individual may define that. In *The Youngest Minds*, Ann and Richard Barnet tell us that "Humans are born with intimations of life's spiritual dimensions and a deep yearning for meaning" (Barnet and Barnet, 1998, p. 187). Just as acceptance of the pre-existence and reincarnation of the soul has grown over the last few decades, so has the research of the transpersonal nature of the human experience moved forward toward the forefront of public discussion. Controlled research studies have considerably advanced the understanding of the nature of memory. Recently, knowledge about pre/perinatal psychology and health has increased exponentially. It is now thought that pre/perinatal memories are transpersonal in transcending expected boundaries of consciousness "during intra-uterine time and birth, especially memory, learning, sensation, emotion, perception, thought, dreaming, out-of-body experience and near death experience, clairvoyance and telepathy" (Chamberlain, 1999, p. 86-87). This paper is not a comprehensive discourse on what the literature says about all this. However, I do recommend various cited references for one to read, study and ponder. This includes an article written by Laurel Parnell

which appeared in *The Journal of Transpersonal Psychology* in 1996, titled, "Eye Movement Desensitization and Reprocessing (EMDR) and Spiritual Unfolding" where she describes how ". . . EMDR functions therapeutically and [explores] some of the psycho-spiritual potentials that may be associated with its use." She mentions that during eye movements within the EMDR protocol clients can experience "a multidimensional free association of thoughts, feelings, and body sensations . . . [a]t times, memories and descriptions suggesting prenatal and infancy experiences arise. Rich, detailed dream-like imagery and symbolism arise" (Parnell, 1996, p. 138). The comments I make in this paper reflect a composite representing both referenced material and what clients have explored in my office. I invite you, the reader, to engage it with consideration of how certain reports of trauma might be pursued for healing. I am not advocating a developed theory or specific new EMDR protocol for this work. This is simply one way to engage with wonder about what may be happening in the pre/perinatal experience as well as what can happen in therapy to help facilitate healing through the use of EMDR. At times during therapy, some of the comments made by the clients presented here have seemed awkward and immature ways of self-expression. Perhaps this reflects the influence of the preverbal nature of the experience that the client was remembering. There will be some weaving back and forth in the focus on various time periods due to the nature of the three cases. It is worth noting the comments of two professionals as they have pondered the early life of the unborn and newly born. The first from D.R. Laing's *The Facts of Life* (as cited in Linn, 1999, p. 2) takes us back to preconception: "The environment is registered from the very beginning of my life, by the very first cell of me. What happens to the first one or two of me may reverberate throughout all subsequent generations of our first cellular parents. That first one of us carries all my genetic memories . . . It seems to me credible, at least, that all of our experience in our life cycle, from cell one, is absorbed and stored from the beginning-perhaps especially in the beginning. How that may happen I do not know. How can one cell generate the billions and billions of cells I now am? We are impossible except for the fact that we are. When I look at the embryological stages in my life cycle, I experience what feel to me like sympathetic vibrations. How I now feel, I felt then." This second quote is taken from the writings of psychosocial nurse-anthropologist, Elaine Gowell. In her article, "Chronic Grief-Spiritual Midwifery: A New Diagnostic and Healing Paradigm," she discusses various fear-based diagnoses as actually describing people who have been in spiritual crises as far back as they can remember. "They say 'all my life I have felt that way.' This is the standard phrase offered when they present themselves for healing. They are continuing to grieve the loss of attachment, which befell them at preverbal time periods in their lives. Attachment and bonding are supposed to create a deep connection for us with those who are significant to us at those early stages in life. If the significant persons are not themselves connected to Self/Spirit, then they cannot offer it to their babies. So, more fundamentally most of the clients we see, including ourselves, are grieving their very early separation from Self/Spirit. They are suffering what I call the 'broken baby and the lost spirit' syndrome"(Gowell, 2001, p. 313). In each of the following three cases (MacLean, 2002) we shall see that there have been life long un-ease related to lack of attachment and/or fear and perhaps the "broken baby and the lost spirit" syndrome. Each of these cases is different in the life histories, more recent circumstances and themes of issues worked on in therapy. Each client is just as important as the others. Because of the nature of the cases and the order in which they are presented, it turns out that the first case presentation is the longest. While the other two case discussions are shorter for various reasons, it seems as though the work for all three has been no less dynamic and life changing. CASE HISTORY ONE Presenting Reasons for Psychotherapy David, 47, came to therapy to resolve depression, suicidal thoughts and intimacy problems. The standard EMDR protocol was used and work initiated with focus on the depression. He reported that the suicidal thoughts and severe depression came only after he and his wife of 18 years had their first child, less than a year earlier. He connected his depression to prenatal rejection from his mother. His perception was that his mother tried to abort him by poking something at him "up inside her body." David had images of his mother poking him during pregnancy. Images of an Abortion Attempt In his vision, he was in the womb, not outside looking in. I continued to use the standard EMDR protocol with him, with the exception that when the

body scan was done he was also asked to do a scan of the entire pregnancy and tell me if he could sense when the abortion attempt was made. In the EMDR protocol a body scan is done by having the "client mentally scan for any residual physical sensation while holding the target event and positive cognition in mind" (Shapiro, 2001, p. 222). I also asked the client to scan his body as he focused on the prenatal months sequentially, one by one. The reader will note that at other times such as intercourse of his parents, conception and preconception were scanned as well; to my knowledge these have not been accepted as a part of the standard EMDR protocol. The most definitive answer he gave was that it was "very early." At a later time, he said that he thought the abortion attempt must have been during the first few weeks of his prenatal existence. Fear of Annihilation David worked primarily with two negative cognitions: "I am afraid of being annihilated;" "I have no where to go." As he was working with the latter, he suddenly said, "I understand why I feel I have no place to go. I didn't have anywhere to go in there, the womb." David's face softened and he said that he guessed that his mom was afraid, too. He continued, "She did not have anywhere to go (with the pregnancy) but to get rid of me to save face. She was not married and in those days you did not let people know you were pregnant if you weren't married. She lost her ties with her church and church friends because of this." In *The Mind of Your Newborn Baby*, David Chamberlain says that "To the unborn baby, the abortion attempt is frightening and may create an underlying pattern of distrust, anger, guilt or depression that affects behavior for years" (Chamberlain, 1998, p. 216). Similarly, William Emerson associates fear of annihilation with abortion attempts (Linn, S., Emerson, W., Linn, D., & Linn, M., 1999). Chamberlain also says, "A mother who recognizes the damage the abortion attempt has inflicted, however, can aid psychological healing through honest dialog with her child, if she has the courage to do so" (Chamberlain, 1998, p. 216). Unfortunately, not only has this client suffered general fear, distrust, anger, guilt and severe depression, he has also suffered fear of annihilation. According to David, his mother "has never" had any dialog with him about an abortion attempt or not wanting him. His mother has shared few, if any, of her emotional feelings with him throughout his life. He felt detached from her. He has felt detached, to some degree or another, from most people. A few sessions later he shared that during the body scans and prenatal month scans, he felt he had been both inside and outside the womb, at different times. He reported that his images support this. He gave reports of seeing images of his father, siblings and rooms in the house as if he were viewing these from the womb. Other times David said that he had images of his mother that could not have been seen from inside the womb. All these images were in the house where he lived the first years of life, including before birth. He said that the ages of the people he saw would have put them around the time of his birth. In *The Amazing Newborn*, Marshall and Phyllis Klaus tell us that the unborn child is sensitive to light and that "very young premature babies who have their eyelids still fused make blinking motion at the flash of a bright light. Light can be transmitted through the thin wall of the uterus and abdominal wall of the mother ..." (Klaus, 1985, p. 137-138). While this would not explain all of his experiences in reference to images it does speak to one aspect of vision in prenatal life. We will get back to discussion about prenatal memory. While David's level of fear of being annihilated did somewhat subside after weeks of therapy, he came to feel that he could feel free from it only after first experiencing such a freedom from fear. One could say this sounds close to a double bind. However, he said that he had a sense he needed to "go to conception". "At the moment of conception, a child has a fully conscious spirit that is as sensitive, if not more so, than at any other time"(Linn, 1999, p. 4). With thinking about his conception he felt an unpleasant (emotional) feeling. Yet, he said that his unpleasant feeling might not have been present at the time of intercourse. Just as he said this, David reported that he felt like an observer of his mother being raped by her boyfriend. At that moment of intercourse, David reported remembering having said or thought: "I want to belong." He commented that his anxieties in present day life made sense based on the work we had done to that point. Mother had married this boyfriend, David's father, but my client had never felt like he belonged to them as their child. Nevertheless, David still did not have any experience of what it would feel like to be totally free from the fear of being annihilated and then having the sense of being accepted. Preconception Experiences I suggested that he scan his preconception life before his

parents had intercourse. This made sense to him and he tried it. David's response was: "This is the first time I have ever felt peace. I mean peace." Has he been experiencing the "broken baby or lost spirit" syndrome? Perhaps he has! He certainly has suffered loss of attachment since before conception. He was asked that he sit with this sense of peace and bask in that feeling as he did short sets of eye movements for installation, or strengthening, of a sense of peace (Leeds, 2000, p. 14). While the installation of a positive cognition allows for a "different perspective, the treatment is not complete until there is a specific incorporation of an alternative behavior response pattern" (Shapiro, 2001, p. 212). David said that he could feel it going deeper within him and that it felt good. He could feel a positive physical change occurring in his body. David said: "I do not understand it all but it makes sense." From here, he talked about how the body remembers and questioned whether there could be pre-conception memories. He believed that if the soul lived forever, then, yes, this could be true.

Transcendent Nature Of Memory Mind and memory independent from the body. The possibility of preexistence of the soul before conception, the possibility of having lived in other times on Earth, and the possibility of remembering these lifetimes were explored by David. I shared that through spontaneous memory and hypnosis people have remembered what they have identified as past lives as well as prenatal experiences. I also shared that some researchers and clients themselves have believed that they have been able to verify what were thought to be past embodiments and prenatal experiences. At least one researcher, Ian Stevenson, M.D., found the "most promising evidence bearing on reincarnation seems to come from spontaneous cases" (that is, spontaneous memories), "especially among children" (Stevenson, 1974, p. 3). One might wonder if this is true of prenatal memories. During our sessions, we talked further about the nature of memory. David talked about cellular memory and a memory outside the body. He reported that his scientific reading supported these types of memory and that was satisfactory to him. Again, he said, "It makes sense. I do not know how but it makes sense to me." Rupert Sheldrake's hypothesis in the early 1980's of formative causation suggests that the human mind is non-local in both time and space, not confined to the here and now and that it is nonmaterial, nonenergetic. It is not lessened by spatial separation. "It is neither confined to the brain nor produced by it, although it may act through the brain, much as electricity acts through a wire without being generated by the wire itself" (Dossey, 1989, p. 190). Carl Jung also suggested that the mind could work independently from the brain (Miguel, Jung, and Heese, 1996, p. 100). Stevenson based his theories on the idea that the mind, separate from the body, can have an influence upon the biochemistry of disease and the personality (Stevenson, 1997).

Evidence for Physically Transcendent and a Cellular Source of Fetal Consciousness In the Winter, 1998 edition of the Journal of Prenatal and Perinatal Psychology and Health, there appeared an article entitled, "Two Voices from the Womb: Evidence for Physically Transcendent and a Cellular Source of Fetal Consciousness," in which Jenny Wade discusses the nature of memory. She describes three schools of memory theory that can be grouped according to the location of memory: local, non-local and completely non-physical, or transcendent. Using each major theory of memory and neurological research to examine prenatal data, she concludes that there are "two sources of consciousness ... present before and during birth constructing a single subjective experience of self." Wade says "one state of consciousness is tied to the physiological development of the fetal body, especially the central nervous system; and another that appears to function relatively independent of the body." In her summary she states, "The full range of prenatal data cannot be explained by using conventional medical models ... findings suggesting sophisticated pre-and perinatal functioning (were) examined through the lens of each memory theory for their adequacy in accounting for the data. Verbatim transcripts and veridical memories showing complex mentation and extrasensory knowledge suggest a non-physical source of fetal consciousness interacting with a physically based source, a finding congruent with current neurological theory. Such a conclusion would fit with the new paradigm emerging in the physical sciences" (Wade, 1998, p. 143). More Healing for David: Performance Enhancement to Heal from Sense of Detachment Returning to David: When David came in for another session, he told me that he knew that he is supposed to be here, (i.e., in embodiment). He also said that it felt like it had been hard to connect to

his parents from the moment of conception. Not feeling wanted while also feeling at risk, he "knew" made it almost impossible to connect. From here, he did some performance enhancement work (Foster, 2001) in regard to relationships such as strengthening a relationship with a family friend with whom he also happens to share spiritual dialog. He focused on socialization skill development, role played specific interactions and processed emotional interactions he experienced within other hereand-now social contexts-be it work, running errands or being with his wife and child at home. Between sessions he had homework to complete in this regard. He reported that this has been helpful. Our efforts were focused on helping him with forming a sense of attachment to replace that sense of detachment. Prenatal Trauma and Physical Detoxification Sessions have often started with a review of the time between the sessions and how David had fared. Before he started therapy, David was having apparent body detoxification that resulted in head, ear, and toe wounds, some of which would drain. His health practitioners had told him that they had seen this in other people. One alternative health practitioner also told him that through his examination it was apparent that this was the result of some kind of prenatal trauma. More recently, David has observed some sort of wound on his neck. He noted there was a pattern of wounds getting worse a certain number of days following each appointment. It was explained to him that according to some health practitioners and spiritual writers, negative emotions could produce a toxic internal physical environment, leaving the body with a resulting externalized physical toxicity of varying degrees. It is interesting to me that each one of these clients presented here may have experienced some unique physical expression of, or response to, trauma. In each case the symptoms pre-existed before entering psychotherapy. Parenting as a Healing Agent Another feature of David's healing is the virtue of his very young son's presence in his life. David has reported that as his one small child was born and is growing, the different developmental stages have presented a challenge to him-just by fact of his child's existence, just by "being there." He commented that he cannot avoid this challenge. This is helpful to him in that it is forcing him to face the issues of his own pain and command a resolution within himself. This is not unusual for parents, regardless of personal childhood backgrounds. This man is consciously aware of this dynamic at play. He wants to change for both himself and his family. David wants to provide his son with a positive role model he "never had." He has found that the male friend of the family I mentioned earlier is at least partially filling that role for him. From, Negative Cognitions I Myths to Positive Beliefs In the course of therapy David has explored the life of the unborn in the womb and where the soul resides during that time. As stated earlier, David reported experiences of being in and outside the womb at various times during prenatal life. EMDR has helped him to strengthen his mindfulness, trust in his own instincts, and rely on his inner knowingness. David is confident that he learned about family dynamics from his intrauterine experience. He said that he not only saw what family members were doing but also how they were interacting at some subjective level. During the period of therapy, he used eye movements to process specific negative cognitions (or beliefs and myths) to help resolve high levels of stress. Sometimes there were no words, simply disturbing, troublesome feelings, both emotional and physical. These more negative cognitions, feelings and physical sensations have been replaced with the positive, though at this time not all the negative are completely gone. Changes from Negative to more Positive Cognitions Here are some examples of change from negative cognitions to the more positive: 1) I am not wanted because I am not worthy of love; I am wanted here by people who see me as worthy of their love. 2) I do not belong here because I am worthless; I am worthwhile and belong here. 3) I am responsible for creating the burden of my conception; I realize now that the responsibility for my conception lies with my parents. 4) I fear annihilation because I don't deserve to be here; As I feel more deserving to be here I fear annihilation less severely and less often. 5) I am afraid of giving up the detachment because I am incapable of loving; I am capable of giving and receiving love. During the course of therapy, work has woven back and forth with some topics, as if going from one aspect to another in the healing of certain negative cognitions. During one session, David shared that during the week previous to the appointment he had again felt that feeling of "not belonging." He said that it "always defaults into the prenatal." Parnell states that when "using EMDR with adults who have suffered as children, the child self

becomes activated by the eye movements, and the adult client feels like a child" (Parnell, 1997, p. 113). Other adults who say they have suffered at the time of birth tell me they have experienced this feeling as if a child.

Mother's Influence on Baby David in the Womb David said that he sensed that at conception it was like his mom was praying. He said, "mom was praying while I was saying 'let me out of here'." David reported that it was like he was "soaking [up] the fear, or something in [his] chest." This is where David has felt a "wall." He said that it "felt like his mom had been violated and until that point she was peaceful, calm, fine." He wonders if the "wall" he feels in his heart is a wall his mother set up, if it is actually an empty space that he comes up against or some other experience. Interestingly, his younger sister reports the same "wall" feeling herself. According to William Emerson, who has for more than 30 years treated people suffering from pre/perinatal trauma, "Babies marinate in the mental, emotional and spiritual climate of their parents' inner lives, and their consciousness is permeated by their parents' world. Thus, prenatal and perinatal trauma includes not only those events we experienced directly, but also ways in which we were permeated by our parents' unresolved trauma and the trauma of the world in which they lived" (Linn, 1999, p. 12). This "marinating" can occur directly or indirectly. Some babies are known by clinicians and researchers to have picked up fears of war as well as scenes of war, when not directly in a war themselves. This is an "intuitive radar" at work, according to Emerson (Linn, 1999, p. 13).

David's Influence on Developing his Body While it had not been discussed, one day as we began the session, David said: "I am open to the possibility that I had a significant impact in the development of my body and I know I helped with my own birth." These prenatal areas of involvement are supported by prenatal research in the form of self-reports recorded in formal scientific research literature as well as other writings. For example, in *Nurturing the Unborn Child*, spiritual writer Elizabeth Prophet has taught that from the moment of conception until the moment of birth the soul is actively involved in forming the body. In addition, throughout the nine months of pregnancy, the soul is said to go back and forth from the womb to higher, etheric experiences, in the higher realms of existence. That is, the physical body becomes more and more integrated with the soul as pregnancy progresses. As the pregnancy continues and gestation progresses, the "essence of the soul becomes a part of the blood and the cells—a part of the brain, the heart, and all the organs" (Prophet, 1998, p. 100). From conception, the baby's development is guided by the inner blueprint of creation" (Prophet, 1998, p. 96) or natural unfolding of the human body. In one school of Buddhism, it is believed that the soul comes first into the mother's body and that the unborn child's body is then constructed by his soul. The unborn child, the parents and those involved in the unborn child's life play a co-creative role.

Reports of Baby's Influence on Birth As mentioned above, David had said that he was "open to the possibility that (he) had a significant impact on the development of (his) body." He not only thought that but also said that he "knows (he) helped with (his) own birth." All this is very interesting in light of Dosh's work in which she states that the "primary role in initiating the birth process belongs to the child" (Dosh, 1999, p. 216). According to Joel Whitton, many of his patients have experienced the soul "hovering" over the mother during pregnancy and directing her in choices. This might include what music to listen to, what food to eat, to not smoke, to not drink alcohol, and otherwise directing her behavior for the welfare for mom and baby (Whitton, 1986, p. 53). The baby might initiate leaving if the womb is an unhealthy environment such as in the case of the mother's chronic alcoholism during which the unborn would be forced to ingest alcohol for the entire pregnancy. Premature birth can certainly lead to other complications for the child. Sometimes mothers may need support because of guilt they feel, even when there is no neglect or fault on their part for difficulties suffered by their newborns. If left unsupported, they could be less emotionally available to their children who need their "comfort and care to thrive and grow strong and confident" (Dosh, 1999, p. 215). Exciting things can happen when there is the cooperative, mutual care given between mom, dad and the unborn. Shichida, creator of the Shichida Method and founder of Shichida Child Education in Japan has written extensively about prenatal and early childhood education, consciousness of the unborn and overt cooperative efforts between the unborn and parents at the time of birth. Following are two relevant stories of this cooperation between parent and child: 1) This first story is about a Breech Pregnancy. Mom told her baby

"Be a good boy now and turn around;" she then felt the baby turn in a circular fashion. When she went to the hospital the next day, she was told that the baby's head was in the correct place. The entire process happened again at home when the baby's head again moved upwards. The breech pregnancy was once more solved when mom asked the baby to turn. At the hospital mother made yet another request: "Be born real fast in the time it takes to say 'Ah'." With this, the baby was "safely delivered." 2) The second story is about Cesarean section: "When I was nine months pregnant with my older child, I was told the child was overly large and that I should have a Cesarean section and if necessary the child (would) be delivered with forceps. So I talked to my baby and said 'Mama doesn't want an operation because it hurts.' Three days later at four a.m. my labor pains began and the baby (using her own strength) was quickly born" (Shichida, 1993, p. 26).

A Word about Therapy Outcomes David has shown an opening of his heart; less sense of detachment; more caring for his mother and others; and more spontaneous experiences of love, appreciation and better connection reaching out to his wife and child. He is less critical of himself and others. He has fewer "bouts of depression." He reports no suicidal thoughts. When therapy began, he attended therapy at least once a week, sometimes twice; he now has sessions every two to three weeks, reflecting an improved status. For him, the goals continue to be total resolution of all the negative cognitions, all the negative feelings that have no words to bear description and all the negative physical symptoms that have been put on the table for this man.

Concluding Comments about David: Science and Spirit Merge This case reinforces the idea that what happens during preconception, conception, prenatal life and at birth may impact an individual throughout an entire life span. In the course of treatment, David has had some spiritual experiences. These have been transpersonal experiences. He has raised questions about what it means to be spiritual. Together we made the observation that to be spiritual does not necessarily mean one is religious. We also observed that to be religious does not necessarily mean a person is spiritual. People can be both, one or neither in their conscious orientation. David came to recognize a spiritual nature within him. When he initially came to therapy, he presented himself as a logical scientifically minded individual who was not interested in religion. This was pronounced within the context of his marriage in which he describes his wife as "very religious." He reported that he was more interested in the scientific side of things and that he liked to analyze things to understand them. He did not view himself as a spiritual being. However, he began to shift somewhat in his view of himself. This came after having a number of transpersonal experiences throughout therapy. As mentioned earlier in this article, David had said that if the soul lived forever, then, yes, there could be pre-conception memories. During therapy David has had an experience of his soul "wandering around" before conception "as if looking for (his) parents." One day, in session, as he pointed downward with his hands, he said "oh, there they are. It is like it is before conception and I am wandering around through the air looking for my parents and now I see them. They are young and I know they are to be my parents. They are not together. They have not met each other. They are teenagers. I see them in their own places and recognize that they are my parents. I recognize them." He said there was no emotion with it on his part. He questioned: "going a step further, do you think the soul wandering around could bring (potential) parents together?" It was about this time that he said he was able to then "understand how people can be viewed as spiritual beings. We exist in a spirit realm before or between lives. Like we are-energy." Another time, when he scanned his preconception life, he said that it is "like preconception has two blocks of time. The first block of time would be "chaos reorganizing itself at a higher level." David mentioned that this is a "more analytical" and "cold hearted" view of it. He related to a second block of time when he said that it "seems [as if] some sort of energy is going to be there. Like a life force coming through [my] actions and gathering it all up. As if [my] soul is gathering up energy to garner for [my] conception and lifetime here on Earth. Like a life force coming through [my] actions-more than now." He wondered if this "lessened amount of life force he felt now is due to [his] withdrawal" in this postnatal life. He wondered if the sense of a wall in his life has been blocking the life force of energy that can come through him. About a month before these comments, he had said that it felt "like the wall is becoming less of an issue in a gradual way, evaporating at times, but still there." I have been

noticing that he has increasingly expressed concern about family and neighbors' well being at a more personal and intimate level without negative criticism. At his last session, as he came into my office, he said that he had "thought of something to work on today ... it seems like I am being over analytical or a non-emotional part of the trauma is part of the wall and getting in the way of release of the final part of the wall." Earlier in therapy we had worked with a concept he brought up which was that his analytical self might indeed be the wall. We reviewed how to focus, just notice, and acknowledge any felt sense or insightful experiences while not analyzing when working within the EMDR method as he did eye movements. We proceeded with the actual eye movements. After one set, he said that he had "some sort of realization while observing self; body felt fairly relaxed." With another set, he said that he "felt fairly well." After that he talked about it being one thing to be aware of a car needing gas or repair and another thing to be constantly analyzing how each piece of the car is working as he drives it. He acknowledged to himself that that would take away from the enjoyment of traveling from one place to another. He seems to have gone from one level to another, higher level of integrating this concept as he has been able to work through felt trauma. Toward the end of this latest session while reflecting on the car metaphor, he spontaneously said he would "practice noticing and enjoying the ride without analyzing how every part of the car is working," yet buying gas or doing car repair whenever it is needed. He volunteered that he would do this as his homework between this and his next therapy session two weeks hence. While he has shown a lighter, more relaxed and less burdened life over the course of therapy, he now shows a happy way about him that I have never seen. It is as though I am witness to David's reclaiming more of Spirit and watching Spirit help him in freeing his soul. CASE HISTORY Two Presenting Reasons for Psychotherapy Rose, 52, came to therapy to work on "psycho-spiritual issues." In the course of our time together she has addressed a number of problems she has been facing all her life. She talked about her belief that she is on Earth to heal her family, including ancestors, from their "sins of the misuse of power through sex and money." Rose spent some sessions accounting for both sides of her family and similarities of the two family names, histories, issues and status. Her intuition gave her reason to believe that she had lived in one of the families or the other for centuries, having lived lifetimes of one gender or the other. Rose reported her own misuse of power through sex and money in this lifetime. Beliefs about Ancestor I Family Healing Responsibilities One day I read her the following quote by Angeles Arrien, as found in *The Soul of Creativity* (Meyers, 1999, p. 143):

**When a new child is born in the family,
the ancestors gather above it and whisper
among themselves:
"Maybe this will be the one who tells our stories
and heals our lineage."**

When I read her this quote, Rose cried and said that she just realized that she was no longer responsible for sins of others, including her family members. Rose said that they "now need to take responsibility for themselves. I need to take responsibility for myself." She said that by hearing that similar beliefs and experiences have been shared by others, she could release the burden of it. She had believed she was expected by not only herself but also by others to heal the family. This quote and inner resolution came after a number of sessions in which she shared details of her justification of her belief. Rose said "the time to sit with someone who believed my sincerity and not judge me helped me open the way to letting go when I heard this quote." In this example, the negative cognition was, "I am responsible for my ancestors' behaviors." The positive cognition became, "I know it is my family members' responsibility to solve their problems now." An additional positive cognition came up: "I know it is their responsibility for all their healing." Her approach to family relationships is now filled with a greater clarity of boundaries and a more self-correcting, discriminating sense of responsibility. We had used the standard EMDR protocol but without actual eye movements. We tried bilateral

stimulation in the form of knee tapping during an early session but she did not want to continue because she was "not ready for that part." There are times when some people do not seem to need bilateral stimulation to show improvement and resolution. However, "client and clinician reports indicate that the dual stimulation is more desirable than its absence" (Shapiro, 2001, p. 335). Rebellion Against God in Heaven and on Earth Rose has also held the belief that a long-standing rebellious attitude is a carry over from her rebellion against God in Heaven. She further believed she had originally been sent here when she was kicked out of Heaven. She held that she had sided with the Devil through her rebellion and had become somehow tied to the Devil and was at the Devil's mercy. According to William Emerson, this view of being thrown out of Heaven is what he calls "the journey of exile" or "divine exile." He says that this occurs in about 20-30% of the time when he has regressed people to just a couple months before conception. He has also told me that this same percentage has held true for with those whom he has regressed, those who have remembered spontaneously, and children who have drawn what they remember about that two month period just before conception. People perceive their "transition to earthly life as having been made with intense resistance and against their will" (Linn, 1999, p. 38). The Devil and EMDR Rose had been reluctant to use the eye movements because she initially feared that EMDR might be from the Devil. Her negative belief was "I fear the Devil may come and take me." She had also said that intellectually she thought EMDR was fine but that she was not ready to accept using it. Rose had originally been referred to me because of my interest in spirituality and because I work with EMDR. After her resolution about her level of responsibility for healing the family lineage and a promise from me not to use eye movements or any bilateral stimulation when dealing specifically about issues of the Devil, Rose began to feel more relaxed and we started to incorporate actual eye movements into sessions. The Devil in the Womb She was able to focus on issues related to prenatal trauma initiated from mother's desire to not have been pregnant. This wish of her mother is a known historical fact. Rose has also remembered her mother telling her as a very young, small girl that she hated Rose. Rose wondered if the Devil had been with her when she was in the womb. When I suggested to her that she scan her preconception life to see if the experience would be more pleasant, Rose backed her body away from me and said, "Woe, there is no way I will go there. I had rebelled against God. I had essentially sided with the Devil. That was a very bad place to be—cast out of Heaven." Nor was Rose open to returning to the emotional experience in the womb with eye movements for fear she might not be emotionally strong enough to handle whatever feelings might come up. However, what she identified and was able to work with was: "I hate myself. I am fearful of myself." Initially, she did not work specifically with this while incorporating the eye movements long enough to get the feeling of hate neutralized, but she was able to significantly reduce the high level of stress. Though she says that those feelings do return in some moments, they happen less and less. Resolution Just recently, one day in our session, Rose adamantly said that she is worth the love God has for her and that she is "deserving of that love." This was reported as the first time she had ever felt this in her entire life. She was also able to very clearly and with distinct strength say, "no matter what happens, I will not do anything to side with the Devil." Has she also been suffering with the "broken baby or lost spirit" syndrome? Physical Rejection by Mother Rose has reported recent images of herself as a baby and her mother pushing her away from her breast. Rose reported that during therapy when the image came up, she could physically feel herself as a baby and a hand pushing her back. With this, she burst into tears. After one set of eye movements, Rose said, "I was rejected before conception, during pregnancy and at my mother's breast. I have been rejected all my life. No wonder I reject life. I have no secure base." This sentence could have come directly out of Dosh's article mentioned in the first case. Dosh also spelled out the scientific reasons how breast-feeding assists the infant in "becoming pleasure-tolerant and capable of engaging in intimate human love relationships with ease" (Dosh, 1999, p. 217). Fear of Surnames, States and Skin Human relationships have been difficult for Rose. Likewise, Rose's relationship to herself has been one of turmoil. She found it difficult to accept her name and went a few sessions before she told me her first name. It was months before she told me her last name. She does not use her last name in social interactions in the community. She has

difficulties with naming certain states in which she has lived. Rose also has problems with her own place of residence, (i.e., her skin). Joyce McDougall, Ed.D., a psychoanalyst with the Paris Psychoanalytical Institute and Society, comments about one client who had a skin problem and ulcers. These were linked to his overwhelming anxiety about his sex, body, and his whole feeling of identity (McDougall, 1995, p. 143). Rose has said on a number of occasions that she has no identity and no sense of self. We continued to work on these issues. In the middle of this work, she has now arrived to the place where she says, "I now feel I can probably forgive my mother. She had her own set of problems. I am not ready but I know I will be. If Mother had only meditated (during her pregnancy with me), it would have helped me so much." I wonder if this reflects a degree of gain in a sense of Self. Negative Cognitions and Beliefs to Positive Ones Since treatment started, her rebellion to life, circumstances and family has been significantly reduced. All along in therapy, spiritual issues have been expressed and transformed to some degree. Most of these issues were addressed with the use of bilateral stimulation along the way. In addition to those already stated, the following are the other main themes with which we made progress using EMDR: 1) Fear of the Devil to a more present faith in the protection of God's Presence; 2) Fear of the Devil to a more discriminating alertness to the shadow side of life; 3) Non-forgiveness to the ability to forgive self and others; 4) Constant criticism of self and others to feeling compassion for others. She came to say, "they have difficulties just like me." Rose has not, however, used the word compassion to describe feelings toward herself; 5) Reference to herself as a peon to self-reference as being just as important to God as anyone else; 6) Hopelessness to a hope in the future; 7) "I am doomed" to "I am open to recovery"; 8) "I am doomed" to "I can allow the angels to heal me." One of the hallmarks of this continuing story is that Rose has reported that sometimes she cannot remember what we have talked about when the session is over but remembers how holy the session has been and experiences healing and hope through this. I have not observed dissociation in this particular client. Growth in Spiritual Relationships Rose has been able to clarify for herself that she had projected her own views of her parents onto God and Jesus. Rose spent a number of sessions working on her relationship with Jesus. It was not unusual for her to leave the therapy session and go straight to her church to pray and further solidify the insights she had gained for herself. She has concluded that God wants her to have a life that is raised up in caring for herself and others, being happy, accepting that everyone deserves love, and claiming a life in which she can feel safe and productive. Concluding Comments about Rose: More Light in Daily Life This woman has a physically transformed appearance, especially in her face and the way she carries her body. She is less ashen, has brighter eyes, smiles more, tells more light-hearted jokes, and rebels less often against her present circumstances in life. She is becoming more accepting of her current circumstances. She is also anticipating where she may be able to go in her spiritual relationship to life in the here-and-now. Rose cries with gratitude, gives thanks and accepts life as holy, no longer maligning God and life as much as she did when she first came to treatment. She has also said that she is grateful for her parents and for her life. During the course of psychotherapy Rose, like David, had spiritual experiences, some of which have been transpersonal in nature. She has been able to transcend and heal from the dark feelings as if the devil were inside her and inside the womb during her prenatal life. She has been able to release the pain of memories of being emotionally and physically rejected by her mother at a perinatal time in her life. She has been able to accept herself at a higher level of worth to her God and Self. She has also found that she came to a place where she was ready and able to complete this cycle of therapy and "try life at this new level without therapy." CASE HISTORY THREE Presenting Reasons for Psychotherapy Sarah, a 30-year-old university student, came for therapy after having been in individual therapy for the equivalent of six years over a span of ten years and also participating in group therapy. The group therapy was designated for satanic ritual abuse survivors. Sarah reported a history of being placed in the care of a man who was a "satanic cult member," when she was a young child. He was a relative. He had sexually abused her, exposed her to pornography, and been involved in human sacrifice in her presence. At the ages of five to eight years, Sarah was repeatedly tied to trees and hung upside down on crosses for what felt like hours. At the age

of six she was tied on a cross at which time she reports she went "out of body and still does." Sometimes her body feels numb. Perhaps this following quote of James Lynch (McDougall, 1985, p. 133) is true:

**To live one's life in a body
that one cannot feel, is, I believe,
the loneliest loneliness.**

During this early history, her father was an explosive man who never physically abused her. However, Sarah's mother hit her and was emotionally and physically unavailable. Sarah believes that neither parent protected her from abuse from the relative. In recent weeks, her mother has told her that she thought something bad was going on with her daughter but she was too afraid to try to find out what it was. The presenting problems were "grieving and weeping a romantic relationship break-up; feeling like (her) body was dying; and prominent PTSD symptoms, including dissociation, flashbacks, nightmares, and unrelenting memories," all of which were getting worse since she started a sexuality class at the university. Another immediate concern was procrastination when she needed to write research papers for the sexuality class as well as for classes in child and adolescent abnormal psychology and research design. She had begun having escalating images and flashbacks, some of which were new and frightening to her. As her treatment progressed she experienced memories of birth and perinatal abuse. She has attributed some of her somaticizing and dissociation to these experiences of abuse. She has also felt that by gaining an understanding of her tendency to somaticize and dissociate, she has been empowered to reveal to herself and work through the issues of birth and perinatal abuse. Thus, the therapeutic work that lead to these outcomes is summarized here. Somaticizing Feelings Sarah has had a long history of what she labeled "somaticizing my feelings; I can't stay well." She has also been fearful of taking medications because they made her sick and with some, she reports she has actually almost died. Sarah is a bright, very talented musician who has already had a successful career in music at the age of 32. She has successfully performed, been director of two music programs and choirs, and has written musical composition. I will share more about that later. Staying in her Body Our first and foremost goal was to help her stay in her body as much as possible in order to function well enough to fulfill her daily personal needs, meet the medical crises, and complete her school requirements. She had just moved to a new town in order to go to school and was still unsettled in a "permanent" residence. We proceeded with Safe Place work. This work is helpful in "maintaining psychological stability for clients during and between treatment sessions" (Shapiro, 2002, p. 34). It helps to eliminate disturbance and increase positive affects. It is "used to create an imaginary refuge" for the client. The client imagines a place that feels safe. If there is no such place available, the client uses a safe place from the past, a memory. For clients who have no positive memories from the past, "therapists can help them create an image of the safe place that they would like to have. When painful affect becomes too intense, clients can imagine being in their safe place and decrease the pain. Having a safe place allows clients to modulate the amount of affect they are experiencing" (Shapiro, 2002, p. 197). We also spent time with her sharing her interests, recreational ventures and talking about the local area. We focused on ways she could stay grounded in the here-and-now, the tasks of getting physically settled into her new home, where to buy groceries, what banks to use, who to help her move, where to go for certain health care needs, and other basic life activities. We did some grief work surrounding her then recent breakup and current life transitions, while continuing to work on helping her to stay in her body so she could do her academic work. We used the EMDR protocol in the work up to this point. What I want to share about her story are the parts that took her back to early childhood, fear of dying during oral surgery, and work with birth trauma. They all appear to be related to each other. Physical Distress and Disease During the first four months of therapy she had made healthy progress in the areas mentioned above. However, she was growing more "desperate" about her physical distress and pain. She

"knew" that although she might somaticize her emotions, she was going to die if she did not take care of the physical problems. She had seen traditional medical and alternative health care providers; tried all the home remedies, fasts and diets she felt might help her condition; exercised; ate well, and rested the best she knew how. She still felt like her physical body was slipping away. There came a point when she felt that if she did not get the right help very shortly, she would, in fact, die. Choosing Light over Death One of the times Sarah had almost died was due to medications given to her when under a dentist's care. Sarah felt that she had not fully recovered from that episode-physically or psychologically. Somehow she learned of a dentist/oral surgeon in another state and sensed that he was the one to help her. She called him and discussed her condition with him. He agreed to see Sarah and "thought he could help." One morning Sarah woke up and "knew" she would die before her next dental appointment if she did not make it earlier. Her new dentist agreed to see her within a few days. We had used the EMDR protocol in working with her desperation and this only confirmed for her that her physical life was in danger. The last session before leaving on her trip to see the dentist, she asked me to work with her specifically regarding her "fear of death." She had been told that she most likely needed surgery. We followed the EMDR protocol, and she had believed it would help her but she was "not making progress." Then she asked me to give her a vision she could "hang onto" for choosing life over death during surgery. Sarah suggested, "Perhaps to choose life over death as when I was a newborn." She said that she did not know if she would be able to do this. Sarah could not come up with a positive image or cognition that she thought had any chance of helping her. She was physically, psychologically and emotionally "weak". In Francine Shapiro's second edition of EMDR: Basic Principles, Protocols, and Procedures, she discusses the idea of the therapist suggesting a positive cognition. This is an acceptable practice when the client is unable to generate his or her own. However, this depends on the client's readiness and assurance that he/she feels in control (Shapiro, 2001, p. 137). In this case, Sarah was asking for the image and my suggestion for a cognition to associate with it. It is not my usual practice to share many personal experiences in therapy, but this time I chose to do just that. I paused. Then I told her that I had two things come to mind. I first told her a true story that my mother once told me during a long period of time when my father had been critically ill, having almost died a number of times when we had been told he had as little as 20% chance of survival. I told her about one of the times that all the hope left seemed to be through prayer, and that my mother would go into the hospital waiting room and pray. Within just a few minutes, a nurse or doctor came to tell her that his condition had begun to improve. I assured my client that I would pray for her if she wanted me to do that. She affirmed that she did. I then told her another true story that my mother told me after my father had recovered fully enough to return to his business, to later sell the business, and then retire. It was only after his death, years later, that she told this to me. This is the story as I recall it: My father told her that during all his illnesses and surgeries he always knew that he would recover. Then he told her that once he saw a very bright white Light. He was walking towards the Light and he knew that he could choose to go all the way into the Light. He also saw some beautiful roses along side the Path. He spoke to the Light and he said that he would be happy to stop there and take care of God's roses. He asked that he be allowed to do this. That was the end of the experience. After my father recovered, again worked in his business and later sold it, he retired and grew a huge rose garden in his yard. Sarah cried when she heard this story. She thanked me and said that it was a beautiful vision to hold as she went to the dental appointment. She did indeed have oral surgery. Sarah also reported that she remembered the vision of the story about the Light and it empowered her to make her determination that she would live. After the surgery, the oral surgeon told her that a severe, deep infection was found and that it was wise that she came in when she did. The oral surgeon did not tell her she would have died. The fact now is that her life appears to be out of imminent physical danger. EMDR with Visualization and Renewal The story I shared with Sarah was incorporated into our EMDR work. The EMDR phase in which we used this is called installation. She used the vision of the bright white Light to anchor her sense of freedom of choice and the security within the white Light, just as David had used installation to strengthen a sense of peace. In doing this, she found the strength to

proceed with the travel and the medical intervention. With this installation work she was able to feel empowered from within to do what she wanted to do, that is, to reclaim her physical life. Sarah has also often visualized herself surrounded by white Light and angels at bedtime to assist her in reducing her fear of the dark, fear of being assaulted, and fear of going to sleep. After installation work with this for a few sessions, she came into the session one day and said, "Well, we should have a bottle of champagne as last night I did not have any fear of going to bed or going to sleep. It has been ten years since I have been free of chronic fear at bedtime." Sarah told me that she was then convinced that she would heal from her physical problems and that she had found the right therapy, EMDR, and would "completely heal" from the early traumas of satanic ritual abuse. A week later at her next appointment, Sarah reported that she had begun to think about goals for her fall classes. She completed the four papers due in her sexuality class which she wrote "with ease" and has written all her other papers. This fall she plans to start composing more music, with the lyrics as well.

Greater Stabilization: Opportunity for Healing Birth and Perinatal Trauma

It seems as though her gains have given her available resources to continue with the EMDR work for healing more of the remaining PTSD symptoms. In a subsequent session Sarah wanted to share a flashback she had a couple days earlier. It was a "birth image," at the time of her birth. She saw "this child and fire spinning around and the girl catching on fire. Birth memory was shadows of blue and white light." Things were turning around-feeling that she was watching something and also in it at the same time. She heard sounds of screaming, perhaps her mother or a rumbling-a very loud sound. "Could see this form of infant turning around almost black. This experience seems to go together with the child spinning. I have had this memory since I was in the seventh grade. Child also seems like a real memory. I experience this as a real memory. Feels like getting numb a little bit waist to top head. Making things stuck in body, head and chest. Like emotions came up from body and released through eyes. Eyes feel painful like ice." Notice the change in her use of language. It is more immature. I asked about her stress level. The level of stress can be identified with the use of what Wolpe (1958) called SUD, the subjective units of disturbance. SUD refers to a scale of 0 to 10, where the 0 represents no disturbance and the 10 represents the worst disturbance that the client can imagine. During the course of therapy it is a usual practice for me to ask her about her stress or SUD level. This time she said that she had 90% (emotional and physical) numbness and 10% sadness. She gave no numerical stress level. She said that she "could not relate this to that scaled stress level". She reported that when she had this flashback she cried for three hours, feeling very lonely. She said that it was "very exaggerated." I wonder if this immaturity in her expression and lack of being able to relate to specific levels of stress are reflections of a preverbal experience/way of expressing herself. According to David Grand, "EMDR presents constant opportunities to access meaning through the body and in some instances to treat emotions that are preverbal" (Grand, 2001, p. 146).

Dissociation and Satanic Abuse

Sarah has learned that her mother experienced a long labor. She was 17 at the time. Her mother has never told her anything about the place or surroundings of her birth. Just recently she told Sarah that she knew something wrong was going on at this man's house. This is the man who was involved in a satanic cult. My client told me that her mother used to spend a lot of time at his house. As she told me this, Sarah began to dissociate. She shared that she has confirmation of the satanic ritual abuse as her siblings have told her that they too were abused. Sarah came in and out of varying degrees of dissociation as she told me more facts of the situation and memories of it.

Numbness to Sadness to Hopefulness

I asked her which state she wanted to be in-in her body or out of her body. Sarah said "in my body." She said that she was then beginning to feel a little bit of sadness and not as numb. We worked with the sadness using the eye movements. The experience of sadness disappeared. She began to feel hopeful, saying, "I am hopeful to get rid of this eventually-pain, beliefs, and whatever else these events caused me." After two more sets, she saw herself composing music and seeing it performed. This is realistic in terms of her talent. She has done this before. She saw herself finishing her academic program. She reported that she was completely back in her body. She said she can feel there is other sadness but it has not become prominent for her. She said that she reminds herself that her "feelings get exaggerated." More Growth

and Newly Stated Goals Sarah shared that she feels that there is still work to do that can help her get rid of what she identifies as "petrified energies" crisscrossing throughout her body. She further described this as "old, dead, stuck energy. It has to go. We need to keep working on this so I can be well, really well." Review I asked her to tell me the stress, or SUD, level with a few of the cognitions that we had worked on thus far. This is what she said. "I am afraid that I am going to die is a 2 on a scale of 0-10, 10 being the highest. I am afraid that someone will rape me is a 6, some numbness coming back. I am afraid to say it." She seemed afraid to speak anymore about it in this way for fear of what else might come up for her or possibly what may have just come up. I wonder if it was both. Sarah's Revelation about her Womb Experience I asked for her earliest sensation of that same feeling of fear. Her response was: "it was in my mother's womb-feels like being surrounded with blackness. A sense of what I have to look forward to is not good." She was experiencing being in her mother's womb and what she would have to look forward to in her postnatal life. Where was Sarah's opportunity for deep bonding and attachment? Has her body been screaming the sounds and memories of the lack of emotional presence of her parents all these years? Though Sarah feels that her "essential part" was spared, has she been experiencing a "spiritual crisis" ever since she had that feeling of being surrounded with blackness in her mother's womb? Even if her Spirit was spared, does her numbness reflect her suffering the "broken baby and lost spirit" syndrome? Sarah's Revelation during Preconception about her Mission I asked Sarah if she could feel or sense anything from preconception. She said: "I could see that I was going to develop those energies within myself in order to do my mission." I asked her what energies she meant. She said: "energies to know that good is stronger than evil and the strength to be able to alleviate the darkness within me by bringing in more good. Help people have the same understanding that I will have within them selves. I have had this feeling before many times in my life. I feel I was spared, the very essential part of me was spared, was not harmed. The God Spirit was saving the essence of me. I needed to learn to not be afraid of evil things so I can help others. I still feel and have wonder about what I just said. Fits and seems right. Also feel there is something supposed to do that am especially designed to do. Has to do with transformation and help people with transformation. I feel a sense of peace." She was describing that she was being reaffirmed about her mission in life. This mission, she felt, was conceived by her before she was ever conceived in the womb. Holding on to the Mission She then asked me, "But how do I hold on to it?" I said that I knew something we could try to help her with this. I asked her about other memories of feeling peace. She had only one memory-at the age of 13. She was walking through her church by herself at some point during the time of living through the history of being abused. In the church she was "feeling like [she] was close to God." I suggested that she take these experiences of peace and feeling close to God and do installation work with it to help anchor these feelings more deeply. I suggested that after that she could do an exercise in which she would superimpose it over the preconception memories. She did a set of eye movements with this. This seemed to help her with holding on to what she had just experienced and what had been reinforced for her. While doing this, Sarah said she felt like our therapy sessions were like "an art form in which [she] is learning skills about all this, about what to do or skills to use to overcome fear and other dark energy within [her]." She immediately followed that comment with the comment that "whatever numbness I had went away with what I just said. It went away." After the second set of eye movements, Sarah commented, "I think it (meaning her new skill and sense of mission) will stay with me and create more of itself within me for days. Feel less tired then when I came in." This is how the session ended. Concluding Comments about Sarah: Claiming Victories and Anchoring Life's Mission I continued to work with her. For three months I worked with her in regard to her music composition, writing and performing (Foster, 2001; Leeds, 2000; Lendl & Foster, 1997). Sarah actively composes music and writes lyrics once again. She feels at home with this. She has gained a new appreciation for her academic study programs. She views a significant aspect of her mission being fulfilled through her unique signature of combining music and counseling in service to others. During Sarah's own treatment she has eloquently composed, performed and taped her own music at times of personal healing crises. She no longer grieves her romantic loss. When recent physical issues

have presented themselves, she has been free from any convincing feeling that her body was dying. Some PTSD symptoms such as unfamiliar flashbacks, slight dissociation and occasional bad dreams come her way. New skills learned in therapy help her work with these in positive, healing ways. She reports that she is feeling more and more empowered in general, anchored with a mission, and is better able to be in-the-present in her body. Sarah came to therapy with a history of spiritual and transpersonal experiences. She says this part of her life has been enriched. FINAL COMMENTS: A GLOBAL PERSPECTIVE All three of these clients had rejection of some sort in their prenatal, and perhaps pre-conception, life. Yet, each one has come back to more wholeness in their life experiences. EMDR, by its definition and practice, envelops the client. It leaves room to explore inner and outer lives for not only change but also profound transformation and coming home to Self/Spirit. The remarkable strength that I have seen in these clients in their own soul's determination to transcend away from and above the old, horrific experiences to a more whole life in the here-and-now is and has been a truly inspiring experience for me. As we have observed the shifting energies of the emotions' and body's letting go of what one called "the wall," another the "rebellion," and the third "petrified energies," they experienced and I observed a transformation occurring within them that many therapists have told me is impossible. The self-respect these three clients have given themselves through their openness and willingness to explore their own pain is remarkable. Honesty when they did not feel like going any further but kept on; and the pressing search until the missing pieces were found is truly a tribute to their individual souls and a promise to the world. It is in the individual becoming more of who we truly are that the enduring peace and oneness that we all seek can surely become our collective self in a transformed world. This is true, even as we speak right here-and-now as well as post terrorism and post human suffering, as we know it today. This compelling subject of the transpersonal dimensions of pre/ perinatal life deserves more thought and discussion. I invite readers to look into their personal and professional lives for experiences and knowledge that reveal more about the nature of transpersonal experiences during this early time we call pre/perinatal life. I encourage us all to share these experiences through the written word for they may hold keys to the healing of pre/perinatal trauma as well as keys to healthy development during this very special time in an individual's life. In this specialty area called EMDR, trauma sustained by unborn and newly born children has the potential of being healed. This is true not only in the professional's office but also all over the globe in a multitude of situations for people of all ages. The success of Francine Shapiro and her global contributions through EMDR were honored in Vienna in July, 2002 during the World Congress for Psychotherapy when she was given the Sigmund Freud Award. This award was based on this outstanding treatment method as well as the global volunteer services of over 500 EMDR therapists who travel to war-torn regions, disaster sites, developing countries, and the inner cities in the USA, for examples, to treat victims of violence. Volunteers have also provided training for mental health workers in such places as Bosnia and the Middle East. These services are witness to the fact that there are successful methods for healing that are offered in organized ways for people all over our globe. Through this and other such outreach throughout our planet, we can make tremendous breakthroughs for stopping violence and healing our collective and individual selves.

References

Barnet, A. & Barnet, R. (1998). *The youngest minds: Parenting and genes in the development of intellect and emotion*. New York: Simon & Schuster.

Chamberlain, D. (1998). *The mind of your newborn baby*. Berkeley, California: North Atlantic Books.

Chamberlain, D. (1999). Transpersonal adventures in prenatal and perinatal hypnotherapy. *Journal of Prenatal and Perinatal Psychology and Health*, 14(1-2), 85-95.

Dosh, M. (1999). Prenatal and perinatal foundations of moral development. *Journal of Prenatal and Perinatal Psychology and Health*, 13(3-4), 213-222.

Dossey, L. (1989). *Recovering the soul: A scientific and spiritual search*. New York: Bantam Books.

Foster, S. (2001). *Using EMDR for performance enhancement in career and in the creative & performing arts and From trauma to triumph: EMDR and advanced performance enhancement strategies*. San Francisco: Sandra Foster, Ph.D.

Gowell, E. (2001). Chronic grief-spiritual midwifery: A new diagnostic and healing paradigm. *Journal of Prenatal and Perinatal Psychology*, 15(4), 313-321.

Grand, D. (1992). Emotional healing at warp speed: The power of

EMDR. New York: Harmony Books. Klaus, M. & Klaus, P. (1985). *The amazing newborn*. New York: Addison-Wesley Publishing Company. Leeds, A. (2000). *Strengthening the Self* [Abstract]. Santa Rosa, California: Andrew M. Leeds, Ph.D. Lendl, J. & Foster, S. (1997). *EMDR 'performance enhancement' for the workplace: A practitioners' manual*. San Jose, California 95126: Performance Enhancement Unlimited. Linn, S., Emerson, W., Linn, D., & Linn, M. (1999). *Remembering our home: Healing hurts & receiving gifts from conception to birth*. Mahwah, New Jersey: Paulist Press. MacLean, A. (2002). *Psycho-spiritual dimensions of healing prenatal and perinatal trauma with Eye Movement Desensitization and Reprocessing (EMDR) in adults*. Unpublished Manuscript. McDougall, J. (1985). *The many faces of Eros: A psychoanalytic exploration of human sexuality*. New York: W.W. Norton & Company. Miquel, S., Jung, C., & Heese, H. (1996). *A record of two friendships*. New York: Schocken Books. Myers, T. P. (Ed.). (1999). *The soul of creativity: Insights into the creative process*. Novato, California: New World Library. Parnell, L. (1996). *Eye Movement Desensitization and Reprocessing (EMDR) and spiritual unfolding*. *The Journal of Transpersonal Psychology*, 28(2), 129-153. Parnell, L. (1997). *Transforming trauma-EMDR: The revolutionary new therapy for freeing the mind, clearing the body, and opening the heart*. New York: W.W. Norton & Company. Prophet, E. with Hearn, N., & Bennett, J. (Eds.) (1998). *Nurturing your baby's soul: A spiritual guide for expectant parents*. Corwin Springs, Montana: Summit University Press. Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing: Basic principles, protocols, and procedures* (2nd ed.) New York: The Guildford Press. Shapiro, F. (2002). *EMDR as an integrative psychotherapy approach: Experts of diverse orientations explore the paradigm prism*. Washington D.C.: American Psychological Association. Shapiro, F. & Forrest, M. (1997). *EMDR: The breakthrough therapy for overcoming anxiety, stress, and trauma*. New York: HarperCollins Publishers, Inc. Shichida, M. (1993). *Babies are geniuses* (unedited text). 526-1 Gotsu-city, Shimane, Japan 695: Shichido Child Education. Stevenson, I. (1974). *Twenty cases suggestive of reincarnation* (2nd ed.). Charlottesville, VA: University Press of Virginia. Stevenson, I. (1977). *Where reincarnation and biology intersect*. Westport, CT: Praeger. Wade, J. (1998). *Two voices from the womb: Evidence for physically transcendent and a cellular source of fetal consciousness*. *Journal of Prenatal and Perinatal Psychology and Health*, 13(2), 123-147. Whitton, J. & Fisher, J. (1986). *Life between life: Scientific exploration into the void separating one incarnation from the next*. New York: Warner Books, Inc. Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford, California: Stanford University Press. Author Affiliation Catherine Anne MacLean, Ph.D., P.C. Author Affiliation Anne MacLean, Ph.D. is a licensed psychologist, an EMDRIA certified therapist, and an EMDRIA approved consultant. Contact information: Catherine Anne MacLean, Ph.D., P.C., 1807 West Dickerson, Bldg. 3, Unit B, Bozeman, Montana, 59715 or P.O. Box 6576, Bozeman, Montana, 59771; Telephone 406/585-9890; email: maclean@in-tch.com Author's Note: Material for this paper was originally prepared and partially presented orally, with transparencies, at the Third World Congress for Psychotherapy in Vienna, Austria in July, 2002, under the title of *Psycho-Spiritual Dimensions of Healing Prenatal and Perinatal Trauma with Eye Movement Desensitization and Reprocessing (EMDR) in Adults* (MacLean, 2002). Some of the content has also been published in the Spring, 2003 edition of *JOPPPAH* in the article, *Transpersonal Dimensions in Healing Trauma of the Unborn*. This article is an expansion and update of the presentation given in Vienna, 2002.

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