

## **INTRODUCING A TRANSPERSONAL, SPIRITUAL, HEALING FRAMEWORK FOR THE AFTERMATH OF TRAUMA**

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### **Abstract:**

This article introduces a transpersonal spiritual framework describing the process of transformation and healing that may be experienced in the aftermath of trauma. The spiritual framework embraces four iterative processes: *holding and containing*, *letting go and expanding*, *accepting and transforming*, and *embracing spirituality* that may be used to provide guidance when working with individuals who have experienced trauma. A basic assumption underpinning the framework suggests that trauma survivors have within themselves a core essence/spiritual self that enables them to establish a post-trauma identity that eventually re-connects them with the natural flow of life allowing them to live fully. Ultimately, this spiritual framework offers clinicians with a holistic lens for viewing and treating individuals who have experienced trauma in their lives.

Key Words: trauma, spirituality, transformation, health care partnership, basic trust, world collapse

### **Introduction**

Descriptions and narrative accounts of psychological syndromes provided by survivors experiencing, witnessing, or undergoing traumatic life situations been documented by medical practitioners for over a hundred years (Everly & Lating, 2004). These accounts varied with respect to etiology and their accompanying symptoms often baffled practitioners (Schnurr & Green, 2004). Today,, theory, research, and therapeutic practice pertaining to individuals' experiences of natural disasters, wars, school shootings, terrorist attacks, robberies, fires, car accidents, sexual or physical assaults, are currently understood to be associated with post-traumatic stress disorder (PTSD), per the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR of APA, 2000) calls.. Accordingly, this viewpoint, aligned with the "medical model," deems an individual to have a mental illness if the event elicits a "reaction of intense fear, helplessness or horror, and subsequently, results in symptoms of intrusions/reliving, avoidance/numbing, and arousal" (Tedstone & Tarrier, 2003, p. 1).

A review by Brewin and Holmes' (2003) of post-traumatic stress theories suggest that "emotions involved in PTSD are not by any means restricted to fear, helplessness, and horror, or to what was actually experienced at the time of the trauma" (p. 345). Moreover, these authors imply that the individual's experience of the event is not necessarily related to one's beliefs about the event itself, but may involve "more general aspects of the person's social world, and the future" (Brewin & Holmes, 2003, p. 345). The DSM-IV (2000) has expanded the description of PTSD, formerly focused on a stressful precipitating event outside the range of normal experience (DSM-III-R, 1987), and now includes the normal range of life experiences. However, some researchers and clinicians feel that these diagnostic criteria and understandings of trauma are still inadequate when trying to describe, explain, and help treat those suffering from PTSD (Bowman, 1999; Burstow, 2003; Candib, 2002; Hodges, 2003). For instance, Burstow's (2003) research into PTSD has led her to assert, "trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world, and indeed, to a world in which people are routinely wounded" (p. 1302). In addition, research has also revealed that PTSD can manifest in response to surgery, hemorrhage, stroke, childbirth, miscarriage, abortion, and gynecological procedures (Tedstone & TARRIER, 2003); preliminary evidence also associates PTSD with a variety of other diseases such as cancer, HIV, heart disease and multiple sclerosis (Boarts, Sledjeski, Bogart, & Delahanty, 2006; Boscarino, 2008; Bras, Gregurek, Miluovic, Busic, & Brajkovic, 2008; Kangas, Henry, & Bryant, 2002).

Trauma-related research has assumed many characteristics and dimensions. Despite the broad base of research that has been conducted in this area, we are only beginning to understand this phenomenon and its complex manifestations (Burstow, 2003; Brewin, 2003; Candib, 2002; Hodges, 2003; McNally, 2004; Regehr et al., 2001). Taking all of the above views into account, the authors of this article consider the roles spirituality and healing play in the transformation of PTSD and trauma-related illnesses. This article offers a spiritual framework that may be effective when working with individuals who have experienced trauma. We start with a discussion about 'what trauma is' and how it affects our mental and physical health, coming from the perspective that trauma does not need to be pathologized. We consider what trauma entails and move towards holistically understanding it as an experience rather than as a disease or mental illness]. Next, a brief discussion is offered on the role that spirituality plays in framing treatment options for trauma survivors. Finally, a holistic framework for understanding trauma and its impact on individuals is presented. This conceptualization views persons in their entirety, encompassing body, mind, and spirit.

## **What is trauma?**

Traditionally, within the medical field, trauma was considered to be a reaction to an injurious or threatening event with an "explicit etiologic stimulus" (Schnurr & Green, 2004, p. 4) that originated outside of one's ordinary everyday experience. Today, within our fast-paced and ever-changing world, this criterion has shifted to include everyday experiences (Hodges, 2003). This viewpoint is fitting, as today's media readily identifies that trauma is a worldwide reality within both individual and collective arenas. For instance, a survey conducted in the United States in 1995 revealed that approximately 60% of men and 50% of women will be exposed to at least one traumatic event during their lifetime (Kessler et al., 1995). Trauma and PTSD-like symptoms can be due to many factors, none of which may be derived from an external event such as terrorists attacks or serving one's nation in the military (Candib, 2002; Greenspan, 2004; Levine, 2005; Tedstone & TARRIER, 2003). Specifically, PTSD and trauma-like symptoms may be the result of: growing up in an alcoholic home, suffering a natural disaster, being physically or sexually abused, grieving the death of a loved one, being a child of divorce, experiencing religious and spiritual disenfranchisement, being involved in a motor vehicle accident, experiencing disease, or undergoing surgery (Candib,

2002; Greenspan, 2004; Kessler et al., 1995; Levine, 2005; Tedstone & Tarrier, 2003; Vedantham, 2001).

Essentially, trauma is synonymous with suffering; suffering that is not so much due to experiencing a particular event, but rather one's reaction to a real or perceived change in one's life. During times of great suffering, one's thoughts may be very tyrannical and self critical, leading one to become overwhelmed with feelings of sorrow, disillusionment, anguish, and despair. The individual here enters a mindstate whereby he or she leaves behind an old identity and comes to dwell in a threshold state of raw ambiguity, openness, and indeterminacy (Treace, 2003). It is in such a state that one experiences a variety of incongruous feelings precipitated by the trauma, a chasm of such enormity that a person may, in fact, display behaviors that could be easily misconstrued as those of a person inflicted with a mental illness. However, this in-between and suspended state need not be viewed from a pathologic standpoint, but rather as a gateway into a journey of healing that not only brings resolve to suffering, but serves as an entry point for launching the individual on a healing journey. Ultimately, this healing journey may provide the individual with the opportunity to appreciate the fullness that all of life's experiences (including the experience of trauma) have to offer.

### **Trauma and mental health**

Exposure to traumatic events often brings to its sufferers an invasion of symptoms that may alter their mental functioning. As such, clinicians may hear clients describe altered states of consciousness, including detachment, self-fragmentation, personality shifts, and paranoid ideation (Yeager & Roberts, 2003). These psychological experiences may or may not be associated with PTSD. Unfortunately, as previously noted, these psychological manifestations often lead health care practitioners to diagnose an individual with a mental illness. Such an action may be related to a knowledge deficit, or perhaps it is a way for therapists to avoid being engulfed by such human suffering (Candib, 2002; Greenspan, 2004; Levine, 2005). Additionally, trauma has also been identified with other co-morbid psychiatric illness such as depression, alcohol and substance abuse disorders, and generalized anxiety disorder (APA, 2000; Kessler, et al., 1995). Nevertheless, despite these associations, it remains unclear why one individual develops severe traumatic reactions, while another individual does not, even after being exposed to the same trauma (Bowman, 1999; Kaplan & Camacho, 1983; Paris, 1999; Vedantham, 2001; Yehuda, 1999).

Etiological theories addressing the declining state of well-being among people exposed to trauma have been proposed for over a hundred years (van der Kolk, 1994). Pierre Janet, in 1889, hypothesized that severe emotional reactions sometimes became intrusive and threatening to the self because they disturb pre-existing memory schemas (van der Kolk, 1994). It was understood that an individual would split off these memories from consciousness, only to have them arise at a later time when a somewhat similar situation arose. Janet's observations led him to ascertain that his patients' reactions were often unrelated to the original trauma (van der & Kolk, 1994). Subsequently, Janet proposed that people channeled their energies toward keeping themselves safe, without really understanding what was happening to them, a phenomenon known as dissociation. Therefore, his theory of trauma was based mainly on patients who reported visceral sensations and visual images following exposure to a traumatic event. Ultimately, remnants of this thinking remain in many of today's current psychological theories pertaining to PTSD and trauma-related illnesses. Specifically, Janet's research sheds light on the character and function that make up one's self schema and on how this subsequent reality can be disturbed by trauma constricting an individual's awareness of self and world (van der Kolk, 1994).

## **Trauma and physical health**

Over the past two decades, there has been a growing body of literature documenting not only the adverse psychological effects of suffering from trauma, but also evidence that links PTSD and trauma with poor physical health (van der Kolk, 1994; Schnurr & Green, 2004; Vedantham, 2001). Health, itself is only a construct, but in terms of trauma and linking it to health outcomes, there are four primary facets: biological and physiological variables, patient symptoms, and health “functionality” (Schnurr & Green, 2004). Extended periods of trauma-related stress are associated with poorer health outcomes, specifically in the area of bio-physiological adaptation. A few of the well-documented neuronal and biological adaptations that occur as a result of both indirect and direct exposure to trauma are summarized next.

Extreme stress reactions have been identified as a factor in poor health in five areas of physiological research: 1. dysregulation in endocrine system functioning; 2. suppression of the hypothalamic-pituitary-adrenal axis in reaction to dexamethasone challenge; 3. augmented catecholamine and emotional reactions from the introduction of a sympathetic agonist; 4. increased heart rate and blood pressure changes after watching trauma-related material; and, 5. enhanced thyroid-stimulating hormone responses from exposure by thyrotropin releasing hormone (Schnurr & Green, 2004; Vedantham, 2001). Exacerbated by trauma, extra stress on multiple systems may result in increased individual risk for developing cardiovascular and endocrine problems. In addition, the added stress that trauma places on the autoimmune system may be implicated in the development of many other health ailments (e.g., headaches, confusion, dizziness, backpain, gastrointestinal disease, and chronic bronchitis), to mention a few (van der Kolk, 1994; McFarlane et al., 1994; Schnurr & Green, 2004; Vedantham, 2001; Wolfe, Schnurr, Brown, & Furey, 1994). However, a cautionary note must be mentioned with respect to this evidence, as most of these findings are based on sample populations derived from veteran and military personnel (van der Kolk, 1994; Vedantham, 2001).

## **The Transpersonal, Spirituality, and trauma**

Increasingly, spirituality and the role that it plays in health and healing is being recognized within many health care arenas. Health care practitioners continue to “shift away from dichotomies such as therapy/spirituality, science/religion... and the dualism that has dominated Western thought in the last 300 years is now less apparent, and science is more inclusive of different paradigms” (D’Souza & Rodrigo, 2004, p. 148). Thus, with an emphasis on spirituality, clinicians from a wide range of healing professions, such as oncologists, as well as addiction and bereavement counselors are endeavoring to help survivors of trauma come to terms with an array of life altering experiences and the corresponding symptoms that individuals experience (Brody et al., 2003; Chopra, 1990; Connor et al., 2003; Fallot & Heckman, 2005; Gall et al., 2005; Kurtz & Ketcham, 1994; Levine, 2005).

While, the efficacy of spiritual interventions often remain mysterious for scientific researchers (Kaplar, Wachholtz, & O’Brien, 2004) a review of health and health related research has revealed that spirituality has had a positive effect on numerous health related conditions[[ such as chronic pain (Gurklis & Menke, 1988; Kotarba, 1983; Miller, 1989); immune function (Davidson, Kabat-Zinn, & Schumacher, 2003); diminishing adverse affects in cardiac patients (Harris et al., 1999); enhancing the success of in-vitro fertilization (Kwang, Wirth, & Lobo, 2001); increasing social support and lessening depressive symptoms among geriatric patients (Koenig, George, Titus, 2004); enhancing recovery from addictions (Miller, 1998); and improving mental and physical health (Fry, 2000; Fryback & Reinert, 1999; Mountain & Muir, 2000). If spirituality then, can be helpful in ameliorating, lessening, or improving a wide array of symptoms, it must also be true that

spirituality may assume many characteristics and may pertain to various religious and spiritual traditions (Kornfield, 1993). The authors of this article concur with this viewpoint, and thus the transpersonal, spiritually oriented framework in our discussion is largely based on the necessity of understanding and learning about the healing potentials that are innate aspects of every person's being. This innate healing potential is what we refer to as 'spiritual essence' or spirituality.

According to Connor et al. (2003) a spiritual approach to healing "can be helpful in restoring hope, and acquiring a more balanced view about justice and injustice, safety and danger" (p. 487). More importantly, spirituality expands our consciousness, helping individuals broaden their boundaries in relation to themselves and their world that trauma may often have constricted. In effect, spirituality may become a healing mechanism for a wide array of psychological and existential maladies because it promotes the healing process, which once begun, touches every dimension of one's being (Kurtz & Ketcham, 1994). Spiritual growth has the potential to make tolerable all sorts of psychological pain. However, until a balance can be restored within the psyche leading to renewed vitality and spiritual understanding, spiritual growth may remain blocked. Paradoxically, such growth may be impossible without experiencing "trauma" in the first place. In this sense, although consciously unintended, trauma or disease may, in fact, function as a spiritual teacher (Levine, 1987).

### **A transpersonal, spiritual, healing framework**

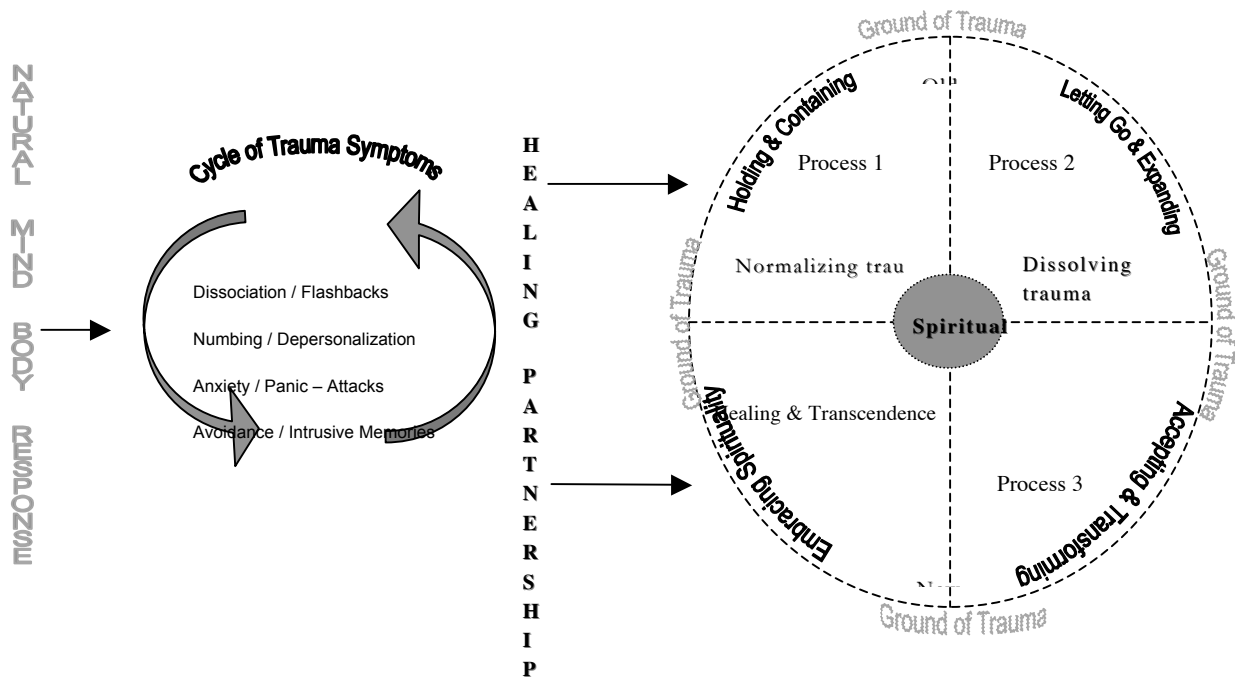
The framework offered here is based on our own suffering, healing, and earned wisdom that has been amassed during our combined sixty years of experience in helping victims of trauma and teaching in the helping professions (e.g., Nursing, Addictions Counseling, and Psychology). Essentially, this framework is based on three premises: 1 the ego or self-structure is not an individual's true nature, 2 thus, post-trauma symptoms potentiate and trigger a cycle of re-occurring suffering – that when investigated at a deep level bring to light one's true essence, and; 3 when symptoms are dissolved and the individual opens to their essence, a spiritual self is realized that not only transcends one's egoic identity, but also offers an authentic trust in life itself. This notwithstanding, our framework does not attempt to explain why some individuals develop trauma symptomology while others do not, even when exposed to the same traumatic event (Bowman, 1999; Kaplan & Camacho, 1983; Paris, 1999; Vedantham, 2001; Yehuda, 1999), nor does it offer an explanation regarding why reactions to traumatic situations develop or persist over time.

Congruent with the viewpoints of Levine (2005) and Kabat-Zinn (2005) on healing, it is our contention that regardless of exposure, what happened during the traumatic incident cannot be undone or changed. It is from this stance of woundedness and our latter premises that we offer our spiritual framework for healing in response to trauma. As such, this framework supports these aspirations in two ways: First, the client-helper partnership is focused on understanding the impact of the client's subjective traumatic experience and the meaning attached to this experience, and second, the helper serves as a catalyst in aiding the client to discover his/her further such pronouns will be in feminine gender, with no prejudice intended to either gender core existence, an essence or transcendent awareness that predisposes the individual to develop the trauma identity in the psyche. Thus, instead of taking years to work through suffering, clients honor their current paths and regain what was never lost, their basic trust in life, enabling them to place trauma where it belongs, in the past, and embrace the present moment with all that it has to offer.

The aforementioned partnership requires that the helper be an authentic participant journeying with the client. Initially, the helper uses her own lived experiences of trauma to assist the client in merging the pre-trauma self with the post-trauma self; this intervention helps to decrease the client's traumatic symptoms. Based on personal experience and the transformation of one's own

symptoms (see Cycle of Trauma Symptoms in figure 1), the helper is in a position to mirror back to the client a healing presence and confidence in being able to trust one's own being. This level of transparency and caring further increases rapport and the client eventually experiences greater meaning, purpose, and harmony.

**Figure 1: Transpersonal, Spiritual Framework**



The Transpersonal, Spiritual Framework presented in Figure 1 outlines a process for bringing balance and harmony to the client's mind/body/spirit system, ultimately releasing the client from persistent symptoms and providing a pathway for spiritual growth. Embodied in this framework are four processes: I. Holding and Containing; II. Expanding and Letting Go; III. Accepting and Transforming; and IV. Embracing Spirituality. In turn, each of the four processes in the Framework is discussed next.

Within the *Holding and Containing* process, the professional seeks to *normalize* the client's experience of the traumatic event. Taking into account the client's perspective of the traumatic event, the helper assists the client to realize that her symptoms and reactions are normal human responses to an unfortunate set of life circumstances. Hence, the first task during this time is to create a *holding and containing* environment whereby the client can disclose the conditions related to trauma exposure, in addition providing the necessary psychological space to openly share emotions and perceptions about the event or events in question. Winnicott (1986) defined the holding/containing environment as place of "safety" wherein the individual (i.e., ego) becomes autonomous and free from psychological distress. This sense of safety and freedom enables the client to experience some semblance of continuity in simply being.

The helper's role at this point is to simply listen and create an environment for the individual to release pent up energy, if required. It is important to note that a variety of expressions of energy

may occur, including but not limited to crying, screaming, hitting a pillow, and jumping up and down. Expressing this energy, if the client is ready, enables the helper to assist in containing the client's presenting symptoms. During this time, a transpersonal-existential approach is used to ascertain the client's attitude, beliefs, and values, as these are important in understanding their particular worldview. The helper's aim is to gather information for determining the degree to which the trauma affected the client's understanding and meaning of her world. Thus, the helper seeks to gather knowledge with respect to whether or not the trauma has created enough impact to displace the person's executive functioning capacities (e.g., activities of daily living). It may be necessary for the helper to assist the client directly or indirectly in re-establishing day-to-day functioning.

On the one hand, trauma sometimes ushers in a "world collapse" or at least brings the client to question the 'basic trust' that he/she had in the world before the traumatic incident occurred (Almaas, 1996; Nixon, 2001a, 2001b;). On the other hand, this basic trust may have been distorted at some other point in an individual's life, subsequently becoming the impetus for seeking therapy (e.g. rape, molestation, physical and psychological abuse, witnessing a disturbing situation). Hence, this Spiritual Framework does not necessarily apply only to recent traumas but includes working with many kinds of wounds that continue to impact and impede the individual's psychological health and development (Greenspan, 2004; Judith, 1996; Levine, 2005; Wilber, 1986). To contain, stabilize, and restore ego functioning, transpersonal interventions such as body scan visualizations, meditative breath work, and body dialogue procedures may be used (Greenspan, 2004; Grof, 1993; Kornfield, 1993; Judith, 1997; Ruskan, 2000; Tolle, 2003) (See Appendix I for a summary of these techniques). These interventions enable the client to become grounded within her body, thereby reducing dissociation, panic, and flashbacks. In addition, they build a bridge between the trauma and the pre-trauma self; creating the conduit to embrace a new self, one that re-establishes the basic trust the individual once held in him/herself and her world (Brazier, 2003).

### *Process II: letting go and expanding*

During the second process, the client is encouraged to *let go* and *expand* her experience of self and world. Simply stated, letting go and expanding is a process that demands the client to set aside their fears and symptoms and realize that their reactions are based on the mind/body's resistance to change and denial of what has occurred. Because of the enormity of trauma, one's assumptions of the world may be shattered. Nevertheless, the process of letting go and expanding provides an opportunity to dissolve the post-trauma symptoms and entertain a new way of being. Achaan Chah (1985) eloquently describes such a process:

Do not fear things that arise in the mind; question them, know them. The truth is more than thoughts and feelings so do not get caught by them. See the whole process arising and ceasing. This understanding gives rise to wisdom (p. 86).

The second process also encourages the client to verbalize her experiences related to the interventions and progress of therapy thus far. For instance, the client is encouraged to take an active role in using the aforementioned techniques outside of therapy and is required to report on whether or not they have been helpful in reducing the symptoms associated with trauma. We purport that for interventions to have an impact, the client must be able use them effectively outside of the therapeutic partnership when needed. Upon validating whether or not treatment interventions have been successful at reducing symptoms, the process continues, or a further investigation into areas where the interventions are not working takes place.

In addition to letting go and expanding, the second process also marks a milestone in treatment where the client takes on a greater responsibility regarding treatment direction, motivation, and

ultimately outcome. Characteristically, clients begin to expand their awareness by including and accepting the blissful and not so blissful aspects of living in today's world. This awareness helps the client to see that attachment to the trauma actually keeps the trauma active within the psyche (Katie, 2001). Achieving such a milestone, however, is not easy; it requires the helper to encourage the client to work through her fear and to set aside previously held assumptions and beliefs about self (Kabat-Zinn, 2005). More specifically, *letting go* is an evolving process that takes places throughout the therapeutic encounter, not unlike the grieving process, which is unique to each individual, a process that continues even after the healing partnership is terminated. Specific techniques used during this time period combine the meditative practice of bring one's awareness back to the present moment, or focusing on a particular mind/body state without judging whether or not the state is bad, good, scary, terrifying, pleasurable, etc.

Initially, the client may react to such a technique as if the helper is trying to get him/her to accept the traumatic incident, without considering the context within which the trauma took place. However, this is not the case. Responding to the client's aversion to such violation is important in aiding him/her to fully embrace her experience. This noble and caring response may validate the client's experience, increase trust within the partnership, as well as help in reducing the intensity of the client's symptoms. Each of these benefits help in *expanding* the client's world at this critical point in time. This type of compassion for oneself often results in a gift of sorts, whereby the client comes to understand that her symptoms are not foreign entities (e.g., dissociation, flashback, anxiety, or panic) but energy discharges, whose origins lie within one's own essence. In summary, the client learns to bring energy discharges under control by making peace with fears and by reducing the gap between pure bodily states and ego distortions. As a result of working on psychosomatic and psychological wounds, the client is provided with an opportunity to link symptoms with experience and thus integrate this understanding into a new emerging identity toward re-inventing the self (Shakespeare-Finch & Copping, 2006).

### *Process III: Accepting and Transforming*

During the third process the client experiences a change that includes moving away from the 'old' self and moving toward embracing a 'new' self. This is characterized by learning to accept a new identity that embraces a contemplative state of mind with respect to worldviews, ideologies, and *transforming* one's understanding of 'selfhood' and her role in the cosmos. Thus, it has been our experience that some individuals, after recovering from a traumatic incident or coming to therapy to work on a trauma from the past, request a deeper inquiry about 'who' he/she is now. Two possible reasons for such a request include the client releasing him/herself and being able to identify with aspects of life other than the trauma, as well as the possibility that the trauma itself has split an individual's identity apart leaving him/her suspended in a "soulless" state (Greenspan, 2004; Singer, 1994). This next period of therapy deepens the partnership between the helper and client. The two individuals enter into a new arena where preconceived notions about self and the world soften; instead of turning away from the unknown, it is embraced (Brazier, 2003; Kabat-Zinn, 2005; Kornfield, 1993; Ladner, 2004; Levine, 2005). From this *accepting* vantage point, one realizes that trauma, despite its harshness, can become transcendent, thus giving one "a capacity to see deeply into things the way they are" (Greenspan, 2004, p. 103). Techniques used during this process include: hermeneutic reflection, active imagination, storytelling, guided meditation, stillness meditation, music therapy, and other readings tailored to introduce the client to a wider spiritual community (Brazier, 2003; Greenspan, 2004; Judith, 1997; Kabat-Zinn, 2005, Kornfield, 1993; Ladner, 2004; Levine, 2005).

Hermeneutic reflection is based on engaging the client in a conversation where all reference to the mind's present understanding of being in the world and the trauma are suspended. Both the client and helper freely associate and allow the conversation and intermittent silent moments to bring a 'true essence' into consciousnesses. This essence arises from a cognitive stillness that gives rise



to one's true being in that it illuminates the reality and the power of now, superimposing a reality already present, but usually ungrasped and un-integrated within the client's consciousness. During this time, the primary objective for the helper is to reaffirm the client's journey, self-worth, and new emerging identity. This is of critical importance in helping the client maintain a balance within her psyche, as the self is often threatened by sensing that a deeper authentic presence is assuming control of its psychic functioning. As the client moves away from a self-focused stance and moves toward a more inclusive view of the community and cosmos, a paradoxical shift may occur within the mind/body/spirit (Almaas, 1996, 2004; Greenspan, 2004; Levine, 2005). At first, it may appear as though earlier traumatic symptoms are resurfacing (e.g., anxiety attacks, depressive episodes, and dissociative experiences), but this is seldom the case. More specifically, as the client moves away from a self that was constructed at birth, and further defended in response to trauma, a reflexive regression naturally occurs due to views about oneself that are beginning to fall away (Almaas, 1996; Singer, 1994; Wilber, 1986).

This shedding or falling away must be allowed to occur in that it enables the client to continue the process of *transforming*, ultimately resulting in transcendence that is capable of embracing a transpersonal perspective about both self, and the world (Almaas, 1996; Greenspan, 2004; Kornfield, 1993; Ladner, 2004; Wilber, 1986). The helper, now, is again required to hold and contain the client's energetic discharges and by using grounding exercises, the client continues to work through layers of perceptions about self and holdings that no longer fit with a new emerging worldview. Trauma, on the other hand, may have become so ingrained, and the fear and aversion to opening up to an expanding consciousness so great, that the client has numbed her response to the world and all the treasures it has to offer. Subsequently, as a means of survival, the client may have constructed an ego that is hard and abrasive, which unfortunately, does not allow light and new understanding of self, others, and the world to be entertained. Alternatively, if the partnership remains intact and the client continues to use grounding exercises coupled with meditative and inquiry practices, transformative symptoms do dissolve, allowing an expanding consciousness to transform the pre-trauma identity (Almaas, 1996; Greenspan, 2004; Kornfield, 1993; Ladner, 2004; Wilber, 1986). Ultimately, this enables the client to let go her former identity and fully accept who he/she is becoming; assuming greater confidence and reconnecting to the basic trust that is inherent to belonging in this world (Almaas, 1996; Brazier, 2003; Estes, 1992).

#### *Process IV: Embracing Spirituality*

The final process is that of *Embracing Spirituality*. This process is concerned with the establishment and maintenance of an identity that fully embraces one's *spiritual self or essence*; such a self is not only free from trauma, but facilitates a feeling and purposeful connection with life, and allows the client to draw meaning from simply being in the world. That is, the client recognizes that even though she is relatively insignificant in terms of the entire cosmos, she also understands her importance in relation to its unfolding. The client begins to truly enjoy life and sees herself as not only important to significant others, but her actions, choices, and decisions in life are made in reference to connecting with humanity and the worldly soul/ collective consciousness itself (Hillman, 1975).

It has been our experience that survivors of trauma cannot be at home within themselves and feel such a presence until they fully accept that they are unique and special in an innate sense (not narcissistically). This is the specialness of knowing very deeply that one is valued and accepted – perhaps by a higher source, if not yet by other humans. This specialness provides them with the energy to carry out simple daily tasks, job duties, and to fulfill life goals without becoming driven by societal ideals, egoic drives, and materialistic strivings. This is an important point because survivors of trauma have a tendency to want to fill up their emptiness and shame that sometimes accompanies trauma with activities that divert their attention from reality as it presents itself (Greenspan, 2004; May, 1998). This tendency is often due to years of feeling unnecessary guilt

about the trauma happening in the first place, or due to perceptions, beliefs, and attitudes that fuel thoughts such as: “I should have done something to stop it” (i.e. physical, sexual, and emotional abuse, rape, incest, spousal homicide, suicide, vehicular homicide) (Jacobs, 1994; Katie, 2005).

It is vital to deepen the connection with one’s own essence, which usually requires *transcending* one’s self or ego, allowing a healing presence and the spiritual self to emerge into one’s consciousness. Remarking on this phenomenal experience, Greenspan (2004) stated:

Transcendence is about “rising above” our feelings. Sometimes we can do this by setting our sights on something “higher.” But in most cases, to transcend suffering authentically, we must be willing to live it fully. To rise above, we must go through – without any guarantees of what we’ll find on the other side (p.60).

It has been our experience that helping our clients sit with their pain allows a palpable presence to further pervade consciousness; interestingly, our clients equated this spiritual self with coming home. Such a “homecoming” does not require anything in return for its refuge-like qualities (Almaas, 2004). For example, safety, belongingness, and unconditional acceptance are traits that some trauma survivors search for during their entire lives. These qualities are inherent to this essence, but when not accessed, are frequently sought through addictive means or illicit behaviors (Almaas, 1996, 2004; Greenspan, 2004; Judith, 1996; Kornfield, 1993). Five techniques that foster a connection with one’s essence include: daily affirmations and mantras, inquiring into the judging mind, nature-oriented activities, creative expressions (e.g., singing, dancing, drawing), and cultivating the witness (Greenspan, 2004; Judith, 1996; Katie, 2005; Kornfield, 1993; Levine, 2005; Ruskan, 2000).

The resulting goal of these techniques is to establish a connection with the vibrancy of life itself, which enhances the flow of our lifeblood toward the goal of engendering an unwavering faith in one’s emerging spiritual self. Second, these techniques also direct the judging and often critical mind to relinquish its judgments of “what should be,” thereby aligning the psychic system to reality, as it truly is (Katie, 2005). Katie (2005) observes: “Only you can kick yourself out of paradise,” (p. 121), a statement that trauma survivors, early in the healing partnership, would be appalled to hear. However, in this final process, as clinicians ourselves, we often use this mantra in one way or another to gauge whether the client has embraced her spiritual nature. Within the arms of this mantra is an open and luminous *healing* quality, which acts as a guide outside of the partnership in extending these qualities to other aspects of one’s life. Eventually, these four processes prepare the client for leaving the partnership. Secondly, through experiential instruction, sharing, and exploration, not to mention bringing our spiritual self into the foreground, the client takes the necessary steps that bring balance within the psychic system, a balance that provides the client with the energetic motivation to embrace a new life with vigor, meaning, and purposeful direction.

Finally, as the client-helper partnership reaches its pinnacle of healing capacity (i.e., client is confident in applying healing techniques outside therapy, traumatic symptoms have dissolved, and a spiritual identity has been engendered) the need for therapy wanes, and the client is able to leave the partnership with an emerging sense of basic trust in the world and themselves. According to Kornfield (1993), embracing a spiritual self/worldview helps the client to develop a sense of “life’s irony, metaphor, and humor and a capacity to embrace the whole, with its beauty and outrageousness, in the graciousness of the heart” (p. 309). Specifically, the culmination of the four processes presented in our model and developing a spiritual self allow individuals not only to transcend their post-trauma suffering but also bring to their own lives a sense of simplicity, patience, and compassion (Trungpa, 1984). In doing so, the client is able to let go of rigid and idealistic ways of being and discover a flexibility and kindness that corresponds to deeply

accepting oneself, while equally committing to a life that extends gratitude, forgiveness, and openness to all beings, large and small.

## **Client Case Illustrations**

We have found our transpersonal, spiritual trauma approach to be effective in working with a variety of presenting issues.

*Case Example 1:* This was a female aboriginal client in her thirties who worked through a childhood trauma of being watched secretly by her voyeuristic stepfather.

Key developments in her healing took place about two months into her group therapy work after employing a gestalt guided imagery technique that led to a confrontation with her voyeuristic father. Moreover, in the aftermath of this intervention, our client was guided to ask herself the question “who” was victimizing her now? We call this technique the judging mind introspection; it is similar to Byron Katie’s (2002) inquiry method. In examining the *now* of her symptoms our client came to the startling conclusion that although there was no discounting the fact that she had been violated, it was her own mind in the *present* that needed to be challenged toward letting go of the past and dissolving the attachment to her own perpetuated suffering.

*Case Example 2:* This client, in her mid-twenties, transformed an adolescent wound of sexual trauma experienced during a drinking binge.

Initial therapeutic time was spent creating a holding and containing environment for our client to discuss her sexual trauma. Surprisingly, it wasn’t long before she reflected deeply on how this violation affected her sense of self and freedom of being. In later sessions, she began to confront the hate she held toward herself and with loving kindness and compassion (as theme of inquiry), she began to untangle her trauma identity. In closing sessions, she began to connect to deeper aspects of being. By employing the meditative technique of cultivating the witness (not attaching herself to her thoughts), but instead paying attention to their rise, fall, and cessation, she was able to drop her trauma identity and rest in awareness.

*Case Example 3:* Our final case illustration was a gentleman in his fifties who healed a long-held trauma of an emotionally distant and unloving physically abusive father.

In this case, the major approach adopted was the containment, holding, and engendering of a nurturing relationship between the client, group members, and the group facilitators. Our client presented with a great deal of hidden anger toward his father and because of the psychological and physical violence that he suffered as a child, his body armoring was rigid and his emotional expression was masked with layers of intellectual posturing. Thus, as we worked with his basic sense of trust in existence our client became more intimate with the other group members and the facilitators in general. The mid-point of therapy was directed toward the examination of his fear regarding the accessing his anger toward his father and why he could not do so. Further therapeutic interventions included empty chair work, stillness meditation, and selected readings given to him by the group facilitators aimed at helping him loosen his body of fear. In later sessions, our client was able to access his pain, confront his father, honor his own being, and acknowledge that he did not turn into his “father”. Lastly, as he began learn to witness his thoughts and emotions with some degree of non-attachment he began to let go of his “I am not good enough” view of himself.

A common challenge reported by these clients was their ability to actually sit with their experience of trauma without judgment, aversion or escape. However, with gentle encouragement our major approach is to help clients to stay in their experience and [[expand into spaciousness by witnessing the inner experience of their trauma. In this place, clients learn that traumatic symptoms are transient, not-self, and impermanent. Moreover, they begin to develop wisdom and compassion surrounding the stories that their egoic mind has clung onto eventually releasing themselves from their own suffering.

In closing the client case examples, we hear from the aforementioned second client, after sitting with an insight that came to her in the aftermath of working in group one evening last winter:

*All of a sudden, I found myself weeping in the blankets, and it was relief, joy, gratefulness, vastness... everything. My full self of being, all there in my vastness, lying in my bed from this background consciousness, like it always has been, but now not in the shadow of the ego. I feel like I am and have been coming back to me. I felt this deep love and appreciation for myself, my journey to here in the moment. I reflected on where I have been in my life and how hopelessness was different then from what it is now. My heart ached with love and gratitude.... Gary man I don't know, good timing. Thanks, and I am deeply grateful for everything.*

Nancy

## Summary

Overall, this Spiritual Framework for helping clients work through trauma is based on the premise that in all humans there is a transcendent essence or self that can never be destroyed, tainted, or buried, despite the extent or intensity of an individual's traumatic experience. Central to this framework is the creation of an authentic partnership, where clients can be guided to understand themselves and thus learn to listen to their pain instead of building a prison around it. Armed with this insight, clients can work through their traumas and a return to meaningful existence. Then, as clients are guided toward fully healing themselves, they develop the capacity to be "open, to forgive, to let go, grows deeper" (Kornfield, 1993, p. 320).

The framework presented here does not claim to provide an answer or healing solution for all individuals who have experienced trauma. We are also aware that not all individuals who have experienced trauma would necessarily find a spiritual perspective helpful or subscribe to a phenomenology pertaining to the existence of a spiritual self or all-pervading essence. In addition, for those individuals who are suffering from chronic PTSD symptoms, our model may not provide immediate relief as its processes take hold only after a period of diligent and sustained commitment.

Alternatively, the first two processes (i.e., holding and containing, letting go and expanding) of this Framework do present people who have experienced traumas with opportunities to engage in a treatment regimen aimed at ameliorating symptoms that may enable them to return to their baseline states of being. It has also been our experience that many clients who come into treatment for trauma-related reasons (regardless of their type) require a deeper inquiry into the impact that the event or events have had on their health and well-being (i.e. accepting and transforming, embracing spirituality).

This framework considers trauma to be unfortunate but equally capable of waking people up so they can get in touch with a life-force that transforms, energizes, and heals, ultimately opening them to a path that is trodden upon for the sheer sake of enjoying the mystery of life in all its vibrancy and colors.

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## Appendix I: Treatment Interventions

Processes	Intervention
Process I	<ul style="list-style-type: none"> <li>▪ Creation of holding &amp; containing environment</li> <li>▪ Hermeneutical reflection and introspection (basic trust evaluation)</li> <li>▪ Body scan visualization</li> <li>▪ Meditative breath work</li> <li>▪ Body dialogue</li> </ul>
Process II	<ul style="list-style-type: none"> <li>▪ Investigatory reflection / evaluation of client symptom reduction</li> <li>▪ Health practitioner strategic self-disclosure</li> <li>▪ Loving kindness/acceptance meditative exercises</li> </ul>
Process III	<ul style="list-style-type: none"> <li>▪ Cultivating the witness / development of observing ego</li> <li>▪ Client / counselor hermeneutical free association</li> <li>▪ Guided imagery</li> <li>▪ Stillness meditation</li> <li>▪ Transpersonal / spiritual reading &amp; reflection</li> <li>▪ Paradoxical containment</li> <li>▪ Hermeneutic basic trust integrative reflection &amp; grounding</li> </ul>
Process IV	<ul style="list-style-type: none"> <li>▪ Daily affirmations / mantras</li> <li>▪ Judging mind introspection</li> <li>▪ Walking meditation / active nature play</li> <li>▪ Creative expression (i.e., singing, dancing, drawing).</li> <li>▪ Music therapy</li> <li>▪ Continuing cultivating the witness</li> </ul>



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