

Abstract

After interviewing Searle for my radio show, I entered the My Envisioned Mind process as a participant and assessor. Even though I entered the process from a scholarly examination perspective, I entered fully engaged with a focus on healing and releasing any residual trauma from anything that hinders my success, including trauma from my divorce, a previous on-again-off-again relationship, childhood issues, etcetera. Superficially, My.EM. appears similar to other healing modalities I have experienced. However, my intrigue with the process's depth, speed and lack of intrusiveness piqued my curiosity to become a willing participant.

This paper examines the theoretical foundation of the My Envisioned Mind process and provides a general overview of its development. A brief description of my journey through the nine steps of the process demonstrates aspects of the methodology.

Fifteen years ago, Beverley F. Searle of Australia developed the My Envisioned Mind (MY.EM) process out of the necessity to heal her own trauma. The residual impact of her trauma led to a diagnosis of Dissociative Identity Disorder. After suffering under the weight of various mood altering drugs, she researched and ultimately developed her own cure. The resulting nine-step My.EM process has since been utilized with individuals suffering from various disorders that have been precipitated by trauma including clients suffering with schizophrenia, bi-polar disorder, BPD, panic and anxiety disorders, eating disorders, depression and addictions, as well as DID and PTSD (“The Author Beverley Searle,” 2017)

Theoretical framework for MY.EM

The MY.EM theoretical framework combines two theories – Roberto Assagoli’s psychosynthesis and Bessel van der Kolk’s trauma theory.

Assagoli expounded upon not only the work of his teachers Freud and Jung, but also included and applied the spiritual aspects of human psychology beyond Maslow’s exploration of the concept of self-actualization. His psychosynthesis work addresses the multidimensional individual—physical, emotional, mental and spiritual. After serving time in prison under the reign of Mussolini, Assagoli dedicated his work to helping individuals free themselves from inner prisons (Mankoff, n.d.).

Assagioli’s dedication and perspective on personality resulted in an egg-shaped Transpersonal Self model that includes several dynamic layers of the self (Assagioli, n.d.):

1. The lower unconscious - contains or is the origin of the dreams and imagination, primitive urges, fundamental drives, pathological manifestations, complexes, and psychological activities which direct the bodily functions.

2. The middle unconscious - experiences and mental and imaginative activities are assimilated and gestated before coming into consciousness

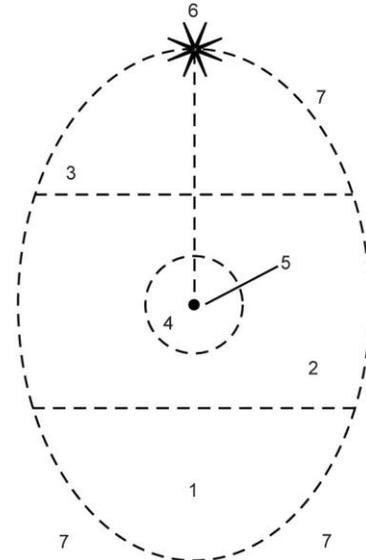
3. The higher unconscious or Superconscious - holds our intuitive and spiritual energies. The source of states of ecstasy, illumination and contemplation.

4. The field of consciousness - the area of personality of which we are aware through the flow of thoughts, sensations, feelings, desire, impulses which we can observe, analyze and judge.

5. The conscious self or “I” - self-awareness, the center of our consciousness accessed through contemplation. Tends to disappear when we fall asleep.

6. The higher self – reflected in the conscious self; remains intact without the stream of the mental or bodily conditions.

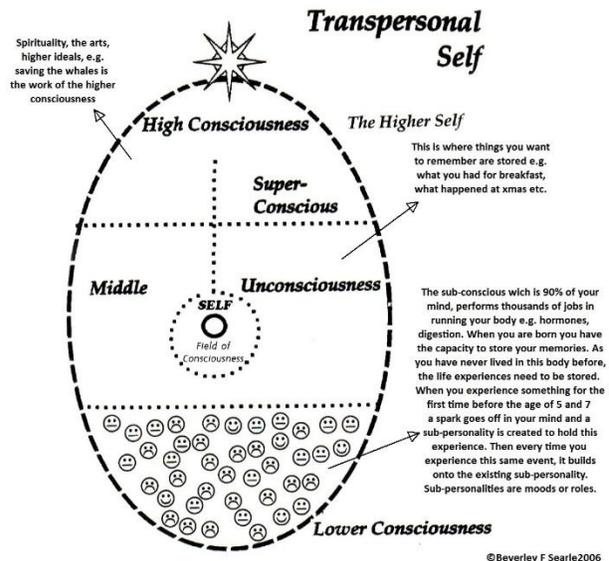
7. The collective unconscious - our connection to all living beings—we are delimited from others, not divided.



According to Assagioli (1995), people tend not to observe themselves and operate primarily in the mind area of consciousness. Thus, individuals are unaware of the dual nature of existence of two selves within them. He indicated that subpersonalities detract from the true self and can cause conflict within the self to rise to the surface prompting anxiety, depression, anger, psychological dysfunction, physical and mental health issues. His theory and methodology of psychosynthesis “aims to bring together the various parts of an individual’s personality into a

more cohesive self so that the person can function in a way that is more life-affirming, authentic and faithful to his or her espoused values” (Boileau, 2009). Assagioli asserts that personality and memory are energetic forms that can be changed.

The MY.EM process relies on the changeable energy of the personality and memory and works within the Lower Consciousness of Assagioli Transpersonal Self model where the subpersonalities and the two selves reside. Searle (2002) utilized Assagoli’s theory that life experiences are stored by subpersonalities which are formed throughout childhood. Every new experience built into and accepted by a subpersonality who becomes or takes on a role of the mood or the experience (Searle 2002). Within MY.EM an individual primarily works with the identification, des-identification, healing and management of the subpersonalities which often were created because of trauma or adverse events.



The MY.EM process also encompasses Bessel van der Kolk’s (1995) trauma theory. Van der Kolk (1995) theorizes that the brain’s limbic system stores and responds emotionally to trauma. Trauma is preverbal or without language and resides in the right side of the brain. The limbic system prepares us for survival and serves as the instinctive primitive emotional part of the brain. Within the limbic system triggers of a past trauma may activate an individual into a flight/fight/freeze response. The emotions of the past trauma flood into the individual’s system and the traumatic experience is relived through inappropriate behaviors or actions that are out of place and time (van der Kolb 1995) (Searle 2002).

According to van der Kolk (1995), accessing this part of the brain can be done through visualization or pictures since the limbic system does not function within the verbal system. Since traumatic memories are stored in the limbic system as pictures, working effectively with healing trauma would best be accomplished by using pictures or visualization. Van der Kolk's (1995) demonstrated and tested his theory by using a visualization process with Vietnam Veterans returning from the war with symptoms that would later be classified as Post-traumatic Stress Disorder.

Similar to van der Kolk, Searle (2002) utilizes visualization as the primary vehicle for accessing and healing trauma. Dissimilar to van der Kolk's (1995), Searle's (2002) process occurs without a regurgitation of the trauma through reenactment or talk. In using visualization, Kolk (1995) encouraged the recall of traumatic experiences and then replaced the vision or picture of the old experience with a new vision or picture. The MY.EM process emphasizes healing the trauma within the subpersonalities and placing in new pictures. Further examination indicates Searle may have inadvertently included additional aspects of Assagioli's (n.d.) theory. Searle uses two selves in MY.EM as mentioned by Assagioli (n.d.): the true self manages the healing process and the clone or other self serves as the housekeeper/director. The MY.EM process further builds around a unified center and a firm organization of the personality which Assagioli indicated as a necessity for psychological well-being.

The MY.EM Process

Searle (2002) combined the common aspects of van der Kolb (1995) and Assagioli (1975) theories which included visualization and healing at the deep subconscious levels to create MY.EM She used the process with clients, including herself, who suffered with Disassociate

Identity Disorder (DID). The process evolved as she discovered that DID clients were missing two things: safety and happiness. As she began helping them to create a safe and happy place in their head she found that they already had a home in their head that was developed since childhood. She modified her process and started guiding clients to finding their childhood home and refurbishing it with the help of their inner self-helper (Searle 2002).

The client visually sets up a home in their head with a housekeeper (Assagioli used the term Director) and meets his/her subpersonalities. The client works with the inner self-helper/director to access the subpersonalities in the subconscious mind. With the assistance of the inner self-helper the subpersonalities who have experienced trauma are submitted to a healing process and integrated as a part of the clients support team.

Searle (2002) expanded MY.EM's applicability by using the terminology "adverse life events" instead of trauma as more people have experienced adverse life events which led to trauma type symptoms including anxiety, extreme stress, physical ailments, etcetera.

The MY.EM guided visualization includes nine steps (Searle 2002). Steps one through four can be completed on one's own. Steps five through nine are best completed with an experienced guide as an individual's experiences could be stored in several ways and troubleshooting may be necessary to continue through the process. The individual's ego may also attempt to protect the subconscious in various ways and troubleshooting may be necessary. Each step of the process uses a check system to ensure healing has occurred prior to moving to the next step. ...

A Reflection of My MY.EM Experience

Usually MY.EM spans four to five sessions of one and a half to two hours each. I participated in an accelerated process of three sessions of two and a half to three hours each via Skype because I have a high absorption rate when participating in spiritual and healing work. In

accomplishing the first four steps of the process, Searle guided me through an interactive visualization of setting up my safe and happy home/retreat in my subconscious.

...

Results

With the completion of the MY.EM process, I was surprised at the immediacy of changes that occurred in my life. My capacity for being focused and organized increased. My anxiety level decreased and procrastination stopped. The simplicity of the process, yet the complexity and depth of the issues addressed through the process positions the My Envisioned Mind as a powerful intervention.

The MY.EM process so impressed me with how I can integrate it into my life's work of helping people to release their chains of slavery, that I became a certified MY.EM Consultant. The certification process included five weeks of training, completion of the MY.EM process with Searle, and a practicum with one-client. I will receive additional experience and training as I will also shadow Searle in a trial utilizes the MY.EM as a PTSD intervention.

Conclusion

The My Envisioned Mind process unifies the work of Roberto Assagioli and Bessel van der Kolk into a process that demonstrates the healing theorized by both researchers. The process is nonintrusive subconscious level and gives the individual the power of self-healing. MY.EM appears in line with other transpersonal therapies that are moving beyond just talk therapy. The primary difference between MY.EM and some of the therapies, lies with the visitation to

traumatic feelings. Even van der Kolk's (2014) visualization and experiential three dimensional exercises revisit traumatic feelings before replacing such feelings with a new way of being.

MY.EM's applicability extends beyond healing trauma. Searle (2017) has already explored using it for anything that blocks or hinders an individual from accomplishing their goals such as in business and with weight loss.

References

Assagioli, R. (1975) *Psychosynthesis*, Penguin Press, England

Assagioli, R. (n.d.). *Dynamic Psychology and Psychosynthesis*.

Boileau, R. (2009). Sub-Personalities And Authenticity: A Model of Intervention in Spiritual Direction. *The Way*, 48(1), 26–36.

Searle, B. F. (2017). Personal Communications My Envisioned Mind. Skype Communications.

van der Kolk, B. (1995). *The Body Keeps the Score: Brain, Mind, Body in the Healing of Trauma*. New York, NY: Harvard Press

The Author Beverley Searle. (2017). Retrieved from <https://yourenvisionedmind.com/about/the-author-beverley-searle/>