



Holding the Infant and the Infinite:

Interweaving Attachment-informed and Transpersonal Frameworks into Psychedelic-assisted EMDR Therapy

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A Case Vignette Illustrating PsyA-EMDR in Psilocybin Therapy: Enabling Symbolic Repair, Inner Reparenting, and Lasting Shifts in Self-Worth, Safety, and Identity

Elizabeth, a woman in her late 20s, initially sought therapy to prepare for a therapeutic psilocybin journey. Her history was marked by trauma, including themes of childhood exposure to domestic violence, early medical trauma, and boarding school experiences that contributed to feelings of isolation, insecurity and abandonment. Though experienced in therapy, she remained haunted by a catastrophic fear of what might surface during any psychedelic work. Using standard EMDR protocols, we targeted the catastrophic fear of what could emerge during a psychedelic trip; an intrusive image of blood on the wall from a night when police were called after her father violently assaulted her mother when she was six. The image held a SUDS of 10, with the negative cognition, "I am powerless." Over multiple sessions (around 18 months), we processed this to completion (SUDS 0 / VOC 7), the image shifting from terror to empowerment and compassion. As we then prepared for the psychedelic medication phase, we used PsyA-EMDR to establish resourcing figures, harvesting a collection of objects that could be used as tangible resources during the psychedelic medication session itself.

During her psilocybin session in a retreat setting, she spontaneously returned to the same core memory: the bottom of the stairs, staring at her terrified younger self. This scene was interwoven with vivid transpersonal imagery, ancient pyramids engulfed in darkness, dark maze-like creatures, the presence of her mother alongside two shadowy figures who appeared as guides. Accompanied by her mother, the two calm and knowing guides stated: "This is serious." Remaining gentle, reassuring, purposeful and calm, the guides then said "We need to show you something, but don't worry, it won't be scary". This time, guided by the internalised resourcing and her adult self, she reached out to her child self saying "I've got you". She held this younger self and apologised for not protecting her, promising to take care of her now. She repeated, "You are enough." "You are beautiful and talented." "I'm so sorry for neglecting you". Tears flowed. So did laughter. When she got stuck or started looping, she knew that she could tap it through using BLS, just like she had been taught to during psychedelic preparation EMDR therapy. A somatic release followed, tinged with grief and the long-held belief, "I wasn't enough for them to love me enough to stop this happening." And "It wasn't my fault". Despite her previous concerns, the experience was well tolerated.

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*During PsyA-EMDR integration therapy, we used the **Script for Transpersonal ai-EMDR Somatic Bridge (Floatback)** to identify the most emotionally charged moment of the psychedelic journey, an experience of being engulfed in darkness (a transpersonal theme), the core negative cognition, "I am not enough," emerged. This belief was felt somatically in the chest, with a SUDS of 4, and accompanied by waves of sadness, grief, and an emerging sense of self-compassion. We traced this emotional resonance back to a much earlier memory: being left alone in a hospital bed as a 5-year-old child during an episode of Cyclical Vomiting Syndrome, a condition that the client now associates with overwhelming stress and emotional neglect. This bridging process revealed how conditions of worth and not being enough had helped them to make sense of their abandonment and this had been woven into their implicit memory networks, which got reactivated during the later violent episode at age 6. Working with this target allowed for deeper access to attachment-based wounds which sat beneath the surface of the safety work. This revealed a layer of meaning beneath the work targeting safety-based cognitions ("I am powerless"), allowing the Adaptive Information Processing (AIP) system to begin integrating more attachment-rooted material around self-worth. As the session unfolded, the client arrived at a new, empowering belief: "I am going to be the one to save myself." This insight wove together two foundational beliefs, "I am enough" and "I have the power to make myself safe".*

This case illustrates how trauma memories can hold multiple, nested layers, each requiring distinct entry points. Transpersonal imagery and affective states, evoked during the psychedelic experience can activate these unresolved attachment wounds. Held within a transpersonal and attachment-informed framework, in this case EMDR became a vessel not only for symptom resolution, but for symbolic repair, inner reparenting, and the reclamation of self-worth and safety from within. A maturation of the adult Self. Of course, psychedelic integration is an unfolding life-long process that extends beyond the therapy room. Symbolic rituals such as setting a childhood photo as her phone wallpaper, connecting with nature, beginning training as a student therapist, and cultivating healthy relationships, the client continues to integrate these emerging shifts in identity and self-worth.