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## EmotionalBodyProcess II: Theories and Evidence on Combining Imagery, Energy Medicine, and Awareness of Non-Local Mind

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### Introduction

We discuss theories to explain EmotionalBodyProcess, a method involving imagery healing for transformation of negative biological energies and subtle energies that exist within our environment. This innovative technique was described in IJHC Volume I, No. 1. Briefly, it involves the creation through imagery of a space where you concentrate the energies of love, acceptance, forgiveness, and healing. Into this space you invite the image of whatever negativity in your life you wish to transform. By dialoguing with the negative image, offering to give it whatever it wants of you, you will find that the negativity is rapidly diminished.

LINK TO FAQ <http://www.wholistichealingresearch.com/References/FAQ.htm>

EmotionalBodyProcess combines imagery, biological energies, and non-local mind. How these may work is discussed in this paper.

### Historical notes

The transformative powers of love have been noted by others.

There is no difficulty that enough love will not conquer; no disease that enough love will not heal; no door that enough love will not open; no gulf that enough love will not bridge; no wall that enough love will not throw down; no sin that enough love will not redeem. . .  
 attributed to Emmet Fox

The transposition of polarities as a healing technique was observed hundreds of years ago.

. . . the twelfth-century magician and poet Milarepa, one of Tibet's greatest Buddhist teachers. . . lived in remote mountain caves. One day he returned to his cave and found it inhabited by seven ferocious and threatening demons. He thought to himself, "I could run away, or I could banish these demons." He opts to banish the demons, and does so simply with six of them by using his traditional magic. But the seventh demon refuses to go away. Milarepa reasons, "This demon is a creature of my own imagination and exists only through my own capacity to feel fear." The story then continues with Milarepa offering the demon some passion and offering to share his cave with it. With friendliness and compassion, and without concern for his body, Milarepa placed his head in the mouth of the demon; but the demon could not eat him and so vanished like a rainbow.  
 (from Stephen Batchelor)

Confronting and transcending fears has been recommended by many a wise person.

You gain strength, courage, and confidence by each experience in which you really stop to look fear in the face. You are able to say to yourself, 'I have lived through this horror. I can take the next

thing that comes along.'

Attributed to Eleanor Roosevelt

As is often the case, each culture and each generation must rediscover the ways of dealing with its challenges.

### **Imagery in the domains of non-local mind**

In the realms of non-local mind (Dossey 1993), the mind may be independent of the brain. Imagery and metaphor are appreciated in a qualitatively new way. They are actual instruments for direct interactions between individuals and the material world beyond the boundaries of the individual (LeShan 1976). This is a quantum advance over the conceptualizations of metaphor and imagery as explained within reductionistic frameworks. \*These realms may also include direct experiences of spirits of people who have died, direct awareness of a collective consciousness and of the environment and guidance from an intelligence that far exceeds our own individual consciousness.\*

Between individuals, non-local mind provides a means for communication. Telepathy (Edge et al 1986) and healing (Benor 2001a; b) are aspects of this communication that have been amply substantiated in research. Much of this research is published in parapsychology journals and is never seen in conventional scientific journals because of the publication biases of conventional journals (*J. American Medical Association*, March 9, 1990).

Clairsentience, awareness of information about the inanimate world, is also well substantiated in research (Edge et al 1986). Non-local mind appears capable of perceiving the outer world beyond the individual with no known limits. For instance, research at the Stanford Research Institute (Targ and Puthoff 1974) and the Princeton School of Engineering (Jahn and Dunne 1987) confirmed that people in a laboratory could describe randomly chosen distant locations accurately, even when these were many miles away.

Even more fascinating is that people could describe what would appear to an observer at these locations prior to the observer's arrival at the location (Jahn and Dunne 1987). Similarly, psychometry, the identification by a person of what has occurred in the past to an object, or in a particular physical location, has been demonstrated (Pollack 1964). Thus we find that in the realms of non-local mind, time is not the linear stream that it is conceptualized to be in the ordinary world. Through mental intent, sometimes spontaneously, it is possible for mental influence to cross the apparent barriers of time.

Non-local mind is acknowledged to contribute to psychotherapy, with and without the conscious intent of the therapist and client (Eisenbud 1983; Mintz with Schmeidler 1983). The changes in family relationships following EmotionalBodyProcess were illustrated in Part I of this article (Benor et al 2001), between patients and relatives who were many miles away and linear communications between them was non-existent.

In the psychic/ spiritual healing areas of non-local mind, imagery and metaphor are perceived to be aids in inviting/ channeling, assimilating, shaping, and projecting biological energies. Within individuals, biological energy fields act automatically as transducers for mind (Brennan 1993). That is, the energy fields translate and transform intent, thought, and emotions into physical and psychological processes, modulate physiological activities, shape growth, and maintain constancy of body form and functions so that routine replacement of biochemical elements and repairs of damaged tissues are all handled automatically. Subtle energies may also be used deliberately by individual to influence their own physical and emotional realities, and may be used in healing others (Benor 2001a; b; Benor 1993/ in press; Brennan 1993).

Our thinking about the world, and about ourselves as well, is largely shaped by our outer senses, and in our Western society we are taught not to trust our inner, intuitive, and spiritual senses. Imagery in our everyday world is seen as belonging to the domains of art, poetry, literature, dreams and other non-linear realms where metaphoric expressions are accepted means of communication (Graham 2001). Within Western culture, these domains are accorded a lower status than domains where logical reasoning apply, such as those based upon mathematically or verbally reasoned disciplines (Smith 2001). The latter are linear, material and reductionistic areas of endeavor (Braud and Anderson 1998). In these domains, there is a constancy of form and spatial relationships. A larger entity is understood by breaking it down into its constituent components. Here, digital and reasoned disciplines are applied to our physical and social worlds, worlds in which we experience ourselves as living through our outer senses.

From the perspective of linear realms, imagery and metaphoric communication are judged to be imprecise and unmeasurable, and therefore unreliable means of relating to the world. When health care is viewed from this end of the spectrum of consciousness, symbolic experiences and communications may be interpreted as no more than sociocultural images that may shape expectations (Kirmayer 1993).

The arts, sadly, languish and suffer from lack of support in schools, museums, and concert halls. The governing bodies and institutions in the Western world do not value the arts sufficiently to invest in teaching them to our children. We grow up with such a heavy emphasis on linear and materialistic thinking in school and work that we become indoctrinated through subtle and non-so-subtle ways in beliefs that the worlds of feeling and intuition are less valuable and less effective modes for communication and for dealing with issues and problems (Goleman 1995). From this vantage point, imagery is considered a product of fantasy. The mind, where imagery resides, is the product of brain biochemical and bio-electrical processes. Imagery is therefore a product of natural processes rather than an originator of processes (Graham 2001).

In the realms of creative endeavors imagery and metaphor are accorded great value and respect in several manners and on several levels of interaction with the world. These are realms that Jungian psychology defines as *feeling* and *intuitive* (Sharp 1987)\*REF. Our experiences in these realms are personal, subjective, and impossible to communicate in precise language. In these domains we rely upon the analogues of imagery and metaphor to communicate with other people. These allow us to share emotional and intuitive experiences. They also provide imagery, such as in national and religious symbols, that act as cohesive influences amongst groups of people (Campbell 1972).

Included amongst the creative endeavors are various forms of re-working our perceptions and relationships to each other — not only the acknowledgement of shared experiences, but also the sculpting of new ways of relating to the world through creative therapies such as storytelling (Gersie and King 1992), music (Drohan 1999; McClellan 1988; Skaggs 1999) and art therapy (McNiff 1992). In this end of the health care spectrum, metaphoric communication is perceived as a potent means for healing interventions at the level of auditory and visual communications.

On deeper, personal levels of imagery, numerous psychotherapies work within the domains of intuition and feeling. Dream analysis follows the imagery produced by the unconscious mind during sleep (Boa 1992; Covitz 2000; Dalai Lama 1997; Von Franz 1998). Active imagination is used by many psychotherapies, inviting people to re-create the dramas of their lives through images that allow them to perceive themselves in fresh ways and to explore creative reworkings of their inner worlds and outer relationships (Achterberg 1985; Epstein 1981; 1989; Gawain 1982; Remen 1998; Watkins 1977; Zahourek 1998; Dooling 1991). Most therapists view these uses of imagery as projections and reworking of mental and emotional processes, assuming they act merely within the psychological realms. Here imagery provides stages upon which the dramas of people's lives can be acted out and processed through thinking and emotive processes (Schaverien 1992).

### ***Energy medicine and imagery***

Albert Einstein proposed, early in the 20<sup>th</sup> century, that matter and energy are interconvertible,  $E = mc^2$ . While this is very different, even strange, to the Newtonian world of our everyday senses, quantum physics has amply confirmed that we can address the world either as matter or as energy (Benor 1994 <http://www.wholistichealingresearch.com/Articles/Einstein.htm> ). Conventional, Newtonian medicine has been slow to absorb that a living body can also be addressed as energy. This is what healers have been saying for a long time (Benor 1994).

Imagery is used by healers to focus, invoke and direct the actions of subtle energies. Healers in many traditions picture white healing light enveloping the healee or the parts of the healee needing treatment. Therapeutic Touch healing suggests visualizing a transfer of green or yellow light to energize the healee; blue for calming or soothing (Krieger 1979; 1993). This is their way of projecting subtle energies for healing. Other healers project images of the healee being whole and well, to correct energetic patterns of illness that are believed to cause and maintain illnesses (Benor 2001a; b). LeShan healers use imagery of the healer uniting with the healee, and of both uniting with a higher power, which they term the *All* (Benor 2001a; Goodrich 1978).

While it is unclear to what extent the imagery activates or shapes the healing process, these are the reports of both the healers and the healees that are engaging in healing. Many healers teach their healees to practice imagery exercises during sessions for self empowerment.

What the imagination sees, the mind begets.  
Paracelusus 16<sup>th</sup> Century

Imagery appears to be a way for the mind to manipulate subtle energies. It thus provides a very productive way to address problems that often have not been responsive to conventional interventions under the conceptual systems of physical, psychological and social diagnoses and treatments.

EmotionalBodyProcess facilitates healing on both of these levels – of metaphor and subtle energy.

### **Clinical examples**

I (DvS) am particularly interested in working with pregnant women who go into premature labor and have threatened miscarriages. This carries the danger of bringing a baby out of the protective environment of the womb before it can cope on its own. We help the women to get in contact with their labor and with their unborn child.

For example, “Dora” started labor five months early. She was sent to hospital and put on intravenous medicine (Partusisten) that is meant to halt early labor, but nothing helped. They even gave cortisone, anticipating that this might help the lungs of the child when it was born prematurely. Dora used the EmotionalBodyProcess and asked her labor, “What do you want to tell me?” It responded, “Look after yourself, don’t think of anything but yourself. It is your time now.” Following this dialogue, Dora’s labor pains ceased, with only a brief bout of false labor once for two hours. She had a normal delivery, five days before term.

Various psychotherapies report the uncovering of remote memories from childhood. Though it may be debated whether any or all such memories relate to real events, their transformative effects are often impressive.

Thirty year-old “David” suffered from panic attacks since age eighteen. He would decompensate into psychotic states in which he was terrified that he would die. It used to require his entire focus and emotional energy to keep from thinking of dying.

In therapy, he saw a dark cloud and then the devil coming up from inside himself as a dark cloud. Encouraged by the therapist (DvS), he said, “Hello!” and the devil changed slowly to become his grandmother, standing next to himself lying in the bed as a six-month old child. His grandmother wanted to lift him up and to take him away to her rooms so that his mother would get a shock when she came home. The old lady was not strong enough to lift the baby up. It seemed to be a long struggle, and then his mother came home. Grandmother went off. This man had been years in therapy and he could hardly live with his panic attacks. They are much improved since this visualization. Everybody suspected previously that something had happened between David and his alcoholic father. Through contacting the feelings and the “Hello” to the devil, a very different story came up.

David still has panic attacks but they are not anywhere as severe as earlier. He is no longer afraid of dying. He is able to manage many of the tasks of daily living and lives a much more normal life.

### ***Back to theories of imagery and love energies as an avenue to healing***

The biases of our reductionistic society against metaphoric communication are pervasive and may be very difficult to overcome. We borrow nouns and verbs from the domain of the material world to describe these inner worlds. Our educational and industrial production systems emphasizes thinking and outer senses so heavily that our confidence in our personal feeling and intuitive sides has been eroded (Goleman 1995; Zohar and Marshall 2000).

The power of language to induce and stimulate imagery is self-evident in all cultures. This is particularly true in the processes of healing, where language and imagery are major contributors to the origins and progression of dis-ease or disease and in healing processes. Even in non-westernized, traditional cultures where healing through other levels of reality is more accepted, shamans have to learn to divorce themselves from the limitations imposed by everyday ways of perceiving and thinking.

Traditional education consists of ... enlargement of one's ability to see, destabilization of the body's habit of being bound to one plane of being, and the ability to voyage transdimensionally and return. Enlarging one's vision and abilities has nothing supernatural about it, rather it is 'natural' to be a part of nature and to participate in a wider understanding of reality.

Overcoming the fixity of the body is the hardest part of initiation  
Malidoma Patrice Somé (1994)

Modern health care uses imagery during treatment, recovery, palliation, and in dealing with terminal illness. Sadly, there is too often a negative emphasis that promotes negative expectations and surrender to what conventional medicine views as an inevitable progression of disease. For instance, doctors too often point out the negative expectations in a cancer prognosis, saying "There is a 60 percent probability that your disease will be fatal within five years," rather than "You have a 40 percent chance of living beyond five years, and let's see how we can help you place yourself in that 40 percent."

In health care, peer censure and publication biases put dampers on the wider use of innovative healing changes and on their integration into mainstream psychotherapy and medicine (JAMA 1990). To some extent this appears to be due to masculine, thinking, competition-oriented approaches. EmotionalBodyProcess, based on imagery and feelings, introduces a feminine approach to caring. In feminine, accepting approaches the sorting out of feelings and context are equally as important as the application of logic and rules (Frenier 1993/1994). Allowing a situation to develop and exploring the felt experience of its unfolding is a feminine approach, in contrast with the masculine, which wants to analyze, dissect, and reassemble to pieces of a problem into logical patterns that are removed from the immediate, actual experience itself (Qualls-Corbett 1988).

Everyone has a measure of intuitive and feeling awareness. For instance, we all have some concept of what love is. In the English language this concept is limited by the paucity of variants that would qualify the nature of love being discussed. In Greek, for instance, clear distinctions are made between *eros*, sexual love, and *agape*, brotherly love. In English we have to use modifiers to define which aspect of love we are addressing. We can further differentiate between qualities of love such as parental love, filial love, love of satiating our outer senses, and so on.

Love reveals us to ourselves  
*Carotenuto (1989 p 9)*

Love, as unconditional positive regard, is accepted as a quality essential to positive and growth-promoting interactions between parent and child (De Mause 1982), between other members of families (Buscaglia 1982), and between therapist and patient Dass and Gorman 1985). It is perceived as a nurturing quality that encourages the development of self confidence, positive self concepts, strength to take successive steps along one's developmental path, and that provides encouragement and support to deal with the challenges of life. Love at this level of interaction is perceived again to apply to mental and emotional aspects of one's being, with interventions reliant upon verbal and non-verbal aspects of social communication. The quality of love and heart energy is beautifully summarized in a French proverb.

The heart has its reason which reason does not know  
Anon

Love as a potent intervention has support in research. Rabbits on a diet that induces arteriosclerosis have been shown to have significantly less hardening of the arteries when fondled and given love by the animal handlers. The combination of relaxation, meditation, imagery and acceptance, love, and confrontation in support groups has been shown to slow or even reverse the progress of cancer (Simonton et al 1980), heart disease (Ornish 1990), and AIDS (Mundy 1996; Solomon 1980/1981). Paths are proposed whereby the brain may communicate through neuropeptides with the immune system (Oschman

2000; Pert 1997; Watkins 1977). It is even suggested that the brain, through these mechanisms, may extend throughout the body via the immune system (*Advances* 1993; Booth and Ashbridge 1993).

To this point in our discussion on the therapeutic uses of imagery, mind is seen as being the product of the brain.

### ***Polarities in healing***

*EmotionalBodyProcess as energy medicine may address polarities within a person. Imbalances may appear within a person between right and left sides of the body, between head and heart, head and abdomen, mind and feelings, sorrow and happiness, and so on. The imagery interactions present themselves as entities that do not know each other, that are separated by vast gulfs of misunderstanding, but that are actually well matched pairs and often evolve to be wonderful partners.*

People tend to vilify a side within themselves that is perceived as negative and to wish to eliminate it. People cannot dismiss one side without leaving the other side with burdens that are too great to manage. Conversely, that which is pushed away will demand to be acknowledged and felt. The more it is pushed away the more intense will be its efforts to be included in a person's life. Joy, for instance, can only be lived in its fullness if its opposites of pain, depression, despair, boredom, etc. are not neglected. Joy can invite its polarities to accompany and counterpoint it and the result will be even greater and deeper joy.

Conversely, sorrow that is not expressed will fester inside a person until such time as it can be released. Though people feel they are pushing such negative feelings away (that is, outside themselves), they are actually locking them away inside. This is very common with the sorrow of grief, that may surface years after a bereavement if it was not given expression at the time of the loss. While they are struggling to be acknowledged, such buried feelings will frequently intrude and disrupt a person's life.

It isn't what happens that bugs you, it's the things that you say in your head about what happens that makes all the machinery get messed up, and leads to varieties of disease.

Wallace C. Ellerbroek (1978)

EmotionalBodyProcess facilitates invitations to all feelings, positive and negative, to express themselves. The dynamic, positive tension is palpable from the first flirtations between polarities. People feel more alive as they release pent up emotions. They feel the progress inside themselves as the previous enemies sit down to negotiate together. It may take some weeks to reach an integration of such opposites.

Using the imagery and energies of love, healing, acceptance and forgiveness to neutralize negativity has many parallels in other therapies.

The clearest example is from Neurolinguistic Programming (NLP), which uses the technique of *collapsing anchors* (Bandler and Grinder 1979). You may easily explore this yourself. Sit with your palms on your thighs. Connect with a negative memory (where your experienced pain, fear, failure or other negative feelings). Assess how strong the negative feelings are – on a scale from 10, the worst you could feel, to 0, where you have no feelings about it at all. Then, press on your thigh with a finger of your right hand as you mentally focus on the negative feelings attached to this memory. Hold the pressure for about 30 seconds as you re-evolve the feelings associated with that memory. Then release the pressure as you release the memory, taking care not to move your hand so that you can press on the same spot again later. Then press with a finger of your left hand on your left thigh as you connect with a positive memory (where you felt feelings such as joy, elation, competence). Hold the pressure for about 30 seconds as you re-evolve the positive feelings of this memory. Next, release the pressure as you release the memory. Now, press both fingers again simultaneously (leaving your mental focus open to observe anything you might experience), and hold for about 20 seconds and then release. Then return to the negative memory and ask yourself, "How intense is the negative feeling relative to when I initially brought back the memory, on the scale of 0-10?" (The memory will remain. What will shift are the feelings associated with it).

Another variant on this theme is to take a few moments to develop an image of the negative experience in a bubble in your left palm, and the positive in a bubble in your right palm. Then bring the two bubbles together and let them blend with each other.

Most people find their negative feelings are distinctly diminished by collapsing anchors. In nearly 20 years of explorations with this anchoring exercise, I (DB) have never known the positive to be diminished by the negative.

In Matrix Therapy (Clinton, undated), a variant of acupressure in the spectrum of meridian-based therapies, negative statements about yourself are paired with positive ones as you hold your hands in a series of patterns over your chakras. (Chakras are energy centers on the midline of your body, identified in Sanskrit writings and visible to healers who see subtle energies.) For instance, you might say, "I can never get well/ I can get well." or "It's not safe to get over my (problems, traumas, issues)/ It's safe to get over my (problems, traumas, issues)." The negative is regularly diminished.

Other meridian based therapies\*\*Wesch pair a statement identifying a negative problem with a positive affirmation, combined with tapping on various acupressure points. This process rapidly, potently and permanently can reduce negative feelings, pains and allergies.

Collapsing anchors and the various meridian based therapies are excellent for handling discrete, specific problems. They can be used to address major problems as well, through a partialization of the problems into manageable portions.

EmotionalBodyProcess deals with problems more globally. The imagery of the negative problem symbolizes the issue in its entirety. The treatment in the love and healing space may often improve aspects of the problem of which you had no conscious awareness at the time of treatment. I believe this occurs primarily because the imagery is a global, metaphoric representation of the problem as a whole, and the healing can address the problem in most or all of its aspects. The image becomes a focus for the problem in all its permutations and manifestations, many of which might be completely outside of conscious awareness. In addition, it is possible that improvements occur through a combination of generalization and through the rapid release of negativity that then allows more positive feelings and interactions to develop, equally rapidly and globally.

### **The cosmologies of non-local mind**

The prevalent Western linear, materialistic, reductionistic world takes the view that life in the flesh is the total extent of existence, and that spiritual awareness is a construct of mental activity (Zohar and Marshall 2000). This is a very limited range of awareness. Many people report experiences that suggest that consciousness may transcend body and survive physical death (Ring 1984; Stevenson 1977; 1987; 1997; Weiss 1996). Despite their broad prevalence and high frequency, such reports are interpreted within linear cosmology as fantasies, projections, wishful thinking, denial of death, or even as psychopathology.

People undergoing EmotionalBodyProcess and other transpersonal psychotherapies report spontaneously that:

1. They have awarenesses that extend beyond their physical selves in space and time;
2. They encounter spirits of people who had lives in physical bodies on this earth in the past but are now in spirit realms of being; (see examples from EmotionalBodyProcess below)
3. They perceive themselves as having had previous physical lives on earth, with lives in spirit realms between physical lives;
4. They perceive themselves as being an integral part of a vaster awareness, much as a brain cell might be a part of a brain;
5. There are intelligences in non-local realms that appear to be either
  - a. limited and focused upon particular tasks or obsessions (e.g. nature spirits (van Gelder 1978); disembodied thought forms of people (Besant and Leadbeater 1925); collective, archetypal aggregates of awareness - see example from EmotionalBodyProcess, below), or
  - b. much more highly evolved and sophisticated in many ways than humans can even begin to understand (as in Morse with Perry 1994); and

6. There is a supreme intelligence that is so omniscient and omnipotent, totally and unconditionally loving and accepting, that its presence is experienced as more intense than is tolerable to a human mind. This is often described as a light that is so bright that one's spiritual eyes cannot bear to look at it.

#### **Example from EmotionalBodyProcess**

(Type 2) Twice it happened that I (DvS) cleansed vacant rooms in Germany of negative energies that had previously put people off staying there, and the next day someone agreed to live there, not sensing any negativity.

Once I cleansed the rooms in the flat of my friend. We found old souls there. Some soldiers, fugitives from the Second World War, were in one corner, behind the oven on the ceiling. We sent them into the light. We found a group of old Nazis in the entrance. They could not go into the light, they said, because they were guilty. So we asked for help, and angels came. This was the only time when I heard angels shouting. The angels told them, in no uncertain terms, what to do. They directed them to go into the light. The next day, a daughter of my friend came asking if she could live in that room because she had separated from her boyfriend. No one ever lived in that room since my friend had been in that flat.

Let me share another instance. In the flat of "Sonia," another friend, one room was left uninhabited, used only for storing furniture for twelve years. "Greta," another healer, saw with her inner vision the spirit of a child who had killed himself there by jumping out of the window. Greta mentally directed it to go into the light. Sonia's six-year old son came to her the next day, saying he wanted so much to live in that room. He moved in and is happy there.

(Type 5b) "Deborah" bought an apartment building as an investment. She was very frustrated with the tenants. People kept vacating the flats. One man was mad and crying loudly at night, and another was drinking.

I (DvS) explored the situation and got in contact with earth creatures who had lived there for thousands of years. They felt cramped by the intrusion of humans in their space. They wanted to live their own lives, undisturbed by people. I explained to them that although they were able to perceive the humans in this apartment, the humans are actually different energy forms from these creatures. They and we can live in the same space without disturbing each other. Before this, each side was fighting the other, projecting negative energies. When the earth creatures stopped putting out negative energies, those people who wanted to battle with negativity had to find other places to work out their struggles.

The creatures live there still, having all the space they want and need and the house is free of problems. The mad man left, the drinker stopped drinking, and satisfactory new tenants moved in.

All of the above transpersonal phenomena, with the exception of (5), have substantiation in research (Benor, in press, b). Similar cosmologies are reported by people experiencing out-of-body experiences (Monroe 1973; Rogo 1983), near-death experiences (Moody 1975; Morse with Perry 1990; Ring 1984; Ring and Valarino 1998), deathbed (Osis 1961) and pre-death visions (Morse with Perry 1994), bereavement encounters with those who made a transition to spirit life from physical life (Vargas et al 1989), mystical experiences (Owens 1972), meditative experiences (Kornfield 1993; Wilber 1981), shamanistic (Krippner and Welch 1992) and psychic/spiritual healing – as healers and healees (Benor 2001a), and explorations in altered states of consciousness (Tart 1975; Wilber et al 1985). Such reports, from cultures all over the world, appear to have core similarities that form a coherent and reasonably consistent overall pattern (Benor, in press, b). Those who experience the realms of non-local mind report that these feel equally or even more real than experiences of the linear world of outer senses. The three authors of this paper agree with this observation.

In the linear world, we hold that reality is either one way or another. In the non-linear worlds, *both-and* feels more consonant with reality than *either/or*. This is analogous to the relationship of cosmologies of quantum physics relative to conventional, Newtonian physics. Quantum physics tells us that matter and energy are interchangeable, that matter may be understood to be a dense form of energy, that a subatomic entity may be either a wave or a particle; that interactions between particles separated by great distances may occur without a physical or energetic exchange between them; that observers must be considered a part of what they are observing; and more such observations that are strange to everyday experience. In the linear, everyday world, many of these observations and hypotheses of quantum



physics make no sense (note the pejorative use of *sense*). Yet research has substantiated that these observations are accurate.

It is the same with the worlds of non-local mind and the world of local mind. Local mind is but one amongst many possible states of consciousness or levels for perceiving and interacting with the cosmos (Dossey 1993; LeShan 1976; Tart 1972).

Much of the above may sound like mystical or religious mumbo jumbo if one considers it from within linear frameworks.

Leaving aside theories, cosmologies and speculations, the empirical observations remain that EmotionalBodyProcess is a potent intervention that helps people to deal with pain, anxiety and other symptoms and illnesses.

The approaches of EmotionalBodyProcess will appeal more to holistic than to conventional practitioners. This therapy is strongly self-empowering to people, helping them to deal with their own illnesses. It shifts the therapist from being the one who provides the solutions for problems to one who introduces and teaches methods whereby people deal with their own problems.

### **Broader effects of energy medicine interventions: Non-local mind and Gaia**

Group mind (collective consciousness) is another level of awareness that becomes apparent in the realms of non-local mind. Combined awareness through telepathy and clairsentience, unlimited by boundaries of time, are doorways into collective consciousness. Each person may be to the whole of humanity, or to the whole of creation, as an individual brain cell is to the entire brain (Benor, in press, b; c; Dossey 1993).

A homeopath who came to me (DB) for psychotherapy found great personal benefits from the imagery of the space of love and healing. She intuitively adapted this for use in her clinical practice. "When I have a difficult homeopathic treatment problem I invite the image of my client into this space. Amazingly helpful homeopathic treatments have come to me with this approach." Was she simply connecting more strongly with her intellectual resources through increased confidence as a result of her personal use of these techniques? Or, was she reaching into deeper, intuitive levels of awareness – her own and that of her client?

Perhaps she was tapping into transpersonal levels of awareness to be inspired with these remedies. Many healers report that in intuitive levels of awareness you can access any information that is needed for healing (Benor, in press, c). Energy medicine helps us to connect with these intuitive sources for treatment.

Where does the source of transpersonal intuitive information lie? If we accept that telepathy and clairsentience exist, and there is abundant evidence from meticulous research in parapsychology that it does (Edge et al, 1986; Radin 1997, then you can intuitively know anything there is to know. You can know this from the minds of others who have the necessary information, or from the world at large.

It is also possible that your mind may function – within a telepathic connection with other minds – as a brain cell functions within the brain. You may thus be able to connect telepathically with the collective consciousness of mankind. This could function as a "super-brain," providing levels of awareness that exceed the sum of its individual parts.

Transpersonal information does not appear limited to present time. Research in parapsychology also confirms that it is possible to connect with information from the future and the past. This makes it possible to obtain intuitive information across the apparent barriers of time.

Once we allow that consciousness can connect with the entire world, we can speculate that group mind may include all life forms, as well as the inanimate world. (We prefer the term 'group mind', that distinguishes this more extensive interaction between sentiences of several sorts from the more limited Jungian concepts of collective consciousness that is usually limited to human awareness.) Group mind provides a mechanism to support the proposal that *Gaia*, the ecobiological system of our entire planet earth, is a living entity in its own right (Lovelock 1979). Healing individuals becomes a process of healing a part of Gaia.

All this may sound very speculative. Let us return to some evidence from one of the originators of EmotionalBodyProcess.

I (DvS) have become aware that stones can interact with people. There was a crystal that brought bad emotions to everyone to whom it belonged. People kept giving the stone away, like a hot potato, because of the same reactions. At the time I heard of it, the crystal was in the post on its way back to people to whom it had belonged before. I got in contact with the crystal and found a depressed stone. In earlier times it had been misused. Someone had taken its power to harm other stones and human beings. The stone was not able to prevent or to stop that. The only choice the stone seemed to have was to cut its contact with the light and to run out of power, so that no one could be harmed through the stone any more. Now it was no longer possible for the stone to be misused, but its energy was exhausted and it needed energy to live. It was sucking energy from humans with whom it was in contact in order to stay alive. That was what its owners felt as bad emotions.

I helped the entity that was this crystal to forgive itself and to ask to be forgiven. Then it could contact light again and radiate positive energies again. Later I heard that the postal package did not reach its destination and the stone was on its way back to the sender, who now felt willing to have it back again.

Another stone stimulated nightmares when it was in the bedroom. Here is the story this stone told us. It was taken from a cave in India, from which all of the stones of this type had been removed. There are none left now, but in the cave there are thousands of old dinosaur spirits. They need light in the cave, that used to come through these stones. Now there is darkness and they are helpless and depressed, crying for help. We visualized that we replaced the stone and the dinosaur spirits were thankful. They started talking to us. They had no place left to live on this planet and had gathered in the cave. They wanted to have an environment that would be familiar and congenial to their needs. We did our best through imagery projection to create one for them in the area around the cave. A wonderful jungly landscape appeared, with old trees, bushes and so on - exactly what they needed. They loved the freedom they had now, and after exploring their new environment they wanted to rest. So, days later, we went on with the process of showing them the way into light.

The stone is now very powerful, loving, and emanating a higher source of energy. Its owner sleeps with it now in her bed and has wonderful dreams. The stone is most thankful.

Much more can be said about theoretical aspects of EmotionalBodyProcess, but space limitations in the IJHC limit our presentations. Let us turn to the lessons and applications of EmotionalBodyProcess for societal pains, negativities and ills that appear to be most promising.

### **Non-local mind and the therapist**

It is impossible to work in the realms of non-local mind, to experience many of the awarenesses mentioned above, and not be fascinated to explore and learn ever more about them.

The influence of EmotionalBodyProcess upon the professional life of therapists deserves comment. EmotionalBodyProcess helps therapists to confront their own fears, both personal and professional. Much has been said about therapists plowing their own furrows before they go out to teach others to till this rich soil of personal awarenesses (Dass and Gorman 1985), as well as about preparation for dealing with Mother Earth energies and The Infinite Source, so I only mention these in passing. Helping people confront their fears, and using EmotionalBodyProcess on ourselves, the authors have become acutely aware of professional fears that can be dealt with productively through these methods.

The realms of non-local mind are new to conventional medicine and psychotherapy. Anything new is initially treated as alien. Anything felt to be alien will rouse anxieties and fears in many people. Most people do their best to avoid or push away what they feel is alien (Benor 1990; Dossey 1993). Professionals are no different from any other people. Those of us engaged in non-local mind therapies must guard ourselves against reacting through anxiety, fear or anger to the reactions of those who find non-local mind difficult to accept. The challenges are great. EmotionalBodyProcess can help to deal with such anxieties about what is new and unfamiliar.

### **The authors**

I, Dorothea, live in Berlin. In Germany the approaches of healing and the ideas of non-local mind are

very new and not familiar to most people. I developed EmotionalBodyProcess through a search for ways to deal with my anxieties, fears, anger, consternation and confusion when I worked in prison psychiatry. I was not satisfied with the approaches of my well-trained colleagues in psychoanalytic and psychotherapeutic therapies. So I started with the help of friends to create a loving, accepting atmosphere within which I could say, "Hello!" to myself. As I explored my feelings, again and again I found love within myself that sustained and supported me in helping people that society had given up on and who had given up on themselves. Most of all, it helped me to deal with my own hurts from the past - that then makes it possible to be of greater help to others with their hurts.

Try it yourself!

I, Ruth, am fortunate to have been born and raised in England, and lived for several years in America. In 1993 I made a major transition into a private psychotherapy practice, after 27 years in nursing, specializing in oncology, transpersonal psychology and palliative care. I had been privileged to be supported in my conventional hospital positions as lecturer in palliative nursing. I taught about whole person care and of loving one's patients more when health caregivers love themselves more. I could also speak of some issues of non-local mind, particularly in palliative care and care of the dying. I was encouraged in finding many of the nurses I taught willing and eager to embrace these concepts, but saddened and disappointed to learn that very few actualized their new vision in their work settings. Nurses shared enormous frustrations that their jobs did not allow them to apply these approaches in their work settings, to address their patients as whole beings rather than as physical and biochemical bodies.

I set out to bridge this gap in several ways. I felt a personal need to be more free to work as an advocate for whole person care from outside the system. I chose to expand my psychotherapy practice and refine my whole-person philosophy, developing a private psychotherapy and autogenic training therapy practice. As a result of working and teaching internationally, I felt ready to return to teaching and working in oncology, palliative and hospice care. Through the enrichment of my expanded personal and professional life I now successfully blend academic life with a private practice. I am also completing a research degree which has explored the spiritual experiences of women with breast cancer. This has been of major importance in both my personal and professional life. During the time of my study my only and very beloved sister died from advanced breast cancer. This loss has served to deepened my understanding, at every level of my Being, of the existential plight of all those who face life threatening illness when the care they receive is not supportive, or truly reflective of genuine integrative or wholistic care.

As a result of my personal and professional experience of loving approaches and of non-local mind I am convinced that these approaches are life enhancing. When integrated with other modalities for improving health and healing they can serve to promote and empower an individual to achieve greater insight and to develop their own unique potential for total healing, health and long term well-being. No one modality is the primary healer. If we wish to touch all the different levels of being in our clients, as well as in ourselves, there is a need to recognize that synergy is found in the intelligent combination of therapeutic modalities, a synergy in which the whole is greater than the sum of its parts. To this end I have developed close working relationships with other allopathic and complementary therapists. I find great inspiration working alongside others, together touching simultaneously the body, mind, heart and spirit levels. For me this is the future of health and wholeness practices.

*In the quietest night with whispers of tenderness and trust penetrating the senses, control, power, anger are thrown aside and we bear witness to the only valid instant in the universe, love*  
 . Sandra Bernhardt (1993).

I, Dan, find that the world is a wonderfully imperfect place, full of challenges. If I approach challenges with love, they unfold into lessons. Space in an already long article does not allow more than the sharing of a little about my professional challenges.

I lived in England for ten years by preference because of the freedom to practice spiritual healing there. My practice of psychotherapy was openly advertised to include healing. I was able to gather conventional

and complementary caregivers with healers in a Doctor-Healer Network. Healers in England receive referrals from doctors. Some healers work in doctors' offices, others in hospital wards and clinics. Some healers are even paid by the National Health Service. I taught courses for doctors, nurses and others in stress management, including spiritual healing. The doctors received CME-equivalent credits for these courses.

I returned in 1997 to live and work in America because there is a growing openness here now to integrated care.

Despite all the positives, I find I must be careful not to fall into a defensive position when I encounter the negatives – not all of which are outside myself. I carry within myself many cautions from having encountered doctors, nurses, health care administrators, and others who strongly question and in many cases prejudicially reject the work I do with healing. I am cautious in mentioning aspects of the worlds of non-local mind which I and the people I work with encounter. Subtle energies, survival of the spirit after physical death, spirit advisors, reincarnation and the like must be spoken about judiciously – lest the “boggle thresholds” of my conventional colleagues should be exceeded. They might then react with various degrees of disbelief and rejection, not only of my ideas but also of myself.

I had over 70 rejections of the four volumes of Healing Research in paperback editions – an 18-year labor of love. Publishers of serious works are uncomfortable with healing, while publishers of healing works are uncomfortable with books that carry several thousand references. I am currently seeking publishers for Healing Research, Volumes II, III and IV. I devote a lot of time to writing and networking. I do not pretend to have arrived at some exalted inner place of total tranquillity and love. I sometimes need trips to the inner wells of spiritual sustenance not to become discouraged, bitter or angry.

EmotionalBodyProcess and other healing approaches help me to deal with these challenges.

I eagerly look forward to the day when I may participate in the introduction of loving approaches to medical and nursing students – before they learn (as I did) the reductionistic scientific approaches within which healing is unlikely or impossible. Then they won't have to unlearn linear realities of *either/or* in order to learn non-local realities of *both/and*. It will be a great day when doctors and nurses can be openly encouraged to develop and apply love energies in their work.

### **In Summary**

The warp and weft of life are held together in contrasts. Each polarity counterpoints and highlights its opposite: pain and healing, good and evil, acknowledged rejected aspects of self and projected negativities; Yin and yang, masculine and feminine, linear and non-local, darkness and light, materiality and spirituality, and so on. No polarity would be appreciated or complete without its opposite.

EmotionalBodyProcess brings love, acceptance, healing and light to pain, darkness and negativity. It teaches that if we give negative situations and projections energy by fighting them, we are actually perpetuating the negativity. If we bring love, healing and acceptance to them, they are transformed.

As profound as these approaches are for individuals, we wonder how much they might contribute as well to healing projections of negativity on societal and global levels of conflicts and negativity. Starting on these levels “at home,” we might ask how spiritual healing and related therapies could apply these approaches. Perhaps we might:

- Use the terms *complementary* and *integrative* instead of *alternative*;
- Bring love, healing and acceptance to collaborations between integrative and allopathic approaches, and seek the healer and healing within each allopathic therapist and therapy; and
- Apply healing and other loving approaches of non-local mind on a broad scale, such as taking time to project healing to the environment, to segments of society and to nations that are in need of help.

We wish our readers love and good healings.

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**Table 1. EmotionalBodyProcess Self-Healing Steps**

<i>Procedure</i>	<i>Usual Outcome</i>
1. Acknowledge feeling	Feeling diminishes in intensity or disappears
2. Acknowledge feeling	Feeling intensifies, with emotional releases
3. Create internal space of love, healing and acceptance, invite image of problem into space, ask "What do you want from me?" Grant whatever is requested. or "What do you want to tell me?"	Image receives what it requests and is transformed  Image explains underlying problems
4. Enhanced (3) with imagery of support from energies of Mother Earth or of the Infinite Source	Same as (3) Opening to spiritual awareness
5. Adding self-healing to (3) or (4)	Reducing intensity of symptoms.
6. Inviting "tamed" image back into oneself	Awareness of previous projection of symptoms
7. Giving thanks to images	Acknowledgement that symptoms and problems were a help in their own way

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