Dynamic Transformation of Consciousness, Breaking Barriers in Psychotherapy

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The authors have collaborated on psychotherapy cases for fourteen years, using local and non-local spiritual processes to gather pertinent diagnostic and treatment information. The authors have also examined the introduction of long distance healing as an adjunct tool in the treatment of chronic depression. Representing the disciplines of social work and spiritual direction, our research demonstrates the benefit of working within a holistic treatment model and explores the challenges and benefits of integrating awakened consciousness through a consultative relationship within a psychotherapy practice. Our research suggests that when psychotherapists combine their intellectual training with understanding of a holistic treatment model, a new realm of information and treatment procedures become available that have a profound impact on psychotherapy practice.

Key words: holistic treatment model, local and non-local spiritual processes, awakened consciousness, change, observation

Traditional psychotherapy has made important contributions to understanding the nature and development of the mind. Awakened consciousness as an intuitive diagnostic tool and long distance healing add important dimensions to a successful and efficient therapeutic process by providing information and strategic insights into a client's emotional life. It also provides help to the therapist in fully understanding transference and countertransference issues as well as the dynamic relationship between client and therapist. Observation, organization and divine light add important new dimensions to our understanding of the nature of change.

In our long distance collaboration, Ms. Stickle has found Dr. Demere able to provide accurate psychiatric diagnoses, to clarify psychodynamics, and to convey intuitive information about clients that they themselves could not. Dr. Demere's long distance assessments clarify, enhance, and deepen Ms. Stickle's understanding, even in

clients with whom she has worked for many years. The inclusion of understanding reached through awakened consciousness enhances the ability to strategically interpret clients' situations and provide insights that are at a deeper psychological level than was previously available. Dr. Demere is able to identify and describe what otherwise could take years to uncover in traditional treatment.

Dr. Demere has a view of reality that is expanded both in her ability to know the smallest details as well as the ability to grasp the whole picture, at once. In our early consultations, over 3000 miles apart, Dr. Demere could give a physical description of the client and present emotional issues after a two or three sentence introduction. Her description would include the client's facial and body structure. Her ability to describe the client established her credibility. It was clear that if she could physically describe someone from 3,000 miles away without ever having seen him or her that she had unusual powers of perception. The intuitive information provided goes further than what an experienced psychotherapist would hope for in consultation with a gifted consultant. Not only does she deepen what is already known to the therapist, but she is able to provide additional information that has not been known. The psychotherapist in an intuitive consultation experiences the greater integration of material than was previously known. The intuitive consultant, through the use of awakened consciousness, has deepened therapeutic understanding.

The Power of Different Orientations

In our experience, clients raise the same questions and present the same information whether speaking with Ms. Stickle or Dr. Demere. The difference in how each of us responds results from our different orientations. Ms. Stickle listens to a story and in order to make sense of it, understands it through the many filters of personal and professional experience and theoretical understanding. In addition to the content of what is said, she pays attention to affect, reads facial cues, posture, gestures, the tone and quality of the client's voice. Each of these aspects of communication is important in understanding the nature of what is being communicated.

Dr. Demere, through awakened consciousness, lives the experience of the story. The words spoken, the delivery style, and even the content are secondary to the information she gathers by visiting the scene as it originally happened. She listens to a story and is in it, getting all of the details. Dr. Demere sees the scene as it occurs and therefore, knows all facets of the event; she is completely immersed in actual events observing the covert and overt simultaneously. She goes into the event and observes it, and then compares what the client is saying with what the story reveals. This analysis is a difference in levels of perception.

The therapist listens to the adult and has to work backwards to understand the history that would help explain the current emotional patterns and reactions. The intuitive goes right to the source of the emotion, listening to the child within the adult who is telling a story about childhood experiences.

Dr. Demere's orientation is described by Yogananda (2000) as entering the "unperceived world of thought… When you develop spiritually, your sight and hearing –

each of your senses--become so refined that you can …perceive the vibrations of thought, which are the true essence of the gross vibrations to which the limited physical senses are attuned. You will be able to see right through others' outer pretenses and perceive their thoughts."[1] The ability to perceive at this level of consciousness enhances the therapeutic process making it more effective and efficient.

A client who met Dr. Demere for the first time said: "She put my story together as a whole; a year of therapy all at once."[2] This client, with whom Ms. Stickle has worked for many years, experienced the integration of complex intergenerational dynamics that came from Dr. Demere's ability to perceive the past in the present and to perceive the thoughts and actions of family members who were not present in the session.

Placement of intuitive gifts fits within the scientific model outlined by Larry Dossey (1993), who traces the development of medicine through three eras. ERA I is a period of physicalistic medicine that extended from 1860 to 1950 and includes treatments that act on the person such as medications and surgery. ERA II is a period of mind-body medicine that begins in the 1950's and includes treatments such as bio-feedback. ERA III is a period of non-local science and medicine that begins to emerge in the 1990's. There is increasing acceptance and developing understanding of non-local processes including intuition, sensitivity, the power of prayer and spiritual healing in each successive era.[3]

Dossey's scientific model translates equally well to the development of psychotherapy. In writing about the evolution of psychotherapy, Robert Winer (1994) describes the second stage of theory development, as understanding the interpersonal dimension of experience in which the minds of the therapist and the client are seen as

having a strong influence on one another. Winer acknowledges the important interpersonal dimension of the therapeutic process, and the examination of empathy emerges as a therapeutic strategy. He suggests that "empathy must be the matrix for therapy, as language is to writing."[4] Other scholars and researchers, including Lomas (1993), Goldman (1998), and Gladwell (2000), have explored the rich landscape of intuition and its powerful impact on thinking and behavior.[5] Currently, therapeutic understanding involves a dynamic process including empathy, intuition, and spiritual gifts.

Important contributions to ERA III psychotherapy practice have been made by Orloff (1996), a gifted intuitive psychiatrist who incorporates her psychic gifts.[6] Shealy and Myss (1993), (Shealy, a neurosurgeon, and Myss, a medical intuitive), worked together on non-local diagnosis of Shealy's patients. Working with several hundred patients, Myss was accurate in her diagnoses 93% of the time, while physicians can make an accurate diagnosis only 80% of the time. She was also able to provide an accurate analysis of each patient's psychological problems, their family problems, as well as levels of depression and anxiety. Our research is very similar in method and outcome to the long distance intuitive diagnosis work of Shealy and Myss.[7]

There is increasing acceptance and developing understanding of non-local processes including intuition, sensitivity, the power of prayer and spiritual healing. When sensitive therapists feel safe to express themselves, the enormity of their capacities and insights are stunning. An academic framework needs to be established to advance understanding of the human capacities to know differently and to use these understandings effectively in psychotherapy. This process would establish a new

psychotherapy of the whole person of the client and the therapist. It is imperative to understand the full capacities of the therapist as a whole person - mind, body, and spirit. Until academic freedom is accomplished, there will be a continuing stigma attached to openly discussing deeply intimate, intuitive understandings and their contributions to truly effective psychotherapy.

Dr. Demere suggests there is a direct relationship between what is observed and the development of expanded consciousness. Our observations, in fact, energetically influence both the observed and the observer. In the delayed choice thought experiments conducted by John Wheeler, Ph.D., a Princeton University physicist, photons, which are light particles, when observed organized themselves into particular scientifically predetermined patterns, as particles and waves. Wheeler demonstrates, further, that observation in the present can effect how a photon behaved in the past. "The measurements taken now, determine the photon's past."[8] The spiritual practice of forgiveness shifts the context in which a past situation is understood from a negative interpretation to a positive interpretation thus creating acceptance and personal peace.

Spiritual practice accrues light. Consciousness is experienced as a spectrum; development expands from concepts of duality and low light to the understanding of unity within the appearance of difference and great internal light. "The sacred, precisely, is to find timelessness amidst time, the infinite in the finite, and the encompassing wholeness of things in the lowest fraction. There is a progression towards knowledge being revealed from within the self; intuitive experiences that progress to whole experiences of knowing."[9]

Psychic knowing happens by the process of understanding emanations, vibrations,

which comprise the unique consciousness of an individual or particular object. This can be perceived because of unity and timelessness, healing occurs, locally and non-locally. In changing what is observed, a new consciousness emerges that generates an expanded set of attributes that organize behavior of cells and personalities, differently and constructively.

There are three distinct styles of observation in the practice of psychotherapy. Each style demonstrates a greater capacity of observation. The first level of observation occurs in normal psychotherapy with little or no use of intuition. Therapy under these circumstances could be thought of as ordinary. Facts are gathered and put together logically, a diagnosis is assigned, and therapy proceeds according to the theoretical preference of the therapist.

A second level makes use of intuition. The therapist learns the client history and uses the right highlighting of facts. Gladwell (2005] labels this ability "thin-slicing," which is the ability to organize a limited amount of information into a gestalt.[10] The intuitive process is the ability to attend to the most important elements; finding crucial patterns.

The difference in third level perception is that the psychic perceives the conscious and the unconscious, locally and non-locally, from knowing unity. Whereas the psychotherapist asks questions and waits for client reported stories or information, from knowing duality. The story usually has distortion in it that has to be sorted out. This level is the difference in how the story is understood. The client lets go of the distortion when perceiving a truth which makes greater sense. This experience of deeper understanding, the conscious and unconscious integrated, releases stress and increases enthusiasm.

Motivation for the process of change comes from unusual understanding and a desire for health, personal peace, strength and balance. It is not unusual during this process of observation, to have poetic moments of remarkable truth. There is greater discipline on the part of the observer, to stay in the moment where change is possible and to practice new understandings. At this level of observation, there is no end to learning; every day has creative and dynamic experiences.

Observation, Organization and Human Development

Patterns of observation also influence human development. These patterns organize human behavior, promoting growth. It is possible to understand, with elegant perception, patterns of observation that engender health. Viewing human pathology in this way is also illuminating. Remarkably, pathways to healing human pain become clear.

Humans also require observation; self observation, observation by others and divine observation. Holistic health requires all three functions of observation to be present in human development to achieve a balanced, organized personality, soul, and actions. This process is a description of healthy mental functioning and morally sound thought processes and behaviors within the self and towards others. This process is a perfect alignment for continued growth.

If the function of observation does not occur in a consistent and constant pattern, the alignment or organization into a balanced person does not happen. To the degree the observation patterns are faulty, is to the degree the organization of the personality and spiritual development is chaotic and the expression of self is unbalanced.

The process of observation in human growth has at least three steps; observation by others and of others, observation of the self, and knowing consciously the experience of divine observation. Differing experiences of self observation happen naturally. If there are not others observing a person in an organized way, constantly, consistently, and predictably, growth is discontinued from this barren environment. The level of growth is obvious, to most others, in expressions of a barren self. In pathological personalities, usually thoughts and behaviors are self focused, rather than being able to put the self aside to attend and adapt to others needs easily. The spectrum of narcissism demonstrates the levels of deficiency of observation by others and the conscious experience of divine observation from early childhood to the present.

There can also be lacking, in childhood and adulthood, the function of observing others and divine observation. These experiences generate a lack of compassion and healthy moral development. The anger that is often part of this alignment is at its core grieving that is unresolved. It is, no doubt, the loss of being observed and the opportunity to observe; the loss of requited love.

Now it is obvious that grieving at this primary level will require acceptance of the activity of observation of others and the quieting of the self. Observation of others will be a difficult task because of the loss of early childhood experiences. Quieting the self, since this observation is a self to self experience, will be far easier to achieve. This process does not challenge the individual's ability to trust others. Quieting the self is necessary to experience divine observation. Meditation or contemplative prayer generates the context necessary to have an experience of the divine in order to achieve a balanced and healthy life style.

Observing others happens naturally when others are available consistently as observers in infancy and throughout childhood. Observers who are negative still create organization and growth. If negativity is severe, it stunts growth in some ways. Positive observers create ultimate growth of the self and the full expression of talents within the biological limitations of the individual.

Individuals in later childhood years or adulthood, not having grown beyond observation of the self, must have a spontaneous and astonishing experience in their heart to begin the process of accepting the observation of others and of observing the other. These are functions of conscious love. Being tender towards another in a consistent way demonstrates the mutual expression of love; observation of others by others. Spontaneous falling in love can awaken an individual to this next level of growth, requiring discipline of the self to share time observing the self and the other from this expanded awareness. The experience of health becomes the teacher.

Meditation is the quieting of the observation of the self and others, and the expanded awareness of the experience of what is beyond the self. This process awakens a knowledge of the boundaries of the known self. It happens gradually from the expanded perception of reality. The potential includes awareness of vast experiences beyond the perception of self, developed in childhood and adulthood, previous to this greater experience.

One can experience physically an energy that is beyond one's own or what previously was familiar. This energy seems to expand the body; a lightness takes over engendering a sense of well being. A sense of morality genuinely and easily happens. There is an awakening of the self to kind actions towards the self and others, within a

relaxed pacing. After some time, one quiets the living environment at home. All of these traits are similar to the traits attributed to God, and are concrete signs of character formation. They are the qualities engendered from being observed by God.

This process bypasses ordinary psychological interventions that are timely and often unproductive. It seems to be far less stressful to sit quietly, and to connect interiorly with experiences that feel nurturing. These experiences continue to naturally expand with practice, changing also choices of behavior. New choices reinforce this feeling of growing well being. Old choices that compete with a sense of wellness are relinquished. One thing that is good about the divine, the experience is always available. It's a quiet moment away and so, consistent observation by the divine feels good and right and is now predictable, establishing the roots of trust. Now this is a leap over difficult territory through a positive process that establishes character formation, trust, and a willingness to participate differently in life.

Observation, Organization and Consciousness

There are at least three levels of consciousness; God, human, and all other living beings. God is formless consciousness, and is a part of all living beings. This is called Breath by Buddhist and Hindu philosophies. It is called the Spirit of God which gives life by theologies of the western world. It is also termed life force. Divine consciousness can merge with human consciousness, causing the effect of human consciousness to reflect in consciousness, divine attributes. These attributes influence behavior.

Native American spiritual traditions demonstrate joining in consciousness with the animal kingdom. Differing animals are studied for their natural or instinctual

behaviors, which are emulated, because they demonstrate life strategies. Much time is spent in the practice of learning these attributes to master particular tasks that develop sensitivity and build character. Considered situations resolve positively, when the attributes of a particular animal species guide human consciousness and behavior.

Humans, by intentional consciousness, have exercised the ability to include within their own consciousness, the consciousness of the divine, and that of the animal kingdom. Human consciousness can be increased perpendicularly, by invoking or attuning to the divine vertically, and by attuning to the animal kingdom, horizontally. Essentially human consciousness is influenced, energetically, by the consciousness that is observed, at any particular time, and there after, across time. What you observe becomes who you are.

What human consciousness observes, attunes to, or aligns with, leads to shared consciousness. Consciousness being a particular energetic vibration. At times, this shared consciousness can engender a positive life progression. These traits are often followed by other human beings who observe the positive life progression, hoping for a similar outcome. This pattern is the essence of forming particular cultures and theologies.

Spiritual practices intend to teach the observance of God, in order to organize human consciousness according to the attributes of God. These attributes essentially are love, peace and compassion. Psychotherapy, essentially, intends to shift the observance of a patient - client, from destructive to constructive sources. In changing what is observed, a new consciousness emerges that generates an expanded set of personal attributes that organize behavior differently and constructively.

Observing human consciousness by human consciousness has a spectrum of organizational possibilities, rendering either constructive or destructive influence. Observing God, a consciousness that is light, has a spectrum of organizational possibilities rendering greater attributes of the divine within human consciousness. This creative and dynamic process generates active knowledge. Active knowledge occurs in the moment, rendering accurate information that is usually at the deepest level of intimacy. Our academic knowledge is generalized information applied to a particular moment, applying information from the past to the present. The fit is not dynamic.

Non-local Spiritual Processes in Treatment: A Long Term Collaboration

Case: Karen

In November, 1993, after1 ½ years of collaboration, a psychotherapy client we call Karen began experiencing a major depressive episode after 14 years of traditional treatments. Karen, age 41, had been in treatment for a Dysthymic Disorder since childhood, with Major Depressive Episodes. She had been on anti-depressants and monitored by two psychiatrists over the course of treatment. She was in individual psychotherapy treatment twice weekly, moving up to four times per week when indicated. She was also in twice weekly group therapy for five years, and had been hospitalized at the Mayo Clinic in 1991 receiving a course of electroshock therapy (ECT). Despite these interventions, Karen remained anxious, depressed and suicidal, with only remittent easing of symptoms. When the relief initially experienced following ECT faded, Karen was again experiencing a major depressive episode along with refusal to

undergo ECT a second time. As a last resort, Ms. Stickle consulted Dr. Demere, who agreed to participate in Karen's treatment regime.

Over the last thirty years there are numerous rich examples within the area of psychotherapy in which nonlocal interactions are treated in great detail and sophistication. The therapeutic profession has greatly benefited by the outstanding research and writing of Eisenbud (1967, 1982, 1983), Ehrenwald (1978), Ullman and Zimmerman (1973), Krippner and Villado (1986), Krippner and Welsh (1992), Eisenberg and Wright (1987).[11]

A plan to include non-local spiritual processes was presented to Karen. These processes would be initiated at the discretion and timing of Dr. Demere and the length was open ended. Karen laughed at the suggestion of incorporating this non-traditional tool of last resort. Despite her non-religious beliefs and skepticism, Karen agreed with the attitude of "what do I have to loose?"

Long distance healing was added to Karen's treatment on November 17, 1993. Prior to the starting date, Dr. Demere requested that Karen provide a photograph of herself which Ms. Stickle forwarded. Dr. Demere was given a false name and a location of the District of Columbia, not even a specific suburb of Washington, DC. From that scant information, Dr. Demere was able to connect with Karen. The third level of ability to observe, is the capacity to do so without personal contact, without the right name, and only a generalized location. In the case of Karen, Dr. Demere gave information that she would have no way of knowing outside of intuitive-psychic gifts. She began to project the healing energy and we began to chart the healing that Karen reported.

Long distance healing began having an immediate impact on Karen's depressive symptoms. She began to feel less suicidal and more hopeful. In her words, on November 30, 1993, "I awoke at 3:15 a.m. feeling peaceful for no apparent reason." Later that morning, upon rising, she stated, "I went downstairs and suddenly stopped feeling suicidal."[12] There was a correlation between a spiritual healing treatment and Karen reporting a strong experience of well being even though she did not know when treatments were taking place.

Dr. Demere's projection of healing energy was designed as a triple blind study. All three local Washington based participants including Karen, Ms. Stickle, and the psychiatrist did not know the timing or method of Dr. Demere's long distance healing processes.

Between November 17, 1993, and September, 1994, Dr. Demere worked non-locally from California on her own time table, while Karen continued individual, group and psychotropic drug therapy in Washington, DC and Arlington, VA.

Treatment Outcome of Karen

There were five distinct stages to her complete healing: 1) moments of peacefulness that grew in frequency and length; 2) as feelings of hopelessness and despair lifted, she began to prepare healthy foods for herself, she was better able to assert herself, to set limits, to decline taking responsibility for other people, and she stopped withdrawing and feeling overwhelmed; 3) as she continued to feel better she needed lighter doses of medications, ended group therapy, and ended her work with the psychiatrist; 4) Karen began to participate in her own healing by increasing her direct

contact with Spirit, first through spiritual symbols, “holy pictures,” and then by reading meditations provided by Dr. Demere; and 5) ending regular contact with her primary therapist, Ms. Stickle, thus ending all psychotherapy interventions.

We have met together with Karen several times in the past three years. She has maintained health, has developed positive relationships with members of her family, has a thriving career in a professional field, and has social relationships. We enjoy sitting together and sharing an appreciation for the courage it took to enter what at the time seemed like a radical treatment program. Karen no longer experiences depression and the change in the quality of her life has lasted for twelve years.

In the initial stages of non-local healing treatments, Dr. Demere projected an energy field that shifted Karen’s health – consciousness – spiritually, mentally, and physically. Over time, as Karen’s depression lifted, she was able to generate an energy field for herself that has maintained her health over the past twelve years. This shift through progressive stages is a distinct, consistent pattern that we have seen with many clients over time. Initially an energy field is projected towards the client and at the end stages the client is able to generate an energy field that maintains health spiritually, mentally, and physically. The spiritual aspect is non-denominational and often is defined as the generic spirit of God.

Brief Case Discussions

Case 1. A female high school student at age 15 had been diagnosed with a major depressive disorder and was being medicated by a psychiatrist at her HMO. She saw Ms. Stickle for several sessions and left treatment. She re-entered therapy when she was 17.

There was something important that Ms. Stickle did not understand about the

client, even though her behavior reflected what many would consider to be normal “high school behavior.” A consultation with Dr. Demere led to a new diagnosis of bi-polar disorder. Dr. Demere was able with great efficiency to identify an accurate diagnosis despite the consultation taking place over the phone in a brief conversation, and never having met the client. The dynamics and outcome of this case were organized to include “high school behavior” as manic behavior. The therapeutic process was on track and the outcome of this case was successful. This client is now in her own business, in a relationship, in good communication with her family, and happy with her life.

Case 2. A female aged 34, with a complicated pathological patterning in her family of origin, severely affecting both her and other siblings wished to do a joint consultation. Dr. Demere identified patterns of her mother’s behavior that enabled Ms. Stickle’s client to set boundaries and to feel less anxious. The client’s behavior following the therapeutic intervention has made her feel safe in her own life. She currently has fears regarding dating men and control issues that she has experienced in the past. Dr. Demere pieced together broad patterns across relationships that explain feelings and behaviors. The ability to attune to partners and parents who are not present in the therapy room brings relationship patterns alive. This consultation brought clarity to the therapeutic process and the outcome is a client active in her life and setting appropriate boundaries with men she dates. She is doing very well.

Case 3. A couple including a husband, who is distant and controlling, and a professional wife who feared being independent in her choices, have been in Ms. Stickle’s practice for four years. The husband was described psychologically and emotionally in our intuitive consultation, resulting in Ms. Stickle being able to work with

him regarding his insecurities and fear of the loss of love. The wife has been encouraged to know what she is feeling and to be able to set boundaries regarding her husband's controlling behavior. This therapeutic process has resulted in more confident spouses who are able to be more flexible with each other and to kindly address their issues with controlling behavior. Both spouses continue to work toward enhancing the satisfaction they currently feel and to guard against slipping into old destructive behaviors.

Case 4. A professional couple who have been married for two years with a new born have been consulting Ms. Stickle for three years. The complexity of their situation and personalities have created overwhelming confusion. This confusion invited Ms. Stickle to join them in bewilderment. Every aspect of their lives had an issue in it, including health problems with their infant. Consultation with Dr. Demere helped align priorities so that the husband did not link the difficulties in his first marriage with this current marriage, especially since their child was born. A dramatic shift in priorities, in employment, and in mutual cooperation has been established. This couple who was growing more estranged are now working together to establish a family. They are organizing important professional careers to meet the needs of their current circumstances including a plan for long term career strategies that satisfy both of their needs. It is difficult to work with high powered people who are involved with complicated issues related to marriage, domicile location, and the priority of professional careers. Dr. Demere and I have been able to give clarity to their lives and this couple are now working from that clarity to organize themselves and return to enjoying each other emotionally.

Conclusion

Collaboration between a psychotherapist and a spiritual director with awakened consciousness has demonstrated the usefulness of breaking barriers between disciplines and expanding the context of the spiritual dimension in therapy practice. The authors have collaborated on over one hundred psychotherapy cases for fourteen years including both telephone and in person consultations, and non-local spiritual healing processes. Our follow up interviews have included one client for more than twelve years and several for more than five years.

Our research blends spiritual development and psychotherapeutic understanding creating an open and extraordinarily successful treatment process. The common ground that we have established in working together has benefited clients, doctoral students, and mental health professionals from all disciplines.

We have had joint consultations with clients, and have developed a framework for communicating the process of combining spirituality and psychotherapy. We have studied the role that observation plays in treating clients and the development of the psychotherapist. This paper includes vignettes from our case population with an in depth discussion of our successful work with a client who was treated for fourteen years prior to collaboration with Dr. Demere. A twelve year follow-up of this client demonstrates the benefits of different observational perspectives and the transforming power of spiritual processes.

Psychotherapy and spirituality, in varying combinations, offer opportunities for new realistic goals and favorable outcomes. This process is time effective and invites the client to participate actively. The development of unusual discipline and focus is

required for both the therapist and the client. Our research indicates that this effort leads to successful therapeutic goals. We recommend that the psychotherapy profession courageously embark on research projects to enhance therapy as it is practiced in the world. Eckhart Tolle has recently suggested through "awakened doing," that it is possible to choose positive attitudes and emotions, and apply them to every day activities in an effort to create global peace, a new earth.[13] Research in psychotherapy could contribute greatly to these fine principles and their practice in real life.

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