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Use of Hypnosis and Non-ordinary States of Consciousness
In Facilitating Significant Psychotherapeutic Change

Linda A. Edwards

Dept. Graduate Studies, Faculty of Education

Monash University

Author Notes

Linda Edwards is a member of the Australian Psychological Society and the Australian Society of Clinical Hypnotherapy, and is a registered psychologist practising in Melbourne. She has 15 years experience in the therapeutic use of non-ordinary states of consciousness including hypnosis. She is also engaged in research at Monash University where she is interviewing exceptional helpers around the world in order to find out how counselling psychologists may become more effective therapists... Correspondence can be e-mailed to

Linda.Edwards@Education.monash.edu.au

Abstract

Hypnosis is only one of a number of ways of inducing non ordinary states of consciousness (NOSC) which facilitate significant therapeutic change. This article focuses on self-hypnosis, meditation, guided imagery and therapeutic touch. It also considers progressive muscle relaxation, background music and breathing techniques and the value of integrating them into self-hypnosis inductions. Types of meditation are described together with their use in psychotherapy and counselling. Finally, therapeutic touch and similar approaches such as energy healing, spiritual healing, and Reiki are discussed in relation to evidence, theoretical framework and method. However therapists are reminded that the use of approaches which can be powerful catalysts for physical and emotional transformation, does not guarantee a good outcome. To meet the unique needs of each client, it is necessary to use these approaches as an intuitive artist rather than as a methodical technician.

Use of Hypnosis and Non-ordinary States of Consciousness In Facilitating Significant Psychotherapeutic Change

Non ordinary states of consciousness (NOSC) can provide powerful ways to access material which is unconscious due to defense mechanisms (Grof, 1985; Haartman, 1998; Maslow, 1970/1976). Hypnosis is only one of many methods for inducing these NOSC which have been reported to increase psychological well-being and decrease suffering (Goleman, 1974; Grof, 1985; Haartman, 1998; James, 1902/1961; Noble, 1987; Rao, 1993; Walsh, 1992; 1993; Walsh & Vaughan, 1980; Ward, 1989). Other methods which have been reported to facilitate significant therapeutic change include breathing techniques (Grof, 1985; Kuroda, 1990), Buddhist practices (Bowman & Baylen, 1994), Core Transformation (Andreas, 1996), dreamwork (Boersma & Houghton, 1990), Jungian psychotherapy (Coward, 1989), meditation (Bogart, 1991; Walsh, 1992; Walsh & Vaughan, 1993), prayer (Butler, Gardner, & Bird, 1998; Byrd, 1988), psychedelics (Grof, 1973; Walsh, 1982), spiritual healing (West, 1997), Taoist practices (Ehrlich, 1986), therapeutic touch (Benor, 1995), transpersonal psychology techniques (Walsh & Vaughan, 1980), and yoga (Rao, 1998). This article discusses the NOSC techniques which were used in the treatment of symptoms attributed to Candida and food intolerance described in the last issue of this journal (Edwards, 1999a).

These techniques include self-hypnosis, muscle relaxation, background music, controlled breathing, meditation, guided imagery, and therapeutic touch.

Self-Hypnosis

Self-hypnosis is to be preferred to traditional hypnosis because the potent factor in psychotherapy is the client's capacity for self-healing (Tallman & Bohart, 1999) and successful use of self-hypnosis empowers the client to take charge of their own healing rather than to believe they need to rely on a therapist. This immediately restricts suitable inductions to those which clients can perform on themselves.

Induction Using Background Music and Muscle Relaxation Synchronized with the Breathing

By far the simplest of these is a variation of the well-known muscle relaxation technique (Bernstein & Borkovec, 1973) where the client is taught to progressively relax the various parts of the body starting from the head, working down the body, and ending at the feet. In the author's experience, clients find it easy to remember and it is usually effective when combined with focus on the exhalation of each breath while alpha or theta brain-wave inducing music is played in the background.

This is consistent with research findings. Considerable evidence supports the use of breathing techniques to control anxiety (Bass & Gardner, 1985). Breath holding is the usual response to shock or fear (Alpher & Blanton, 1991) and a slow exhalation preceded by a faster inhalation has been shown to promote relaxation in anxiety producing contexts (Bass & Gardner, 1985). In addition, breathing has been used to induce NOSC (Grof, 1985; 1988; Kuroda,

1990). Finally, instructing the client to focus on the exhalation of each breath has been found to produce a powerful relaxation effect (Beary & Benson, 1974).

Slow tempo background music can also be used to promote relaxation and alpha states of consciousness (Altshuler, 1944; Avants, 1990; Devlin & Sawatzky, 1987). Thus it is not surprising that teaching clients to concentrate on the exhalation in the presence of suitable background music has been found effective in inducing an hypnotic state (Zeier, 1984). The use of music also provides for people who benefit from an auditory type of induction. In a few cases, where people are not responsive to kinesthetic suggestions (Ayers, 1993), it may be necessary to replace the muscle relaxation with a guided imagery approach (Bry, 1979; Wechsler, 1987) such as walking into a beautiful forest in which one notices minute details in colour, shape, sound, texture and fragrance. In general, the author has found that a combination of alpha and theta inducing background music with a progressive muscle relaxation procedure which includes instructions to focus on the exhalation breath is usually effective. For example:

“Take a few big deep breaths... and each time you release the breath from the lungs.. notice some muscles somewhere in the body letting go... and as the muscles relax more and more with each sigh or out breath, the mind begins to slow down... Just allow the body to be quiet and still, and focus the mind on the breathing...”

Continue working down the body taking into account whether the client is primarily visual, auditory or kinesthetic in the way they access their mind (Ayers, 1993). For a group induction, the variations can be combined, for example:

“... keeping an image in your mind of the breath flowing out of your body as you let all the little muscles of the neck loosen up ... and while you are listening to the release of each breath, let the shoulders drop ... placing your awareness on the back as you let go of the muscles all the way up to the neck and all the way down to the buttocks ... as you let the idea of the outbreath float with you in your mind, allowing the muscles of the thighs to be loose and limp ... etc.”

Post-hypnotic suggestions

These can be given following any meditation or self hypnosis procedure to reinforce regular practice. The following script has been used after suggestions for meditation (see the next section) and includes statements which help the client to connect with the inner source of wisdom and capacity for healing which is present in everyone (Jaffe, 1980; Tallman & Bohart, 1999)

“Make a commitment to return to this inner sanctuary at least once a day (modify time interval) to receive further healing and a deeper level of peace and contentment. In a few moments you will be preparing to turn your awareness outward. But just before doing that, I want to say something very important to the subconscious mind.

With every breath that you take, you become more and more aware of your inner being... more and more aware of that place of tranquility.. a place you will always embrace and want to return to... a place of healing and regeneration... a place where you can feel your self acceptance growing and your love expanding..

And from this place you gain confidence and increasingly recognize that you are good enough to do anything you want, that you are lovable, and that you deserve the best that life can offer... From this place in the Source of your Being comes the inner strength to cope and the resources to easily, effortlessly and confidently deal with your... (insert whatever is applicable) as well as the important task of discovering who you are and what you want to do with the remainder of your life.

And each time you return to this deep relaxed calmness of the deep Self, you will reconnect with your Truth and you will take more and more inspiration, knowing, peace and contentment back into your everyday life where it will create more love, trust, expectancy and enthusiasm so that you will approach life's challenges in an increasingly more successful way, and all obstacles to your personal and professional development will be dissolved...

And now prepare to return your focus to the outer world and at the same time, maintain an awareness of the inner world. Always make the shift gently. etc.”

This can be followed by the waking suggestion:

“You can return to this inner sanctuary any time you like by first progressively relaxing parts of the body with each exhalation and then focusing on That which is aware of your breathing and your thoughts and feelings passing up and out. Within a short time of frequent practice, you will be able to become totally relaxed very quickly... And each time you return to this state you will go even deeper into your own being than you

have today and receive more healing, peace and contentment and bring to yourself an ability to remain anchored in that awareness throughout the tasks of your day.”

Background Music

Background music can be used throughout the therapy session. It has been found to deepen client self-exploration in counselling (Devlin & Sawatzky, 1987). This is not surprising because music is a powerful means of inducing and supporting NOSC leading to the surfacing of unconscious material into consciousness (Grof, 1988, p.186) This may be due to the frequencies of the music interacting with the client's energy fields(Wilson, 1996).

Controlled Breathing

Likewise, controlled breathing should not be limited to the induction of NOSC. Whenever unconscious trauma starts to emerge into consciousness, this is perceived as a threat and breath-holding occurs (Alpher & Blanton, 1991) because it can prevent the trauma from being consciously experienced (Grof, 1988, p.171). If the client is instructed to breathe without gaps between the in- and the out-breath or to increase the rate and depth of breathing, the psychological defences are weakened and the trauma can emerge fully into consciousness (Grof, 1988, p.171). This approach is particularly effective when combined with music (Grof, 1988, p.186) and if the client is able to allow what they are experiencing to unfold without resistance, the unpleasant emotions and

sensations will usually dissipate leading to a peaceful completion. This can often be achieved by following the instructions given in the meditation script below.

In cases where the client finds this too difficult, it may be more effective for the resolution to occur through deeper and faster breathing followed by focused body work if required (Grof, 1988, p.194-199). This later approach, called Holotropic breathwork (Grof, 1985; 1988) has been shown to be an effective therapy (Holmes, Morris, Clance, & Putney, 1996). However it is most powerful in the group context (Grof, 1988, p.199) and it is essential for the facilitator to have sufficient experience with the approach so that they can be continuously aware of their own process and fully support whatever is happening for the participants (p.207).

Meditation

There is considerable evidence that the NOSC known as meditation can provide significant psychological benefits (Bogart, 1991; Walsh, 1992) and anxiety reduction (Delmonte, 1985) to those who practice it. Some procedures called meditation are actually guided imagery or self-hypnosis and are not considered in this section. Meditation originally referred to a group of focusing procedures derived from the East (Walsh, 1992). Whether the focus is a candle, a point, the breath, a spiritual teacher, or a stream of thoughts or sensations in the body, the purpose of these practices is to bring attention under voluntary control (Walsh & Vaughan, 1993). By learning to control the focus of attention, people discover that life feels different depending on what they focus on (Walsh

& Vaughan, 1993), and they can choose what that focus will be. Thus, to the extent that psychotherapy and counselling is about helping clients to become aware of mechanisms that are causing them suffering, meditation is very useful. By gaining full awareness of both thoughts and emotions, the mechanisms are seen, the defenses which held them unconscious are no longer needed and fall away, leading to cognitive and emotional transformation, which not only reduces fear and anger but also enhances love, joy, compassion and equanimity (Walsh & Vaughan, 1993). Not only will clients derive a sense of peace, but they will often come to therapy saying that an issue which they intended to work on in the therapy has been resolved in the meditation.

However it can take many years for individuals to develop these focusing skills and there is an even more effective practice which can be introduced to some clients with a much faster and often dramatic impact on their problems. If instead of asking clients to attend to the objects of attention (such as thoughts, feelings and sensations), they are encouraged to focus back onto the Source of attention itself, in other words, to *experientially* investigate That which is watching the thoughts and feelings and sensations, there is the possibility of experiencing their true nature rather than identifying with the ego personality which they mistakenly believe themselves to be, and which is the cause of all unnecessary suffering (Deutsch, 1969; Gangaji, 1996; Godman, 1965; Rao, 1998; Shapiro, 1997; Walsh & Vaughan, 1980). This practice must be done *experientially*. It does not matter what concept or remembered image the mind holds of who they

are. It is necessary to actually experience *what* they are. It is the *experiencing* which leads to peace, serenity and happiness.

This focus on what they are happens unconsciously and frequently in sleep and in meditation. That is why it is usual to feel peaceful afterwards. But it is only when this focus can happen by conscious choice and people repeatedly experience the love, joy, compassion or equanimity which comes with it that they develop the desire and commitment to make this Source of attention their constant focus. It is the willingness to maintain this focus, not just for an hour a day during formal meditation, but for as many minutes of the day as they can remember, which permits all the dysfunctional mechanisms to be eventually seen and to rapidly fall away.

For this reason, the following script, which guides the client into their first experience of meditation, encourages the powerful self inquiry process of turning attention back on itself as well as helping them become aware of thoughts, feelings and sensations. Use a self-hypnosis induction such as the one in the previous section, then:

As you continue to focus on the breathing you are able to go deeper within yourself than you can imagine... but no matter how deeply relaxed you have become, you will notice that your mind is alert.

Now I want you to focus all your awareness and attention on That which is aware of your breathing... the source of your attention... and when thoughts arise, just notice these thoughts as they come and go... drifting into and out of your mind... and using any sounds around you to help you become even more aware of That which notices the passage of thoughts

through the mind... keeping your attention on That which notices the breathing and knowing that this process is a releasing.. a clearing of the rubbish in the subconscious mind...

As you continue to focus on That which notices your breathing and your thoughts coming and going, emotions and sensations may sometimes arise... Again just return your attention to That which notices the emotions and sensations coming and going... occasionally these feelings may seem frighteningly intense... just notice with curiosity where they are in the body, what shape they are, and how they move... allow yourself to fully experience them until they are released, and then return your attention to That which notices them... in the willingness to fully feel them for as long as they persist, a shift occurs... All pain and suffering is resistance to experiencing what is in this moment... When you allow it fully, it is free to move through you and in the process of moving it dissipates...

And as I stop speaking for a few minutes you can sit quietly continuing this practice, using any sounds around you to help you become more and more focused on That which is aware of your thoughts and sensations, knowing that every second you are becoming more and more integrated within yourself.”

These instructions are followed by a *five to ten minute silence* in which the client has a chance to experience the practice. During this time the therapist engages in the same practice in order to deepen the client's experience. This is followed by a post-hypnotic suggestion for the client to regularly carry out the induction and meditation practice for themselves.

“And each time you return to this practice, your ability to focus on what you choose will improve, and you will increasingly choose to focus on the Source of your attention, and as a consequence, thoughts will tend to arise only when necessary for functioning in the world, and more and more you will experience the beautiful calm of a mind centred in your own being... at peace within yourself...”

Guided Imagery

Hypnosis, or guided imagery, like many other NOSC, can be used to temporarily remove the individual's identification with both the unconscious and conscious aspects of the ego or conditioned personality. This permits people to fully reexperience trauma as though watching a movie rather than losing themselves in the feeling. When previously blocked feelings are permitted to move freely, they may change into different emotions and sensations, shift around the body, and dissipate in a few minutes. When this happens, the defenses, which were protecting the person from reexperiencing the trauma, drop away also. Thus, when something has been highly defended, the cognitive restructuring can be dramatic, and the accompanying sensation can feel like the inside of one's head being rearranged.

The problem with very heavily defended ego personalities, especially psychotics, is that the guided imagery session is only the beginning of the process and the person may come out of the NOSC appearing to be in a worse place than they went in. It is not that damage has been done but that there is an enormous amount of material and defenses to be reexperienced and released

and this can take considerable time and support. Thus, it is clearly inappropriate to work with such people unless the necessary ongoing support is available and the client understands and wants to engage in such a challenging process.

However, even with people who are not psychotic, the therapist cannot expect a single script or a single session to deal with the unique needs of each client.

This is particularly true of inner child work scripts such as the one discussed here.

Inner child work, made popular by Bradshaw (1990; 1992), is about healing the wounded or abused inner child part of the person so that it becomes the wondrous child in partnership with the inner elder as the essence of the possible human (Wacks, 1994). Healing the wounded inner child involves grieving childhood losses, demythologizing parents, and reparenting so that destructive patterns of reacting out of childhood trauma drop away (Kneisl, 1991). Bradshaw (1992) warns that the process is often lengthy and that overwhelm can occur, especially if there is a history of sexual abuse. Through use of NOSC such as hypnosis or guided imagery, the inner child work can be quicker and less overwhelming. This approach has been successfully used with severe cases of childhood wounding such as child sexual abuse (Miller, 1986; Pearson, 1994) as well as the client with Candida and food intolerance symptoms discussed in Edwards (1999a).

The script for the latter is provided below. It is a modification of the exercises summarized in Bradshaw (1992, pp.151-176) and includes processes for: fully reexperiencing the old hurts and grief; providing the scared inner child

with a resource to help them express the anger associated with not having received the kind of parenting they wanted; developing understanding and compassion for the parent's unhealed childhood grief; forgiving the parent; and reparenting themselves. See (Ferch, 1998) for a discussion of the importance of the forgiveness process.

Although it is common to complete the whole process in one NOSC session, clients can and occasionally do go into overwhelm. If this happens, it is necessary to be creative with the script or employ other resources such as therapeutic touch. Therapeutic touch is useful because it creates a NOSC meeting between therapist and client which can heal the situation without therapist or client needing to conceptually understand what happened (See later section on therapeutic touch). Whatever resource the therapist chooses, it is most important that they are completely at ease with the intense emotional territory which the client needs to explore (Phillips, 1994) so that nothing is triggered by the client which could prevent the therapist being centred and really available for the client's process. This can only be accomplished by therapists fully experiencing whatever unresolved inner-child work remains within themselves (Wacks, 1994).

Before using the script, ask the client to close their eyes, recall a difficult past experience with the parent, imagine it is happening now, reconnect with the feelings, and verbalize them. Get them to describe the nature and location of the sensations which arise in the body and which are associated with those feelings. Record what they say in order to feed it back to them during the guided imagery

process. Repeat this procedure for at least two other difficult experiences, then after an appropriate induction, establish a resource which the client can use if threatened with overwhelm. This can be done as described by Bradshaw (1992, p.163). Then modify the following script, which was originally used for Mary (pseudonym) to release her emotional dependency on Mum (Edwards, 1999a).

“Now I want you to remember a long ago pleasant memory.. maybe it was associated with a birthday party, a holiday, a playground, a family event, a toy, an old photograph... (Get an ideomotor response before proceeding) Good. Now I want you to go into the memory.. imagine yourself meeting the child of long ago... Say "Hello" to the little child... tell her that you are the adult Mary ... Thank her for being who she is. (Pause) Thank her for her courage and goodness! (Pause) Tell her that you know she is always with you in your present life.. she is the vulnerable part of Mary., the part you are always protecting. (Pause) Tell your child that you know better than anyone else what she's gone through in her relationship with Mum. And tell your child that you are here to help her express the hurt and anger she experienced in that relationship....

Tell your child that you know about her feelings of nausea in the abdomen and lower back when Mum wanted to hurt you when she spanked you after chasing you around the yard... Ask her if there's anything more she needs to express about that... and give me a finger flick when she's finished... (This paragraph is repeated for each difficult event in the client's childhood for which information was collected.)

Good. Now ask her if there's any other hurt or anger that you might not be aware of and give her all the time she needs to express it... and when you are sure she's finished, give another finger flick...

Good. Now ask your child if there is any more hurt and anger that perhaps seems too painful or frightening to face.... give a finger flick with the right hand if there is more... with the left hand if there isn't...

Good. Now tell your child that you are here to protect and help her while she expresses anything that seems a bit too scary... and to help her do that you are going to provide her with a resource.... the ability to feel inner strength and power and confidence when you clench your left fist. (This is the resource established earlier.) Tell her that taking big breathes will help the emotion up and out...

Now ask her if she is willing to express her anger about the hurts she has told you about to Mum now.... Remind her about the resource in the left hand and give me a flick with the finger of the right hand if the answer is yes... (If the answer is not yes, use creativity to provide the client' inner child with whatever is needed in order to move forward.)

Good. Now I want you to take your child by the hand and go and find Mum. Notice the surroundings... whether it is night or day... Inside or outside... Notice what Mum is wearing. Give me a flick when you can see Mum clearly.

Now get your child to say to Mum, "I'm angry at you for hurting me"... and tell Mum exactly when and how she got hurt... Get her to be very specific. She cannot fail with details. The more she gives the details

the better. Let your child really get the anger and hurt out... and if necessary, squeeze the left fist to give the necessary feeling of inner strength, power and confidence... Let the child express all the anger as passionately as possible... Let her get as mad as she wants to... let her rage and rant and scream if she wants to... dish out any punishment she feels like dishing out.. whatever revenge she may feel like is okay here... so she can release every little bit of that anger and resentment... and rage... (Feel the anger that the client is being asked to get in touch with and speak with that feeling.) Let her take as long as she needs to get everything out... it might take two minutes.. five or even ten.. If she seems hesitant to express any of it, give her the resource of inner strength, power and confidence... When she indicates to you that there is nothing more to express, give me a finger flick again... (Wait ten minutes or more if necessary. Be patient.)

Good. Now I want you to focus on Mum... See her in as much detail as you can.. Begin to see her getting younger and younger... finally see her as a small child... notice what she is wearing and what sort of hairstyle she has... and when you can see her clearly, give me another finger flick...

Good. Now I want you to merge with your own small child and sit down with the child Mum was.. So that now you are two little children playing together... and when you are experiencing that clearly, give me another finger flick....

Good. Now I want you, the young child you were, to ask the young child Mum was, why she did those things to you... Ask her why she smacked you after chasing you around the yard laughing? Ask her why she... (Fill in the details of the other two or three distressful events described by the client earlier) And why she did all the other things that hurt you or made you feel abandoned, unimportant or that you didn't matter? Pay special attention to the answers she gives you... Let the image of Mum as a child answer you... Ask her to describe her own shame bound scenarios... Share her pain.... Understand why she was the way she was... Appreciate her wounds and her true humanness.. that she too was a vulnerable little child just as you were.. Experience that you are not just hurt, sad and angry.. but also tender, loving, understanding and compassionate... See what made Mum act the way she did.... See that the same kind of violation happened to her as happened to you.... (Feel the compassion and speak from that. Allow time for the new perspective to develop.)

When the two of you have finished talking and you feel that you fully understand why Mum acted as she did.... that you have fully shared in her pain.... give me another finger flick..... (This may take some time. Be patient.)

Good. Realize that you want out of that cycle... this is why you are willing to forgive. Your forgiveness is not about sympathy for her... it's not about pitying her... it's about your freedom from the bondage of the past... It's about growing up.. it's about true evolution of consciousness...

Now come forward in time and imagine you hear the phone ringing.
(Continue the script as given by Bradshaw (1992, p.172) for the imaginary death and burial of the parent.)

It is over.. you have symbolically separated from your internalized Mum. Forgiveness allows you to release the energy you were using to hold the anger and resentment... you can now use it creatively to shape your future. Use some of this energy to nurture yourself: your body, your emotions, your intellect, your imagination and your spirit... to find the practical wisdom to manage your domestic arrangements... to find the wisdom to reformulate your own values.. no-one can answer these questions for you... the emptiness you feel after doing the separation work can be the wellspring from which you create your life...

*Reconnect with the past in a new fresh way... look at the good things from the past.. renew your connection with what was good in your relationship with Mum. Let the music take you to one of the early pleasant memories with Mum.... Remember other pleasant times... Let yourself enjoy the feeling of those good times.. the laughter.. the excitement... Remember Mum... Remember something you loved about her.....
These memories also shaped your life. They were part of your fate.”*

The above procedure is often repeated in a follow up session for the other parent and/or parent substitute. If working with incest, note the caution on overwhelm and that feelings of shame are likely to be very intense. In those cases, create a very high level of trust and safety before proceeding with this work. If possible, facilitate the client's experience of their transpersonal self as this can trigger

powerful changes (Grof, 1985). Suitable processes include Core Transformation (Andreas, 1996) and the Self Inquiry of Sri Ramana Maharshi (Godman, 1965) which encourages the individual to turn their attention back on the source of attention itself.

Therapeutic Touch

Introduction

Healing modalities such as therapeutic touch, Reiki and spiritual healing are becoming increasingly popular. There are now 8,000 healers in Britain treating patients inside and outside of the National Health Service (Hodges & Scofield, 1995) including over 1500 government hospitals (Targ & Katra, 1998, p.199). Early this decade, therapeutic touch had been taught in 80 universities in North America and in 50 countries (Mills, 1996; Spence & Olson, 1997). Spiritual healing is also being integrated into traditional allopathic medicine (Brown, 1995; Hodges & Scofield, 1995; Mulloney & Wells-Federman, 1996; Wirth, 1995) and psychotherapy (Ferch, 1998; Jimenez, 1993; Sollod, 1993; West, 1997).

In the United States, therapeutic touch is the modern medical version of the ancient laying on of hands (Greenspan, 1994) as well as many currently popular healing approaches (Targ & Katra, 1998) including Reiki (Engebretson, 1996; Van Sell, 1996). It was developed by Krieger (1975; 1979) who learned healing from Dora Kunz, president of the American Theosophical Society (Mills, 1996; Targ & Katra, 1998, p.166). The advantage of therapeutic touch over other modalities in the States is that it has been legitimized through psychoimmunology

and has consistently been recognized as effective in relieving anxiety and pain (Gagne & Toye, 1994; Gordon, Merenstein, D'Amico, & Hudgens, 1998; Greenspan, 1994; Spence & Olson, 1997; Wilson, 1995). However Reiki has also been shown to provide pain relief (Wirth, Brenlan, Levine, & Rodriguez, 1993) and reported to lead to psychological benefits (Van Sell, 1996).

There have also been some excellent controlled studies showing the effectiveness of spiritual healing (Brown, 1995; Dixon, 1998; Jimenez, 1993; Wirth, 1995) including healing at a distance (Byrd, 1988; Sicher, Targ, Moore, & Smith, 1998), as well as other compelling evidence (Brown, 1998; Targ, 1997). In fact the medical profession is now acknowledging the extensive anecdotal evidence and sound body of research which supports the reality of spiritual healing (Hodges & Scofield, 1995). Perhaps the most surprising result published to date is a study by Clif Sanderson, recipient of the Albert Schweitzer Prize for Humanitarian Service to Medicine and Moscow's Yakov Gulperin Premier Award for Service to Medical Science for the medical benefits of his energy healing work with hundreds of children seriously ill due to the Chernobyl disaster (Sanderson, 1993a). This article reports an unprecedented significant reduction in the number of children with a high level of nuclear radiation in the urine ($p < 0.05$) in a sample of 190 children treated over a period of two weeks. It is possible that spiritual healing is not just a useful adjunct to modern medicine and psychotherapy, but a far more powerful force for the good of mankind than anyone dares to imagine.

Targ and Katra (1998, p.224) distinguish between spiritual healing and energy healing (such as therapeutic touch and Reiki) claiming that the latter use methods to manipulate energy for the purpose of healing physical symptoms while the former has no method and focuses on a way of being. However it is the author's opinion that this distinction cannot be made for reasons which will become apparent in the discussion of theory and method which follows, and that the name of the modality that the healer claims to practise has more to do with what it was called by the person who taught it to them. Brown (1998) claims that what is called Reiki or therapeutic touch in some parts of the world is called spiritual healing in the United Kingdom.

Theory

Like hypnosis, healing with or without physical touch, is a mystery (Targ & Katra, 1998). No-one really knows how it happens, although it is clear that the mechanism involved is radically different from that which underpins modern allopathic medicine (Hodges & Scofield, 1995). What is known through the personal experience of many individuals throughout history is that there is a nonlocal mind or consciousness unlimited by space and time which Bucke (1901/1991) called cosmic consciousness and which William James believed was extremely important to psychological well-being (James, 1902/1961). What is also known is that there is a multitude of phenomena including hypnosis, distant healing, remote viewing, and precognition, which have been repeatedly demonstrated to be valid and which only make sense in terms of this nonlocal

mind which some people experience (Bessinger, 1996; Schlitz & Braud, 1997; Targ & Katra, 1998). Impressive evidence supporting this claim includes: the CIA's verification of details of Russia's ultra-secret nuclear testing area obtained by means of nonlocal viewing (Puthoff & Targ, 1976) , engineering research demonstrating that the human autonomic nervous system responds to the thoughts of a distant person (Dean, 1966), and randomized double-blind studies in which significant distant healing occurred in a group of 200 Coronary patients (Byrd, 1988) and a group of 40 advanced AIDS patients (Sicher et al., 1998).

Nonlocal mind has been conceptualized as the order and interconnectedness between human beings who are open systems of streaming energies which constantly influence each other and everything else in the universe (Greenspan, 1994; Mills, 1996). This concept of interconnectedness originating with Einstein and introduced into nursing by Martha Rogers, is the theoretical framework underpinning therapeutic touch (Mills, 1996).

Nonlocal mind or cosmic consciousness has also been called transpersonal mind, transcendental consciousness, Source, soul, God, unconditional or divine love, Brahman, the One (heart), the Self (of all), and is considered to be the factor which does the healing while the healer is merely the instrument through which the healing occurs. According to Targ and Katra (1998), nonlocal mind or consciousness does the healing when the healer shifts their attention from the experience of the limited ego-self or personality to the experience of that nonlocal primary consciousness. A British medical practitioner describes spiritual healers as "stilling themselves to find their inner core of

peace...” (Brown, 1998). Likewise, Mills (1996) claims that centering oneself, that is, turning one’s attention to Source or nonlocal mind, is essential if therapeutic touch is to be effective, and Bright (1995) says healing occurs when we are centred or unified with our inner being. A possible implication of this is that disconnection from nonlocal mind is the cause of illness and suffering and that healing works because it reconnects clients to that Source (Patterson, 1998). An added benefit is that therapists’ centredness or transcendental consciousness is healing for themselves as well (Rao, 1998).

Method

From the above it can be seen that instead of doing something, the healer’s task is passive: to surrender to being used by nonlocal mind. Thus spiritual healing occurs in a paradoxical process of non-doing where any attempt to follow procedures or techniques interferes with the healing process (Targ & Kutra, 1998, p.174). This is consistent with Clif Sanderson’s comment, “I have scoured out the idea that a method will work “ (Edwards, 1999b).

Reiki may appear to be different from spiritual healing in that mental and physical rituals involving symbols and hand placement are usually employed (Van Sell, 1996). However these rituals are not essential, because novice Reiki practitioners work without symbols and advanced Reiki practitioners do distant healing without touch. In addition, if the usual hand positions are not possible for any reason such as the client’s discomfort with touch, physical pain (e.g. bruising), lack of access to the body (e.g. medical procedures), or a need for

sterile conditions (e.g. incisions or open sores), Reiki healers touch any accessible part of the body or do distant healing. Because therapeutic touch is practiced by nurses in hospital settings where conditions excluding physical touch are common, it is not surprising that non contact therapeutic touch appears to be more effective (Targ & Katra, 1998, p.176). Thus method seems to be a matter of intuiting what is appropriate rather than following an established procedure. This includes how long the healing requires, which is also variable and must be 'sensed', although it is often reported to take 15-30 minutes (Wirth, 1995). Nevertheless, misunderstandings about method can be expected to continue because the mind of the healer is likely to fall into the trap of wanting to do something, such as find a method, to make their healing more effective. The willingness to be of service in a context of non doing and not knowing seems to be simultaneously extraordinarily simple and yet extraordinarily difficult.

Yet, according to Targ(1998, p.182), there is something even more of a challenge for the healer than giving up doing and understanding, and that is to help the client or patient, who has a greater stake in the outcome, to stop worrying about trying to solve their problem, that is, to relax enough to allow the meeting in nonlocal mind which permits the healing process. Thus the therapist must be able to create a stress-free environment of trust which enables both the client and themselves to maintain an attitude of openness and expectancy without any idea what will happen, for it is this which appears to facilitate the merging of consciousness necessary for healing (Targ & Katra, 1998, p.169; Wirth, 1995). Certain types of background music seems to be very effective for

this purpose (Brewer, 1998), for example, Clif Sanderson's Mind Music (Sanderson, 1994). Clif has also found that an element of the bizarre helps and claims that this is an important factor in the success of the psychic healers in the Philippines and Brazil (Edwards, 1999b). Another way in which the necessary openness for healing is often facilitated is through extreme pain and suffering Targ (1998, p.172).

Use in Psychotherapy and Hypnotherapy

Therapeutic touch enables the retrieval and full experiencing of emotional trauma underlying physical and psychological difficulties (Benor, 1995), a process which may well be essential for significant therapeutic change (Edwards, 1997; Hanna & Ritchie, 1995). For example, in Edwards (1999a), an hypnoidal state and guided imagery for inner child work was used to retrieve childhood emotional trauma underpinning the client's Candida and then therapeutic touch was applied to relieve the extreme anxiety and fear which blocked the full reexperiencing of that trauma.

Because therapeutic touch produces a rapid relaxation response (Spence & Olson, 1997), it can also be used as a means of induction for people who are comfortable with touch but resistant to hypnosis. It can also be used instead of verbal therapy for those who prefer it or are unable or unwilling to discuss their inner world. During therapeutic touch, clients can spontaneously experience emotional retrieval and release leading to an improvement in physical and/or

psychological well-being without either the therapist or themselves having to know what it was about or how it happened.

However, although therapeutic touch may produce physical, psychological and spiritual healing, like all other approaches, it cannot guarantee a cure (Hodges & Scofield, 1995). There are also considerable methodological problems in measuring outcomes because the phenomenon falls outside of the traditional scientific paradigm which requires that the measuring be done (Patterson, 1998).

Ethics of Using Touch

Although there is much reservation about use of touch in psychotherapy, it has been recognized as a powerful tool for healing (Geib, 1998; Hunter & Struve, 1998). Provided the therapist is clear about motives (Pearson, 1994) and the client welcomes it (Kertay & Reviere, 1998), a gentle obviously non-sexual touch can be most reassuring during the extreme panic which often precedes significant therapeutic change (Bar-Levav, 1998). For example, therapeutic touch has been found very effective for supporting and nurturing clients with a history of sexual abuse (Pearson, 1994). However, touch must not be forced (Geib, 1998). It is possible to explain how therapeutic touch is done and mention its effectiveness in reducing anxiety and pain for people who are comfortable with it, and then ask, "Would you like to try it?" The client is then free to make an informed choice.

Final Comments

Fifty years of psychotherapy research has failed to prove that any one technique consistently produces better outcomes than any other technique (Lambert, 1998; 1999; Seligman, 1998) and, in spite of the fact that there are hundreds of psychotherapies, no one therapy can be proved to be better than any other (Lambert & Cattani-Thompson, 1996). Just because NOSC approaches such as hypnosis, meditation, breathwork, music therapy, inner child work, and therapeutic touch can lead to spectacular therapeutic change, does not mean any of them are effective under all circumstances with all clients.

It seems that each person is unique and it is not possible for therapists to intellectually know what each client needs. Thus, what is done and the way it is done must arise intuitively. In other words, the therapist must be an artist rather than a technician. Perhaps the ultimate use for NOSC techniques is to empower the client to contact the 'intuitive intelligence' (Houston, 1996) within themselves which knows what they need, and let this source of inner wisdom run their lives (Jaffe, 1980).

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