



**REHABILITATING THE NON-MATERIAL REALMS-
EXPLORING THE BOUNDARIES OF EXPERIENCE FOR DEEPER
UNDERSTANDING AND HEALING-PART 1**

Andrew H. Hahn, Psy.D. and Linda K. Crawford, L.I.C.S.W.

INTRODUCTION

In this paper we will explore an area we call the non-material realms and their relevance to clinical practice. These realms include phenomena such as entities, ghosts, curses, superimpositions, extraterrestrials, gods and goddesses, guides and angels. They are controversial and not held in mutually agreed upon reality in Western culture because they are not perceived by the five senses and can not be experienced and documented consciously by everyone. As would be true with any topic that has generated such controversy, our invitation is to open to this material with skepticism and curiosity in healthy balance, and further to open to how much this material resonates with your own deepest subjective experience, even if it might not seem so rational to your conscious Western mind. In our experience, this is a level of relevant phenomena that has heretofore been generally ignored in standard clinical practice or, even worse, invalidated by the mainstream Western, clinical community. Our intention in this paper is to describe the usefulness of opening our minds, our hearts, ourselves to these realms.

This usefulness demonstrates itself in many ways. On the simplest level, it has helped honor the personal reality of people who have been concerned that they would be dismissed or stigmatized should they speak and live their truth. Second, it has helped give language to people who were having experiences that they couldn't account for in any familiar way. They had a knowing that they were having a problem without being able to name what the problem was – a most difficult situation for most people. They would experience the surface manifestation of the problem without being able to know what was underlying it and typically have not been able to have their familiar resources help them name or solve the problem. This can eventually lead to a period of hopelessness and giving up, a sense of defeat.

Third, once we have developed a map from our clinical experience, we can apply the map as a part of a multi-dimensional diagnostic framework to other circumstances that have been explained and worked with more conventionally without complete success. Even those who don't know that they don't know can then be helped in ways that we have found are more elegantly efficient - deeper, more inclusive and more long lasting. Finally, since there are problems in the non-material realms, there are resolutions there also. This enables us to turn to resources for help that we may not have previously considered possible.

A MORE INCLUSIVE PARADIGM

We cannot stress enough the importance of validating people's experience and not limiting the scope of our work solely to currently held scientific paradigm. This is not to

denigrate that paradigm, it is only to recognize that every paradigm is valid and incomplete. In the beginning of a field of study, there is an excitement that comes from true open exploration rather than viewing experience through deified constructs. This is the idea of Beginner's Mind that opens to all possibility as its nature. There is wonder and free-flowing curiosity without constrictive judgment. The stance is inclusive - that Life is teaching us. Discernment and clarification follow over time as we continue to experience through this frame. This then, typically leads to the evolution of paradigms in an attempt to formulate, understand and make meaning. This, in and of itself, is not a problem. Problems arise when in our human hubris, we begin to believe that our paradigm is valid, complete and exclusive and that anything outside its structure must be at best wrong and at worst evil. Hubris fueled by fear can become a foundation stone of distorted power in the name of reason.

To come into "Right Relationship" to power in the Buddhist sense –not correctness but more balanced with life – is to make a double shifting of power from standard clinical practice. Typically when a client seeks a therapist/facilitator, they are seeking answers from an expert, and often clinicians are too willing to comply with that request. The client is disempowered and distanced further from their innate wisdom. In the rehabilitated model we are describing in this paper, both client and therapist are experts in their respective fields. The client is the expert reporter of their particular experience, the therapist the expert guide in a healing and integrating process, with Life being the ultimate expert informing them both.

This is a clarion call to move back to a deeper and more respectful way of working which is to let Life teach us through its vessel, our clients, recalling us to a place of wonder and curiosity as opposed to stultifying reification. The invitation is for both client and clinician to move into Beginner's Mind together, for the therapist/facilitator to model curiosity and willingness to be with the information of the moment so that the client may open to an active receptive stance to the information that is coming through them. This information is Life revealing itself.

One way this Life Wisdom comes to us is through an innate knowing in the body. Kinesiology or Muscle Testing(MT) is a way of accessing this knowing as it comes through the client using their body as a means of communication. Typically we do this by asking the client to extend their arm, hold it in a firm muscle stance and focus on "Yes" or a "true" statement i.e. "My name is...". The facilitator presses the arm and demonstrates for the client that their arm remains strong. The process is repeated with "No" or a "false" statement and the client's arm relaxes. Using this method, we can ask any question that is in the service of healing and growth and receive a response that will be useful.

A CASE EXAMPLE

With all of this said, let us turn to a case example. A woman came to Andy for therapy. She had been hospitalized several times for threatening suicide and not being able to care for herself. At times she had a full range of what are typically clinically described as

delusions and hallucinations and all of the symptoms of what is currently called Dissociative Identity Disorder (DID) in the clinical literature. She had been hospitalized many times for these problems, had been on various psychotropic medications, and nothing had helped. She reported a history that is typical in such cases and could account for such symptoms, including, by the client's report, sexual abuse, verbal and physical abuse in childhood, multiple rapes and watching her mother murder her sister.

Muscle Testing (MT) revealed something quite extraordinary, that none of the history that she had reported was the crystallizing origin of the DID. Instead, it revealed, that the root of the DID was, in our schema, a Superimposition - defined here simply as a force much bigger than she that had taken her over. As Andy was about to ask her if this resonated with her even if it didn't make rational sense, she spontaneously blurted out that this made total sense to her. She knew exactly what this was talking about. She reported that when she was eight years old she was at a "Southern Baptist, Fundamentalist Church service". During the sermon, she reported that a dark energy took her over. She was already in therapy at that point. When she next went to her psychiatrist and told him this, she reported that he said she was crazy and put her on Thorazine. She vowed to herself that she would never tell anybody about this experience again.

The MT next revealed that the memory that she was reporting was in fact where the current symptoms that were associated with the DID diagnosis began. MT further revealed that she knew what she had to do to rebalance her being so that the troubling problems and symptoms that, by definition, were associated with the dark energy that had taken her over years before, would remit. At that point, she gave Andy a look which implied that the suggestion that she knew what to do was also crazy, yet as this was happening it seemed like her eyes brightened, and she said that she did know what she had to do. She had to do a Native American dance. This seemed quite funny to her because even though she was 1/16 th Native American, she didn't know any Native American dances. Nonetheless, she started to do a very intricate dance. About a minute in to it, she looked up as if to say, "What am I doing?" and then continued the dance. A short while later, it was as though both she and Andy could almost feel the room shake and brighten (a common experience for dyads when the energy field makes a major shift), and she looked up at and said she was done.

While Andy continued to see this woman for several years after this session, and even though she still suffered greatly, there was a very noticeable decrease in her symptoms immediately after this session, and it seems her clinical course was most likely altered. She was not hospitalized again and she began to develop a better observing ego, sense of self, witness function and access to her Higher Self as described in many healing traditions.