FOREWORD BY JAMES LAKE, MD

SPIRITISM AND MENTAL HEALTH

Practices from Spiritist Centers and Spiritist Psychiatric Hospitals in Brazil

EDITED BY

EMMA BRAGDON, PHD

SINGING DRAGON

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Chapter 19

THE POSITIVE POTENTIAL OF DISSOCIATIVE STATES OF CONSCIOUSNESS

Melvin Morse, MD

Introduction

This chapter will discuss the dissociative states of consciousness and emphasize their protective, healing, transformative, and restorative functions (see Table 19.1).

The Current View of Dissociation

The term "dissociation" was first used by Janet in the late nineteenth century, to understand and describe hysterical personalities. He described a life of "psychological misery" because of, in his view, the resultant segmented and dissociated life of the hysteric (Janet 1901).

This viewpoint persists to this day. The American Psychiatric Association's (1994) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), while stating that dissociation should not be considered inherently pathological, offers no diagnostic category for non-pathological dissociation. Near-death experiences, simply because of the out-of-body component and detachment from the physical body, have been categorized as dissociative events and are discussed in that context (Krippner and Powers 1997).

Other theorists, however, have pointed out that dissociation in general and the near-death experience in particular may well serve to connect consciousness to other realities (Evan 1989). It has become increasingly appreciated that the majority of dissociative clinical conditions do not represent pathology. As a result, there has been a call for a reclassification of dissociation based on function and clinical situations, not simply the phenomenon itself (Spitzer *et al.* 2006).

Table 19.1: The spectrum of dissociation as seen in healing, health, and mental dysfunction

Dissociation as a healing tool	Dissociation as a therapeutic tool	Dissociation for spiritual improvement	Spontaneous dissociation	Dissociation with mild functional disturbances	Severe dissociation with independently functioning personalities
Well-trained Spiritist mediums and healers; NDE	1. EMDR 2. TRVP (Past Life Regression Therapy)	Controlled remote viewing or astral projection	Simple out-of-body experiences (OBE)	PTSD with anxiety and mild DID	Severe DID (formerly known as multiple personality disorder)
Persons enjoy excellent mental health and are using dissociation to interact with spirits and other realities, and to help others	Experienced therapists guide the patient through protocols which involve dissociation and non-local perceptions	Techniques and protocols used by individuals which promote non-local perceptions and dissociation	About 3% of population will have sudden OBE for no reason; it just happens	Patients are fairly functional and have anxiety and brief dissociative episodes	Ordinary seamless stream of consciousness is significantly disrupted as various personalities struggle for control of the self

Even in severe situations such as Dissociation Identity Disorder (DID), it is not clear that it is dissociation that is the root cause of the pathology. Dysfunctional dissociation is often the result of severe and chronic childhood traumatic experiences where the dissociative barriers are developed to aid the child in his or her psychological survival. However, this type of response later in life can inhibit a person's natural development and may contribute to the debilitating symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety. It appears that the very thing the child used to survive, *dissociating*, can later help to heal them when used in the context of therapy.

We All Dissociate: It Is a Normal State of Consciousness

It has been known since the mid-nineteenth century that there are two independent streams of consciousness operating in the human mind (Crabtree 1993). There is the "internal narrator" or ordinary consciousness, which recently has become associated with left hemispheric function. There is also the unconscious stream of sensory input and memory, associated with right brain functions but in fact found in multiple areas of the brain (Binet 1890; Crabtree 2006). Normal healthy well-functioning adults can even have as many as three or more independently functioning streams of consciousness (Beahrs 1982; Crabtree 1985; Hilgard 1977).

Although consciousness in the brain is far more complex than simple "left brain" versus "right brain," split brain research documents that the two hemispheres of the brain process information differently (Gazzaniga 1989; Sperry 1974, 1993). Understanding the strengths and weaknesses of each consciousness can clarify the need for integration of the two major streams of consciousness.

The "left brain" is analytic, verbal, and creates our ongoing sense of reality. It is our normal personality. One important function it has is to make sense of the ordinary world and facilitate our daily lives. It creates our sense of meaning of life, and the myths and belief systems by which we live.

The "right brain" is conscious of the left brain's mental activities and although considered "unconscious" actually contains the entire conscious record and memories of the person. It is relatively non-verbal, communicates with symbols, and sorts and organizes data and information but rarely tries to judge it or make sense of it (Gazzaniga 2008). It is this arena of consciousness that is associated with automatic writing, vivid perceptions of deceased persons, remote viewing or otherwise accessing information through non-ordinary means, and mediumship (Braude 1995; Myers 1885). It is this same stream of consciousness that I have speculated is connected to a timeless space-less source of all knowledge. I have theorized that the right temporal lobe and hippocampus is our "god spot" (Morse

2002). Others feel this is simplistic as the entire brain is connected to the Divine (Beauregard and O'Leary 2007).

Case Report

Dissociative experiences in the context of dying (near-death experiences; NDEs) can have powerful transformative effects independent of the psychological aspects of coming close to death and surviving (Morse 1994a). This case report comes from the experimental model for near-death experiences inadvertently developed by the US military when studying the effects of high acceleration forces on the human brain. James Whinnery, MD, the lead investigator, found that dissociative experiences occurred to the test pilots when they were at the point of maximal accelerations in a centrifuge. They did not occur at lesser accelerations. These dissociative experiences included a full return to consciousness (after first suffering seizures and coma), a perception of being transcendent with the Universe and merging with a spiritual white light or "god" (Whinnery 1989; Whinnery and Whinnery 1990).

Jeff Smith was a warrior. He was a flight officer in the US Marine Corps. Now he is one of a hundred approved consultants in EMDR (Eye Movement Desensitization and Reprocessing) therapy and an advocate for the homeless. He is dedicated to treating veterans with PTSD. As part of his military experience, he was part of Whinnery's research on G forces and consciousness. He had the typical NDE seen in clinical studies of children and adults who describe near-death experiences, especially merging with a spiritual white light. The experience had a transformative effect on him. He altered his career path and trained as a family therapist and then specialized in EMDR. He integrates his spiritual understandings gained from his near-death experience with traditional EMDR therapy.

Dissociative Experiences and Non-local Perceptions

Dr. Whinnery; Pim van Lommel, a Dutch adult cardiologist; and myself, a former pediatric intensivist, have done prospective studies of NDEs. Our research and conclusions are well accepted by the mainstream scientific and medical mainstream literature (Morse 1994b; Morse, Castillo and Venecia 1986; van Lommel *et al.* 2001).

All three of us concluded that NDEs:

- occur in dysfunctional or (briefly) dead brains
- involve a sense of expanded awareness and consciousness implying that consciousness does not depend entirely on brain function

- involve out-of-body perceptions, merging with a transcendent reality or "god," speaking with deceased persons, encountering spirits, etc.
- are not caused by coma or trauma, a lack of oxygen, or medications, and are not a psychological reaction to the fear of nearly dying
- are associated with positive personality transformations
- seem to imply that memories can be stored outside the brain and that consciousness exists independent of brain function.

(Morse and Whinnery, personal communication 1996–1998; Morse and van Lommel, personal communication, October 26, 2008)

This last point is not as controversial as it seems. In fact, there is no current modern theory of how memory can be stored in the brain. Allan Gauld, in reviewing the subject, states that the idea that memory must be stored within the brain is a neuroscientific myth, unsupported by the evidence, and now hardened into dogma (Gauld 2006, p.281). In the same text, Bruce Greyson, MD, states: "the central challenge of NDEs lies in asking how these complex states of consciousness can occur under conditions...[which neuroscience now] deems impossible. This conflict between neuroscientific orthodoxy is head on, profound, and inescapable" (Greyson 2006, p.421).

Near-death research clearly supports the concept that dissociation can involve contacting spiritual realities and a "god" that exist independent of us, and may not be pathological at all. The need for more neutral terminology led van Lommel (2010) to propose the term "non-local perceptions." Non-local perceptions include spirits, deceased relatives, a god, past life memories, remote viewing, angels, and spiritual realities which cannot be perceived with the ordinary senses and yet seem completely real.

Dr. van Lommel's "non-local perceptions" reinforce my theory that we have a "god spot" or "spiritual brain" which allows us to interact with the theoretical physicists' current concept of reality, a timeless space-less conscious informational universe (Stapp 2007). At the very least, this new research suggests that we are designed with the hardware in the brain to connect to an altered or "unconscious" consciousness for a positive purpose of healing and growth. Regardless of the objective reality of these non-local experiences, it is clearly beneficial to have them. For example, dissociative experiences have been associated with genius and creativity (Braude 2002).

Using Dissociative Experiences to Transform and Heal the Mind

Simply being in a non-verbal unconscious mental "dissociative" state, without any specific reference to spirits or encounters with a "god," has been shown to

be protective against severe psychological trauma. Researchers have shown that PTSD can benefit from patients being immersed in what those researchers called "the separate sensory stream of consciousness" by playing a video game that involves sorting shapes (Holmes *et al.* 2010).

There are specific therapies and protocols that facilitate healthy dissociation, which typically involve non-local perceptions.

Controlled Remote Viewing (CRV) or Controlled Out-of-Body Perceptions

Protocols for the controlled ability to dissociate and/or access information by non-ordinary means were developed independently by the US military and "projectiologists" in Brazil and Portugal. Their protocols are strikingly similar. They involve a "viewer" who first accesses the sensory stream of consciousness and then creates a "virtual reality" within the mind. While in this virtual reality, the viewer obtains information otherwise not accessible through memory or the ordinary senses. Automatic writing and dissociation are key elements of the experience. There is a monitor of the sessions to guide and direct the viewer in the process and help the viewer remain within the structured protocol.

The Brazilian group uses the experience to develop good mental health and have a body of research documenting this (*Journal of Conscientiology*). Although the US program was developed for military intelligence gathering, the same result occurred. Most of the originally trained military remote viewers have written books with titles such as *Captain of My Soul, Master of My Ship* to describe the positive transformational effect their training had on them (Atwater 2001). Lyn Buchanan (2003), for example, states that high quality viewings correspond to creativity, happiness, and excellent mental health in the viewer. He has moved beyond the military targets he was trained for and frequently monitors and assists persons during their own dying process.

Eye Movement Desensitization and Reprocessing

EMDR is one of the few evidence-based therapies documented to heal PTSD. It is approved as a first-line treatment intervention for PTSD by the American Psychiatric Association, the US Department of Veterans Affairs, and the US Department of Defense. EMDR is an eight-phase, integrative psychotherapy approach that uses specific protocols and procedures (Shapiro 2001) to access the unconscious. There is bilateral activation of both hemispheres of the brain using eye movements or the other forms of bilateral stimulation. In EMDR a client's sensory stream of consciousness is engaged while they are asked to talk about their experiences. At the onset of EMDR treatment a virtual "safe place" is created as a mental construct to ensure a place for the client to return to for

self-regulation. The process of creating this safe place is strikingly similar to the mental processes of controlled remote viewing.

The specific details and memories (auditory, somatic, visual) of the traumatic events are accessed, and otherwise linked trigger memories are reprocessed, resulting in positive thoughts and feelings which were unavailable prior to the processing. At times in treatment, other "virtual" persons can also be engaged, such as healthy adult parts of the person, fallen comrades of a soldier in war, dead family members, abusers, and spirit helpers to assist in the healing process. This often catalyzes a profound healing response where clients report a sense of deeper healing, even a spiritual experience, while new material comes forward of forgiveness, compassion, and love for the self and others. This healing process occurs much more efficiently compared to traditional talk therapies. Clearly EMDR involves healthy dissociation and creative use of non-local perceptions.

Experiential Regression Therapy de Peres (TRVP)

This is a seven-stage experiential treatment of PTSD. This technique was developed by Julio Peres, PhD, a neuroscientist and psychologist in Brazil. The entire therapy typically takes six months. Patients were hypnotically regressed to past life memories and experiences. Cognitive behavioral therapy was then done. Peres studied 610 patients between 1996 and 2002. Two-thirds of the patients had complete resolution of PTSD. Facilitating dissociation and non-local perceptions is a key part of the therapy (Peres 2009).

Mediumship in Psychotherapy

When we understand communicating with the human second consciousness as a linkage with a timeless, space-less, all-knowledge domain, much of the confusion in this arena disappears. Whether it is a medium contacting a "dead person," or an EMDR therapist helping the client to interact with an abuser or a fallen comrade in battle, all of these experiences really involve interactions with the body of information that represents a given situation or person. They all are simply mental experiences involving the accessing and processing of non-local information.

Examples of Mediumship in Psychotherapy

The Author and His Wife's Experience[1]

We have treated over 30 patients with severe DID, all within a spiritual context. Early in therapy, we seek to find as an ally the "artist within" and/or the "being of light" that is typically present. We engage the various consciousnesses as if they are completely real, with respect, dignity, and unconditional love.

For example, one conscious state I refer to as "the monster soul" usually has the most complete memories of the childhood trauma. They have voluntarily taken on horrific trauma to allow the core personality to live a happy and uncontaminated life. I explain that their anger and fury is to be expected and respected. As the therapeutic process continues, I ask them what the best resolution of their anger would be for them. One "monster soul" told me that she wanted to be sealed in a stainless steel museum in a graveyard that everyone could admire, but never enter. Rapid resolution of disabling anger then occurred.

To facilitate healing, with my wife as monitor, I openly enter into a spiritual and/or dissociative state with the patient. I have had consciousnesses "talk" through me as if I am channeling their words. My therapeutic model is entirely one of love, respect, and wonder. The patient has his or her own healing solutions which I could never anticipate. For example, with one patient, I realized that the core or central personality was frightened and perceived herself as a seven-year-old girl and a "frozen sausage." There was in fact no adult personality to take charge. She had been misdiagnosed as a "schizoid" or "borderline personality." The previously hidden "artist within" stepped forward and "thawed out" the core personality. Over many years, she gradually matured and healed. I cannot think of a single patient I have helped in any way other than by being a witness to their healing by being willing to believe in the unbelievable (Cline 1997).

A Psychotherapist Medium

At least one well-trained and highly successful psychotherapist has written about his clinical practice which straightforwardly involves, at times, communication with spirits who have therapeutic information and suggestions for the client (GoForth and Gray 2009).

Mediums as Psychotherapists

Conversely, it has recently been proposed that mediums may play an important role in grief therapy, and should be studied in that context (Mosher, Beischel and Boccuzzi 2010).

This immediately raises legitimate concerns about untrained and undisciplined mediums actively practicing psychotherapy with the potential for significant harm. The above examples involve well-trained, highly skilled physicians and psychologists who add the element of mediumship to their other skills and training. Clearly it is appropriate to begin a dialogue on what are the proper standards of care for such integration of mediumship into therapy (GoForth 2011). Until this is better understood, in my opinion only persons already skilled and licensed to practice psychology and medicine should attempt to integrate "interactions with the all-knowledge domain" or mediumship into their clinical practice.

Conclusion

Dissociation is best understood as a spectrum state of consciousness. At one end of the spectrum are the mediumistic experiences of the best-trained and supervised mediums of the Spiritist movement who lead a well-disciplined and balanced way of life. They may be highly educated professionals or not, but all of them do group mediumship for the purpose of helping people who are suffering as well as purported disincarnated spirits. They do not charge for this practice (Spiritist Medical Association of the USA 2010). The spontaneous dissociation of the near-death experience is also at this end of the spectrum.

Next is dissociation in the context of positive therapeutic experiences discussed above. These therapies depend on the healing power of shifting to what is loosely called "right brain" consciousness, and then creating a loving and safe place for healing to occur.

Controlled remote viewing and astral projection are at this part of the spectrum. They are skills that can be learned and clearly can enhance spirituality and ordinary consciousness. It is one non-local perception validated as objectively real by considerable scientific research (Dunne and Jahne 1982; Targ and Puthoff 1974).

In the middle of the spectrum is the simple out-of-body experience. These occur to 3 percent of the normal mentally healthy population, spontaneously. They typically have no secondary meaning or transformative effects (Gabbard and Twemlow 1985).

Towards the pathological end of the spectrum would be PTSD. Such patients often have entwined clusters of memories, and seemingly unrelated non-traumatic experiences can suddenly trigger traumatic memories resulting in panic attacks and momentary dissociation. Many patients with DID fall in this mild category. They may well have many dissociative experiences in a given day but have learned how to cope and manage them in a functional way. Finally at the end of this spectrum is severe DID disorder and PTSD where the patient experiences major and disabling dissociative events out of conscious control. It is not the dissociation that is disabling; it is the lack of conscious control.

Modern research and therapies have the potential of creating a new healthy holistic approach to dissociation. This has enormous potential to enhance our ordinary state of consciousness as well as help disorders such as PTSD and DID, when directed and guided within a therapeutic context.

Note

1. The author and his wife are an experienced controlled remote viewing team. They have adapted the structure, protocol, and discipline of controlled remote viewing for working as a team with DID patients.

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