THE LIVING MEMORY RESEARCH TRUST

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HUMAN CONSCIOUSNESS

Ephemeral and Material Structure and Form

ABSTRACT

This study posits the belief that consciousness is multidimensional and eternal, the soul incarnating repeatedly with purpose through time, expressing individualised consciousness. Memory as the linking factor to experience is carried as a subatomic imprint within DNA via the electromagnetic field.

There is no universal definition of Consciousness which is instead defined from the differing perspectives of science, philosophy, medicine etc. Scientific focus is aimed primarily at understanding matter whilst the oldest spiritual texts available to us describe the interaction of the material and ephemeral worlds. Historical, medical, and philosophical perspectives are compared in relationship to the metaphysical definition of consciousness, proposing that an interactive hierarchical, energetic mechanism governs behaviour and belief. Two clinical case studies illustrate the multidimensional nature and structure of consciousness with trauma explored as a causative agent in energetic imbalance. The methodology and outcome of an energy alignment programme is evaluated from both physiological and metaphysical perspectives.

INTRODUCTION

To define the nature of consciousness from spiritual, metaphysical, medical and philosophical perspectives.

There is no universal definition of Consciousness which is instead defined from the differing perspectives of science, philosophy, medicine etc. Scientific focus is aimed primarily at understanding matter while the oldest texts available to us describe the interaction of

the material and ephemeral worlds. In contrast with ancient wisdom, mainstream science does not acknowledge the concept of the multidimensional nature of human consciousness and the existence of the soul, expressed as the essence of individuated personality. The concept of the continuity of consciousness beyond the death of the body is therefore difficult to accept from an orthodox scientific standpoint despite extensive research and validation by esteemed members of the profession.

Metaphysics - Origins of Belief:

Ancient texts which predate the scientific era by millennia explain the conundrum of body/mind consciousness, defining what is learned and what is revealed. In this philosophy, the vast complexity of the Mind is understood to be multidimensional and originating from a spiritual or non-physical source. In ancient times the connection to the elements and the natural world were essential to survival, humanity felt itself to be an intrinsic part of governing universal forces; an example being that aboriginal people believed themselves to be indivisible from the land on which they dwelt. Scientific knowledge increasingly dismissed such spiritual concepts as superstition, resulting in a deepening separation consciousness. Religious and spiritual traditions have sought to remind us of our origins through time, the dichotomy is unfathomable from a materialistic perspective.

In metaphysical terms the polarity of spirit and matter is the fundamental principle which governs Mind. *'The matrix of all matter is the consciousness behind Mind' Max Planck*. Consciousness exists in both the ephemeral and the material world, the interface being memory. Consciousness is the primary source, energy is the force which consciousness directs; this subtle energy is variously described as magnetism, chi, prana. At its most refined, it is spirit, ether corresponding to the etheric realm and forming vibration emanating as light. Etheric consciousness directs energy in the form of subatomic particles in crystalline matrices via interconnected circuits, powered by electromagnetic force. Through the process of downward causation, consciousness is stepped down as wave frequencies through an integrated hierarchical structure, from ephemeral, intuitive to intellectual, sensory and physical states. The 'Super Conscious' or 'Higher Self' corresponds to 'phenomenal' experience and is the intermediary, intuitive mind. In favourable circumstances intuition operates as an interface, connecting with and influencing the

lower mental or Intellectual Mind. This is the aspect commonly recognised as the mental faculty which functions at a cognitive level.

Matter is condensed spirit encapsulated in form. As density increases, the four elemental energies subdivide to express themselves as intuition, thought, sensation and movement in and through the physical body. In metaphysical terms 'divine light', transmitted as energy, flows through a subtle energy network of chakras and meridians which intersect at the organic level within the physical body. This system has been mapped for thousands of years, its origins lost in antiquity. Earliest texts provide accounts of divine transmission from a higher stream of consciousness to sages and then to human physicians. In health, stability is maintained by cohesive flow, sustaining a balance between intuitive, mental, and emotional frequencies. Any disturbance of cohesion between the fields or frequencies results in spiritual, mental, emotional or physical dis-order and dis-ease.

Multi-dynamic nature of consciousness: The rational or intellectual mind is governed by the ego, while the higher mind, referred to as 'Super Consciousness', 'Higher Self' etc. lies beyond the rational mind and can only be accessed via intuitive perception, a higher frequency. (Lamb C 2015)

Intuitive perception is based on a deeper wisdom through 'gnosis' or knowing, demonstrated by gurus, saints and mystics through time. It is beyond understanding, a spiritual realisation existing beyond the physical or mental dimension where the consciousness accesses etheric realms. Spiritual awareness is a cumulative process developed through lives of experience, a refinement of consciousness enabling the soul to achieve harmony through peaceful coexistence.

Intellectual consciousness i.e. the lower mind, is governed by the ego and linked to cognitive function, operating within the prevailing belief system, derived from the data bank of personal experience, a transitory state. We become attached to whatever we think about, compounding our belief system, a further transitory state. *'That which you think so you become' -Gautama Buddha.*

Sensory consciousness is formed from beliefs and operates through the senses, motivated by desire; we want what we see, feel, hear, touch and taste in the impermanent physical environment. This delusionary

state of attachment to the senses compounds the sense of separation from higher awareness and the source.

The subconscious mind is the storehouse of past thoughts and experiences which shape the current belief system, having no capacity for original thought it acts purely on instinctual impulse born of past experience. All involuntary or automatic activities are a product of the subconscious mind, the result of environmental programming, parental, cultural, educational, religious etc. Ego consciousness represents the journey of self-discovery in the physical world, that part of the psyche which must be integrated in order to attain spiritual maturity. The subconscious conducts the repair and renewal of the physical body, maintaining cohesion and health as a direct reflection of the belief system. Disintegration of the organism occurs in response to loss of cohesion and equilibrium at the sensory and or cognitive levels i.e. mental/emotional stress which impacts negatively on the Will.

Consciousness, Possibility and Probability.

Quantum physics explores the dynamic of the nonmaterial world beyond time and space and material existence. There is congruence here between the ancient belief systems and the new science. Subatomic particles are the fundamental constituents of all matter. Energy as light travels in discrete bundles called photons, minute packages of electromagnetic radiation, a concept developed by Albert Einstein in 1905, which he referred to as *'spooky science'*. Photons are a quantum of the electromagnetic field and the force carrier in the transmission of light. When a vibration disturbs particles, a wave pattern is produced. Short bursts of localised wave energy, referred to as 'wave packets' can be observed and quantified based on density and measurement, referred to as 'probability amplitude'.

It is the interaction or resonance between fundamental elements which dictate equilibrium or chaos within the human energy field. The complex energy systems which create a fusion of spirit and matter, downloaded as pre-programmed data and translated as belief systems, create the 'quantum wave packet'. We are the designer and the producer of the wave, selecting and deselecting in accordance with free will. The wave packet is directed in accordance with our beliefs, based upon past experience, a self-created status quo reflecting personal identity and purpose. The wave packet emits a specific signal which can remain constant or change during transmission according

to the choices made. This is the 'possibility factor' i.e. we can change our beliefs (the wave) and therefore the outcome when faced with challenge or change. This concept corresponds to the new epigenetic and neurosciences which demonstrate the manner by which beliefs affect biology.

There is a direct link between atoms, the building blocks of life and photons which are aligned to DNA. In metaphysical terms these equate with our spiritual genetics, founded in pre-birth experience. The belief that genes alone dictate biology has been discredited by the work of Bruce Lipton, a former cell biologist who demonstrated the process by which cells receive information via external signals, influencing outcome positively or negatively. This pioneering research challenged former beliefs by demonstrating the effect of energetic signals directed by beliefs. *"A person's health isn't generally a reflection of genes but how their environment is influencing them. Genes are the direct cause of less than 1% of disease; 99% is how we respond to the world"* (Lipton B H 2005)

We are selective in what we choose to select or discard as truth and our physiology responds in kind. Subconscious response and sensory awareness influence the thought process, decision making and conduct. Candace Pert, the neuroscientist who discovered neuro-peptides and their receptors states that *"these are the substrates of the emotions and they are in constant communication with the immune system, the mechanism through which health and disease are created*" **(**Pert CB 1999). Any disturbance of cohesion between the fields or frequencies results in spiritual, mental, emotional or physical dis-order and dis-ease. This imbalance is explained in quantum physics as 'entanglement,' a physical phenomenon which occurs when pairs or groups of particles are generated or interact as an inseparable whole and not as individual particles. Consciousness has a direct correlation with atomic resonance, the degree at which we acknowledge a Unified Field or 'Super Consciousness' as the governing force. Meditational techniques and 'mindfulness' provide a means by which we can disengage the attention from the physical body to access higher states of consciousness, allowing consciousness to expand.

Medical Stance

With the dawn of the scientific era spiritual beliefs were marginalised; Western medicine has become increasingly compartmentalised with

mental, emotional and physical health seen as separate specialisms. This insular system does not encourage an integrative approach. In medical terms consciousness relates to the gross physical level and is understood to be governed by brain chemistry and defined by the level of alertness and comprehension i.e. the neural and psychological correlates of consciousness. Consciousness is said to be impaired where there is disorientation, delirium, loss of meaningful communication or diminished arousal. Lack of response to painful stimuli is considered an indicator of loss of brain function. Altered states of consciousness are generally accepted as a response to changes in brain chemistry affecting cognitive processes.

Current scientific belief that the brain is the seat of consciousness, founded on incomplete knowledge of the body/mind link is a bar to the acknowledgement and deeper understanding of phenomenal states. Introspection lies beyond cognition and is the mechanism which allows us to experience phenomenal states. A materialistic perspective is based on an assumption that the brain creates conscious experience by generating electrical impulses, perceived as thought processing and decision making. Free Will is considered an illusion, a by-product of background noise within the brain. The locus of consciousness is derived from a belief in 'upward causation' i.e. that matter is the primary source and therefore the causative factor initiating action. This belief is based in physics: elementary particles make atoms, atoms make molecules, molecules make cells and cells make brain tissue. Mainstream science lags behind quantum theory and the discoveries of Max Planck who revolutionised human understanding of atomic and subatomic processes: *"I regard consciousness as fundamental... I regard matter as derivative from consciousness.* Max Planck, a theoretical physicist, was awarded the Nobel Prize in Physics in 1918. The answer does not lie in acquiring more and more objective information concerning neurons and the mechanism by which they fire, but rather in seeking concepts which encourage integration of subjective and objective perspectives.

Philosophical View

Philosophers have used the term 'consciousness' to define the degree of consciousness implicit within a range of experience. These are variously described as knowledge in general, intentionality, introspection and phenomenal experience.

- **Knowledge in general**: Facts, information and skills based in intellectual experience.

- **Intentionality**: Based on intention, purposeful direction of thoughts towards some object or state to effect a change.
- **Introspection**: Based on looking within, meditation, contemplation.
- **Phenomenal**: A highly unusual, extraordinary event or experience which seems to transcend the norm.

Qualia: In an attempt to define consciousness and to explain phenomenal experience philosophers seek a common terminology. In 1866 in an attempt to rationalise and quantify experience, Charles Sanders Peirce, a philosopher working in the field of experimental psychology introduced the term 'qualia' to describe experiential properties of sensations, feelings, perceptions, thoughts and desires, defined in simple terms as 'what it is like to have an experience'. They include physical, sensory and mental states and perceptions. The existence of qualia has never been independently and scientifically proven as fact.

There is continuing debate by the scientific community in its attempts to define qualia as intentional, functional or cognitive. Some identify qualia as restricted to sensory experiences i.e. intrinsic, non-physical properties of sense data. An opposing view being that thoughts and other such cognitive states have phenomenal character and so also have qualia. Intentionality is inherently a cognitive mental state, implying choice and purpose. Perceptual experience (an idea or mental image) includes both phenomenal and intentional aspects linking the lower and the higher aspects of mind. Phenomenal consciousness refers to the properties of experiences beyond the brain and rational thought.

Psychiatry-*(Greek 'ψυχή' (psychē: "soul or mind") and 'ιατρός' (iatros:'healer')* is the study of abnormalities related to mood, perception, behaviour and cognition, which are all elements of conscious awareness. The oldest texts on psychiatry include the Sanskrit Ayurvedic text Charaka Samhita, founded in the spiritual dynamic. Treatments ascribed are today dismissed by medical science as superstitions of the ancient world. Ayurvedic medicine views mental disorders as arising from the underlying subtle energy pattern from which physiology is formed.

Historically mental illness was considered to originate from spiritual conflict, possession etc. with isolation and exorcism as a response. In

the 1st century the care of the mentally ill was largely the province of religious orders. By 4th century BCE Hippocrates, 'the Father of Medicine' theorised that the root of mental instability may lie in physiological abnormalities. From the Middle Ages, Lunatic Asylums were established with the aim of containment rather than cure. Inmates were often subjected to barbaric conditions with those considered dangerous, chained. William Battie's 'Treatise on Madness' (1758) argued that mental disorder originated from dysfunction of the material brain and body rather than the internal workings of the mind. In 1796 The Quaker 'Society of Friends' led the world in a radical new approach to the treatment of mental illness. William Tuke rejected medical theories and techniques and founded the York Retreat in England, a forerunner of treatment today. A small, rural residential community, it focused upon rest and quiet, social activities and manual work, minimising restraints to restore reason and recovery.

Psychology- the science of the mind and behaviour and both conscious and unconscious experience, blossomed in the 20th century evolving into distinctly separate and sometimes opposing movements. Sigmund Freud's psychoanalysis explored unconscious impulses to explain mental/emotional conflict. His student Carl Gustav Yung later rejected the theories of his mentor and developed Analytical Psychology with its focus upon the importance of the individual psyche and the quest for wholeness. John Watson coined the term 'Behaviourism' (Psychology as the Behaviourist Views it, Columbia University in 1913) emphasising the role of environment and conditioning with behaviour as an automatic reflex response. Watson denied the concept of consciousness, ascribing it to superstition. Ulric Neisser, the 'Father of Cognitive Psychology' (1967) opposed Behaviourist concepts and brought together research concerning perception, pattern recognition, attention, problem solving, and remembering. With its emphasis on information processing and constructive processing, cognitive psychology began to replace psychoanalysis and behaviourism as the dominant approach. Carl Rogers, a founder of the Humanist Psychology in the 1970s emphasised conscious experiences; the focus of how individuals perceive and interpret events.

Brain Biology: 20th century advances in technology along with an emphasis on anatomy and biology as causative factors led to invasive procedures in an attempt to improve mental health.

Electro Convulsive Therapy (ECT): In the mid 20th century the increase in overcrowded mental institutions played a critical role in invasive intervention. ECT was first used in 1939 and involved passing an electric current through the brain hemispheres to trigger a brief seizure. Half of those who responded relapsed within twelve months. The method remains in use today for psychiatric conditions unresponsive to other methods.

Surgical Lobotomy: The Portuguese neurologist Antonio Egas Moniz received the Nobel Prize for Physiology and Medicine in 1949 for inventing the lobotomy procedure. Moniz theorised that fixed circuits in the brain were the cause of obsessive behaviour and designed the lobotomy procedure as a means of severing the connective fibres he believed responsible. The procedure was developed to allow lobotomies to be carried out without the need for a traditional surgeon and operating room using an instrument called an orbitoclast (a modified ice pick). The physician inserted the instrument through the patient's eye socket using a hammer; it was then moved from side to side to separate the frontal lobes from the thalamus, the part of the brain which receives and relays sensory input. Harmful effects of the procedure included negative impact on the personality, innovation, inhibition, empathy and the patient's ability to function independently. A modified form of lobotomy is still in use today as a last resort where other medical approaches have failed.

Post Traumatic Stress Disorder: The acute psychological trauma experienced by combat veterans was first recorded as 'shell shock' following WW1. The acute neurological damage; paralysis, shaking and catatonic states, extreme anxiety and depression demonstrated the link between psychology and physical anatomy.

PTSD is today recognised as a crisis response which can result from any serious trauma including psychological or physical abuse with long term and often permanent consequences. The symptoms include reliving the trauma as flashbacks which may persist for years. In an effort to control the recall, sufferers often avoid talking about their experiences resulting in further isolation. Work, socialising or substance abuse may be used in an effort to distract from feelings of anger, irritation and guilt. In extreme cases, there is withdrawal from family and friends, an emotional disconnection referred to as 'emotional numbing'.

Dissociative Disorders are frequently a response to trauma. Subjects experience a disconnection and lack of continuity between thoughts, memories actions and behaviour. Symptoms include amnesia and a sense of emotional detachment, distorted perception and a blurring of identity. They are an attempt by the mind to block out distressing memories which are then received as 'flashbacks'. Psychotherapy is the main treatment, incorporating counselling, cognitive behavioural therapy supported by antidepressants and anti-anxiety medication. EMDR (Eye Movement and Desensitisation and Reprocessing) is a form of psychotherapy involving eye movement to encourage desensitisation and reprocessing. Patients are asked to recall distressing memories or images while moving the eyes from side to side to receive bilateral sensory input. It is used to treat PTSD (Post-Traumatic Stress Disorder) in children, adolescents and adults.

Medication: The staggering post war increase in hospital admissions for people with mental health problems led to a search for alternatives to using restraint and the emergence of time-consuming 'talking therapies'. New chemical options of antipsychotic medication are considered the treatment of choice in severe psychiatric conditions such as schizophrenia and bipolar disorder. Medication does not, however, address the causative factors and can mask or exacerbate existing conditions. Dependency upon prescribed drugs is now an acute problem worldwide with iatrogenic disease (disease or death caused by medical treatment) the third most common cause of death in the USA.

Hypnotherapy is used to bring about subconscious change by inducing altered states of consciousness. It is more than 6,000 years old and is recorded by all ancient cultures including Egyptian, Indian and Chinese, Persian and Sumerian, Greek and the Roman. The knowledge was brought to the West in the 1800s. Its therapeutic value is now accepted by the medical profession and it is widely used in resolving stress disorders and addictive patterns of behaviour. There are acknowledged contraindications for use by those suffering bipolar disorder, psychosis, epilepsy, clinical depression or physical frailty.

From a metaphysical perspective caution is advised*. The western model (i.e. upward causation) based in physical anatomy does not require consideration of spiritual perspectives as the focus is upon the mind, the Will and changing cognitive perception. Hypnotherapy can*

provide effective coping mechanisms, removing fear and anxiety and addictive responses, it does not necessarily heal unless the energetic imprint is accessed. Memory distortion can occur under hypnosis, resulting in 'false memory syndrome' in extreme cases. The holistic principle of downward causation posits that stress is a manifestation of conflict at the spiritual, or mental level manifesting in disturbed equilibrium at the emotional or physical level. Energy alignment seeks realignment of consciousness to the source.

TWO CASE STUDIES TO ILLUSTRATE THE PROPOSED HYPOTHESIS: '*consciousness is multidimensional with memory the governing factor*'.

Both cases demonstrate the energetic effect of the body's natural response to shock and pain i.e. withdrawal, a self-protective mechanism, resulting in reduced function or impairment. The first case was a response to an almost fatal accident, the second had no known cause. In energetic terms the separation response results in dislocation or disconnection at the emotional and cognitive levels which may be temporary as in shock or permanent as in extreme grief or prolonged sexual abuse. Energy alignment restores function and equilibrium in favourable circumstances. Without an acknowledgement of the nonphysical dimension, medical approaches are disadvantaged.

Terminology: 'Out of body': The universally accepted term coined by Dr Raymond Moody, pioneer and researcher into human consciousness. (Moody R 2001)

Case study A
Male 28 years
Post traumatic stress disorder with hydrophobia
Male, -28 years:
'Out of Body' response over a nine-year period,to a vehicle accident involving near fatal drowning; resulting in severe physical injury with an aftermath of unrecognised deep mental and emotional trauma with high risk behaviour.

Case Study B
Female 33 years.

Catalepsy with Selective Mutism Sudden onset catalepsy with no known cause. (Catalepsy: a medical condition characterised by a trance or seizure with a loss of sensation and consciousness accompanied by rigidity of the body). Repeated involuntary episodes of catalepsy over months, resulting in compounded mental/emotional trauma. Extreme aversion to hospitalisation with hysteria and no response to medical intervention.

Objective

The aim is to trace, identify and correct distortion in underlying energetic patterns as contributory causative factors in disorder and disease.

METHODOLOGY

The Clinical Process

The principle behind energy balancing is that 'energy follows thought', wherever we place our focus of attention the energetic response is immediate. By moving through an ordered sequence, attention is drawn away from the physical body to the subtle energy field. The goal is to access frequencies within the electromagnetic field, resonating beyond the brain and cognitive function. The process involves the realignment of atoms and particles at the
sub atomic level in order to attune and align to governing frequencies of a greater magnitude.

An understanding of the subtle energy field (EMF) enables the therapist to access the sensory, cognitive and intuitive fields in turn, using vocal direction and visualisation to direct attention away from the body to initiate an altered state of consciousness. During this stage the client may describe visceral sensations within the body. Spontaneous bodily movements, twitching, jerking or limb movement with sighing and or coughing and varying degrees of emotional response, including weeping, help to locate and identify underlying causative patterns.

Clients may experience phenomenal states as colour, light and imagery, visually or intuitively and be able to verbalise the experience. As the altered state deepens, body awareness is reduced and cognitive, analytical processing slows; there may be changes in communication i.e. slower speech or changed speech patterns. The client may remain awake and aware of the therapist and the room throughout or may lose body awareness and become unresponsive, indicating a deeply

altered state of consciousness. A period of silence is observed during this stage to allow optimum healing. Alignment is completed by reversing the process, using the prescribed method in order to integrate and restore full cognitive and sensory function. The alignment process is repeated until there is no residual disorientation. Energy alignment can bring profound insights, an opportunity to discuss the experience and to answer questions is an essential component of the programme. Aftercare is an important aspect with an emphasis on self-help. Bathing and a period of quiet reflection is recommended following the therapy to assist integration.

Subtle energy field anatomy

The four lower interactive energetic sheaths which encapsulate the physical body, hold the subconscious data related to past experience; this electromagnetic field remains responsive to the external environment. This multilayered interactive subtle energy system animates, nourishes and rejuvenates the human organism. Major and minor chakras and meridians act as a subtle energy transportation system intersecting with the major organs and body systems.

The primary energetic signal is transmitted via the crown chakra, the first impulse being received by the heart. The limbic system within the brain is linked to sensory input and interprets the signal, triggering the chemical cascade which governs brain chemistry, orchestrating neurological response.

Energetic entanglement: Memories as the codes of experience are retained at a submolecular level as quantum packets. Memory imprints related to negative or traumatic experience represent areas where light is diminished creating restriction or stagnation of flow. This is the restricted energy which in favourable circumstances is released through insight, translated into transformative action. Memories are stored both within the subtle energy sheaths and within the cells of the body. By following a prescribed induction method, it is possible to access and focus upon the resonant field, noting responses which can indicate causative links.

Fragments of subconscious memories relating to past experience arise spontaneously within the field during energy alignment and can be processed and disseminated. During deeply altered states the intellectual thought process is bypassed, the brain receives coded data from the higher stream of consciousness in the form of electrical

impulses, a form of encryption. This process impacts upon energetic entanglement, diffusing and releasing restrictive patterns. The higher stream of consciousness which lies beyond the sensory and cognitive sheaths is accessed by intuitive perception; this is an intermediary state, the gateway to phenomenal experience. On return to waking consciousness, phenomenal experience is interpreted or misinterpreted intellectually, through the cognitive faculties. In favourable conditions there is then an opportunity for phenomenal experience to be consciously integrated, bringing about permanent change. This alchemical process leads the client through intentionality, to introspection, intuitive perception and ultimately to phenomenal experience.

Emerald Alignment

A specific energy alignment exercise has been found to have the most positive and lasting effects in energising the body systems; it can be incorporated into a therapy programme or used as a self-help method. Light is perceived via the visible colour spectrum, the emerald alignment focuses attention upon a specific wavelength of the electromagnetic spectrum visible to the human eye. Green is the mid level of the spectrum equating with coherence in energetic terms.

Electromagnetic radiation is referred to as visible light, measured as nm wavelengths (the distance over which the wave repeats). The wavelength is related to frequency and energy and this determines the perceived colour. The frequencies range from red, measured as approximately 700nm to violet 400nm.

Color	Wavelength interval	Frequency interval
violet	~ 430 to 380 nm	~ 700 to 790 THz
blue	~ 500 to 430 nm	~ 600 to 700 THz
cyan	~ 520 to 500 nm	~ 580 to 600 THz
green	~ 565 to 520 nm	~ 530 to 580 THz
yellow	~ 590 to 565 nm	~ 510 to 530 THz
orange	~ 625 to 590 nm	~ 480 to 510 THz
red	~ 740 to 625 nm	~ 405 to 480 THz

The frequencies blend at the edges with yellow and blue creating green, the colour associated with the natural world and harmony. This is also the colour associated with the heart chakra, which determines wavelength equilibrium.

The upper and lower edges of the visible light spectrum blend into non-visible frequencies of ultraviolet and infrared, lower levels being denser and slower, with upper levels carrying a greater luminosity and power. During altered states of consciousness, these upper and lower frequencies are perceived, as consciousness expands, this equates with phenomenal experience. Emerald green is the mid frequency within the whole spectrum, equating with the fusion of spirit and matter. By focusing upon the colour emerald in waking consciousness we acknowledge our multidimensional nature, aligning to the midpoint of balance and harmony. The energy must be integrated at the physical level and activated to be effective. By focusing upon the anatomical structure which links body, mind and spirit, the subtle energy system of chakras and meridians is activated.

Focus and attention are key as energy follows thought. By visualising a beam of emerald green light drawn to the crown of the head, we draw upon primary source energy. By drawing the emerald green down the spine to anchor the energy at its base, we are connecting with the major chakra system of the body which interconnects via the meridian system with every cell of the body. Attention is focused from the crown of the head down to the feet, ensuring the higher frequency is grounded and earthed. Focusing attention from the crown to the top of the spine, across the shoulders and down the arms to the hands, aligns the upper body, activating the energy via the chakras in the palms of the hands.

The human energy field is egg-shaped. It operates as a distinct unit, within environmental fields through which we are exposed to diverse frequencies, some benign and others disruptive. The Emerald Alignment exercise is completed by focusing attention to the outer rim of the oval field, which vibrates at the higher blue 'frequency interval' as shown on the diagram. Focusing attention to the boundary of the personal field i.e. the intuitive band, strengthens coherence and integrity. This is effective but temporary and should be repeated at intervals.

CASE STUDY: CLIENT A
Post Traumatic Stress Disorder with Hydrophobia

Client A had survived an accident at work when a dumper truck he was driving along a canal banking, slid into the water pinning him down by

his leg. Slowly drowning as the heavy machine sank deeper into the mud he experienced extreme panic as he struggled vainly to free his leg, knowing that he was going to die. Following this he describes a deep silence and a feeling of extreme peace as he looked up through the water at the sky above. The next moment he felt himself lifted up above the water and looking down on the scene with no sense of his body. Surrounded by light he became aware of his family members around him and noticed that his sister was not present. A sudden noise catapulted him back into his body; this was due to the loud splash as his best friend dived into the canal to save him, holding him up by the chest to keep his head above water. Now fully aware of the chaos surrounding him, he was in agony and repeatedly passed out, aware only of his friend's voice desperately telling him to breathe.

Heavy lifting equipment was brought to the site and his body was retrieved but with no vital signs. From 'out of body' consciousness, he saw his body laid on the canal bank covered by his muddy coat before being transferred by ambulance to the local hospital. His fragmented memory is of being aware of the initial failed attempts to revive him before the ambulance crew radioed ahead to advise the Accident and Emergency department that their patient was DOA (Dead On Arrival). Aware that he was alive but unable to move or speak, he heard the crew talking together during the journey and felt indignant and angry, believing they were ignoring him. He heard himself say '*Can you cover me up mate, I'm cold*.' His next memory that '*all Hell broke loose'* as he was being rushed on a trolley through corridors and placed in a room where he was 'wrapped in silver foil'. In fact this was an attempt to raise his body temperature as he was suffering from hypothermia due to his prolonged exposure to water and cold. With no sense of time he was aware only of silence and a visit by his mother and father and feeling strangely detached as he watched his mother weeping over his unconscious body, believing he would not survive. A prolonged stay in hospital, involving some nineteen operations, numerous anaesthetics and heavy medication saved his leg and he was eventually discharged home on an intensive physiotherapy programme.

After effects: Disassociation

While his life had been saved the mental trauma had not been addressed. Throughout his hospitalisation the strange sense of detachment experienced during the incident continued. He attempted to describe his experiences to nursing staff, the feeling that he had no

sense of his body and did not feel present in the room. He was informed that this was due to the after effects of shock and the side effects of the heavy medication and was assured that this would be temporary. On his return home, the accident was never discussed with his family or the friend who had saved his life, he described their reluctance to broach the subject as not wanting to upset him by reminding him. With no offer of professional counselling and a conspiracy of silence at home he attempted to shut the horrific events out and they were never referred to again.

A former friendly disposition changed as he became increasingly morose and argumentative, his mother describing him as 'having a false personality'. The keen athlete and football player could no longer enjoy sporting activities and his social life shifted to clubs and drinking. Previously considered as the one who would intervene to avoid conflict he now provoked confrontation; as his behaviour became increasingly bizarre his friends began to distance themselves resulting in social isolation.

Hydrophobia: The response to being submerged under water and almost drowning resulted in a fear of water with debilitating panic attacks when in proximity to water. Even the visual impact of water e.g. rain drops on the window while travelling on public transport triggered a panic response forcing him to leave the bus.

Delusion

The client never recovered the sensory awareness of his body following the accident and became delusional. He believed himself to be visible only to his family and in an attempt to make sense of this state of unreality he came to believe that he had died, that he was *'living in a kind of shell as a ghost'*. This belief governed his waking consciousness to the extent that he searched local graveyards in an attempt to find where his body had been buried. Without any bodily awareness, he had no sense of boundaries, believing himself to be 'invincible', able to jump from windows without being hurt. Looking for ways to test this, he went to the railway station planning to 'head butt' an oncoming train. Referrals by his doctor for psychological and psychiatric assessment proved unhelpful; reluctant to take medication, he turned to alternative treatment options and enquired about hypnotherapy but this proved counterproductive. As his marriage deteriorated, due to increasingly violent and threatening

behaviour, he was given an ultimatum by his wife and was referred for energy alignment nine years after the initial incident.

Presenting Symptoms
Gradual onset, a nine-year history of progressively volatile, aggressive behaviour, with psychotic episodes following physical/emotional trauma due to an accident at work. Long term relationship under strain due to violent, unpredictable behaviour.

Initial Assessment:
Disassociation Cause - Energetic Interface Detachment
Complete loss of body awareness with numbness to lower legs, feet and hands. Emotional detachment, lack of empathy. Loss of timeframe, perception of weightlessness, lightness and speed. Persistent anxiety states with frequent panic attacks. Sense of unreality, not being present. Loss of cognitive boundaries with impaired cognition. Dysfunctional thought process and delusion resulting in identity crisis with combative fear response. Chronic insomnia. No memory of trauma event. Loss of sequential memory.

Weeks 1 and 2
Therapy

- Counselling
- Immediate 'Out of Body' trauma response
- No contact possible with crown and feet.
- Client described 'out of body state'' as '*I'm standing by the door*'
- Marked resistance to realignment with body.
- 'No touch' energy alignment using vocal direction only.

Self help programme:
4 minute Emerald Alignment exercise four times daily plus additional use to alleviate panic attack symptoms as required.

Week 3
Review/Counselling

- Decrease in panic attacks.
- Sensation returning to feet.
- Sense of weightlessness decreasing.
- Intermittent 'out of body state'
- Less anxious
- No change in sleep pattern
- Feeling more present and more hopeful of outcome

- Unremembered dreams

Therapy:
- Body awareness sustained during therapy
- Increased tolerance to touch:
- Energy alignment via Crown and foot chakra's
- Full body consciousness sustained throughout session

Self help: Sustain Emerald alignment exercise.
Daily journal and Dream journal suggested.

Week 4:
Review/Counselling
- Occasional panic attacks - now managed by energy alignment.
- Decreased anxiety
- No further 'Out of body' episodes.
- No further sense of 'being deceased'.
- Anger responses more manageable
- Increased empathy, relationship with partner improving.
- Vivid dreaming with 'flash backs' of scenes from hospitalization period.

Therapy:
- Right and left Hemisphere Alignment
- Left hemisphere response normal. (turning head to left)
- Right hemisphere: Immediate 'Out of body' response
- Total loss of sensory boundaries when turning head to the right. Client gripped chair – *'like looking into an abyss'*
- Positive response to Emerald alignment.

Self help: Intensive self -help programme to integrate Right and Left hemispheres. Emerald Alignment exercise hourly. Record dreams and daily events.

Week 5
Review/Counselling
- No further panic attacks
- Body awareness increasing and maintained.
- Full sensation to lower legs and feet.
- Tingling to left hand
- Improved sense of personal identity.

- Awareness of vulnerability - able to assess risk factors appropriately. Memory of hospital events with clarified
- Ability to sequence memory
- Conscious fragmented memories of trauma event arising
- Nightmares of drowning

Therapy: Hemisphere alignment: Initial 'out of body' response, Positive response to Emerald alignment.
Timeline sequencing of 'flash back' memories of hospitalization

Self Help: Continue alignment programme. Record Dream Record and Journal.

Week 6
Review/Counselling

- Client sustaining self help energy alignment.
- Full body awareness restored.
- Hydrophobia diminishing, able to remain on public transport in rain.
- Weightlessness replaced by sense of physical heaviness
- Speed on football field normalised.
- Sleep pattern restored.
- No further episodes of aggression.
- Relationship with partner restored.
- Remembered dreams.
- Memory of accident returning.

Therapy: Time line sequencing of events before and after accident. Hemisphere response normal.
Coordination normal

Self Help: Maintain Emerald Alignment programme
Record Journal of events/Dreams

7 & 8 weeks:
Review: No further symptoms

- Sleep pattern restored
- Panic attacks nil
- Hydrophobia resolved

Therapy

- Memory Integration:

- Timeline sequencing events

3-month Review: Testing energetic integrity: Client's ability to control body consciousness.

Following the usual energy alignment the client was directed to move away from his body and enter an adjacent waiting room where his wife was sitting. He described drifting through the wall and seeing her reading a magazine, describing the clothing she was wearing, and mentioning that she was cold. Asked what she was reading he looked over her shoulder and identified an article, naming the celebrity and commenting '*she likes him'*. I then asked him to return to the therapy room and to his body, the session was completed with the usual alignment process. Client's wife later confirmed the content of the magazine she had been reading and also that she had been cold. This and his description of the blouse she had been wearing, proved evidential as she said that she had changed her clothes prior to leaving the house while he was going to the car; she was wearing a coat so he could not have known the colour of the blouse.

We continued with further therapy sessions to strengthen the electromagnetic field and to demonstrate that he could leave and return to the body at will. In the process, the client became emboldened by the new found ability, providing further evidential experience that consciousness is not restricted by distance. During one such session he was directed to leave his body and move to the reception area of the building, some 50 feet away from the therapy room. He announced: '*I'm standing outside…it's raining…..Where's the car?*' Reminded to comply with instructions he described being '*back in'* the Reception area before returning to the therapy room and to full body consciousness. Once again, the experience was confirmed when his wife explained that she had been unable to park on the street due to lack of space and had instead parked the car in the private car park, an area not visible from the front of the building. It had indeed been raining, something he could not have known as there were no windows in the therapy room.

Outcome

The client returned to full employment with no further recurrence of symptoms. An interesting footnote occurred some weeks later when I received a photograph of him scuba diving while on holiday… evidence that the condition of hydrophobia was healed.



CASE STUDY: CLIENT B
Catalepsy with Selective Mutism

Medical definition:
'a condition of diminished responsiveness usually characterized by a trance like state and loss of contact with environment. Characteristics include suspension of sensation, muscular rigidity, fixed posture and sustained immobility with or without selective mutism.'

Self-referral: 33 Year old female Gymnast/Massage Therapist
Presenting symptoms:
Pattern of repeated loss of consciousness over several months with no known cause. A & E (Accident and Emergency) admissions and hospitalisation for investigative tests/psychological and psychiatric assessment. Self-discharge due to needle phobia and unwillingness to accept medication. Talking therapies triggered prolonged 'out of body' response. Therapy discontinued. No diagnosis.

Initial Assessment
While taking a medical history the client suddenly lost consciousness. Close observation suggested a catatonic state i.e. body rigid and immovable, eye lids closed, no response to voice or stimuli. After several minutes energy alignment was commenced as an emergency measure. Within minutes the clients eye lids fluttered and opened and she returned to full waking consciousness with no awareness of what had occurred.

Brief Case History
- No sequential memory/Blurred personal history
- Anxiety state

- Insomnia
- Increasing incidence of panic attacks
- Whole body numbness
- Increasing episodes of loss of consciousness
- Loss of awareness of environment
- No memory of events on recovery
- Hysteria link to episodes of hospitalisation
- History of self-discharge due to 'needle phobia'

Alternative therapies:
Massage: Aversion to touch triggered numbness. Therapy discontinued.
Hypnotherapy: Prolonged loss of consciousness with no response to commands during trance state. Terminated by therapist as 'high risk' contra indication.
Energy Alignment programme

Phase 1: Three sessions
- Resistance to touch
- Cataleptic state within minutes.
- Body rigidity with fixed posture
- Unresponsive to voice and to touch
- No reaction to stimuli.
- Eyes closed with blank stare beneath the lids.
- Intermittent hearing impairment
- Intermittently mute

Review:
Immediate and prolonged cataleptic state with loss of sensory awareness during initial two sessions. Partial response to Emerald Alignment with repeated relapse into cataleptic state before recovery to full waking awareness. No memory of episodes on return to consciousness. By 3rd session 'out of body' episodes were of shorter duration. Panic attacks had reduced, managed by self-help alignment programme**.** Insomnia continued.

After Care: Alignment instruction, self-help exercise minimum 4 times daily and as preventative care for panic attacks. Daily diary to record experience and assist memory.

Phase 2: Three sessions
Review: Anxiety symptoms reduced, managed by Emerald Alignment

Continued panic attacks of shorter duration. Disturbed sleep pattern Chaotic dreaming – unremembered content. Nightmares.

Energy Alignment

- 'Out of Body' episodes of shorter duration
- Cataleptic unresponsive state
- Initial onset numbness to hands and feet
- Loss of body sensation and body rigidity
- Loss of sense of environment
- Intermittent mutism
- Intermittent hearing loss
- Positive response to Emerald Alignment instruction.
- Able to hear and respond.
- Occasional relapse.
- Sensory awareness returning.
- Residual numbness to hands and feet resolved by alignment

Self help: Emerald Alignment programme as preventative measure Commence Dream journal.

Phase 3: Three sessions

Review

Client reported no further cataleptic episodes. Using alignment technique as preventative measure. Panic attacks reduced. Sensory awareness to hands and feet improving. Fragmented dreams remembered and recorded. Occasional nightmares.

Energy Alignment

- Spontaneous Catalepsy
- Retained consciousness, able to hear
- Able to speak and describe coordinates of room
- Able to identify location: *'I'm standing beside you'*
- Able to describe own body and therapist
- Reluctance to return to body consciousness
- Avoidance of sensory awareness
- Repeated attempts to realign to full body consciousness
- *'I don't like the feeling…its cold and tight'*
- Alignment - 30 minutes on average

Self-help: Emerald Alignment programme/Dream Journal/Daily Events Diary

Progress Review
Option to proceed to next stage of therapy to identify causative factors accepted.

Phase 4: 6 sessions
Identifying and Releasing Subconscious memory imprints
Session 1
Review:
Vivid fragmented fear based dreams
Relapse: Return of panic attacks

Energy Alignment
- Meditational state retaining body awareness
- Sudden image/Flashback: '*Being hit in the face*'
- 'Out of Body' response
- Energetic release and alignment

Post Counselling: Flashback recalled as an actual event:
'I was hit in the face with a chair by a youth using the sports facilities where I worked – he broke my nose – there was a court case he was found guilty of assault …I'd forgotten.. I was only nineteen.'
Admitted to hospital over night; became hysterical when given injection for pain. Refused medication. Self-discharge next day.

Self-Help: Continue Alignment programme and Dream Record

Session 2.
Review: Recurring dreams: Baby crying,…. pink gingham dress
Sleeplessness, intermittent panic attacks. No 'out of body' episodes.

Energy Alignment
- Memories arising during therapy session
- Recurring images of baby screaming
- Spontaneous Catalepsy
- Intermittently Mute
- Headache
- Communication difficulty
- Right and Left brain hemisphere alignment
- Return to full body awareness

Post Counselling: Advised to query childhood illness with mother: Informed of infant seizures following immunisation at 9

months old. Continuous crying. Seizures lasting 2 years. Client had been unaware of this.

* Additional interim alignment session.
Self Help: Continued Emerald Alignment programme/Dream record

Session 3
Review: No further dream images of baby**.**
Nightmare: Recurring dream of checked dress**.**
Relapse: 2 episodes of loss of consciousness during previous week**.**
Upper left arm aching – no known cause.

Energy Alignment: Focus to upper left arm

- Images of checked dress surfaced
- Verbal: *'I was 5'*
- Panic attack: '*I can't breathe'*
- Body rigid
- Verbal: *' I feel trapped…I can't move..'*
- Cataleptic state ensued
- Energy alignment
- Return to full body consciousness

Post Counselling
Client: *'I remembered the checked dress, it was my favourite'*
Advised to ask mother of any incident age 5 years:
Informed that she had been taken to the GP for booster immunisation at age 5 and had worn her favourite checked dress '*to keep you quiet because you hated going to the doctors'.* Not told she was to be immunised but told she would have sweets. Frightened by the needle she became hysterical, kicking and screaming and was gripped and held down by mother and a nurse to receive the injection in her upper arm. She kicked the doctor - Didn't get a sweet. On leaving surgery was smacked by angry mother *'for showing me up'.*

The remainder of the current phase of the therapy programme focussed upon release of cellular memory, energy alignment and integration of the field supported by active self-help programme.

Conclusion:
Causative factors identified:
Primary Trauma: Immunisation at 9 months:

- Immunisation while held and restricted by mother

- Perceived as assault
- Seizures created 'out of body' subtle energy imprint
- Stored as subconscious fear memory

Secondary Trauma: Immunisation at age 5

- Perceived assault: Held down/restricted
- Mirror image to primary trauma
- Subconscious immunization memory surfaced
- Compounded 'out of body' trauma imprint
- Resulted in Needle Phobia
- Hospital Association: Loss of trust in medical personnel

Factors

- Not told in advance of injection
- Wearing favourite dress/expecting sweets
- Hysterical response resulted in being held down by mother
- Immunised - upper arm: Trauma site/Cellular memory
- Punished by physical assault for hysterical response

Compounded trauma:

Assault age 19 (hit in the face by chair)
Hospitalisation with medication by injection - triggered hysteria and 'Out of Body' learned response.

Subconscious Symptom pattern

Shaking/Trance	Mirrored seizures (9 months)
Body rigidity	Mirrored resistance to perceived attack (age 5)
'Out of body'	Compounded chair assault/concussion

Outcome:

Subconscious memory manifesting as Catalepsy with selective Mutism. A three-month therapy programme resolved symptoms of unknown cause. Client returned to full employment and study programme.

Footnote:

There was a recurrence of symptoms 5 years later linked to stressful events and perceived restriction. Symptoms again resolved by extended energy alignment programme.

TERMINOLOGY REFERENCE LIST

Extra sensory perception refers to intuitive and visceral response to paranormal external stimuli. A biodynamic web surrounding the body, interconnects with the extracellular matrix at the submolecular level, providing an etheric interface between the surface of the skin and the electromagnetic field. In sensitive people this acts as a psychic antenna, a kind of signalling system, providing a link between biology and consciousness.

'**Altered states of consciousness'** reflect transitory states which may include dreaming, meditation, trance, channelling or unconsciousness.

'**Out of Body' consciousness:** A separation of consciousness, in which the cognitive faculties operate beyond the physical body. May be spontaneous, induced or linked to psychic phenomena or substance abuse. In clinical terms, Out of Body consciousness is frequently associated with trauma, sexual abuse, combat stress and an indicator of PTSD (Post Traumatic Stress Disorder).

'**Near Death Experiences'** involve separation from body consciousness and may include cessation of bodily function prior to return to full waking consciousness. They are often recalled as profound events which provide a catalyst for change as the soul connects with ephemeral levels prior to a return to waking consciousness.

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