

**embodiment
through meditative
interrogation
and simulation**

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rationale for the research

- **Over the years we have learned** that the most effective psychotherapy/coaching is “**doing the therapy**”:

The client should *physically live through* a different, more adapted approach to a problem. Many times, the client experiences improvement and then can incorporate the behaviour.

- **Main problem:** With age, the wish to experiment tends to diminish for most. *Reasons:* habituation, fear of “falling out of character”, unfamiliar new conditions, etc.
- **One solution: Exploration in a deep meditative state (virtual reality).**
- **Unexpected and surprising benefit:** Discovery of active cooperation from the unconscious: Help from the “**inner self**” ¹.
- The objective of this talk is to show how such conditions are obtained and to define research questions for the proposed “inner-self state”.
- ¹ See terminology note at the end of the talk.

begin with an “integrative state”

- Clients come to me with a variety of concerns.
- Initially, we seek an integrated state of consciousness where *all psychological components communicate freely (“mindfulness state”)*:
 - conscious mind (low chatter, free from daily concerns)
 - emotions (positive low arousal – a pleasant quiet state)
 - subconscious (relaxed)
- All three are present. None predominates. None gets in the way.
- The client is well rested and not in any drug- or alcohol-induced state.
- The client is encouraged to assume a calm, contemplative state of mind where spontaneous solutions suggest themselves to the mind.
- The stated objective of the meditation is: *In the meditative state, obtain spontaneous information about and solutions for the client's problems.*

go into the meditation

- **Clients create their own meditative environment.** I use loose guidelines to induce the meditation (pleasant scenes, visual imagery, the sensation of floating, etc.).
- I ask clients to **concentrate on the visual and sensory aspects of their experience.**
- **Secure the environment.** I ask clients to put aside preoccupations, to create a protective bowl around themselves and to ignore environmental noises.
- **Clients are asked to enjoy the experience with a calm and interested mind.** Throughout, emotions are oriented towards “simply watching the experience”. Dramatic experiences (severe injury, dying) are avoided – not useful for this therapy.
- **Maintain communication.** Clients are asked to maintain communication with the facilitator throughout the meditation. If necessary, they are asked to raise their voice. The central, participative part of the meditation is recorded.
- **The meditative state tends to become very *profound* after about 15-30 minutes,** i.e., full concentration on internal visualizations, total exclusion of external context.
- **Clients see themselves go through a number of scenes.** Generally, each scene becomes more *powerful*, as measured by scene complexity and emotion (voice).

in the meditation

- After each internal experience, I ask clients to reflect about the relevance of what they've seen and experienced. I encourage auto-assessment and auto-analysis right in the meditation. I do not wait till the meditation is over. This will be on the audio recording and may contribute to the post-therapy effect.
- Typically after 1/2 hour to an hour, these auto-assessments tend to change profoundly → the *“inner self experience”*. The **subconscious self, or “the inner self”** tends to manifest him/herself, *very much like a living person*.
- In 80-90% of the cases I've seen, this personalized self showed **major changes in attitude, assurance, self-reference and perspective**. **These are the embodiment components of the subconscious manifestation**. The change-over from conscious to subconscious self may be abrupt, or may present a smooth transition.
- In the remaining 10-20% cases, the therapy session proceeds “normally”, with an emphasis on auto-assessment. A typical session takes some 2 - 4 hours.

communication from the subconscious

When clients change to a personalized, mature voice “speaking from the unconscious,” we tend to see the following manifestations:

- **The context:** These manifestations occur typically in the course of commenting on one's own action or life direction (auto-assessment).
- **Attitude changes:** Clients generally show new and unusual attitude strength (strong affirmations, crystal-clear, “clinical” auto-assessments). **M/F gender changes** are also frequent.
- **Perspective changes:** The client speaks from the point of view an exceptionally mature personality, often in terms of past-life experience.
- **Voice changes:** Voice changes reflect attitude and perspective changes.
- **Grammatical changes:** Clients refer to themselves and to their belongings with the 3rd person (he/she, his/her). **This is the key parameter.**
- **Direct information:** When directly asked about such changes in perspective, they willingly say that they are **not** expressing the client's conscious opinions, but the opinions of their “**subconscious**” or their “**inner self**”. **The answering entities frequently refer to themselves in the plural (“we think”).**

In these cases we infer a “inner-self state”.

scientific analysis of the altered state

We estimate that at this point, the client enters an “altered state of consciousness”.

How do we analyse this state?

First scientific question: Is this state “reproducible”?

- Is this state **real**? → yes, others have seen the phenomenon hundreds or thousands of times, and I have seen it in 25+ cases (normal, no morbidity).
- Is this state **frequent**? → yes, at least among the clients I have seen (more than 80% of some 30+ cases).
- Can you induce this state **reliably**? → yes, if you do the induction in the way noted here.

I consider that the initial scientific conditions are met. It is thus justified to enter into an advanced scientific discourse on this state of consciousness.

→ *Second-level scientific examination* →

second-level examination

- **Reality of effect:** *Induced-value vs. face-value interpretation.* Does the client **model a behaviour**, or does the facilitator **project** a “inner self state” into the dialogue, or does the client **spontaneously** change attitude, perspective and grammatical expression? [The proponents propose (P): “spontaneous”]
- **Auto-selection:** Nearly all the clients we see have seen have **prior notions** about the inner self, which may favour selection of this type of therapy.
- **Harmfulness:** Is this dissociative state **harmful**? [P: “On the contrary”]
- **Information quality:** Is the **quality** of the information superior to what the client could produce in a non-meditative conscious state? [P: “Yes”]
- **Therapeutic relevance:** Is the information **relevant** to the long-term resolution of the client's issues? [P: “Yes”]

Questions such as these clearly need further exploration.

→ Background of approach

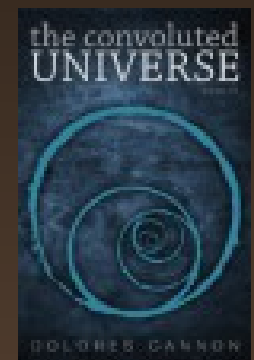
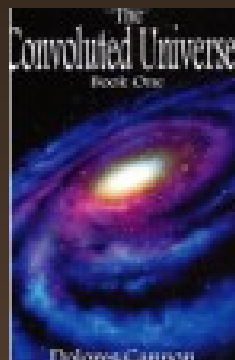
originator: dolores cannon

- The inventor of this meditative approach and popularizer of the method is Dolores Cannon (born 1931, Arkansas, US). Self-published author of 18 non-fiction books based on transcripts from interactive meditations. Extensive world-wide lecture circuit, runs publishing house. Well known on YouTube.
- Since the late 1960's, Dolores Cannon (DC) has worked with **interactive meditations** of more than 60 minutes (DC term: “**hypnosis**”).
- She implemented various key elements of this approach:
 - Prolonged duration (typically 2+ hours)
 - Favour visual and sensual aspects of meditation
 - Active and prolonged “conversations” with the “inner-self” personality
 - “inner-self experimentation” to favour resolution of conflicts and health improvements in clients



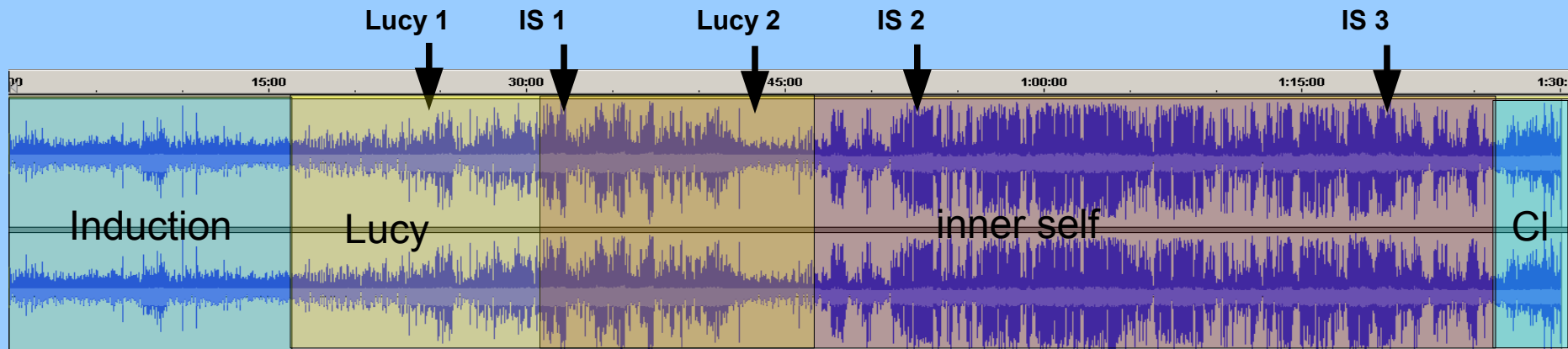
dolores cannon transcripts

- She has collected her most outstanding experiences in four set of transcripts, the *Convolutd Universe* collection, books 1-4, each 600+ pages.
- In these transcripts, clients report their meditative experiences. Many meditations take place in contexts **beyond events experienced by the clients themselves**, often in unknown cultures and outside of the current time frame.
- DC usually sees only one client in a day. But she says that since the 1970's she has seen “thousands and thousands of clients”. Transcripts from more than 100 different clients have been published.
- DC's transcriptions are non-fictional. However, they are selected in favour of *exceptional accounts*.



auditory/attitudinal analysis

These concepts are illustrated with an **abbreviated, exceptionally fruitful session** provided by **D. Cannon** to her students (“Lucy” - not her real name):



Voice samples (audio):

- **Lucy 1 - 00:31:45:** “with great difficulty, so I have my symbols”: **resigned, quiet**
- **Lucy 2 - 00:44:03:** “lifting, they're holding me, and I just rise up out of my body”: **quiet**
- **IS 1 - 00:32:13:** “my body is in it, my essence is above it”: **firm voice, clear, active**
- **IS 2 - 00:52:52:** “to look at this being as an outsider”: **clear, fluent**
- **IS 3 - 01:19:38:** “and the longer she hid herself away, no work could be done”: **firm voice, lively, active**

content analysis 1

- *First internal experience:* Acquaintance with her internal spiritual environment, spoken from the client's perspective (00:17:11).
 - She sees herself as an old, dark-skinned male with hair on entire body, holding firmly on to a stone.
 - This stone has a triangular symbol engraved on it. This symbol connects him to “the others”, who turn out to be the caretakers of the earth. The dark-skinned man is part of this group. He incarnates regularly to help with the Earth's “caretaking” from a human perspective.
- *Second internal experience:* After death, return to the spiritual state. Lucy and her guides select a body for her present life. → This is where a **spontaneous break occurs** between the client's and the inner self perspective: The way the client expresses it: “Lucy-physical” vs. “Lucy-essence” (00:44:54).
 - From the inner-self perspective, the client explains in detail how entities acquire an incarnation, with karma, to teach humans how to emerge from pain and find internal peace in a spiritual channel to the “Source”. →

content analysis 2

- *The inner self performs a psychotherapeutic process (00:59:19):*
 - *IS:* In view of what she now knows about her inner self, she can let go of her considerable past suffering (sexual abuses, divorces, custody battles).
 - She can use her new-found knowledge to "help other people".
- *The inner self offers physical relief (01:04:33):*
 - The inner self *volunteers* to “rewire her brain”, to open up the channels between her inner and physical selves.
 - The psychological relief from the session permits physical relief: release of a back of the neck pain, absorption of a huge bulge under her left breast, relief of abdominal pain. Her inner self recommends a 5-day fast to finish the healing process.
- *Search for a partner (01:17:37):*
 - *IS advice:* She should first “marry” the male and female parts in herself, look within, and then attract a fitting male partner.

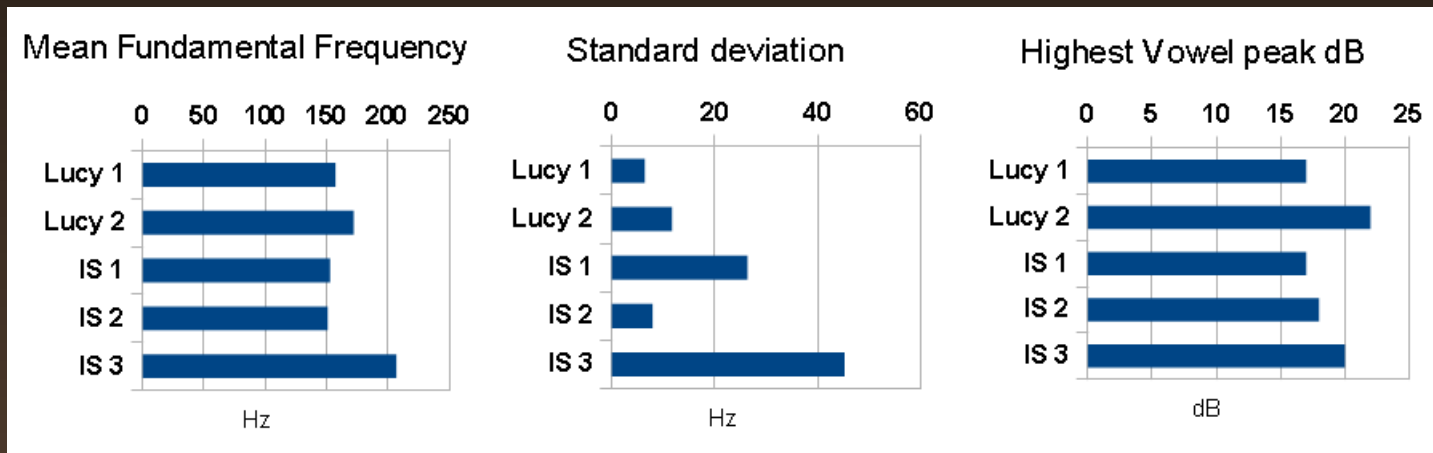
grammatical analysis: references to persons

- Lucy 1: “my belonging, my connection, my remembrance, I look at the symbol...”: 1st person references
- Lucy 2: “they come for me”, “lifting, they’re holding me”: 1st person self reference
- IS 1: “my body is in it, my essence is above it” [*her physical self*]: descriptive observer reference
- IS 2: *referring to herself*: “to look at this being as an outsider”: 3rd person reference
- IS 3: *referring to herself*: “we have worked for her, yes”, “the longer she hid herself away, no work could be done”, “she’s going to see herself shift in leaps and bounds”: 3rd person references

fundamental frequency analysis

- Lucy 1: $N_{\text{per}} = 202$, Mean $F^0 = 157$ Hz, sd = 6.4 Hz, highest V peak 17 dB
- Lucy 2: $N_{\text{per}} = 246$, Mean $F^0 = 171$ Hz, sd = 11.7 Hz, highest V peak 22 dB
- IS 1: $N_{\text{per}} = 329$, Mean $F^0 = 153$ Hz, sd = 26.39 Hz, highest V peak 17 dB
- IS 2: $N_{\text{per}} = 145$, Mean $F^0 = 150$ Hz, sd = 7.9 Hz, highest V peak 18 dB
- IS 3: $N_{\text{per}} = 304$, Mean $F^0 = 206$ Hz, sd = 45.2 Hz, highest V peak 20 dB

→ **F0 analysis does *not* distinguish client/IS perspectives reliably**



outcome verification

- It happened that I sat next to Lucy in the lunch break after this eventful therapy session.
- Lucy was effusive and very pleased, particularly about the physical relief she was feeling in her entire body.
- *Although I was clearly reticent*, she took my hand and put it right on the huge, 10-cm long bulge below her left breast. She said, “There! It's down to a quarter of what it had been before, in just one hour”.
- In an email exchange about a year later, she said that subsequent to this session, she had begun an entirely new life, that she was in perfect health, and that everything in her life was now in excellent order.
- One may consider by contrast the usual long-term effects of someone who has been through repeated sexual abuse and through a long custody battle.

interesting scientific issues

- As indicated, **in upcoming scientific analyses**, we need **many** verifications:
- Verification of the *embodiment experience*.
 - Do the observed changes reflect an entirely different personality from that of the client? → **grammatical, attitudinal and perspective changes.**
- Verification of the *experiential framework*.
 - Do accounts from different clients match or contradict themselves? → **Reincarnation, aliens, human mental powers.**
- Verification of the inner-self *maturation level*.
 - Do inner-self pronouncements reflect a **higher maturational level** than that shown by clients in their conscious functioning?
- Verification of the *cerebral inner-self source path*.
 - Neuroscientific (EEG, PET, fMRI) analysis of IS speech production: **Are there different source paths for various types of communication?**

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focus 1: prudent “dissociation”

Clients' dissociative behaviour may cause some alarm among psychiatrists and psychologists. *It is indeed an important parameter to keep track of.* However...

- We remember that “dissociation” can range from mild detachment (e.g. daydreaming) via moderate detachment (vivid dreaming, possibly seeing oneself performing actions as a third person) to *severe, dysfunctional detachment without assurance of returning to a realistic perspective.*
- The key factor is **a safe and rapid return to the pre-experiment condition.**
- The DC protocol not only includes instructions for self-protection at the beginning, but at the end it also contains clear instructions to the inner self to return to its previous position. At the end of the session, the client is reminded that we simply obtained some information and that they are now returning to **full control over their own thoughts and actions.**
- Moreover, I have never encountered any difficulty with “re-socialisation”, nor have I ever seen reports of such difficulties. In general, clients show reactions that resemble those of deeply impressed movie-goers.

focus 2: a note on personification

Clients regularly *personify and individualize* their own subconscious self.

The subconscious self speaks like a *natural person*.

- As mentioned, the “subconscious self” often signals to us that **he/she is a spokesperson for a *larger group* of subconscious entities.**
- In our culture, the **he-form** is often used for convenience when addressing the inner self, “**they**” could also serve well.
- **The term “inner self”:** DC uses the term “subconscious”, but she sometimes also uses the term “inner self”: “**I believe I am communicating with the person's higher self, the higher consciousness, the Oversoul.**” “**I call this part that I communicate with the 'subconscious', but I know it is not the part that the psychiatrists refer to.**” (p. 17, Vol. III).
- I personally use the term “inner self” (IS), primarily to preclude confusion with other concepts that have been used in psychology.

focus 3: maturity

We have said that the inner self has the voice of a *mature personality*. Here are some aspects to look for:

- 3rd person descriptions of **desirable behaviours** (“he/she might consider doing it this or that way”)
- Giving only **partial details** about delicate past events “because the client cannot handle it yet” (*I have seen that* more than once in the domains of supposed sexual molestation and extraterrestrial abduction)
- Occasional **strong divergence** from the client's own point of view (e.g. DC's case of alcohol abuse, where client pretends to be “on the wagon”: “He's lying to you, don't you believe a word of what he's saying.”)
- Clients saying frequently after the meditation: “That is interesting. I **wouldn't have said that myself**”

focus 4: outcome

Many experiments in psychology are interesting to do, but does an interactive meditation experience also have positive effects on the resolution of clients' problems, and can it contribute to a positive reorientation of the client?

- Early indicators from clients who have reported back to me spontaneously (about 6/30+) indicate uniformly that they have very much appreciated their experience. They appreciated hearing **another point of view** on their most personal life experience.
 - One favourable factor is that the novel information **originates directly from the clients themselves**. Therapists and coaches are familiar with resistance to ideas from others. A therapy will generally not succeed unless clients personally adopt and integrate new productive concepts.
- It would be interesting to examine the outcome of meditation experiences with and without induction of an inner-self state.

focus 5: reincarnation

Many direct as well as offhand comments by Higher Selves take the *reincarnation viewpoint*:

- *Typical*: current states are set into perspective.
- E.g. a client's former girlfriend “wants him back”, but he is in a new relationship. He had helped her all along, but then they let each other go.
- The IS explains that the client had helped this person in many previous lifetimes, but this is the one where she has to learn to set off on her own.
- But just as the inner self can only use the clients' own vocabulary when explaining something, it can only build on clients' pre-existing mental constructs. Therefore it is unlikely that the inner self will use reincarnation concepts with people who do not already understand such concepts.

focus 6: knowledge and healing

The inner self appears to possess exceptional *health-related knowledge* that goes beyond medical conditions known by the client:

- DC and her students incorporate a “body scan” and health-related suggestions into each session.
- The IS is asked to examine and report on health issues of each body part.
- The IS reports the findings, but formulates it **with the vocabulary known to the client**.
- Subsequent to the scan, the mediator asks the IS to perform the best possible **healing** on any reported problem.
- According to DC, the “healing” has frequently been followed by substantial, measurable physiological improvements during the subsequent year. **Most of DC's current clients are cancer patients.**

→ We should verify diagnoses and physical outcomes.

into a psychological perspective

- Behavioural practice concentrates on *adaptation* and *habituation*.
- “Talk therapy” and “cognitive therapy” have concentrated on heightening the client's *conscious awareness*.
- Mindfulness meditation facilitates *global awareness*.
- Emotional intelligence analysis furthers our understanding of our *emotional functioning*.
- Embodiment analysis permits the understanding of the *expression* of our complex psychological functioning.
- Jungian dream analysis interprets dream symbols as part of the *language of the subconscious*.
- Interactive meditation can be a direct path to communicating with an *intelligent subconscious psychological component*.

conclusion

- In 150 years, psychology has learned the importance of **all** of these: *habituation, cognition, emotion, performance* and now once again, in a great arc from Sigmund Freud and Carl Jung, *deeply hidden components of our psychology*.
- Through the study of embodiment, we are becoming aware of each component's expression. In this case, embodiment observations are pointing, somewhat surprisingly, to an **intelligent agent** whom some suspect to be the subconscious supervisor of every aspect of our clients' bodies and actions. We are calling this agent “the inner self.”
- The inner self does not usually interfere with the client's **free will**, but when invited, it can manifest opinions and may be willing to assist in therapy.
- **If invited**, the inner self usually helps willingly in furthering clients' aims, understanding and adaptation in psychological and physical well-being.
- This may over time become a **precious relationship** that merits further scientific study and prudent experimentation.

Notes

Terminological Note: In the original Heidelberg talk, the “inner self” was called “Higher Self”. It was pointed out that it has not yet been established that this entity was really a “higher” self. I concur with this comment and have thus renamed the entity “inner self” (in lower-case letters), a less tendentious name. As DC has commented quite justly, it doesn't matter what you call this inner entity or entities, what matters is that we start taking note of it.

Realism Note: *We all wash with the same water.* Psychotherapy is fundamentally the business of changing opinions and attitudes – this is never easy, no matter which psychotherapeutic approach you use. The Inner-Self approach has the advantage of having the client's inner support and of being enunciated by the client himself, which assures compatibility with the client's current readiness to contemplate change. But as it is currently defined, it has the inconvenience of being a “one-shot approach”, appropriate for the client who happens to be ready to hear a powerful message from his inner self. A modified approach could also be envisaged where clients are gradually introduced to attitude change in several steps, and where each step would be internally motivated and externally encouraged.

go further

- Dolores Cannon. *The Convoluted Universe. Books One – Four*. Ozark Mountain Publishing, and more books in the same publishing house.
- YouTube:
 - *Project Camelot: Dolores Cannon - Convoluted Universe*
http://www.youtube.com/watch?v=ihHOL_bffAA
 - ...and many other YouTube videos

Eric Keller capsule CV

Ph.D. in linguistics, specialization neurolinguistics, University of Toronto, 1975.
All-but-dissertation Ph.D. work in clinical psychology, Concordia University, Montreal, 1982.

100+ scientific publications in aphasiology, EEG, neurosciences, phonetics and artificial intelligence.

5 books and edited volumes.

Teaching: 30 years professor, Université du Québec à Montréal and Université de Lausanne. *Visiting professor:* McGill University, Université Paris VII.

“Professeur émérité et honoraire”, University of Lausanne, Switzerland.

Main current interest in meditative states and neurosciences.

Most of my publications are available here, including this talk:

<http://www.permakultura.ch/cv/Kellerdoc.html>