



Spiritual Studies Institute

*We honor and thank all who came before us,
all teachers, from whom we have learned and who have
been there for us with infinite patience, love, and wisdom.
Above all, we are thankful to the Creator of Heaven and Earth,
who gave us the opportunity to learn, experience, and teach others the
spiritual principles of the East and the West,
leading to a joyful and healthy life.*

Dr. Hoehne Interviews on Esoteric Psychology

Excerpt from *Exploration of an Esoteric Psychology Clinical Practice With Humanistic/Transpersonal Roots*¹

In late 2012, Dr. Hoehne provided written responses to a series of interview questions on the following topics related to Esoteric Psychology.

1. Interview #1: General background information,
2. Interview #2: Use of Bailey's EP principles in clinical practice,
3. Interview #3: Higher psychic powers used in clinical practice,
4. Interview #4: Use of energy and energy centers in clinical practice,
5. Interview #5: Substance-related disorders,
6. Interview #6: Schizophrenia and other psychotic disorders,
7. Interview #7: Mood disorders,
8. Interview #8: Anxiety disorders,
9. Interview #9: Personality disorders, and
10. Interview #10: Esoteric tools applicable to HTP clinical practice.

The interviews follow in their entirety.

Hoehne Interview #1: General Background Information

Q: Dr. Hoehne, before we start with Interview #1, would you like to make an opening remark?

A: Yes, I would. Here at the Spiritual Studies Institute (SSI), we often use the terms *healee* and *healing*. *Healee* is the term used to identify the one who is seeking

¹ Adapted from "Exploration of an Esoteric Psychology Clinical Practice With Humanistic/Transpersonal Roots" by H. M. Cheatham, 2013, pp. 114–158. Adapted by permission.

healing. Due to the nature of esoteric healing, every effort has been made to convey a sense of a co-creative, sacred relationship between the healee and the esoteric psychologist. The term *healing* is used to define the release of soul energy so that its life can flow through the accumulation of organisms, which compose the form bodies of the healee.

I would like to dedicate these interviews and to honor and thank all who came before, all teachers from whom we have learned and who have been there for us with infinite patience, love, and wisdom.

EP and its relationship to HTP.

Q: How much overlap is there between esoteric psychology (EP) and humanistic-transpersonal psychology (HTP)?

A: It seems that there is much overlap, which would include for instance:

- Higher states of consciousness—higher (more inclusive and clearer) than everyday consciousness;
- The interconnectedness of all that exists in our universe and that would include the healee and the esoteric psychologist;
- The cultivation of contact with these higher states of consciousness can be beneficial;
- The innate human nature to evolve, as we are *prewired* for the good, the beautiful and the true;
- Being there for others is important as a means of getting out of the small, confined, personal small world; and
- Pain and negative emotions, when rightly viewed and interacted with, can be a force for positive change.

Q: Which is the broader discipline: EP or HTP?

A: All theoretical orientations and schools of thought within the profession have their place and function. To me, together they are like one large family. Each theoretical orientation has its unique contribution. Together they all intend the same thing: to shed light on the evolving field of psychology, advancing it further. For me professionally over the years, EP has been more useful. It has proven itself more effective and to me it is clearer and more encompassing.

Q: Would you give an example of HTP clinical practices that you consider to be outside of esoteric psychology clinical practices?

A: As I said earlier, each has its merits. When I worked as a psychologist in private practice, I would often refer healees to other colleagues of mine who worked differently from me. This was especially true with healees whose difficulties were outside my area of competency. I can only speak for myself, not for the entire field of EP. Please note that.

Q: Would you give an example of EP clinical practices that you consider to be outside of HTP clinical practices?

A: I think that to consider something outside one's clinical practice, practitioners must decide that for themselves, being always guided by the ethical and legal rules and regulations of our profession. Esoteric psychologists immediately adjust to the need at hand and not rigidly adhere to one's own philosophical orientation. At times, in my own practice, I would use a theoretical orientation and/or method other than EP when needed and appropriate. For instance, sometimes I would find behavior therapy and behavior modification an effective tool.

Q: What is your understanding of what it means to practice clinical EP?

A: First, I think it is important to have respect and gratefulness toward the medical profession and in general toward all the practitioners who came before us. Often through personal sacrifice and selfless services in the last century, the medical profession especially has helped to lessen human suffering. It is the medical profession's objective, evidence-based research in the field of diagnosing and treating illness that has opened the door to a deeper understanding and a lessening of suffering. I respect that.

However, the time has come to expand the objective understanding of human nature into the subtle world of energies and most importantly to include in our understanding that which we call *higher self* or *soul*. A first logical step here would be the acknowledgment and study of the human etheric or energy body. In addition, esoteric psychologists always work in groups, never alone, but with the medical profession and other health practitioners. Before esoteric psychologists meet with any healee, they connect subjectively with a group of healers.

So to answer your question more specifically about what it means to practice clinical EP, I believe that every esoteric psychologist needs to keep the following principles in mind:

1. There is only One Life pervading and enlivening all forms (and that includes you and me and includes the esoteric psychologist and the healee who is seeking assistance).

This One Life manifests through form, which means through matter, and by doing so produces consciousness from the responsiveness in minerals to the higher states of consciousness in humans, which we call in the EP tradition *soul states*.

2. These higher states of consciousness need to be included in the therapeutic process, and we esoteric psychologists encourage this soul state, this soul light, wherever and however it might be appropriate. That is really the main intention and founding principle of the Spiritual Studies Institute.
3. Since there is only One Life, permeating and enlivening all, logically everything is interconnected. In addition, because of this interconnection, every action causes a reaction. This means every thought, emotion, or physical action of the esoteric psychologist will have an effect on the healees to either aid or to harm. We really

have to get to know ourselves, our thoughts, our feelings, and become very mindful of our actions.

4. EP focuses on causes, not the effects, and the cause of any complaint or ill health is considered to be found in the condition of the related energy center or chakra. Symptoms arising from the condition of the energy center would be thought of as an effect, not a cause. As we know, centers can have a multitude of conditions: open and functioning to certain degrees, over-stimulated, stagnant, etc. We also need to consider the interconnection of the centers and the transference, which relates to the mirror effect of the centers from below to above the diaphragm and vice versa.
5. That One Life, of which I spoke earlier, manifests cyclically in all forms—therefore also in the life of the healee. Time, as we know, does not exist in the world of subtle energies. Instead, everything—all form life—is manifesting in cycles. In the life of the healee, therefore, it is important to pay attention to the life patterns and with it the cyclically occurring crises. Esoteric psychologists may ask the questions: how were these cyclically occurring crisis handled and was there any insight and meaning derived from it, etc.? Crisis in one's life and the possible resulting pain are actually seen through the eyes of the esoteric psychologist as opportunities, opportunities for reflection, insight, meaning, and, of course, personal growth.

So what is required from us as esoteric psychologists?

1. Rigorous academic training and clinical training;
2. Observe the laws and regulations of our profession and of the country in which we are living;
3. Work in a team/group with colleagues and other medical professionals;
4. It is important that there is an ongoing, committed personal practice to be able to attune to the worlds of subtle energies;
5. Knowledge and ability to direct and control subtle energies within oneself would be a direct result of the art of EP;
6. Base everything on the direct perception and knowledge of the inner levels of life. In other words, everything must be validated through one's own life experience. If we don't have experience ourselves, we cannot be effective and beneficial to our healees;
7. When meeting the healee, we need to function consciously as both as a soul and as a personality. It is on the personality level that we make the connection and communicate;
8. Use the energies of mind, Love, and intuition, but never will. It is important that we have the intention of allowing and not forcing;
9. We need to be able to access meaning and able to inspire. What this means is that we need to have access to the buddhic realm, the highest soul realm;

10. We need to recognize that it is not the esoteric psychologist who brings about positive change, but rather it is the soul of the healee that brings about the healing; and
11. We need to take full responsibility for what we do.

Use of EP in clinical practice.

Q: What individuals or schools of thought most influenced you as a clinical psychologist?

A: That is a very thought-provoking question, and I had to think about all those people who came before me to whom I feel so deeply grateful. Let me list key names of those that especially impressed me and helped me to become who I am today:

1. New Testament: the recorded life of Christ as a healer deeply moved me as a child and still today gives me ongoing material to ponder and to discover;
2. Leonardo da Vinci: as a young child, I would look for hours and hours at copies of his paintings and drawings. His perception of the world and how he put it on paper greatly fascinated me;
3. Zen Buddhism: its study taught me that it is the experience and what we embody in ourselves that is important and not just some idea that we may have in our heads;
4. Carl Jung: I find very useful his concepts of: individuation as an inner process of transformation to become “more whole”; the collective and personal unconscious; and archetypes as signposts in the inner journey of transformation;
5. Victor Frankl: I am German and he was close to my heart. He touched me deeply with the concept of meaning as a primary motivational force, a force to reach out and overcome great difficulties and crises in one’s life through inner transformation, a force to reach out beyond oneself;
6. Abraham Maslow: his use of the term *being values* such as truth, goodness, beauty, and unity, which help us reach up to the higher self;
7. Carl Rogers: his understanding of the therapeutic relationship as something one-to-one or person-to-person and his concept of empathy as a catalyst for positive change; and
8. Rollo May: one must accept responsibility for one’s life. He stressed the value of pain as a creative force for personality transformation and for the redirecting of focus toward a more constructive life. The counselor only provides the support; the higher powers provide the healing.

Q: How did you come to practice EP within a context that appeared to be a HTP clinical practice?

A: As an intern working in hospitals and community clinic settings, which at times can be quite challenging places when you just start out in the profession, I leaned

toward using an eclectic approach, which means using methods and tools to which healees would respond with positive change. For me over time, this became mostly the HTP approach. After I had learned about EP, I slowly started to include it in my practice whenever it seemed appropriate.

Q: To what extent did you use EP in your clinical practice?

A: When I closed my practice in Del Mar and started to work from my home office and for SSI in 2005, I considered myself both an esoteric psychologist and a humanistic-transpersonal psychologist. However, today I see myself exclusively as an esoteric psychologist. Before 2005, I had not yet familiarized myself with many of the EP principles, though I actually used them unconsciously. Since most of the healees were responding very favorably, I started to devote more and more time to the study of these principles. It was a slow process to shift from the unconscious use to the conscious use of EP. I really think this is a validation that these principles are in us already as seeds: the good, the beautiful, and the need to reach and include the soul state or higher consciousness. It's already in us; we just need to become conscious of it.

Q: Do you consider yourself primarily an esoteric psychologist or a humanistic-transpersonal psychologist?

A: When I closed my practice in Del Mar in 2005, I started to work from my home office in Carlsbad and then more and more just for SSI. In the beginning, I considered myself both an esoteric and a humanistic-transpersonal psychologist. However, today in 2012, I see myself exclusively as an esoteric psychologist.

Application of EP to various heelee populations.

Q: What types of healees did you generally see and what was the severity of their presenting problems?

A: The healees that I would see in my private practice in Del Mar were medium to high functioning, which was appropriate for that setting. In the beginning, I didn't intend it like that, but it just came out like that.

Q: How did you deal with presenting problems related to situational or life transition issues?

A: The way to meet healees in all situations and especially with problems related to situational or life transitions, because they can be very unsettling, is best described in Bailey's Rules of Harmlessness. They are always with me, always, and they are so beautiful. This is why I would like to mention them here:

Rule I

Enter thy brother's heart and see his woe.

Then speak.

Let the words spoken convey to him the potent force
He needs to loose his chains.
Yet loose them not thyself.
Thine is the work to speak with understanding.
The force received by him will aid him in his work.

Rule II

Enter thy brother's mind and read his thoughts,
But only when thy thoughts are pure.
Then think.
Let the thoughts thus created enter they brother's mind and blend
with his.
Keep detached thyself,
For none have the right to sway a brother's mind.
The only right there is, will make him say:
"He loves, He standeth by, He knows.
He thinks with me and I am strong to do the right."
Learn thus to speak.
Learn thus to think.

Rule III

Blend with thy brother's soul and know him as he is.
Only upon the plane of soul can this be done.
Elsewhere the blending feeds the fuel of his lower life.
Then focus on the plan.
Thus will he see the part that he and you and all men play.
Thus will he enter into life and know the work accomplished.
(Bailey, 1934/1951, p. 320)

We cannot hear these words often enough. How do I apply them when meeting with healees who have complaints related to life and situational transition issues? In a nutshell, I intend to give the healees a sense about the following:

- I can see and understand their life situations and their pain;
- At the same time, I, as the witness of their pain and difficulties, have faith that they will have the inner strength to release what holds them captive in that pain;

- Together, we can discover the meaning hidden in the experience; and
- Together, we can correlate the world of meaning, the world of soul, with the world of outer effects, this three-dimensional world. When undertaken correctly and if it is the karma of the healee, in turn it will bring about the release of soul energy and a positive change.

This is all good and nice, but what does this require of me as the esoteric psychologist? It requires that when I meet with the healee, I do two activities simultaneously in time and space. First, I familiarize myself in the here and now with the healee's complaints, pains, and life situations. While I'm listening to the healee, I record what I hear and observe in my concrete mind, and I draw on and cross-reference what I've learned and what I know with my memory and past experience.

At the same time, my consciousness focuses in the buddhic realm, the world of meaning. I need to be grounded in my thinking in this world of meaning and world of soul, because it is in that world that I, the esoteric psychologist, must live and work. Only in such a way can I recognize the meaning and ideas as they live behind every complaint and pain. After I have received the *meaningful impressions* from the buddhic realm, they need to be given form and, when appropriate, communicated to the healee. Subjective consciousness from the buddhic realm is translated into the spoken word. It is here in the translation from the subjective to the objective that I need to be extra mindful in the interpretation of the meaningful impressions and in the formulation of the spoken word. The use of words has limitations; they have the tendency to cloud, veil, and hide meaning. Words never fully communicate what was sensed or perceived, but they are the best approximation that one has.

These meaningful impressions become then like keys. There is only one key that will unlock a particular door.

Q: How do you establish treatment goals for healees?

A: Treatment goals are very important. They become a guiding light. They are developed in the beginning of treatment over the course of several meetings and are discussed with the healee.

Q: With what population of healees did you find EP to be most effective?

A: I found EP to work best with healees that were predominantly mentally focused, were able to provide for themselves the necessities of life, were in a certain amount of pain as a motivational force to come and see me and were able to reach out to and care for others.

Q: Are there populations of healees that would not respond to EP techniques?

A: Yes. In my experience, some healees (not all), whose thinking was exclusively grounded and comfortable in the concrete world and who were unable to think

abstractly, would not respond favorably to EP techniques. Sometimes this included colleagues, other psychologists. In fact, I have one colleague of mine, a very dear person, who would get angry at me if I would once in a while slip in an abstract concept from EP. He was justified, as I should have been more mindful.

Attitude toward other healers.

Q: From the perspective of an esoteric psychologist, how do you view other psychologists?

A: I respect and acknowledge other psychologists. As I said earlier, we are all like a large family. Each of us makes a unique contribution. Together we are advancing the evolving field of psychology.

Q: How do you feel that you would be viewed within the psychology profession were other psychologists more aware of your esoteric orientation?

A: I feel treated with respect and looked upon with a certain interest.

Q: From the perspective of an esoteric psychologist, how do you view the medical profession?

A: I spoke about this earlier. Especially toward the medical profession, I feel gratefulness. In the last century, the medical profession has dedicated itself to lessening human suffering and at the same time has, through research, advanced and deepened the knowledge about human conditions—all this often under great personal sacrifices.

Q: From the perspective of an esoteric psychologist, how do you view the use of prescription drugs in the healing professions?

A: Today, unfortunately, prescription drugs seem greatly overused at times and appear to have added in our country to the already existing epidemic substance abuse. However, prescription drugs prescribed by a responsible professional and used mindfully can in the healee's life serve as a useful tool to bridge challenging times of crisis. In addition, prescription drugs have enabled the seriously mentally ill to live within our communities, as part of our communities, and helped them to live outside mental institutions.

Description of former clinical practice.

Q: Please describe the specifics of your former clinical practice. What was the setting for your practice?

A: My practice was located in an office building, on the second floor, with other health and business professionals in lovely Del Mar, a beach town in the southern California.

Q: What was your daily routine?

A: Weekly I would work approximately four and a half business days. I started around 8:00 or 9:00 a.m. and ended approximately at 7:00 p.m. In the morning before I would meet any healees, I would first connect subjectively with the group of healers because esoteric work is done in groups. Then I would plan and review each healee's dynamics, those whom I would meet that specific day. At noon, I would have a lunch break to eat the lunch I brought from home and take a short 20-minute nap to be refreshed for the afternoon. In the afternoon and evening, I would meet a few more healees.

Before I would leave the office in the evening, I would sit in meditation/reflection, pondering each meeting of the day and asking myself the question: What was the essence, the meaning of that meeting that day? In one sentence, what was it the healee wanted to communicate? I found this helpful in gaining insight into the healee's dynamics, in developing a treatment plan, and setting treatment goals.

Q: How many healees would you generally see in a day?

A: I would see on the average 6 to 7 healees a day except on Friday.

Q: How would you prepare for your daily sessions?

A: I would prepare the sessions in the morning before I started the day, connecting from soul to soul with each healee I would see that day. I would plan for the upcoming sessions: possible issues, topics, questions to address. However, if on that specific day, during the session, the healee would need to focus on something else, I would be ready and willing anytime to put my prepared course aside.

Symbolically for several years, I would view my way of practicing like a railway with two rails—one rail conventional psychology and the other rail being guided by soul—EP—and with constant cross-referencing between the two.

Q: Would you regularly take time off from your practice?

A: Oh yes. I would take off every sixth week and in the later years, I would take off every fifth week. I would retreat to reflect and to meditate in the silence and seclusion of the desert, where I had a small, humble trailer on an isolated piece of land. During this time in the desert, I would at times spend one, two, or three days meditating and reflecting about the dynamics of one healee.

Q: Please describe the financial aspects of your practice?

A: I made it a prerogative to make the financial aspects very secondary to my practice. I would meet with about one-quarter of the number of the healees at a very much reduced rate and one or two totally pro bono, all because of their financial hardship. The healer-healee relationship and the healee's willingness and ability for change were more important to me than the financial aspects. Interestingly enough, I felt I always had enough money to maintain a simple but comfortable middle-class lifestyle.

Hoehne Interview #2: Use of Bailey's EP Principles in Clinical Practice

Bailey's presentation of EP.

Q: Do you agree with Alice Bailey (1942, 1944, 1934/1951, 1953, 1936/1962) about her presentation of significant aspects of EP?

A: Yes, I do.

Q: With which aspects of Bailey's EP do you disagree, if any?

A: There are a very few aspects of Bailey's work with which I do not concur. However, they have nothing to do with the practice of clinical psychology.

Usefulness in clinical practice of Bailey's EP principles.

Q: Twelve principles of EP have been identified as having potential application in clinical practice. It has been established in your writings and teachings that you agree with each of these principles. How useful in your experience are each of these specific principles?

Cyclic Manifestation and Law of Rebirth?

A: Keeping in mind that humanity's evolution is an evolution of consciousness, it seems useful to view healees' life patterns and the associated crises in the context of cycles—reoccurring cycles in the present life and perhaps cycles of reincarnations. It gives more clarity to view specific learning lessons of the soul within the context of recurring cycles. Healees seem to respond favorably to this method, perhaps because it can be experienced objectively and at the same time subjectively—personally and spiritually.

Q: Seven rays?

A: The construct of seven rays is unfamiliar to most healees and therefore has not been in the foreground of treatment. However, I think it is of benefit to learn about and to work with the subject.

Q: Esoteric astrology?

A: Like the construct of the seven rays, esoteric astrology (different from the familiar astrology used by some today) is unfamiliar to most healees and so it has not been actively utilized by me. Esoteric astrology takes into account the energies and forces of our universe, our solar system, and the planet Earth, all as they impinge continuously upon all life on this planet and therefore on each single healee. It demonstrates the interplay and interdependence of all that exists and, therefore, in the future is a subject to be learned and applied in practice.

Q: Evolutionary status?

A: Evolutionary status of the healee (for instance: evolutionary, aspirational, probational disciple, or pledged disciple as we name them in EP) is very important. It gives a wealth of information and suggestions in what ways to visualize the healing thoughtform, the nature of the energy body and energy centers, the relationship of energy centers below the diaphragm to those above, ways to approach the healee, what language to be used, the nature of a possible treatment plan and goals, etc. A lot of information is given by determining the possible evolutionary status of the healee.

Q: Duality?

A: Again, this is a very important concept. EP holds that the human soul is dual and contains an animal soul and a divine soul. Furthermore, there is a mutual relation of opposing tension between the two. It is dynamic and reflects the duality of the personality or lower self and the soul or higher self. If that mutual relation of opposing tension becomes unbalanced for some reason, it can result in an imbalance of energies and forces involved within the organism of the healee and therefore in inhibited soul life and possible disease. It is the task of esoteric psychologists to aid in the release of that inhibited soul life, so that the balance of the mutual, opposing tension can be reinstated.

Q: Integration and fusion?

A: During some certain point in time in the course of evolution of consciousness, the personality with its physical/etheric, emotional, and mental bodies will integrate and function as a coordinated whole. It is only then that the personality can fuse with soul. The esoteric psychologist assists the healee in this process: first with integration and then with fusion. Therefore, it is important for the esoteric psychologist to be able clearly to assess the point in evolution of the healee and not to introduce any concept prematurely, which could be very harmful.

Q: Glamour?

A: The concept of *glamour* refers to the way that human beings distort reality, and we do this quite a bit. Glamour can be of a mental, emotional, or physical/etheric nature. It is one of the intentions of EP to lessen and dispel the healee's glamour.

This we do slowly but surely, always adjusting to the needs of the healee. Glamour is perceived like a fog, and in a fog, we tend to get lost.

Q: Etheric body and energy centers?

A: EP understands the universe as being interconnected through a network or web of energies and forces. Each human etheric body is part of and therefore connected to this web. In the human energy body, this web organizes itself into seven centers. It is here in the energy centers that the esoteric psychologist considers as being the cause of disease.

Q: Use of energy in healing?

A: The conscious use of energy is fundamental to EP. Consciously, energies are used to different degrees from gestures, spoken word, touch, and visualization. EP differentiates between magnetic healing, which uses the energy of *prana*, and radiatory healing, which uses the energies of soul and/or Love.

Q: Disease, pain, and death?

A: To a great extent, disease is caused by inhibited soul energy, and pain is a useful indicator that something seems blocked. Physical death cannot always be avoided. We need to be clear about that. Esoterically, it can at times even be considered a healing.

Q: Meditation?

A: Meditation is considered one of the key methods to dispel glamour (the distortion of reality), to integrate the personality, and later to fuse it with soul.

Q: Dreams?

A: Oh, I like dreams. Dreams are another useful tool of EP. Symbolically, they could be considered like a letter from soul. They need to be opened; they need to be enciphered mindfully, because our physical brain has interpretative limitations.

Disease as glamour or negative thoughtforms.

Q: Please explain what you mean by the term *glamour*.

A: Glamour is understood as a distortion of reality due to the incompleteness and imperfection of our human nature.

Q: Does your use of the term *negative thoughtforms* generally have the same meaning as Bailey's use of the term *glamour*?

A: Thoughtforms, when used unconsciously, can distort reality. So does glamour. Therefore, both negative thoughtforms and glamour are considered to inhibit and block soul life.

Q: What is the relationship of these terms to disease, both psychological and physical?

A: Since both negative thoughtforms and glamour tend to inhibit soul life as it flows through the energy centers, they can over time cause psychological and physical disease.

Q: How does an esoteric psychologist work with the healee's glamour or negative thoughtforms?

A: There are two main tools to work with these distortions of reality. Of course, only that can be applied which would be appropriate for the specific healee and situation. These tools are: meditation to dispel glamour and the utilization of meaningful intuitive impressions.

Hoehne Interview #3: Higher Psychic Powers Used in Clinical Practice

Higher and lower psychic powers.

Q: Bailey indicated that at a certain evolutionary status (when the personality is integrated and fused with soul), higher psychic powers may appear. Please explain your understanding of higher psychic powers and how they differ from lower psychic powers?

A: Higher psychic powers (such as intuition) are activated when the head centers are opened up and start to relate to each other. They give contact to the inner worlds and give knowledge, which is considered "infallible and free from error" and admits one to the "the freedom of the heavens" (Bailey, 1934/1951, p. 12). Often, the knowledge is transmitted abstractly or symbolically to make it understandable. However, we need to remember, it is through the limitations of our own brain where interpretative errors often creep in.

On the other hand, lower psychic powers (such as clairvoyance) are an activity of the solar plexus center, not the head centers. They are an expression of the animal form in its highest presentation through which we, the soul, function. They are translated concretely and often permeated with feelings. Esoteric psychologists intend to encourage soul consciousness and not animal consciousness. Do I need to say more?

Q: Did you use higher psychic powers in your clinical practice? If so how?

A: Yes, I did use higher psychic powers, but only when I was meeting with a healee, only to serve others. I was very fortunate that I was able to turn them off and on,

especially in my personal life, so I could live a life of a normal woman with all the conflicts and confrontations.

Q: Did you use lower psychic powers in your clinical practice? If so, how?

A: Lower psychic powers are a manifestation of the solar plexus. We have this power in common with the higher animals. To use the lower psychic powers would be using an ability of the animal world when we have something much clearer and inclusive at our disposal.

Higher psychic power of intuition.

Q: What is intuition?

A: For me, intuition is a gift from the Divine. It is the good; it is the beautiful and the true. It is divine insight and the attempt to formulate in words that which was perceived earlier without words. Esoterically, I would say intuition comes about when spiritual love, the love of soul, touches the corresponding aspect of Spirit, the Spiritual Triad.

Q: How did your intuition develop?

A: Slowly but surely, I would say. My intuition developed gradually working in hospital, community clinic, and psychological assistant settings. At that time, as an intern, I was a strong believer in the usefulness of empathy, what I thought then as an expression of the heart. And as I was listening to the woes and sorrows of the healees hour after hour, I was suddenly filled by the realization that all this pain was really part of the Love of God and that Love is and was.

Q: How did you use intuition in your clinical practice?

A: I used intuition to inspire healees to have a happier and more fulfilled life. At that time, I would lightheartedly say that I had a green thumb to inspire, like some people have a green thumb to raise plants. Intuition also aided in accessing meaning.

Q: Does the use of intuition have general application for clinical practice of psychology or is it limited to the rare few who have developed higher psychic powers?

A: Absolutely. Intuition is one of the requirements for any esoteric psychologist. Otherwise, how could we have direct perception and knowledge of the inner levels of life? Esoteric psychologists must consciously function as souls and must be able to use the energies of mind, of love, and of intuition. Not just a rare few can develop intuition. Any human being and especially psychologists, who have devoted their lives to service, have the ability for its development. So we need to put our minds to it.

Higher psychic power of etheric vision.

Q: What is etheric vision?

A: Well, it's is nothing mysterious as some people would have you believe. Etheric vision is the perception of subtle energies. It often overlaps with keen physical observation. Therefore, as an esoteric psychologist, I use both etheric vision and keen physical observation. This is a very useful feedback system.

Q: How did your etheric vision develop?

A: It developed together with intuition.

Q: What insights into the nature of disease does etheric vision provide?

A: Etheric vision makes possible the clear assessment of the functioning of the energy centers and the associated etheric form of glands and organs. Therefore, as esoteric psychologists, it is important to have a sound knowledge of human anatomy and physiology. Also, etheric vision enables one to observe the ways healees consciously or unconsciously are using and moving their energies. This can give me immediate feedback about the therapeutic process of the session. So if I say something, I immediately can see how they respond on a subtle level.

Q: Do different psychological diseases appear differently from the vantage of etheric vision?

A: Yes, they do. Different psychological diseases seem to have their cause in the disturbance of one or more specific energy centers. In addition, etheric vision makes observable exactly how the healees are handling the forces that have caused the energy centers disturbances. Are the healees transmuting, are they repressing, are they projecting, are they moving the forces down into the pelvic area like in depression for instance, are they erupting intermittently horizontally like a volcano eruption, etc.?

Q: How do you use etheric vision in your clinical practice?

A: I always asked for permission of the healees to use it and informed them that it has not yet been experimentally and scientifically validated. If I used etheric vision and if it would be appropriate, I would share with the healee what I saw. I felt that it was helpful and ensured the co-creative nature of the therapeutic relationship. I always presented what I had perceived as a possibility. I always keep in mind that it is the soul of the healee who brings about positive change. Therefore, it is the soul of the healee, who decides whether or not what was observed and shared is valid and useful at that specific time. The choice is up to the healee. I, the esoteric psychologist, can only aid.

Q: Can negative thoughtforms or glamour be seen by etheric vision? If so, please describe what someone with etheric vision might see.

A: Yes, they can. I always felt that it was the soul of the healee who allowed me to see the negative thoughtform or glamour. I felt a deep appreciation and gratefulness for this honor. I would intend for a symbolic representation of a thoughtform because I felt that it was handier, so to speak, in this form and more easily understood by the healee, if and when I shared it.

You asked for an example: A healee I had, a very nice and sweet man, had a lifelong pattern of feeling burdened down by a sense of responsibility for those he knew. That took away any possibility of joy in his life, kept him fearful to open up to people, and kept him in social isolation. He even had his lunch alone in his office, behind a closed door. The symbolic representation of that thoughtform appeared like a large sack on his upper back, which at times would take on the appearance of a monkey on one of his shoulders playing tricks.

Q: Is etheric vision necessary to be an esoteric psychologist?

A: EP cannot be practiced in its fullest without it.

Hoehne Interview #4: Use of Energy and Energy Centers in Clinical Practice

Disease as a result of inhibited soul life.

Q: Bailey (1953), in describing laws of esoteric healing, said that all disease is the result of inhibited soul life, and that the art of the healer is in releasing the soul so its life can flow throughout the form. Do you agree?

A: Yes, I do. Most diseases appear to be due to inhibited soul life.

Q: Do you believe this is true for all diseases?

A: No. There are some exceptions such as accidents, epidemic diseases, and injuries and death through the violence of war or from violence in general.

Q: You often use the phrase *unprocessed life impressions*. Please explain what this means and how it relates to inhibited soul life?

A: *Unprocessed life impressions* is a term used to refer to the daily energetic experiences that continuously, consciously and unconsciously, impinge upon us. Not to accumulate over time, ideally, they should be processed and transmuted regularly, preferably daily. Unprocessed, they tend to linger and accumulate in our energy field. Over time, they tend to block and inhibit the free flow of soul energy causing psychological, functional, and physical disturbances.

- Q: Do you consider an esoteric psychologist to be an esoteric healer, and if so, should the esoteric psychologist be mindful of this rule in clinical practice?
- A: I think we are all consciously or unconsciously healers, independent of our professions. We can affect our fellow human beings for good or bad. Esoteric psychologists have pledged themselves to service. Therefore, they are conscious healers. This is something to be mindful of.
- Q: Does the esoteric psychologist always try to release soul energies or can these energies be harmful to individuals in certain circumstances?
- A: No. Soul life can only be released when and where it might be appropriate. There are cases when it could even be harmful. In addition, we only can release soul life with the permission of the healee.

Use of energy in treatment.

- Q: When one says that they use energy in clinical practice, what type of energy are they using?
- A: The advanced healer uses intermittently both prana and soul energy. The beginning esoteric psychologist might only use prana. I don't know, but I assume that.
- Q: You have indicated that you used individual and group energy triangles in your clinical practice. Please explain what you mean by energy triangles and how one might use this energy technique.
- A: In a group setting, when appropriate, we are using the focused mind to visualize lines of light between the souls of the group members, all connecting to the Divine. Then, the group can function for a specified time as one soul and mind. This is a useful method before any session to connect to other healers to work as a group. So you can work alone in your office, but you can also connect to a group of healers.
- If appropriate in a one-to-one relationship, I visualize our souls (the esoteric psychologist and the healee) being connected through lines of light to each other and to the Divine. That assures recognition that it is the soul who does the healing and not the esoteric psychologist, all under the containment of the Oneness of Life.
- Q: You have indicated that the presenting problems of most healees have their roots in their 2nd (sacral) or 3rd (solar plexus) energy centers or chakras. Please explain what you mean by that.
- A: Due to the stage in evolution at the present time, humanity seems to suffer predominantly from an imbalance and over-activation of these centers. In the 2nd energy center, we can find often a pattern of imbalance through the propensity in

our culture for the polarity of domination and submission. It is expressing itself in a wide array of manifestations. Furthermore, the over-stimulation and stagnation of the 3rd center, through selfish and self-referenced behaviors, seems to give the rise to many emotional, psychological diseases.

Q: You indicated that during clinical sessions, you used your energy centers in treatment as one might play a musical instrument. Please explain what you mean by that statement and how you used this technique.

A: Knowledge and ability to direct and control subtle energies within oneself is one of the requirements of the esoteric psychologist. Being with a healee, I would move my focus from different energy centers within myself, depending on the ongoing process with the healee. It would greatly aid the healee's responsiveness and willingness to positive change. Symbolically, it would remind me of the time when I was a young mother teaching my children how to play the recorder, how to sound forth one or two notes at the time, one after the other. Over a length of time, all these single sounds would together sound forth a melody. So in a way, esoteric psychologists use themselves as a musical instrument, sounding forth vibrations and sounds. And the healee then responds accordingly.

Q: You previously indicated that you connect yourself with your healees by an energetic thread. Please explain the application of this technique in a clinical practice.

A: When I accepted healees for a number of treatments, I would ask them whether or not they would be comfortable if I would stay connected emotionally, mentally, and spiritually with them for the duration of the treatment (I cannot remember one example where a healee declined; they were all happy about it and agreed). I would visualize lines of white light connecting our souls and heart and solar plexus centers. It would serve symbolically like a telephone connection, signaling when the healee was in stress or a challenging situation (of course, this would not include any intimate or detailed information, only overall information). After the treatment had ended, if appropriate, I would offer the healees to take the memory of them into my heart center.

Q: Did you use touch in the clinical setting? If so, do you recommend its use for others?

A: In a clinical setting, physical touch needs to be used very mindfully; for instance, a handshake or a hand on the shoulder of the healee or something like that. In general, I do not recommend the use of physical touch to other esoteric psychologists. We need to keep in mind that the esoteric psychologist heals with the right words, with the words, not with physical touch.

Q: Can EP practices be an energy drain on the esoteric psychologist?

A: No, it can't. Esoteric psychologists are soul-identified and use the energies of Love. Therefore, they stay positive during the entire session. In addition, soul-identification makes possible the attitude of allowing, insuring against any attitude of domination and forcing. To be able to have the vitality to do this, it is of utmost importance to practice good self-care. If esoteric psychologists notice an energy drain within them, they might have lapsed into the mind and personality, and therefore reversed the positive polarity into a negative one. This can happen in a split second in the session, so it is important to stay vitalized and in the best shape you can. Soul identification energizes; personality identification drains.

Q: Is it necessary or desirable to protect oneself energetically in the clinical setting? If so, how would one do this?

A: The clinic situation is very contained; it's one hour and it's your room, so that's a safety device. The best protection is soul-identification, because harmful energies cannot reach the soul realm. However, there are several tools to protect oneself, all using visualization, and they can be used in an emergency. But as we all know, it requires additional energy to visualize and that takes away from the intimacy and quality of the esoteric psychologist and healee relationship.

Healing thoughtforms.

Q: You have previously indicated that you created and used a healing thoughtform for your healees. Please explain healing thoughtforms and how one might use them in a clinical practice.

A: I think every esoteric psychologist creates, consciously or unconsciously, a healing thoughtform of the healee. This healing thoughtform is not static; it is fluid and evolving. It involves the past, present, and the future of the healee. It portrays their status, their attitude toward the world, and the manner in which they have dealt with past life patterns and crises associated with them. In addition, it has already the germinal disposition of the probable future. For esoteric psychologists, the individual thoughtform we create for a specific healee is a useful way to grasp the essence and the lessons to be learned in this life. Also, using a healing thoughtform can assist in preparing an individual treatment plan. You cannot visualize changes that are too large; that would not be appropriate. Small, I usually say *baby steps* are more appropriate and are an insurance not to be harmful to the healee.

It is also helpful to remember that every healee we encounter is "made in the image of God, who through the method of reincarnation unfolds his consciousness until it flowers forth as the perfected soul, whose nature is light and whose realization is that of a self-conscious identity" (Bailey, 1934/1951, p. 10). The symbol of what is esoterically called the *perfected human* is the radiant five-pointed star.

- Q: You previously indicated that you created and used a healing thoughtform for your overall clinical practice. Please explain this energy technique.
- A: The business name of my practice was Healing Triangle, and it was symbolized by the logo of a triangle surrounded by a circle. The lower points of the triangle stood for the sacred, one-to-one relationship between the healee and the esoteric psychologist overshadowed and directed by the higher point symbolizing the Divine. All this was contained within a circle representing the Oneness of Life.

Hoehne Interview #5: Substance-Related Disorders

EP understanding of substance-related disorders.

- Q: What insights does EP add to the understanding and clinical treatment of substance-related disorders?
- A: For esoteric psychologists, substance-related disorders have their main cause in an over-stimulated and stagnated solar plexus center. Therefore, substance-related disorders have their roots in the emotion body, which chronically longs for something outside itself representing the *not-self*—instead of reaching upward toward the good, the beautiful, and the true—upwards to the light, like every plant on this planet does (it's inherent in evolution). That constant longing of the healees and the appropriating of something outside of themselves can create inhibited soul life, mainly within the area of the solar plexus center.

The natural tendency to develop consciousness upward toward the heart center, toward group and soul consciousness, consequently will be slow-moving or even negated. Instead, the energies will be reflected back toward the sacral and base centers. Therefore, in substance-related disorders, generally three centers are involved: the solar plexus center, sacral center, and base center.

The ability to monitor one's own health and the ability to say no to something knowingly not beneficial has been submissively surrendered by the healee to an external substance and/or force. One has given up one's own independence and symbolically one's own ability to reach upwards toward the light.

The cause of the increase of substance-related disorders in our culture might be found in the following: the stage of evolution of humanity, one-sided education, preoccupation with materialism, emotional overstimulation, and the lack of spiritual modeling and guidance.

Treatment protocol.

- Q: Please give an example of a healee who suffers from a substance-related disorder and an appropriate EP treatment protocol.
- A: In general, before treatment starts, the following about the healee needs to have clear assessment: predisposition of the different bodies, direction of energy flow, and nature of the centers involved. Here we are talking about the solar plexus, sacral, and base centers. We need to keep in mind that, as esoteric psychologists,

we cannot promise a cure for substance-related disorders. The tendencies for misuse and abuse will probably stay all life with the healee, so it's only dealing with it, coping with it that we can offer.

Hoehne Interview #6: Schizophrenia and Other Psychotic Disorders

EP understanding of schizophrenia and other psychotic disorders.

Q: What insights does EP add to the understanding and clinical treatment of schizophrenia and other psychotic disorders?

A: In schizophrenia, the mental, emotional, and etheric/physical bodies are not working together as a whole. Often the cause can be found in an incomplete and faulty development of the etheric body early in life, during the first seven years of life. Here the root is the etheric body, not the emotional body, as we talked about earlier with addiction. Schizophrenia may affect all energy centers. Soul, having only a partial and maybe even nonfunctioning instrument in which to incarnate, cannot at all or only to a very small extent embody the personality. Therefore, the free flow of soul energy through the personality has been inhibited or even made impossible.

For someone, a personality, suffering from schizophrenia, the world as it is cannot be perceived properly. Therefore, the process of perception becomes distorted. Energies and forces in the form of life experiences, as they continuously impinge upon and affect the personality, cannot be processed accordantly. Instead, they are either repressed into the etheric body or experienced as a distorted projection independent of the experience. Often life experiences are repressed into the physical body manifesting as a physical disease within the organs.

There are two prevalent, polar-opposite patterns in schizophrenia emerging out of the blocked and often chaotic inner life: schism and fusion. When the three bodies of the personality (mental, emotional, and etheric/physical) are starting to act independently, a schism or separation of the personality can be observed. It is as if each body is fighting for dominance and control. On the other hand, fusion is caused by a breakdown of boundaries between the inner and outer worlds of the healee, each starting to invade each other creating inner and outer chaos. For the healee, it creates great confusion. I remember during my years as an intern in an in-patient hospital daycare unit, the patients would get upset about what they saw on television. They took it for real. At that time, it was quite new for me to see that literal function. In a nutshell, it's a lot of confusion for the healees. We need to realize that and have loving understanding.

Q: Is EP an effective treatment approach with populations such as those with acute psychotic breaks?

A: I have not treated severe schizophrenia or other psychotic disorders. Therefore, I have no experience about the effectiveness of EP with these disorders.

Treatment protocol.

- Q: Please give an example of a healee suffering from schizophrenia or another psychotic disorder and an appropriate EP treatment plan.
- A: In my private practice, it was not appropriate to treat healees who suffered from severe schizophrenia or other psychotic disorders. Therefore, I have no experience in this area; I cannot voice an opinion. However, taking into consideration what is known about the severe disabling states of schizophrenia and psychosis, I would think the following might be helpful:
1. Concurrent drug treatment;
 2. Individual psychotherapy and, if indicated, group therapy; and
 3. Simple lifestyle with minimal stimulation.

I have worked with healees who had experienced milder forms of schizophrenia on the personality disorder level. Providing meaningful impressions appeared to be helpful and brought about positive changes.

Hoehne Interview #7: Mood Disorders

EP understanding of mood disorders

- Q: What insights does EP add to the understanding and clinical treatment of mood disorders?
- A: Similar to substance abuse and anxiety disorders, mood disorders have their basis in the emotional body and, therefore, in an overstimulated and stagnant solar plexus center, causing friction and pressure. Here again, being urged upward with the flow of evolution, these energies cannot transmute from the solar plexus center to the heart center, namely from self-centeredness and self-importance to group and soul consciousness. Instead, to cope with this dire situation, these energies are reflected back into the sacral and base centers, causing contraction of energies downward into the abdominal region. This tends to give the depressed healee a sense of an unfriendly world closing in, falling into a dark bottomless pit.
- I agree with Bailey (1934/1951), who divided the roots of depression into three main groups: identification with feelings and emotions, also called *emotional polarization*; collective and individual irrational beliefs, also called *glamour* (as we talked about earlier); and the devitalized condition of the physical body, also called *burnout*.
- The mood disorder can develop its main roots during years 7 to 14, when the child's emotional body develops and the emotions are not properly nurtured. As a consequence, the emotional body cannot harmoniously develop; it cannot become whole in functioning and might give cause to depression later. There is a tendency to take life events too seriously, but at the same time deal with them very superficially. In other words, life impressions, the multitude of energies continuously impinging upon the healee, are not properly processed, reflected upon, and not transmuted upward to the heart. Instead, they are pushed down,

repressed, and denied. The consequence is a negative view of oneself, of others, and of all their surroundings. Depressed healees tend to focus exclusively on the past things that happen to them. They just cannot give it up, and the personal will seems to be totally paralyzed. Furthermore, guilt feelings appear to engulf the entire personality.

We need to remember again that it is the personality who suffers from the depression, not the soul. The soul stands by helplessly just watching the whole process, not able to use that instrument like it is designed to be used.

Treatment protocol.

Q: Please give an example of a heelee suffering from a mood disorder and an appropriate EP treatment protocol.

A: Before treatment starts, esoteric psychologists need to remember that any depression is actually signaling that there is a possibility for change. The pain becomes so intense that the heelee is seeking help. The following about the heelee needs to be assessed first:

- disposition of the energy centers and bodies;
- direction of energy flow and nature of the centers involved—what’s going on here; and
- possible life patterns.

Therapeutic tools appropriate for mood disorders are the following: triangle work, meditation, breath work, creative expression, nutritional support, and physical activities, together with esoteric psychotherapy. The overall intention is related to reversing the energy flow from downward and collapsing toward upward and expanding.

I would like to give an example of an actual heelee that I’ve worked with for about seven years (beginning in 2005), who was suffering from a depressive mood disorder. The heelee was then a 28-year-old Caucasian female, a psychology graduate student, very attractive, well-kempt, a recovered alcoholic, single with no intimate relationships with the opposite sex at the time of intake, and was a competitive athlete during her childhood and adolescence. The heelee was exclusively treated with EP techniques.

Before I go into detail here, we must remember that the esoteric psychologist focuses on the soul. The personality is only there as it is something that soul enlivens and lives through in this reality.

So in what environment has this soul reincarnated? We look at:

1. Paternal generational pattern: severe depression, substance abuse, schizophrenia, and Tourette’s syndrome;
2. Maternal generational pattern: substance abuse, other information not available;
3. Possible (hypothesis) ray make-up:
 - soul: Ray #2;

- personality: Ray #1;
 - mental body: Ray #4;
 - emotional body: Ray #6; and
 - etheric/physical body: Ray #7.
4. Ray expression: which of these ray energies at the present time are most dominant and through which body are they focused? Ray #6 seemed most dominant at that time and expressed itself through the emotional body: intense emotionalism, idealization, selfishness, jealousy, dependency and enmeshment with others, emotionally reactive and fiery when provoked, severe mood swings.
 5. Opposing ray energy: which of these ray energies is wrestling against the forced dominance mentioned above? Ray #2 is struggling to express itself through the heart center, wrestling magnetically to pull up the solar plexus energies for the transmutation of emotionalism and self-centeredness into intuitive loving-understanding and inclusiveness in service;
 6. Specific stage in evolution: probational disciple (esoteric term);
 7. Condition of the centers: there was a clear cleavage between the centers above the diaphragm (crown, ajna, throat, heart) and the centers below the diaphragm (solar plexus, sacral, base) as follows:
 - crown: sluggish;
 - ajna: sluggish;
 - throat: sluggish;
 - heart: sluggish;
 - solar plexus: congested and overstimulated, causing a sense of isolation and separation;
 - sacral: congested; and
 - base: congested.
 8. Condition of the bodies:
 - emotional body: overstimulated and stagnated emotional body due to emotional instability, self-centeredness, selfishness, self-pity, tearfulness, sense of emptiness, anger, lack of joy and excitement in life;
 - mental body: superior intelligence (a highly gifted woman), habitual thought patterns and topics of speech (silent victimization), uncompleted thoughtforms (outstanding accomplishment as an equestrian), paralyzed personal will, inability to transmute life impressions due to lack of guidance, inability to focus and attend to academic studies due to depression; and
 - etheric/physical body: low energy and sense of deadness, weak vitality (sat isolated for days in her condo without any social contact), weak magnetism, disturbance of rhythmic living (slept 10 hours or longer most days, late arising), no appetite and preoccupation to stay slim, weak lower spine.

9. Life pattern: As she is gifted in so many areas, she starts projects with great promise but does not demonstrate consistency and follow-through due to recurring cycles of exhaustion.
10. Habitual reaction to stress: overwhelmed and shutdown, depersonalized (soul connection is greatly diminished), withdrawal and social isolation, anger partly repressed and partly expressed, helplessness, at times despair.
11. Treatment: reversed the energy flow upward and expanding by:
 - weekly one-hour psychotherapy;
 - meditation and group work (slowly introduced);
 - triangle work (soul-base-solar plexus and other triangles when needed);
 - nutritional support;
 - right rhythm between leisure time and work;
 - creative expression (cooking and decorating);
 - outdoor physical activities; and
 - antidepressive medication until she gets control of these predispositions and habitual tendencies.
12. Initial inquiry: why has soul chosen to incarnate in these almost insurmountable conditions (paternal and maternal patterns of psychological illness)? Perhaps because it's a great opportunity to overcome all this, a great learning experience presented by these conditions.
13. Outcome: I chose this healee as an example of someone who overcame a mood disorder via treatment with EP principles. I think that it's a good example to inspire others who suffer from this disorder to overcome life circumstances and become better and happier human beings. Seven years later:
 - I still see the healee but now generally monthly, and she responds well to that as this seems to work better for her than AA (she is a recovered alcoholic);
 - Her evolutionary status: pledged disciple (esoteric term);
 - She is high-functioning and an active member of a nonprofit spiritual organization;
 - She is a licensed psychologist who works in a solo private practice as a partial esoteric psychologist and shares office space with another accomplished licensed psychologist (also partially esoteric) and an acupuncturist who is skilled with subtle energies; and
 - She is happily married.

Hoehne Interview #8: Anxiety Disorders

EP understanding of anxiety disorders.

Q: What insights does EP add to the understanding and clinical treatment of anxiety disorders?

A: EP focuses on cause and not effect. The cause of mood disorders, substance-related disorders, and anxiety disorders can be found in an imbalance or disturbance in the energy or etheric body and its organizing seven centers. Since all these three disorders seem to be emotional in nature, their cause could be found in the center that is predominantly emotional, the solar plexus center. In case of an anxiety disorder, this center tends to become overactive and congested.

In general, this center seems to be at the present time the most stimulated and active. We are exposed daily to a barrage of impressions, energies, and forces, most of which are experienced emotionally and therefore will affect our emotional center, the solar plexus center. Ideally, in order to stay happy and healthy, what we take in gets processed, digested, and the rest eliminated. This we try to do with the air, water, and the food we take in but not with all the impressions, energies, and forces that impinge constantly upon us. Most of us lack the awareness, time, and tools to do so.

We know from experience that reflection can lead to insight. Insight can prompt the opening up of the heart center, which in turn can pull up and receive the emotional energies from the solar plexus center. In EP, this process is called *transmutation*. It can involve just taking some time out, quietly reflecting about the day's events; rhythmic, repetitive movements in harmony with the breath like tai chi or yoga; evening review or diary-writing to let the soul "breathe out," and many other ways. Transmutation can lead to transformation and can make us happier and healthier people. It is symbolically an energetic "digestion" of the multitude of our daily life experiences.

In an anxiety disorder, the emotional energies within the solar plexus center are not "digested," transmuted, and transferred to the heart center. Instead, they dam up the solar plexus center, overloading the hypersensitive emotional body, which in turn tends to get tight and rigid. To get some relief, some of the energies are transferred (not rightfully into the heart center, because it is closed) to the image-making capability of the brain. Here, an idea about compulsion or obsession is formed, which overstrains the upper part of the personality, resulting in tension, discomfort, and anxiety.

If the anxiety separates from its originating idea, it may float freely within the organism or attach itself to another object, situation, or event. Esoteric psychologists keep in mind that there is often an originating compulsive or obsessive idea at the root of anxiety.

Treatment protocol.

Q: Please give an example of a healee who suffers from an anxiety disorder and an appropriate EP treatment protocol.

A: Please see the treatment protocol in Interview #9, which dealt with the chronic anxiety of an obsessive-compulsive personality disorder. Its treatment protocol included regular and mindful experience of nature; rhythmic, repetitive movements in harmony with the breath; evening review to process and “digest” the day’s events; etheric triangle work; and meditation and later, if appropriate, soul-identification.

For acute anxiety, these procedures may need to be augmented by concurrent drug treatment.

Hoehne Interview #9: Personality Disorders

EP understanding of personality disorders.

Q: What insights does EP add to the understanding and clinical treatment of personality disorders?

A: In general, personality disorders exhibit pervasive and enduring patterns of inner and outer experiences, which cause distress or even impairment. Onset can be traced back to early adolescence or early adulthood. First of all, esoteric psychologists realize that all disorders originate and involve the personality, not the soul. Besides, it is the soul of the healee, which will bring about positive change. We, the esoteric psychologists, will only assist in this process.

When encountering a healee with a tentative diagnosis of personality disorder, esoteric psychologists examine the following in addition to methods of conventional psychology:

- Parental family pattern;
- Possible ray make-up and how these rays might interact with each other;
- Stage of evolution of the healee;
- Condition of the bodies of the personality;
- Conditions of the energy centers;
- What centers are involved;
- Thoughtforms—completed, uncompleted, released, or not released;
- Habitual reaction to stress; and
- Pattern of major life crises and how each crisis was handled.

Special attention needs to be paid to patterns and the originating center/s and body. Furthermore, the relationship between the upper and lower sphere of the organism, with the diaphragm as the dividing line, is important. Is there a rhythmic balance between the two with the heart as a mediating sense organ? Or

is there overstrain, a damming up, or a reversal of energy flow causing imbalance and distress? What about the relationship between the solar plexus center and the heart center, which indicates the relationship between the instinctual/unconscious and individual/conscious or the “me” consciousness and the “we” consciousness? How far is the disease process advanced, in what body, in what center, and close to which organs?

In the DSM-IV, there are three clusters of personality disorders, each unique in its symptoms and level of functioning. For esoteric psychologists, personality disorders named in cluster A and B (paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, antisocial personality disorder, borderline personality disorder, histrionic personality disorder, and narcissistic personality disorder) might have as the originating source the etheric body and the sacral and base centers. Whereas, personality disorders in cluster C (avoidant personality disorder, dependent personality disorder, and obsessive-compulsive personality disorder) might have originated in the emotional body and solar plexus center. However, this might differ depending on the individual healee and the symptoms presented.

During treatment, esoteric psychologists encourage healees to unlock entrenched maladaptive patterns, substitute more appropriate ones, and adapt ways of living that would harmonize the upper and lower spheres of the organism, bridge cleavages, integrate the energy field with its centers, and, if appropriate, open up to higher consciousness.

These are the additional tools that might be used:

- Intuitive, meaningful impressions;
- Regular and mindful interaction with nature;
- Rhythmic, repetitive movements in harmony with the breath like tai chi, yoga, and others;
- Evening review to process and “digest” the day’s events;
- Etheric triangle work; and
- Meditation like the Community Light Meditation, and later, if appropriate, soul-identification.

Treatment protocol.

- Q: Please give an example of a healee suffering from a personality disorder and an appropriate EP treatment protocol.
- A. General description of healee at time of intake: 31-year-old Asian American male, well groomed, entrepreneur, co-owner of an action sport company, suffering from a chronic pattern of concern with orderliness, perfectionism, mental and interpersonal control, unrealistic high expectation about his possible financial success, chronic pattern of psychosomatic complaints for which he would seek chiropractic help regularly, chronic pattern to try to “empower” others on the personality level in order to avoid reflection and insight about self, preoccupation

- bordering on addiction with newest gear on the market, and no long-term relationships with girlfriends.
1. Paternal generational pattern: narcissistic tendencies, OCD tendencies;
 2. Maternal generational pattern: severe generalized anxiety, severe OCD tendencies.
 3. Possible Ray make-up:
 - soul: Ray #2;
 - personality: Ray #?;
 - mental body: Ray #4;
 - emotional body: Ray #6; and
 - etheric/physical body: Ray #7.
 4. Ray Expression: Which of these ray energies at the present time are most dominant and through which body are they focused? Ray #6 is most often dominant, expressing itself through the emotional body. It manifests as intense emotionalism, anxiousness, obsessive-compulsive behavior (i.e., rumination, checking, etc.), escape through fantasy and avoidance (i.e., preoccupation with gear), unconscious “busyness” and goal-directed behavior, self-doubt, narcissistic and self-referenced behavior, criticism and judgment of self and others.
 5. Which of these energies are wrestling against the forced dominance mentioned above? Ray #2 struggling to express itself through the heart center, wrestling magnetically to pull up the solar plexus center energies for transmutation, intending to transmute emotionalism and self-centeredness into intuitive loving understanding and inclusiveness of others—in short, attempting to transmute attitude of separateness into sense of oneness.
 6. Specific stage in evolution: testing and trying out different approaches in spirituality.
 7. Condition of centers:
 - crown: partly awakening;
 - ajna: partly awakening;
 - throat: sluggish;
 - heart: partly open and sluggish;
 - solar plexus: congested and overstimulated causing sense of losing control and isolation;
 - sacral: congested; and
 - base: blocked.
 8. Condition of bodies:
 - emotional body: overstimulated and stagnated emotional body due to emotional instability; narcissistic tendencies; fearfulness; anger; and need to

present a smart, successful “nice guy,” “the best,” and “has it all together” image to the world;

- mental body: superior intelligence; habitual thought patterns and topics of speech: victimization; uncompleted thoughtforms: “I am a good Asian American boy.” “The world is an unsafe place”; inability to transmute life impressions due to fantasies and escapism (e.g., preoccupation with gear, “empowering” others); and inability to be fully present and focus successfully on the task at hand due to criticalness, judgmentalism, and ruminations on self and others; and
- physical/etheric body: high levels of somatization resulting in numerous sicknesses per year and repeated visits to chiropractor; periodic lower back problem forcing slow down and acknowledgment of pain and unconscious way of living.

9. Thoughtforms:

- Dreams and aspirations healee had in his life: to be accepted as one of the group; to be successful (a good Asian American boy) and receive the respect and adoration of his peers; to achieve above average financial/material success; and to make a difference in life and help others, especially youth;
- As of today (10 years later) which thoughtforms were fulfilled and/or completed: feeling loved and accepted by his family and spiritual group (partially completed) and having a sense of making a difference in life and helping others; and
- As of today (10 years later) which ones are still uncompleted and/or unreleased:
- Which ones were released? Making a difference in life and helping others (almost released).
- Which ones are uncompleted and unreleased in the healee’s energy field? To be accepted as one of the group (i.e., by others), to be successful (a good Asian American boy) and receive the respect and adoration of peers, and to achieve above average financial/material success.

10. Habitual reaction to stress: becoming overwhelmed; repression of emotions and denial; worry, anxiety and rumination; unconscious mode of “doing” rather than “being”; narcissistic tendencies (e.g., “I am better than. I can do it best”); identifying with pattern of victimization; and escapism into material desire and fantasies of how to acquire it.

11. What were major life crises?

- Crisis patterns age 7-14 years old (period of development of the emotional body):
 - When: 7 years old, 2nd grade;
 - Crisis: inability and refusal to go to school;
 - Feelings and thoughts: helpless, anxious— “I just can’t do it. I don’t belong there. I am different from everyone else. I am alone”; and

- How crisis was handled: victimization, anxiety, withdrawal and isolation, and first depressive episode.
- When: 8 years old, 3rd grade;
- Crisis: being bullied at school;
- Feelings and thoughts: fearful, hypervigilant, anxious, “I am not like everyone else. I don’t like being different. I am alone. Why is this happening to me”; and
- How crisis was handled; victimization, anxiety and helplessness.
- When: 9 years old, 4th grade;
- Crisis: death of grandfather;
- Feelings and thoughts: anxious, abandonment, isolation, worthlessness; and
- How crisis was handled: tried hard to be a good Asian American boy to get attention and reassurance from parents but still felt victimized and anxious.
- When: 10 years old, 5th grade;
- Crisis: Christian summer camp;
- Feelings and thoughts: fearfulness, anxiety, isolation, left out, experience as if “he was living in hell”; and
- How crisis was handled: first stirring of sense that he might have value and deserved to be loved and accepted. “God can’t be like this”.
- When: 11 years old, 6th grade;
- Crisis: friends abandoned him;
- Feelings and thoughts: hurt, anger, anxiety, resentment, lost. “I am not safe. Things can go very wrong at any time”; and
- How crisis was handled: second depressive episode.
- When: 12 years old, 7th grade;
- Crisis: being bullied;
- Feelings and thoughts: hurt, anger, resentment, anxious, fear, self-rejection. “I don’t like being Asian American. I don’t like being alone. I do not feel safe. I don’t like being here”; and
- How crisis was handled: tried to look like it didn’t bother him.
- When: 13 years old, 8th grade;
- Crisis: best friend abandoned him;
- Feelings and thoughts: anger, resentment, anxiety. “I am alone. I am not comfortable around others and I do not feel safe here”; and
- How crisis was handled: third depressive episode.

- Crisis patterns age 14-21 years old (period of development of the mental body):
 - When: 14-15 years old, 9th-10th grade;
 - Crisis: loss of social privileges at home because he was not fulfilling parents' unreasonable high expectation of school grades;
 - Feelings and thoughts: victimization, anger, resentment, anxiety, fears. "I want to be loved and accepted for who I am, not made to be a good Asian American boy. Life is hell"; and
 - How crisis was handled: conformed to wishes of parents. He became a "good Asian American boy" and achieved a 4.0 GPA point average. Continuation of anxiety.
 - When: 18 years old, 1st year in college;
 - Crisis: friend/roommate dies in car accident;
 - Feelings and thoughts: abandonment, anxiety, victimization, isolation. "I hate being at UC Irvine. I am alone. I need someone or something that makes me feel good and safe"; and
 - How crisis was handled: fourth depressive episode.
 - When: 22 years old, 4th-5th year in college;
 - Crisis: difficulties graduating, because of inability to pass calculus and sense of uncertainty of his career path;
 - Feelings and thoughts: victimization, projections, anxiety, anger, frustration, fear, self-rejection "I do not like myself"; and
 - How crisis was handled: 5th depressive episode.
 - When: 24 years old;
 - Crisis: conflict with business partners and loss of business, had to start new business without financial resources;
 - Feelings and thoughts: abandonment, victimization, projections, anger, resentment, fear, hatred, "I am not comfortable around others and I do not feel safe"; and
 - How crisis was handled: over-identification with business, emotional over-reactivity, unable to own his part in the course/loss of business. After intense emotional reactivity, he refocused and builds a second business.
- Crisis Pattern age 21 years—today:
 - When: 27 years old;
 - Crisis: second business in financial difficulties;
 - Feelings and thoughts: anxiety, victimization, projections, lack of insight about his part in the failing of business, anger, resentment, fear. "I may not be able to survive. What is going to go wrong next? Life is very painful. My emotional decision-making is the root of my problems"; and

- How crisis was handled: over-identification with business, emotional over-reactivity, unable to own his part in the failing of business, survival mode.
- When: 29 years old;
- Crisis: sudden death of mother;
- Feelings and thoughts: despondent, conquered, confused, unable to function, isolation, abandonment, anxiety; and
- How crisis was handled: reactive depression and sense of being lost.
- When: 30-31 years old;
- Crisis: loss of mother and two businesses triggered him into a period of aimlessness;
- Feelings and thoughts: denial, anger, anxiety, projection on former business partner, lack of insight about his part in the failing of business; and
- How crisis was handled: immobilized, numb, avoidance, overspending financially.
- When: 31-32 years old;
- Crisis: unable to gain employment and/or define a plan for his future;
- Feelings and thoughts: sense of being lost, anger, anxiety and depression; and
- How crisis was handled: immobilized, stagnant, avoidance, survival mode.
- When: 32-39 years old;
- Crisis: third business appears failing;
- Feelings and thoughts: “The whole thing feels like multiple crises all-in-one: two lawsuits, financial disaster”; and
- How crisis was handled: over-identification with business, emotional over-reactivity, unable to own his part in the failing of business, survival mode.
- When: 40 years old;
- Crisis: inability to integrate his spiritual and his family life resulting in marriage problems;
- Feelings and thoughts: sense of being trapped, unfeeling and disconnected; and
- How crisis was handled: approachable and receptive communication and negotiation with wife.
- When did these crises occur? It seems the healee was experiencing his life as a continuous crisis without any specific cyclic pattern.

- How were these crises handled? He tended to experience life subconsciously, drifting from one crisis to another with a sense of “no choice.” He felt unsafe, abandoned, an outsider full of anxiety, worry, anger, criticalness, and judgmental of self and others. He had no guidance and tools to process all painful feelings. Instead, he coped by converting them into obsessions and compulsions on one hand and depression on the other. However, he demonstrated an enduring spirit and would not give up, held steady at one of his dreams to achieve above average financial/material success, and during his early adult life started three businesses, all of which failed. It is during his marital crisis at age 40 years that he finally started to shift from a sense of subconscious “no choice” to one of conscious “choice” by becoming approachable and receptive of what his part in the conflict might have been.
 - Is there a general dynamic in these life crises? His dreams and aspirations since early adult life seem to have two different and sometimes incompatible directions. One is directed with partly unrealistic high expectations toward the outer, materialistic form life (to be accepted as one of the group; to be successful; a good Asian American boy) and receive the respect and adoration of his peers; to achieve above average financial/material success). The other is directed inward toward spiritual aspirations (to make a difference in life and help others—especially youth). The incompatibility might be fueled by the soul energy of Ray #2 starting to assert itself by slowly but surely opening the heart center in compassion to his own and others pain.
 - What could be the general learning lesson for soul in all of these crises? This is for the healee to find out.
12. Diagnosis according to DSM-IV: obsessive-compulsive personality disorder 301.4 with depressive and addictive feature
13. Treatment suggestion according to EP: the following is in addition to conventional assessment and treatment methods:
- In general, the disease process moves from the emotional body (the unprocessed life impressions) to the etheric body and becomes functional. Over a longer period of time, the functional disturbance can become physical. Therefore, the esoteric psychologist asks questions about the predisposition of the bodies (physical/etheric, emotional, mental), unconscious direction of the energy flow, and the nature of the centers involved.
 - Observing the overall impression of the healee’s bodies, we observe a cleavage between the mental body and the rest of the lower nature—emotional, etheric and physical. In addition there seems to be a cleavage between the soul and the personality, producing narcissistic tendencies.
 - Specifically, the mental body has a deeply ingrained attitude of distrust of the world, trying to quiet itself by reaching and grasping for the not-self, triggering the rest of the bodies into addiction.
 - The emotional body feels inferior, trying to hide from itself and others behind a mask of “a smart, successful, and nice guy, who has it all together.” With all

this going on, the etheric body is depleted and the physical body exhausted and fatigued.

- The esoteric psychologist asks the question, “How is the healee coping unconsciously with the stagnant and dammed up energies within the solar plexus?” The greatest part is pushed upward within the organism toward the etheric field of the brain. Here it has become “organically” intellectual, running in circles with obsession and compulsion ideation. A lesser part of the unprocessed emotional energy in the organism unconsciously is pressed downward, collapsing and contracting into the lower pelvic area causing the healee to suffer from chronic low-grade depression, addiction (to the newest gadgets/toys), and intermittent psychosomatic symptoms. Once in a while, the collapsed contracted energy in the lower pelvic area contracts further from the etheric into the physical body, causing severe lower back pain.
 - Since we are dealing here with a highly intelligent and sensitive individual, the therapeutic process needs to be careful, slow but consistent, and firm. First of all, the healee needs to feel “seen,” “understood,” and trusted in his strength to initiate and continue positive change. Centers involved here are the solar plexus, head, sacral and base centers. Energies from the etheric and (to a lesser part) physical body need to turn around back to the emotional center of the solar plexus and from here, rightfully directed and transmuted upward via the heart center, bridging the cleavages, and integrating first the personality itself followed by integration of personality and soul.
 - Strengths of the healee are his superior intelligence, emotional sensitivity, healthy and sound physical body, level of pain he is experiencing, and his ability and willingness not to give up and always start anew.
 - In addition to conventional treatment, the following was added: regular and mindful experience of nature; rhythmic, repetitive movements in harmony with the breath; evening review to process and “digest” the day’s events; etheric triangle work; and meditation and later if appropriate soul-identification.
14. Status of healee as of today (10 years later): Healee is successfully married with two children. He redirected his focus from the business world to a more service-oriented sector of society. Today, he is a psychology graduate student in good standing. He works as an intern in a Community Center with severely disturbed individuals, which helps him to face his own and the pain of others. He feels loved and accepted for who he is by his family and by his spiritual community, of which he is a longstanding, positively contributing member.

Hoehne Interview #10: Esoteric Tools/Clinical Orientations Applicable to Clinical HTP

Application of EP in HTP clinical practice.

Q: Do you think that EP has a wide application in traditional HTP clinical practices?

A: Yes.

Q: What are the characteristics of someone suitable to become an esoteric psychologist?

A: These characteristics would include:

- Ph.D. degree in psychology with specialty in EP;
- Approaching integration of physical/etheric, emotional, and mental bodies of personality;
- Level of functioning is medium to high;
- Self-responsible;
- Good will and love for humanity and all life;
- Willing to learn and regularly practice meditation to achieve soul connection and possible identification;
- Willingness to “attend to the task at hand,” open and willing to serve others; and
- Financial matters considered necessary but secondary to service.

Please, also see my answer in Interview #1 related to the question about what it means to practice clinical EP.

Q: What characteristics and training should a psychologist have before attempting to integrate aspects of EP into a HTP clinical practice?

A: This was answered under in Interview # 1 related to the question about what it means to practice clinical EP. I will repeat it here:

1. Rigorous academic and clinical training;
2. Observe laws and regulation of the profession and of the country;
3. Work in a team/group with colleagues and others in the medical professions;
4. Ongoing committed personal practice to be able to attune to the worlds of subtle energies;
5. Knowledge and ability to direct and control subtle energies within oneself;
6. Base everything on direct perception and knowledge of the inner levels of life (e.g., must be validated through one’s own life experience);
7. When meeting the healee, must function consciously as both as a soul and as a personality;
8. Use of the energies of the mind, Love, and intuition but not will;
9. Able to access meaning and able to inspire;
10. Recognize that it is the soul of the healee who brings about positive change; and

11. Take full responsibility for what one does.

Q: How might research be conducted so that EP practices might be considered evidenced based treatments as more and more insurance companies now require?

A: The following might be good research topics:

- Etheric field or web—demonstrating the existence and interconnection of the etheric field of the planet and also of humans and how it can influence health and disease;
- Radiatory healing—demonstrating the effectiveness of radiatory healing by an experienced group of healers;
- *Community Light Meditation Process Meditation*—using this meditation to demonstrate the effectiveness in generating insight and inspiration by contacting higher states of consciousness (soul consciousness) to get answers to challenging life situations;
- Triangle work—research on the effectiveness of triangle work as described in Bailey’s work. The esoteric psychologists could teach healees how to use simple, specific triangles to apply through visualizations within their own etheric fields. In addition, if they have permission, esoteric psychologists also could visualize and activate these triangles in the healees’ etheric fields.

Fehmi and Robbins (2007) have demonstrated that visualizing different points, spaces, and distances between points in one’s own body could shift the state of mind from a collapsed, depressed state into a more open, wakeful, and relaxed one associated with alpha brain waves, also called synchrony; and

- The tool *Gathering Meaningful Impressions*—to demonstrate this as an effective tool for positive change for health professions to use.

Specific esoteric tools or clinical orientations.

Q: What esoteric practices or clinical orientations do you think would be particularly beneficial to HTP clinical practice?

A: These would include:

- Triangle work;
- Meditation;
- *Gathering Meaningful Impressions*; and
- *Community Light Process Meditation* to gain insight into a problem.

Q: Please explain you use of the phrase *I see—I understand—I have faith in you* as your guiding clinical practice.

A: Please refer to the answer to the question in Interview #1 about presenting problems related to situational or life transition issues.

Q: Please explain your understanding of pain and its removal in clinical practice.

A: In our world, more often than not, pain and disease can be experienced as companions. Pain can signal disease, and disease tends to cause pain. People tried to explain in many ways the possible causes of disease and pain, but always it was as something that was happening to them. For instance, it was seen as a punishment of God, as deeds of the devil, or more recently pain and disease were and are still viewed as being caused to a great extent by viruses and bacteria.

Esoteric psychologists consider pain and disease separately. To a large extent disease is created by our own unconscious, unhealthy patterns of being and of experiencing the world. As a consequence, our physical/etheric, emotional, and mental bodies get worn out prematurely; organs and organ systems start not working properly and in short disease develops. There are a very few diseases, which are not accompanied by pain. They are so called *silent diseases*. We only notice them after it is too late. Therefore, in a way pain caused by disease is something helpful. It is a signal that something somewhere in our body is wrong.

In psychological diseases, pain can be a powerful motivator to seek professional assistance and to make an effort toward change. Rollo May already has pointed out that we need to accept responsibility for our lives. Esoteric psychologists also think that pain can be a creative force to get our attention, accept responsibility, and redirect our focus. Esoteric psychologists only support; it is soul who removes the pain.

Q: Please explain your technique of *Gathering Meaningful Impressions*.

A: For esoteric psychologists, the technique of *Gathering Meaningful Impressions* can be considered as a training tool for spiritual perception. It involves a state of oneness with one's own, the healee's, and the world souls. While gathering meaningful impressions, the stages of consciousness of concentration, meditation, contemplation, illumination, and inspiration are experienced by the esoteric psychologist, sometimes one after the other or at other times simultaneously. The mind stays dynamic, focused, and clear—not wavering and drifting dream-like waiting passively for impressions. In order to ensure this clear, focused mind, the technique outlines a step-by-step process of gathering the necessary and appropriate information.

During the technique of *Gathering Meaningful Impressions*, esoteric psychologists stay grounded in two worlds simultaneously: namely in the here and now and at the same time in the world of soul. In this process, we are guided by the three rules of harmlessness for healers (see the answer in interview #1 to the question about presenting problems related to situational or life transition issues).

In the final segment of the technique, esoteric psychologists take great care to translate into an appropriate language that which was perceived without words. We keep in mind that behind meaning there always stands a divine idea. We are reminded by one of Bailey's (1944, p. 536) quotes: "I heal not with my hands. I heal through speech. Thus must I learn to speak and speak aright."

The technique leads esoteric psychologists to receive a divine idea relevant to the healee's complaint and translate it into meaningful words, which could constellate redirection of energy flow within the healee's energy field. The door would be opened to the possibility of a healthier, more purposeful life.

Q: Please explain your technique of *Processing Life Impressions/Spiritual Diary Writing*.

A: There is an old proverb: "What comes in must go out." That seems to be true for the food we eat, the air we breathe, the liquid we drink, and also for the multitude of energies and forces that impact us daily. Sadly, only a few of us take the time to process routinely what we have experienced during the day. Consequently, these unprocessed energy and forces, or life impressions, accumulate within the body and over time can cause all kinds of complaints.

It only takes a few moments to reflect or even write about the day's events. If we would do so regularly, our life would become more purposeful and soulful. This would be beneficial for esoteric psychologists, for with time, our head centers and with them etheric vision could open up. The invisible would become visible.

There are several ways of diary-writing. Cathartic writing or venting releases intense emotions and offers a container and observer. Reflective writing is more of a self-observation. Process writing opens the door to spontaneous insights and revelations about ourselves and others. Last but not least, to write while identifying with soul shifts us into feelings and thoughts of loving understanding, detachment, and decentralization, which are helpful techniques to transmute all these energies and forces we have taken in during the day.

Whichever way we might choose for spiritual diary-writing is not so important. What is important that we start doing it.

Q: Please explain your thoughts on the clinical application of balance between materiality and spirituality.

A: Esoteric psychologists choose the way that lies between both materiality and spirituality. In our professional and personal lives as esoteric psychologists, the balance between materiality and spirituality seems essential. Without this balance, we could not fully comprehend the true nature of health and disease.

Why would that be so? If we would sway too much toward materiality, we could become solely rational with a keen logic but could lose soul connection, etheric vision, ability to gather meaningful impressions from the word of soul, and consequently the ability to inspire our healees in a useful, realistic way. We, ourselves, would become part of a world full of separateness and selfishness.

If we would sway too much toward spirituality, we could lose our sound footing in the three-dimensional world and might no longer be part of the world that we live in with its daily struggles, pains, and joys. Moreover, what is so important, we could not relate on a personal level to our healees. Therefore, our hearts might not be able to resonate in compassion and loving understanding with the healees'

troubles. In short, if our focus would be too much on spirituality and not practicality; we could lose our ability to serve. If this would be so, the door to any further soul development in this life cycle would close.

For that reason, in their personal and professional lives, esoteric psychologists choose balance between materiality and spirituality. Each in its own right is good and necessary, but if there is too much of either one, it becomes bad and destructive.

Q: Please explain your *Esoteric Healing Protocol for a Healing Session*.

A: **Preconditions.**

The following preconditions set the stage for any healing session. These are, of course, in addition to the requirements given by conventional psychotherapy. The preconditions for an esoteric healing session start with the esoteric psychologists themselves and are the following:

- *Right rhythm*: Esoteric psychologists need to maintain what esoterically is called *right rhythm*, which is a balanced personal and professional life, healthy nutrition, daily physical activity, balance between leisure and work life, and regular meditation;
- *Optimum mental, emotional, and spiritual health*: Esoteric psychologists only work on days that they feel at an optimum of mental, emotional, and spiritual health. Otherwise, the meetings with healees are canceled;
- *Respect and observance of the “laws of the land”*: Esoteric psychologists always respect and work within the laws of the land and of the profession;
- *Respect and awe for the uniqueness of healees*: Esoteric psychologists sense a deep respect for healees. With awe, esoteric practitioners realize the beauty of healees’ inner beings and the infinite wisdom of how life expresses itself;
- *Spiritual or intelligent love united with intuition*: Esoteric psychologists “keep the will at leash” and realize that it is love that sets the stage for healing. More specifically, it is the energy of spiritual or intelligent love combined with intuition and applied by the focused mind that could constellate healing. Therefore, considering the somewhat limited human condition including that of esoteric psychologists, only healees with whom they can be free of judgment and expectations will be accepted in treatment. Other healees will be referred out;
- *Designated special time to meditate about healees’ process*: In addition to the treatment sessions, esoteric psychologists take time out in regular intervals to review and to reflect about healees’ dynamics and process; and
- *Esoteric psychologists are part of a group of healers*: Esoteric psychologists consider themselves not as working alone but as working as part of a larger group of health professionals. They seek immediate consultation with their group if any unclearness or uncertainty arises.

The morning before the session.

The morning before the session, esoteric psychologists use specific energetic triangles to connect with each healee of the day (for instance, Christ—esoteric psychologist’s soul—healee’s soul), meditate, and review and reflect on each healee’s complaint and process in order to formulate a short-term goal for that day.

Moments before the esoteric psychologist meets the Healee in person.

Esoteric psychologists align their centers, integrate their personalities, and align or identify with soul. They visualize their entire lower nature as being gathered up into the consciousness of soul. Consequently, they sense themselves as being stabilized in soul consciousness at a higher and wider identification, in addition to being in the “here and now.” On the soul level, esoteric psychologists fuse with their respective healing group and establish the following energetic triangles within their own energy field:

- Christ (or any other appropriate divine consciousness) —esoteric psychologist’s soul—healee’s soul,
- Hierarchy—soul of esoteric healing group—*New Group of World Servers*, and
- Hierarchy—soul of esoteric healing group—soul of Humanity.

Esoteric psychologist meets the healee in person.

The suggestions below are in addition to the professional, conventional assessments and treatments. In EP, all five senses and their corresponding esoteric counterparts can be used for the assessment of the healee, and part of the following suggestions relate to etheric vision focused on the energy body. Shortly before the esoteric psychologist asks the healee into the treatment room, the energetic triangles are renewed and kept in place during the entire session. If appropriate, the radiatory triangle is added to the esoteric psychologist’s energy field:

- soul—etheric brain—heart center and auric emanation.

As mentioned above, esoteric psychologists have an attitude of allowing and following the lead of the healee’s soul as revealed in part by etheric vision and in part by the process of *Gathering Intuitive Impressions*. In other words, during the session, esoteric psychologists are completely present and in the moment to respond spontaneously and intuitively to the needs of the healees. All this comes about even though the sessions were well prepared in advance. The treatment plan with short- and long-term goals is then temporarily put aside. It is the soul of the healee that brings about positive change and not the esoteric psychologist.

If nothing is revealed by etheric vision or intuition, it is considered the wisdom of soul, is accepted, and the esoteric psychologist will follow the prepared treatment plan for that day.

Assessment of healee in first healing session

General description of healee:

1. Paternal generational pattern (i.e., hereditary behavioral and/or psychological patterns).
2. Maternal generational pattern.
3. Possible ray make-up.
4. Which of these ray energies at the present time are most dominant and through which body are they focused?
5. Which of these ray energies are wrestling against the forced dominance?
6. Suggested specific stage in evolution.
7. Conditions of glands in relation to their seven major centers.
8. Condition of the energy centers:
 - Relationship between the energy centers above and below the diaphragm.
 - Are there energy transfers taking place from the lower energy centers to the higher ones?
 - base center via ajna center up the spinal column to the crown center,
 - sacral center (sexual life and the organ of physical creation) raised to the throat center (creative activity of non-physical nature), and
 - solar plexus center (self-conscious personal desire) raised to the heart center and transmuted into group service.
 - Condition of each energy center (semi-dormant, sluggish, congested, ordered activity by the forces of love and will, subordinated, etc.).
9. Condition of the three bodies: emotional body, mental body, and physical/etheric body.
10. Thoughtforms: are there dreams and aspiration the healee had in this life that are fulfilled and/or completed or ones that are still uncompleted and/or unreleased?
11. Habitual reaction to stress.
12. What were the major life crises? When did they occur? How were they handled?
13. Is there a general underlying dynamic in these life crises? What could be the intended learning lesson for soul in these crises?
14. Tentative diagnosis according to DSM-IV.
15. Tentative treatment plan according to EP.

In follow-up sessions, generally the following about the healee will be observed:

- Conditions of the different bodies and centers;
- Directions and intensity of the energy flow; and
- Life patterns activated and life patterns dormant.

Closing the session.

While closing a session, esoteric psychologists visualize the healees in a bubble of radiant, white light to strengthen their discriminative faculties and to assist them to be open to the good, the beautiful, and the true. Silently within their hearts, esoteric psychologists say an ancient mantra of protection for the healee: “May this healing, given according to the will of the soul, radiate upon you, my brother/sister, and permeate every part of your body—healing, soothing, strengthening, and dissipating all that hinders service and good health.”

After the Session with the Healee

After the session, esoteric psychologists close the energetic triangles in a reverse manner, but if appropriate keep the heart and soul connection. Then, identified with soul, esoteric psychologists reflect, meditate, and contemplate about the healing session, asking themselves “In one or two sentences, what was the essence of the encounter? What was communicated spiritually?”

At the conclusion of a healing session, an esoteric psychologist gives thanks for the opportunity to serve.

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