

● the paradox of healing
by philip golabuk

During the 70s and since, many have attempted healings of sometimes dire medical conditions through consciousness techniques alone: visualization, affirmation, faith, and prayer. As Ken and Treya Wilber wrote in their *New Age Journal* article, *Do We Make Ourselves Sick?* (September/October 1988), some of these people died waiting for their miracle. One could say they died of the New Age belief that consciousness creates reality. And this must leave those of us who subscribe to the idea of consciousness-as-cause more than a little nervous.

Perhaps you will agree with me that we should not shrink from the tough questions such evidence poses. To the contrary, as good students, we will be keen to look them squarely in the eye: If we are creating our reality, why do we get sick? Does consciousness operate as cause in some cases but not others? (Does God answer only some prayers?), and of course: Why do some people experience “miracle cures” such as spontaneous remissions while others, wanting life and healing just as dearly, wither and succumb? Could miracles become reliable, or are they the unchartable consequences of randomness, accident, or a capricious God?

The Field Center typically attracts those who are at the end of their rope with these questions. As a rule, they are suffering in one or more of life’s main staging areas: love, health, wealth, and life direction. They are savvy about the New Age claims, have read *A Course in Miracles*, experimented with meditation, attend a New Thought church. They know all about the Seth and Abraham material. They’ve read Louise Hay and Shakti Gawain and the others. Many of them incorporate mind/body techniques in their professional practices, such as biofeedback or licensed massage therapy. They are a diverse group, drawn to the Field Center, it seems, in response to a common experience: They know there is something missing—something that would answer our tough questions, perhaps open a door to the next stage of reliability in conscious creating, something they have been unable to find in the sundry New Age books and tapes and seminars.

The first thing these student learn is that the reason some people come back from the “edge of doom” as Shakespeare put it, while others slip over it has little to do with the desire for a healing. We can, broadly speaking, presume that anyone facing a grievous prognosis will not be short on the desire to recover. The fact that many, full of such desire, somehow come to a healing, while others do not doesn’t confound the matter of consciousness-as-cause—it clarifies it, by eliminating the idea that desire is generative. We do not necessarily get what we want, at least in any conspicuous way. Whatever structure of the psyche manifests as events, it is not desire alone.

This is no trivial clarification. The more one looks at it, the more its light broadens, until at last, it illuminates the other of our tough questions, as well. If we make the mistake of believing that we can create an event simply by wanting it, even with all our heart, we may well have the experience that the process “doesn’t work,” and will

- conclude that it is, at best, unreliable, or in religious terms, that God is capricious, answering some prayers but not others. As desire is not cause, we can readily understand how some people might pray, visualize, affirm, and so on, all out of a deep desire for healing, but not receive their miracle if their consciousness never moved beyond mere desiring. We might posit that those who experience the spontaneous remission of illness may have wittingly or unwittingly slipped beyond desire into that area of the psyche that is causal. All of this is to say that the evidence of inconsistency may point to the conclusion, not that consciousness does not manifest as events (or does not do so reliably), but that when it fails to manifest our aim, we have asked “amiss”—that is, we have asked solely out of our wanting.

If the causal agent of consciousness is not desire, what is it? In Field training, we call it intention, and it comprises two things: what we take to be real, and that with which we identify the “I am.” The challenge of a diagnosis is the claim it lays on our intending nature. If a doctor tells us, “I’m sorry, you have cancer,” how can we, in that moment or after, come to believe more in our current health than the current illness? Not all of a person has cancer, after all. Which is more convincing? Which is more real? More than once I’ve listened while a doctor pronounced a “sure” medical outcome that I wanted no part of and immediately, flatly rejected. This was not premeditated. The pronouncements simply had no reality; I knew they had nothing to do with me, and so refused to identify with them. My subsequent experiences fulfilled this refusal to “counterintend” in a healing the doctors could not explain. Is this what it means to be in faith: to refuse to believe in anything more than one believes in a wholeness recognized as already present, already given?

In Field training, acknowledging the creative power of intention, we say, “You can have anything you want as long as you already have it.” This is a funny way of saying that it is not enough to desire a thing; to be sure, if we are desiring it in the form of believing that we do not have it, we are intending the lack of it. We can have a thing (in our experience) as long as we already have it (in consciousness), which is to say that we are in the state of having already received it. In these terms, praying becomes effective when we shift from petition to gratitude. “If your only prayer were ‘thank you,’” Meister Eckhart tells us, “it would be sufficient.”

Stephen and Ondrea Levine do wonderful work with patients who have been given a terminal diagnosis, modern medicine’s equivalent of the shaman’s death-wish. One of the first things the Levines do is help the patient recognize that he or she is more than the diagnosis. The leap from “I am a cancer patient” to “I am a person with cancer” is huge, not because of the grammar, but because in the second statement, identification with the disease has been released, creating room in the patient’s intentions for something new to show itself, something that will demonstrate the healing that has already taken place in a consciousness no longer identified with illness.

There is, then, a paradox in healing. Eric Butterworth likes to say, “There is an Allness even in your illness.” I learned once, during a protracted and severe sickness, that it takes energy and vitality even to lie in bed. If we have the energy to complain, there is health in us! Vitality and strength permeate us, and may be quickened, even

- at the “edge of doom.” It is a question of the right quickening agent. If we would heal from within, we must come to believe, fully and without contradiction, in the health that is already present. We must find this health more convincing than the evidence to the contrary, and we must do so without wavering. There is no way to fool this Consciousness that is and becomes all things. If we are “believing” as a strategy to get rid of the illness that we really believe in more, we are set against the very reality we want. Clearly, we must do more than just want our healing. We must become it. In this becoming, we lay a claim on consciousness at that profound, innermost place where the body is continuously being formed and re-formed. Certainly, and this has been the case for many, the healing that comes may not include the body, but be the needed healing nonetheless. Often the body will come along and demonstrate new health and vigor. As far as we are concerned, our healing is already accomplished, and so there is nothing to wait for, nothing to watch for, not even a demonstration. In letting go of the need for healing, we open ourselves to wholeness in a surprising way.

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