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EDITORIAL: A NEW START

Athanasios Komianos

The chair of the editor in

chief is certainly not a pleasant one. It seems that it is very hot for those who sit on it. The previous editors in chief were not lucky enough to stay here for long. I hope I will not follow the tradition and have the feeling that I am sitting on an electric chair...



As an International Journal we face constantly problems with the language barrier, and we get lost in the translation. This means dozens of back-and-forth emails to clarify points, often utilizing professional translators to clarify the spirit of the author. Till last year at least the editor in chief had as their mother tongue the English language - whether that was American, Canadian, or British. So, you will have to be lenient with us since no natural English speaker is currently on our Board. As Hans TenDam often points out, "our bad English unites us."

I have had the luck to interact with the *Journal* for fifteen years. Being the author of several articles, I was in contact with several of the editors. My deepest engagement came when we met with Richard Stammeler and Hans TenDam ten years ago, and created the new journal and renamed it to *International Journal of Regression Therapy*. Richard, after a few years on the steering wheel, decided to step down. Then Todd Hayen took over only to stay for a year and Paula Fenn took over after him. I think taking over after Paula is very difficult. She was an excellent editor that devoted dozens of hard-working hours to the development of the Journal. We owe very many thanks to her and we wish her the very best in her new course in life.

Up to 2013 one could access the articles of the Journal only by purchasing the issues in a quite high price. The first thing we did was to digitalize properly the Journal and then place it on lulu.com in two formats, in paperback format and PDF. In that way we made access to the journal far cheaper than ever before. For me that was not enough.

So, I pushed to the direction of uploading all articles on our wonderful website www.regressionjournal.org. As of 2021 with the help of Paula Fenn and Yasemin Tokatli we managed to allow anyone on the planet to have access to this wealthy body of knowledge of more than [300 articles](#). They can view the bios of more than [170 authors](#) and also read more than one hundred reviews on [books](#) and [videos](#). It is shocking to think how many changes have occurred in these 37 years of the journal's existence. When writers like Edith Fiore, Morris Netherton, Hazel Denning, Roger Woolger, William Baldwin, Chet Snow, Stanley Krippner to name but a few, have written for this Journal, then the task for us, the younger generation of authors, will be very difficult.

It seems that the worldwide changes affect also the Journal's staff and its direction. When the Journal first started there still existed the Soviet Union. Since then, globalization prevailed, the Euro came into the picture, China has risen as an economic superpower and now we have a war taking place in Ukraine with unpredictable consequences in the shaky world scene. We also were witnesses to the 'civil war' that took place and divided humanity into two camps. Those of the people who took the vaccine shot and those who did not. The glorious battlefields were the social media platforms which of course did not affect the rulers in any way since the Machiavellian maxim "divide and conquer" prevailed and was once more proven truer than ever before. It seemed to me that the witch hunt era vividly revived itself.

Social changes affect relationships and personal experiences; thus, it should be more than obvious that sessions on the therapist's couch will be affected as well. In my opinion the content and quality of the sessions are affected by the general *zeitgeist*. Maybe the unconscious is not as volatile and adjusting as our conscious self is, but in some ways, it has been affected. In no time in history have we ever been bombarded with so many images, points of view, conflicting evidence, and contradictions. Now it seems that the sickness of our times is attention deficit and cognitive dissonance. The effects of these changes are humongous. Maybe historians of the future will have a new way to count this era, something similar to BC and AD. They may be saying something like *Before Internet Revolution* (BIR) and *Post Internet Revolution* (PIR). So, in this era of PIR by being confused and disoriented you are transformed into a person without will and freedom.

The last years I have incoming calls from parents who are terrified by their children's addiction to cell phones and digital games. It seems to me that this is the epidemic of the future. No therapist is equipped to deal with such an ailment. This form of addiction is far deeper than drug addiction or gambling; it is far more widespread than alcoholism. And no one can assess the long-term repercussions in the future. As of today, UNESCO came up with a directive to ban all cell phones in school classes

– a suggestion to the right direction – but I have no idea how countries will adapt or enforce this directive. Sweden abandoned the tablets in schools and went back to books, paper, and pen. The point is that this unprecedented wave of changes in both social and personal levels will definitely affect the supply and demand curve of our sessions.



If we regression therapists want to be in the frontier of the therapeutic movement, we have to learn from other specialists and other therapeutic modalities and add these new insights into our armament. I foresee

that there should be in the near future a multi-interdisciplinary congress on the topic of internet and games addiction. This entanglement with fake virtual realities leads people directly to the embrace of narcissism with evident nurtured autistic characteristics. This mental masturbation with all these ‘selfies’ and addiction to ‘likes’, ‘friends’, ‘followers’, and ‘influencers’ can only bring bad news. You can see some further arguments on this topic if you see the lecture on focusing by Daniel Goleman (p.65). So, this is one of the side effects of the dark side of the internet revolution that brought an amazing change in social structures and organization and gave us an unprecedented degree of access to valuable data and information and abilities to interact with others. In the years to come, all the more clients will be asking rehabilitation from this modern sickness. Prepare yourselves for this.

One of the problems that have arisen due to the attention deficit epidemic is that people do not read books as they did in the past and by the same token, they do not write anymore either. This prolonged extended multi-levelled dissociation affects us here as well. Our Journal staff had been trying very hard to recruit authors to submit research or articles. This issue will be one of the smallest in volume, but it is better to have less content than none at all.

Most authors have their first appearance on this current issue. Our Spanish colleagues (a psychiatrist and a psychologist) open this Issue with their study on Expanded Awareness and its relation to regression sessions. We are very happy that research has started in Spain, and that the results weigh in favour of the effectiveness of regression therapy in resolving presenting problems. Findings resonate to surveys done in the [past](#). We hope similar research continues in the future.

Another group of therapists are jointly working with transpersonal states in Argentina, Chile and Italy. Under the guidance of Dr Bibiana Bistrich they also employed Dr Cabouli's expanded awareness method to heal cases of insomnia.

Then another colleague from Germany is sharing his vivid and captivating experience with cancer on the cellular level. A lot to recall from similar approaches of the past. I remember the book *Getting Well Again* by the Simonton's. Writing such a book in the seventies cost them their medical license and a severe punch by the mainstream medical community. Nowadays things have changed a lot and we hope voices such as Roesch's will become even more vocal in the future.

Then another colleague from Turkey shares her experience with the touchy issue of autism. Pinar has gone through a lot of pain to deal with this challenging disorder, and we find her experiences rather enriching to the understanding of the mind at work.

In our *New Media* section, you will find fascinating films, lectures and documentaries.

Finally, I want to express my deep gratitude to all the colleagues in the Journal who voluntarily devote a significant part of their precious time to help out in the editing of this Issue. It Is a pleasure and honour to work with all of you my dear friends, Hans, Paula, Vitor, Heather, Yasemin and whoever will join our staff in the future.

Athanasios Komianos

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PERCEIVED RESULTS OF PAST LIFE REGRESSION THROUGH EXPANDED AWARENESS ANALYSIS

**Dr Sonia Andrés Espallardo &
Dr Isabel M. Martínez Higuera**

Abstract— Cross-sectional descriptive study of patients/clients participating in a past life regression session through the analysis of their expanded awareness. Most of them experienced favourable changes in the variables studied related to their subjective experience during the regression, including improvement of the symptom, understanding its effect on current life, perceived subjective efficacy, changes in fear of death, and changes in current life. Bivariate analyses show that religious beliefs modulate the results of subjective experience and, although to a lesser extent, some effect is also observed among older participants. Results based on recent research are discussed. Finally, the limitations are raised not only of this study but also of research in general in the field of regression therapy.

Keywords: regressions, past lives, retrocognition, expanded awareness, religious beliefs.

Introduction

Regression to past lives is a therapeutic tool, in addition to self-knowledge, through a specific induction to expand awareness, accessing both present-life memories and seemingly past-life memories, implying reincarnation (Cunningham, 2009; Bonilla, 2015).

Pioneers of this technique in the early 20th century were Albert de Rochas and later Alexander Cannon. In the 1970s psychologists such as Edith Fiore, Helen Wambach and Morris Netherton presented various cases and studies. The publications of Brian Weiss about regressions brought past-life therapy into the awareness of a wider public.

In Spain, doctors like José Luis Cabouli and Juan José López Martínez are well-known references in this field.

During treatment, clients can experience and retrieve events or experiences that occurred in their childhood, birth, or in previous lives, often through a process of suggestion or through induced hypnosis (Gaona, 2015).

Some authors, like Dr Gaona, assume a non-local mind, as a projection outside the physical body, in which time does not exist. With this mind, we may perceive and process information outside the physical body. At

least, past lives imply a mind that is independent of the physical brain and so implies a multi-dimensional reality. (Gaona, 2015)

Ian Stevenson collected facts about children's spontaneous past-life memories. Such memories, if true, cannot have been stored in the physical brains of these children, which implies a non-cerebral, non-physical source.

Reincarnation is an accepted concept in many cultures and religions, but mostly known in Hinduism. Past-life memories, both spontaneous and induced, seem to be unrelated to specific religious or cultural backgrounds. By expanding awareness, people tune in to "memories" apparently before the present life. So, these memories - if they are real - are not housed in the brain, nor in any other physical medium.

This process and its mechanisms are still unknown in the scientific community. There is some evidence of its real effects, although more research is still needed. According to TenDam (2017), big improvements in this therapeutic practice will be needed to resolve all doubts, and to probe the limits of its effectiveness (Fenn, 2017).

From our practice, we propose working with expanded awareness as complementary to conventional therapeutic interventions, as a valid emotional personal liberation and contact with our true being, our soul, our pure essence, what we really are.

Awareness is self-knowledge, implying active higher neurocognitive functions. It allows us to perceive and know our inner world and the world around us.

For us it is the closest thing to the Soul, our Essence, our Energy, what we really are. It is what survives from us when the physical body dies, providing continuity.

Connecting with ourselves and finding inner peace is a common goal nowadays. We should be open to all tools that contribute to that. We are beings capable of tuning in with other non-visible dimensions.

In regression therapy clients may discover the origins of unexplained symptoms which have been disturbing them, and which have not been resolved with current medical and psychological procedures.

It could be a valid option for the resolution of psychological difficulties not resolved by conventional medicine. Many authors maintain that past-life regression effectively facilitates self-development (Alegretti,

2004; Lightbourn, 2006; Friedman-Rivera, 2012; Bistrich, 2018; Trivedi and Trivedi, 2020) and resolves psychological difficulties such as phobias and relationship problems (Freedman, 2002).

The results presented in this report are just an initial exploration, to learn and understand from the experiences of people with regression therapy, guided by professionals belonging to the Scientific Society of Psychic Research (SCIP).

We see this a potential tool for self-knowledge, and for new lines of research into the scientific development of regression therapy.

Materials and methods

Descriptive cross-sectional research as a baseline to establish hypotheses for future work on related variables and effects of past-life regression through awareness expansion. With this methodology, the experience and opinion of the participants was explored. The design used a sample of convenience and voluntary participation.

Tools

A specific questionnaire was designed and built for this study. It was sent to the 56 people who participated, 55 of whom completed them. The survey was sent in MS-Word to each participant through their own therapist-analyst. The participants responded at home and mailed it back to their therapist-analyst. This work was carried out between November 2019 and May 2021.

The questionnaire consisted of eight items, most of them with a yes/no answer and some open text fields to explore aspects of the regression experience and the subjective feelings of participants:

1. Did the regression session address a symptom or problem that affects you in your present life? In an open free-text field respondents could explain how the symptom was disturbing their life and whether they had had a previous intervention on it.
2. Did you, after the session, experience improvement of the symptom or problem addressed in the regression?

3. Did you understand how the symptom treated in the regression influenced you in your current life: conditioning you to do something and preventing you from doing things (two separate items).
4. Has the regression session been effective? (Yes or no)
5. Based on your experience, would you recommend regression therapy to others?
6. Did you lose your fear of death after the therapy?
7. Has your life changed after the regression session?
8. Any comments in open form and in free text.

Along with these items, the questionnaire collected other independent variables as controls during analysis, like name of the therapist, date of the session, age, gender, marital status, profession, religious beliefs, and their opinion about whether life continues or not after death.

Regression session and therapists

The participants in the study received a single session and 15 days later they answered the questionnaire mentioned above.

In past-life regression, clients lie on a sofa, bed, or stretcher, with their eyes closed. The analyst-therapist sits next to him, about a foot away. Sessions last between 90-120 minutes.

The therapists start with an induction or an invitation to a deep relaxation in which patients connect with their emotions. Next, they guide them to find the situation in which originated a specific emotion that stresses or torments them. By reaching that moment, the emotion is released with the therapist's help. After working on the symptom that needs to be healed, a harmonization is carried out at the end of the session. The client is helped to become aware that he is in today, in the present moment of his life.

The specialists who conducted the regressions were all qualified members of the *Scientific Society for Psychical Research*. All contributed to the study for free, guiding regressions, inviting their own clients to participate in this, and collecting questionnaires.

Table 1 shows the analysis of the six specialists who collaborated, in total 55 surveys.

Participants

The participants who received a past-life regression (N=55) were mostly women (N=43; 78%). Their age was between 14 to 70 years old (M 41; DT 13). Just over half of the participants are in a relationship (married or couple) (N=29; 53%), followed by singles (N=22; 40%); the rest are divorced (N=4; 7%).

They lived in Murcia (N=26), Madrid (N=23) and Castellón (N=6).

As to the independent variables, the majority (N=40; 73%) indicates having religious beliefs. Also, the majority (N=43; 78%) believes that life continues after physical death, and 20% (N=11) indicate not knowing if we continue or not. Only one thinks that death is the end of everything.

Quantitative Analysis

Descriptive analyses of the frequency distribution of the variables were carried out, along with an inferential study of independence of nominal variables. We used Fisher's Exact Test, because the number of events in 2x2 tables was too small in almost all variable crossings.

We have worked with a confidence level of 95%.

For the statistical analysis in the first phase, we hired the services of a company named Avanza y Fórmate (<https://master.avanzayformate.com>), professionals specialized in statistical analysis. In addition, our team used the open and free statistical resources for researchers and students of Social Science Statistics (www.socscistatistics.com).

RESULTS/INFERENCES

Descriptive analysis of variables

Figure 1 shows the results as a percentage of the responses to the eight explored aspects of the experience in the past-life sessions of the 55 participants in the study.

The results and inferences that we have observed are:

Result 1. Did the regression session somehow helped heal the symptom or the difficulty that led her/him to undergo and perform the analysis? The majority of respondents answered affirmatively (N=50; 91%).

Result 2. Almost all respondents (N=47; 84%) reported having found relief or improvement of the addressed symptom after the regression session.

Result 3. The majority (N=40; 91%) admit that the session has made it easier for them to understand what this symptom means in their present life, and how it is affecting them day by day.

Result 4. Almost all participants (N=53; 96%) reported that this symptom hindered them in the day-by-day of their current life.

Result 5. The majority of respondents (N=50, 91%) found their regression session effective in relieving their symptoms.

Result 6. The vast majority (N= 53; 96%) believe that this type of regressive intervention is advisable for other users with similar characteristics.

Result 7. More than half of the participants reported having lost their fear to death after the regression session (N=30; 55%). The rest (N= 25; 45%) either did not have this fear of death previously, or if they had it, the regression session did not change their opinions or fears about it.

Result 8. Nearly three-quarters of the participants (N= 43; 78%) said the session led to a change in their lives.

Some participants (N=18; 33%) added nuances or comments in free text. The annex presents these verbatim. They mention the symptoms treated, some of them of a physical nature, such as dermatitis and blood pressure, and other problems: fears, insecurity, and anxiety. The general comments show satisfaction with the regression experience and a widening of their sense of self.

Relationship between dependent and independent variables

We analysed the relationship between independent variables such as gender, age and religious beliefs with the dependent variables that could reflect a greater personal impact: relief of symptoms after the session, understanding the influence on their current situation, perceived effectiveness, less fear of death, and changed perception of their life. Results are as follows:

Gender

Table 3 shows the results with letter “p” indicating a non-significant association between sex and the variables studied. Men and women did not seem to differ in how they experienced the past-life regression.

Age

We compared respondents under 35 years old with those over 35 years old. The results are shown in Table 4. We found a significant relationship ($p = .0407$) with a 95% confidence level between being over 35 years old and reporting that the regression session has changed their lives. The other variables show no relation to being younger or older.

Religious beliefs

Finally, we studied the possible influence of religion beliefs on the personal experience after the regression session. The results are shown in Table 2. All respondents, whether they had religious beliefs or not, did regress to a past life. Possibly those with firm or strong beliefs experienced a greater impact, although there seems no statistical

correlation with how the symptom interfered in their life, or in less fear of death.

We observed a significant association, at a 95% confidence level, between having religious beliefs and experiencing relief from the symptom ($p = .0278$), perceiving that the session has been effective ($p = .0166$) and with pronouncing that after the regression their life has changed ($p = .0111$). Regression seems to give a spiritual meaning to the experience.

Conclusions and Discussion

Most participants reported that the symptoms that had been disturbing them were gone in just one session. They also began to understand what the origin and the limitation in their current life was and found great relief in the fifteen days after the session.

Lucas et al. (2007) points out that in the short-term the effects of past-life therapy are similar to the other psychotherapeutic methods: there is improvement in symptoms and increased self-esteem and feeling of well-being.

The main difference is that this therapeutic method makes the unconscious conscious through an altered state of awareness to reestablish inner balance (Lucas et al., 2007).

Our study shows that most participants perceived the past-life regression session as effective, and they would recommend it to people with similar problems. As Moraes et al. (2021) and Alegretti (2004) found already, regression is more effective if the patient's beliefs and culture are open to past lives.

So, although no data was possible to collect during the present survey, participants may have voluntarily sought out this therapy, or accepted it when it was offered, because they did not reject its methodology.

The information provided by the patients in the free text area of the survey (see annex below) points out in this direction.

Age is only shown to be related to observing life changes after regression therapy. Older participants reported more changes in life after the session. Older people are supposed to be more mature and may integrate therapeutic work more effectively.

Lucas et al. (2007) believe that more spiritually developed patients benefit more from past-life regression, both in relieving symptoms and transforming their lives. Partly because they assume more responsibility and the necessary changes to integrate what has been made conscious into their own knowledge and evolution.

Woods and Baruss (2004) found no significant changes in psychological well-being when participants (in this case college students) had only a single regression session.

These authors were aware of the limits of a single session to produce life changes. They suggest that adding other interventions beside regression therapy, will have more impact on global well-being. Therefore, a more intensive intervention, such as carrying out more sessions, or complementing regressive therapy with other techniques, could improve results, but our study has not addressed this.

People with religious beliefs reported a greater relief of symptoms, a greater efficacy of the session, and greater changes in life after the regression.

Several authors (Ahluwalia & Gopinath, 2012; Fenn, 2017; Lightbourn, 2006) point out the importance of the belief system for the effectiveness of past-life regressions.

For Lucas et al. (2007) spiritual development has a clear impact on the effectiveness of regression therapy. According to this author, transpersonal work requires introspection, a skill that may increase over time. Older people may have had more opportunities for introspection, acquire self-knowledge and understand their own emotions, thoughts, and behaviour.

Fear of death was the variable with the least change in our study, but still more than half of the participants said their fear of death had diminished.

Past-life regression work assumes reincarnation, and a consciousness continuing between lives and so the continuity of human existence. Death and birth are not markers, nor a finite limit, but rather a transition from one state of consciousness to another (Gibbs, 2010).

So, the possibility that regression therapy lessens fear of death is plausible (Meyersburg & McNally, 2011).

Whatever its implications, past-life therapy for clients whose issues did not improve by conventional medicine or psychology, seems a valid complement to classical treatments. It improves both physical and emotional symptoms and helps to resolve internal conflicts.

It is necessary to keep investigating (TenDam, 2017) these transpersonal tools so they can find their place among methods that help people find relief and balance in their life. As Alegretti (2004) points out, regression may bring direct benefits and works as a catalyst for our spiritual evolution.

Comments, limitations, and possible future actions

Obviously, as we mentioned, this present study is just a first analysis of these experiences. The created effect of regression to past lives through a deep analysis of expansion of awareness, all of these in a geographical and specific environmental space.

Although we know that several professionals use this awareness expansion tool with their clients in different parts of Spain, we have not yet detected scientific publications on this subject, and we hope that new research will be proposed in the nearby future.

In our opinion, it is useful to make this information available to fellow professionals, students, and scientists. We should build a database of references and knowledge to build credibility in the scientific world and to help therapists who include the spiritual aspects and soul pains in their work.

What was once in the hand of religions, our present secular society needs this practical therapy, with well-trained professionals with sufficient theoretical and experimental background.

The spiritual experience is part of the human being and is at the base of many of our behaviours, both subjective and objective.

In recent years, more and more medical areas open and pay attention to this new experiential treatments, which medicine and psychology have ignored or denied until now.

A certain progress is perceived, even in our country where academic and professional institutions look at spiritual issues or 'magical' procedures

with suspicion and fear. They brand them as unscientific, not realizing that science is a tool, not an ideology.

Our work studies a practice that recognizes awareness as multidimensional. For some decades, scientists from different areas have recognized the mind-body relationship (Béjar, 2008; Chopra, 2014; Gaona, 2015; Sheldrake, 2019).

Research in this field has the difficulty of obtaining a valid sample of cases, with a diversity of therapists, analysts, and different schools, and also of using a reliable measurement instrument. Despite these barriers, we have validly and systematically collected and tested information, which is not common in new fields like this one.

This study did not include a control group to rule out a placebo effect. In future research this may strengthen the evidence that regression therapy is more effective than other therapies.

Also, the small size of the sample limits the type of statistical analysis and the power of the results. Both the instrument and the survey collected subjective information with a binary response, which also limits its reliability.

But the results are promising enough to continue exploring of what happens during past-life regression.

According to Moraes et al. (2021) it is necessary to consider culture and beliefs in investigating regression. Anyway, spiritual or religious beliefs seem to enlarge personal changes after regression. This we also found in other research projects with a very different methodology (Lucas et al., 2001; Cunningham, 2009; Friedman Rivera, 2012).

Spirituality and transpersonal introspection seem to deepen the effects of a regression.

Regression to past lives seems an amazing instrument for self-knowledge and development (Alegretti, 2004). Though much needs to be researched before it can become a benchmark in psychotherapy (Peres, 2012).

Further research must include testing the effects of past-life regressions on indicators of psychological well-being and perceived health through a reliable and valid instrument that must be developed or adapted from others already created.

Among them the attitudes towards death through the Spanish validation of the Death Attitude Profile (DAP) of Gesser, Wong and Reker (1987-1988) carried out by Jaqueline Schmidt Rio-Valle in her doctoral thesis at the University of Granada, 2007.

Several doctoral theses presented at Spanish universities identify validation of instruments in aspects of the experience and benefits of past-life regression.

The benefits of studying these variables with widely known instruments used in other areas of psychiatry and clinical psychology would allow:

- Better understand the areas in which past-life regression works best.
- Improve interventions.
- Identify when another type of intervention may be more adequate to treat the problem.
- Gain acceptance and credibility in psychiatry and clinical psychology.

People who regress are accessing a dimension of our awareness, of our true essence (Andrés, 2021). This should become available to everyone who needs it and accepts it. As professional mediators and companions in this process we should make the tool more effective.

This will help people to live more fully, being authentic and true to themselves.

Biography— Dr Sonia Andrés Espallardo. Physician-psychiatrist in the Murcian Health Service. Analyst of states of awareness. Member of the Scientific Society for Psychic Research.

Dr Isabel M. Martínez Higuera. Doctor in psychology. Clinical psychologist. Researcher and teacher. Member of the Psychology and Transpersonal Psychotherapy working group of the Official College of Psychologists of Madrid. Collaborator with the Scientific Society for Psychic Research.

APPENDIX

Open text answers from items of the client questionnaire

Specify which symptoms have been worked on in the regression session – item 1.

"Fear of the sea scares and paralyzes me more specifically when my children are in the water. It does not allow me to enjoy it."

"Atopic dermatitis and gastritis. Anxiety because I carry pressure."

"The fear of men. To say no and stand up to them. Inferiority and submission towards men who mistreat me in some way. I've been to multiple therapies for years and couldn't break ties with men who hurt me. Also, I have been on medication for many years."

"Instability due to changes in life and finding purpose and direction."

"Fear of betrayal. It is very disturbing because the fear of betrayal has the consequence of not acting in accordance with basic principles that govern the human being, therefore, being limited to how one really wants to act, but it is not done by the emotion of fear."

"Self under evaluation, anguish, anxiety, high self-demand. Demanding a lot from myself generates frustration, anxiety, and blockage. I have never been consulted, nor have I received medical or therapeutic help."

"There was no a priori symptom that was disturbing me. What I did have was many pending things that explain the reason for my fears and insecurities."

"Back pain in the lumbar area. I had been treating myself with acupuncture, motivation, auriculotherapy, etc. But the trigger to eliminate my permanent back pain was to begin to direct my life and dedicate myself to alternative therapies."

"Thereafter my back pain went away, but some discomfort remained. With regression therapy these residual pains seem to have completely disappeared."

"Anxiety. I was under a lot of stress, and it caused me shortness of breath, nervousness, and lack of sleep."

"Childhood memories and repetitive dreams. I do not feel that they are causing me any disturbance. I am just curious about not having a clarity of them I felt they are blurred or scattered in those memories."

"Hypotension. I feel disturbed since pregnancy and childbirth (May 2020), sometimes it was associated with dizziness and involuntary discharge of vaginal fluid. I received no prior medical care or any kind of treatment."

"I had a feeling that I had done something very bad to someone. I had already seen something similar in psychotropic medicine (ayahuasca), but I felt I should do something else."

"I felt very insecure. I didn't want to seem stupid. It overwhelms me when people see me like this. I felt like I never did things right. It was hard for me to make decisions. I have never been in treatment, and I have never talked about this before."

"I worked on not being adequate for the others' eyes. I had not undergone previous medical treatment."

"Heart medical issues. I have congenital heart disease and a bacterial infection in my heart that almost cost me my life. Sometimes I have punctures in the heart area, and I have been hypotensive since I was born. I have received medical attention, especially when the bacteria that necrotized my heart. I was in treatment with bio resonance, phytotherapy, orthomolecular and a specific nutritional diet so I did not die."

"My intention for doing the regression process, as I told my therapist, was just to confirm that everything is at peace with the past."

"Knowing that there was no pending issue that required healing, forgiveness, etc. "

"As far as public speaking is concerned, it held me back and made me doubt my abilities. I had done childhood emotional release therapy."

Comments – Free text and analysis - item 9

"The insecurity and nervousness that approached me at work during certain situations has totally disappeared. The fear of being judged has completely disappeared."

"I needed to understand my symptoms because it did not allow me to enjoy myself with family or friends."

"Most of the time I preferred to have my back to the sea, and only went into the water when my children were out."

"I am not afraid of my death. I am aware of the other plane and what the transit entails. But I do fear that I might lose my children in this life. That anguishes me, I guess because of lived experiences. Life hasn't changed much for me. I had a beautiful regression experience. I felt again what it is to pass from one plane of existence to another, and it doesn't scare me, nor does it hurt. I connected with the souls of relatives that I adore, and it gave me joy to see them again. I have been aware for a long time of what is the meaning of this life. And I love connecting with the other plane. It comforts me."

"I have stopped feeling a certain tightness that I had in my chest for years. I have been able to close ties with men who before only caused me pain so now I do not feel bad about it. I have also stopped feeling inferior. I can concentrate more on my goals and have them clear."

"After several meditations I returned to the place of that regression, that curiously, I had forgotten about two or three days after leaving the session. As if they had not existed before. Thanks to the meditations I have been able to access those memories again. I was surprised by the process of selective forgetting of that part of the session, and I wonder if I have forgotten even more. I am not aware."

"That is why I would like to be able to access the recording and see what my conscious part has done with this information. Regarding the question of whether my life has changed after the session, the process of change that I had before the session has continued, let's say that this session has collaborated in the process of change that I have been experiencing for the last few months."

"Regarding the fear of death, since my first regression more than 10 years ago, my fear of death has subsided a lot. It hasn't completely disappeared, but it's loosening up more and more."

"This therapy makes me take life in a less dramatic way. It has also improved my view of the meaning of life."

"I feel very grateful for having agreed to this session that has been revealing and has marked the time before and the time after in understanding my vital conditions. I could not recommend this therapy to anyone because you have to overcome certain cultural and social barriers to be able to indulge in a past life session and you have to be open to it."

"After the session I have been able to notice a global relaxation and absence of anxiety in many aspects of my life, as if worries and problems were taking a back seat. I feel better about myself, and, in a way, it has helped me grow and improve day by day, leaving behind the aspects of myself that I like the least."

"I have understood that I needed to let go of many things that tie me to my past and that do not let me move forward. I am still afraid of death due to the abandonment of the earthly life and the people who are here. I liked the session, and it helped me a lot. I think I need to keep digging in."

"I would recommend this type of therapy to those who really need it. I mean, not just do a regression because someone has told you that if you do it, you will see yourself in other lives, etc."

"I think this is another tool or therapy that is pretty effective if the person/patient is receptive and agrees to do it."

"Of course, you should be informed beforehand of everything, and of the risks, if there are any, that it may entail; that is, seeing situations, feeling pain, etc."

"Therapy helps us understand that everything happens due to our own behaviour, perhaps we are or are not acting in the right way."

"I consider it important to work on these aspects, on that consciousness hidden in the depths of our soul. It helps a lot to face the concept of death. Thanks for everything."

"It's hard to understand the reasons why this problem arises in my mind when I was not aware of its existence."

"In addition, it is difficult to differentiate whether what was experienced is related to imagination or reality."

"What is certain is the physical sensation of abdominal pain felt intensely during therapy. After finishing, I felt as if I had catharsis. The following days I felt much more relieved, as if a weight had been lifted from my shoulders. I understood many things, attitudes, and feelings that I had; for example, not having learned to swim. It was always as if something prevented me, I wasn't afraid of water, on the contrary, I loved it, but I always had a strange feeling."

"I think it helps a lot to understand the reason for some behaviours. I think there are still echoes of the problems discussed, but knowing where they come from makes it easier to solve and redirect the attitude towards a more positive one."

"I feel like I have freed myself by understanding that these were not my symptoms but my mother's. They were my mother's perceptions of my conception. This process has made me feel at peace with the treated symptom and makes me aware of the times that I have felt inadequate in the face of situations and people, and in no way was it real. Therefore, it is a relief and a transcendental overcoming in my life. And very grateful to my therapist for being such a great professional."

"I feel much more aware. I am more connected to the Whole. I get a lot of information from "above" and faster. Everything is to understand between lines every circumstance that happens or I experience around me. Much more sublime and at the same time broader perception. Conscious fullness. Impeccable!"

"Well, according to what has been said, it is very important to be aware of the value of the soul experience that weaves, from life to life, the different works that we carry out for the progress of our soul and the collaboration that we lend ourselves among beings in order to go fulfilling these soul missions. And thanks to people like my therapist creating safe spaces in which we can express and heal the facets of our souls."

"I still feel fear of death if it is traumatic and the death of my children. The therapy has been very effective in the symptoms and other connections."

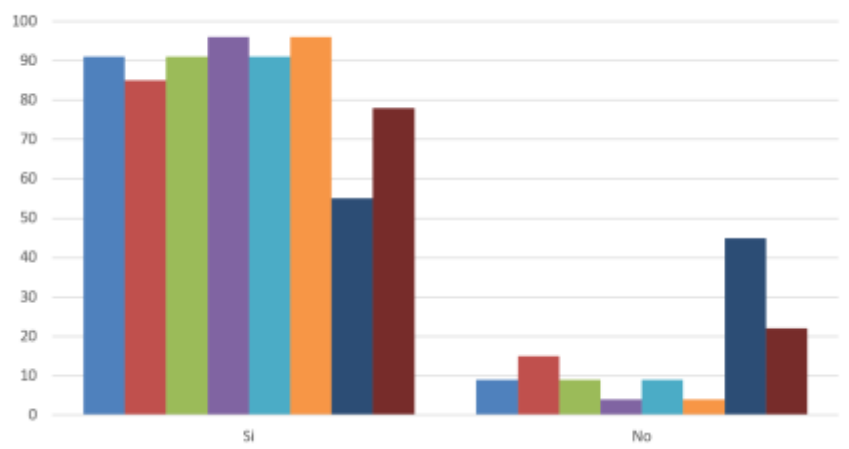
Table 1. *Number of surveys provided by the different SCIP analysts.**

Analysts - Therapists	N.º
Therapist 1	23
Therapist 2	5
Therapist 3	2
Therapist 4	4
Therapist 5 + 6	6
Therapist 6	15

* Therapist 1= her initials are MB, Therapist 2=JTC, 3=JT, 4=MG, 5=AE, 6=SAE.

Therapist 5+6 (AE +SAE) means that these sessions were carried out jointly by the two therapists. They were together at the time of the session, one being the main therapist and the other the support therapist.

Figure 1. Response percentages to the items on experience of the Regression therapy session



- 1. Worked on the symptom for which the patient had come.
- 2. Symptoms were relieved after the session.
- 3. Understanding what this symptom generated in present life.
- 4. Understanding what the symptoms prevent you from doing.
- 5. Subjective perception of effectiveness.
- 6. Recommendation of this therapy to others.
- 7. Loss of fear of death.
- 8. Life was changed.

Table 2. Variables Associated and related to the perception according to religious beliefs.

		Religious beliefs (n=40)	No Religious beliefs (n=15)	Exact Fisher's Test (p)
Relief of the treated symptom	Yes	37	10	0.0278*
	No	3	5	
Understanding how the symptom interferes with your life.	Yes	38	12	0.1186
	No	2	3	
Perceived session effectiveness.	Yes	39	11	0.0166*
	No	1	4	
Lose fear of death because of the session	Yes	23	7	0.5506
	No	17	8	
The session has changed his life.	Yes	35	8	0.0111*
	No	5	7	

* Significant result to probability < .05

Table 3. Association of variables related to the perception of results according to sex.

		Men (n=12)	Women (n=43)	Fisher Exact test (p)
Relief of the treated symptom	Yes	10	37	1,0000
	No	2	6	
Understanding how the symptom interferes with your life.	Yes	10	40	0,2976
	No	2	3	
Perceived session effectiveness	Yes	10	40	0,2976
	No	2	3	
Lose fear of death as a result of the session	Yes	7	23	1.0000
	No	5	20	
Your life has changed after the session	Yes	7	36	0,1079
	No	5	7	

* Significant result to probability < .05

Table 4. Association of variables related to the perception of results according to age.

		Younger people < 35 years old (n=19)	Older than 36 years old (n=36)	Exact Fisher test (p)
Relief of the treated symptom	Si	18	29	0.2389
	No	1	7	
Understanding how the symptom interferes with your life.	Si	18	32	0.6490
	No	1	4	
Perceived session effectiveness	Si	18	32	0.6490
	No	1	4	
Lose fear of death as a result of the session	Si	8	22	0.2558
	No	1	14	
Your life has changed after the Yes session.	Si	18	25	0.0407*
	No	1	11	

* Significant result to probability < .05

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PAST-LIFE REGRESSION THERAPY (PLRT) APPLIED IN THE TREATMENT OF PATIENTS DIAGNOSED WITH INSOMNIA

Dr. Bistrich Bibiana (MD) and therapists Ana Lucía Monzón, Edith Zas, Fabiola Zavalla Guerrero, Florencia del Signore.

Abstract: The specialists involved in this research decided to investigate the possibly beneficial effects of past-life regression therapy sessions on insomnia. The present study researches the effects of this therapy on insomnia patients. Thirty patients with insomnia did three past-life regression therapy sessions. After several months, significant changes in their symptoms were observed. We conclude that the use of transpersonal therapy helps to reduce and control the symptoms of insomnia.

Introduction: According to our own medical experience registered in medical records from previous years and prior to the present study, together with the increase in consultations for cases of insomnia in the last two years, the specialists who participated in this research have decided to further investigate in detail the effects (tentatively considered to be beneficial) of the past-life regression therapy sessions for patients that suffer from this condition.

According to the information gathered during the bibliographic research, it has been determined that insomnia is a very common pathology frequently seen among people in general. It is estimated that between 10 and 15 % of the adult population suffers from chronic insomnia, and that between 25 and 35 percent of adults have suffered temporary or occasional insomnia after undergoing stressful situations.

It has been noted that although the conventional treatments used nowadays help to reduce the symptoms of such pathology, once the medication or treatment provided at first (as the core medical measure) wears off, the same symptoms reappear. Therefore, it has been suggested that the use of an integrative approach as part of the therapeutic repertoire, together with the main medical treatment chosen, in which the whole being is considered and treated in an integral manner. Considering the human soul as an essential and vital part of the whole individual being treated, it has been determined that it is appropriate and relevant to address the main symptoms with the transpersonal approach offered by past-life regression therapy.

Clinical cases of patients who arrived at our facilities in search of medical assistance to treat their insomnia improved considerably after working with past-life regression therapy sessions. There were even some patients who reported that their symptoms of insomnia had disappeared completely. Therefore, some important questions arise: Is past-life regression therapy really effective when treating insomnia? Can it be considered a valid option to be integrated into the healing process of our patients who come to us for help?

With these considerations in mind, the *Pilot Analytic and Prospective Clinical study* has been designed to determine if past-life regression therapy can be considered a tool for treating patients clinically diagnosed with insomnia.

During the course of this study, Transpersonal Therapy was defined as the kind of therapy that helps an individual connect with his or her own identity. In its literal translation, the term transpersonal means "beyond the person himself or herself." Thus, therapy in transpersonal psychology is designed to get to the deepest realms of our being. Finally, therapy is defined as that branch of medicine focused on describing several illnesses and working on the treatment itself. Basically, therapy is defined as the branch of medicine that describes illnesses and develops treatments.

Sleep disorder has been defined as a disorder that affects the normal sleep rhythm (wakefulness or state of vigilance), according to the *Diagnostic and Statistical Manual of Mental Disorders*. Diagnose Criteria DSM-5 780.52 (G47.00)

Method and resources:

A total of 30 patients between the ages of 25 and 53 (average age of 33.4) participated voluntarily in the study (23 females and 6 males). All of them were already diagnosed with insomnia before the present study. Fifty percent (15 patients) were receiving medical treatment with benzodiazepines. Thirty percent (9 patients) did some type of meditation to help them fall asleep.

Inclusion criteria:

Males and females who have been diagnosed with insomnia by a physician, with or without any allopathic-based treatment between 18 and 65 years old. Of any ethnicity and socioeconomic level. Any educational level. Spanish-speaking.

Exclusion criteria:

Men and women who claim to suffer from insomnia but have not been properly diagnosed by a physician. Patients under the age of 18 and older than 65. Patients with other kinds of known psychiatric or neurological pathologies. Patients with disorders or syndromes that reduce their reading comprehension are less likely to understand the tasks or instructions given. Patients addicted to illegal drugs (according to Argentina's legislation). People who, for whatever reason, could not travel to the clinic, thus excluding online work.

The present study included attention centres in Santiago de Chile (Chile), Ciudad Autónoma de Buenos Aires, Adrogué, Rafaela (Argentina), and Trecate (Italy). Moreover, five therapists in this study were trained specifically following the technique created by Dr. Cabouli.

Every patient who participated in this study was duly informed by the therapist in charge of the terms and conditions of the present research. Each patient was given and explained in detail the "informed written consent" based on the guidelines established by the World Health Organization (WHO).

Each patient was asked to complete an initial questionnaire (see grid below) to record the symptoms presented and their frequency and intensity before the first past-life regression therapy session. The same grid had to be completed after the last session. This was done in order to document any changes in the parameters measured.

Each participant in this study committed themselves to continuing with their regular medical examinations, as well as informing the researcher of any kind of change (subjective or objective) in the symptoms or medication given by their primary care physician that might have been previously indicated.

Three regression sessions of 70 to 90 minutes each (the average of a 76-minute session) were conducted in person using Dr. Cabouli's method. Said method consists of transpersonal work through the expansion of consciousness. To achieve this, it is necessary to deepen the analysis of the symptom that the patient refers to at the time of consultation. This technique does not use clinical hypnosis, in fact, it involves allowing the patient to experience an expanded state of awareness.

consciousness that helps him/her to detect details which had never been perceived before, and then to establish its resemblance to an event. This generally responds to an experience excluded from the patient's consciousness that, in turn, is the original cause of the clinical manifestation and the reason for which he/she seeks the professional's opinion and help. After this experience - which is generally not part of

the person's biography - arises and manifests itself, the therapist accompanies the person who is performing the regression exercise, in order to complete it, i.e., to reach the end of it. Once the exercise is fully completed, a brief therapeutic intervention is conducted following the foreseen protocol. This is the moment in which the patient makes a kind of closure of the Gestalt. Finally, a harmonization is performed in order to facilitate the return to the patient's usual state of consciousness.

The period between sessions was two weeks until the total number of sessions was reached. After a month, the researcher contacted the patient again to ask him to answer the survey carried out on day one. The follow-up of the study was completed two months after the beginning of the study.

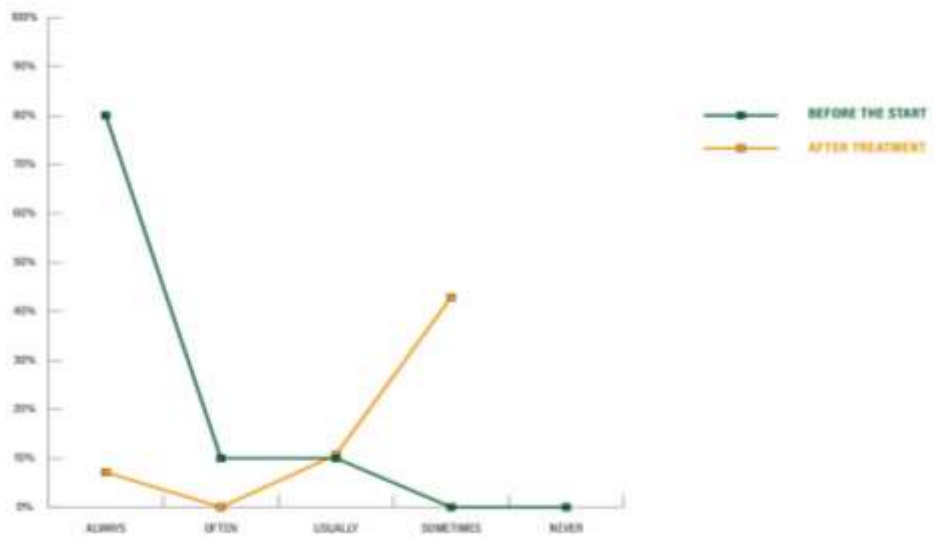
Grid used: The following grid was completed on day 1, at the beginning of the study, during the first interview, and before session 1. It was completed again on day 60, when the follow-up control was carried out to document what happened after the three regression sessions.

		A	B	C	D	E
N	Symptom	Always	Frequently (Specify how often)	Regularly (Specify how often)	Rarely (Specify how often)	Never
1	Difficulty falling asleep at night					
2	Staying awake for long periods of time during the night (specify for how long)					
3	Waking up several times during the night (specify how many times)					
4	Waking up early in the morning without being able going back to sleep again					

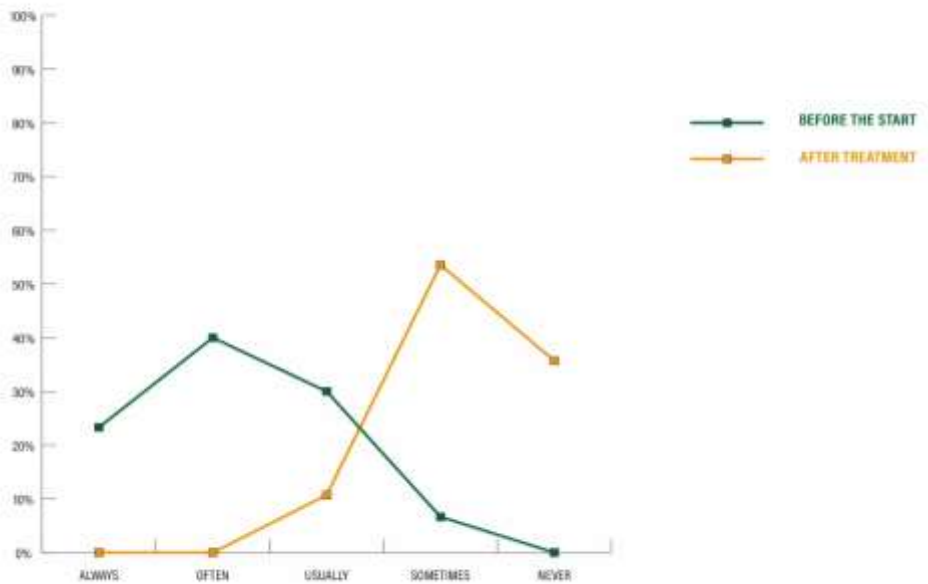
	(specify at what time).					
5	Not feeling refreshed after sleep. Rate from 1 (not tired at all) to 10 (exhausted) Specify how tired you actually feel.					
6	Feeling fatigued or sleepy during the day. Rate from 1 (no fatigue) to 10 (extreme fatigue)					
7	Having difficulty concentrating on a task.					
8	Feeling irritable, roughly from 1 (not irritable at all) to 10 (maximum irritability).					
9	Regular medical treatment. (Note modification, if any, during the study)					

Chart of symptoms recorded at the beginning and end of the present work. Below are the graphs resulting from crossing the coordinates, for example: Symptom 1 "Difficulty falling asleep at night", with the data collected from the patients' responses in relation to the intensity and frequency of the presentation of this symptom. In grey, the data at the beginning of the study and in red, the data collected at the end of the study, in each case.

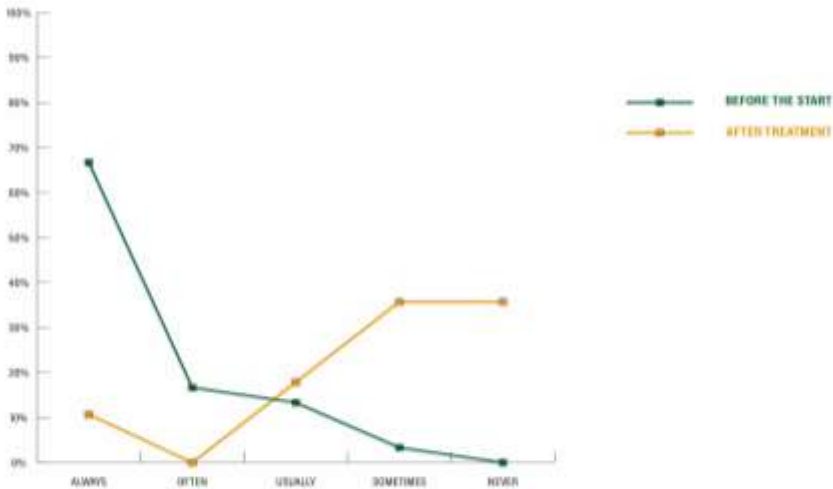
SYMPTOM: Difficulty falling asleep



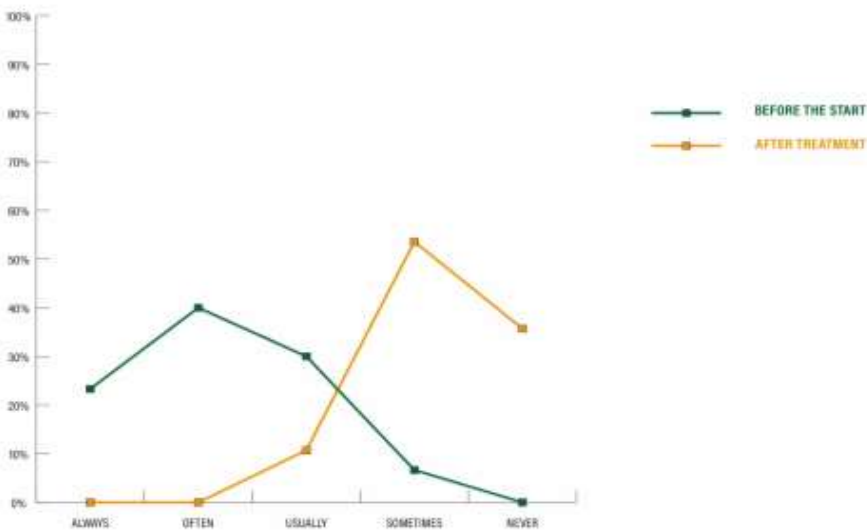
SYMPTOM: Waking up several times during the night



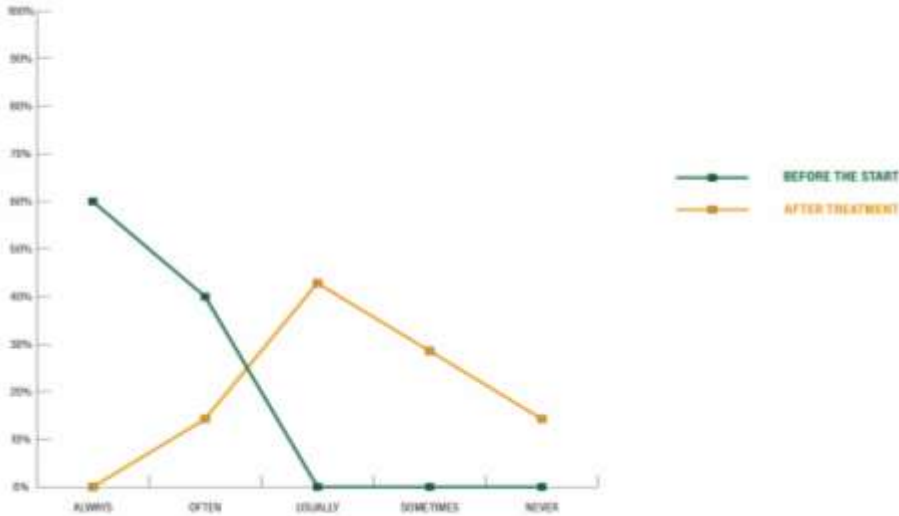
SYMPTOM: Staying awake for long periods



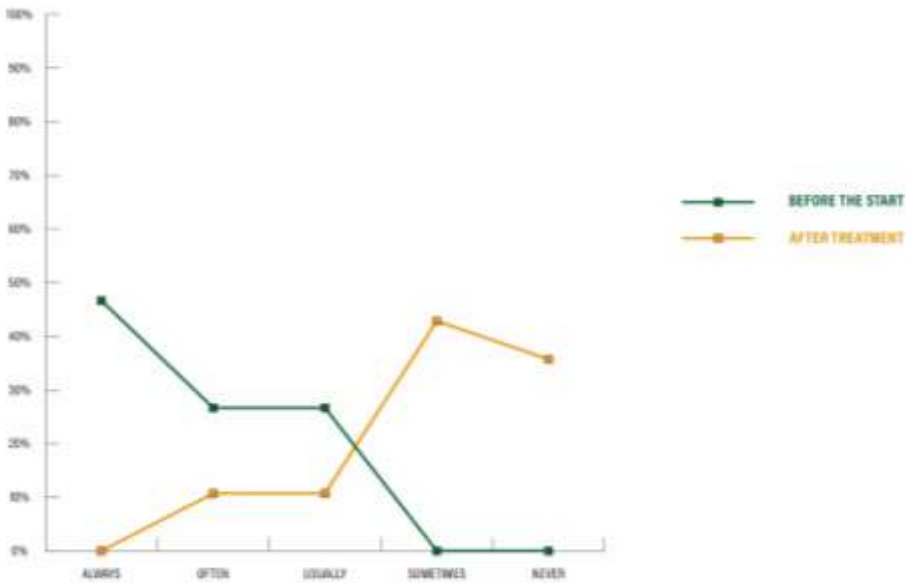
SYMPTOM: Waking up several times during the night

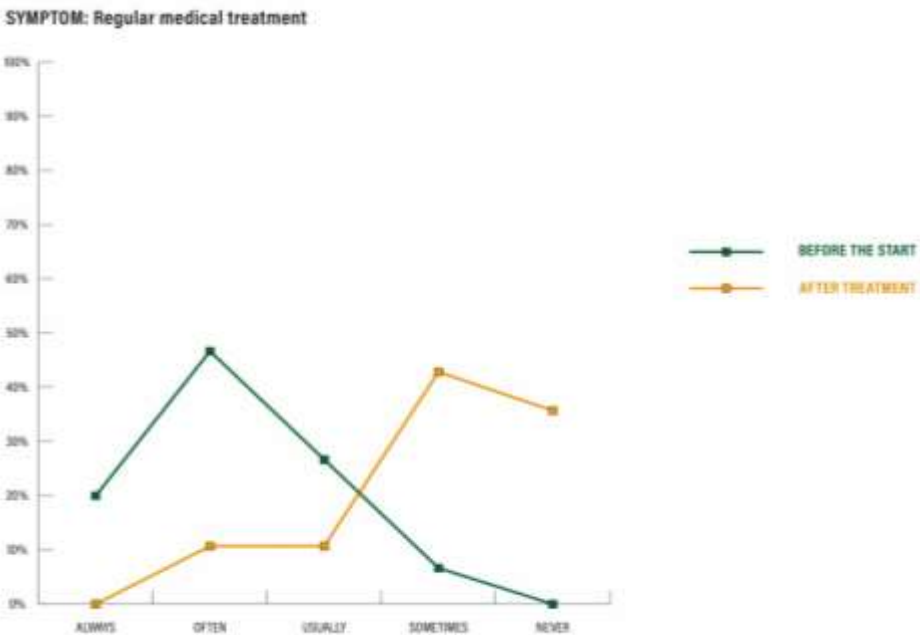
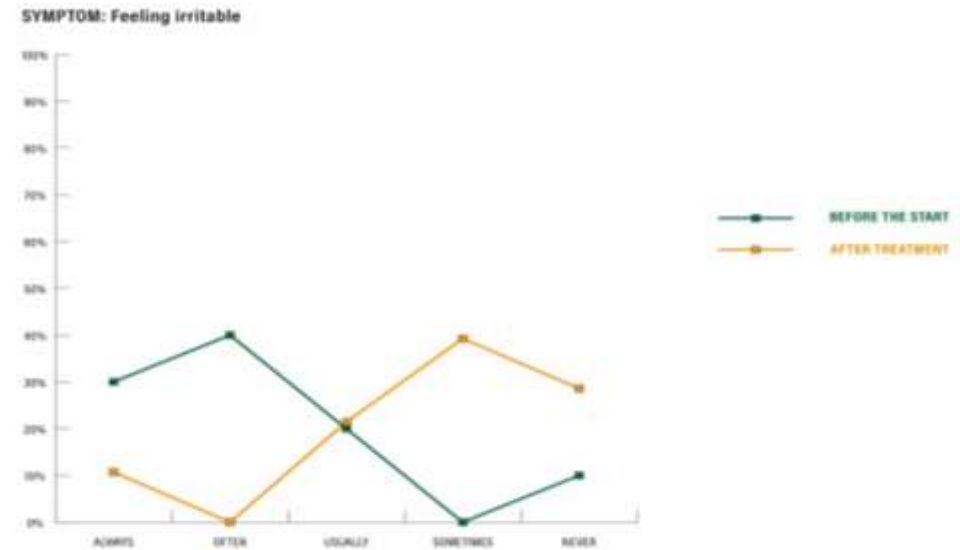


SYMPTOM: No feeling refreshed after sleep



SYMPTOM: Having difficulty concentrating on a task





Results and findings

A change in the appearance of symptoms, both in frequency and intensity, has been observed and documented in the preceding graphs. There, it can be seen how the initial symptoms (grey bar) appear frankly lateralized to the left of the coordinates. This shows how, at the beginning of the study, the symptoms and discomfort related to this pathology were categorically frequent and intense.

On the other hand, it has been observed and documented how the symptoms at the end of the follow-up (red bar) appear in a greater proportion to the right, which corresponds to their disappearance or reduction. Thus, demonstrating a marked symptomatic reduction in the eight patients who completed the three sessions scheduled at the beginning of the study. In some of them, the improvement was categorical; in others, the initial symptoms were reduced to a lesser degree.

There was no progress or deepening of the recorded symptoms in any of the cases under study.

Two volunteers abandoned the protocol (one for family reasons that prevented him or her from attending the session, and another claimed that "it is not the kind of therapy for me"). The first of them mentioned a subjective improvement after the end of the first session, although it could not be documented for the reasons previously mentioned. None of these volunteers reported a symptomatic increase after the first session.

Conclusion:

In light of the observation of these initial results, we believe that past-life regression therapy can be considered a valid tool when advancing towards an integral approach to the healing process of insomnia.

This work has marked a line of research to be followed. In spite of being a small sample, it is valid to call the attention of other researchers in order to recruit more volunteers for the "n" of this work. We call on teaching and research entities for funding. We believe that it is necessary to allocate economic and human resources in order to enlarge the sample. Furthermore, we are aware that our conclusions serve as a stepping stone for larger studies in order to extrapolate the results to the general population.

In view of the above-mentioned arguments and such encouraging results, we hope that more researchers will wish to join this project or the new lines of research resulting from it in order to provide the

necessary scientific support for the validation of past-life regression therapy.

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Biography - Bibiana Bistrich, MD, – was born in Argentina in 1978. She graduated from medical school (2003) and completed her residency in internal medicine (2008), working as a teacher at the Universidad of Buenos Aires and Universidad Abierta Latinoamericana (2000-2003). Bibiana completed the course for Fundamental Critical Care Support Provider (2009, Society of Critical Care Medicine, USA,CA). She achieved a post graduate degree in Emergency Medicine (2013, Universidad de Morón and Sociedad Argentina de Emergentología). Bibiana published several medical research papers for public and private institutions and actively participated in medical research works. She completed the training on acupuncture (2010) at the Asociación Argentina de Acupuntura; she also authored articles on acupuncture and its effectiveness in the treatment of certain diseases. That first approach to alternative ways of healing patients from a broader perspective led her to explore past life therapy techniques. In 2014, Bibiana completed the course as past life regression therapist with Mr. Cabouli, MD. In 2016 she founded “Espacio Consciencia” in Buenos Aires, Argentina, a facility devoted to integrative medicine practices, emphasizing the exploration of the unconscious and trying to raise awareness on what and who we are, through different events (seminars, workshops, courses) held at the facility. bibianabistrich@yahoo.com.ar

CAN REGRESSION THERAPY CONTRIBUTE TO HEALING EVEN IN CHRONICAL DISEASES LIKE CANCER?

Martin Roesch

Abstract—In this article Martin Roesch is presenting a case in what appeared to be an epigenetic relation – communicating directly with the cancer cells. It is explicitly shown how imaginary travel into the body with the objective to establish a communication with organs or cells appears to be a powerful mechanism to potentially detect hidden causes that may lead to the development of chronical diseases like cancer.

Introduction

Cancer is recognized to generate itself out of a multi-fold variety of potential causes. In this contribution I want to focus on a potential cause that is widely considered to be beyond the reach of an individual patient: her/his genetic disposition.

The key element in the presented case is an imagined body travel to the cancerous cells themselves. And a reader with little time available may jump directly to this section 'An imagined travel into the body to communicate with the cancer cells'. If, however, you want a comprehensive understanding, then read all sections and realize the scope of impact to this patient's life. An impact that (re-) materialized in an event with epigenetic consequences two generations before this patient's existence.

We humans are body, mind and spirit.

And yes, all three dimensions can and should be used in any intended change, be it a human with cancer or be it a collective theme like the desire to overcome egoistic group interests. Modern medicine does a fine job in concentrating on bodily functioning. And what about the other dimensions? Who taps into their potential?

Regression Therapy may and should take on this challenge. And it will discover that venturing into the realms of consciousness there is an explosion in its variety to be found. Consciousness is not just in humans,

in can be found as well in organs, in cells, in bacteria or even in viruses, in plants, in earth, may be even in the sky. And regression therapy should not restrict itself only to the past. It is as well to venture into the parallel, into the infinite ways of how waves can break down into particles. Turn your head and you see the future effecting the past. Transcending perspectives. What is the real?

The Case - Brenda

(The name is altered everything else is authentic; location and dates are not mentioned on purpose. Patient agreed to publication with pseudonym.)

Brenda is a mother of three children and at the time of our encounter in her late forties. She was diagnosed with colon cancer which developed metastasis. Her mother died of cancer and so did her grandma (mother's mother).

Characterizing Brenda

Brenda works as a teacher and with all the core of her being was and still is caring for her children and her family. Brenda, as her family, is deeply religious and engaged in her local church. Asked about describing herself, she first referred to her role as a mother; Quote: "I am very selfless, I jump to their needs more than to the ones for myself". Asked about a childhood memory, Brenda remembered sitting on the stairs watching and enjoying her younger brother's success in artistic street performances. She felt happy watching this. Asked about her wishing for her daughters to take on in life: "Watch for each other" and "that they'd be able to take care of themselves". Asked about an annoying event lately, Brenda mentioned that her daughter started parenting her on diet. Even though she recognized the motivation to help, it was a bit annoying to her: "I want her to let me be what I am." Every detail of the details mentioned do have – as we shall see – relevance in this case, but naturally in their scope cannot be fully understood in the beginning.

Clinical Situation

Brenda's original tumour was a colon cancer, who was resected just right after her diagnosis, which was 16 months before my meeting her. A few months thereafter there arose a metastatic spread in her ovaries, which were resected as well. Nevertheless, further metastatic growth happened now spreading in the peritoneum. Therapy now consisted of chemotherapy, immunotherapy with checkpoint inhibitors, angiogenesis inhibitors and complementary supplements.

Therapeutic Interventions

(sessions in exploring consciousness with a focused interest)

Besides the intake interview two preceding sessions should be mentioned before the one I want to focus on. There were no expectations given as to what might be experienced. Brenda realized that all her visualizations were dreamlike, being generated purely out of herself in a state of clear focused awareness and with complete memory of the entire process. In a natural flow of fast unfolding scenes there is little risk that a controlling cognitive mind or religious beliefs start interfering. It all came naturally on Brenda, being in the mode of just observing not interpreting.

There is no need to explain to clients much beforehand. And a little guidance especially in the beginning is no contradiction to this approach. In my experience over the years, I find it helpful in a rather initial stage to check on and eliminate obvious foreign energy fragments in the body. Change seems to be easier when a person is fully in her own capacity.

In one of these pre-sessions Brenda visualized herself as a young and lively girl, a shiny one, happy, energetic, one who had no worries and had that secure sense of (her quote) "nothing bad is going to happen". This powerful young Brenda then met the body of the much elder Now-Brenda. And seemingly she sees something in her now-body which she described as a "moving smoking grey". Brenda-girl can just push it out of the body. It did not belong to her.¹

¹ This smoking grey appeared to be an entity. It was regressed to its own death and then liberated. I shall not go in detail to this process (The readership of this *Journal*

Another meeting was to check for eventual damages in her energetic body. Brenda borrowed some imagined energy from her forehead and visualized this as a blueish flame. When she presented this imagined flame to various locations of her body there was an obvious reaction in the upper abdomen. The flame seemed to be drawn into her body. Thus, she then was asked to imagine wiping with her hand inside through her abdomen. In her imagination she sensed little balls like blue marbles. She was asked to place them all outside in the empty space before her body. First it appeared to her that each of these balls may contain a certain memory, but checking the energy more closely she became uncertain about this.

Brenda had enough courage to venture inside these balls and look for their origin. She imagined pulling together her focus of awareness to a very small size allowing herself to fall deep down into the balls. Deep inside, all of a sudden, the house where she grew up appeared in her mind. And, she found a letter from her beloved but deceased mother, who died of the same cancer type. But she could only read "My Darling..." and "I know". Since Mam as 'a soul' continues to exist, we just kindly asked her to take on a form and she immediately appeared in Brenda's imagination. There was an emotional hugging and then in her mind, Brenda asked her mam about her cancer and that she was horrified by the process which she intimately had followed at the time. Mam agreed that she consented to all medical actions at the time, but seemingly it did not work out and she confessed that she did not understand what was happening in her body.

Now in this context a therapeutic intervention was given suggesting the idea to look to the side and see a screen popping up and with the intention to have it display 'the cause' just to watch what might appear. It immediately started with a scene, where Mam was sitting in the family room, wearing a pyjama, her computer on her lap. She was not quite motivated for the day. She felt a void. She was not happy. She always wanted to travel to remote countries, but financial restrictions and more... Mam seemed to be fully immersed in this mood of voidness.

of Regression Therapy certainly is familiar with this context). Important is the result for Brenda: an energy that was not hers has been moved out of her body. And Brenda realized that this whole process played itself out in her own mind and she felt the delighted smile of her young self before reuniting again with her.

So, we asked Brenda's Mam to turn around, facing her own past and becoming younger and younger, a girl now, and imagining her own parents (Brenda's grandparents) appear before her. Brenda nodded indicating she could 'see' the scene happening. Then Brenda just repeated the expression she heard before: "voidness, emptiness ...". Next, she visualized a scene where grandma shushed her daughter away. Brenda realized in this situation that her mam felt being put aside and out of earlier talks in the family she remembered that the relationship of mam as a child to her parents was a "very complicated" one. "My grandmother was a very self-centred person" Brenda recalls.²

Then Brenda's Mam is asked to look around searching for stones in that imagined environment (a stone here may serve as a symbol of a carried load); Brenda indeed does find one, lifts it up and presents it to her mother, Brenda's grandma. Brenda out of her intuition found an appropriate statement herself: "You have been so self-centred; it made an enormous impact on me. May I hand over that stone to you to release myself from this load, which is actually not mine? It's yours." Grandma reluctantly takes the stone. It becomes obvious that the root of that energy might even go down further the ancestor's line. And as the flow of Brenda's impressions unfold the process repeats itself towards the great-grandparents. In the end there is a long line of imagined ancestors all in the matrilineal line and with this support now grandmother finally can firmly and lovingly face her daughter, Brenda's Mam.

The latter now can turn around again and face Brenda herself. Brenda realizes that her Mam at the time was caught in the situation and seemed to have had no option to free herself. But BRENDA has this opportunity now! "I am ready to let it go! ... I am ready to stop thinking, what happened to my Mam is being duplicated with me. ...It is MY Journey". And while realizing this and facing her matrilineal line standing in front of her, she detects a reddish kind of laser light starting off her body and whirling backwards with each of the women smiling when it reaches them.

² It is to note that we find here the exact opposition to this polarity axis where Brenda identifies with the counterpart, the role of being selflessly available to others.

An imagined travel into the body to communicate with the cancer cells directly.

This meditation started out with a glance in a mirror where Brenda could see herself. She then with her hand reached out into this mirror and took her carbon copy mirror image simultaneously shrinking to the size of thumb out of the mirror in the palm of her hand.³ Looking at this mini-sized Brenda she felt safe and switching to her perspective standing in this palm she had the courage to further shrink so to slip through the skin and dermis of her hand down inside into a small blood vessel. In this life stream she sees red blood cells looking like seating cushions. She chooses one to sit upon, which in turn feels greatly proud to be able to host 'Queen Consciousness'. After establishing this new perspective thoroughly, Brenda decides to let herself be guided to the abdomen, to one of the tumour spots. Approaching it more closely she reports: "it feels very hot, almost like lava and it is filled with blood and yellow stuff". She tries to establish a contact with the inside of that node, but it appears to be difficult. She cannot 'see' anything, just somehow 'feel' the atmosphere within. The mood is coined by anger and fearfulness; one wants to hide. With a lot of patience further impressions slowly built up. 'They' feel excluded and almost exhausted; yes, they are angry, and they feel just being different. Nobody would accept them.

To the question why this might be like this, they do not know an answer. However, they would be quite interested to watch if Brenda could find out.

Now there is an instruction to Brenda to imagine a timeline as a metal bar. On this bar there is a movable weight (like on these old mechanical weight scales). Brenda is asked now to push that weight back into the past and just notice for a click when it reaches a relevant notch. Brenda gets the idea easily and starts pushing the weight. She pushes and pushes but nothing noticeable. She simply pushes further, further to her birth, but no notch. "Just keep pushing". So, she does and all of a sudden, she uplifts herself: "Here it is!"

³ I learned about this idea in India. Later I realized that a German hypnotherapist by the name of Sabine Fruth may have developed this independently.

She looks to that halt on the metal bar and immediately she sees an image. An image of a young woman looking at her with a smile and a tilted face. She holds a rose in her hand. Next a recognition in surprise: "This is my granny in her teenage years!" An obvious happy appearance? With a smile and a tilted head? "How is she doing?" Brenda catches the situation right away: "She is very sad... and all alone" and without any further intervention Brenda understands the full frame. The young woman is expected to get married. Her parents have selected a suitable husband, and she is by no means in a position to even try counterarguing. However, her heart belongs to another man.

Now, in her imagination, Brenda herself steps into this scene walking towards the young woman with the rose in her hands. Brenda speaks out loudly what she just felt. She feels a big relief on part of the woman, now that it can be spoken out. There is an emotional hug next – long and touching. Then Brenda steps back a bit and in her mind, she invites the loved man of those days to come forth. Right away Brenda 'sees' a man stepping in. Granny starts weeping. Next, she experiences a long and emotional hug between the two. No words needed. The man understands. And he gives Granny – being the young woman in this scene – his blessings. Furthermore, he is kindly asked to give his blessing as well to all the cells in her body, which he willingly performs. The young teenage-granny appears relieved and relaxed now.

Brenda then pushes the weight on the time bar back to the Now-Time. First impression: all these cells in that hot spot from the beginning, which hid and were so reluctant now run forth cheerfully. "No reason anymore to hide" Brenda greets them. They want to cooperate. They want to link up. Brenda calls for her immune system and they all meet in an open mutual cordial way. The atmosphere, Brenda notes, has completely changed!

Further clinical development

Already when I met Brenda for the first session, she had an advanced cancer stage with widely spread metastasis in the peritoneum and ascites. By definition this is a palliative case. Clinical treatment went on in parallel with a so called HIPEC Surgery as the prime modality. This is a radical surgery, as in her case of 12 hours duration, resecting all tumour material in the peritoneum and flushing the whole region with

a cytostatic enriched flow of physiological water continuously heated up to 410C and filtered. Brenda survived and recovered, we then lost contact. I contacted her again in Jan 2023 almost 2 years after the surgery and she still is fine.

Post Remark on Brenda's case and the characteristics of energetic polarities

A cancer disease, evidently unwanted to an affected person, still may serve a function. We may or may not like it, but we can observe effects that can serve as pointers. One such effect in Brenda's case: it now puts her in the focus. Before all and everything was about others in the family. It was an irritating change to her.

Selfishness/egoism, respectively its almost complete absence, anyhow had been a dominant theme in Brenda's life so far. This Granny of hers long suffered from the fact that she had to neglect her own interest to that of family. And, as it appears she could not arrange herself with this inner conflict. As Brenda remembered, Grandma's marriage wasn't harmonious though it endured but she had the reputation of being "quite a bit selfish". Presumably she made up for her big compromise with other small occasions to act egoistically.

An energy connected to a given theme may represent itself on either side of a polarity axis. Selfishness, or the complete lack of selfishness, energetically is the same theme. It is a characteristic of any materialized polarity axis that the respective opposite sides need to be represented as well. If this balancing does not occur within a person's life span it likely hands itself down the line.⁴ We may assume that this energy of inner conflict persisted even beyond Grandma's death and handed down itself in the family line. If it negatively affects the physical body the related mechanism can be referred to as an epigenetic load.

Now, it is not sufficient to only unveil such a related conflict into the light of recognition. It is a first important step but not yet the full solution. In

⁴ We may find this characteristic as well in a setting with an overly dominant and successful founder where typically in the next or more often subsequent third generation somebody has to pick up the tragic role of the black sheep living out weakness or destructive elements as a counterbalance.

consequence new judgements, changes in attitudes and behaviour need to be found and lived out.⁵

Why then colon cancer? May be there is a plausibility: the colon's task is to digest and withdraw the last usable elements from the inflow. As an event may for long prove indigestible, the body may be tempted to (misleadingly) assist in building up its digestion capacity. In consequence, an access growth of cells, called cancer.

Last but not least, I should mention that I wished to have further inquired into past lives since the selection to incarnate into these circumstances may indicate there might have been previous experimenting with this theme. However, sometimes religious belief systems may hinder the willingness to such inquiries. At the time being there seemed not to be a coercing need to further question belief patterns related to past lives. Anyhow, a convincing insight has been uncovered and now it is up to Brenda on how to integrate this in her life.

Post Remarks on Talking to Cells

Imaginary travel into the body with the objective to establish a communication with organs or cells appears to be a powerful mechanism to potentially detect hidden causes that may lead to the development of chronic diseases like cancer.

For success, a trance needs to be induced mainly for two reasons. First, to achieve the needed concentrated focusing within a client's mind. Second, it is mandatory to achieve a true observation *modus alien* to any judgements of the cognitive brain. Only in the genuine capacity of being able to listen, to view, to feel and perceive whatever might emerge on the screen of a client's consciousness can it be ensured that wishful thinking is not even an option in awareness. The facilitator needs to be

⁵ Several authors that investigated spontaneous healings against negative clinical prognosis came up with a very similar common denominator. They observed that these patients with deep impact experienced a change in attitudes, lifestyle, beliefs and thought patterns and/or emotions.

Carlyle Hirschberg, & Marc Ian Barasch, *Remarkable Recovery*. Headline Book Publ., London 1995, Lawrence Le Shan, *Diagnose Krebs: Wendepunkt und Neubeginn*, Klett-Cotta, Stuttgart 1993. Joe Dispenza, *You are the Placebo*, Hay House UK, 2014.

experienced and professional enough, to assure reaching and maintaining this status.

In my experience it seems wise to first establish a communication and a genuine desire to get to know the cells which appear to be misdirected. First, take an effort to truly understand their state of being and their feelings. Only then start inquiring about how it developed, may be looking for an initial cause. Advisable as well seems to regress back to a situation where all was still well. And at times, as in the described case of Brenda, the critical event may reach back even beyond birth of the respective patient.

The approach assumes that there is consciousness in body organs and in cells. I am doing this now since quite some years and my finding is: if you just assume that there might be consciousness you will certainly be able to spot it. Often an exchange in words seems difficult, but we humans have many senses that can be checked out and tested as potential carriers of information. Just give it a try. And a second try. Be patient and allow for a third and even further tries. In the end you will tap into a most interesting potential.

Biography - Martin Roesch was Born in Konstanz on Lake Constance in 1958. He studied psychology and business administration in Mannheim and California, then he held various positions in Germany, Japan, Thailand and Switzerland. His Meditation experience since mid-20s (guest monk for 2 months at Wat Suan Mokkh, Thailand; Zen practitioner for decades) He has had several years of training in energy work, hypnosis but also system/family positions, behavioural kinesiology, matrix, resonance research; including a 2-year stay with interesting teachers in India. Since 2003 he co-treats oncological patients under specialist oncological medical supervision. Later formal admission as a psychotherapeutic non-medical practitioner. Today cooperation with various doctors and clinics in oncology. He originally founded a company with three friends: IT in medicine, focus on radiology and radiation therapy; the company developed into the European market leader for so-called RIS systems. Foundation of a company for hyperthermia in oncology with two co-partners, responsible for research and development. Expansion into holistic complementary oncology. Many lectures at oncological congresses worldwide.

Mental-spiritual psycho-oncology

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DIGGING IN THE BLACK HOLE OF AUTISM

Pinar Boylu Gogulan

Abstract—In this article, Ms Gogulan is sharing with us her insights into the dark world of Autism. Through her personal experience as a mother, she has a lot to share with us on this topic.

Introduction

Autism is one of humanity's pressing health problems. A condition that medicine still fails to resolve. I have become a strong believer that a holistic approach is the key to helping autistic people in need.

In this article, I will share my knowledge and experience, based on my training in Recall Healing, research on autism, and hundreds of sessions with clients. This is still work in progress. While helping an autistic child, take it as another tool in your toolbox, integrate it with your knowledge of regression therapy, keep your intuition and stay connected with your higher self. Be Sherlock Holmes, asking yourself, "What else I have not asked the client yet?"

I received my diploma from the International Institute of Recall Healing, from Dr. Gilbert Renaud, in 2015 and I am grateful for his teachings and guidance along my journey. Recall Healing has been ground shaking for me. It is based on Carl Jung's analysis, Dr Ryke Geerd Hamer's New German Medicine, Dr Claude Sabbah's Total Biology and over forty thousand case studies on different pathologies. Dr Renaud's book Pyramid of Health is a great synthesis of his work.

Dr Ryke Geerd Hamer was an oncologist. According to his New German Medicine, autism symptoms are not due to vaccine poisoning; they surface because of a conflict between anger and fear. Suffering anger and fear at the same time causes lesions in our brains, as shown by CT brain scans.

This biological response is logical. For children who feel defenceless, shutdown is an answer to that problem. This reaction is not voluntary, it is the brain's survival mechanism. It stops when the root cause of their fear is eliminated.

An identity conflict (conflicting views on who we are) with territorial conflict (any trauma around immigration, belonging, land, home, our existential place in life) also causes lesions in the relay centre of the brain, causing autistic responses. The stronger the emotions involved,

the more lesions on the ductus hepaticus and the larynx mucous membrane's relay centre, the stronger the resulting autism. When resolving the emotional conflicts, the relay centre starts to regenerate.

Autistics may show either manic or depressive behaviour. Manic autistics may be workaholics. They show repetitive behaviour; they don't like change; they do one thing, only chosen by themselves. Depressive autistics shut out the world.

Emergency situations make us freeze. With autistics, we need to find the emergency that caused the anger-fear conflict. We need to find out when they experienced dark fear and at the same time felt anger and a grudge about the situation.

Explore misunderstandings and resentment in the 18 months before the birth of the child and the first year of the child, the family tree three generations back and of course the child's preceding life.

Recall Healing

How does Recall Healing of Dr Gilbert Renaud work? What have I learned from sessions with hundreds of autistic children and their families about autism?

Start interviewing the parents; find the family secrets. All of us are a little autistic because all of us have little secrets. It is not easy to reveal these secrets. But parents are willing to share their secrets when their children are suffering. Give them the comfort and trust they need. Get ready for stories about adultery, porn addiction and other addictions, abortions and the like. Is there an exile or torture story in the extended family?

1. **COMMUNICATION CONFLICT.** Nobody understands me. There is no one to speak with. My partner does not understand me. My family does not understand me.
2. **A SULKING CHILD** in the family. Explore mother's and father's inner children. Who abandoned them at an early age? They may be cross with the whole world.
3. **MISCOMMUNICATION** in the family. Some partners think they communicate, but when they come to our office, we find that - as they say - one is from Mars, the other one from Venus. They don't really communicate; they pretend they do. They avoid communication. They keep their mouth shut to avoid a war of words. One usually feels superior to the other, especially

in IQ. They may discover their lack of EQ and common sense. Expect the common sin: vanity! And good luck with being the safe space with them to face their blind spot!

4. A common challenge is PERFECTIONISM. The child has to be perfect. Mother is too perfect. Children need to understand it is not too important to be perfect. Who did ever die from not being perfect? Many parents have a love and hate relationship with the creator. They want acknowledgement yet resist his authority.

5. FEELING ALIEN, feeling not belonging. Check the child's and parents' past lives. You may find extraterrestrial experiences, but this can be a slippery road. Do it only if you feel they are open to the subject. Anyway, identify the age when the parents felt as outsiders.

6. VAGINA – MOUTH. These organs are symbolically same for the brain, Dr Sabbah reports. So, I always investigate any traumas with vagina. A client reported she had a panic attack before the delivery of her son and screamed "I cannot push the baby out of my vagina!" The child's brain has recorded this, and words cannot come out of his mouth.

7. Is there a HIDDEN CHILD? Are there stories of abortion, adoption, illegitimate child, disabled child?

Two Case Studies

Boy diagnosed with autism, four and a half years old.

- The first two years of his parents' marriage, the mother suffers from vaginism. Mother verbally attacks and insults father and blames him for being gay. Father's solution to keep his marriage is to keep his mouth shut. This he told without his wife being present.
- The conception is not through sexual intercourse, but through medical means: IVF. During the conception both parents feel failure.
- Mother is perfectionist and control freak. She sends all lab reports to a research hospital in the USA to ensure accuracy and quality.

- There were two miscarriages before. This child carried the load of his unborn siblings. Mother had depression after the miscarriages. So, when the pregnancy was confirmed, she kept quiet for the first five months of the pregnancy. She didn't speak to anyone about it; she kept it a secret.
- The mother had a grandmother that the whole family adored. The mother carries her name and resembles her. When she enters a room, her uncles, start crying and hug her, kiss her hand, and call her 'mother', though she is their niece. This grandmother had a son with Down-syndrome. Before she died, she told the mother, "My tongue is short," meaning she could not express her pain about her disabled child. This child with Down-syndrome was hidden in a village, hidden from view, as the family carried huge shame and guilt about it.
- The mother was afraid to have the same fate as her grandmother. She relived the moment her grandmother revealed her the secret of the 'short tongue'. I talked to her and guided her so that she no longer needs to carry her load; that she can have a happy and healthy child.
- In the eighth month of pregnancy, the mother had a massive fight with her mother and punched her own belly.
- Both parents felt alien at school and in public. Father during his childhood would look at the sky, expecting a spaceship to rescue him. He told his mother, "They dropped me here by mistake."
- The mother had an operation on gall bladder. She felt anger and resentment.
- The parents were consulted together and separately. It was brought to their attention that they kept their peace at home by keeping silent.
- Both parents regressed to their childhood and expressed anger and resentment to their own parents.

All these findings were explained to the child during his sleep and while he was playing – without eye contact. The mother reported ninety percent improvement with eye contact. The child started to eat on his own. He played more with the father. His punching and anger attacks stopped. A fifty percent improvement with attention. He makes more sounds and sits more at the table at activity time.

Boy diagnosed with autism and hyperactivity, age 11

He was diagnosed when 20 months old. Both parents are medical doctors, very intellectual people. Father attended the consultation and so many secrets were revealed.

- Father is sceptical first, being a medical doctor. Very high ego and not easily opening up.
- Ego's Project Purpose. Between 28th-34th week, the mother had bed rest due to internal bleeding. In the 34th week there was a uterus contraction.
- The child was in an incubator for two weeks. He saw people speaking behind glass and did not hear their voices. The father said that he moves his mouth, says the words, but without a voice. After the session, the boy started speaking.
- After the first session was a great success, he admitted he was treated for alcoholism and drug addiction that he could tell no one as he risked losing his medical license.
- Father's mother and brother did not come to the hospital during the birth as they were not on speaking terms with the father. Father still feels rage and anger. He felt isolated and abandoned.
- At the 8th month after the birth, the father was out every evening, having an affair. Mother was alone at home with the baby, crying every day, not speaking to anyone, not telling anyone her sorrow and loneliness.
- Now father is home most of the time and mother is out all the time at training and conferences. The son managed with his diagnosis to keep papa home and gave mama the freedom to go and study about autism.

I asked both parents to tell him that even when he is completely healthy, they will always stay to be his parents and love him unconditionally.

The boy stopped medication for hyperactivity after the session. The father reported a fifty percent improvement with speech and attention.

In general, ask clients what the secondary gain from the pathology is. This is their shadow side. It may take a few sessions to make them confess. One mother confessed that through her son's autism, she had

more access to her father and his wealth. In our second example, the mother reported that her son's diagnosis enables her to tie her husband to home. He had committed adultery during the pregnancy, and she can punish her husband by putting the blame on him.

Epilogue

I am humbled and grateful to have a special child who challenges me every day. Through autism, I have faced the autistic in me, the lack of feeling belonging, the dark deep depression, my loneliness and sorrow. These children showed me beyond any colours and stars, they taught me that we are never alone, and we are all connected. Love and only love is the strongest medicine for us all. And it is a true blessing to embrace yourself despite all your defects and failures. It is not the destination, but the journey itself that rewards us with the real treasures that life has to offer.

Biography - Pinar Gogulan is a graduate of Essex University, Department of Financial Economics. She lived in London for 13 years and in New York for 1 year and worked in various leading financial companies and banks in managerial positions. After the near-death experience she had while giving birth to her second son, Can Leo, she realized her psychic abilities and said goodbye to the world of finance.

Having experienced the positive effects of regression in her own life, Pinar Gogulan received her Regression Counseling diploma from Radianced school, which provides training approved by IBRT (World Association of Regression Therapists) and EARTH (European Association of Regression Therapists).

She received Recall Healing training from the Institute of Recall Healing and founded Institute of Recall Healing Turkey with Gilbert Renaud. Being a member of EARTH, Gogulan had the chance to attend the trainings and seminars of many doyens such as Hans TenDam, Tricia Caetano, Marion Boon, Andy Tomlinson, Christine Alisa, Neeta Sharma, Marc Van Hecke.

BOOK REVIEWS

Athanasios Komianos

Enjoy the Journey...

A review of three books by author Tricia Robertson and reviewed by Athanasios Komianos

That is exactly what I did after reading all three books of Tricia Robertson as the title above is her last phrase on her last book, I really enjoyed the journey. Ms Robertson provided me with a very pleasant surprise since despite all my readings and studies of the paranormal, I had never run across her magnificent work and insights. Ms Robertson



former teacher of mathematics and physics is a long-term council member, past Vice President and Immediate Past President of the Scottish Society for Psychical Research.

She is a tutor for the Department of Adult and Continuing Education (DACE) at the University of Glasgow. In conjunction with Professor Archie Roy, she provided a session programme of 20, two-hour, lectures per session for DACE in a series entitled "*An in depth Study of Psychical Research.*" This course has now been running for six years. The paranormal- what is the evidence?'

Normally, I usually read the first book of an author and if I am impressed by the book, I then move on to purchase the rest. Luckily, this was the first time in my life that I purchased three books at once. As an exception to my habit, I acted upon my hunch and the universe paid me back. It must be that her teaching of mathematics and physics made it look like a piece of cake to present major issues of the paranormal in a simple, concise, and meaningful manner without losing her scientific background for a second. It is my motto that regression therapists should be strongly acquainted with all aspects of the paranormal, simply because they employ altered states of consciousness whereas everything might occur in a session. I strongly suggest to all newcomers to our profession, to at least read these three books that will open the doors to all sorts of paranormal phenomena that without a doubt bend the mind tolerance of the average person. One important aspect of her book is that most of the cases quoted have not been published before, and that gives us new insights into already existing cases in the literature. But even her quoting of formerly published cases is very

comprehensive, providing new insights and fresh perspective to their analysis. There is no boredom, or repetition in her writing but you will also find hilarious moments of the notorious British humor. But please do not misunderstand me. This trilogy is excellent not only for lay people but for experts alike. I have to confess that I learned a lot from Ms Robertson, and I have to express my gratitude publicly. You also should consider the scholars that wrote a foreword or suggested her books, among them being, Guy Lyon Playfair, David Hamilton, Stephen Braude, Bernard Carr, Stanley Krippner, Roy Stemman, Victor and Wendy Zammit... Let's get to work now.

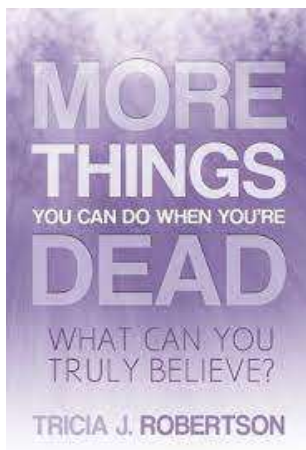


1. 2013, p. 149, ISBN:
9781908733603

Her first book *Things You Can Do When You're Dead: True Accounts of After Death Communication*, was published in 2013 and covered research into apparitions, poltergeists, mediumship, reincarnation, psychic healing, and after death communications. She shares with us many cases that have not been published before and she takes the effort to portray all aspects of the story so that the reader can reach a conclusion either for, or against each case. I was impressed by the variety of apparitions that exist and the way they manifest in her cases. Some are transparent and some are solid to the flesh and bone. She takes the time to investigate the cases with a colleague (several times with professor of Astronomy, Archie Roy) and

sometimes with the presence of mediums. She always records the witness's testimonies and makes sure that all witnesses are isolated so she gets as accurate an account as she can by checking for discrepancies and flaws. Her poltergeist accounts are just as impressive and exceptional as the apparition cases. She shares with us interesting cases of drop-in communicators and excellent accounts of mediumship communication. Finally, she shares with the public cases of paranormal healings ranging from laying on of hands and extending as far as distant healing cases.

Her second book titled, *More Things You Can Do When You're Dead: What Can You Truly Believe?* was published in 2015. In this one she added several more cases of the topics dealt with in her first book, but she also went as far as to insert cases of inspiration, obsession, possession, and cases of materialization during seances. On the other hand, she cautions against the use of Ouija boards and warns us that



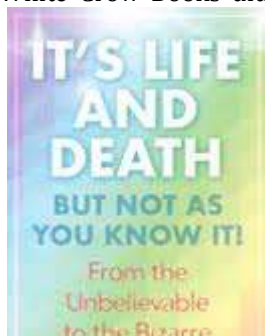
2. 2015, p. 179, ISBN:
97819101121443

“people are not always who they say they are when they come through”. What surprised her most in such cases is the fact that “a discarnate personality seemed to know about changing events on Earth since their demise.” As she says and I think all regression therapists would agree with this statement is this: “In some way human personality survives bodily death, we certainly cannot assume that a nasty person is automatically transformed by death into a much more benign, caring person any more than we would suppose a kind, loving, unselfish person is transformed by death into a villain. Nor can we avoid the possibility that some who die might linger on in a totally confused state, close to living

human beings, and are able on occasion to trigger physical phenomena whose unpredictable and nonsensical nature is at least as alarming as the phenomena themselves.”

In closing her book, she comes with this frame of thought: “I propose that the preponderance of evidence would tend to suggest that you are a soul within a body, not a body with a soul. Once the ‘old glove’ of the body has been discarded, the soul still exists with all its intelligence, motivation, intention and emotion. I feel that this has now been demonstrated and proven in my books as in a court of law, beyond any reasonable doubt, that once we have passed over there are indeed many, many, things that we can do when we are dead... bodily death does not totally destroy human personality. In some way that we do not yet understand, the death of a person does leave a non-physical legacy.”

White Crow Books did not stop there but instead went further and



3. 2020, p.149, ISBN:
9781786771438

published her latest book which is even more mind bending than its predecessors. In *It's Life and Death but Not as You Know It! From the Unbelievable to the Bizarre*, she examines not only the topics aforementioned but also, she adds cases of retrocognition, precognition, Electronic Voice Phenomena, Thoughtography to name but a few. She shares with us a lot of very compelling stories i.e., the Dutch clairvoyant Gerard Croiset's amazing precognitive skills, or the case of Ted Serios who managed to project images on Polaroid

film, or the impeccable and multi-faceted talent of performer Jesse Shepard.

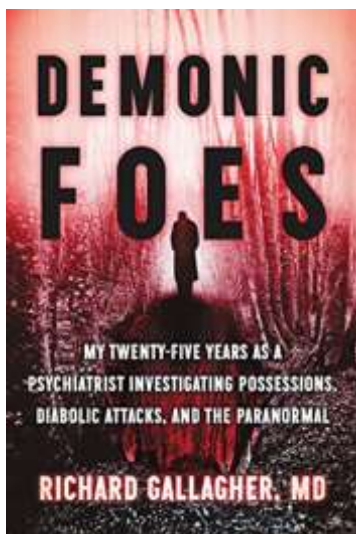
Personally, I was most impressed by the eighth chapter by the title "The Man of the Unholy Cross." A case that Professor Archie Roy kept in a drawer until everyone in the case would be dead. It is a case of a discarnate soul of a deceased Nazi official who overshadowed the personality of a lady who visited her psychotherapist. It is undoubtedly a chapter that could fit in any book on Regression Therapy.

She sums up her story by offering some advice: "As far as your personal experiences are concerned, the test of any experience is the clarity by which you remember that event. The memory of it should be as clear in every detail ten, twenty, thirty, forty years later, as it was on the day of the event. Do not let anyone tell you what to think, weigh up the evidence for yourself. I again contend that to anyone with a sensible open mind the evidence shows, 'Beyond any reasonable doubt,' that physical death is not the end of your consciousness, your personality, the real you – whatever you want to call it."

I hope you enjoy the journey just as I did...

BOOK REVIEWS CONTINUED

Athanasios Komianos



Title: *Demonic Foes. My Twenty-Five Years as a Psychiatrist Investigating Possessions, Diabolic Attacks, and the Paranormal.*

Author: Richard Gallagher

Publisher: HarperOne (October 6, 2020)

Hardcover: 272 pages

ISBN-13: 978-0062876478

Years ago, I had run into a Washington Post article entitled: *As a Psychiatrist I Diagnose Mental Illness. Also, I Help Spot Demonic Possession.* I was so glad that one more psychiatrist went out in

public and talked openly about the possibility of demonic possession. I knew that one article was not enough for the knowledge and experience of Dr. Gallagher. He has studied in the most prestigious American Universities and served in numerous psychiatric clinics. Proficient in the Classic Studies (Ancient Greek and Latin) he certainly has the caliber and efficiency to differentiate between mental illness and spiritual affliction. To my delight he finally came out with this book sharing his insights and expertise on the subject. Having been a scientific consultant to the Board of the International Association of Exorcists, based in the Vatican since the nineties, he is considered to be the most experienced scientist on the subject.

Dr. Gallagher cautions believers and sceptics alike to be open minded and alert. He says outright that “spiritual beings don’t show up on X-rays” and he warns that the Rite of Major Exorcism of the Catholic Church “is not a magic formula that will cast out demons automatically and completely liberate suffering victims without effort from the afflicted individuals themselves ... exorcists are not wizards...and exorcisms are not magic bullets.” Throughout the book he is trying to help the reader to understand the difference of mental disease as compared to the spiritual malady. He talks about the levels of demonic

affliction. The infestation is usually directed to places, houses, beds, pets, icons, holy objects, etc. It is a direct attack on things that are surrounding the victim. Oppression is a more direct attack on the victim and it usually external in nature. The attacks “are pummeled physically by ‘outside forces’.”

He provides us with several case studies that he has had a personal encounter with the victims and attended some of the exorcisms. He had the ability to consult with the victims (not his patients) and evaluate the mental health of the individuals taking pains to assure that there was no mental health issue, or a need for medical treatment or hospitalization. He also stresses the need to realize the extent as well as the components that constitute possession. Possession, the most severe form of demonic attack which is characterized by further paranormal attributes like superhuman power, the speaking and understanding of foreign tongues, the preternatural knowledge of facts about the lives of assistants and bystanders of an exorcism, impossible bodily contortions, and even cases where levitation took place, are some of the features that no psychotic will ever report as Professor Gallagher claims. He stresses the fact that possession is not an everyday phenomenon that occurs often. On the contrary, its rarity is compelling. He says that only a minor fraction of the cases that reach the press are real cases of possession that could meet the criteria set by the Church. As he notes: “as with all scientific conclusions about complex subjects it is the sum of the hard evidence, either for, or against such a conclusion, that should be the deciding factor.”

Overall, the book is very illuminating since it helps the reader go through many aspects of this controversial topic. It is not an easy thing to scroll over all these very delicate lines that cross fragile boundaries between science and religion. Dr. Gallagher is a master at that. One very important insight from his work is the finding that he describes: “the tendency for demonic states to imitate medical conditions... the “pseudo-posessions” I prefer to call them ‘counterfeit possessions’ because the term underlines how evil spirits can consciously mimic genuine illnesses or disorders to disguise or mask their presence... but interestingly, and this is a crucial point, evil spirits do not seem able to “get it right.” Their power to only imitate medical conditions remains flawed, and hence their manifestations are not a truly accurate imitation of an actual medical or psychiatric disorder.”

He also makes a very balanced and accurate historical presentation of the concept of possession in the course of human history and by examining most cultures.

However, to my surprise I was astonished by his inaccurate report of the Mount Rainier Case, the case that the film *The Exorcist* was based on. The

case lasted only four months, but he writes (p.25) that it took many years. If this is not a typo then most probably, he has not studied the Jesuit Report on the series of Exorcisms on Ronald Hunkeler, the afflicted teenager (Rueda, 2018). I hope the editor will restore this typo in the second edition.

Another pitfall on this book is the way Dr. Gallagher views Parapsychologists. Unfortunately, he adopts the mainstream indifference to this field naming it bluntly unscientific and pseudoscience. He is not aware of the amazing work that has been done in the laboratories and the field work by scientists that have far more stringent standards than mainstream scientists, what a pity indeed.

The usual suspect the “False Memory Syndrome” is recruited again to debunk claims on paranormal experiences of victims of satanic rituals. Of course, one should be very careful in accepting such claims at face value. On the other hand, we should not throw out the baby with the water. He attacks on the self-acclaimed amateur therapists, spiritualists, New Age fads, “spiritual explorers”, “psychic readers” and neo-shamans to name but a few, who unintentionally according to Gallagher open the back door to possession. Hypnosis could not avoid his attack either: “Hypnosis, a dubious way of trying to help people recall memories, is a common element in many false memory cases. These recollections have been labeled “repressed memories” by some. But when elicited under such conditions, they have repeatedly been shown to be unreliable, especially after long years of a total lack of recall of such dramatic episodes.”

No one could agree more on his attack on the multimillionaire televangelists who ‘exorcise’ either by ‘shaking off’ demons or by ‘blowing’ or slapping people on their foreheads live on TV.

He also attacks Freud’s initial findings when he was employing hypnosis and eliciting incestual experiences and rapes. Unfortunately, for psychology Freud not only abandoned hypnosis and devised free association and dream analysis but also developed a construct of the Oedipus complex (Bliss 1986). For Dr. Gallagher that was a move to the correct direction which shows us that he is totally unaware of the work of his colleague professor Bliss from the University of Utah who claimed that when inmates at the University hospital with MPD were hypnotized most of them run into cases of rape at a very young age and in some cases the rape was done by members of the family (Bliss 1986). The physicians in some of the cases were able to verify the stories that were revealed through hypnosis, in effect possibly verifying the original findings of Freud as well. They also debunked the classic FMS explanation and pointed out that all these could have been real stories that came up through hypnotic recollection.

The utmost miss though according to my point of view, is the fact that Dr. Gallagher only acknowledges possession by demons. He does not in any way entertain the idea of possession by spirits or other entities. I would most probably attribute this to the fact that as a clinician he never employed hypnosis in his practice. Alternatively, could we attribute this to possible "Christian bias?" I would not say so, Drs Shakuntala Modi, Bill Baldwin, Carl Wickland to name but a few were no less Christians than he is, but you will not find their names in his work. He clearly states that the best book on Possession was written by the German scholar Traugott Oesterreich, and I could not agree more (Oesterreich, 1974). However, this book is full of stories of possession by human discarnates as well. Why does he avoid the issue? Probably because he follows the dictum that "paranormal events of all sorts should always be presumed to be diabolic until proved otherwise." On the other hand, he criticizes his colleague Scott Peck on confusing a spiritual disorder as a mental condition and on performing exorcisms on his patients, sometimes with a very hefty fee. He also thinks very little of Peck's mentor Martin Malachi and his work on exorcisms.

Demonic Foes is a book that needs to be on your book selves. Any therapist will gain benefit by reading it. Even if you may disagree in some respect with the author, there are treasures to be revealed throughout.

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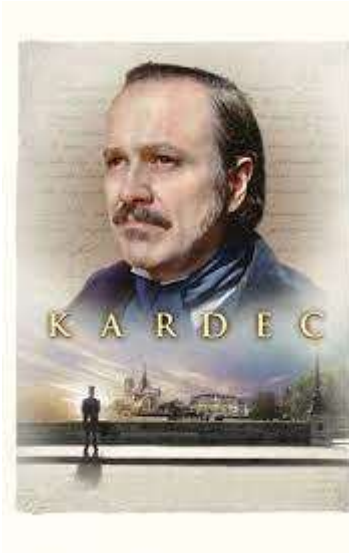
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Biography - Athanasios Komianos is a Certified Hypnotherapist (CHT) and Certified Regression Therapist (CRT). He was born in Kifisia, Greece in 1964. Athanasios (friends call him Nassos) moved to the United States where he studied psychology in Rose State College at Oklahoma City. Soon he moved to Oklahoma University and finally graduated from Old Dominion University at Norfolk Virginia in 1985, as a sociology graduate. He had to abandon his graduate work and return to Greece for family reasons. His interest in hypnosis and in depth psychology was still with him until finally, after a very long and torturous detour, he came to practice it as a hypnotherapist on the island of Corfu, Greece. He was approved as a Certified Hypnotherapist by the National Guild of Hypnotists and as a Certified Regression Therapist by the International Board for Regression Therapy, he was also a member of the IARRT. Nassos has also served on the Board of the Earth Association for Regression Therapy (EARTH), as a Vice President (2009-2013) and President (2013-2015). In 2013 he moved back to Kifissia where he is successfully running his therapeutic practice. He is also founder and director of the Greek Academy of Regression Therapy. He has published several articles in the Journal for Regression Therapy as well as several articles in a Greek weekly magazine called Phenomena, and is the author of two books. Nassos is also very well known as a deep researcher of the paranormal or parapsychological phenomena and has just formed a centre in Athens where these phenomena are studied. Nassos has coined the term *hypnoscopesis*, the specific technique of hypnosis that he is using in his practice. He is also known for two more innovative techniques, the "*Focus on your Birthmark*" technique and the "*Rapid Entity Attachment Release*" technique, which is also the title of a book he has written. Nassos was also the executive producer of the documentary film *Why Regression Therapy*. He has lectured, held workshops, and offered seminars in Greece, Portugal, Germany, Turkey, Estonia, India, Czech Republic, Russia and the United States.

VIDEO REVIEW

Kardec



I really like seeing real life movies, true stories brought on a movie screen. I was really surprised when I saw the thumbnail of a movie on Allan Kardec the founder of the Spiritism movement which was far more Influential In Brazil than In his homeland, France. I Immediately clicked on It and I am very glad because it was not a waste of time. It showed the Internal conflict that tormented the professor when he was pressed by distinguished citizens and academics to attend some séance and see for himself the truth of the matter. It was also very clear how he came into conflict with the Catholic church.

Kardec

2019 | Maturity Rating:13+ | 1h 50m | Drama

Director: Wagner de Assis. Starring: Leonardo Medeiros, Sandra Corveloni, Genézio de Barros.

Only Portuguese people can understand how influential was the work of the nineteenth century French professor Hippolite Léon Denizard Rivail after he attended a séance and his life changed from a harsh sceptic to a devoted believer. Even French people have forgotten about his work and existence. In 1857 he wrote the book *Le Livre des Esprits* (The Book of Spirits) under the pseudonym Allan Kardec which became an International best seller of the time. It was followed by four more books which constitute the *Spiritist Codification*.

The movie made me to take the book out of my bookcase and revisit It again. If you are not acquainted with this work it Is more than worthwhile to visit your local library and borrow this wonderful book.

If you are a Netflix subscriber you can see it [online here](#)

TED LECTURES

Insights from Mainstream Psychology

Who are you really? The puzzle of Personality. | Dr Brian Little

A wonderful and hilarious lecture about extroverts and introverts.



[Click here to see it.](#)

INTELLIGENCE SQUARED

Daniel Goleman on Focus: The Secret to High Performance and Fulfilment.



[Click here to see it.](#)

QUIZ

Find the Similarity



WCRT5, 2014. From left to right. Hans Ten Dam, Jim Tucker, Andy Tomlinson, Julio Perez and Mario Simoes.



International Transpersonal Conference 2017, Dean Radin, Amit Goswami, Etzel Cardeña, Jorge Ferrer, Christopher Bache, Ervin Laszlo, Stephan Martin · Panel Discussion: New Horizons In Science ·

If you cannot find the similarity then look at the [video here](#). There is a very interesting twist as you follow along.

YOUTUBE CHANNEL

Main Title: ***Dreams from Another Dimension?***

Journal of Near-Death Studies

JNDS, Volume 34, Number 2



Stanley Krippner

Abstract: In 2015, I began communicating with an events planner for the U.S. Army who shared with me a series of anomalous dreams -- anomalous in the sense that the dreams usually contained specific names of deceased servicemen previously unknown to her but known to an assistant chaplain with whom she worked. The goal of my ensuing case study research into this apparent episode of spontaneous mediumship was to collect these dreams, search for

commonalities, and propose explanations for their anomalous aspects. Alternative explanations included fraud, faulty memory, coincidence, and telepathy or some other form of remote perception. None of these alternatives explained these anomalies as well as what the experiencer herself proposed: that the deceased themselves had successfully communicated with her during her nighttime dreams.

You can view the lecture [here](#)

DOCUMENTARY

Main Title: ***Majic Medicine***.

A [Netflix](#) documentary.

Initial release: November 8, 2018

Director & Producer: Monty Wates



[Click here to watch.](#)

Review by Athanasios Komianos

This is an interesting documentary in the sense that it provides us with a lot of interesting insights from a novel approach that was certainly much needed. In this documentary we see medical researchers test psilocybin, the active ingredient in magic mushrooms, as a possible and alternate treatment for depression. Several volunteers offered themselves to be tested on this preliminary initiative, since conventional approaches seemed not have produced any changes on their mood.

Watching through this film I reached on the 25th minute of the video where I could easily relate to Mr Andy's session. If any of you watch this documentary, you will discover that it is one of these sessions that we regularly have in our offices that really are no longer impressing us. What occurred to me through this process is that EARTH must organize in such a way and follow a similar protocol to show in a practical manner how effective our therapy is. May be the EARTH Board and the Research committee as well as the PR committee should look seriously into this prospect for the near future. We have not come out with a documentary since 2015 and I think this is about the time to start doing something similar.

Mainstream physicians may be more open to the prospect of psilocybin treatments than Regression Therapy. It is far easier for them to accept the effectiveness of a chemical compound on the brain and furthermore

on the mind than the unleashing of the autotherapeutic abilities of our clients through regression therapy or hypnotherapy. This staunch physicalistic approach to mental and psychological ailments is still as prevalent as ever.

I quote here the scientific abstract of the study seen on the documentary:

Abstract

Rationale: Recent clinical trials are reporting marked improvements in mental health outcomes with psychedelic drug-assisted psychotherapy.

Objectives: Here, we report on safety and efficacy outcomes for up to 6 months in an open-label trial of psilocybin for treatment-resistant depression.

Methods: Twenty patients (six females) with (mostly) severe, unipolar, treatment-resistant major depression received two oral doses of psilocybin (10 and 25 mg, 7 days apart) in a supportive setting. Depressive symptoms were assessed from 1 week to 6 months post-treatment, with the self-rated QIDS-SR16 as the primary outcome measure.

Results: Treatment was generally well tolerated. Relative to baseline, marked reductions in depressive symptoms were observed for the first 5 weeks post-treatment (Cohen's $d = 2.2$ at week 1 and 2.3 at week 5, both $p < 0.001$); nine and four patients met the criteria for response and remission at week 5. Results remained positive at 3 and 6 months (Cohen's $d = 1.5$ and 1.4 , respectively, both $p < 0.001$). No patients sought conventional antidepressant treatment within 5 weeks of psilocybin. Reductions in depressive symptoms at 5 weeks were predicted by the quality of the acute psychedelic experience.

Conclusions: Although limited conclusions can be drawn about treatment efficacy from open-label trials, tolerability was good, effect sizes large and symptom improvements appeared rapidly after just two psilocybin treatment sessions and remained significant 6 months post-treatment in a treatment-resistant cohort. Psilocybin represents a promising paradigm for unresponsive depression that warrants further research in double-blind randomised control trials.

Now, we should consider here the case of Andy who experienced an attempt of smothering from his father at a very young age. He was almost choked to death when his father placed a pillow and tried to kill

him. He also felt a very dark power which scared him incredibly and which he tried to fight off and attributed it to his mother. It is interesting to notice the different assessments of the content of Andy's session by the conductors of the experiment. It seems to me that psychologist Ross Watt is closer to what seems to be happening than her colleague Marc Aixalà who takes the symbolic route in his interpretation. Critics would assert that this could be attributed to the False Memory Syndrome, since Andy's mother diaries do not contain such a severe incident. But maybe the mother was not there during the smothering attempt. We have no way to know unless we have access to the whole transcripts of both sessions as well as the six-month assessment session.

One more statement I want to make is on the biochemical dimension of the compound. What was used in this study was a 10 mg dose of psilocybin on the first session and a 25 mg dose on the second session. For those of you who have consumed alcohol in your lives you may agree with me on this one. What chemistry tells us is that a glass of wine contains thirteen percent of alcohol, a glass of beer five percent of alcohol or a glass of vodka contains forty percent of alcohol. But you all will agree with me that the effects that these drinks have on our mood are extremely different from one another. Let us suppose that we bought a bottle of pure alcohol from the pharmacist, and we diluted it with water accordingly. Five percent for the 'beer', thirteen percent for the 'wine' and forty percent for the 'vodka'. Do you think that it would feel like drinking beer, wine, or vodka. The obvious answer would be certainly not. It is not only the alcohol that matters but all the other substances that accompany it, and that makes a tremendous difference in the subjective experience. It would make sense then that the lab manufactured psilocybin is as close to the mushroom as the thirteen percent alcohol diluted in water, is to a wonderful Porto wine. I hope I have made my point clear.

We welcome such studies that are a step to the right direction, and we would like to see a not so restricted and tight protocol on these treatments. More sessions should be scheduled if necessary. Andy's depression was not as severe as Mark's and John's. If Mark and John were given more doses of treatment along with further psychotherapeutic support, my guess is that they may have not relapsed in that disappointing manner.

GUIDELINES FOR SUBMISSIONS

Journal Board

The Journal welcomes submissions. Submissions may be made by e-mail to the editor at chiefeditor@regressionjournal.org. Questions in advance of any submissions are welcomed. Our guidelines are fairly standard and generally follow those practices observed by many other journals. Our preference is for manuscripts that do not exceed around 6,000 words (approximately 10 single-spaced pages). However, the editors are aware that comprehensive research-based articles and reports may be necessarily longer to encompass the in-depth methodology and analysis. Articles can include case studies, professional approaches or techniques, research, or theoretically and/or experientially informed positions on topics of interest to the community.

The Journal staff has decided to use the APA 7 (American Psychological Association) format, a general standard for articles in the social sciences fields. Journal contributors are therefore expected to observe APA professional procedures in correctly citing sources of facts and ideas, when appropriate. Please use in-article citations within the body of the article and append a reference list at the end of the article that includes all citations made within the paper (in APA format). For other in-document annotations, parenthetical comments and the like, use page end notations, where appropriate, sequentially numbered starting with the number 1.

All articles must be properly edited (to conform to APA 7 standards) and submitted only in Word. If any assistance is required, please consult with the journal editor for further information.

Submissions Should Include

1. Title
2. Name and address of author(s), including e-mail address(s)
3. A current biography of the author(s) (@ 150 words each)
4. An abstract of the submission which provides an overview of the content (@ 200 words)
5. Formatting and References:
 - Adoption of American Psychological Association (APA) formatting and referencing

- The journal is presented in English (UK). If submitted in another version please be prepared for editing
- Use 1.15 spacing and use Bookman Old Style/ITC Berkeley 12 points as the font.
- Graphics may need to be adjusted by the editors as required to suit the journal page widths and formatting. Therefore, do not lock the graphic to a particular place in the text as it may need to be moved.
- Avoid copying embedded hyperlinks in the reference citations if copying the reference citation from on-line or other digital sources.

6. Case studies/examples—therapist/client interactions:

- Since many of our case discussions and therapeutic techniques include client/therapist interactions, the Journal has a standard way of describing these interactions.
- When the therapist is speaking, begin the sentence with the word, “Therapist”.
- When the client/patient is speaking, begin the sentence with the word “Client”.
- For this section only, the author can opt to designate direct quoted material with italics and not quotes.
- If the therapist or author offers explanatory or parenthetical additions in the middle of the client/therapist dialogue, revert back to standard formatting described above.

Your submission will be reviewed by the editorial staff of the Journal and will be approved, or rejected, for publication. The Journal Board retains the customary editing rights of a publisher, including but not limited to the right to make changes for the sake of clarity and style, to correct grammar and spelling, and to condense or abridge said manuscript. Normally, any substantive changes or questions for clarification will be coordinated with the author for approval. Therefore, upon acceptance the submission will be content edited and will be sent back for your approval, inclusive of adjustments and/or suggestions.

Please attempt to submit your original submission in a form that is publishable and includes the requirements noted above. You may wish to utilize the “Review” tab in Word to review and accept the changes made by our staff. Please return the document without renaming the file.

The author(s) of the article retain copyright to the submission and grants the Journal the right to publish said manuscript and reprints thereof in hard copy and online formats. Additionally, brief excerpts or quotations may be used by the Journal Editorial Staff in subsequent hard copy and online publications, without prior written permission.

The Journal Board look forward to receiving your submissions and your associated contributions to the field of regression therapy.

EARTH ASSOCIATION FOR REGRESSION THERAPY NEWS



Application for Research Funding

EARTH Research Committee

Earth Association for Regression Therapy is an international organisation that promotes professionalism in regression therapy. The EARTH Research Committee embraces a mission to contribute to our members and the wider field of Regression Therapy by undertaking and facilitating individual Research Projects which will enhance awareness and knowledge about Regression Therapy.

With these aims in mind, EARTH offers funding opportunities to support research projects that:

- Aim to support the efficacy of Regression Therapy, via relevant evidence, as a treatment for a variety of psychological, emotional, physical and/or spiritual issues.
- Collate and analyse relevant evidence for Regression Therapy as a Treatment and/or as an evidence base for reincarnation/consciousness studies/life after death.
- Draws on evidence for theory development and/or generates new theoretical or practice- driven models which contribute to the wider field of Regression Therapy and its associated aspects.
- Bring new knowledge regarding the effects of Regression therapy on, for example: the physical body, psychological conditions, emotional issues and or psycho-spiritual well-being.

Awards for funding may be in the region of 1,000 Euros. Proposals offered should outline the nature of the project, the methodological framework of the project, what is hoped to be achieved as an outcome of the project and how this is perceived to contribute to the field of regression therapy. The Research Proposal Form is available to download at: <https://www.earth-association.org/download-center/>

As requested in association with this form, please include a brief Curriculum Vitae and the names of two referees in support of your research. Once completed, please forward the Research Proposal Form to the EARTH Research Committee at: earth.researchcmt@gmail.com

EARTH ANNUAL CONVENTION 2023

The Art of Crossing the Threshold: Turning Blockages into Solutions in Regression Therapy

EARTh Programme Committee

The EARTh Annual Convention will be held in Kemer Antalya, Turkey between the 7th and 14th October 2023. We invite you to attend, to learn, to share, and engage with colleagues at this beautiful resort location in Turkey.

In our work, we very often deal with clients' resistance, blockages and defence mechanisms of all types, since all these are surviving strategies protecting the wounded parts within. They serve their purpose, sometimes an entire lifetime; they are there for a reason; yet, as long as they exist, they stop the self-healing process which may sometimes manifest itself naturally (or not). During Regression Therapy sessions, dealing with clients' blockages and resistance can prove to be the most challenging endeavour of the therapist. The stronger the resistance, the deeper the wound; therefore, the more skilled the therapist may have to be. Gaining more experience on working with clients' blockages is a powerful motivation for you to join the 2023 AC in Turkey!

Please [click here](#) for more detailed information.

EARTH WEBINAR PROGRAMME 2023

EARTh Webinar Team

Aiming to support personal and professional growth of regression therapists.

EARTh has developed a webinar program for 2023, offering you a special opportunity to participate every month in webinars presented by many highly experienced EARTh members who have generously agreed to share their vast knowledge with webinar participants.

We highly recommend that you attend the webinars in real time, but if this is not possible your webinar registration will provide you with access to a recording of the event.

Please watch the [2023 program video](#) for the webinars. You can still register for the recordings you would like to watch.

Please register as follows: <https://www.earth-association.org/eshop/on-line-webinars/>

Costs to attend are 40 Euro for non-members.

If you like to be informed about new webinar program, please send an email to: info@earth-association.org

EARTH PRESENTS A NEW MEMBERSHIP CATEGORY: AFFILIATE MEMBERSHIP

EARTh Membership Committee

EARTh presents a new Affiliate Membership category for those who are interested in aligning with the work EARTh is doing. The new category holders may be therapists or students in the field of regression therapy who engaged in non-EARTh school trainings, or hypnotherapists who want to cooperate with EARTh. Also, researchers in the field of regression therapy or in other fields related to Regression Therapy can become an Affiliate Member. The fee for this membership category is 75 Euros per year.

There are many benefits to this new membership category. The members will have access to the Bimonthly EARTh newsletter and receive a 10% discount at EARTh's Annual Convention. They will be listed on the website as an Affiliate Member on a special page and will be able to attend EARTh's webinars and facilitate webinars for EARTh's members. New Affiliate Members will also have access to the various Facebook groups and be able to attend public groups and intervention groups.

It is a great chance for those who want to be a part of a group of professionals with the same interests, making connections and community building.

Also having the opportunity for continuous training, growth in the field of regression therapy and getting more familiarized with EARTh association. If the standard criteria are met, Affiliate Members will also have the possibility to upgrade to the other categories - Student, Professional or Certified Membership.

There are a few restrictions regarding the new membership. This category of membership will not be able to participate in the EARTh General Assembly, since they don't have the right to vote for the election of the President or the Board members. Neither will they be able to participate in the Online Voting Meetings where voting is conducted for different motions and proposals, or apply to become Board members or the President of EARTh. They

don't have access to the authorized user's section and forum and they cannot advertise their work on EARTH website or advertise themselves as Professional or Certified Members.

Although it is restricted for the Affiliate Member to become Committee members, they can collaborate with some committees if they want and obtain grants and sponsorship - for example for a research project.

Please inform your colleagues and friends who are interested in EARTH activities, if they meet the criteria, they can apply now!

Here is a list of what our association is currently offering to the members (please note that some are only for Professional and Certified Membership):

- Access to the Bimonthly EARTH newsletter
- 10% discount at EARTH's Annual Conventions and World Congresses
- Being able to attend EARTH's webinars (some of them free of charge or with a discount) and the possibility to facilitate webinars for EARTH's members
- Being listed on the website on a special page
- Being under the umbrella of an organization, receiving feedback to maintain professional standards will for sure create an identity for the members and make them more credible to attract more clients
- Access to the authorized user's section and forum on our website
- Access to the Facebook groups and ability to attend public groups and intervention groups
- Being able to participate to our General Assembly, to vote, and have access to online voting (voting is for Professional Members (PM) and Certified members (CM) only)
- Free access to the International Journal for Regression Therapy publication as well as the past issues and articles database (this is an ongoing project that will grow)
- Free access to some of the Vimeo recordings, and others with discounts
- Being able to apply to become part of the Board of EARTH and/or the Committees (this is mainly for PM and CM, but some students that almost finished their schooling can join committees)

- Being able to advertise your regression therapy work on our website (mainly for PM and CM) and have your own bio page (PM and CM only)
- Being the first to find out about EARTH's latest products and services that are offered
- Having your school listed on EARTH's webpage, and if this is the case, having your advanced trainings listed on EARTH's webpage, and therefore the ability to issue diplomas with the EARTH logo on them
- Being part of a group of professionals with the same interests, making connections and community building
- The opportunity for continuous training and growth in the field of regression therapy.

To find out more about Affiliate membership and EARTH's other membership categories you can review these via the following link:

<https://www.earth-association.org/membership/>