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EDITORIAL

Athanasios Komianos

2026 is even worse than 2025.

Right at the beginning of the year, we witnessed the capture of the president of a sovereign state in a US commando operation that stunned the international community. On 3 January, American forces captured Venezuelan President Nicolás Maduro and his wife in an operation involving US Special Forces, air strikes and CIA intelligence.

And that was only the beginning. In August, Trump announced an extraordinary oil agreement giving the United States majority control over interests connected to more than **65 billion barrels of proven Venezuelan oil reserves**, involving concessions covering 17 oilfields. The agreement has been presented by Washington as an economic partnership, although serious questions have been raised about its legal, financial and political implications.

Whoever the Imperator dislikes, he dismantles and renders powerless. Cuba, with a population of roughly 11 million, has faced a further tightening of US economic pressure. The Trump administration imposed additional sanctions in 2026, while Cuba denounced the measures as illegal “collective punishment.” The country's already severe economic crisis has been aggravated by intensified US sanctions and restrictions on fuel supplies, contributing to shortages of food, medicine, electricity and other necessities.

Then came Iran. In February, our planet emperor acted upon his long-held hostility towards the Iranian regime. Under the burden of the revelations surrounding the Epstein files, Trump helped turn Netanyahu's ambition of fundamentally reshaping Iran into military reality. But Iran did not turn out to be a war game played on a PlayStation. The US-Israeli offensive failed in its larger objective of overthrowing the Iranian regime and establishing a government more favourable to the West. Six months later, Iran had survived the

bombardment and emerged more defiant, while the conflict had produced still greater instability throughout the Middle East.

Having further disturbed an already precarious global equilibrium, as of this writing Trump has launched a new series of attacks against a resisting Iran.

The war in Ukraine remains another active front, devouring the lives of young soldiers for more than four years, with no viable—or even visible—solution in sight as the conflict continues to unfold. At the same time, the Baltic countries, Poland and Germany increasingly perceive Russia as a threat.

Meanwhile, extreme weather events and record-breaking temperatures continue to intensify. Europe experienced extraordinary heatwaves during the summer of 2026, with **more than 10,000 excess deaths** reported during the June heatwaves alone, the overwhelming majority among people aged 65 and over. Extreme rainfall and flooding have also caused deaths and destruction elsewhere; in China, for example, torrential rainfall produced deadly landslides while authorities warned of exceptionally severe flood conditions.

Wildfires—or *megafires*, as they are increasingly portrayed—relentlessly destroy forests that are vital for carbon storage, ecosystems and water regulation. Year after year, the climate crisis intensifies. Spain and southern France were among the areas badly affected by the 2026 wildfire season, with hundreds of thousands of people evacuated or placed under lockdown. Belgium subsequently experienced the largest wildfire in its recorded history, while drought and extreme heat affected much of Europe.

Across the Atlantic, smoke from massive Canadian wildfires travelled long distances into the United States during July, something documented dramatically by NASA satellite observations.

And drought may be the ultimate winner. The Danube fell to such extraordinarily low levels that dozens of German warships deliberately sunk during the Second World War once again emerged from the riverbed near Prahovo, Serbia. Some still contain weapons and unexploded ordnance.

Italy's Po River has also fallen to historically low levels. Near Pavia, extensive areas of riverbed have been exposed, while more than 100 municipalities in Piedmont and Lombardy have faced critical water-supply problems.

This is part of a much larger phenomenon. A major study published in *Science*, examining nearly 2,000 of the world's largest lakes and reservoirs between 1992 and 2020, found that **53% experienced significant declines in water storage**, with a net loss of approximately **22 gigatonnes per year**. Climate warming and human water

consumption were among the principal causes of the decline in natural lakes.

And then came the latest tragedy in Nepal. In August, a catastrophic Himalayan flood triggered by a glacier collapse devastated communities along the Nepal–Tibet border. By early September, more than **1,100 people had been confirmed dead in Nepal alone, with thousands still missing**. Scientists have pointed to unusually warm conditions and longer-term glacier loss as possible contributing factors, although the precise causes of the collapse are still being investigated.

I will now plagiarise myself by repeating something I wrote in this section last year:

It now takes an extraordinary imagination to see a hopeful path forward through this global turmoil. Personally, I fear we have crossed a point of no return. Still, I can only hope that I am profoundly mistaken.

On Regression Therapy

2026 is the fortieth anniversary of the launch of the *Journal of Regression Therapy.* Forty years have passed since this wonderful team of therapists united to share their findings. You will read parts of the original material in our section **"Fragments of the Past."**

A lot of things have changed since then, most of these pioneers are dead, but their spirit lingers on as Lighthouse for our future. We stand for the continuation of this tradition despite the obstacles and difficulties. We are striving to improve the output of our edition, which is not an easy thing to do. One more development is that as of this year the 1st of July will be held as the **International Day of Regression Therapy**.

2026 is also the twentieth anniversary of the foundation of EARTh and lots of surprises and celebrations or on the way for the lucky who will attend the Annual Convention in Spain.

About this Issue.

But now we must turn our attention to our own field and to developments within our profession, **Regression Therapy**.

In our last issue, we featured submissions from India. This year, we begin once again with a contribution from India, but from a different team: **Dr Ameeta Thacker** and her colleague **Kushi S**. Their study explores the relationship between emotional difficulties and thyroid disorders and examines whether clinical hypnosis might be of therapeutic benefit. Many participants reported difficulties with emotional expression or communication, while the hypnosis case

studies indicated improvements in emotional well-being, confidence, and some physical symptoms. The results are promising, although larger controlled studies are needed before conclusions can be drawn about the value of hypnosis as an adjunct to conventional thyroid treatment.

Our next contribution comes from Russia. **Dr Ildar Safarov** combines several therapeutic approaches in exploring how **Life Between Lives (LBL) regression** may help clients resolve emotional and relationship conflicts through a deeper shift in perspective. Three case studies suggest that clients who identified with a deeper sense of self experienced greater awareness, remorse, forgiveness, gratitude, and love. Safarov relates these experiences to principles found in Gestalt therapy, Rogers' concept of congruence, and Ho'oponopono. Although based on only three cases, the paper offers a possible framework for understanding how LBL experiences may facilitate psychological transformation.

We also dedicate a section to one of the pioneers who conducted scientific research into regression therapy during the 1990s, **Dr Ronald van der Maesen**. Now in his nineties, it seems particularly appropriate to acknowledge once again his important contribution to our field. This article is our tribute to him.

We then move to the **central theme of this issue: the serious and complex subject of suicide**. The introductory article, written by myself, approaches the subject from a wide range of perspectives—sociological, anthropological, psychological, transpersonal, parapsychological, and paranormal. It then proposes an integrated transpersonal and regression-therapy perspective on suicidal ideation, intended to complement rather than replace established psychological and social approaches. It considers whether some suicidal thoughts may also reflect crises of meaning, identity, and unresolved experience rather than simply a desire for death, and explores how such a perspective might contribute to a broader and more compassionate therapeutic approach.

This is followed by a paper from our Dutch colleague **Maarten Wiegmans**, who demonstrates how he approached this exceptionally complex subject within a therapeutic context, combining **regression therapy and constellations**.

Further on, we have something of a surprise. **Herlina S. Manap,** from Indonesia, presents a carefully conceived argument concerning the tendency for controversial ideas sometimes to be rejected before they have been adequately investigated. She argues that good research

requires both critical thinking and an open mind, applying the same standards of evidence to all claims. Using research into reincarnation cases as an example, she proposes **"disciplined openness"** as a balanced approach to investigating uncertain or disputed phenomena. We are very pleased to publish her work. The original manuscript was enormous, and considerable editing was necessary to bring it to a suitable length for publication.

In the **Therapist's Corner**, we become even more international. Once again, we have a contribution from **Dr Ricardo Feix**, a medical doctor and therapist from Brazil who employs approaches that are not commonly encountered in Europe. He is followed by our two Spanish colleagues, **Gina Rodriguez** and **Sonia Tapiador**, and our Dutch colleague, **Marion Boon**.

I would like to take this opportunity to thank the **Earth Association for Regression Therapy (EARTh)** and the **Applied Transpersonal Psychology Foundation (ATPF)**, which acts as our publisher, for their funding and continued support of the *Journal*. Without them, the *Journal* might simply cease to exist. This year, the **International Board for Regression Therapy (IBRT)** has also made a significant contribution towards keeping this edition alive. In addition, a small but loyal group of readers continues to support us through private donations, and we are deeply grateful for their commitment.

We must, of course, thank all our authors, who have contributed to this issue and entrusted their work and ideas to us. Finally, heartfelt thanks go to all our editors, particularly **Drs Furlong, Rodrigues, and TenDam**, for their continuing dedication to the *Journal*.

I look forward to meeting many of you at the **EARTh Congress in Granada, Spain, in November**, and some of you in **Spetses, Greece, at the EUROTAS Conference in October**.

1 September 2026

Athanasios Komianos | chiefeditor@regressionjournal.org

P.S. Most of the images, charts and tables contained in this issue have been created by employing the help of AI namely, ChatGPT 5.6 Sol.

Research Articles

EXPLORATORY STUDY - ROLE OF EMOTIONAL EXPRESSION AND THE SCOPE OF CLINICAL HYPNOTHERAPY IN THE TREATMENT OF THYROID DISORDERS

Ameeta Thacker, Khushi S (India)
Affiliation: Wholistic Wellness

*Corresponding author: neha@wellness-space.net

Abstract: This mixed-methods study examines associations among emotional expression, self-esteem, interpersonal communication, and thyroid disorders, and evaluates clinical hypnosis as a complementary mind–body intervention. A cross-sectional survey of 120 adults with thyroid conditions found that 57.3% reported difficulties with communication or emotional expression. Twelve in-depth case studies of clinical hypnosis indicated qualitative improvements in emotional regulation, confidence, self-discipline, reductions in psychosomatic symptoms, and overall health. These exploratory results suggest clinical hypnosis may enhance psychological well-being alongside conventional thyroid care. Larger, controlled trials are needed to confirm efficacy and clarify mechanisms. The findings support integrating mind–body interventions into conventional thyroid treatment frameworks.

Keywords: Mind-Body Medicine, Thyroid conditions, Mind-Body Interventions, Communication, Emotional expression, Self-Esteem, Clinical hypnosis, Complementary treatments, Case studies, Survey, Multi-method research design, Holistic approach, Health care, Psychology.

Introduction

Mind and brain function as an integrated unit, with thoughts, emotions, and beliefs influencing physiological systems via established pathways in psychoneuroimmunology and neuroscience. How an individual perceives and responds to stress shapes health outcomes; coping strategies formed in early life become behavioural templates that influence disease vulnerability. Experiences from the prenatal period through formative childhood are encoded in the subconscious and can perpetuate maladaptive patterns that manifest somatically.

Accessing and transforming these subconscious encodings is therefore central to interventions that aim to restore mind–body balance. Mind–body medicine

examines how thoughts, emotions, and behaviours influence physiological function and overall health, drawing on practices from ancient traditions to modern therapies (e.g., mindfulness, biofeedback, guided imagery, cognitive behavioural therapy, clinical hypnosis, and regression). In thyroid disorders, psychological factors such as stress and emotional suppression may worsen symptoms or impede treatment, while the condition itself can impair communication and self-expression, creating a bidirectional cycle of distress.

Integrated Clinical Hypnotherapy (ICH) operationalizes this approach by combining suggestive work, guided visualization, regression, ego state techniques, and energetic clearing to identify core emotions, maladaptive conclusions, and entrenched behavioural patterns. By identifying nonself influences and early formative deviations that set the tone for dysregulated responses, ICH seeks not only symptom relief but reorientation of the subconscious toward adaptive coping and vitality.

This study examines associations between emotional expression, self-esteem, intra and interpersonal communication, and thyroid function through a cross-sectional survey (n = 120) and 12 detailed case studies of clinical hypnotherapy thyro-therapy. By combining quantitative and case-based evidence, the research evaluates the potential of mind–body interventions—specifically ICH applied as a complementary treatment alongside hormonal care—to address psychosomatic contributors to thyroid dysfunction, clarify mechanisms (e.g., stress reduction, resolution of core emotional patterns), and assess applicability across thyroid populations.

METHODOLOGY

This mixed-methods exploratory study combined a cross-sectional survey with twelve in-depth case studies to examine relationships among emotional expression, communication, self-esteem, and thyroid health, and to evaluate clinical hypnotherapy as a complementary mind–body intervention. Guided by a working (nonconfirmatory) hypothesis — "A substantial proportion of adults with thyroid disorders experience challenges in areas related to communication, expression, and self-esteem" — survey data were analysed descriptively to identify trends and correlations across a diverse sample, while the case studies provided qualitative depth on individual responses to clinical hypnotherapy. Integrating quantitative and qualitative findings allowed triangulation and generated a nuanced perspective on the potential role of mind–body approaches in thyroid care.

Key Variables

- Emotional expression: Verbal and nonverbal articulation of feelings; measured via survey items assessing perceived ability to express emotions.

- Communication skills: Interpersonal and intrapersonal ability to convey and interpret information; measured with self-report items on listening, clarity, and understanding.

- Self-esteem: Overall sense of self-worth; measured through questions about perceived value and honesty with oneself.

- Thyroid condition: Diagnosed thyroid disorders (e.g., hypothyroidism, hyperthyroidism); recorded by participants along with duration of diagnosis.

Participant Selection

Participants were adults (≥18 years) with a clinical diagnosis of a thyroid disorder (primarily hypo- or hyperthyroidism) who could read and write; those with thyroid symptoms for under six months were excluded. Approximately 120 participants of all genders completed a survey describing their experiences with communication, emotional expression, and self-esteem.

A case-study subset of twelve participants voluntarily enrolled in a specially curated five-session thyro-therapy program using clinical hypnosis as a complementary treatment. Recruitment occurred during an online seminar where the study and program were presented; each participant was paired with a certified clinical hypnosis therapist who participated voluntarily. Signed consent was obtained from all participants at enrolment, and ethical safeguards were observed throughout the study.

STATISTICAL ANALYSIS

Survey study

Descriptive statistics summarized responses from 120 participants with thyroid disorders. Twelve survey items were dichotomized to align with the study hypothesis (Column A = responses supporting the hypothesis; Column B = responses not supporting it); percentages and counts (percent × N, rounded) are reported for Column A. Items were grouped into three domains — Communication (5 items: Q1, Q5, Q6, Q9, Q10), Expression (4 items: Q2, Q3, Q4, Q8), and Self Esteem (3 items: Q7, Q11, Q12). For each domain, item-level means and standard

deviations (SD) were calculated; standard errors (SE = SD/√n items) and 95% confidence intervals (CI = mean ± 1.96×SE) were computed. All analyses were performed to describe central tendency and variability and to estimate precision around domain means.

Domain	Items (n)	Mean (%)	SD (%)
Communication	5	57.26	15.43
Expression	4	51.20	15.64
Self-esteem	3	48.43	6.01

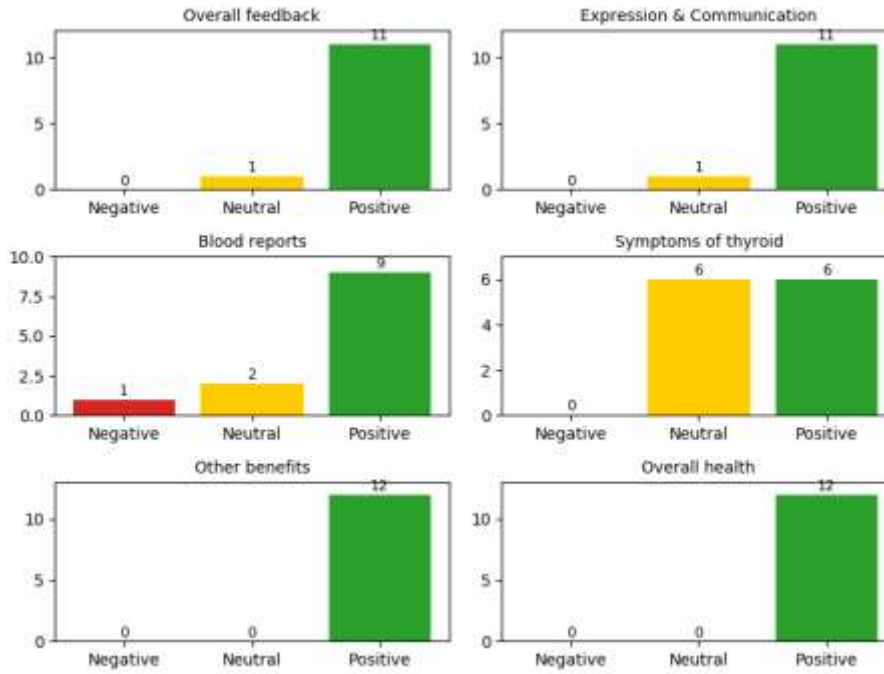
Descriptive Responses

The responses to key questions concerning communication, expression, and self-esteem are summarized below:

Question	Yes (n, %)	No (n, %)	Maybe (n, %)	Column A (Supporting)	Column B (not Supporting)
Able to express self	37 (30.6%)	51 (42.1%)	33 (27.3%)	69.40%	30.60%
Over-expressing	42 (34.7%)	49 (40.5%)	30 (24.8%)	59.50%	40.50%
Difficult to fit in	52 (43.7%)	36 (30.1%)	30 (25.2%)	68.90%	30.10%
Listen to inner voice or intuition	66 (55.0%)	17 (14.2%)	37 (30.8%)	45.00%	55.00%
Feel heard	37 (31.1%)	47 (39.5%)	35 (29.4%)	68.90%	31.10%
Are you a good listener	77 (63.6%)	14 (11.6%)	30 (24.8%)	36.40%	63.60%
Good self-esteem	63 (52.1%)	27 (22.3%)	31 (25.6%)	47.90%	52.10%
Honest/truthful to yourself	83 (68.6%)	7 (5.8%)	31 (25.6%)	31.40%	68.60%
People get what you convey	38 (31.4%)	37 (30.6%)	46 (38.0%)	68.60%	31.40%
You get what others convey	69 (57.0%)	7 (5.8%)	45 (37.2%)	43.00%	57.00%
Others see value in you	54 (45.4%)	20 (16.8%)	45 (37.8%)	54.60%	45.40%
Feel your self-worth	69 (57.5%)	19 (15.8%)	32 (26.7%)	42.80%	68.20%

Case studies

Thematic and descriptive analyses were performed on 12 participants who received clinical hypnosis during thyro therapy. Feedback was coded as positive, negative, or neutral; recurring themes were identified. Counts and percentages summarize primary outcomes and secondary dimensions (expression/communication, blood tests, symptoms, other benefits, overall health), with illustrative quotes for context.



Thematic analysis — key findings (n = 12)

- Emotional improvement: all participants (12/12) reported better emotional well-being.
- Improved self-discipline/daily structure: 7/12.
- Better expression and communication: 11/12.
- Increased confidence and vocalization: 11/12.
- Lifestyle and health behaviour changes (exercise/diet): 5/12.

- Reduction of somatic symptoms: 5/12.
- Improved relationships: 7/12.
- Improved mobility and breathing: 2/12.
- Improved overall quality of life/mental health: 12/12.

Brief illustrative quotes available (e.g., "I feel better emotionally"; "I became more able to communicate effectively"; "My confidence increased").

INTERPRETATION— Triangulation

Data from 120 survey respondents and 12 therapist-corroborated case interviews were integrated for qualitative–quantitative triangulation. Survey patterns of communication difficulties and emotional distress aligned with interview narratives reporting emotional improvement, enhanced expression/communication, increased confidence, lifestyle changes, and reduced psychosomatic symptoms following thyro therapy with clinical hypnosis. The case studies corroborated and enriched the survey findings, strengthening confidence in the observed associations and suggesting clinical hypnosis may be a useful complementary intervention in thyroid care. However, while promising, these findings are exploratory and derived from self-reports without a control group; therefore, causality cannot be inferred.

RESULTS

Across 12 case studies, feedback was predominantly positive. All participants (12/12, 100%) reported overall improvement and other benefits. Ten of twelve participants (91.7%) reported positive changes in expression and communication (1 neutral), and nine (75.0%) reported favourable changes in blood reports (2 neutral, 1 negative). Thyroid symptoms were evenly split between positive and neutral responses (6 positive, 6 neutral). Overall, clinical-hypnosis thyro-therapy was associated with consistently positive subjective and objective outcomes in this sample.

In the survey (n=120), Item level responses supporting the working hypothesis indicated that a majority reported being unable to express themselves (69.4%), feeling they find it difficult to fit in (68.9%), feeling heard (68.9%), and that others understood their communication (68.6%). Moderate support appeared for over expressing (59.5%) and perceived value by others (54.6%). Lower endorsement was observed for listening to one's inner voice (45.0%), receiving others' messages (43.0%), feeling self-worth (42.8%), having good self-esteem (47.9%), self-honesty (31.4%), and being a good listener (36.4%).

CONCLUSION

In this exploratory study (n=120) and 12 case reports, participants with thyroid disorders commonly experienced communication, expression, and self-esteem difficulties. Case reports from a clinical-hypnosis thyro-therapy program suggest improvements in emotional regulation, confidence, functional communication, and some psychosomatic symptoms. Together, the findings support integrating mind–body interventions like clinical hypnosis alongside conventional thyroid care and highlight the need for mental-health support in this population. Larger, controlled longitudinal studies are warranted to quantify effects, investigate mechanisms (e.g., stress reduction), and evaluate durability.

APPENDIX

The Treatment Plan

Therapy Model and Adaptations

The EKAA Institute's training in Integrated Clinical Hypnotherapy emphasises a holistic approach to healing by integrating a range of therapeutic techniques designed to address the psychological and emotional needs of individuals, while also supporting the restoration of physiological balance in disease conditions.

In the present Thyro-therapy Treatment Programme, this model was adapted to meet the specific clinical requirements of thyroid-related conditions. Thoughtful modifications were introduced while preserving the core principles of EKAA's therapeutic methodology.

Introduction to the Thyro-therapy Treatment Plan

The Thyro-therapy Treatment Plan is a structured five-step, five-session therapeutic approach designed to address a range of thyroid conditions. The programme aims to empower clients by enhancing emotional expression, communication, and self-esteem, while simultaneously addressing the psychological factors that may contribute to thyroid dysfunction.

By integrating mind–body interventions, the treatment plan adopts a holistic approach to thyroid health, with the goal of improving overall well-being and quality of life.

The protocol was implemented with a cohort of 12 clients aged 18 years and above who had been diagnosed with various thyroid disorders. This focused therapeutic

strategy aimed to create a supportive environment that addressed both the physical and emotional dimensions of thyroid health.

Structure of the Thyro-therapy Treatment Plan

(Curated by Wholistic Wellness, based on EKAA's Integrated Hypnotherapy Treatment Model)

Each patient underwent a five-pronged therapeutic approach utilising hypnotic modalities designed to affect different psychological and emotional dimensions associated with thyroid dysfunction.

First Session: Intake and Hypnodiagnostic Exploration

The first session focused on intake assessment, clarification of presenting symptoms, identification of treatment goals, and exploration of the patient's willingness and belief in mind–body approaches to thyroid conditions.

A reverse-count induction technique was used to establish hypnotic rapport and implant therapeutic suggestions aimed at aligning subconscious processes with the patient's conscious therapeutic objectives. Suggestions were customised according to the individual's level of suggestibility and active participation in the process.

Towards the end of the session, hypnodiagnostic techniques were employed to move beyond the presenting complaint and identify emotionally charged statements that could reveal the core issue or underlying emotional conflict associated with the thyroid condition.

Second Session: Ego State Therapy and Emotional Resistance

The second session focused primarily on ego state therapy. The aim was to facilitate the release of non-self-energies or perceived attachments that might interfere with the patient's health, emotional balance, or sense of authenticity.

In certain cases, this stage also involved working through emotional resistance resulting from long-standing suppressed anger, resentment, or unresolved emotional conflicts. Such resistance was considered a possible barrier to accessing deeper therapeutic material.

Particular attention was given to identifying internal emotional voids and recurring behavioural patterns that may have contributed to emotional dysregulation and impaired optimal thyroid functioning.

Third Session: Inner Child Healing

The third session focused on inner child healing techniques aimed at accessing and processing the core emotional issue underlying the patient's symptoms.

Depending on the clinical presentation and symptom profile of the patient, the interventions of the second and third sessions could occasionally be interchanged.

Fourth Session: Organ Regeneration Technique

The fourth session utilised guided imagery and Organ Regeneration Techniques to explore the symbolic and emotional dimensions of thyroid dysfunction.

Clients were guided to identify dysfunction within the thyroid gland and trace its perceived origin. This process could involve:

- releasing residual external energies,
- unresolved inner child material,
- or unresolved past-life experiences that were believed to contribute to the continuation of symptoms.

Fifth Session: Integration and Closure

The fifth session focused on therapeutic integration and closure.

This phase typically involved guided imagery designed to reinforce healthy thyroid functioning, the introduction of self-hypnosis affirmations, or interventions aimed at restructuring the individual's life script.

In some cases, past-life regression therapy was undertaken when the presenting symptoms appeared to warrant such intervention. When past-life material emerged, the therapeutic process focused on achieving closure through higher-self therapy in order to facilitate insight, emotional resolution, and understanding of repetitive dysfunctional patterns.

In a small number of cases, ancestral patterns associated with the origin of the symptom were also explored and therapeutically addressed when such material emerged during the process.

Assessment and Follow-up

Blood investigations were conducted both prior to the commencement of the protocol and three months after completion of the treatment plan. In addition, the patient's earliest recorded diagnosis of thyroid dysfunction was documented.

The three-month follow-up included both blood investigations and clinical assessment criteria designed to evaluate emotional, mental, and physical changes.

Further follow-up sessions were conducted at intervals of three to six months on an individual basis until the conclusion of the study.

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Biography - Dr Ameeta Thacker is Homoeopathy doctor (since 1996), clinical hypnotherapist (since 2007) and Transpersonal regression therapist (since 2012) Mumbai India. She is training and mentoring in Clinical Hypnotherapy (certified by EKAA) and Transpersonal Regression therapy (certified by EKAA TASSO). She is Founder and Director of Wholistic wellness clinic in Mumbai, India. Her personal vision is to bring awareness and widen horizons of mind body medicine through the use of Integrated Clinical Hypnotherapy (ICH) and Regression Therapy (RT) as one of the predominant modality for achieving optimal mind body wellness in the wide spectrum of psychosomatic conditions. She has curated wellness programs for different medical conditions using the ICH and RT one of them being for thyroid conditions- Thyrotherapy.

www.wholisticwellness.in

Khushi S, is a psychologist and certified hypnotherapist in Mumbai, India. She holds master's degree in clinical psychology. She completed her internship at wholistic wellness clinic and coauthored a 2026 clinical study on mind–body medicine, thyroid disorders, and clinical hypnosis. Since 2021, she has delivered therapy online and in person to individuals, families, and groups. An aspiring researcher with strong preparation for research work, Khushi is enthusiastic about psychological inquiry into metaphysical concepts and holistic health care.

Synthetic /Eclectic Approaches

A Phenomenological Phase Process in Life Between Lives Regression Therapy: Integrating Gestalt Therapy, Congruence, and Ho'oponopono

Ildar Safarov (Russian Federation)

Abstract

Background: Regression therapists frequently observe recurring therapeutic patterns during Life Between Lives (LBL) work that appear to extend beyond the recollection of autobiographical memories. Although these experiences have been widely described in clinical practice, the processes through which they facilitate psychological transformation remain insufficiently articulated.

Objective: This paper explores a recurring phase process observed during regression therapy and examines its relationship to Gestalt therapeutic principles, Carl Rogers' concept of congruence, and the four-stage sequence of reconciliation described in the Ho'oponopono tradition.

Method: Three clinical case studies are presented in which clients entered Life Between Lives experiences during regression therapy. Particular attention is given to the clients' reported shifts in perspective, the degree to which they identified with what they experienced as their deeper or soul-level identity, and the therapeutic consequences of these experiences. Gestalt therapy techniques, including dialogue and monodrama, were incorporated where clinically appropriate to facilitate perspective-taking and experiential integration.

Results: Across the cases, clients who reported a sustained identification with their deeper self, demonstrated a deeper awareness of the emotional and other consequences of their actions in the regression narratives, accompanied by spontaneous expressions of remorse, requests for forgiveness, gratitude, and love. These experiential phases closely resembled the sequence described in the Ho'oponopono tradition, although no historical or procedural connection was intentionally introduced during therapy. By contrast, clients who remained primarily identified with their historical personality showed less evidence of comparable therapeutic transformation.

Conclusions: The cases suggest the presence of a recurring phenomenological process in which shifts in identity and perspective may facilitate the resolution of longstanding relational conflicts within regression therapy. While the findings are

exploratory and derive from a small number of clinical observations, they offer a preliminary theoretical framework for integrating Gestalt therapy, congruence theory, and Life Between Lives regression within a common model of therapeutic transformation.

Keywords: Gestalt therapy; regression therapy; Life Between Lives (LBL); phenomenology; congruence; Ho'oponopono; perspective shifting; therapeutic transformation; case study.

Introduction

Clinical work involving past-life regression and Life Between Lives (LBL) experiences frequently reveals recurring phenomenological patterns that extend beyond the recollection of autobiographical or symbolic memories. Although regression therapy has traditionally focused on the therapeutic significance of remembered experiences, considerably less attention has been devoted to the dynamic psychological processes through which these experiences lead to lasting transformation.

One of the central assumptions underlying experiential psychotherapies is that meaningful psychological change emerges not simply from insight, but from a reorganization of experience. Gestalt therapy has long emphasized the importance of awareness, dialogue, and experimentation—tools and processes through which unfinished emotional reactions, repressed needs, and interrupted actions are integrated. Similarly, Carl Rogers (1961) described congruence as the alignment of experience, awareness, and expression, while contemporary experiential approaches, such as Internal Family Systems (Schwartz, 1995), emphasize the transformative effects of identifying with deeper aspects of the self.

During regression sessions involving Life Between Lives experiences, the author repeatedly observed a comparable sequence of experiential changes. Across a number of clinical cases, clients appeared to move through a progressive series of shifts in perspective. Initially identifying with a historical personality, they gradually experienced the viewpoints of other individuals involved in the remembered events and, in some cases, what they described as their deeper or soul-level identity. These changes were frequently accompanied by increased awareness of relational incongruities, spontaneous expressions of remorse, requests for forgiveness, and experiences of reconciliation and psychological relief (Figure 1).

The present paper proposes that these observations may represent a recurring phenomenological process rather than isolated clinical events. Drawing upon three illustrative case studies, it explores how Gestalt-informed techniques—including perspective shifting via dialogue and monodrama—may facilitate this sequence during Life Between Lives regression therapy. Particular attention is given to the relationship between perspective shifting, identification with a deeper level of self, and the process of psychological integration.

Interestingly, the experiential sequence observed across these cases bears a close phenomenological resemblance to the four-stage reconciliation process described in the Ho'oponopono tradition as popularized by Hew Len (Vitale & Hew Len, 2009). Although no historical or procedural connection between Ho'oponopono and regression therapy is proposed, the similarities raise important theoretical questions regarding common mechanisms of psychological transformation across different healing traditions.

Rather than introducing a new therapeutic technique, this paper proposes a preliminary phase model describing a recurring sequence of experiential transformations observed during Life Between Lives regression therapy. While exploratory in nature, the model may offer a useful framework for understanding how shifts in perspective contribute to psychological integration within regression therapy and potentially across other experiential psychotherapies.

Phenomenological Framework

Before presenting the clinical material, it is useful to clarify the phenomenological process explored in this paper. The purpose of the following case studies is not to establish the objective reality of past-life or Life Between Lives experiences, but to examine recurring experiential patterns reported by clients during regression therapy.

The observations described in this article emerged inductively from clinical practice. Across multiple regression sessions, the author repeatedly observed that therapeutic transformation appeared to coincide with progressive shifts in experiential identification. Rather than remaining exclusively identified with the personality represented within the regression narrative, some clients gradually experienced the same events from increasingly inclusive perspectives. These shifts frequently involved identification with other participants in the remembered events, followed by identification with what clients described as their deeper or soul-level identity.

From a phenomenological perspective, these successive shifts of identification appeared to facilitate increasing awareness of incongruence, often giving rise to spontaneous experiences of remorse, forgiveness, compassion, gratitude, and psychological integration. The present paper proposes that this sequence may represent a recurring transformational process worthy of further investigation.

To facilitate comparison across the three cases, each clinical vignette is presented using the same structure:

- Presenting Problem
- Clinical Background
- Regression Experience
- Life Between Lives Experience

- Therapeutic Process
- Clinical Outcome
- Commentary

The Discussion subsequently examines the common phenomenological features emerging across these cases and proposes a preliminary Gestalt-informed phase model describing this transformational sequence.

Clinical Case Studies

Case 1

The Roman Legionnaire

Presenting Problem

Olga, a 41-year-old unmarried economist and educator with no children, sought regression therapy because of a persistent relational pattern in which male partners unexpectedly terminated otherwise stable relationships. Previous Cognitive Behavioural Therapy had produced little observable improvement. During the initial assessment, she presented as psychologically stable, cooperative, and highly motivated for treatment. Although intellectually reflective, she experienced difficulty recognising and expressing her emotional states, a pattern she associated with her traditional upbringing.

Clinical Background

The first therapeutic session focused on trance induction and establishing therapeutic rapport through the exploration of a psychologically neutral past-life experience. This initial intervention resulted in a noticeable reduction in anxiety and cognitive over-control, creating a favourable therapeutic alliance and preparing the client for deeper regression work.

Regression Experience

During the second session, Olga reported experiencing herself as a sixteen-year-old young man who had enthusiastically joined the Roman legions after becoming fascinated by military life. As his military career progressed, emotional responsiveness gradually diminished under the demands of discipline and warfare.

The pivotal event involved participation in a military campaign against a dark-skinned tribal community. When asked to describe his emotional experience while killing and raping civilians, the client responded in a detached and emotionally constricted manner:

"Nothing. Otherwise, I would not fulfil the order."

The character died at the age of eighteen after being struck in the back by an unexpected arrow.

Life Between Lives Experience

Within the reported Life Between Lives experience, the former legionnaire initially evaluated his life in a similarly detached tone, remarking:

"My life was worthless. I didn't even have a girlfriend."

The therapeutic process changed markedly when the client was invited to engage with what she experienced as the souls of those who had suffered because of the legionnaire's actions.

At this point, the emotional tone altered dramatically.

The previously detached personality became visibly distressed and exclaimed:

"God... what have I done?"

When asked what he wished to do, he replied:

"I want to get down on my knees and apologise."

Case 2

The Princess and the Psychologist

Presenting Problem

Natalia, a 40-year-old psychologist and coach, sought regression therapy because of persistent difficulties related to interpersonal dominance within intimate relationships. Married for the second time and the mother of two children from different marriages, she described herself as assertive, proactive, and accustomed to assuming positions of leadership. Although these qualities had contributed to her professional success, she believed they were negatively affecting her marital relationship.

Prior to seeking regression therapy, Natalia had completed a six-month course of Cognitive Behavioural Therapy (CBT). While she reported a modest increase in nurturing behaviour towards her husband, she continued to experience difficulty relinquishing control within close relationships. Her principal therapeutic objective was to explore the deeper origins of this recurring pattern.

Clinical Background

During the initial assessment, Natalia presented as psychologically stable, articulate, and highly motivated to understand the origins of her interpersonal style. Throughout the early stages of the regression process, she demonstrated excellent hypnotic responsiveness and vivid imagery.

Regression Experience

During regression, Natalia reported experiencing herself as a sixteen-year-old princess living within a royal household during a period of political unrest. Following the disappearance of her father, the king, during a peasant uprising, she sought military assistance from a neighbouring ruler. When this request was refused, she organised her own military campaign, successfully suppressed the rebellion, and ordered the public execution of seven of its leaders.

The remainder of this lifetime was characterised by repeated personal losses, including the death of her infant son, the death of her husband in battle, and many years of political responsibility as queen.

The client subsequently reported another lifetime in which she occupied a markedly different social position. Rather than serving as the ruling queen, she experienced herself as the queen's elder sister, assuming many responsibilities while remaining politically subordinate. Eventually, fearing that her sister intended to seize power, the queen ordered her imprisonment. She remained incarcerated for approximately twenty-five years before dying in captivity.

Life Between Lives Experience

Within the reported Life Between Lives experience, the therapist invited the client to revisit the relationships established during the previous incarnations.

Unlike the clients described in Cases 1 and 3, Natalia remained consistently identified with the perspective of the ruling queen. When invited to engage with those she had ordered to be executed, she responded firmly:

"You understand that I couldn't have acted differently."

Although attention was repeatedly directed toward her own experiences of profound personal suffering—including the deaths of her husband and child, together with her prolonged imprisonment during the subsequent lifetime—these experiences did not appear to alter her appraisal of the earlier events or increase her capacity to experience the situation from the perspective of those who had suffered as a consequence of her actions.

Therapeutic Process

From a phenomenological perspective, the therapeutic process differed substantially from the pattern observed in the other two cases.

Throughout the session, the client's experiential identification remained primarily anchored within the historical personality represented in the regression narrative. Although she demonstrated considerable cognitive understanding of the events, she did not report the broader shift in experiential identification that characterised the transformational process observed in Cases 1 and 3.

Consequently, the sequence of spontaneous remorse, requests for forgiveness, gratitude, and reconciliation described elsewhere in this paper did not emerge during the session.

Rather than moving toward an increasingly inclusive perspective, the client continued to interpret events predominantly through the framework of authority.

Clinical Outcome

During the post-session discussion, Natalia continued to justify the decisions taken by the queen, maintaining that the executions had been necessary to preserve order.

Although the session provided valuable material for therapeutic reflection, the client's original goal of reducing interpersonal dominance within her current relationship was not achieved during the course of this intervention.

Case 3

Fred and the Warlord

Presenting Problem

Kristina, a 36-year-old married nurse and the mother of two children, sought regression therapy because of persistent emotional distress accompanied by recurring financial, legal, and family difficulties. At the time of treatment, the family was living with her mother, and the client described considerable stress arising from chronic interpersonal conflict within the household. She also expressed longstanding dissatisfaction with her body weight and episodes of emotional dysregulation.

The therapeutic objectives were twofold: first, to explore the origins of the family's ongoing financial and legal problems, and second, to better understand the emotional difficulties affecting both her eldest child and her husband.

Clinical Background

Prior to regression therapy, Kristina had participated in four sessions of Gestalt therapy followed by several sessions of Kosmoenergy treatment (Ki, 2006).

During the eighth energy session, she experienced an unusually intense sensation of internal heat. Rather than interpreting this experience diagnostically, the therapist employed it as a somatic affect bridge, facilitating an immediate transition into a deep hypnotic state.

Regression Experience I

Fred

The client initially reported experiencing herself as a ten-year-old Roma boy dying from hunger and thirst.

From a therapeutic perspective, the intensity of this experience suggested the possibility that it represented the experiential consequence of unresolved actions occurring within an earlier regression narrative. The therapist therefore invited the client to explore the origin of this pattern.

The client subsequently reported another lifetime in which she experienced herself as a forty-year-old man named Fred.

Fred was described as physically obese, emotionally unpleasant, and profoundly self-centred. Beginning in childhood, he repeatedly deprived his family of essential resources. At the age of ten he intentionally consumed all available food so that none would remain for his father. Later in life he confiscated his mother's money and possessions, ultimately leaving her to die of starvation. Fred survived her by several years before dying from chronic illness associated with excessive eating.

Life Between Lives Experience

Within the reported Life Between Lives experience, Fred evaluated the incarnation as, "Awful... disgusting... worthless."

When invited to engage with what he experienced as his mother's soul, he expressed profound shame.

Interestingly, although his mother responded with unconditional love and forgiveness, Fred appeared unable to receive or internalise that forgiveness. His remorse remained accompanied by persistent self-condemnation.

Commentary

This first regression illustrates an important feature of the proposed phenomenological model. The client clearly experienced remorse and accepted personal responsibility for previous actions. However, despite the emergence of forgiveness from another, genuine psychological integration appeared incomplete because forgiveness of the self, had not yet occurred.

Regression Experience II

The Warlord

In a later regression session, Kristina reported experiencing herself as a young village leader who reluctantly became a military commander after being persuaded by fellow villagers. Although his wife strongly opposed this decision, he accepted the position and subsequently led numerous military campaigns.

Throughout these conflicts he consistently underestimated the vulnerability of those under his command. Many soldiers died in battle, including his own son, whom he had compelled to join the army against his wishes.

After this devastating loss, the commander gradually realized that his personal courage and sense of invulnerability had blinded him to the vulnerability and suffering of other warriors. This led to irreparable tactical errors in battle.

Life Between Lives Experience

During the reported Life Between Lives experience, the therapist invited the client to engage with those who had been affected by the warlord's actions.

Initially, the souls of the fallen warriors responded with understanding, reassuring him: "It is not your fault."

However, the emotional atmosphere changed dramatically when the client encountered the silent presence of his deceased son. Unlike the other figures, the son offered neither reassurance nor forgiveness. Recognising the emotional significance of this moment, the therapist introduced Gestalt techniques, including perspective shifting via monodrama.

Therapeutic Process

The client was invited to experience the situation from the perspective of the son. During this shift of experiential identification, he exclaimed: "Father, I hate you! You forced me to go to war, and I didn't want to go!"

Immediately afterwards, the client returned to the perspective of the warlord and began crying intensely.

This moment represented a decisive turning point within the therapeutic process.

Rather than remaining exclusively identified with the historical personality, the client had now directly experienced the emotional reality of another participant in the narrative. Following this shift, the warlord spontaneously recognised the discrepancy between his previous self-understanding and the suffering experienced by others.

Only afterwards did the client report identifying with what he experienced as his deeper or soul-level perspective. From this broader standpoint, he recognised that becoming a warlord had fundamentally contradicted both his wife's guidance and what he now perceived to be the intentions of his soul.

Without prompting, he began asking forgiveness from his son and from the remaining victims.

As reconciliation unfolded, spontaneous expressions of gratitude, love, and acceptance emerged. Eventually, the son and the remaining figures departed, leaving the client with a profound sense of peace, emotional release, and physical fatigue.

Clinical Outcome

Following the session, the client reported an overwhelming sense of relief, inner stillness, and emotional completion.

Although the long-term clinical outcomes extend beyond the scope of this report, the session represented the clearest example among the three cases of the complete transformational sequence proposed in this paper.

Commentary

Case 3 most clearly illustrates the phenomenological framework proposed in this article.

Unlike the previous cases, the client's experience unfolded through a progressive series of experiential identifications. Initially identified with the historical personality, she subsequently experienced the perspective of another participant, recognised the emotional consequences of her previous actions, and finally reported identification with a deeper or soul-level identity.

From the perspective of the present model, this sequence appears to constitute the principal mechanism through which psychological transformation occurred. Importantly, remorse did not emerge immediately following recollection of autobiographical material. Rather, it appeared only after the client's experiential frame of reference expanded to include the perspective of another person. Identification with the soul perspective further broadened this awareness, facilitating reconciliation, forgiveness, gratitude, and eventual psychological integration.

Consequently, Case 3 provides the strongest clinical illustration of the preliminary phase model proposed in this paper.

STAGE	CATEGORY	DESCRIPTION
1	Historical personality	• The client identifies with the historical personality from the regression narrative • Limited perspective based on personal motives and beliefs
2	Identification with others	• The client is offered a direct encounter with another soul (or souls) in the LBL space. The client may or may not experience the events from the perspectives of other participants • In direct encounter, the client may or may not experience empathy for those who were harmed
3	Identification with the soul	• If the client feels compassion for those who were harmed, then they identify with their own deeper or soul-level self, characterized by wisdom and love • If the client doesn't feel compassion or empathy, then they remain identified with historical personality. Then integration does not occur
4	Recognition of incongruence	• Identified with the soul, the client becomes aware of his incongruence and the contribution of his historical personality to other's suffering • The soul feels responsible for actions of his own historical personality
5	Authentic remorse	• From the soul perspective, sincere remorse arises spontaneously • Not from guilt or fear, but from true understanding
6	Request for forgiveness	• The client asks for forgiveness from those who were harmed • A willingness to take responsibility and make amends
7	Gratitude and love	• Forgiveness is given and received; gratitude, compassion and love arise • The bonds of destructive attachments dissolve. Former victims leave in a state of emotional balance.
8	Integration	• The experience is integrated at all levels of being only for those who were identified with the soul • Inner peace, insight and behavioral change follow

Table 1.

Discussion

The three clinical cases presented in this paper suggest a recurring phenomenological sequence that appears to accompany successful therapeutic transformation during certain Life Between Lives (LBL) regression sessions. Although each client presented with different therapeutic concerns and reported markedly different regression narratives, the cases shared common experiential processes that extended beyond the specific content of the remembered events.

The purpose of this discussion is not to establish the ontological status of past-life or Life Between Lives experiences. Rather, it is to examine the phenomenological structure of the transformational process reported by the clients and to explore how this process may be understood within existing psychotherapeutic frameworks.

Perspective Shifting as the Central Therapeutic Process

The observations presented in this paper suggest that therapeutic transformation may depend less upon the recollection of regression material itself than upon the progressive expansion of the client's experiential frame of reference.

Across the successful cases, clients did not simply remember emotionally significant events. Rather, they repeatedly experienced those events from increasingly inclusive perspectives. Initially identified with the historical personality represented within the regression narrative, they subsequently experienced the perspectives of other participants and, finally, what they described as their deeper or soul-level identity.

From a phenomenological standpoint, these alternation of identities appeared to facilitate the recognition of incongruence that had previously remained out of awareness. Rather than representing isolated emotional reactions, remorse, compassion, forgiveness, gratitude, and reconciliation emerged only after these successive shifts of identification had occurred.

Consequently, the findings suggest that perspective shifting may represent one of the principal mechanisms through which transformational experiences unfold during regression therapy.

Congruence and the Expansion of Identity

The process described above shares important conceptual similarities with Carl Rogers' (1961) notion of congruence. Rogers proposed that psychological growth occurs as experience, awareness, and self-expression become increasingly aligned. Within the present cases, however, congruence appears to operate at an additional level.

Rather than involving only greater consistency within the ordinary personality, clients reported moments in which their perspective expanded beyond the

personality itself toward what they experienced as a deeper level of identity. From this broader standpoint, previously justified behaviours frequently became incompatible with their emerging awareness of the suffering experienced by others.

From the perspective of the present model, congruence therefore appears to involve not merely increased self-awareness but progressive alignment between the personality and what clients experience as their deeper organising centre.

Gestalt Therapy and Progressive Shifts of Identification

Gestalt therapy is rooted in present moment awareness and relies on experimentation and dialogue – the processes that trigger psychological change. Techniques such as empty-chair dialogue, monodrama, and role reversal encourage clients to experience situations from multiple perspectives, thereby expanding awareness beyond habitual patterns of perception.

Arnold Beisser's Paradoxical Theory of Change represents a dynamic law that states: "Change occurs when one becomes what he is, not when he tries to become what he is not."

Carl Rogers's congruence theory and Arnold Beisser's paradoxical theory of change are two fundamental pillars of humanistic psychotherapy. They describe the same healing mechanism, but approach it from different angles: Rogers focuses on inner honesty, while Beisser emphasizes the dynamics of change towards authentic identity through its experimental progressive shifts.

The therapeutic procedures employed during the present regression sessions appear to operate through a remarkably similar mechanism. Inner Plane Communication (McHugh, 2017), dialogue with significant figures, and monodrama repeatedly invited clients to shift experiential identification between different participants within the regression narrative. Rather than functioning merely as dramatic techniques, these interventions facilitated direct experiential access to identities and perspectives that had previously remained psychologically inaccessible.

This observation suggests that Gestalt techniques may contribute to regression therapy not simply as methods of emotional expression, but as structured procedures for facilitating progressive shifts of identification.

Internal Family Systems and the Deeper Organising Self

A comparable process may also be recognised within Internal Family Systems (IFS) therapy (Schwartz, 1995). IFS distinguishes between protective personality parts and the Self, which functions as the central organising principle characterised by compassion, curiosity, calmness, and connectedness.

Although the metaphysical assumptions underlying regression therapy differ substantially from those of IFS, both approaches appear to describe a movement from identification with limited aspects of personality toward a broader organising centre.

Within the present cases, clients frequently reported that compassion, forgiveness, and acceptance emerged only after identifying with what they experienced as their soul or deeper self. Whether interpreted metaphysically or psychologically, this transition appears phenomenologically analogous to the Self-led state described within Internal Family Systems.

Consequently, the present observations may offer an additional bridge between regression therapy and contemporary experiential psychotherapy.

The Role of Soul Identification

The concept of soul identification occupies a central position within Life Between Lives therapy. However, the present observations suggest that identification with the soul should perhaps be understood less as an isolated event than as the culmination of a broader process of expanding experiential identification.

In all three cases, the critical distinction did not appear to lie in whether clients reported a soul experience, but in whether they progressively expanded their frame of reference beyond the historical personality. Case 2 is particularly informative in this regard. Despite vivid regression experiences, the client remained primarily identified with the historical personality, and the broader sequence of remorse, reconciliation, and integration did not emerge.

This contrast suggests that soul identification may represent the final stage of a progressive phenomenological process rather than its starting point.

Relationship to Ho'oponopono

One of the most intriguing observations emerging from these cases is the close phenomenological resemblance between the reported transformational sequence and the four-stage reconciliation process described in the Ho'oponopono tradition.

Importantly, no formal relationship between Ho'oponopono and regression therapy is proposed. The similarities observed in the present cases emerged spontaneously during therapeutic work and were recognised only retrospectively during analysis.

From this perspective, Ho'oponopono may represent one cultural expression of a broader transformational process that can also emerge spontaneously during regression therapy when clients progressively expand their identification beyond the ordinary personality.

Limitations and Future Directions

The present paper is based on three illustrative clinical case studies and therefore cannot establish the generality of the proposed model. The observations should be regarded as exploratory and hypothesis-generating rather than confirmatory.

Future studies could examine whether comparable sequences emerge across larger numbers of regression cases and whether similar processes can be identified within other experiential psychotherapies, including Gestalt therapy, Internal Family Systems, psychodrama, and transpersonal psychotherapy. Comparative qualitative research may help determine whether progressive shifts of experiential identification represent a broader mechanism of therapeutic transformation extending beyond regression therapy alone.

Ethics

All client names have been changed, and their professional backgrounds have been altered to closely related but unidentifiable equivalents to ensure confidentiality.

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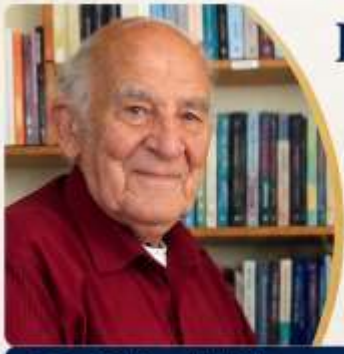
Biography - Ildar Safarov, PhD (Doctor of Philosophy in Education), is a practicing psychologist and consultant in the Gestalt approach, and a supervisor. He has been a member of the Association of Specialists and Researchers in the Field of Deep Memory and Regression (ASIOGPR) since its founding (2015) and Vice-President of this Association (since 2025). He defended his PhD dissertation at the A. I. Herzen State Pedagogical University of Russia (2001) on the synergetics of creativity in Gestalt therapy, and his doctoral dissertation (PhD) at the University of Oulu (Finland, 2009) on the modelling of relationships in learning. He worked as a senior lecturer and then as an associate professor of psychology at the Karelian State Pedagogical University (now the Institute of Pedagogy and Psychology of Petr SU). He specializes in applied models of deliberate interaction and also studies the philosophy and methodology of psychotherapy. Completed professional training in psychology (Master's degree at Moscow State University (1992-1994)) and psychotherapy with leading Russian and world masters: Gestalt therapy - at the St. Petersburg Gestalt Institute (Paris Gestalt School of S. Ginger), cognitive therapy - director of CBT training at Oxford University S. Grey (Rakovshchik) and at the CBT Association Ya. Kochetkov (Moscow), qualitative

research methods in social work (Umea University, Sweden, 1998-2002), clinical and Ericksonian hypnosis (with Moscow State University prof. M.R. Ginzburg, B.E. Erickson, at the Research Institute of Clinical Hypnosis of the Russian Psychological Association, with prof. J. Becchio (Paris), etc.), as well as regression therapy and deep memory research (with D. Cannon (2011), R. Hodgson (2013, 2015), P. S. Gyngazov (2016), A. Komianos, G. McHugh (certificate 2023), E. Ratnichkina and A. Kinyakina. Author of a fundamental scientific monograph on modelling human relationships (University of Oulu, 2009). Participant of the EARTh-2019 Convention. Editor of the translation of the books by G. McHugh *New Regression Therapy*; and A. Komianos *Rapid Entity Attachment Release* (REAR).

A Tribute to A Pioneer

Summary of the Dissertation of Dr. R. van der Maesen
University of Humanistic Studies, Utrecht, The Netherlands
– 11 April 2006



Dr. R. van der Maesen

PIONEER IN PAST-LIFE THERAPY RESEARCH

Researcher • Therapist • Author

"The ultimate goal of past-life therapy is not only symptom relief, but also greater insight, personal growth and spiritual development."

PhD in Humanities (2006)
University of Humanities, Utrecht, The Netherlands

ABOUT DR. R. VAN DER MAESEN

- Business professional for 35 years before dedicating his life to research and therapy.
- Pioneer in the scientific study of past-life (reincarnation) therapy in the Netherlands and Suriname.
- Conducted four major outcome studies (1991–2003) on diverse populations, including voice hearers and Gilles de la Tourette patients.
- Committed to bridging science and spirituality, seeking evidence for complementary and alternative medicine (CAM).
- Author of several books and publications on past-life therapy, reincarnation, and the human spirit.

AUTHOR OF SEVERAL BOOKS

TIPS FROM DR. VAN DER MAESEN'S WORK

RESEARCH MATTERS
Therapies should be subjected to scientific evaluation to ensure safety, effectiveness and quality.

THE THERAPEUTIC RELATIONSHIP
Empathy, respect and genuine attention are key non-specific factors that contribute to healing.

INTEGRATE, DON'T SEPARATE
Body, mind and spirit are interconnected. Holistic approaches support deeper and lasting healing.

FOCUS ON THE PERSON
Each client's story is unique. Treatment should be tailored to individual needs and experiences.

CONTINUOUS LEARNING
Stay curious, question assumptions and keep exploring what truly helps people heal.

SERVICE WITH COMPASSION
The goal is not only symptom relief, but also personal growth and spiritual development.

"The more we understand the human being, the better we can help him or her to find the way back to wholeness."
– Dr. R. van der Maesen

Studies on the Effectiveness and Client Satisfaction in Past-Life or Reincarnation Therapy

Ronald Vand Der Maesen (The Netherlands)

Introduction

Over the last 30 years, there has been growing interest in reincarnation or past-life therapy in the Western world, particularly among individuals who adopt a holistic orientation towards health. This perspective emphasises the interconnectedness of body, mind, and spirit in the maintenance of well-being (Astin, 1998).

Past-life therapy is a form of psychotherapy that may be classified within the field of complementary and alternative medicine (CAM). The therapy is based on the assumption that current psychological, psychosomatic, or chronic physical problems may originate in traumatic experiences associated with so-called former lives, or with prenatal and perinatal conditions.

According to past-life therapy theory, unresolved traumatic experiences may continue to influence the individual in the present life. The therapeutic process involves guiding the client towards the original event believed to underlie the current symptoms. Traumatic experiences are understood as situations involving overwhelming fear, threat, shock, or dissociation. Because these experiences are not fully processed or integrated psychologically, they may remain unresolved within the unconscious.

Within the theoretical framework of past-life therapy, these unresolved experiences are believed to persist symbolically or energetically across incarnations. By reliving and emotionally processing the original experience, the client may reduce dissociation, integrate the previously unresolved material, and consequently experience relief from present-day symptoms.

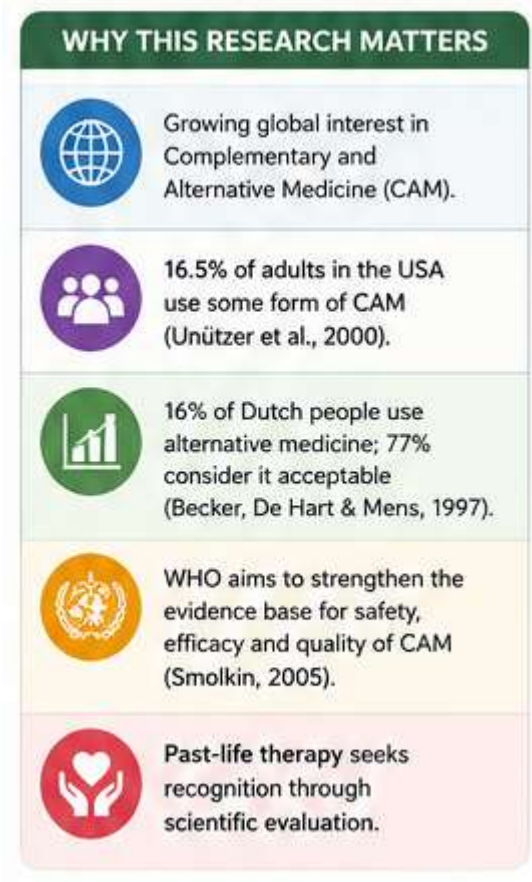
In his dissertation, the author presents the results of twelve years of treatment outcome studies conducted among various populations in the Netherlands and Suriname, a former Dutch colony in northern South America.

After a thirty-five-year career in the insurance industry, the author became interested in past-life therapy through contact with practitioners associated with the School for Reincarnation Therapy in the Netherlands (SRN). The positive treatment results reported by these practitioners, together with their desire for broader recognition within healthcare systems, led to the initiation of treatment outcome studies.

These studies gained further relevance within the broader international growth of CAM therapies and the increasing public interest in holistic healthcare approaches in countries such as the United States (Astin, 1998; Eisenberg, Davis, Ettner et al., 1998; Konefal, 2002).

A number of psychotherapists and researchers have also expressed interest in alternative therapeutic approaches (Kelsey, 1973; Cladder, 1983; Edelstein, 1984; Dethlefsen, 1987; Weiss, 1988; Moody, 1989; Grof & Bennet, 1990; Neimann & Goldman, 1994; Weiss, 1997).

In its Traditional Medicine Strategy for 2003–2005, the World Health Organization (WHO) stated its objective to assist countries in developing policies regarding the evaluation and regulation of CAM therapies, while also strengthening the evidence base concerning their safety and effectiveness (Smolkin, 2005).

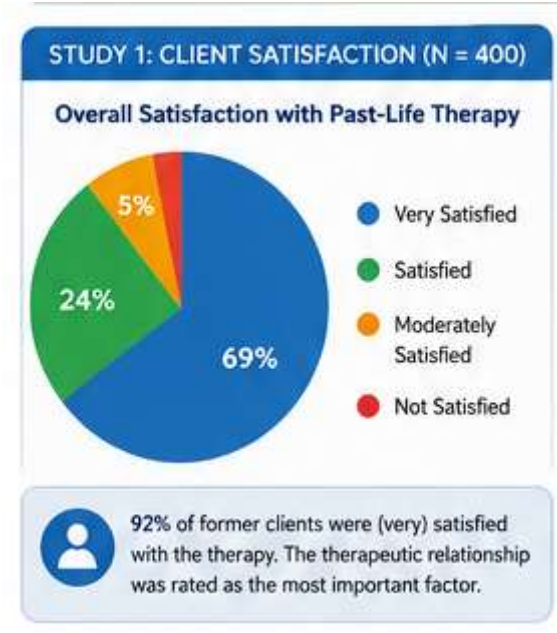


Research by Unützer, Klap, Sturm et al. (2000) estimated that approximately 16.5% of respondents in the United States utilised CAM therapies. In the Netherlands, Becker, De Hart, and Mens (1997) reported that 16% of the Dutch population surveyed had used alternative medicine, with expectations that CAM use would continue to increase.

For many decades, psychotherapy has included ongoing debate regarding the relative effectiveness of different therapeutic approaches (compare Luborsky, Rosenthal, Diguer et al., 2002, with Hunsley & Giulio, 2002). One generally accepted view is that therapeutic effectiveness is influenced significantly by so-called non-specific factors, including the therapeutic relationship, empathy, attention, and emotional support.

At the same time, each psychotherapeutic approach maintains its own theoretical framework and practical methodology (Van Kalmthout & Van der Staak, 1994).

Against this background, the development of CAM therapies, together with questions regarding the identity and effectiveness of past-life therapy, provided justification for treatment outcome studies.



In 1991, the author began research with a satisfaction study involving 400 former clients of past-life therapists in the Netherlands. In 1995, as part of a master's degree in Clinical Psychology, the author conducted a treatment outcome study among clients with Gilles de la Tourette syndrome. In 1997 and 1998, a further study examined the effects of past-life therapy among individuals experiencing auditory hallucinations. Finally, in 2002–2003, a treatment outcome study was conducted in Suriname among members of the general population treated by therapists trained in past-life therapy.

The studies involving people hearing voices and the Suriname population are presented as the principal studies in the dissertation because they utilised a two-group randomised controlled trial (RCT) design. This methodology allowed comparison between a treatment condition and a control condition in which no therapy was initially provided.

The dissertation addresses two central questions:

1. Is past-life therapy beneficial for individuals with psychological, psychosomatic, and chronic physical problems?

2. Does past-life therapy contain specific techniques that distinguish it from other forms of psychotherapy?

The following sections provide a summary of the methods and results of the four treatment outcome studies.

You can also see the general outline on table 1.

OVERVIEW OF THE STUDIES

	Study	Year(s)	Location	Population	Sample (N)	Focus
1	Satisfaction Study	1991	Netherlands	Former clients of past-life therapists	400	Client satisfaction with past-life therapy
2	Gilles de la Tourette Syndrome	1995	Netherlands	Patients with Gilles de la Tourette syndrome	14	Treatment outcome
3	Voices (Auditory Hallucinations)	1997–1998	Netherlands	Patients hearing voices (67% with psychiatric history)	30	Treatment outcome
4	General Population	2002–2003	Suriname	General population receiving treatment	87	Treatment outcome

Table 1.

Treatment Outcome Study on Past-Life Therapy in Suriname

Between 2002 and 2003, a treatment outcome study on past-life therapy was conducted in Suriname.

Eleven past-life therapists participated in the study, including one psychiatrist and ten paraprofessional therapists. All but one participant was female. The therapists had been practising past-life therapy for approximately four years.

Seventy-five clients between the ages of 17 and 71 participated in the study. Approximately 82% were female. Participants presented with both psychiatric and non-psychiatric complaints.

Clients were randomly assigned either to a treatment condition or to a control condition involving a waiting period of one month. The treatment protocol consisted of four weekly individual sessions.

Participants presented with symptoms including:

- anxiety,
- depression,
- relationship problems,
- and chronic physical complaints.

Before and after treatment, participants completed the Symptom Checklist SCL-90 (Derogatis, Rickels & Rock, 1976; translated by Arrindell & Ettema, 1986, 2003). Semi-structured interviews were also conducted by medical students in Paramaribo, the capital of Suriname.

A follow-up study was conducted six months after treatment.

Of the original 75 participants:

- 13 were excluded because of incomplete questionnaires or additional therapy during the study period,
- 13 withdrew before treatment began,
- and 8 discontinued therapy prematurely.

The final analysis therefore included 41 participants:

- 24 in the treatment condition,
- and 17 in the control condition.

Statistical analysis using the Mann–Whitney test demonstrated a highly significant result in favour of treatment ($p = .001$).

A Cohen's d effect size of 1.16 was calculated.

The average SCL-90 score for participants in the treatment condition decreased from 187 (SD 71) before treatment to 113 (SD 23) after treatment. By contrast, participants in the control condition showed only a small reduction during the waiting period.

At six-month follow-up:

- 38% of participants reported complete disappearance of their initial complaints,
- 56% reported significant reduction of symptoms,

- 74% reported being very satisfied with both therapy and therapist,
- and the average satisfaction score was 8.7 out of 10.

Approximately 60% of participants reported experiences interpreted as past-life material during therapy.

See table 2.

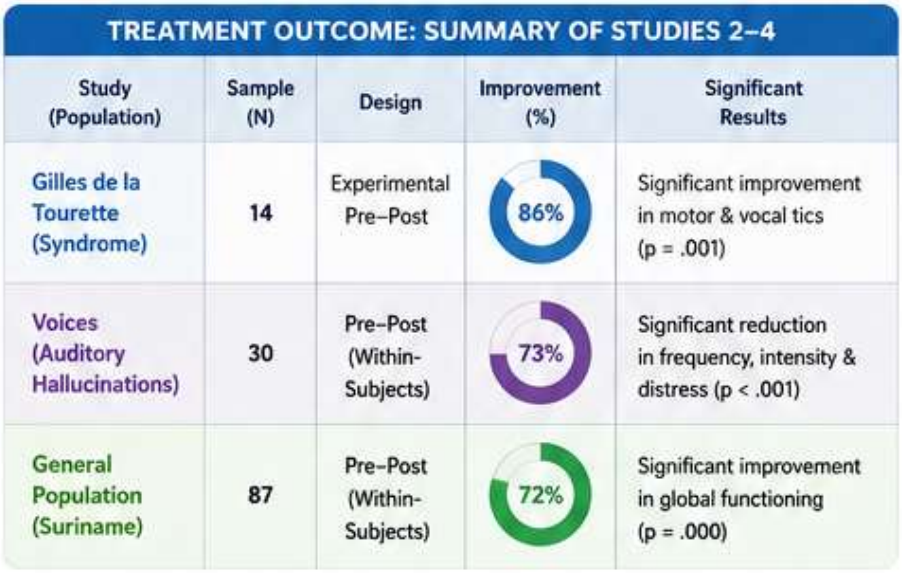


Table 2.

Treatment Outcome Study on Past-Life Therapy for People Hearing Voices

A second study examined the effects of past-life therapy among individuals experiencing auditory hallucinations.

Fifty-four participants took part in the study:

- 37 females aged 12–77,
- and 17 males aged 15–63.

Of these participants, 44 (79%) were currently receiving psychiatric treatment, primarily for schizophrenia or related disorders.

Participants were randomly assigned either to a treatment condition or to a control condition.

Twenty-five paraprofessional therapists trained at the School for Reincarnation Therapy in the Netherlands conducted the treatment sessions.

Participants in the treatment condition received twelve therapy sessions following intake.

As in the Suriname study, all participants completed the SCL-90 before and after treatment or waiting period. Participants were also interviewed after treatment by a psychiatrist responsible for diagnostic evaluation.

Participant dropout rates were relatively high:

- seven participants in the treatment condition withdrew before therapy began,
- seven others discontinued treatment,
- ten participants in the control condition withdrew before treatment,
- and three later discontinued.

The final analysis therefore included:

- 13 participants in the treatment condition,
- and 14 in the control condition.

Statistical analysis again demonstrated a highly significant difference in favour of treatment ($p = .001$).

A Cohen's d effect size of 1.40 was calculated.

Average SCL-90 scores in the treatment condition decreased from 217 (SD 53) before treatment to 169 (SD 52) after treatment.

Six months after completion of treatment:

- four participants reported no longer hearing voices,
- fourteen participants reported substantial reduction in distress related to the voices,
- and twenty-one participants reported additional psychological benefits.

The average satisfaction score was 7.8 out of 10 as you can see in table 3.

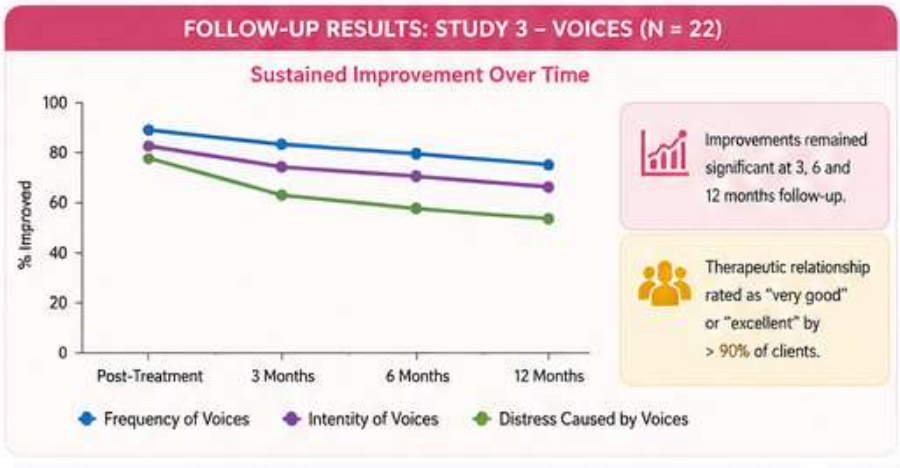


Table 3

The results suggest that past-life therapy may help certain psychiatric clients improve self-esteem, reduce distress associated with auditory hallucinations, and enhance coping abilities.

Only a minority of participants (16%) reported experiences interpreted as past-life memories.

Therapists involved in the study observed that maintaining a respectful and non-pathologizing attitude towards participants' interpretations of their experiences was particularly important for establishing a therapeutic relationship.

Study on Client Satisfaction with Past-Life Therapy

A third study examined treatment satisfaction among former clients of past-life therapists in the Netherlands.

More than 400 clients with non-psychiatric complaints were treated in 1992 by 32 past-life therapists.

Of these, 393 clients were asked to complete a questionnaire concerning:

- intake procedures,
- quality of treatment,
- therapeutic relationship,
- and perceived treatment outcome.

The response rate was 85%.

A total of 327 questionnaires were suitable for analysis.

On a five-point satisfaction scale:

- average ratings ranged between 4.3 and 4.8.

At six-month follow-up:

- 58% of respondents reported complete disappearance or substantial reduction of symptoms.

The average overall appreciation score was 7.7 out of 10.

Most respondents reported experiencing one or more past-life episodes during therapy and perceived these experiences as related to their current symptoms. See table 4.

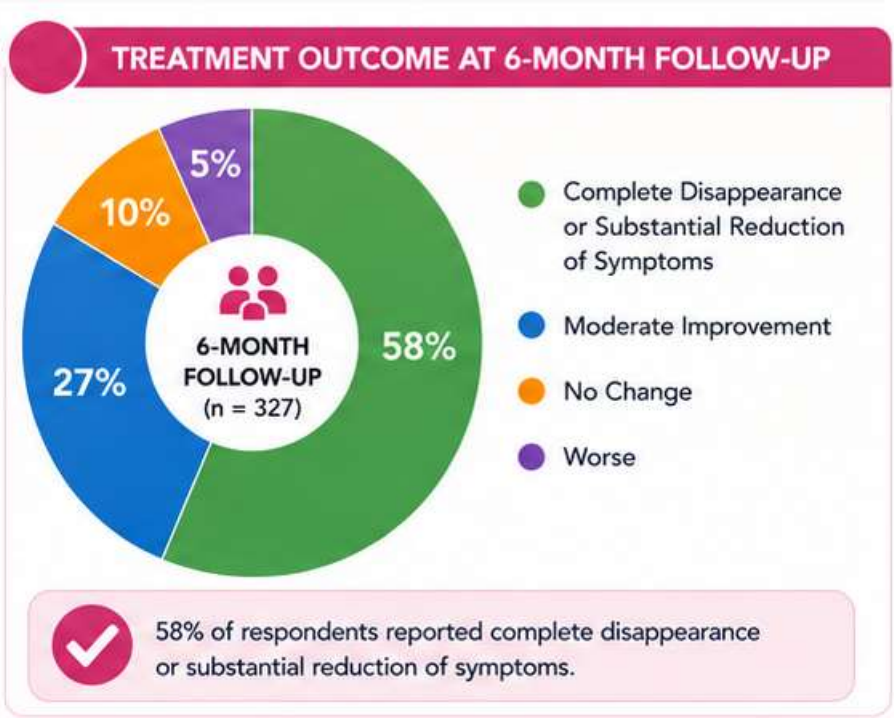
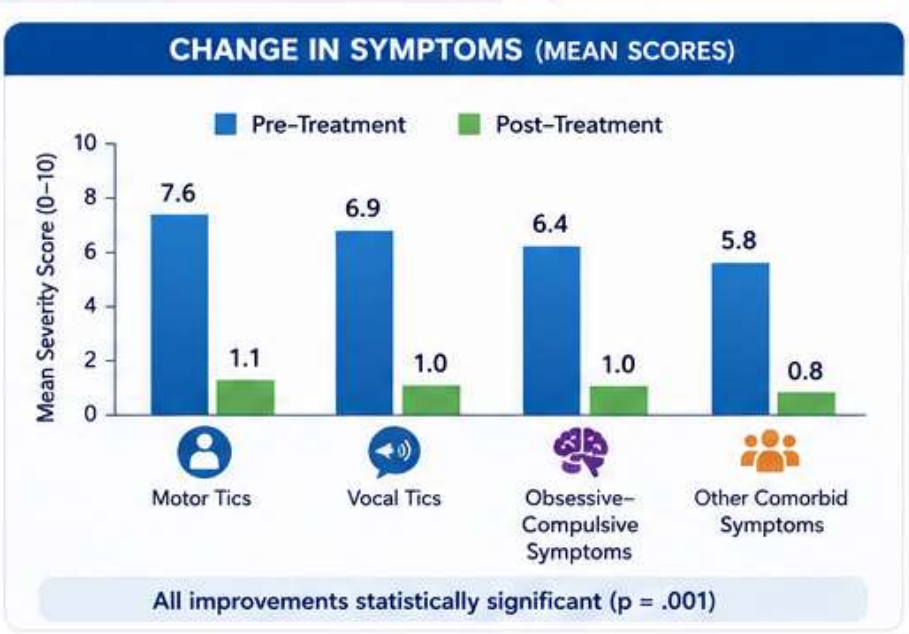


Table 4

Treatment Outcome Study on Past-Life Therapy for Tourette Syndrome

A fourth study examined past-life therapy among clients diagnosed with Gilles de la Tourette syndrome.



Twenty-one clients participated:

- 17 males,
- and 4 females.

Participants were randomly assigned either to a treatment group or to a waiting-list control group.

Five participants withdrew before therapy began, while five others discontinued treatment.

The final analysis therefore included 11 participants who completed therapy.

One year after treatment:

- motor tics showed an average reduction of 46%,
- and vocal tics showed an average reduction of 48%.

Participants reported high satisfaction with treatment, with an average appreciation score of 8.9 out of 10.

According to the therapists involved, attention to prenatal experiences, maternal emotional states during pregnancy, and broader psychological dynamics appeared particularly relevant in the treatment process.

Discussion

The studies presented in this dissertation are treatment outcome studies comparing therapy with no therapy rather than comparisons between different psychotherapeutic approaches.

In both the hearing voices study and the Suriname study, statistical analysis using the Mann–Whitney test demonstrated highly significant results favouring treatment ($p = .001$).

The calculated effect sizes:

- 1.40 for the hearing voices study,
- and 1.16 for the Suriname study,

compare favourably with effect sizes reported in meta-analyses of other psychotherapeutic approaches.

It should also be noted that many participants entering past-life therapy had previously undergone conventional psychotherapy.

The first central question in the dissertation asked whether past-life therapy may benefit individuals with psychological, psychosomatic, and chronic physical problems.

Based on the results presented, the answer appears cautiously affirmative for two main reasons:

1. Statistical analysis demonstrated significant differences favouring treatment conditions.

2. Many participants reported substantial symptom reduction and high levels of satisfaction.

The second central question concerned whether past-life therapy contains techniques that distinguish it from other forms of psychotherapy.

The author notes that answering this question fully would require process research examining how therapy works, rather than only whether it is effective.

The studies presented here primarily address treatment outcomes rather than therapeutic mechanisms.

Past-life therapists argue that the therapy appeals to individuals seeking a holistic approach more consistent with their personal beliefs and philosophical orientation towards life and health.

Given the growing public interest in complementary and alternative approaches, further research into the efficacy and therapeutic processes of past-life therapy appears warranted.

Biography: Ronald van der Maesen worked in the insurance sector until the age of 56 in the Netherlands, Indonesia, the Netherlands Antilles, and Suriname. He later trained as a reincarnation therapist and subsequently studied Clinical Psychology at the University of Amsterdam, graduating at the age of 63. In 1998, he introduced reincarnation therapy training in Suriname and later conducted six full training programmes for past-life therapists. He carried out research into treatment satisfaction and therapeutic outcomes among former clients of reincarnation therapy, based on the model of the study Clients about the RIAGG.

He completed doctoral-level examinations in Clinical Psychology with research focusing on the effects of reincarnation therapy among clients with Gilles de la Tourette syndrome. He later conducted research examining the effects of reincarnation therapy among individuals experiencing auditory hallucinations. In 2002, The Handbook of Reincarnation Therapy, co-authored with Bontenbal, was published by De Tijdstroom (Utrecht). That same year, he initiated research in Suriname examining the effectiveness of reincarnation therapy delivered by paraprofessionals whom he had trained in 1998.

In 2003, under his initiative and under the auspices of the School for Reincarnation Therapy Netherlands, a specialised training programme in reincarnation therapy for psychiatrists and psychotherapists was launched. From January to December 2005, he also taught a foundational course in reincarnation therapy in Curaçao.

Central Theme

The Act of Suicide and its impact on the psyche and the spirit

Reframing suicide beyond psychopathology and social determinism

by Athanasios Komianos (Greece)

Abstract: Contemporary models of suicide are dominated by psychological and sociological frameworks that emphasize individual psychopathology, trauma, and social disintegration. While these perspectives have significantly contributed to suicide prevention and clinical intervention, they often remain insufficient for understanding suicidal ideation that emerges in existential, spiritual, and identity-related crises. This paper proposes an integrated transpersonal and regression-therapy model of suicidal ideation, suggesting that many suicidal impulses are not expressions of a genuine desire for death, but manifestations of disrupted meaning, fragmented consciousness, and unresolved experiential imprints. Drawing upon transpersonal psychology, depth psychology, and regression-therapy clinical observations, the paper reframes suicidal ideation as a crisis of identity and continuity rather than a death wish. Ethical implications, therapeutic considerations, and integrative pathways for treatment are discussed.

Keywords

Suicide, transpersonal psychology, regression therapy, suicidal ideation, trauma, soul fragmentation, existential crisis, identity collapse

Durkheim's Theory of Suicide

When talking about suicide one has to start from the sociologist Émile Durkheim. He treated suicide not as an individual psychological act, but as a social phenomenon — something influenced by the structure and norms of society. His central idea was that suicide rates vary according to social integration and social regulation (Durkheim, 1897/1951) — that is, how well individuals are connected to their society and how much their lives are controlled or guided by social norms. He thus came up with his four types of suicide, see Table 1. I place these types in a table so it can be seen more clearly. Of course, his view is limited. In it has been superseded by a more interdisciplinary approach that takes into account not only sociological but psychological, medical and anthropological approaches. There is also a relatively new field of study called suicidology.

Table 1.

Durkheim argued that suicide is not purely an act of despair or mental illness — it reflects how well a society supports and regulates its members. He saw suicide rates as a kind of **"moral thermometer"** of society's health (Durkheim, 1897/1951).

Durkheim's framework still shapes modern sociology and psychology, especially studies on:

- The effects of social isolation (e.g. in modern digital life),
- Economic instability and loss of meaning,
- Cultural expectations and collective identity.

Suicide is rarely about wanting to die

One of the most important insights is that most suicidal people do not want death — they want the pain to stop (Shneidman, 1993). What they are actually seeking is relief, rest, silence, an end to unbearable inner tension. Death becomes imagined as a solution, not a goal.

Suicide occurs when pain exceeds meaning

A useful equation often cited in psychology textbooks is:

Suicidal risk increases when **pain > hope + meaning + connection** (Joiner, 2005; Frankl, 1963).

People can survive enormous suffering if they have, meaning like "this has purpose", connection "someone sees me", hope like "this can change." When all three collapse simultaneously, danger rises sharply.

Suicide is not weakness — it is collapse

It is not selfishness, cowardice, moral failure. It is more accurately: a collapse of the nervous system and the meaning-making mind. It is often accompanied by chronic stress, trauma overload, emotional exhaustion, learned helplessness. At that point, rational thinking narrows drastically — known as **cognitive constriction** (Shneidman, 1993). The mind loses alternatives.

Psychological roots commonly involved

It could be due to depression which is emotional numbness, loss of pleasure, distorted self-perception. Or it could be due to trauma, abuse, abandonment, humiliation, cognitive distortions "I am a burden", or emotional dysregulation. The existence of shame is also one of the strongest predictors (Tangney & Dearing, 2002). Shame and self-loathing, says: "I am the problem," and not: "Something happened to me." Shame isolates — and isolation kills.

Existential factors

Many suicides are rooted not only in pain, but in loss of identity, collapse of worldview, spiritual crisis, loss of meaning. Burdened people may ask questions such as:

- "Why exist at all?"
- "What is the point of continuing?"
- "Nothing matters anymore."

This is not pathology — it is **existential despair** (Frankl, 1963; Yalom, 1980).

The paradox: wanting to live and wanting to die coexist

Most suicidal individuals experience one part wanting to die and the other part desperately wanting help. This inner conflict is enormous. Often the suicidal part is not saying: "I want to die." It is saying: "I cannot live like this anymore" (Shneidman, 1993).

Suicide as a communication failure

Very often suicide is unexpressed truth with no witness. People die not because nobody cared — but because they felt, unheard, unseen, emotionally alone (Joiner, 2005). The pain becomes unspeakable and consequently silence becomes fatal.

From a transpersonal/regression-therapy lens

Many regression therapists observe that suicidal ideation may involve, unresolved trauma, inner child despair, identification with death experiences, deep unconscious guilt, pre-verbal abandonment wounds, past lives residues (Woolger, 1987; TenDam, 2014), attached spirit interferences (Komianos, 2011, 2023).

In regression work, suicidal impulses often dissolve when the original trauma is witnessed, meaning is restored and the self is reintegrated.

The wish to die probably belongs to a **fragment**, not the whole soul.

What protects against suicide

Research consistently shows protective factors:

- one trusted human connection
- sense of belonging
- spiritual meaning
- emotional validation
- hope for change

Even **one person** can be enough (Pargament, 1997).

What helps people survive suicidal crises

People should feel that they are being listened to without correction. That they are not being judged or rushed, or not being told "be positive", or not being minimized.

The most healing phrase is often, "Given what you've been through, it makes sense that you feel this way (Rogers, 1961)."

Understanding reduces danger. People who survive suicide attempts often report: "I didn't want to die. I just didn't see another way." This is crucial. Suicide is about **tunnel vision** — not truth. Suicide emerges when pain becomes unbearable, meaning collapses, connection is lost, hope disappears and when the mind narrows. On the other hand, healing begins when suffering is witnessed, meaning is gently restored, the person is not left alone.

In Plain Language

Instead of seeing suicide only as a mental health problem inside one person's head (Table 2):

- Think of it as connected to relationships and society around them
- People are less likely to die by suicide when they feel connected, valued, and supported by others
- Prevention should not just be clinical, but also social and community-based

Table 2.

The Anthropological Perspective

The classical sociological starting point is Émile Durkheim, who viewed suicide as an indicator of social integration and social regulation. Anthropology, however, moved beyond this framework by focusing on how different cultures assign meaning to suicide, how families narrate it, how communities interpret it, and how suicide may function as protest, shame, sacrifice, communication, escape, or even a means of belonging. Anthropologists therefore emphasize that suicide must

always be examined within its local cultural context rather than solely through universal psychiatric categories (Staples, 2020).

One of the central anthropological findings is that suicide does not carry the same meaning across cultures. In some societies it may be understood as personal collapse, in others as social protest, in others as a response to dishonour, loyalty to a collective ideal, or despair arising from colonialism, poverty, exclusion, or cultural disintegration. Anthropology therefore rejects the idea that suicide can be fully explained by purely individual psychological models (Münster, 2012).

Jack Douglas, in *The Social Meanings of Suicide*, criticized overly statistical approaches and argued that researchers should examine the social meanings attached to suicidal acts: what the individual intended to communicate, how the act is interpreted by others, and who is considered morally implicated in the event. From this perspective, suicide often functions not merely as a private ending but as a message directed toward the living.

Ethnographic studies in South Asia have demonstrated that self-destructive acts are frequently linked to kinship structures, marriage systems, gender roles, honour, family conflict, class pressures, and the inability to express suffering within hierarchical social environments. In Sri Lanka, for example, Tom Widger analysed suicide not simply as mental illness, but as an act embedded within narratives of anger, disappointment, social pressure, and familial tension.

Among Indigenous communities in Canada and other populations affected by colonialism, cultural disruption, and social marginalization, anthropologists have shown that high suicide rates cannot be understood solely through individual pathology. Ronald Niezen described cluster suicides among Indigenous youth as tragic phenomena in which suicide may become intertwined with identity, collective memory, and belonging. In such contexts, suicide can become socially imaginable through repeated exposure within the community.

Anthropological research has also demonstrated that suicide may acquire epidemic or imitative qualities when it gains cultural visibility. Suffering alone is not sufficient; there must also exist a cultural script that renders suicide conceivable as a possible response to despair. This helps explain why some communities, age groups, or geographic locations develop recurring patterns or “cultures of suicide.”

Another major contribution of anthropology is the understanding of suicide as a form of moral and social communication. In many cases, the act is directed toward someone: the family, a lover, the community, the state, ancestors, or even the divine. Suicide may therefore express accusation, shame, protest, grief, disappointment, or a desperate demand for recognition. This does not mean the act is rational or justified, but rather that it possesses social language and symbolic meaning (Münster, 2015).

Anthropologists also emphasize that culture influences not only the meaning of suicide, but also the methods, locations, timing, narratives, and emotional responses surrounding it. Cultural factors shape stigma, protective mechanisms, access to care, family silence, and the interpretation of death itself.

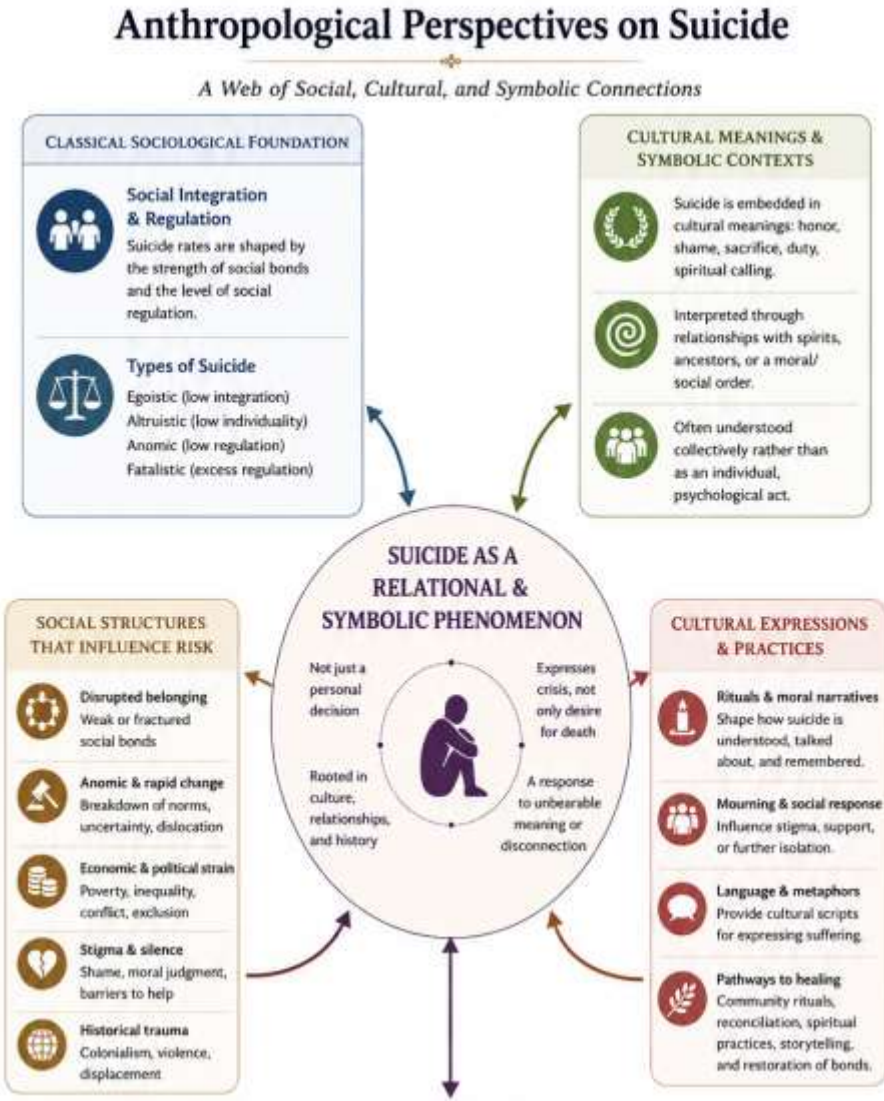


Table 3.

Research further shows that suicide frequently emerges during periods of transition and social rupture: loss of identity, economic collapse, migration, adolescence, marriage, colonial violence, cultural disintegration, or rapid

modernization. In these contexts, suicide reflects not only psychic pain but also a rupture between the individual and the moral or social universe in which they live.

Anthropology therefore provides an important corrective to purely psychiatric or statistical approaches. It demonstrates that suicide is simultaneously personal

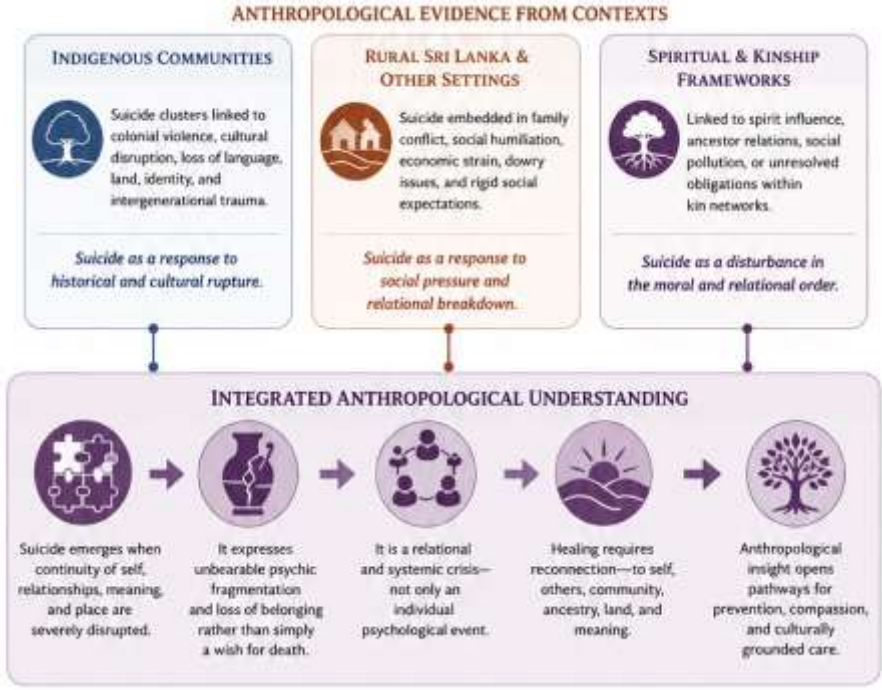


Table 4.

and collective, psychological and cultural, individual and historical (Goldsmith, 2002). It is not enough to ask only "What disorder did the person have?" One must also ask: "What social pressures surrounded them?", "What meanings did death hold within their culture?", "Who listened or failed to listen to their suffering?", "What collective traumas existed?", and "What cultural narratives made suicide appear conceivable?"

In conclusion, anthropological evidence suggests that suicide is deeply embedded within relationships, symbols, values, historical forces, collective memory, inequality, stigma, honour, and crises of meaning. It is never solely "inside the individual's mind," but also exists within the family, the community, social structures, and the wider cultural imagination.

Core Regression-Therapy Insight

According to some systemic therapists, suicidal impulses may not originate in the present-life adult personality. Instead, they could belong to an inner fragment, a

traumatized younger self (Watkins & Watkins, 1997), a past-life identity, or an unresolved death imprint. In other words, the adult ego is **hosting** the impulse — not generating it.

Inner Child Trauma could involve feelings of abandonment, humiliation, chronic emotional neglect, and being unwanted. The child could come up with statements such as, "My existence causes pain." Later expressed as: "Everyone would be better without me" (Bradshaw, 1990).

Clients may carry frozen death imprints or memories of violent death, or despair at the moment of dying, or the false belief that death equals peace. The "Escape through death" theme is a plain myth. Healing does not occur by leaving the body — but by **inhabiting it safely**. Several transpersonal and near-death researchers propose that consciousness may persist beyond bodily death experiences (Greyson, 2003; Moody, 1975) along with the vast majority of regression therapists.

In regression therapy, traumatic experiences are often understood as events that fragment the psyche (Janet, 1907/1973; Van der Kolk, 2014; Wright, 2014). During moments of overwhelming terror, helplessness, despair, or emotional shock, aspects of consciousness may separate or "split off" in an attempt to preserve survival. These fragmented parts frequently remain psychologically frozen (Levine, 1997) within the emotional reality of the original trauma, continuing to carry feelings of fear, hopelessness, exhaustion, shame, or panic long after the event itself has passed. From this perspective, these wounded aspects of the self are not truly seeking death; rather, they are seeking recognition, rescue, completion, and liberation from unresolved suffering.

One of the most important therapeutic observations in regression work is that suicidal ideation is often experienced not as a genuine wish for annihilation, but as the resurfacing of an unresolved state of consciousness connected to past trauma. The impulse toward self-destruction may therefore reflect frozen emotional imprints, unresolved despair, or identification with traumatic memories that continue to live within the psyche. The therapeutic task is not simply the suppression of symptoms, but the compassionate recognition and witnessing of these wounded states so they may finally be understood, processed, and integrated.

Healing frequently occurs when the fragmented aspect is located and the original context of the suffering is revealed. As the individual revisits the source of the trauma, the illusion that there was "no escape" often begins to dissolve. Perspective gradually returns, emotional meaning becomes clearer, and the psyche regains its capacity for choice. Clients often describe a profound realization during this process, expressing the feeling that the despair or destructive impulse was not truly part of their essential identity. Many state with great emotional relief: "It's not mine. It never was."

Regression therapy therefore approaches healing as a process of reintegration rather than repression. The goal is to restore continuity within the psyche and reconnect the individual with a wider sense of self, meaning, and emotional freedom. As awareness expands, the person is no longer trapped within the emotional reality of the original trauma, but begins to experience renewed agency, perspective, and inner stability.

At the same time, it is essential to emphasize an important ethical boundary. Regression therapy does not interpret suicide as spiritually justified, karmically required, or as a desirable "return home." Rather, suicidal ideation is understood as an expression of profound suffering and misidentified consciousness (Assagioli, 1971; Grof, 1985) — a symptom of unresolved psychological pain requiring compassionate therapeutic attention. The aim of therapy is always the restoration of stability, reconnection with life, reintegration of fragmented aspects of the self, and the recovery of the individual's ability to make conscious and meaningful choices.

Spiritual and Paranormal Aspects of Suicide: Why Do People Commit Suicide in Specific Locations?

"A person will spasmodically jump to his or her death from the top of a building, and it is only later that it is discovered that many similar accidents had happened at the exact same point on the road, or that particular building was infamous for its many suicides."

Seizan Fukami (1992)

I will start here with the country of the "Rising Sun", Japan. It was the Japanese Mystic, Seizan Fukami who opened my eyes on this idea in his book *Exorcism*. It seems that in this country the tradition has historically high suicide rates, peaking in 2003 with 34,427 deaths, often tied to economic hardship (Okada, 2024). While once viewed as a private issue, suicide is now treated as a public health crisis. The government promotes awareness through hotlines, signs, and training for forest workers to identify distressed visitors. But there are some places more favourable for suicide than others, why?

Aokigahara – The "Suicide Forest" at the Foot of Mount Fuji

Origins and Geography

Aokigahara, known in Japan as *Jukai* ("Sea of Trees"), is a dense forest that grew on the hardened lava field left by Mount Fuji's massive eruption in 864 CE. Located in Yamanashi Prefecture, it is both a popular hiking destination and, tragically, a site associated with suicide.

Historical and Cultural Roots

Although direct historical links remain uncertain, some researchers have noted that Japan's sacred forests and mountain regions were historically associated with ascetic Buddhist practices involving prolonged fasting, isolation, and ritualized approaches toward death, including the phenomenon of sokushinbutsu or self-mummification (Lobetti, 2014). Such traditions may have contributed culturally to later symbolic associations between forests, death, spiritual liminality, and self-sacrifice within Japanese folklore and collective imagination.

Modern Association with Suicide

In the 20th century, Aokigahara became widely recognized as a suicide site, reinforced by two cultural phenomena:

- 1960: *Seicho Matsumoto's* short story *"Tower of Waves"* portrayed a woman walking into Aokigahara to die.

- 1993: *Wataru Tsurumi's* controversial book *"The Complete Suicide Manual"* described Aokigahara as "the perfect place to die," complete with directions and methods.

Between 2013–2015, over 100 suicides were recorded there. In response, the Japanese government stopped releasing statistics to reduce copycat cases.

Media Influence and Misrepresentation

International media and social platforms, particularly after Logan Paul's 2018 video, sensationalized Aokigahara as a macabre or "haunted" forest. This has distorted Western views, conflating it with romanticized or ritualized suicide imagery from samurai and wartime narratives.

Present Reality

Despite its reputation, Aokigahara is also a beautiful and serene natural area, featuring lava caves, trails, and scenic landscapes. Visitors describe it as quiet and peaceful rather than eerie. It remains both a symbol of Japan's struggle with mental health and a place of natural wonder and reflection.

THE WORLD'S HIGHEST SUICIDE RATE LOCATIONS

BASED ON REPORTED SUICIDES

1. NANJING YANGTZE RIVER BRIDGE

NANJING, JIANGSU, CHINA

ESTIMATED SUICIDES:
OVER 1,000
SINCE ITS CONSTRUCTION IN 1968

One of the most famous suicide sites in the world. Barriers and surveillance have been added, but suicides continue.

2. GOLDEN GATE BRIDGE

SAN FRANCISCO, CALIFORNIA, UNITED STATES

ESTIMATED SUICIDES:
MORE THAN 1,600
KNOWN SUICIDES.

The number is believed to be higher because of people whose bodies were never found.

3. PRINCE EDWARD VIADUCT

TORONTO, ONTARIO, CANADA

ESTIMATED SUICIDES:
492
BEFORE THE LUMINOUS VEIL, A BARRIER OF 9,000 STEEL RODS, WAS CONSTRUCTED IN 2003.

The barrier is considered one of the most effective suicide prevention structures in the world.

4. AOKIGAHARA FOREST

MOUNT FUJI, JAPAN

ESTIMATED SUICIDES:
AS MANY AS 105
SUICIDES A YEAR,
THOUGH THE NUMBER MAY BE HIGHER.

Known as "The Sea of Trees". Remote and dense, making search and rescue difficult.

5. THE GAP

SYDNEY, NEW SOUTH WALES, AUSTRALIA

ESTIMATED SUICIDES:
ROUGHLY 50
SUICIDES A YEAR.

A large sea cliff with a long history of suicides. Barriers and patrols have been increased.

IMPORTANT TO NOTE:
Numbers are estimates based on publicly reported data.
Actual numbers may be higher.

IF YOU OR SOMEONE YOU KNOW IS STRUGGLING:
Please seek help. You are not alone.
National Suicide Prevention Lifeline (USA): 988
Find help in your country: findahelpline.com

Aokigahara in the Movie Industry

Here is the snapshot of the movie *A Sea of Trees* which deals with the issue of suicide in Aokigahara. According to Wikipedia at its May 2015 debut at the Cannes Film Festival, the film was met with harsh critical reception; it was **loudly booed** and **laughed at** by an audience of critics, with critic Scott Foundas calling it a film "for nobody." Some critics were more impressed by the film; Pete Hammond wrote "Their film deserves a better fate" and he praised its "pared sentimentality."

Unfortunately, people cannot accept and consistently reject the idea that disembodied consciousness can sometimes interact and affect physical reality. The poetic license of director Gus Van Sant was placed to the pyre of materialism and condemned as a distasteful joke.

Here I cannot resist posting two cases from my book *Unveiling Spiritual Intrusions* (Komianos, 2023) that will illuminate some paranormal and transpersonal aspects of suicide.

> Helen was the wife of an Albanian worker, George, who renovated my office in Corfu. After months of hard work, George and I got to know each other well and became friends. Not long after I opened my office, I heard about something quite horrific. George's wife, Helen, woke up early one morning, walked through the centre of Corfu town and went towards the castle city walls near the old fortress. She climbed the rails and then jumped down from the considerable height. She survived, but with major injuries to her body. Surgeons had an uphill task to repair the damage. She remained in a deep coma for three months, and after waking up she needed multiple operations just to be able to walk a bit. Now she can walk only with support and cannot work or live on her own.
>
> Not being a citizen of Corfu, I had no idea that at that specific spot, dozens of people have committed suicide over the decades. Why did people choose this particular spot along a wall that stretches for hundreds of meters and attains greater height elsewhere? I assume that Helen, being Albanian, was not aware of this fact either. Her husband told me that on that morning he was feeling lethargic and could not wake up and get out of bed. He saw Helen when she woke up, and she looked as though she was mesmerized. She walked out of the house, wearing the same shorts she had been sleeping in and her slippers. Her husband was unable to react physically in any way; he was powerless.

Helen's psychiatric history was not very clear. Other family members suffered from depression and suicidal tendencies, but none had gone so far as to try. The focus of this story is not on the attempt to take her own life, but on the conditions under which it was attempted and the selection of the particular spot.

Famous landmarks around the world have become known for high incident rates of suicide; some are so high that numerous signs have been posted, urging potential victims to seek help.

Another excerpt of my book concerns a peculiar story that took place and made the national news in 2017 that took place in my hometown but in a specific house:

> In June 1997, an 18-year-old girl from Nikaia learned that she had failed two tests in the Panhellenic examinations. A few hours after she was informed by a classmate, she took a backpack and left her house. After wandering around for hours, around 12:30 on June 18, she arrived at 23 Zirinis Street in Kifissia. She rang the bell of the unknown apartment on the 4th floor and asked the then tenant to let her in to wash her bloody hands. Unsuspecting, the 70-year-old man allowed her to enter his house, but she did not go to the bathroom, but through an open door she went out to the balcony and committed suicide. The residents of the apartment building alerted the authorities, and the girl was taken to the emergency room, admitted to the operating room but at 15:00, the same day she succumbed to her injuries. The balcony from which the 18-year-old girl then took the plunge to her death is the same as the one from which the 6-year-old fell on Saturday February 11, 2017, when his mother's attention was distracted.

Now could that be a coincidence? Someone might wonder who 'brought' the disappointed girl in this apartment in the first place, so far from her hometown? And then should ask who 'pushed' the little boy off the specific balcony twenty years after the first incident?

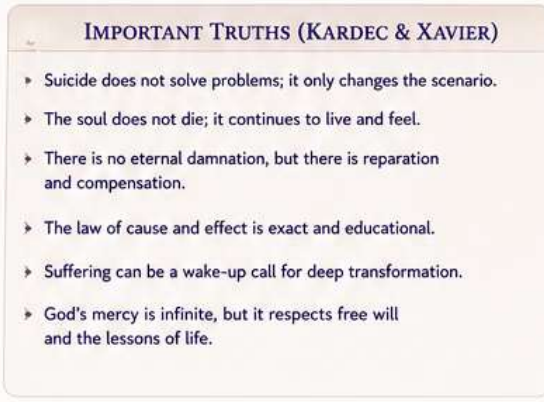
The Wandering Soul: Esoteric Views on Suicide and the Afterlife

It should be more than evident that the following perspectives represent metaphysical, spiritual, and esoteric interpretations of suicide and postmortem consciousness rather than empirically verified scientific conclusions. However, all the more cases spring up that we have to address this important spiritual aspect of suicide.

Across esoteric, occult, metaphysical, and transpersonal traditions, suicide has rarely been viewed simply as the termination of biological life. Instead, it is often interpreted as a profound interruption in the natural evolution of consciousness. Although interpretations differ widely among traditions, several recurring themes emerge: shock and disorientation after death, attachment to the earthly plane, unresolved emotional states, karmic continuation, and eventually the possibility of healing and reintegration.

Many esoteric systems propose that after a self-inflicted death the soul may initially experience confusion or disorientation (Swedenborg, 2006). Because consciousness survives bodily death in these traditions, the individual is believed to awaken into a nonphysical state carrying the same emotional pain, despair, or mental condition present at the moment of death. Thus, suicide is not seen as an escape from suffering, but rather as a continuation of unresolved consciousness into another dimension of experience. Some traditions describe the soul as remaining temporarily "earthbound," especially when powerful emotions such as guilt, fear, anger, grief, shame, or attachment are present.

In Spiritualist and mediumistic literature, souls who die by suicide are often described as existing in a state of emotional shock or self-imposed isolation until they gradually understand their condition. Authors such as Allan Kardec suggested that suffering after suicide is not divine punishment but the natural psychological consequence of carrying unresolved pain into the afterlife. Similarly, many trance mediums and clairvoyants describe souls lingering near the place of death, near loved ones, or within familiar environments because they cannot fully detach from earthly identity.



Theosophical and occult teachings frequently describe suicide as creating a disturbance within the natural rhythm of incarnation. According to these systems, human life unfolds according to lessons, karmic patterns, and opportunities for spiritual growth. Ending life prematurely does not erase these lessons but postpones or complicates them.

The soul may therefore undergo a prolonged period of review, healing, and reorientation before continuing its evolutionary journey. Nevertheless, most esoteric traditions reject the idea of eternal damnation. Instead, they view suffering as temporary and educational rather than punitive.

In Tibetan Buddhism, the state following death is often associated with the bardo, an intermediate realm in which consciousness encounters visions shaped by its own mental and emotional state (Evans-Wentz, 1960). A disturbed or fearful consciousness may experience confusion and terrifying imagery, while a more aware consciousness may recognize these experiences as projections of mind. Suicide, in this context, is considered spiritually tragic not because it condemns the soul forever, but because it may intensify confusion and delay liberation from suffering.

Certain mystical and Gnostic traditions regard suicide as the result of profound alienation from the deeper spiritual self. The soul is believed to have incarnated for growth, learning, and awakening, and therefore self-destruction interrupts a sacred developmental process. Yet even here, compassion remains central. The soul is not eternally lost but eventually guided toward healing, understanding, and reconciliation with its deeper purpose.

Modern transpersonal and regression-oriented interpretations often echo these older themes. Most of our colleagues, report that clients who explore suicidal

impulses during regression work frequently encounter unresolved trauma, fragmented emotional states, death imprints, or identities associated with despair and hopelessness. From this perspective, suicidal ideation may not reflect a true desire for annihilation but rather a desperate longing for relief, release, rest, or escape from unbearable psychological pain. Healing occurs not through death, but through integration, reconnection, and restoration of meaning (Fiore, 1987; Baldwin, 1992).

A common theme across nearly all spiritual traditions is that consciousness continues after death in some form and that unresolved suffering cannot simply be escaped through physical self-destruction. However, equally universal is the belief that compassion, healing, redemption, and spiritual growth remain possible. Even traditions that describe difficult postmortem consequences generally portray them not as eternal punishment, but as opportunities for understanding, transformation, and eventual return to wholeness (Kardec, 1975).

Modern Near-Death Experience research supports such claims. In a failed suicide the experiencer felt her body sliding downward in a cold, dark, watery environment: "When I reached the bottom, it resembled the entrance to a cave, with what looked like webs hanging…. I heard cries, wails, moans, and the gnashing of teeth. I saw these beings that resembled humans, with the shape of a head and body, but they were ugly and grotesque…. They were frightening and sounded like they were tormented, in agony." (Bush & Greyson 2014)

Another element we should take into consideration is what happens if the persons who ended their lives remain earthbound and/or even interfere with the environment by generating poltergeist phenomena and in some cases causing fear to the inhabitants of these dwellings. There are several cases reported and dealt with (Denning, 1996; Lawrie, 2003; Ireland-Frey 1999; Robertson, 2015).

So, it should be clear from the start that these esoteric interpretations in no way can be used to romanticize suicide or to present it as spiritually desirable. Most traditions, regardless of their metaphysical framework, ultimately affirm the value of life, the importance of conscious growth, and the possibility of healing while embodied. The central message underlying these teachings is not condemnation, but compassion: suffering seeks understanding, and the soul seeks restoration rather than destruction.

Conclusion

Suicide cannot be fully understood through psychopathology or social theory alone. A transpersonal and regression-therapy perspective reframes suicidal ideation as an expression of disrupted continuity rather than a genuine wish for death. When suffering is contextualized, witnessed, and integrated, the impulse toward annihilation often transforms into a desire for relief, connection, and renewed meaning. Many esoteric and metaphysical traditions similarly suggest

that consciousness survives bodily death and that unresolved suffering is not escaped through self-destruction, but carried forward until it is understood and healed. Within these traditions, suicide is frequently viewed not as a final ending, but as a tragic interruption in the soul's developmental journey — a state of confusion, fragmentation, or spiritual disorientation requiring compassion, reconciliation, and reintegration rather than condemnation. Understanding suicide as a crisis of identity rather than a drive toward death may therefore offer clinicians a deeper and more compassionate foundation for healing, one that acknowledges both the psychological and existential dimensions of human suffering.

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Suicide: Crossing the Line between the Living and the Dead

by *Maarten Wiegmans (The Netherlands)*

Abstract: This article examines suicide and suicide bereavement from a systemic, transpersonal, and regression-therapy perspective. It distinguishes acute grief and trauma from deeper intergenerational burdens involving guilt, shame, identification, and unresolved family loyalties. Particular attention is given to the boundary between the living and the dead and to the ways in which this boundary may become blurred after suicide. Drawing on constellation work and regression therapy, the article presents a clinical case in which multiple suicides, unprocessed grief, and family guilt became linked across generations. The therapeutic process revealed how guilt and responsibility could become misallocated within the family system and how restoring differentiation allowed innocence, grief, and emotional ownership to return to more appropriate places. The article also proposes a complementary model of horizontal constellation work and vertical regression work, with personification space serving as a bridge between the two. It concludes that therapeutic work with suicide may require not only mourning the deceased but also disentangling the living from burdens, identifications, and loyalties that draw them towards the dead.

1. Introduction

Suicide, the Bereaved, and the Risk of Repetition

Suicide confronts those left behind with a rupture that extends far beyond the loss of a loved one. For family members, partners, and close friends, the death itself is often only the beginning of a complex process in which grief, shock, guilt, shame, anger, and unanswered questions become deeply intertwined. The bereaved are not only mourning the person who has died; they may also struggle with powerful *inner movements toward the deceased*. Research indicates that people bereaved by suicide are themselves at increased risk of suicidal ideation and behaviour (Latham & Prigerson, 2004). Likewise, studies have demonstrated familial clustering of suicide risk (Tidemalm, Runeson, Waern, et al., 2011), while therapeutic work may reveal more than one suicide—or even a chain of suicides—within the same family line.

From a systemic and regression-oriented perspective, suicide cannot be understood solely as an individual act or personal tragedy. It also unfolds within a transgenerational field, where unresolved emotions, loyalties, losses, and exclusions may have been present long before the final act occurred. Suicide can

activate earlier layers of loss, trauma, and unprocessed grief within the family system, bringing them forcefully to the surface. For the bereaved, this can result in emotional burdens that feel intensely personal, yet may not fully belong to them.

In therapeutic practice, survivors of suicide may experience emotions that appear disproportionate, confusing, or contradictory: overwhelming guilt without a clear cause, deep and unexpressed shame, or anger that seems to have no adequate target. When combined with acute grief and shock, such experiences can make it difficult to distinguish *what belongs to the immediate loss* from *what originates in a wider systemic context*. When these distinctions remain unclear, mourning may become complicated or prolonged, while patterns of identification with the deceased may remain unresolved and the risk of repetition may increase.

Regression therapy and constellation work offer specific approaches for exploring these dynamics. Both recognise that emotional charges, loyalties, and identifications can extend across generations, and that descendants may unconsciously represent or carry unresolved experiences associated with earlier family members. Within this framework, guilt and responsibility are therefore not always understood as purely individual phenomena. As Bert Hellinger stated, *"It is never a personal matter; there is always another field involved"* (Hellinger, 2003). For regression therapists, the phenomenon of *taken-over feelings*—emotions experienced intensely by the client but originating with another family member or ancestor—is familiar territory, as is the therapeutic possibility of returning such feelings to those to whom they belong (ten Dam, 2014). This article will therefore examine how guilt and shame may become entangled with multiple suicides within a family line and explore therapeutic approaches for tracing, separating, and neutralising these emotional charges at their origins.

Another observation frequently encountered in regression and systemic work is that a person may not be *fully present* in life. In some cases, it appears *as if a significant part of the soul is already oriented toward, or positioned beyond, the boundary between the living and the dead*. This does not necessarily imply an explicit wish to die, but rather a partial withdrawal from life that can precede suicide or be observed in surviving family members who remain deeply entangled with the deceased.

In cases of suicide bereavement, the boundary between the living and the dead may become blurred or unconsciously crossed. Physically marking this line on the floor—using a strip of paper or similar material—can have a powerful therapeutic effect by restoring a distinction that has become unclear for the bereaved. Without assigning predetermined meaning or representation, the line allows clients to perceive where they—or *parts of themselves*—are oriented in relation to the boundary between life and death. This simple spatial intervention may reveal movements toward the deceased, identifications, and entanglements that had previously remained implicit.

This article focuses on suicide as a systemic and traumatic event that can *bind the living and the dead in powerful ways*. It distinguishes between acute emotional reactions following suicide and deeper, often transgenerational charges involving guilt, shame, unresolved anger, and identification. Drawing on clinical experience, we explore how different forms of trauma may converge in the aftermath of suicide and how these dynamics can contribute to complicated grief and intergenerational repetition.

Insights from regression therapy and constellation work are used to examine therapeutic interventions that can disentangle the bereaved from these systemic burdens. By addressing deeper layers—while carefully distinguishing between acute grief and inherited or *taken-over* emotional charges—we can not only support the bereaved in their mourning, but also help prevent suicide-related trauma, guilt, and identification from being passed on to future generations.

2. Some Statistics: The Scale of the Disappearance

Each year, the number of people who die by suicide worldwide is comparable to the disappearance of a large city. It is as if Amsterdam or Frankfurt were erased annually—streets emptied, houses left behind, voices silenced. Yet this occurs not through a visible catastrophe such as war or natural disaster, but quietly and dispersed across families, homes, and communities (WHO, 2025).

Suicide does not occur in isolation. It can cluster within families and social environments, and patterns of suicide may extend across generations. Research has repeatedly demonstrated an increased risk among people with a family history of suicide (Runeson & Åsberg, 2003). Looking through a systemic perspective, this risk acquires an additional dimension when grief, guilt, shame, and identification with the deceased remain unspoken or unresolved.

Within family systems, each suicide may leave an imprint that extends far beyond the immediate loss. Unmourned grief, displaced guilt, and *broken loyalties* do not necessarily remain confined to one individual. They may *become embedded* within the family system, covered by successive layers of guilt, shame, silence, and secrecy. Even when their origins are unknown to later generations, regression and systemic work suggest that such unresolved charges may reappear as depression, self-destructive behaviour, identification with the deceased, or a persistent pull toward the dead.

What disappears, therefore, is not only a life. A place within the family system is also left vacant—and may remain emotionally charged. Those who come later may find themselves unconsciously drawn towards that absence, sometimes without knowing the person who originally occupied it or even the circumstances of the death.

To understand suicide and its aftermath, we must therefore look beyond the individual towards the wider family and historical contexts in which such disappearances continue to echo.

3. Historical and Cultural Context

Suicide as a Collective, Cultural, and Systemic Phenomenon

Across cultures and throughout history, self-inflicted death has been embedded in collective meanings, moral frameworks, and social expectations. Whether condemned, glorified, ritualised, or silenced, suicide reflects more than personal despair. The myth of Ajax, who killed himself during the Trojan War, and the story of the Roman noblewoman Lucretia, whose suicide following her rape helped incite the rebellion that overthrew the Roman monarchy, are early examples.

Family, society, and culture have not always treated either those who died by suicide or the bereaved with compassion. In medieval Europe, those who took their own lives could be denied burial among their community or relatives, excluded from churchyards, and deprived of Christian funeral rites[1]. In Western history, particularly during the Middle Ages and early modern period, the souls of those who died by suicide were sometimes regarded as *restless or malevolent*. Their spirits could be feared as dangerous presences capable of disturbing or spreading despair among the living.

In European cultural history, Johann Wolfgang von Goethe's *Die Leiden des jungen Werthers* (*The Sorrows of Young Werther*, 1774) demonstrated how suicide could become an expression of existential conflict within a particular *Zeitgeist*. Werther's death was presented not simply as madness, but as the tragic culmination of an inner conflict that could find no place within the social world surrounding him. The intense cultural response to the novel—and reports of imitative suicides associated with it—revealed how deeply this narrative resonated with a collective undercurrent. Suicide became a language for what could not otherwise be lived or spoken. The seeds were being sown for understanding suicide as a desperate expression of personal suffering, although at the time the romantic interpretation predominated.

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[1] Historically, Christian attitudes towards suicide were strongly condemnatory. Suicide was regarded as a violation of the commandment against killing and was frequently described as *self-murder*. This moral position continued into modern Catholic teaching; *Evangelium Vitae* (1995), for example, discusses suicide in relation to the moral prohibition against taking human life. Contemporary terminology has increasingly moved away from expressions such as *self-murder* towards more neutral language.

Yet romanticising suicide carries an obvious danger: despair can become transformed into destiny, sacrifice, or even heroism. This tension becomes apparent in the life and work of Menno ter Braak, the Dutch critic and philosopher. Ter Braak rejected illusion, hero worship, and ideological surrender. His suicide in May 1940, following the German invasion of the Netherlands, cannot easily be reduced to private psychopathology. It occurred within an historical situation that had become morally and intellectually intolerable to him. His death confronts us with the *limits of individual moral responsibility under overwhelming historical pressure*.

A similar *existential collapse* can be recognised in the life of Stefan Zweig. In *The World of Yesterday*, Zweig described the destruction of Europe's cultural and humanistic foundations through war, exile, persecution, and displacement (Zweig, 2013). His suicide in 1942 can therefore be viewed not merely as personal despair, but also as a withdrawal from a world that no longer offered *continuity of meaning*. Where Ter Braak chose refusal, Zweig chose departure; in both cases, the personal and historical became inseparable.

Outside the European context, self-inflicted death has also appeared as a culturally sanctioned, expected, or coerced act. The historical practice of *sati* in parts of India, in which a widow died on her husband's funeral pyre, provides an extreme example. Although its meanings and practice varied historically, from a systemic perspective *sati* can be understood as an extreme form of bonding-system trauma. The widow's individuality, grief, and continued survival became subordinated to collective notions of loyalty, honour, purity, and family order. Under conditions in which social or physical coercion was present, refusal could carry enormous consequences.

Similarly, the self-immolations of Tibetan monks and other Tibetans in recent decades cannot adequately be understood solely through an individual psychological model of suicide. They also constitute political, spiritual, and collective acts of protest. Within this context, the individual body becomes the site upon which collective suffering, resistance, sacrifice, and moral appeal are inscribed.

Suicide may therefore emerge when individuals are placed in seemingly impossible positions by their culture or history. Loyalty to values, beliefs, communities, or systems may demand a sacrifice that life itself can no longer sustain. Here, suicide appears less as an escape from individual suffering than as a response to an *unlivable field*. An extreme example can be found in Auschwitz,

where Primo Levi described prisoners who deliberately approached the electrified fence to end suffering that was simultaneously physical, psychological, and moral (Levi, 1991). Such experiences also invite consideration of what is now described as *moral injury*: suffering produced when circumstances violate fundamental moral values, identities, or expectations (Borges et al., 2022).

The suicides of writers such as Virginia Woolf and Ernest Hemingway may at first appear more readily understood as individual responses to unbearable psychological suffering. Yet even here, the individual cannot be completely separated from the wider field. Research has suggested elevated rates of certain mental-health difficulties and suicide among creative professions, although retrospective diagnosis of particular historical figures should be approached cautiously (Abrams, 2012). Family history, relationships, cultural expectations, war, illness, loss, and social circumstances remain part of the wider systems within which individual suffering develops.

From a systemic perspective, grief and uncarried helplessness do not simply vanish. They transform. Guilt may arise even where no objective responsibility exists because the pain of powerlessness cannot be borne. When such guilt is split off rather than processed, it may continue within the family system and become entangled with the lives of later generations (Ruppert, 2008).

In families shaped by traumatic historical circumstances, *innocence* may become *fixed in the past*. The child who died remains innocent, untouched by life's later compromises. Those who survived may unconsciously feel that they themselves have lost access to that innocence. Children who were old enough to remember, but too young to understand, may carry a lifelong sense of having crossed some invisible boundary—without knowing precisely when or how.

When suicide occurs in later generations, it may reactivate these unresolved historical layers. The act can resonate with earlier losses, exclusions, cultural imperatives, loyalties, and unprocessed grief. What appears to be an entirely personal tragedy may therefore be embedded within a much older emotional and historical landscape.

Regression therapy and systemic work allow access to these layers without reducing them to either explanation or justification. They make it possible to encounter history not simply as something that is over, but as something that may still live within family systems. By acknowledging the historical origins of guilt, loss, loyalty, trauma, and innocence, therapeutic work can restore movement where history once came to a standstill.

4. Suicide, Trauma, and the Bereaved

Acute Charges, Trauma Layers, and Systemic Burdens

Suicide is not only a traumatic event; it is an event in which multiple forms of trauma may converge simultaneously, both for the person who dies and for those left behind. In therapeutic work with suicide bereavement, it is therefore essential to distinguish between acute emotional charges, specific forms of trauma, and deeper systemic burdens such as guilt and shame. When these layers are not differentiated, grief may become confused, stalled, or entangled with transgenerational dynamics.

Acute Emotional Charges after Suicide

In the immediate aftermath of suicide, the bereaved are confronted with intense acute emotional charges. These may include shock, panic, despair, rage, helplessness, disbelief, and a profound sense of existential disorientation. Such reactions are directly connected to the suddenness, finality, and often violent nature of the death. At this level, emotions are not symbolic or representative; they are immediate bodily and emotional responses that require containment, acknowledgement, and expression.

Confusion and shame may also emerge. The bereaved may find themselves uncertain whether they are more appalled by the death itself or by the act through which it occurred. The fact that death was chosen can complicate the normal mourning process. Anger may be particularly difficult to acknowledge: *How could you leave us? How could you do this to us?* At the same time, this anger may coexist with profound love, longing, and sorrow.

Guilt is especially complex. On the one hand, survivors may feel that *the deceased left us and acted irresponsibly*. On the other, they may suffer enormously from the belief that *we should have been able to prevent it*: perhaps we should have recognised the signs, listened more carefully, been more available, or done something differently. A suicide note or final message may answer certain questions, but it rarely compensates for the trauma of loss or the rupture of the bond.

Shame and social disgrace can add another layer. After the funeral, families may gradually stop speaking about the deceased or avoid mentioning the cause of death. The person who died becomes *excluded* from the family narrative, while the suicide itself becomes a secret, a myth, or a carefully edited story. What cannot be spoken, however, is not necessarily resolved. In systemic and regression work, such exclusions may reappear in later generations as identification or entanglement with the deceased. In regression terminology, this may sometimes be experienced as a form of attachment.

Clinically, it is crucial not to confuse these different levels. Acute grief, shock, anger, and helplessness need space to unfold before they are interpreted as manifestations of deeper systemic or transgenerational processes. When acute reactions are prematurely given such meanings, clients may feel misunderstood or pushed away from their immediate lived experience. Only when these reactions have been sufficiently acknowledged and contained can deeper trauma layers be explored without unnecessarily overwhelming the client.

Ruppert's Four Forms of Trauma in the Context of Suicide

Franz Ruppert distinguishes **four fundamental forms of trauma**, providing a useful framework for understanding the complex impact of suicide (Ruppert, 2008). These forms are not mutually exclusive. In suicide and suicide bereavement, several may be present simultaneously and reinforce one another.

Existential Trauma

Existential trauma arises when a person's fundamental sense of safety in the world is shattered. It is closely connected with experiences of *life threat*, annihilation anxiety, and a collapse of trust in existence itself. Suicide confronts the bereaved with the disturbing reality that life can end abruptly and deliberately, undermining basic assumptions about continuity, safety, meaning, and order.

For some survivors, this confrontation may also awaken a deep fear of non-being. For others, particularly when strong identification with the deceased develops, it may produce the opposite movement: an unconscious attraction or pull towards death.

Trauma of Loss

Trauma of loss lies at the heart of suicide bereavement. The sudden and often unexpected *loss of a loved one* can overwhelm the psyche's capacity to process separation. Unlike an anticipated death, suicide frequently leaves little or no opportunity for preparation or anticipatory mourning.

The bereaved are left with unfinished relationships, unresolved conflicts, words that were never spoken, and questions that may never be answered. When this trauma remains unresolved, grief may become complicated or frozen, and the relationship with the deceased may remain psychologically unfinished.

Bonding Trauma

Bonding trauma develops when *fundamental attachment needs are violated, disrupted, or distorted*. In suicide bereavement, the death may be experienced not only as loss but also as *abandonment, rejection, or betrayal*. The bond with the deceased consequently becomes charged with profound ambivalence: love and longing coexist with anger, accusation, guilt, and sometimes resentment.

The relationship does not simply end with physical death. The inner dialogue with the deceased continues—mentally, emotionally, and perhaps also physically. The bereaved may continue arguing with the deceased, asking questions, seeking explanations, expressing love, or waiting for an answer that never came while the person was alive.

Bonding-System Trauma

Bonding-system trauma affects the *family system as a whole*. It develops when traumatic bonding patterns, exclusions, secrets, losses, and unresolved conflicts become embedded within the family across generations. In such circumstances, innocence may be lost not only individually but systemically. Guilt associated with an earlier suicide, for example, may become split off and later carried or represented by another family member.

In families affected by suicide, bonding-system trauma may manifest through unspoken mandates, loyalty conflicts, exclusions, family secrets, and repeated patterns of self-destructive behaviour. Earlier losses that were never mourned or acknowledged may intensify the impact of a more recent suicide, creating a dense field of identification and entanglement.

Family secrets are particularly important. Tisseron (2011) has described how what is concealed in one generation can nevertheless leave traces in those that follow. Missing persons, unexplained absences, contradictions, and *gaps or lies in family stories* may become psychologically significant even when descendants do not consciously know what originally occurred. In systemic and regression work, such gaps may provide important clues when apparently inexplicable patterns repeat across generations.

Guilt, Innocence, and Taken-Over Feelings

Within this trauma framework, guilt and shame are not always purely personal emotions. They may also function as **systemic phenomena**. Guilt that cannot be consciously borne may be split off, while another member of the family may unconsciously attempt to restore balance or *seek innocence on behalf of the system*.

Regression therapists are familiar with *taken-over feelings*: guilt, sorrow, fear, shame, or rage that are experienced intensely by a client but appear, during therapeutic exploration, to originate with another member of the family system. Contemporary research into trauma and epigenetics provides a different but complementary perspective, demonstrating that the consequences of severe experiences can extend beyond the directly affected individual and may influence subsequent generations (Banushi, Collova, & Milroy, 2025). This does not establish the regression-therapy concept of taken-over feelings, but it reinforces the broader importance of investigating trauma beyond the individual biography.

In suicide bereavement, these dynamics can become particularly powerful. A survivor may carry guilt associated with the deceased; innocence may be unconsciously sought through suffering or self-sacrifice; and unresolved trauma may seek expression through identification with the dead. The survivor may even begin to move psychologically towards the deceased rather than continuing fully with the living.

It is precisely here that the distinction between **acute charge, personal trauma, and systemic burden** becomes therapeutically decisive. The therapist must first recognise what belongs to the immediate experience of loss, then identify what belongs to the client's own trauma, and finally explore what may have been taken over from the wider family system. Without such differentiation, the different layers reinforce one another. With differentiation, they can begin to separate—and what has been unconsciously carried can eventually be returned to its proper place.

5. Acute, Complicated, and Integrated Grief

Where Mourning Stalls after Suicide

Grief is a natural and necessary response to loss (Zisook & De Vaul, 1985). Generally, mourning unfolds over time, allowing the bereaved gradually to integrate the reality of death into their lives. After suicide, however, this process may be profoundly disrupted. To understand where and why mourning becomes blocked, it is helpful to distinguish between **acute grief, complicated grief, and integrated grief** (Tal Young et al., 2012), and to examine how suicide-specific trauma and systemic dynamics may interfere with their natural progression (Golden & Dalgleish, 2010).

Acute Grief

Acute grief is the immediate response to loss. It is characterised by shock, disbelief, intense sorrow, emotional pain, confusion, and disorientation. The bereaved may feel overwhelmed by waves of anguish, yearning, anger, or despair. Bodily reactions such as exhaustion, agitation, dissociation, or numbness are also common. At this stage, grief is not yet primarily reflective or meaning-oriented; it is an immediate emotional and embodied experience.

After suicide, acute grief is often intensified by the suddenness of the death, its potentially violent or shocking circumstances, and the absence of an adequate explanation. The unanswered *why?* can dominate the inner landscape of the bereaved. Acute grief may simultaneously become intertwined with traumatic reactions, particularly when existential trauma and trauma of loss are activated together (Ruppert, 2002).

Therapeutically, it is essential to allow acute grief to be *expressed*. Tears, anger, despair, confusion, and even contradictory feelings towards the deceased are not obstacles to healing; they are part of the mourning process. When acute grief is suppressed—because of fear of losing control, social stigma, family silence, or premature interpretation in systemic terms—the mourning process risks becoming frozen. Especially after suicide, there can be a temptation to move too quickly towards meaning, responsibility, forgiveness, or resolution, thereby bypassing the raw pain of loss.

Integrated Grief

Integrated grief develops when the bereaved find a way to live with the loss without remaining dominated by it. The deceased can be remembered with sadness, love, and longing, but also with an increasing sense of inner balance. Life begins to move again: relationships, work, pleasure, creativity, and orientation towards the future gradually return. The bond with the deceased is not erased, nor does it need to be. Rather, it finds a different place within the life of the survivor and no longer demands exclusive loyalty.

In non-traumatic bereavement, this integration may develop gradually with time. After suicide, however, the movement from acute towards integrated grief may take considerably longer or become blocked. Guilt, shame, unresolved anger, unanswered questions, or identification with the deceased can interfere with the movement back towards life. The bereaved may remain inwardly oriented towards the deceased, sometimes without consciously recognising it—as if a part of them were still standing on the other side of the line between the living and the dead.

From a systemic perspective, integrated grief becomes possible when responsibility, guilt, and emotional ownership are restored to their appropriate places. As long as survivors remain identified with burdens that do not belong to them—such as the guilt of the deceased, the unresolved grief of previous generations, or a loyalty that demands continued suffering—the movement towards life remains restricted.

Integration therefore does not mean *letting go of the deceased*. It means **letting go of what prevents the living from continuing to live**. Love and connection may remain, while guilt, identification, and the obligation to follow the deceased can be released.

Complicated Grief

Complicated grief arises when acute grief *does not sufficiently develop towards integrated grief* but remains intense, persistent, and immobilising. The bereaved may feel trapped within mourning even as time passes. Longing for the deceased remains overwhelming, while life loses vitality, meaning, and direction. Intrusive images, avoidance of reminders, emotional numbness, social withdrawal, or chronic despair may dominate everyday life (Monk, Houck, & Shear, 2006).

Following suicide, the risk of complicated grief is particularly significant. Several factors may contribute: the traumatic nature of the death, unanswered questions, collapse of meaning, social stigma, guilt and blame, and the *activation of bonding trauma and bonding-system trauma*. Survivors may become caught between loyalty to the deceased and the necessity of continuing to live.

In some cases, complicated grief is accompanied by a wish to join the deceased. This should, of course, always be taken seriously when assessing suicide risk. Yet therapeutically it may also reveal something more complex than an explicit desire for self-destruction. It may express a longing for reunion, peace, belonging, reconciliation, or restored innocence. The distinction is clinically important: *wanting to be with the dead is not necessarily identical to wanting to die*, although the two may overlap and must never be assumed to be harmless.

Suicide, Grief, and Systemic Entanglement

Suicide can intensify the tendency for grief to become systemically entangled. Earlier losses, unmourned deaths, exclusions, secrets, or acts of injustice within the family line may resonate with the present loss, drawing the bereaved into a wider field of suffering. Children and siblings may be particularly vulnerable to identification and loyalty dynamics, especially when the family is unable to speak openly about what has happened. Traumatic grief itself has also been associated with increased suicidal ideation among bereaved young adults (Prigerson et al., 1999).

From a regression-therapy perspective, the question is therefore not only *"Have you mourned this person?"* but also: *"What are you still carrying for this person?"* The first question concerns grief; the second opens the possibility of attachment, identification, guilt, loyalty, and taken-over feelings.

Distinguishing between acute, complicated, and integrated grief therefore provides an important therapeutic framework. **Acute grief requires containment and expression. Complicated grief requires exploration of what prevents mourning from moving forward. Integrated grief becomes possible when love can remain while inappropriate responsibility, guilt, identification, and systemic burdens are released.**

Regression therapy and constellation work offer specific ways of supporting this process. By differentiating *what belongs to the present loss from what belongs to the wider family system*, and by *restoring the boundary between the living and the dead*, these approaches can help the bereaved turn back towards life—without denying their love or connection to those who have died.

6. Dialogues between the Dead

6.1 Guilt, Innocence, and the Maternal Line

In some family systems affected by suicide, therapeutic progress cannot be achieved by working solely with the living. In such cases, the decisive movements seem to take place elsewhere: between those who have died. What I began to observe in my work was that when unresolved guilt and innocence remain entangled among the dead, the living may continue to carry their weight—often at great cost.

The following case illustrates this process and the therapeutic movement that emerged through constellation work. The client was a sixty-one-year-old woman whose younger sister had died by suicide in 2011. She had two daughters, aged twenty-five and twenty-one, both born with mutations in the CFTR gene associated with cystic fibrosis. In her own words, she had *"fought like hell"* with doctors on behalf of her daughters throughout their lives.

Her characteristic *fighting mode* had developed much earlier. At seventeen, she had effectively fled from her own mother and gradually developed what she described as a *harness of survival*. Years later, both of her daughters reproached her for precisely what she herself had reproached her own mother: that she gave them too little room to become themselves and did not truly see them or recognise their needs.

She first came to my practice in 2023 to work on her relationship with her eldest daughter, who had broken off contact with her approximately one year earlier. After two sessions, this daughter—who had begun building an independent life in a large city—died by suicide, leaving behind an intensely angry suicide note addressed to her mother.

A considerable amount of therapeutic work followed.[2] Acute grief had to be addressed first. One of the most important later interventions, however, was a

[2] Acute grief had to be addressed before deeper layers of mourning could be explored. Only later did it become possible to work with the larger guilt dynamics that appeared to cover and complicate the client's grief.

constellation undertaken approximately one month after the death, when the client was attempting to return to work and regain some basic orientation towards life.

Central to the pattern of guilt within this family was a much earlier death. At the end of the Second World War, the client's mother had lost her younger sister because of inadequate nutrition and lack of medication. The child was only three months old. What followed, however, was not an adequate process of mourning. According to the family history available to the client, her grandparents did not openly grieve the child, and she gradually disappeared from the family narrative. She was no longer spoken of.

From a systemic perspective, such an absence is not neutral. **When grief is not felt, it does not necessarily disappear—it waits.**

The surviving sister, who was six years old when the baby died, lost not only her younger sister but, in a symbolic sense, also her position as an innocent child. The dead infant remained forever young and innocent, untouched by later life and its compromises. The surviving child, however, continued living and became entangled with the grief, helplessness, and guilt that her parents were unable to process.

In the constellation described here, the central dynamics unfolded primarily along the client's maternal line. Suicide was also present in her husband's family: he too had a sister who had died by suicide in adulthood. Yet the constellation suggested that the *line of guilt and destructive behaviour* was more strongly charged in the client's own family system. This difference was also reflected in the parents' reactions following the death of their daughter. The husband appeared comparatively distant and absent, while the client was intensely emotionally involved. Her sadness was profound, but it appeared to be **covered by a blanket of guilt**.

Over generations, this unresolved constellation appeared to develop into *a long line of guilt and forgotten original innocence*. As an adult, the client's mother displayed severe bonding trauma towards her own daughters, repeatedly crossing emotional and physical boundaries. From a systemic perspective, this behaviour could not be understood solely as individual pathology. It also appeared to express a deeper imbalance within the family system. Guilt originating in an earlier generation had never found a place, and the *search for innocence* that had become frozen with the death of the infant continued into subsequent generations.

A further and highly significant layer emerged in the client's own history. Between the births of her two daughters, she had lost a male foetus during pregnancy. She carried intense guilt towards this unborn son because prenatal testing had been performed to determine whether he carried the CFTR mutation. The result showed that he did not. Nevertheless, when the pregnancy ended, the client

became convinced emotionally that the diagnostic procedure had contributed to his death.[3]

For her, the event acquired a symbolic meaning far beyond its medical circumstances. The boy was free of the CFTR mutation, while both surviving daughters carried it. In the client's inner world, the gene itself had become intertwined with themes of guilt, survival, loss, and innocence. The unborn son consequently occupied another powerful place among the innocent dead of the family system.

The pattern now extended across several generations. The client's mother had lost her infant sister. The client herself had lost an unborn son. Her younger sister died by suicide in 2011. Years later, the client's eldest daughter also died by suicide at the age of twenty-five.

The daughter had never known her aunt because of the rupture in family relationships. On the surface, therefore, the two suicides appeared to be entirely separate events. Yet within the constellation—and within the longer therapeutic trajectory that became possible only after the initial period of acute grief—they appeared connected through a much older field of loss, guilt, exclusion, and the search for innocence.

The therapeutic question was therefore no longer simply why two women in different generations had died by suicide. A deeper question emerged:

Who was carrying whose guilt—and with whom did innocence originally belong?

It was this question that opened the possibility of a dialogue not only between the living and the dead, but eventually **between the dead themselves**.

[3] The client associated the pregnancy loss with the prenatal diagnostic procedure. This was her subjective conviction and an important element of the therapeutic material; it should not be understood as establishing medical causation. Amniocentesis carries a small procedure-related risk of pregnancy loss (Salomon LJ, Sotiriadis A, Wulff CB, Odibo A, Akolekar R. Risk of miscarriage following amniocentesis or chorionic villus sampling: systematic review of literature and updated meta-analysis. Ultrasound Obstet Gynecol. 2019 Oct;54(4):442-451. doi: 10.1002/uog.20353. Epub 2019 Sep 6. PMID: 31124209.)

6.2 Summary of the Constellation

At the beginning of the constellation, a clear line was marked across the middle of the room to separate the living from the dead.

On the side of the living stood the client, her husband, and Daughter 2, the surviving younger daughter. On the other side of the line stood Daughter 1, who had recently died by suicide, and the client's deceased younger sister. Daughter 1 stood close to the boundary, facing the living. The client's deceased sister stood somewhat farther away and to the left. Both deceased women were oriented towards the living.

Daughter 2 stood directly in front of the line, almost at its centre, looking with fascination at her deceased sister. The husband stood beside the client but farther to the left, close to the wall. He appeared only partially involved and looked towards the constellation from a distance.

Place anchors were positioned for each family member so that both the client and I, as therapist, could step into the different positions and explore the feelings and impulses associated with each place. At this stage, the client's mother, who was still alive, had not yet been included.

The order of placement proved significant. We began with the living: the bereaved client, her husband, and her surviving twenty-one-year-old daughter. Yet once the deceased daughter and sister were placed, the client immediately began to feel *smaller and less prominent*. Her deceased daughter became *so present in her absence* that almost nothing else seemed to exist.

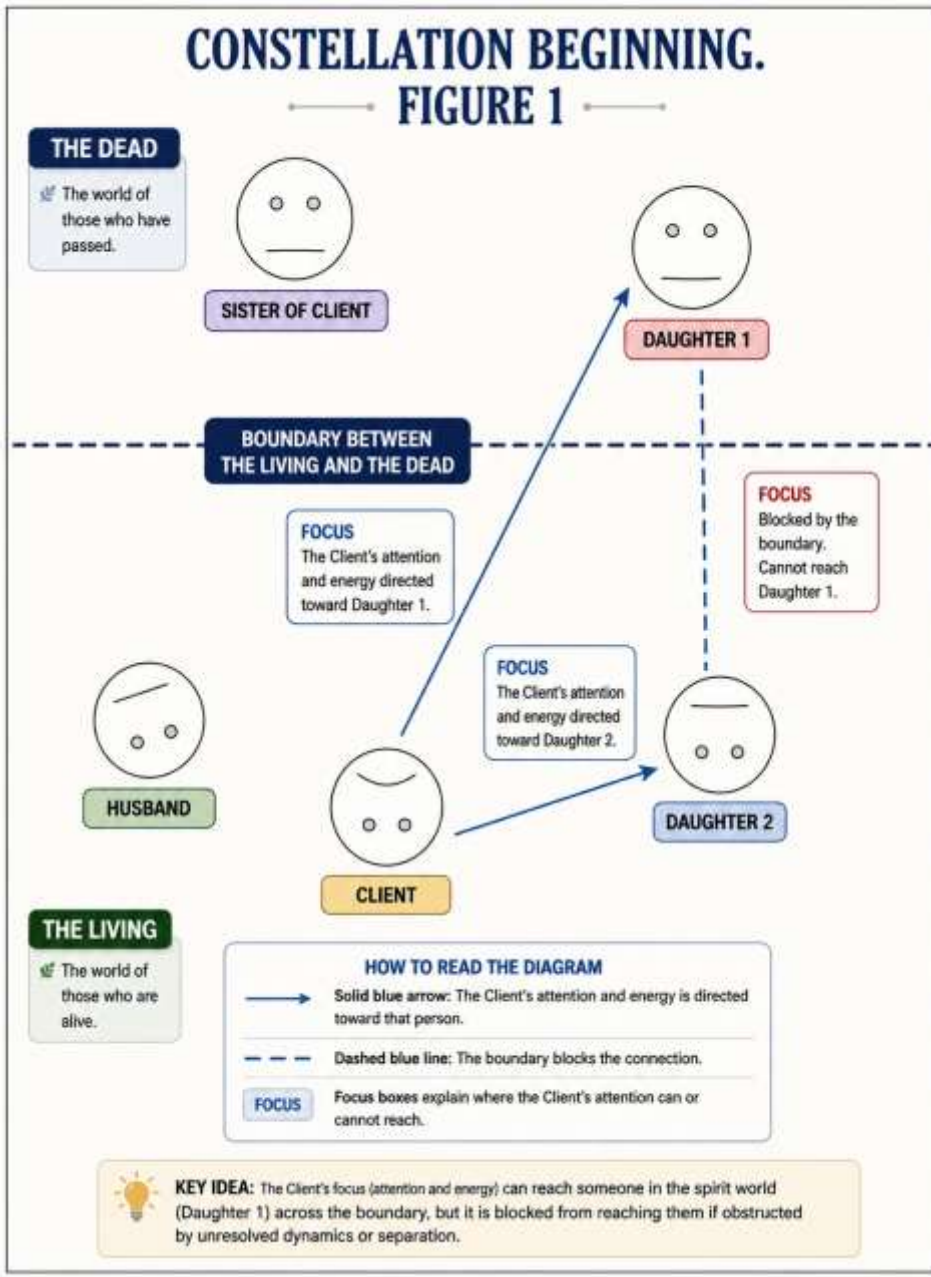

Figure 1. Constellation Beginning.

The initial configuration. The living and the dead are physically separated by the boundary, yet Daughter 2 remains strongly oriented towards her deceased sister, while the client begins to experience herself as less prominent.

I first invited the client to stand on the place anchor of her surviving daughter. There she suddenly experienced strong anger. It reminded her of the anger she herself had felt as a young girl towards her own mother, who had severely mistreated her.

From the position of Daughter 2, a thought emerged:

I am now in the front line.

Once the dead had been included in the constellation, however, something began to change. The surviving daughter could increasingly feel *her own* emotions rather than carrying the anger associated with her deceased sister. The two daughters now occupied the centre of the constellation, each on her own side of the boundary, facing one another.

I then invited the client to move into the position of her deceased eldest daughter and therefore physically *cross the line between the living and the dead*. At first, she experienced neutrality. Gradually, however, an unexpected interest arose towards the client's deceased sister.

Standing in her daughter's place, the client said:

When I become completely absorbed in thinking about my eldest daughter, I sometimes exchange her with my sister. They even looked alike.

Her sister had rarely been spoken about within the family. The client had first learned of her death indirectly, through a newspaper. Only much later did it become clear to her that her sister had died by suicide. Very few people had been invited to the funeral, which had been arranged almost entirely by the client's mother. The circumstances suggested that shame surrounding the suicide had contributed to the family silence.

The client then crossed the boundary again and entered the position of Daughter 2. Here she began to experience *her own sorrow*. This led her naturally back towards her own position in the constellation.

A deep period of grieving followed. After the sorrow had been expressed, the silence that emerged no longer felt empty. It felt restful. After approximately five minutes, the client looked towards her deceased sister and sensed that something had changed: her sister now seemed to become *involved*.

I therefore invited the client once again to take the position of Daughter 1. There she experienced a new quality: *involvement*, together with the feeling that *something was beginning to move*.

This was significant because involvement was precisely what Daughter 1 had experienced as lacking during her life.

The client now recognised that her lifelong struggle to secure the survival of her daughters with cystic fibrosis had also interfered with her capacity simply to see them *as their mother*. Her *harness of survival* had developed when, at seventeen, she fled from her own traumatised mother, leaving her younger sister behind. Years later, this same survival mechanism found a new purpose in the relentless struggle to protect two daughters who had inherited CFTR mutations from both parents.

Standing in the position of her deceased daughter, the client now experienced regret, but also increasing inner peace. There was no longer anger and no overwhelming sorrow.

The same peace could gradually be felt when she returned to her own position among the living. From there she experienced something new: her deceased daughter appeared to be seeing her—not only through pain, guilt, and sorrow, but once again **as her mother**.

Then, from the position of the deceased daughter, an unexpected thought emerged:

I had to do this.

These words were not experienced as an instruction or justification for suicide. Rather, they appeared to express a movement towards ownership and responsibility. The deceased daughter seemed able to recognise the act as belonging to her own life, her own choices, and—within the spiritual understanding emerging in the constellation—her own karmic learning process.[4]

At this point the client remembered something she had felt during pregnancy with her eldest daughter:

I am going to lose this child.

Previously, this memory had immediately activated guilt. Now she was able simply to allow the old feeling to emerge and move through her. The guilt, which had long

[4] Bert Hellinger described constellation work primarily as *"a horizontal movement in space and not a vertical movement in time."* In this constellation, however, another dimension appeared to emerge. Alongside the horizontal, timeless systemic field, the position of the deceased daughter seemed to open onto a more personal and vertical dimension concerning her individual development and what was experienced within the constellation as her karmic learning process.

been protected by anger and by the *harness of survival*, began gradually to dissolve. In the silence that followed, the harness itself seemed to soften.

A deep sense of connection developed between mother and daughter across the line.

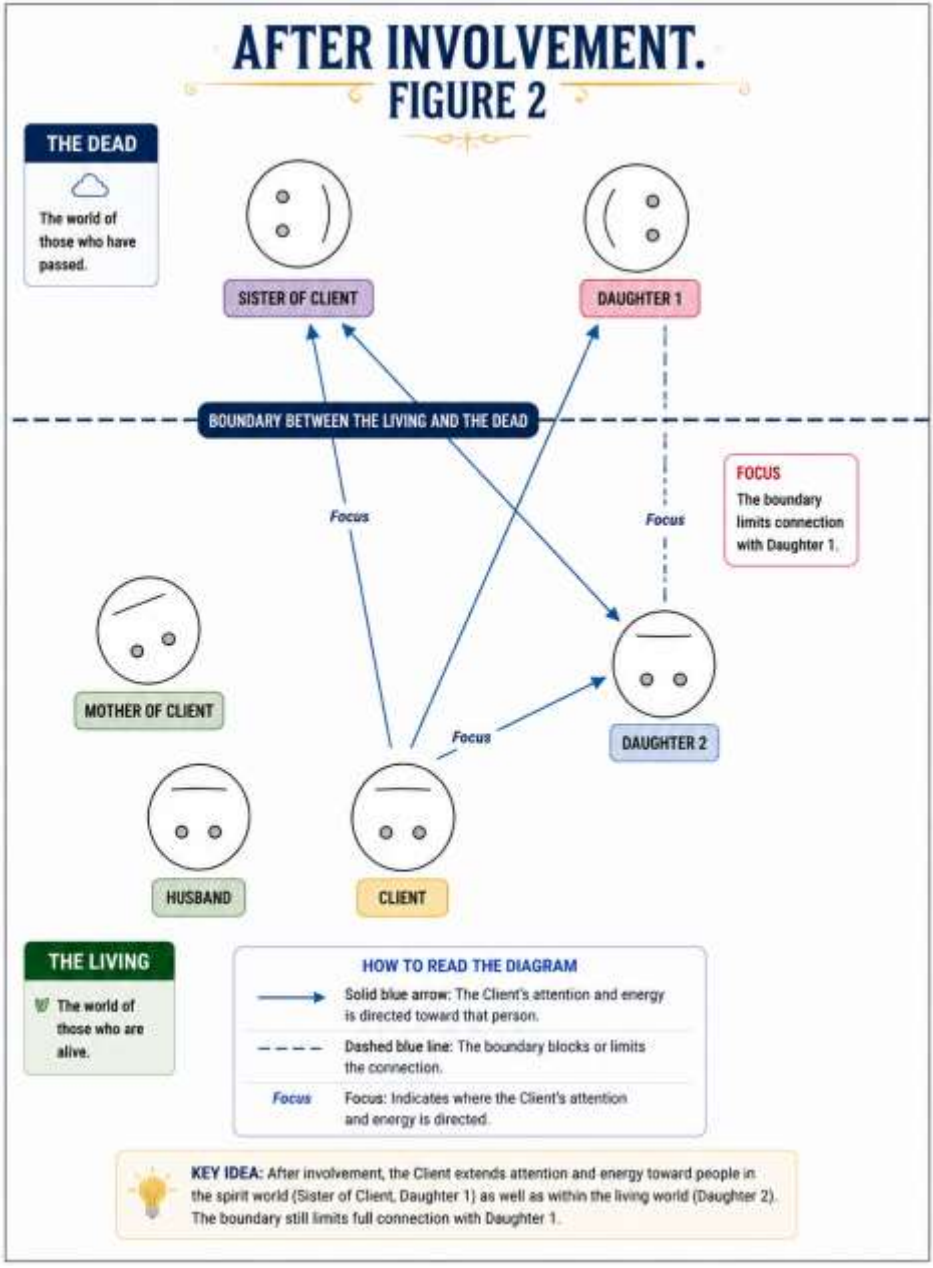

Figure 2. After Involvement.

The constellation after the first major movement. Recognition and involvement have replaced some of the earlier fixation, allowing a different connection between mother and deceased daughter to emerge across the boundary.

This created room for another movement: from the deceased daughter towards the client's deceased sister.

Daughter 1 turned towards her aunt. The deceased sister responded by turning towards her. A genuine *dialogue between the dead* could now begin—first through orientation, recognition, and eye contact, and only afterwards through words.

Interestingly, the husband also began to move at this stage. Until then he had remained relatively distant. Now he turned towards what was taking place beyond the line.

The two deceased women were allowed to become known to one another.

Separate from anger, sorrow, and guilt, a sense of peaceful connection became perceptible.

The deceased sister said:

If you see me, I become stronger.

The deceased daughter experienced deep inner peace and responded:

I didn't know about you. But now I do.

The deceased sister then turned towards Daughter 2 on the side of the living. I invited the client to enter the younger daughter's position once again. Some unrest was still present there, but looking towards the deceased aunt now felt encouraging rather than threatening.

After some time, Daughter 1 was able to turn fully towards her surviving sister and reach across the boundary.

She said:

You no longer need me there. Let me stay here.

The two sisters remained for a long time with their hands joined across the line, looking at one another.

Eventually, both the deceased daughter and the deceased sister moved closer to the boundary and addressed the living:

We see you. We see your pain. You may stay there. You live, so you may breathe. We see you. All this was necessary. But you may stay.

At the final stage of the constellation, two additional deceased family members were given a place: the infant sister of the client's mother, who had died at three months of age after the Second World War, and the client's unborn son.

Their inclusion brought the theme of **original innocence** fully into the constellation.

Neither of these children carried responsibility for what had happened to them. Their presence made it possible to distinguish innocence from guilt more clearly. Guilt no longer needed to remain *harnessed to the living*, hidden beneath anger, helplessness, or survival.

Only then did the client's mother begin to become more fully involved in the constellation.

The constellation had now reached a fundamentally different configuration: **the dead were increasingly oriented towards one another, while guilt and innocence could begin to separate from the living.**

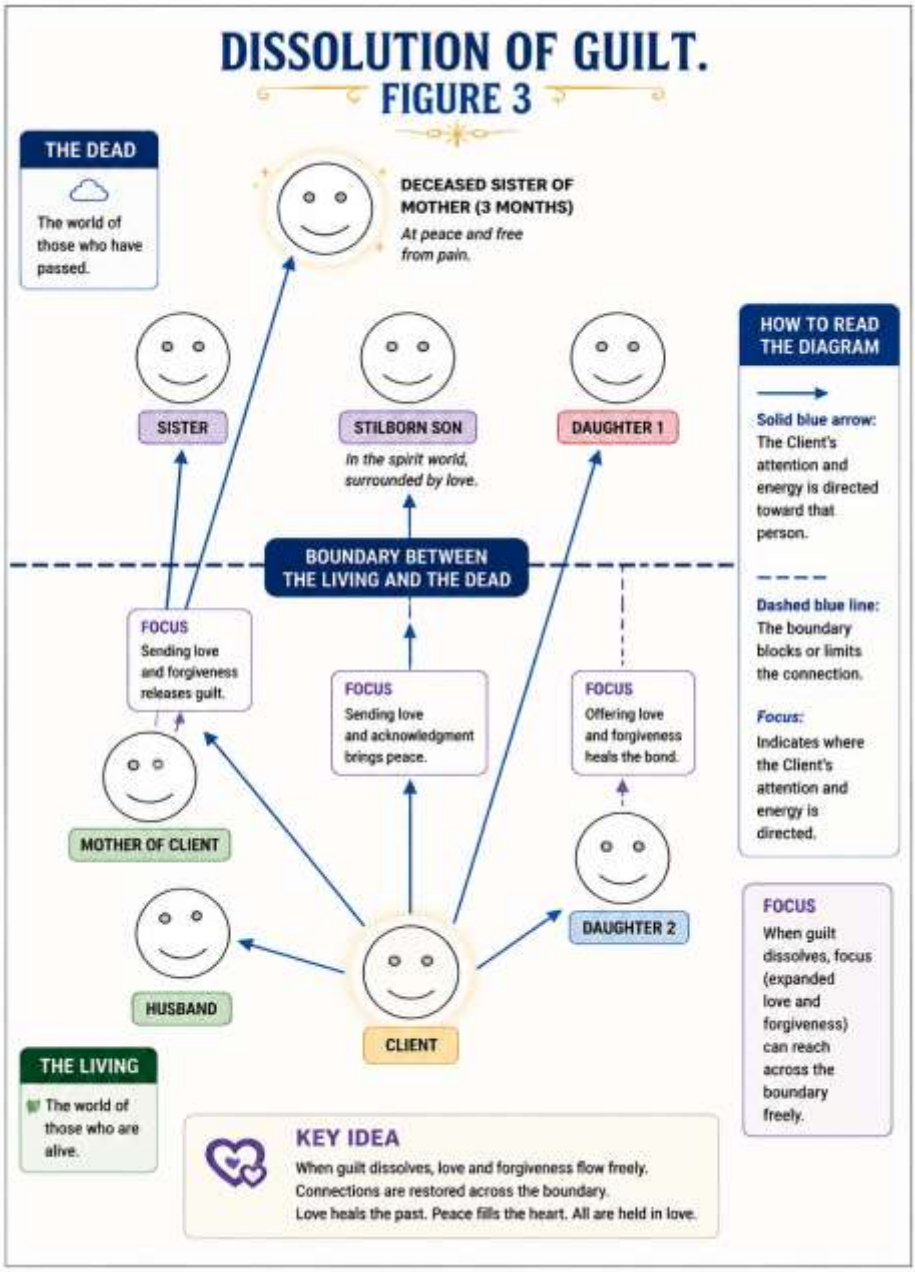

Figure 3. Dissolution of Guilt.

The later configuration. As the dead become differentiated and recognised within their own relationships, guilt and innocence can return towards their appropriate places, reducing the need for the living to carry or represent them.

A central pattern now became visible. Both the deceased sister and the deceased daughter appeared to be entangled not only with members of the living family but also with each other. Both had, in different ways, become involved with guilt that the client's mother had been unable or unwilling to carry, particularly in relation to the severe physical and emotional mistreatment of her daughters.

After the suicide of her eldest daughter, the client had taken an enormous amount of this guilt upon herself, as if responsibility for the entire family tragedy belonged to her. This guilt became amplified by the profound sorrow naturally associated with the death of a child. Gradually, it began to shape her identity at precisely the time when her original survival mechanism—her *harness*—was beginning to break down.

The constellation did not complete the therapeutic work. Considerable work remained afterwards. What changed, however, was fundamental: **the line of guilt and the consequent search for innocence had been interrupted**. Guilt and innocence could begin to return to their appropriate places.

This shift made a substantial difference in later regression sessions, where unresolved aspects of loss, grief, and family relationships could be addressed more directly, including through personification work involving earlier generations.

What proved decisive in this constellation was ***allowing a dialogue to emerge between two deceased family members***.

When they were given room to encounter one another, something unexpected occurred. They recognised each other as separate and autonomous. Neither needed to carry the other's burden. Neither needed to follow, compensate for, or represent the other.

This recognition was not primarily cognitive. It was immediate and experiential.

Only after this recognition did guilt begin to move.

The guilt associated with abusive and destructive behaviour no longer needed to be carried by the deceased daughter or the deceased sister. Responsibility could be returned—without accusation—to the client's mother, where it belonged. This was not an act of condemnation, but of **differentiation**. Responsibility was restored to its proper place, and with it a different relationship to innocence became possible.

At the same time, the infant who had died at the end of the war—the younger sister of the client's mother—could once again be acknowledged simply as innocent. She

no longer needed to function as an idealised or forgotten figure within the family system. She could simply be seen.

In this recognition, innocence could return to where it had become frozen.

The effects of these movements did not remain confined to the dead. The surviving daughter, who had previously expressed a strong wish to follow her deceased sister, could increasingly be experienced as turning back towards life. Her anger towards her mother also began to diminish. From a systemic perspective, this anger had never been entirely personal; it had carried the weight of earlier generations. As guilt and responsibility became differentiated, the need to carry that anger also diminished.

What struck me most was how little interpretation became necessary once the relevant relational movements had taken place. When guilt was returned and innocence restored, life seemed able to resume its own movement.

The *dialogue between the dead* did not sever the bond between the living and those who had died. It transformed that bond.

Following was no longer necessary. Loyalty no longer required self-destruction.

This constellation suggests that suicide cannot always be understood—or therapeutically approached—without considering deeper dynamics of guilt, innocence, responsibility, and identification within the family system. Where these remain unresolved among the dead, the living may continue to carry their consequences. When the dead are differentiated from one another, responsibility is restored and the boundary between the living and the dead becomes clear again. Movement towards life can then become possible.

7. Therapeutic Implications and Working Tools

Horizontal and Vertical Pathways towards Resolution

The work described in this article rests on the integration of two complementary therapeutic approaches: **constellation work and regression therapy**. Although they differ in structure and movement, both offer important tools for addressing suicide-related trauma, guilt, and intergenerational entanglement. Understanding their respective strengths—and how they can be combined—broadens the therapeutic field and allows greater precision in clinical practice.

Horizontal Movement: Constellation Work

Constellation work, as developed by Bert Hellinger and further elaborated by many practitioners, operates primarily through **horizontal, time-independent movements in space**. Family members, inner parts, or abstract elements such as guilt, innocence, responsibility, or fate are positioned in relation to one another, allowing systemic dynamics to become visible and experientially accessible.

Time is not experienced as strictly linear within this work. Past and present may coexist within the constellation field, while relationships between people from different generations can become immediately perceptible (Hellinger & Weber, 1998).

This timeless quality makes constellation work particularly suited to revealing transgenerational dynamics, loyalties, exclusions, and unresolved relationships. In cases involving suicide, the client and therapist may perceive how earlier deaths or unresolved burdens continue to influence those who are alive. Movements towards order—such as acknowledging the dead as dead, restoring responsibility, recognising innocence, and differentiating one family member from another—can occur without reconstructing every historical event in detail.

At the same time, the intensity of constellation work requires careful containment, particularly when the client is still in acute grief. The systemic field may evoke powerful material very rapidly. When the trauma is still raw, such work can overwhelm rather than integrate. For this reason, constellation work may need to be preceded by, or combined with, therapeutic work that first addresses acute grief and stabilisation.

Vertical Movement: Regression Therapy

Regression therapy follows a different trajectory. Its movement is primarily **vertical: through time and through layers of experience**.

The client is guided towards earlier experiences, unresolved events, and frozen emotional charges. Past situations may be encountered as lived realities, allowing emotions that were once overwhelming, suppressed, or unfinished to be experienced, expressed, understood, and integrated.

Regression may lead into childhood experiences, prenatal material, previous incarnations, or encounters with earlier personalities and entanglements connected with the origin of the client's present burden. Therapeutically, I sometimes describe this process as placing a drilling tower at a particular emotional point in the body and drilling vertically downwards until the original layer is reached.

The aim is not simply to remember. It is to locate and transform the emotional charge and the conclusions or postulates that continue to influence the present (ten Dam, 2014).

An important variation of this vertical work—and one that has proved particularly useful in suicide bereavement—is the use of a **personification space**.

The Personification Space as an Imaginal Working Field

In a personification space, the client works from their **present adult consciousness**, usually within an imagined place experienced as sufficiently safe and stable.

From this position, the client may invite into the here and now important figures, inner parts, causes of emotional charges, or earlier personality states—whether belonging to themselves or to others. These may include deceased family members, ancestors, inner children, earlier personalities, or parts carrying trauma, guilt, fear, shame, or unresolved grief.

The work remains partly vertical because it addresses earlier experiences and frozen emotional material. Yet it simultaneously develops within an **imaginal and relational horizontal field**. It is therefore particularly useful as a bridge between regression therapy and constellation work. Often it is introduced after an earlier regression, towards the end of a session, although in some cases it can also provide the starting point (ten Dam, 2014).

This approach has several advantages. The client remains anchored in present adult consciousness and retains a greater degree of orientation and agency, which can be especially important when working with overwhelming material such as suicide, abuse, guilt, or attachment. At the same time, personification allows systemic and regression perspectives to operate within the same therapeutic space.

In another case, for example, a young male client presented with severe problems of self-esteem and powerful convictions such as:

I have no permission to live.

and:

I cannot live.

Within the personification space, I invited him to bring in *the part of his soul that was still lingering with the dead*.

Suicide was strongly represented in both sides of his family. On his father's side, an uncle and a niece had died by suicide; on his mother's side, a brother of his

grandmother had also died by suicide. The client additionally suffered from strong separation anxiety and self-rejection and had grown up with a perfectionistic father.

The deceased uncle emerged particularly strongly in the session. Using established regression techniques for working with attachments, the client was gradually differentiated from him (Komianos, 2023).

Yet important guilt remained. It appeared in convictions such as:

I could not save him; therefore, I have no right to live.

This material required further work. In later constellation work, both sides of the family were represented, allowing the remaining guilt, loyalty, and responsibility to be explored systemically rather than only through the individual regression process.[5]

The Boundary between the Living and the Dead

Crucially, the **clear boundary between the living and the dead** can also be introduced within the personification space.

As in physical constellation work, the boundary can be marked explicitly and consciously. Deceased figures are approached as deceased. Living persons and living parts are invited to remain oriented towards life.

This distinction may have a profound effect when the boundary has become blurred following suicide—particularly when the client experiences parts of the self as remaining with, following, or belonging to the dead.

The line does not deny connection. It creates differentiation.

A client may remain connected with a deceased parent, sibling, child, or ancestor while at the same time recognising:

You are there, and I am here.

This simple distinction can become one of the most important movements in the therapeutic process.

Integrating the Two Approaches

In practice, the most effective therapeutic work often emerges from a **combination of horizontal and vertical movements**.

Constellation work may reveal *where* guilt, innocence, loyalty, and responsibility have become entangled within the system. Regression therapy can then explore

[5] In this case, both family lines were subsequently included in constellation work.

how these dynamics became emotionally charged within the client and can address the experiences, attachments, postulates, and unfinished material that continue to maintain them.

Conversely, regression may first uncover an attachment, an earlier experience, or an apparently inexplicable emotional charge. Constellation work may then place that material within the wider family field and reveal relationships that were not visible within the individual regression alone.[6]

The personification space occupies an important position between the two. It permits vertical material to be encountered within a horizontal relational field and allows figures from different times, generations, or levels of experience to meet within the client's present consciousness.

Both approaches share several fundamental principles: **presence, restraint, differentiation, and respect for what belongs to whom**.

Neither seeks to eliminate pain or erase bonds. The aim is to restore order where relationships, responsibility, and emotional ownership have become confused.

When guilt returns to its rightful place, when innocence is recognised where it was lost, and when the dead are allowed to remain among the dead, movement towards life becomes possible again.

For therapists working with suicide bereavement, this integrated approach offers a way of addressing not only the visible suffering of the present but also invisible burdens carried across generations.

It allows **mourning without collapse, loyalty without self-destruction, and connection without confusion between life and death.**

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[6] In regression terminology, for example, a deceased family member may initially be experienced as *attached* to the client. In constellation work, I have repeatedly observed that such attachments can reorganise once deceased family members are recognised, differentiated, and given their own place within the field. Taken-over charges may then be exchanged or neutralised. This differs from work with *pseudo-obsessions* or former-life personalities, because each incarnated being is approached as deserving an autonomous place within the field. The personification space makes it possible to combine aspects of both horizontal and vertical work.

8. Practical Therapeutic Recommendations

Working with Suicide, Guilt, and Intergenerational Entanglement

The therapeutic work described in this article is not a protocol and cannot be reduced to a fixed sequence of techniques. It represents a **therapeutic position**.

Working with suicide, suicide bereavement, and intergenerational trauma requires the therapist to tolerate intensity, ambiguity, grief, guilt, and emotional gravity while remaining firmly oriented towards differentiation: **what belongs to whom, who carries responsibility, and where the boundary lies between the living and the dead**.

Based on my clinical experience, the following principles have proved particularly important.

A. Begin with Acute Grief — Do Not Bypass It

After suicide, acute grief and shock must be given sufficient space before deeper systemic or regression work is undertaken. Despair, rage, confusion, helplessness, disbelief, and profound sorrow are not pathological reactions. They are understandable responses to an existential rupture.

Attempting to interpret, explain, spiritualise, or systemically reframe the experience too early may bypass the client's immediate reality, reinforce dissociation, and undermine trust in the therapeutic process.

The first task is therefore not to discover hidden systemic meanings. It is to allow the bereaved to grieve.

Only when acute grief has been sufficiently expressed and contained can deeper layers be approached without unnecessarily overwhelming the client.

B. Follow the Guilt — Do Not Explain It Away

Guilt is one of the most persistent forces in suicide bereavement. It should not automatically be reassured away, cognitively corrected, or prematurely explained.

Instead, guilt must be **followed**.

The decisive therapeutic question is not initially:

Is this guilt justified?

but:

Where does this guilt belong?

Survivors frequently experience thoughts such as:

I should have known.

I should have stopped it.

I was not there when I was needed.

If only I had done something differently.

Some of this guilt belongs directly to the relationship with the deceased. Some may belong to earlier events. Some may have been taken over from others within the family system.

The therapist therefore follows the emotional charge rather than deciding prematurely what it means.

When guilt and responsibility have become separated, family members may attempt unconsciously to restore balance by carrying responsibility that is not theirs.

Therapeutic work aims to return guilt to its place of origin—not in order to accuse or condemn, but to restore differentiation and order.

C. Restore Guilt before Innocence Can Return

In families affected by suicide, innocence cannot always be restored directly.

Attempts simply to tell a client, *"…you are innocent"* may fail because the deeper guilt structure remains untouched. In such cases the therapeutic movement follows another sequence:

First, guilt must return to where it belongs. Only then can innocence return to where it belongs.

Guilt frequently develops within concrete historical circumstances. In the case described earlier, the death of an infant at the end of the Second World War occurred under conditions of deprivation and lack of adequate medication. No individual family member was necessarily responsible for the child's death.

Nevertheless, profound helplessness, grief, and perhaps unspoken self-blame remained.

When these experiences could not be mourned, the emotional charge persisted. Within the systemic field it eventually became intertwined with guilt, innocence, survival, and later destructive family relationships.

When guilt cannot be carried by those who first encounter it, later generations may begin to represent it.

Children and grandchildren may then experience guilt that does not appear to belong to their own biographies, expressing it through self-blame, compulsive responsibility, destructive behaviour, identification, or attraction towards the dead.

Restoring guilt therefore does not mean assigning blame.

It means **restoring emotional ownership**.

Only when the burden is no longer carried by the wrong person can innocence cease to be sought through suffering, sacrifice, or self-destruction.

9. Conclusion

The therapeutic task is therefore not to break the bond between the living and the dead, nor to persuade the bereaved to forget those they have lost. It is to restore a boundary that trauma, guilt, identification, and loyalty may have blurred. The dead can remain loved without being followed. The living can remember without carrying what does not belong to them. When guilt returns to its appropriate place and innocence no longer needs to be sought through suffering, the line between the living and the dead can once again become a boundary rather than an invitation to cross it.

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Biography: Maarten Wiegmans, born in 1961, studied political science, philosophy and German before he found his home in transpersonal regression therapy. From 2009-2012 he studied at the Tasso Institute Netherlands in regression therapy and transpersonal regression therapy. He was a German teacher for 10 years and since 2012 has had a flourishing practice as a regression therapist, with a special focus on psychopathological problems. On top of that, he is a spiritual regression therapist and karma coach. In addition to transpersonal regression therapy, his work also includes approaches to Carl Gustav Jung and dream interpretations. Maarten is a professional member of EARTh, the European Association of Regression Therapists, as well as the NVRT, the Dutch Association of Regression and Reincarnation Therapists, of which he is currently the chairman.

Maarten Wiegmans is also a certified Soul Regression Therapist and has the certificate Medical and Psychosocial. He also completed workshops in family constellations with Bert Hellinger and Stephan Hausner, Voice Dialogue with Karin Brugman, Nonviolent Communication with Marshall Rosenberg, and Ericksonian Hypnosis with Trance Art. Both in Assen and in Hoogeveen, in the Drenthe Center for Welfare and Health, he helps many clients from the Netherlands and abroad in their process of transformation and personal growth. He is, apart from teacher for Tasso International and Tasso Netherlands in Amersfoort, also teacher and supervisor at the Tasso training course for transpersonal regression therapy in Bremen, Germany.

Joe Fisher and the Perils of Investigating the Unseen:
Reflections on Spiritual Inquiry, Psychological Burden, and an Unresolved Suicide

by *Athanasios Komianos (Greece)*

Abstract: The death of Canadian investigative writer Joe Fisher (1948–2001) remains one of the most intriguing and controversial episodes in contemporary metaphysical literature. Best known for his books on reincarnation, life after death, and spirit communication, Fisher devoted years to investigating claims of channelling and communication with purported spiritual entities. Ironically, his final major work, *The Siren Call of Hungry Ghosts*, challenged many assumptions held within New Age spirituality and warned of possible deception within channelling phenomena. Shortly after its publication, Fisher died by suicide.

This commentary examines Fisher's life and work, explores the competing psychological and metaphysical interpretations of his death, and reflects upon the broader implications of his case for researchers investigating extraordinary experiences.

Introduction

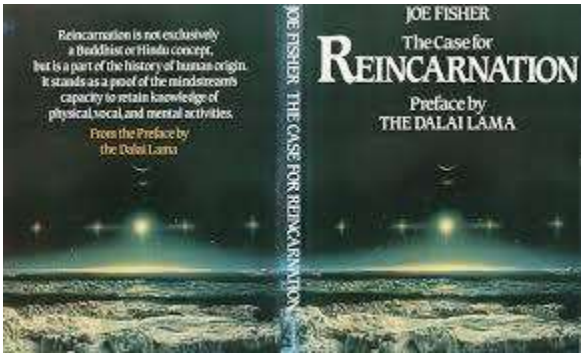
The history of psychical research contains numerous figures who became deeply transformed by the subjects they studied. Few cases, however, are as compelling as that of Joe Fisher.

A respected investigative journalist and author, Fisher occupied a unique position within contemporary consciousness studies. Unlike committed believers or dedicated sceptics, he attempted to navigate a middle path between open-minded inquiry and critical examination.

His writings reached an international audience, selling more than one million copies in twenty-two languages. Yet his final years became increasingly associated with disturbing questions concerning channelling, spirit communication, and the psychological consequences of prolonged engagement with anomalous experiences.

The Search for Evidence Beyond Death

Joe Fisher's earlier works explored some of humanity's oldest questions: Does consciousness survive bodily death? Is reincarnation real? Can communication occur across the boundary of death?



His book *The Case for Reincarnation* achieved considerable recognition, including a preface written by His Holiness the Dalai Lama. The work presented evidence suggesting that memories, personality traits, and psychological continuities might survive physical death.

Fisher's investigations extended further in *Life Between Life*, which examined reports of consciousness existing between incarnations.

These books reflected a researcher fascinated by the possibility that human identity extends beyond a single lifetime.

Unlike many popular writers in the field, Fisher approached such claims journalistically, collecting testimonies, interviewing witnesses, and seeking corroborating evidence whenever possible.

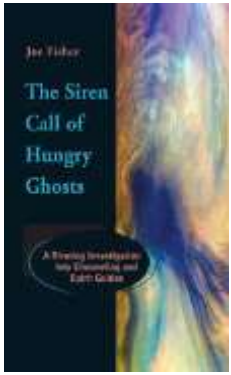
Entering the World of Channelling

The trajectory of Fisher's career changed dramatically when he began investigating channelling. For approximately five years, he examined the claims of mediums and channelers who reported contact with spirit guides, ascended masters, and deceased personalities. Initially, Fisher appears to have approached these reports with cautious curiosity. Over time, however, patterns emerged that deeply troubled him.

Different channelers who had never met each other often produced messages that were contradictory, misleading, or demonstrably false. Some allegedly spiritual entities appeared to provide inaccurate information while simultaneously presenting themselves as enlightened beings.

This observation would become the foundation of Fisher's most controversial work.

The Siren Call of Hungry Ghosts



Published shortly before his death, *The Siren Call of Hungry Ghosts* represented a radical departure from the optimistic spirituality often associated with the New Age movement.

Borrowing from Buddhist terminology, Fisher employed the concept of "hungry ghosts" to describe entities characterized by insatiable desire and deception.

His central argument was not that all channelling was fraudulent. Rather, he proposed that some entities encountered through mediumistic practices may not be what they claim to be. The book challenged assumptions shared by many practitioners of channelling and spirit communication. For some readers, it was an important warning. For others, it was an unwelcome criticism of deeply held beliefs. For me it was an eye-opener and confirmed my long-held idea that we have to be very cautious of what we channel.

Personal Difficulties and Psychological Burden

During the same period, Fisher reportedly faced substantial personal difficulties.

Accounts from friends and colleagues suggest a combination of: mounting financial pressures, unpaid debts, professional uncertainty, emotional strain, and increasing isolation. Such stressors are well-established risk factors in suicide research. Importantly, none of these factors require a paranormal explanation.

From a psychological perspective, they may sufficiently explain a progressive deterioration in well-being. Yet Fisher's final communications introduced another layer of complexity.

In correspondence with his publisher, Patrick Huyghe, Fisher reportedly stated, "the spirits are still after me for having written my final book."

The Death of Joe Fisher

On May 9, 2001, Joe Fisher died after jumping from a limestone cliff at Elora Gorge near Fergus, Ontario. He was fifty-three years old. For many observers, the circumstances appeared straightforward: a gifted but troubled writer overwhelmed by personal and financial pressures. For others, especially those familiar with the themes of *The Siren Call of Hungry Ghosts*, the event seemed to raise deeper questions. Did Fisher become psychologically consumed by his research? Did prolonged immersion in anomalous material contribute to emotional instability? Or was his death entirely unrelated to the content of his investigations? These questions remain unresolved.

What Makes Joe Fisher's Case Significant?

The significance of Fisher's story extends beyond the question of whether paranormal phenomena exist. His life illustrates a broader challenge confronting researchers who study extraordinary experiences. Investigating anomalous phenomena often involves prolonged engagement with existential questions concerning death, identity, consciousness, and meaning. Such inquiry can be intellectually rewarding, but it may also be psychologically demanding. Fisher's case serves as a reminder that investigators themselves are not immune to the emotional consequences of the subjects they study.

Conclusion

Joe Fisher spent much of his life exploring what may lie beyond death.

His writings sought evidence for survival, reincarnation, and communication across dimensions of existence. Yet his final work became a cautionary examination of the dangers of unquestioning belief and the possibility of deception within spiritual practices.

More than two decades after his death, the central mystery is perhaps not whether spirits influenced Joe Fisher, but how the pursuit of ultimate questions can affect the human mind itself. His story remains a compelling intersection of consciousness research, psychology, religion, and suicide studies.

Suggested Further Viewing

What Killed Joe Fisher?

A two-part documentary examining Fisher's life, work, and death.

Part 1 & Part 2

An Opinion

What Is Often Overlooked May Prove to Be Invaluable

by *Herlina, S. Manap (Indonesia)*

Abstract: This article examines the problem of premature epistemic closure in contemporary knowledge production, particularly the tendency to dismiss uncertain or controversial claims before adequate testing has occurred. It argues that responsible inquiry requires methodological rigour without collapsing into either uncritical belief or premature rejection. Drawing on fallibilism, falsifiability, motivated reasoning, and critical hermeneutics, the article proposes that knowledge should be evaluated through degrees of justification rather than rigid binaries of truth and error. It further argues that double standards often emerge when disfavoured claims are subjected to unusually strict evidential demands while preferred beliefs or authoritative texts escape comparable scrutiny. Using research on Cases of the Reincarnation Type (CORT) at the University of Virginia's Division of Perceptual Studies as an illustrative case, the article shows how controversial phenomena may be investigated through verification, bias control, and cognitive explanation without requiring metaphysical commitment. The article ultimately proposes disciplined openness as an ethical and methodological posture for sustaining inquiry under conditions of uncertainty.

Keywords: epistemic humility, fallibilism, motivated reasoning, methodological openness, controversial research, hermeneutics.

I. INTRODUCTION

Scientific inquiry advances through correction, revision, and the gradual accumulation of evidence rather than through immediate certainty. Yet public and academic discussions often treat uncertain or controversial claims as though they must already be either fully true or completely false. This tendency toward premature epistemic closure may discourage inquiry before adequate investigation has taken place.

The purpose of this article is not to defend controversial beliefs, but to examine how inquiry should proceed under conditions of uncertainty. The central argument is that responsible scepticism differs from premature dismissal. Scientific rigour requires criticism, testing, replication, and methodological caution, but it also requires openness to revision when evidence changes.

The discussion proceeds in three stages. First, the article examines fallibilism and falsifiability as safeguards against premature closure. Second, it analyses how

motivated reasoning and interpretive asymmetry can produce double standards in the evaluation of truth claims, especially in relation to authoritative or culturally protected texts. Third, it considers research on Cases of the Reincarnation Type (CORT) at the University of Virginia's Division of Perceptual Studies as a case study in how controversial phenomena may be investigated without either endorsing or dismissing them prematurely.

Throughout the article, the central concern is methodological rather than metaphysical. The question is not whether controversial claims are ultimately correct, but whether inquiry remains sufficiently open, disciplined, and self-corrective to evaluate them fairly.

II. DISCUSSION

2.1 Non-Final Knowledge and Premature Closure

Scientific knowledge is provisional. Claims gain credibility through testing, criticism, replication, and explanatory power rather than through absolute certainty. Fallibilism recognizes that human understanding remains corrigible and open to revision when stronger evidence emerges (Peirce, 1877).

This does not weaken science; it is precisely what allows science to progress. Historically, many ideas once treated as settled were later revised through new evidence or improved methods. Galileo's challenge to Aristotelian physics and the later development of Newtonian mechanics illustrate how scientific understanding evolves through correction rather than permanence.

Figure 2.1 shows that scientific methods are not final possessions, but dynamic tools that evolve through empirical accumulation, refinement of instruments, and revision of theoretical frameworks. Within this process, claims once doubted or dismissed may later acquire scientific value when tested through improved methods (Lakatos, 1978). Such openness requires intellectual readiness, for without it inquiry may harden into dogmatism and impede the growth of truth it seeks to protect (Popper, 2002). Even dimensions not directly observable need not be excluded from science when they are approached as constructs open to modelling and testing, such as latent variables, informational levels, or causal structures with empirically tractable implications (Bollen & Lennox, 1991; Pearl, 2009). In this way, scientific advancement may consolidate empirical validity while also widening the horizon of human understanding and well-being (Shalizi, 2013).

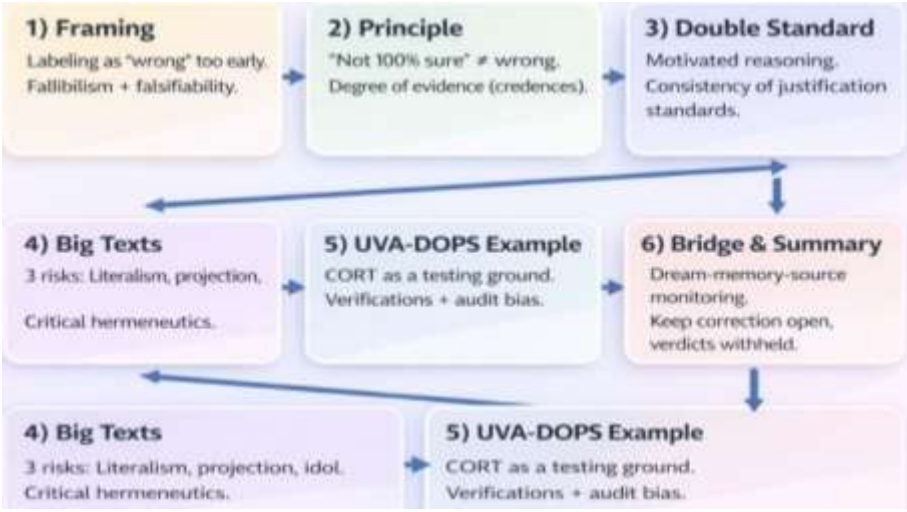


Figure 2.1. The Operational Model of Dreams, Memory, and Source Monitoring

Premature closure interrupts this corrective process. Claims are sometimes dismissed not because they have been decisively falsified, but because they remain uncertain, incomplete, or controversial. Yet uncertainty alone does not justify rejection. Scientific inquiry frequently begins with ambiguity, limited evidence, and competing explanations.

Falsifiability remains essential in distinguishing scientific inquiry from dogmatism. Scientific claims must remain vulnerable to correction through evidence and testing (Popper, 2002). However, treating every unconfirmed claim as automatically false risks transforming scepticism into a form of intellectual closure.

A more balanced position treats knowledge as graded rather than binary. Some claims are strongly justified, others weakly supported, and others remain unresolved. Rational inquiry therefore involves calibrated confidence rather than absolute certainty.

The contemporary replication crisis reinforces the importance of epistemic caution. Findings that initially appear convincing may later weaken under replication or methodological scrutiny (Ioannidis, 2005; Open Science Collaboration, 2015). This demonstrates that scientific rigour depends not on premature certainty, but on continuous correction and transparency.

Accordingly, non-final knowledge should not be confused with failed knowledge. Inquiry remains healthiest when claims are evaluated through evidence, criticism,

replication, and methodological accountability rather than through immediate acceptance or immediate dismissal.

2.2 Double Standards in the Evaluation of Truth

The pursuit of truth is often distorted by asymmetrical standards of evaluation. Some claims are subjected to intense scepticism and demanding evidential requirements, while others are accepted with comparatively little scrutiny because they align with prior beliefs, social norms, or institutional authority.

This asymmetry reflects motivated reasoning: the tendency to evaluate evidence differently depending on whether conclusions support or threaten existing commitments (Kunda, 1990). Individuals frequently apply stricter standards to disfavoured claims while adopting more permissive standards toward beliefs they already prefer.

Research on selective assimilation demonstrates that individuals often strengthen their prior beliefs even after encountering mixed evidence (Lord et al., 1979). Evidence consistent with existing commitments tends to be weighted more heavily, while contradictory evidence is discounted or treated as unreliable.

Such asymmetries are not limited to scientific controversies. They also appear in the interpretation of sacred, philosophical, and normative texts. Authoritative texts are sometimes treated as though their meaning is immediately transparent and requires no interpretive discipline. Yet hermeneutic philosophy emphasizes that understanding is shaped by language, history, context, and the reader's conceptual framework (Ricoeur, 1976).

Three recurring dangers emerge from naïve interpretation:

1. **Literalism** – assuming that wording alone exhausts meaning.
2. **Projection** – inserting one's own assumptions into the text.
3. **Textual idolization** – treating a text as beyond questioning or contextual examination.

Critical hermeneutics offers a corrective by insisting that interpretation requires distance, context, and argumentative accountability. Texts should be approached not as mirrors of the reader's beliefs, but as objects requiring disciplined interpretation.

The broader problem, therefore, is not simply error, but epistemic inconsistency. Scientific claims may face intense scrutiny while culturally protected beliefs or authoritative texts escape equivalent examination. When standards shift depending on preferred conclusions, inquiry becomes distorted by justificatory asymmetry.

A commitment to truth requires consistency in the application of critical standards. Scepticism should not become selective.

2.3 Controversial Phenomena as Fields of Inquiry

Controversial topics create a particularly difficult challenge for scientific inquiry. Strong social reactions often encourage either uncritical belief or automatic dismissal, leaving little room for disciplined investigation.

Research on Cases of the Reincarnation Type (CORT) conducted at the University of Virginia's Division of Perceptual Studies provides an instructive example. These studies examine reports, usually from young children, involving apparent memories of previous lives.

The importance of this research does not depend on accepting reincarnation as a metaphysical reality. Its significance lies instead in how controversial claims may be investigated methodologically. Researchers attempt to document statements before verification, compare testimonies across informants, examine possible information leakage, and evaluate alternative explanations.

Such work should be approached cautiously. CORT research remains vulnerable to problems including memory distortion, suggestibility, selective reporting, cultural reinforcement, and inadvertent researcher influence. These limitations must be acknowledged explicitly.

Nevertheless, controversial phenomena may still possess legitimate scientific value when treated as psychological or phenomenological data rather than as immediate proof of extraordinary conclusions.

One possible explanatory framework involves dream cognition, memory consolidation, and source monitoring. Contemporary research suggests that dreams integrate memory fragments, emotions, and narrative construction during sleep. Reality monitoring processes help individuals distinguish between internally generated experiences and externally occurring events.

Under certain conditions, especially in childhood, vivid internally generated experiences may later be misattributed as real memories. Such narratives may become reinforced through repetition, emotional salience, family attention, and social validation.

Figure 2.2 illustrates how vivid dream content shaped by emotional memory fragments may be misattributed as lived experience when source monitoring lapses. Interpreting past-life recollections through dream–memory–monitoring dynamics reframes reincarnation narratives as empirically testable cognitive phenomena rather than immediate metaphysical assertions. This framework generates researchable questions: whether heightened dream vividness, recall, sleep quality, or reality-monitoring patterns are associated with such reports.

Findings suggesting that sleep may influence reality monitoring through more conservative decision criteria indicate that sleep, dream characteristics, and monitoring performance should be examined together (Berres et al., 2025). In this way, the framework organizes the phenomenon into mechanisms that can be examined, compared, and revised as evidence develops (Wamsley et al., 2011; Weng et al., 2025).

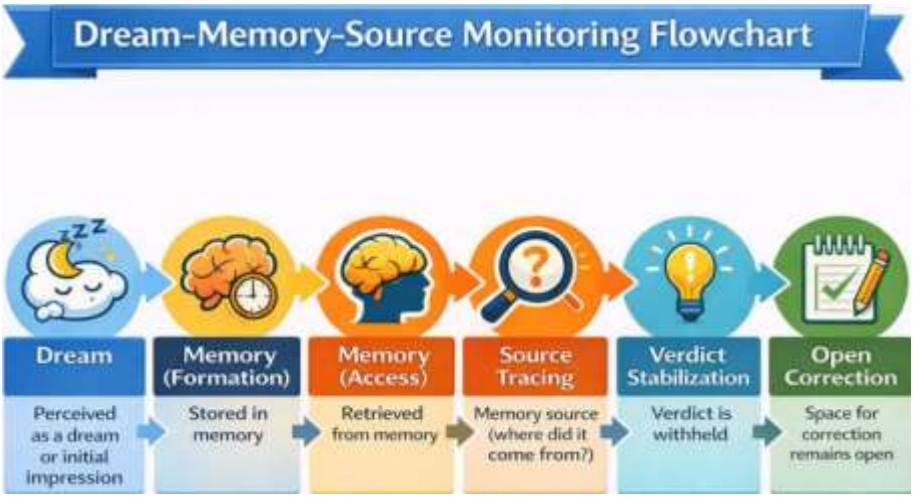


Figure 2.2. Dreams, Memory, and Source Monitoring. Source: adapted from Hobson & Friston (2014).

Importantly, this framework does not prove that all such reports are false. Rather, it reframes them as empirically investigable cognitive phenomena.

The broader epistemic lesson is methodological. Claims that remain uncertain should not automatically be treated as meaningless or already disproven. Inquiry becomes most productive when controversial phenomena are approached through:

- methodological caution,
- transparent documentation,
- bias control,
- comparative explanation,
- and openness to revision.

Scientific inquiry loses credibility not by admitting uncertainty, but by abandoning the corrective process too early.

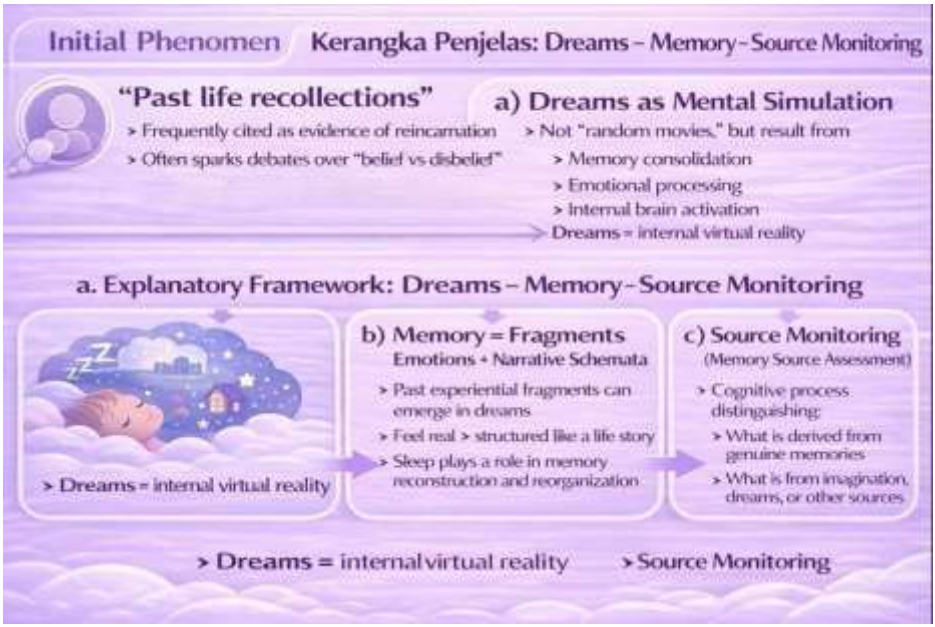


Figure 2.3. Option Value of Learning under Uncertainty Source: adapted from Dixit & Pindyck (1994)

III. CONCLUSION

The greatest threat to knowledge production is often not error itself, but the premature closure of inquiry. Scientific understanding develops through testing, correction, replication, and revision rather than through immediate certainty.

Fallibilism therefore provides an important safeguard against dogmatism. Non-final claims should not automatically be treated as false simply because they remain incomplete or controversial. At the same time, disciplined openness must not be confused with indiscriminate acceptance. Responsible inquiry requires both methodological rigour and intellectual humility.

The article has argued that motivated reasoning and interpretive asymmetry frequently distort the evaluation of truth claims. Different standards are often applied depending on whether conclusions align with prior commitments or institutional authority. This problem extends beyond scientific controversies into the interpretation of authoritative texts and culturally protected beliefs.

Using research on Cases of the Reincarnation Type as an illustrative example, the article has shown that controversial phenomena may be studied without requiring metaphysical endorsement. Such inquiry remains valuable when claims are

approached as testable psychological or phenomenological data rather than as predetermined truths.

Ultimately, inquiry remains healthiest when it preserves the possibility of correction. Premature certainty—whether sceptical or credulous—risks closing the very process through which knowledge advances.

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Biography: Herlina, S. Manap is an alumna of Development Economics from Syiah Kuala University and also pursued studies in Applied Economics at Padjadjaran University. She has professional experience in community-based and psychosocial initiatives, including serving as a Women's Group Leader in a training program conducted in collaboration with SEFA (Safe Emergency for Aceh) entitled "Supporting Aceh's Recovery from Tsunami Trauma," facilitated by Dr. Beth Hedva (transpersonal psychologist).

Beyond her academic and professional background, Herlina has a strong interest in spirituality, drawing reflective insights that inform and enrich her writing. She integrates intellectual, emotional, creative, and experiential dimensions in her work, viewing writing as a space for synthesis, self-actualization, and the articulation of ideas that extend beyond words, which she also expresses through singing and creative sharing on Instagram@sanggar_seni_setia and Tiktok@linamuthahari also Youtube@herlina3000.

Email: *herlina.smanap@proton.me*

The Therapists Corner

Sharing anecdotal cases

Anecdote comes from the Greek αν-έκδοτος which means un-published. Some cases are so bizarre or so exceptional that most therapists are not willing to share, either because they are taboo, or, because they are too far-fetched, or both. Here colleagues are encouraged to come up front without fear and express themselves freely. It is time for the skeletons to come out of the closet.

The Accident Trauma Release (ATR) Procedure: A Protocol for Professional Regression Therapists.

Marion Boon (The Netherlands)

Introduction

This practical instruction essay brings focus on the procedure of the ATR-technique, which I share with colleague regression therapists in order to help clients heal better, faster and permanently from violent experiences, including operations and simple accidents that may have triggered an unprocessed past. Only for professionals. This is a practitioner protocol based on the author's experience.

Before applying the very effective ATR technique in Regression Therapy, knowledge and skills are required especially on:

1. Tracing and recognizing foreign intrusions – working with attachments and obsessive fragments.

2. Trigger points of past lives – to be healed and ended.

3. Childhood trauma and hospital trauma – to be properly healed.

4. Intense programs that stem from the family line and deceased parents, or even living parents and educators. Patterns. Recognize them.

5. Out-of-body presences and energies, including externalized thoughts

with intense power of programming (survival, curses, wishes, despair, etc)

6. Skilful healing of non-human attached energies which need to be freed out of the system – even when it may resist: You must be familiar with karmic exchanges and the use of karmic transactions.

7. Undoing Karmic transactions in short: What came into the system is foreign. In order to settle in your system, some authentic energy has been lost, sent out, replaced, taken in by the obsessive entity or fragment.

That authentic energy must be retrieved. Claim it back. Name it: what exactly is it? We lose our freedom, our innocence, our courage, our spontaneity – especially when the intrusion is a dominant energy.

PROTOCOL / GUIDE

There is both association and dissociation within the procedure, often in varying combinations.

Steps of the ATR Procedure

1. Ask about the impact on the body.

- What was the first hit?
- What was the first posture?

Follow the experience very specifically.

2. Map the exact circumstances, impact, and situation.

Describe and analyse the event concretely and specifically.

What was the thought during the event?

A child may think: *"Oh, my father will be so angry."*

A mother may think: "*Oh, my baby is home alone!"*

These worries are real and intense. Thoughts shape dense energy, which may then "fly out" to another location while the body remains behind.

The body becomes alone while part of the spirit leaves.

3. What conclusion did the mind reach during and after the event?

Pay attention to:

- loss of energy (→ out)
- intrusion of energy (← in)

Possible past lives triggered by the event should be identified and "parked" temporarily for later therapeutic work.

4. Identify any attached energy or entity that may have been attracted by the accident or traumatic event and may have intensified the pain or complaint.

Possible issues include:

- loss of life force,
- attachment to locations,
- attachment to houses, cars, instruments, or tools,
- torture associations,

- or car-crash imprints.

Check the body carefully.

- Where is the storage?
- Where is the pain?
- Where is the stuck energy?

Release it.

If energy has been lost, retrieve it.

Repeat the procedure until the process feels complete.

5. At each stage, move toward clarification and specificity.

Follow the internal flow of the impact.

Trace:

- where the energetic wave travelled,
- where it became stuck,
- and whether the location contains a memory or reaction.

Usually, the place where the energy is trapped is painful.

Gently place a finger on the location and instruct the client that the energy may now leave.

You may dramatize the release with: "1, 2, 3 — let it go → out."

6. Remain alert to the impact of "invisible fields."

Be precise.

7. Follow the impact and its consequences, identifying where they are stored or stuck.

The therapist may place a hand on the affected area, or ask the client to place their own hand or finger there to strengthen focus.

8. Again follow:

- postulates (thoughts),
- and triggers (ICW and PL).

9. Relive the accident or event again from a bird's-eye view.

10. Repeat:

- hit,
- impact,
- body response,
- thought,
- consequent postulate.

11. Now release the stored energy.

Return again to:

- impact,
- flow,
- stuck location,
- release.

Ask whether any organ is carrying the energetic charge. Release it.

12. Check. Feel. The body should feel more flexible.

The client should experience relief.

Past lives may still need to be explored and healed, after which authentic energy and life force should be reintegrated.

Postulates may also include inner-child experiences from the present life.

Address them. Do inner-child work. Be precise. Be thorough. Be logical.

Catharsis may occur at a spiritual level, even when the body remains physically damaged.

Reliving the accident or event again should now feel more matter-of-fact and respectful, while pain may begin to heal.

Healing can finally begin.

Reliving the accident is NOT retraumatising.

When undertaken by an appropriately trained practitioner with adequate stabilisation and pacing, therapeutic revisiting is intended to process rather than reproduce the trauma; nevertheless, the client's arousal and dissociation must be monitored carefully. In Regression Therapy, we return in order to retrieve what was lost, recover what became trapped in time, and respectfully acknowledge what the person endured.

Once the hurt is no longer hidden, the wound may finally be cleansed and the issue permanently resolved.

NOTES

Finding an inner child

Respectfully apply ICW toward integration.

Allow the adult self of today to deal with the theme, thereby liberating the inner child and allowing the adult personality to process the experience.

Finding a non-human presence

Animals also require healing and understanding.

Guide them back to the soul energy of their origin.

Think of:

- war horses,
- elephants,
- faithful dogs,
- or rats from dungeons.

Finding a non-human presence such as ETs

Extra-terrestrial or intra-terrestrial beings may possess a different bodily structure and energetic scheme.

Teach them that humans die physically, meaning that the soul leaves the body and continues into another stage of existence.

Some "alien" beings may fear death because they do not understand this process.

Help them observe from a bird's-eye perspective:

> "*You see? Your body is gone. Time passed and the body died.*"

This may help end old programmes and release confusion.

These ET or "alien" characters may sometimes symbolise previous existences of the client, including lost or attached fragments from others.

Why did they not integrate previously?

Because they were:

- lost,
- confused,

- fearful,
- unaware of death,
- longing for a home that no longer exists.

Despair may result from this.

Also investigate:

- their programmes,
- their companions from previous existences,
- and their energetic dimensions.

Some dimensions may exist on or around this planet.

Occasionally different beings are encountered symbolically as existing underground or within the Earth.

If such beings possess consciousness, they require explanation and understanding.

At the same time, proper energetic boundaries must be established.

Generally, attached energies should be guided back to where they belong or originated from.

Harmful attached energies

Some attached energies may appear malign, focused on harming humans or feeding on destructive emotional states.

This appears frequently.

Such energies should be stopped and neutralised.

Do not "return" a harmful tool to an abuser.

Dissolve and recycle destructive energy.

If confusion or trance remains, apply ATR again until the client and body feel peaceful and free.

Advise the client to undertake a proper Regression Therapy session later regarding the past lives that emerged.

Perform spirit release when necessary and integrate inner-child aspects.

ATR in Dissociation

Allow the client to observe themselves from outside, from a bird's-eye view.

They may perceive energetic fields.

Ask:

- Since when has this been with you?
- What exactly is it?
- How does it influence you?
- Where does it come from?
- Who is the owner of this energy?

If the client responds: *"I don't know,"* this may indicate the presence of a confused inner child.

Do not allow excessive silence or overthinking. The client may begin mentally constructing alternative scenarios without communicating them.

Remain focused. Be guiding. Be informed. We need logic.

At the same time, the body may require time for the authentic story to emerge and for the mind to gradually accept it.

The client needs logical understanding in order to digest and process the experience fully.

ATR may also be highly beneficial in cases involving concussion.

Proceed step by step. Do not end the process prematurely.

Investigate why the client continued holding on to the pain or suffering and whether it may have unconsciously "served" some function in their life.

Marion Boon, the Netherlands.

Created for Professional Education in Regression Therapy skills teachings at TASSO international and IPARRT the Amazing ART.

Contact: marionboon.hq@protonmail.com

Through your school or through the Associations: AETR. EARTh. IBRT

Transgenerational Patterns, Neurodivergence, and Regression Therapy: A Clinical and Personal Perspective

Sonia Tapiador (Spain)

Introduction

This article is based on clinical observations developed within the frameworks of Regression Therapy and transgenerational approaches. The case presented here is a personal one—that of my youngest son—which I have chosen in order to discuss the therapeutic process openly and in detail without concerns related to confidentiality or permissions. However, the phenomenological patterns described throughout this article have also been observed repeatedly in my professional work with neurodivergent and highly sensitive children, some of which are discussed in my book Child Regression Therapy.

It is important to clarify that I am not my son's therapist in the formal clinical sense. Rather, I have supported him at specific moments using therapeutic tools drawn from my professional training and personal experience.

The purpose of this article is not to present definitive scientific claims, but to explore how Regression Therapy, transgenerational perspectives, and embodied emotional work may offer meaningful insights into recurring emotional and physiological patterns observed in certain neurodivergent children and their families.

Personal and Professional Background

After completing my Psychology degree in 2002, I initially felt resistant to working with children. At the time, I remember saying: "I do not want to work with children because they are too complicated; they do not express themselves clearly." Looking back, I now recognise that this statement reflected more my own fears and limitations than any genuine understanding of children.

Life gradually led me in another direction. I began working in an Early Childhood and Primary Education Centre, supporting neurodivergent children and their families. My first cases involved children with language difficulties, and through them I discovered something fundamental: communication extends far beyond words.

I learned that genuine understanding emerges through attentive observation, emotional attunement, empathy, and presence. Children communicate through behaviour, bodily expression, emotional tone, silence, and relational dynamics as much as through language itself.

This period profoundly transformed my understanding of therapeutic work. Children became my greatest teachers.

In 2007, I opened my own Child Psychology Centre, Educainfants, where I continued working intensively with neurodivergent and highly sensitive children and their families. Over time, I became increasingly specialised in this field.

A major turning point occurred in 2021 when I entered the world of Regression Therapy. This represented not only professional training, but also a deep personal process of emotional work and self-exploration.

Although I realised during my training that I had intuitively been applying certain regression-based principles in my work with children for years, formal specialisation provided me with more structured, precise, and clinically grounded tools.

Gradually, a new professional direction emerged: integrating Child Psychology with Regression Therapy.

Early Experiences with Regression Therapy

The first child with whom I formally applied Regression Therapy was my eldest daughter, Emma, who was eleven years old at the time. During one of my internship sessions, the therapeutic process unexpectedly moved through birth memories, early childhood experiences, symbolic imagery, a past-life narrative, and future-oriented symbolic material.

Whether interpreted literally, symbolically, or psychologically, the session had a profound impact on both of us.

It also highlighted several themes that would later become central in my work:

- the importance of gestation and birth experiences,
- the influence of family emotional dynamics,
- and the role of transgenerational patterns in emotional development.

However, the focus of this article is not Emma's case, but that of my youngest son, Daniel.

Daniel's Background

Daniel, now nine years old, was born following two miscarriages and a long process involving in vitro fertilisation. He was deeply desired and arrived during a particularly emotionally intense period for our family.

The pregnancy was complicated, and although he was ultimately born at term, the birth itself was difficult due to the umbilical cord being wrapped around his neck.

From early childhood, Daniel displayed characteristics commonly associated with neurodivergence and heightened sensory sensitivity. As both a psychologist and a specialist in neurodivergence, I recognised early signs of:

- emotional hypersensitivity,
- sensory reactivity,
- non-linear cognitive processing,
- heightened anxiety responses,
- and difficulties with nervous-system regulation.

At the same time, Daniel entered our lives during a period marked by unresolved grief, family instability, and emotional exhaustion.

Looking back, I increasingly came to understand his arrival not as accidental, but as deeply transformative for our family system. His presence confronted us with unresolved emotional patterns that had existed across generations.

Transgenerational Family Patterns

Our family history contains multiple experiences involving:

- miscarriages,
- infant deaths,
- traumatic births,
- widowhood,
- fertility difficulties,
- chronic illness,
- emotional loss,

- and unresolved grief.

Across several generations, recurring themes included:

- loss of male figures,
- complicated motherhood experiences,
- reproductive trauma,
- emotional instability,
- and highly sensitive or neurodivergent descendants.

Through both personal regression work and clinical observation, I gradually began conceptualising these recurring patterns through what I came to call "memories of suffocation."

This concept refers symbolically and phenomenologically to inherited emotional patterns associated with grief, fear, emotional overwhelm, helplessness, and survival.

From a transgenerational perspective, such experiences may become deeply embedded within family systems and influence later emotional regulation, bodily responses, attachment dynamics, and nervous-system sensitivity.

Importantly, I do not present these ideas as established biological facts, but as clinical and symbolic frameworks that have emerged repeatedly in therapeutic work.

Memories of Suffocation

The concept of "memories of suffocation" emerged from repeated observations involving:

- traumatic gestation experiences,
- difficult births,
- respiratory problems,
- emotional inhibition,
- chronic hypervigilance,
- and recurring patterns of anxiety and overwhelm.

In clinical practice, these patterns often appear interconnected.

On a physical level, descendants may present with:

- respiratory sensitivity,
- allergies,
- vagal dysregulation,
- digestive disturbances,
- or chronic nervous-system activation.

Emotionally, individuals frequently report:

- feelings of emotional suffocation,
- hypersensitivity,
- emotional overload,
- and difficulty expressing internal experience.

Mentally, these patterns may manifest through:

- obsessive thinking,
- anxiety loops,
- hypervigilance,
- catastrophising,
- and difficulties with self-regulation.

From a symbolic and energetic perspective, these experiences may also reflect unresolved emotional material transmitted across generations.

Although some of these ideas extend beyond mainstream scientific models, contemporary research on trauma, attachment, epigenetics, and intergenerational stress transmission increasingly supports the notion that unresolved trauma can influence descendants psychologically, emotionally, and physiologically.

Neurodivergence and Hypervigilance

Research on trauma and epigenetics, including the work of Rachel Yehuda and others, suggests that descendants of traumatised lineages may inherit heightened stress sensitivity and altered nervous-system regulation.

From this perspective, neurodivergent individuals may experience:

- heightened sensory processing,
- increased emotional reactivity,
- non-linear or highly associative cognition,
- and persistent states of hyperalertness.

In my clinical experience, highly sensitive children often struggle not because sensitivity itself is pathological, but because they lack sufficient tools for regulating overwhelming internal and external stimuli.

Sensitivity, in itself, may be understood as a capacity rather than a deficit.

The suffering emerges when nervous-system overload, emotional dysregulation, anxiety, and environmental overstimulation remain unresolved.

Daniel's Early Symptoms

Daniel displayed many of the patterns commonly associated with heightened sensory sensitivity and neurodivergence.

These included:

- obsessive mental loops,
- sensory rigidity,
- respiratory difficulties,
- recurrent infections,
- allergies,
- digestive problems,
- and emotional hypersensitivity.

One of the earliest issues we addressed involved sensory rigidity related to clothing and footwear.

At the time, Daniel was four years old.

During a surrogate regression process conducted with my teacher, symbolic imagery emerged involving a drowning experience. Whether interpreted psychologically, symbolically, or spiritually, the session appeared deeply meaningful in relation to Daniel's persistent fear of water.

From infancy, bath time had consistently triggered panic responses whenever water touched his face.

Several months after the session, Daniel spontaneously described a recurring dream involving drowning imagery that closely resembled the material that had emerged during therapy.

Gradually, his fear of water significantly diminished. He began entering the sea and swimming pool calmly and eventually learned to swim independently.

Importantly, his sensitivity did not disappear. Rather, his capacity for self-regulation appeared to improve.

Environmental Change and Symptom Escalation

In 2025, our family relocated to a coastal city.

For highly sensitive individuals, environmental context can play a significant role in nervous-system regulation. In Daniel's case, living near nature and the sea appeared beneficial for his respiratory symptoms and overall well-being.

However, the transition also triggered considerable emotional stress.

Like many neurodivergent children, Daniel experienced change as deeply destabilising. He struggled with:

- separation from familiar environments,
- disruption of routine,
- fear of uncertainty,
- and heightened anticipatory anxiety.

Shortly after beginning at his new school, Daniel developed increasingly severe digestive symptoms, including:

- stomach pain,
- nausea,
- vomiting,
- and school avoidance.

The symptoms intensified during moments of social tension, overstimulation, or perceived emotional threat.

Although external support and self-regulation tools provided temporary relief, the symptoms repeatedly returned.

Regression Sessions and Symbolic Processing

At the age of nine, Daniel participated in a regression-based therapeutic session aimed at exploring the deeper emotional origins of his symptoms.

Using symbolic imagery associated with colours and bodily sensations, Daniel connected emotionally with experiences involving fear, invasion, overwhelm, and vulnerability.

He described perceiving certain school interactions as invasive and physically threatening, particularly experiences involving pushing or sudden bodily impact.

Strong physiological reactions emerged during the session, including:

- trembling,
- increased heart rate,
- sweating,
- rigidity,
- and digestive discomfort.

Emotionally, the dominant themes involved fear, helplessness, and anticipation of danger.

As the therapeutic process unfolded, Daniel also connected these experiences symbolically with his birth experience involving the umbilical cord around his neck.

He described sensations of pressure, restriction, fear, and being "pushed."

Within the regression framework, these experiences appeared interconnected through recurring emotional themes of suffocation, danger, and loss of control.

We then carried out a symbolic rebirth process involving:

- removal of the umbilical cord imagery,
- energetic reconnection with both parents,
- retrieval of symbolic "lost energy,"
- and a symbolic cutting of the cord.

Following the session, Daniel's symptoms decreased substantially over the following week.

The School Trip and Final Session

Several weeks later, Daniel faced another major challenge: his first overnight school trip.

Although excited, the anticipation triggered intense anxiety and digestive symptoms.

During a final regression-oriented session, Daniel personified his stomach and explored the fear underlying his physical reactions.

The session revealed recurring associations between:

- bodily discomfort,
- fear of losing control,
- fear of death,
- and catastrophic anticipation.

Further symbolic material emerged involving transport accidents, sudden movement, and sensations of physical impact.

One particularly important insight involved the repeated thought:

"I hope everything will be okay."

This appeared connected to a deeper belief that fear itself was dangerous and unmanageable.

The therapeutic work therefore focused not on eliminating fear, but on helping Daniel develop a safer and more regulated relationship with it.

The session concluded with:

- reassurance of safety,
- symbolic repair of earlier emotional experiences,
- nervous-system regulation,
- and the development of a new internal narrative.

Daniel also created a simple mantra:

"The most likely outcome is that things will go well."

Two days later, he successfully attended the school trip, learned to ski, and returned emotionally regulated and happy.

Clinical Reflections

This case illustrates several important clinical observations.

First, highly sensitive and neurodivergent children often appear especially vulnerable to unresolved emotional stress, environmental overload, and family-system dynamics.

Second, regression-oriented approaches may provide symbolic and experiential access to emotional material that is not always easily accessible through cognitive processing alone.

Third, the integration of bodily awareness, emotional expression, symbolic imagery, and nervous-system regulation may help certain children improve their capacity for self-regulation.

Importantly, the goal of this work is not to "cure" neurodivergence. Neurodivergence itself is not viewed here as pathology, but as a distinct mode of processing and experiencing reality.

The therapeutic focus lies instead in reducing suffering, improving regulation, strengthening self-esteem, and helping highly sensitive children function more safely and coherently within their environments.

Conclusion

This article proposes that transgenerational emotional patterns, embodied memory, and unresolved trauma may play an important role in the emotional and physiological experiences of certain neurodivergent children.

Through the case of my son Daniel, I have attempted to illustrate how Regression Therapy, symbolic processing, somatic awareness, and transgenerational perspectives may contribute to deeper therapeutic understanding and emotional integration.

The concept of "memories of suffocation" should not be interpreted as a rigid scientific construct, but as a phenomenological framework emerging from repeated clinical observations.

Further interdisciplinary research is needed to explore the relationships between:

- trauma,
- epigenetics,
- nervous-system regulation,

- neurodivergence,
- attachment,
- and transgenerational transmission.

Ultimately, this work seeks to encourage greater awareness of how unresolved emotional experiences may continue to influence descendants across generations—and how therapeutic approaches integrating body, mind, emotion, and symbolic experience may support healing and regulation.

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Biography: Sonia Tapiador Coello, holds a Degree in Psychology from the Autonomous University of Barcelona in 2002. She began her professional career as a psychologist in the educational field (primary school), providing psychological, emotional, and pedagogical support to neurodivergent children and their families. During these 5 years, she coordinated this work with her role as a polysomnographic technician in the Sleep Laboratory of the Neurology Department at Quirón Clinic in Barcelona, where she conducted and supervised sleep studies for clients with Sleep Disorders and associated pathologies.

During 2006, she combined her work in the educational field with immersion in the clinical setting, beginning to work as a psychotherapist in a psychological practice. In 2007, she launched a meaningful project and founded a Psychological, Psychopedagogical, and Speech Therapy Center in Rubí (Barcelona, Spain): Educainfants. Since then, she has directed the center and has worked with children, adolescents, adults, the elderly, couples, and families. She is a specialist in Neurodivergence, Trauma, Grief, and Affective Disorders. She currently manages the center, but provides online sessions from her new residence in Cambrils (Tarragona, Spain).

She offers an Integrative Therapy focused on Personal Growth and Emotional-Mental Development, in which she combines all her psychological training, her experience gained over 24 years of professional practice, and transpersonal/associative/energetic tools that allow the Reconnection and Integration of Body, Emotions, Mind, and Spirit.

Additional Training: Treatment of self-control problems through Rational Emotive Behavioral Therapy, Approach to Couples Therapy from Cognitive Therapy, and other training in Energy Therapies. In 2021, she trained as a Regression Therapy Therapist at the ATMA School (Málaga) with Professor Carlos González, a direct disciple of José Luis Cabouli and president of the Spanish Association of Regression Therapy (AETR). She is a member of AETR and co-author of its first published book: "The Soul Unveiled."

She is a speaker and disseminator at conferences. She has participated in the AETR International Symposia in 2023 and 2024, and in the 2025 International Congress with the presentations: "Regression Therapy in Childhood," "Special Children: Beyond Acronyms and Labels," and "Regression Therapy and Responsible Parenthood." She has also participated in the 14th International Tarot Congress in Barcelona with the practical presentation: "Regression Therapy and the Major Arcana."

She is a specialist in Child Regression Therapy and a trainer in this discipline. She teaches courses on "Major Arcana and Regression Therapy" and other tools integrated into her methodology (Psycho-numerology, Evolutionary Tarot, Associative Cards…).

She is a Practicum Supervisor in the Regression Psychotherapy Training led by Carlos González Delgado, president of AETR. She is a professor at the Spanish Association of Regression Therapy, where she teaches, together with two other professionals, the International Practical Course in Psychotherapy Applied to Regression Therapy and Holistic Disciplines.

She is also a professor in the 2026 International Advanced Course in Regression Therapy organized by Espacio Atman.

Author of "Take Care of Your Energy, Take Care of Your Superpower" (2024), a therapeutic story with activities to learn tools for care, cleansing, protection, recharging, and energetic recovery for children and adults. It integrates Emotional Education, Psychology, Energy Therapy, and Regression Therapy.

Co-author with Carlos González of the book "Child Regression Therapy: Practical Manual" (2025).

Publication in September 2025 in *The International Journal of Regression Therapy* (Regressionjournal.org) of the article: "My Experience and Subjective Understanding of Karma."

CONTACT:

Sonia Tapiador Coello

Registered Psychologist No. 15857

Online sessions Phone: +34 660065516

The Geranium Case:
Unearthing Family Secrets and Releasing Generational Burdens Through Hypnotherapy

Ricardo Feix (Brazil)

Abstract: This case study highlights the potential of Transpersonal and Quantum Integrative Hypnotherapy to address complex psychological issues rooted in personal trauma and intergenerational dynamics. The emergence of apparent ancestral channelling and automatic speech underscores the potential for accessing unconscious material beyond conventional memory recall. The therapeutic approach focused on facilitating dialogue, understanding, and forgiveness at multiple levels – personal, familial, and potentially transpersonal – leading to significant symptom reduction and improved quality of life for the client.

Keywords: Obsession, Ancestral Channelling, Automatic Speech, EMDR.

Client's Profile.

Geranium, a 46-year-old architect and tourist agent living a solitary life in the shadow of unresolved pain, sought therapy for a constellation of difficulties. Beyond the everyday challenges of his career and finding lasting love as a single, homosexual man, he was haunted by a deep-seated fear of his alcoholic father, a man he remembered as a perverted abuser. Physical ailments – allergies, irritable colon, fibromyalgia – further compounded his distress, alongside a pervasive low self-esteem that belied his hard work. "I could never buy a car, a house, good clothes," he lamented, despite his efforts.

Diagnosis.

Geranium was diagnosed with recurrent depressive disorder, generalized pathological anxiety, pathological mourning, and obsessive-compulsive disorder.

Therapeutic Intervention.

An eight-session therapeutic contract was established, utilizing a Transpersonal and Quantum Integrative Hypnotherapy approach, facilitated by his sister. Initial sessions focused on self-hypnosis for symptom management and EMDR for processing post-traumatic stress related to paternal abuse and homophobia.

The initial phase focused on empowering Geranium with self-hypnosis techniques for managing his psychosomatic symptoms and challenging negative thought patterns. EMDR was then employed to process the trauma of his father's direct violence and experiences of homophobia. However, it was in a later, extended

session that the therapy took a remarkable turn, delving into the realm of ancestral influence and unresolved family secrets.

The Tunnel and the Whispers of the Past.

Geranium recounted a recurring obsessive nightmare: the vivid image of an orifice, a dark and foreboding tunnel. Guided by the therapist, he drew this image and then, under hypnotic induction, was invited to journey into its depths. "Look inside this tunnel and go inside, right in the centre… See a circle of purple and yellow with this dark centre … Just as you drew … Go inside this tunnel…". Almost immediately, Geranium regressed to a memory of himself as a three-year-old boy, alone in the dark punishment room of his grandparents' house.

In this vulnerable state, an unexpected presence emerged – an old man, a disembodied voice speaking through Geranium in what appeared to be channelling or automatic speech. "He is my grandfather Ulysses … Who already died …" the voice declared. The grandfather's message was one of rage and betrayal: "She killed me, I was suffocated with the pillowcase, I was strangled by Mira … my own woman!" His anger echoed through Geranium, a visceral manifestation of a long-buried family tragedy. "How much evil! How could she?" he cried out.

With respect, the therapist addressed the channelled presence of Mira, the grandmother. After a brief silence, Mira's voice, again through Geranium, offered a different perspective, a raw confession of unbearable suffering. "It was a lot of suffering for me … He never reacted, the more I did, nothing. He never answered again after he had the stroke … I could not take it anymore … For me it was an excess … Much beyond my powers … I had already lost a child due to cancer … Old … I could not take it anymore … I had to put an end to that…" Her words were laced with remorse. "I have always been very bad … But if I knew consequences, I would not have done it … I suffered a lot after I continue suffering until now … I need to ask forgiveness of Ulysses for peace …"

Development of therapy

The patient was first taught self-hypnosis techniques to support emotional release and self-forgiveness, as well as relaxation strategies aimed at managing fibromyalgia and other psychosomatic symptoms linked to persistent negative thought patterns.

We then proceeded with EMDR (Eye Movement Desensitization and Reprocessing) to address post-traumatic stress events. Particular focus was given to incidents involving direct physical violence from the patient's father, a truck driver, and traumatic experiences related to homophobia.

Penultimate session (120 minutes):

In this session, Geranium described a recurring obsessive nightmare involving the persistent visualization of an orifice—something resembling a tunnel. I invited him to draw the image to bring more clarity and symbolic understanding to the experience.

Once the task was fulfilled, I requested the hypnotic induction as follows:

> **Therapist:** "Look inside this tunnel… Go deeper, right to the center. Do you see the circle of purple and yellow, with that dark center—just as you drew it? Step into the tunnel…"

Immediately, Geranium enters a memory regression. He finds himself as a three-year-old child, alone in the dark punishment room at his grandparents' house. An intense presence emerges—an old man's disembodied voice, loud and wrathful.

> **Therapist:** "With all due respect… perhaps we can help. Please identify yourself. If you're willing, tell us your story… your message."
>
> **Geranium:** "It's my grandfather… Ulysses. He passed away."
>
> **Grandfather Ulysses** then speaks through **channelling/psychophony**, using Geranium as the medium:
>
> **Ulysses (through Geranium):** "She killed me! She smothered me with a pillowcase! Mira… my own wife! I was strangled. How could she? So much evil!"
>
> **Therapist:** "I respectfully ask for the presence of Mrs. Mira…"

After a moment, Mira, the grandmother, is also channelled by Geranium:

> **Mira (through Geranium):** "I was in unbearable pain… He never reacted—not a word, not a sign, after the stroke. I couldn't take it anymore. It was too much for me. I had already lost a child to cancer. I was old… broken. I felt I had no choice. But if I had known the consequences… I never would have done it. I've suffered endlessly. I still suffer. I need to ask Ulysses for forgiveness… I need peace."
>
> **Therapist:** "To Mira's soul, I ask: Would you like the opportunity to meet the soul of your husband, whom you suffocated with the pillowcase?"
>
> **Mira:** "Yes."
>
> **Therapist:** "I call upon the ancestral spirits of the Light from both lineages. May the benevolent souls of the families step forward now."

Appearing among them are **Great-grandmother Isabel** (paternal), **Great-grandfather André** (maternal), and other disembodied relatives. In their presence, the soul of Theodomira (Mira) speaks directly to Ulysses, asking for his forgiveness.

At first, **Ulysses** resists:

> **Ulysses:** "No… It's very difficult. I can't…"
>
> **Therapist:** "Then I call upon the deepest symbol of your belief—the Heart of Jesus."

Moments later, softened by this invocation:

> **Ulysses:** "If it will bring me peace… I forgive Mira."

A pause follows. Then, Geranium visibly sees the souls of his grandparents embracing in light—reunited, forgiven, and ascending together to meet their ancestors through a beam of radiant light.

After this pivotal moment, the therapist gently guides the inner child—three-year-old Geranium—out of the punishment room and away from the memory of the murder. Using the Affective Bridge technique, the therapist reparents the child, offering love, safety, and forgiveness. This includes releasing the brutality endured from his father, and restoring a sense of emotional belonging.

In this sacred space of reconciliation and compassion, the therapist invites the patient to connect with the Heart of Jesus, and together they recite the Lord's Prayer, a prayer of forgiveness.

To address the unresolved grief regarding Geranium's former partner, the therapist closes with symbolic metaphors—such as "everything passes"—drawing from positive psychology, encouraging emotional presence, and recommending mindfulness practices for ongoing healing.

Automatic speech in trance

Final Session – Psychophonic Channelling with Geranium (04/16/2013, 8:15 PM – 9:00 PM)

Under the doctor's guidance, the session began with Geranium entering a trance state. Through him, the spirit of his deceased father manifested and began to speak. Geranium cried softly as the channelling unfolded…

Father (through Geranium):

> "I never knew how to speak… I didn't know how to say 'I love you'…
> How do I even ask for forgiveness?

You… you are the one who most resembles me. Please, keep trying.
I think… I've always lacked expression. When someone can't express their feelings, they can't even understand what's inside.
It's so hard… to free yourself.
I wish things had been different.
But none of us managed to make it different.
Each of us always *wanted* things to be different.

So many misunderstandings… even now.
So much suffering in our family ties.
Wounds never resolved.
So much was left behind… great spaces… great distances… between us all.

May God help us to forgive—each other and ourselves.
We need a new arrangement… a new way of being with each other.
We need to overcome our pride—with actions of reconciliation.
We must put an end to this cycle.

Illnesses… they're indicators.
Signals of the commitments we've neglected—to our lives, our bodies, our spirits.
Sometimes illness needs to settle in… just to draw our attention back to what we've been ignoring.

Whatever the form it takes—it's a message.
A call to change our ways…
So that real transformation can begin.
So that the soul may rise.

The body is fragile.
But the spirit… the spirit is learning to grow strong."

Outcomes:

Following eight hours of therapy, Geranium demonstrated significant positive changes**:**

1. Improved mood and acceptance of his HIV-positive status.
2. Disclosure of a long-held family secret regarding his grandfather's death.
3. Forgiveness of his father and release from his spiritual presence.
4. Liberation from the spiritual presence of his grandfather.
5. Improved physical health (allergies and irritable colon).

6. Increased self-esteem and a sense of personal agency.
7. Increased motivation for personal and professional growth.
8. Openness to new relationships.

Conclusions

In Daisy's subjective experience, the session consolidated her conviction that her husband was responsible. This breakthrough led to a dramatic shift: Geranium's partner left the household voluntarily, and reconciliation with her daughter followed.

Geranium's daughter, now feeling validated, left a previous same-sex relationship, entered a new heterosexual relationship, passed a college entrance exam, and is planning to study in the United States.

Geranium also reconnected with her terminally ill father, who praised her transformation before passing. She received an inheritance, refurbished her apartment, and now plans to study haute cuisine in Spain and France.

Her mother, who recovered from hepatitis B and C, is preparing to welcome new grandchildren in the U.S. Meanwhile, Daisy supported her eldest daughter through her first pregnancy, stepping into her new role as a grandmother.

Biography: Dr Ricardo Feix is a Medical Doctor (CREMERS 7918), graduated from UFRGS (1976) and holds a master's degree in public health from USP (1985). For 35 years, he has been continuously developing a private clinical practice in Hypnosis and Ericksonian Psychotherapy in the city of Porto Alegre. In 2000, Feix was certified by Jeffrey K. Zeig, PhD, to practice and teach Ericksonian Hypnotherapy after his studies at the Milton H. Erickson Foundation (Phoenix/AZ – USA). In the same year, he was authorized to found the Milton H. Erickson Brazil Sul Institute for the teaching of Hypnotherapy. After completing 360 hours of study with Roger Woolger, PhD, Dr Feix developed Deep Traumatic Memory Resignification (DTMR). Deep Traumatic Memory Resignification, that is a New Regression tool, that goes to the past, present, and future. Since then, he has promoted and participated in courses on this subject in Rio Grande do Sul and in nine other Brazilian capitals, as well as in Mexico and the United States, Canada and France.

Infertility and Regression Therapy:
A Case Report of a Couple Following Emotional Integration

Gina Rodríguez (Spain)

Abstract: Infertility constitutes a complex clinical phenomenon in which biological, psychological, relational, and social factors interact. Although reproductive medicine has improved the diagnosis and treatment of numerous organic disorders, a proportion of couples continue to have difficulty conceiving in the absence of a clearly identifiable cause or with a multifactorial aetiology.

This study describes the therapeutic process of a couple treated with Regression Therapy whose initial reason for consultation was not infertility, but rather different individual emotional conflicts and difficulties within the couple's relationship. During treatment, both reported that they had been trying unsuccessfully to conceive, which became part of the clinical picture without changing the focus of the intervention.

Each member underwent an individual therapeutic process addressing conflicts related to personal history, couple dynamics, sexuality, parental figures, feelings of guilt, low self-esteem, gestational experiences, and persistent emotional patterns. In one partner's case, treatment also enabled the progressive resolution of compulsive pornography use, which had been a significant source of personal distress and strain on the relationship.

Independently, both accessed prenatal experiences during their sessions, which were explored within the Regression Therapy model as part of the emotional integration process. Following the favourable evolution of both therapeutic processes, the couple conceived spontaneously, and the pregnancy culminated in the birth of a child.

This study does not aim to establish a causal relationship between the intervention and the subsequent pregnancy. Rather, its value lies in documenting the clinical evolution of both clients and analysing the temporal coincidence between a profound process of emotional and relational transformation and achieving pregnancy, contributing a clinical case that may help generate new research hypotheses.

Keywords: Regression Therapy, infertility, compulsive pornography, couple therapy, gestational experiences, spontaneous conception, clinical case study.

Introduction

Infertility constitutes one of the main challenges in reproductive health due to the interaction of biological, endocrine, psychological, relational, and social factors. Although advances in reproductive medicine have improved the diagnosis and treatment of numerous organic disorders, there continues to be a group of couples whose difficulty conceiving remains without a fully satisfactory explanation or responds to a multifactorial aetiology.

Several studies have described the significant psychological impact associated with infertility, including anxiety, depressive symptoms, feelings of guilt, decreased self-esteem, and a significant deterioration in quality of life. Likewise, reproductive difficulties can affect communication, intimacy, and satisfaction within the couple's relationship.

However, infertility was not the initial reason for consultation among the clients presented in this study. Both requested treatment for different emotional and relational conflicts that significantly affected their psychological well-being. Among these were communication difficulties, problems in the experience of sexuality, and, in Daniel's case, compulsive pornography use that he himself considered incompatible with the relationship he wished to build.

The intervention was carried out through Regression Therapy with the aim of exploring and integrating the emotional conflicts that emerged during the sessions. It was only during the therapeutic process that the couple reported the difficulties they were encountering in trying to conceive. This circumstance became part of the clinical context, without altering the focus of the intervention.

As treatment progressed, convergent emotional patterns began to be observed in both individual processes, related to parental figures, guilt, self-devaluation, relational difficulties, and experiences associated with the gestational period. In parallel, both clients described a progressive improvement in their emotional well-being, communication, and relationship as a couple. Daniel also reported the cessation of compulsive pornography use, while Sara reported a greater capacity to express her needs and set boundaries.

Following this clinical evolution, the couple conceived spontaneously.

The aim of this work is to describe in detail the therapeutic evolution of both clients and to analyse this case from the conceptual framework of Regression Therapy, contributing to the generation of new hypotheses about the possible relationship between the integration of emotional conflicts, couple dynamics, and reproductive health.

Methodology

This is a single, descriptive, qualitative clinical case study, whose aim is to document the therapeutic evolution of a couple treated with Regression Therapy.

This type of design allows complex clinical processes to be described and hypotheses to be generated for future research, without establishing causal relationships.

Participants

The participants were an adult heterosexual couple who voluntarily attended a private practice requesting treatment through Regression Therapy.

Both had higher education, worked in highly skilled professions, and were of middle-to-upper socioeconomic status. To preserve their confidentiality, all identifying data were modified and the names used are pseudonyms.

At the beginning of treatment, they presented with significant emotional and relational difficulties. Infertility was not the initial reason for consultation; it was reported during the course of the therapeutic process and became part of the clinical context of the case.

Therapeutic model

The therapeutic process was carried out following the Regression Therapy model, which facilitates the exploration of emotionally significant experiences in an expanded state of consciousness, while maintaining the client's active participation at all times.

The methodology applied corresponds to the model developed by Dr. José Luis Cabouli. Treatment was carried out by a therapist trained in this model, with advanced, internationally recognized training in Regression Therapy and other complementary approaches related to emotional integration. Sessions were designed to facilitate the spontaneous emergence of content relevant to each client, promoting its processing and emotional integration through a non-directive therapeutic stance, adapted to individual clinical needs and avoiding suggestions or interpretations that might influence the experience.

Data collection and analysis

The study was developed based on the analysis of complete transcripts of the therapy sessions and of follow-up interviews conducted after the conclusion of treatment.

The emerging content, the emotional evolution of both clients, the changes observed between sessions, the progressive integration of the conflicts worked on, the changes in couple dynamics, and the clinical evolution described by the participants themselves were analysed. The direct quotations included were selected for their clinical relevance.

Ethical considerations

Both participants gave informed consent for their case to be used for scientific and educational purposes. The study respected the principles of confidentiality, anonymisation, and personal data protection. The conclusions should be interpreted within the limitations inherent to a single case study.

Case presentation

Initial clinical context

The clients, whose names have been replaced with the pseudonyms Daniel and Sara, came to consultation requesting treatment through Regression Therapy for different individual emotional difficulties and persistent conflicts within their relationship. At the time of the initial assessment, infertility was not a reason for consultation nor part of the therapeutic objectives.

Daniel reported intense distress associated with compulsive pornography use maintained for years, which he considered incompatible with his personal values and with the kind of relationship he wished to build. Repeated attempts to abandon this behaviour had generated feelings of guilt, frustration, shame, and a marked decrease in his self-esteem.

Sara presented with a history characterized by high self-expectations, difficulties setting boundaries, and a persistent tendency to prioritize others' needs over her own. She reported feeling emotionally overwhelmed and acknowledged difficulties expressing her needs within the relationship.

Both described a progressive deterioration in communication, a decrease in emotional intimacy, and recurring conflicts that compromised the stability of the couple. The intervention was proposed with the aim of exploring and integrating the emotional conflicts involved in these difficulties, without establishing prior hypotheses about their origin.

It was during the course of treatment that they reported having been trying, for some time and without success, to conceive. This information became part of the clinical context of the case, although it did not alter the therapeutic objectives.

Daniel's therapeutic evolution

Initial situation

The first interviews revealed that compulsive pornography use was only the most visible manifestation of a broader emotional distress. In addition to the intense feeling of failure associated with this behaviour, Daniel expressed insecurity, fear of rejection, difficulty expressing certain emotions, and a tendency to take on excessive responsibility within affective relationships.

These findings guided the intervention toward exploring the underlying emotional conflicts rather than toward isolated symptom control.

First regression: reframing the sexual symptom

The first intervention focused on exploring the emotional origin of the compulsive pornography use and the repeated seeking out of prostitution.

During the regressive experience, a scene spontaneously emerged that the client placed in a context associated with the American West. He perceived himself working at a railroad station and described an existence marked by routine, emotional emptiness, and lack of affective fulfilment. Although he initially reported being married, he began forming relationships with several prostitutes, later identifying one of them as the consciousness he now recognised as his sister. He eventually left his wife to start a new life with her.

The moment of death was accompanied by the sense that an important part of himself remained bound to that experience, especially to the affective bond he had formed.

During therapeutic integration, a significant shift occurred in the understanding of the symptom. The compulsive behaviour ceased to be interpreted solely as a problem related to sexuality and came to be understood as the repeated search for a deeply unmet affective need.

In the follow-up interview, Daniel summarized this transformation, stating:

"What I took from it was that—what I was looking for through the sexual thing… I was looking for the love that had been left there."

This reframing constituted a turning point in the therapeutic process, shifting the focus from the behaviour to the emotional conflict that appeared to sustain it.

Second regression: gestational experiences and building personal security

Once work on the affective conflicts had begun, Daniel expressed his wish to understand the insecurity he experienced when facing important decisions.

The regressive experience led spontaneously to the gestational period. The client described a tense emotional climate between his parents and perceived his mother's suffering during the pregnancy. The experience then shifted to the moment of birth, which he experienced as an abrupt separation for which he did not feel prepared, describing an intense resistance to leaving the womb.

During integration, this content was linked to feelings of insecurity present in different areas of his life.

In the follow-up interview, Daniel reported experiencing greater confidence in facing personal and professional decisions, attributing this change to the understanding reached during the session.

Third regression: understanding relational patterns

The third intervention delved further into how the client built his affective relationships. Through the regressive experience he identified patterns of emotional dependency and needs for recognition that he had not previously been able to fully understand.

During the follow-up interview he explained that the meaning of this session became clearer over time:

“It helped me realize certain things I wanted to bring up in my relationship… certain things the relationship didn't quite understand, but now, with time, I understand them better.”

This process fostered a broader understanding of how he formed attachments and helped him progressively change the relational dynamic maintained with Sara.

Clinical integration of Daniel's process

Taken together, the three interventions show a coherent and progressive therapeutic process. The first allowed the compulsive behaviour to be reframed in terms of its affective function; the second addressed persistent feelings of insecurity associated with gestational experiences; and the third fostered an understanding of the relational patterns present in the couple.

During clinical follow-up, Daniel reported the cessation of compulsive pornography use, greater emotional stability, increased self-esteem, greater confidence in facing important decisions, and a significant improvement in communication with Sara. These changes consolidated progressively throughout the therapeutic process and formed the basis for the joint evolution later described in both members of the couple.

Sara's therapeutic evolution

Initial situation

As with Daniel, Sara's therapeutic process began to address emotional and relational conflicts affecting both her psychological well-being and the stability of the couple. The initial assessment highlighted high self-expectations, difficulties setting boundaries, a need for approval, and a persistent tendency to prioritize others' needs over her own.

She also reported feelings of frustration, loneliness, and being misunderstood within the relationship, which she attributed, among other factors, to Daniel's demanding professional commitments. At this stage, infertility was still not part of the reason for consultation.

First regression: the pattern of self-sacrifice

The first regressive experience led spontaneously to a scene the patient placed in the seventeenth century. She described a childhood marked by an absence of affection and a family environment lacking protection, identifying the maternal figure of that experience with traits similar to those of her current mother. Situations of abuse by a family member also emerged during the session.

She later described a marriage to the consciousness she recognized as Daniel. However, the relationship reproduced a pattern of emotional distance stemming from her husband's demanding work commitments, a circumstance the patient spontaneously connected with aspects present in her current life.

The appearance of a second man raised the possibility of starting a new life, but an intense feeling of guilt toward her children led her to return to her family. The experience concluded with a death in solitude, rejected by those around her.

During integration, Sara identified a constant pattern of giving up her own well-being to meet the needs of others. In the follow-up interview she stated:

"I remember that feeling of not looking out for myself, of not being fully happy, but instead looking out for my husband, my family, my children… and in the end, dying alone."

This understanding became one of the central threads running through her entire therapeutic process.

Second regression: vulnerability and reframing

The second intervention centred on an experience characterized by vulnerability and abuse. Sara described a sexual assault accompanied by intense feelings of fear, helplessness, and loss of safety.

During integration she identified the aggressor as the same consciousness she recognized in a person from her current circle with whom she had always maintained a respectful relationship. Beyond this identification, the clinically relevant aspect was the emotional reorganization the client experienced regarding that relationship.

In the follow-up interview she noted:

"He's always treated me very well… I was always surprised by how well he treated me… and I came to understand a little why that was."

The experience fostered a new understanding of that bond and reduced the distress it had previously caused her.

Third regression: gestational experiences and the maternal bond

In an advanced phase of treatment, Sara spontaneously accessed prenatal experiences. During the session she described feelings of rejection and ambivalence during gestation, associated with the perception of not feeling fully wanted.

Integrating this content made it possible to relate these experiences to patterns present in her adult life, particularly the constant need for approval, fear of rejection, and difficulty recognizing her own worth.

In clinical follow-up she explained that this session marked a turning point in her personal process, describing a decrease in her need for external approval, a greater capacity to express her needs, and a calmer relationship with the maternal figure.

Fourth regression: guilt and reparation

The final intervention centred on an experience in which Sara held a position of authority as a tax collector. During the session she described the suffering she caused to numerous people and a deep sense of guilt upon understanding the consequences of her actions.

In the follow-up interview she summarized this experience, stating:

“It was a time when I was a tax collector, and I really treated people very badly. By the end of that life, I deeply regretted it and tried to fix what I could, but I hurt a great many people and it was hard to make up for it.”

The client felt that this regression allowed her to integrate aspects related to personal responsibility, guilt, and reparation.

Clinical integration of Sara's process

The four interventions show remarkable thematic coherence. Although set in different scenarios, all converge on conflicts related to rejection, the need for acceptance, self-sacrifice, guilt, and difficulty prioritizing her own needs.

Her clinical evolution reflected a progressive decrease in self-imposed pressure, a greater capacity to set boundaries, improved self-esteem, and a significant change in the way she related to herself and to Daniel.

Joint evolution of the case

Although both underwent independent therapeutic processes and were unaware of the specific content of each other's sessions, their evolution showed a clear convergence. Daniel reported the cessation of compulsive pornography use, greater emotional stability, and a significant improvement in communication. Sara

described greater personal security, a decrease in her need for approval, and a greater capacity to express her needs.

Both noted a progressive reduction in couple conflicts, a more satisfying experience of intimacy, and a strengthening of their affective bond.

Months after finishing the therapeutic process, the couple reported that, after a period during which they had tried unsuccessfully to conceive and with growing concern about the situation, they had finally conceived spontaneously. The pregnancy proceeded uneventfully through to the birth of their child. In the context of this study, this outcome is the clinical event that motivated the presentation of the case and raises interest in continuing to investigate the possible interaction between emotional integration processes, couple dynamics, and reproductive health, without this allowing a causal relationship to be established between the intervention and the pregnancy.

Discussion

This study describes the therapeutic evolution of a couple who underwent a Regression Therapy process for emotional and relational conflicts, during the course of which significant clinical improvement occurred, followed subsequently by spontaneous conception. Given the methodological nature of a single case study, these findings do not allow a causal relationship to be established between the intervention and achieving pregnancy. Nevertheless, they do offer a detailed clinical description that may contribute to the formulation of new research hypotheses.

One of the most relevant aspects of the case is that infertility was not the initial reason for consultation. The intervention focused on addressing individual emotional difficulties and couple dynamics, and it was only during the course of treatment that both clients reported that they were trying unsuccessfully to conceive. This circumstance reduces the likelihood that the sessions were guided by specific expectations related to pregnancy.

Both therapeutic processes gave rise to themes showing notable internal coherence. In Daniel, content related to insecurity, unmet affective needs, relational patterns, and compulsive pornography use predominated. In Sara, conflicts associated with rejection, guilt, self-sacrifice, the need for approval, and gestational experiences appeared repeatedly. Although each process developed independently, both converged on a progressive transformation of the couple's relationship and of each partner's emotional experience.

Within the Regression Therapy model, the scenes relived during sessions are not interpreted solely for their possible historical value, but above all for their capacity to facilitate the processing and integration of present emotional conflicts. In this sense, the clinically relevant element is not the objective verification of the

scenarios experienced, but rather the therapeutic meaning they acquire for the patient and the changes observed following their integration.

This perspective is consistent with the approach of Cabouli, who considers that regression constitutes a resource for accessing the subjective origin of certain emotional conflicts and for facilitating their resolution through conscious integration of the experience. Similarly, Hans TenDam describes regression as a procedure aimed at identifying and resolving persistent emotional patterns that continue to influence present-day life, regardless of the interpretation given to the origin of the scenes experienced.

Another notable finding was the spontaneous emergence, in both clients, of prenatal experiences. The literature on prenatal and perinatal psychology has indicated that early gestational experiences may become relevant to the formation of attachment, emotional regulation, and certain relational patterns. Although this field remains a subject of debate and requires further research, the content observed in this case is consistent with these theoretical proposals and justifies its consideration as a clinical hypothesis.

Likewise, the couple's evolution highlights the close relationship between emotional well-being, the quality of the affective bond, and the experience of sexuality. By the end of treatment, both described more open communication, fewer conflicts, greater emotional intimacy, and a more satisfying perception of their relationship. These changes are consistent with psychological models that emphasize the influence of chronic stress and couple functioning on reproductive health, although this study does not allow the specific weight of each of these factors to be determined.

As with any case study, this work has methodological limitations that must be taken into account when interpreting its results. In describing the clinical evolution of a single couple, the findings cannot be generalized nor can they, by themselves, establish a causal relationship between the therapeutic intervention and achieving pregnancy. Nevertheless, the clinical richness of the follow-up, the parallel evolution of both therapeutic processes, and the temporal sequence observed provide valuable insight that may help generate new hypotheses and guide future research using more robust methodological designs.

Despite these limitations, the case offers several notable strengths. First, it documents in detail the parallel evolution of two independent therapeutic processes that converge on a clearly identifiable emotional and relational improvement. Second, it shows the usefulness of the case study as a tool for generating research questions in an area that remains sparsely explored. Finally, it highlights the value of developing prospective studies with larger samples, mixed methodologies, and standardized measures that would allow for a more precise analysis of the possible relationship between the integration of emotional conflicts, couple dynamics, and fertility.

Conclusions

This study describes the therapeutic process of a couple treated with Regression Therapy whose initial reason for consultation was related to emotional and relational conflicts, and not to infertility. Throughout the intervention, both clients showed a favourable clinical evolution, characterized by better emotional regulation, changes in their relational patterns, a strengthened couple bond, and the resolution of difficulties that had significantly affected their well-being.

During the therapeutic process, the couple expressed concern about the difficulties they were encountering in trying to conceive, following a prolonged period of unsuccessful attempts. Months after concluding the intervention, they reported conceiving spontaneously, and the pregnancy proceeded uneventfully through to the birth of a child. Although this fact does not allow a causal relationship to be established with the intervention carried out, it constitutes a relevant clinical outcome that justifies the presentation of the case and opens new avenues for reflection and research.

Case studies play a fundamental role in the development of clinical knowledge, especially in areas where scientific evidence remains limited. In this context, the present work provides a systematic description of a complex therapeutic process and raises the need to continue investigating the possible role of emotional integration, early experiences, and couple dynamics in reproductive health through more robust methodological designs.

Regression Therapy may constitute a valuable tool for exploring certain emotional conflicts present in some clients. However, future research will be needed to more rigorously evaluate the scope, indications, and limitations of this approach in the context of infertility and other problems related to emotional and relational health.

Biography: Gina Rodríguez Hurtado is a dedicated therapist and passionate seeker of truth, known for her intuitive, empathetic nature and deep commitment to personal growth. After a decade in London's dynamic fashion industry, where she gained a global perspective and deepened her cultural sensitivity, Gina began a profound inner journey sparked by her own search for balance and meaning.

Her transformation led her to the powerful world of Regression Therapy, inspired by the work of Brian Weiss, Robert Schwartz, and Hans TenDam. She trained at the ATMA Center in Málaga under Carlos González Delgado and later completed an international postgraduate program with renowned figures in the field.

Today, Gina helps clients heal emotional wounds, overcome fears, and rediscover self-love through Regression Therapy, offering sessions in Benalmádena and online. She is also a co-author of several books on regression and a board member of the Spanish Association of

Regression Therapy (AETR), where she continues to share her knowledge and passion for healing.

"In the search for truth and healing, I found my purpose: to help others embrace the full and joyful life they deserve."

Author Contact Information

Website: www.regresionesconscientes.com

Email: ginarodriguezhurtado@gmail.com

Instagram: @gina_regresionesconscientes

YouTube: @ginarodriguezregresiones

Member of **AETR**, Spanish Association of Regressive Therapy.

Book Reviews

Book Reviews

Title: *Illuminating the Shadow: Transmuting the dark side of the human psyche*

Author: David Furlong, PhD

Publisher: Atlanta Books

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Book Review by *Athanasios Komianos*

Few psychological concepts have exercised as profound an influence on both psychotherapy and spirituality as Carl Jung's notion of the Shadow. Yet despite the popularity of the term, much contemporary literature tends either to oversimplify it into a catalogue of undesirable personality traits or to romanticize it as a hidden reservoir of untapped potential. In Illuminating the Shadow, David Furlong succeeds in restoring the concept to its original depth by presenting a comprehensive exploration that is simultaneously psychological, mythological, historical, and spiritual. The result is an ambitious and rewarding work that deserves attention from therapists, spiritual practitioners, and serious students of consciousness alike.

Furlong approaches the Shadow not as an isolated psychological construct but as an organizing principle that permeates individual development, interpersonal relationships, cultural history, and collective consciousness. He draws from mythology, fairy tales, literature, religion, neuroscience, psychotherapy, and esoteric traditions, creating an interdisciplinary synthesis that reflects decades of personal study and clinical experience.

One of the book's greatest strengths is its breadth. The opening chapters examine the many ways humanity has symbolized darkness throughout history, demonstrating that encounters with the Shadow have been central to virtually every spiritual tradition. Myths, legends, religious narratives, and literary works become mirrors through which readers recognize the same psychological dynamics operating within themselves. Rather than treating these stories merely as cultural artifacts, Furlong reveals their enduring psychological relevance.

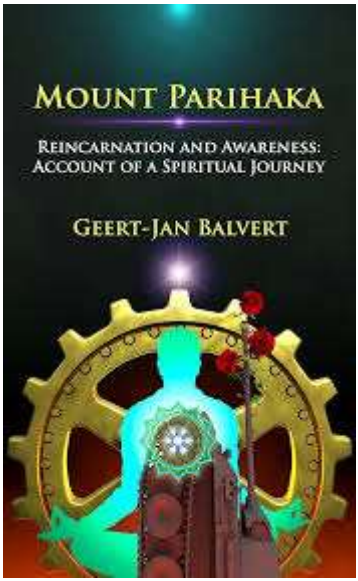
The discussion gradually moves from symbolic representations toward practical psychology. Here the Shadow is shown to manifest through projection, prejudice, interpersonal conflict, family dynamics, addiction, trauma, and collective violence. Particularly insightful is Furlong's treatment of projection. Echoing Jung, he reminds readers that the qualities we most vehemently condemn in others frequently point toward disowned aspects of ourselves. As he says, "all criticism of others is self-criticism, particularly when it is habitual or projected onto a specific person." This observation extends naturally into contemporary social and political life, where collective polarization often reflects unresolved psychological material projected onto opposing groups.

Unlike many books that stop at diagnosis, Illuminating the Shadow provides an extensive roadmap for integration. Throughout the later chapters, readers encounter numerous reflective exercises, meditations, journaling practices, visualizations, and therapeutic techniques designed to facilitate dialogue with unconscious material. These practical components make the work valuable not only as a theoretical text but also as a guide for personal development and therapeutic application.

For regression therapists, the book holds particular relevance. Although Furlong does not write exclusively from the perspective of regression therapy, many of his observations resonate strongly with practitioners working with trauma, past-life memories, ancestral influences, and transpersonal experiences. His understanding of symbolic processes, unconscious imagery, and the transformative function of confronting repressed material parallels many of the mechanisms observed in deep regression work. Readers familiar with spiritual releasement will also appreciate his willingness to discuss consciousness beyond purely materialistic models while maintaining a thoughtful and balanced tone.

Ultimately, Illuminating the Shadow reminds us that psychological growth is not achieved by eliminating darkness but by bringing consciousness to it. The Shadow is presented not as an enemy to be conquered but as a neglected companion whose integration leads toward greater wholeness, compassion, and authenticity. As Furlong repeatedly says, "the trick is to keep looking at the polarities of what is being presented or stated and, as Byron Katie suggests, keep turning them around or turning them on their head." This top-down approach, if applied to every human assessment, brings illumination and clarity to far more aspects and dimensions of a problem.

For professionals working in psychotherapy, regression therapy, transpersonal psychology, or spiritual counselling, this book offers a rich resource that combines intellectual rigour with practical wisdom. It stands as one of the more substantial contemporary explorations of Jung's Shadow and represents an important contribution to the ongoing dialogue between psychology, spirituality, and human transformation.



Title: *Mount Parihaka: Reincarnation and Awareness: Account of a Spiritual Journey*

Author: Geert Jan Balvert

KINDLE VERSION

ASIN: B013VFPMYY

Publisher: Welkomveld

Publication date: 12 Aug. 2015

Language: English

Print length: 282 pages

Available also in Paperback and in Dutch.

Book review by *Athanasios Komianos*

Two years ago, I reviewed a book by Bas Steman entitled *Morgan, My Love*, about a British paratrooper who served in the Battle of Arnhem. Steman, together with Simon Jacobs—who in his previous life had also been a British paratrooper—were both killed during the fierce fighting in late September 1944. The mastermind behind the British defeat of Operation "Market Garden" was Wehrmacht General Walther Model, the formidable German commander who pushed back the Allied advance.

The twist in the present book is that a Dutch gentleman claims spontaneous recollections of a past life as that very German general. Throughout his life he experienced vivid memories not only of the campaign, but also of the moment and circumstances of his suicide, when he and his remaining soldiers were surrounded by the Allies with no way out.

In this journal, we are primarily interested in his possible reincarnation story. Although I would not personally categorize it as a particularly strong or airtight case, there are still elements that invite curiosity. His deep affinity with German culture, and his refusal to adopt the conventional demonized image of Hitler—so widespread in post-war Europe—are suggestive. Mainstream history cast Hitler as the embodiment of evil, yet he never internalized this narrative. Professor Stevenson documented many cases in which political worldview and philosophical orientation persisted into the next life, even when the new personality was born in a radically different culture or ideology.

Balvert himself writes:

> "Troops had been marching through my head ever since I was a young boy. As far back as I can remember, I would be thinking about military campaigns, about offensive tactics and defensive strategies."

Elsewhere, he adds:

> "Their appearance took a place alongside the other images of death and destruction that sometimes appeared in my mind out of nowhere. Whenever that happened, I always felt a sense of guilt."

During a trip he once encountered a medium. He asked her, "How are my children doing?" She replied, "You don't have children—why are you asking?" Then after pausing, she corrected herself and addressed the room:

> "Dear people, this man's children are no longer young. They are children from a previous life."

At one point, feeling compelled by inner necessity, he summoned the courage to visit General Model's son—himself also a German officer. He never revealed the true reason for his visit; understandably, that would have been extremely difficult. But he did ask whether his father had ever shown moments of uncanny intuition during the war. The son answered:

> "I was told that my father was once standing with a group of officers on the top of a hill. All of a sudden, he shouted, 'We must leave here immediately!' He ran down the hill and the others followed. Seconds later, a heavy Russian mortar shell landed exactly where they had just been standing."

Even though Balvert's story is compelling in parts, I still consider Steman's and Jacobs's reincarnation accounts to be more substantial and better documented. This does not mean Balvert is lying or inventing things—I would simply need more corroborating evidence before treating his case as equally strong.

Balvert shares vivid episodes from his adventurous life: love affairs, travels to distant countries, and an ongoing inner search for the nature of the soul. He also describes his involvement with the sannyasin movement of Bhagwan Shree Rajneesh—whom the world now knows as Osho. He even spent time in Rajneeshpuram in Oregon, before eventually distancing himself upon realizing how far the movement had strayed. Interestingly, Balvert continued to hold Bhagwan in high regard, sensing a special connection with him despite his eventual departure.

Balvert recounts striking incidents of intuition—some of which saved his life—as well as visions and encounters with deceased individuals and higher spiritual entities. I do not wish to sound judgmental, but these New Age groups and the

various Western sannyasin circles of the 1970s were never appealing to me. Even though Balvert never surrendered his autonomy completely and maintained some independence, the repeated attraction to such groups leaves me somewhat uneasy.

I will close by sharing two short passages from the book—one on destiny versus free will, and the other on enlightenment. I think that they are very well written arguments.

Destiny and Free Will:

> "For some reason I had never doubted the existence of life after death, but after this experience I had absolute certainty. The soul had no need for a body. You could even keep full control of your thoughts when outside of your body. Mental activity did not require a brain.
>
> What had just happened didn't just seem like I was reliving it, I had actually relived it! They had let me experience it before I was born! They had given me previews of episodes of my approaching life; of the life I was currently leading! They did this through some kind of film, but then multidimensional and true to life. They gave you an impression beforehand of the possibilities of your incarnation. It was a way of helping you in preparing your life plan. Wise and loving souls did this, souls who themselves no longer incarnated. I had known it all along. This was just a reminder.
>
> Because what did the term 'free will' actually mean if all you were doing was executing a predetermined scenario?
>
> I finally decided that the phenomena of free will and life plan combined perfectly with one another. For four reasons. First of all, you choose your own life plan. Secondly because the plan was nothing more than a sketch, an outline; not everything was planned to the last detail. Thirdly because you did not have to stick to the plan once you were incarnated, albeit that this meant you probably weren't listening to your inner voice. And the fourth reason, which stretched furthest, was because you had all the freedom to make a decision about something that seemed to be set in stone. To understand this last reason, it's imperative to understand the concept of 'time' correctly. My reasoning was that the linear time experience is forced upon us by the human body. The brain lets us experience time as something that moves from the past and to the future. But it's different in the underlying reality. Here time reveals itself as space. Here the link between occurrences is more kaleidoscopic than sequential. The set sequence between first and later doesn't exist here. The consequence can precede the cause. This way you can explain that the outcomes of certain choices are predetermined, while those same choices were made completely of a person's own free will."

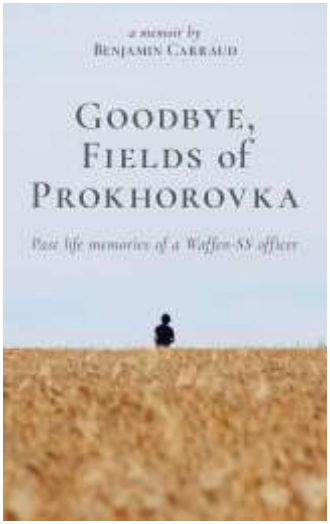
On Enlightenment:

"My experience, research, common sense and encounters with so-called 'enlightened-ones' have led me to the conclusion that no person has ever reached a state of spiritual realization, awakening or enlightenment. At least not in the sense that the self (or the ego) and the subconscious have disappeared. That's simply not possible. Mankind is not divided into two categories: unenlightened folk and realized beings.

According to the scriptures, Gautama Buddha also repeatedly spoke about his previous lives and about those of others. This is in line with the personalistic reincarnation views which I perceive to be true and which are supported by respected contemporary research studies on reincarnation.

The most negative consequence of a total identification with the Enlightened-One is a complete loss of self-reflection. This means that the most important instrument of personal and spiritual growth is incapacitated. For this reason, I sincerely believe that the much-coveted enlightenment is actually rather unspiritual. We come to this earth to learn lessons, to give shape to our life plan. We are not here to indulge in the experience that everything is already okay. If that were what our souls are after, we would not have incarnated.

But the primary reason why people like Tolle avoid every topic relating to the afterlife is this: the acknowledgement of a personal, immortal and ever learning soul would nullify the meaning of their so-called spiritual realization. Their subtle ego recognizes the danger."



Title: *Goodbye, Fields of Prokhorovka: Past Life Memories of a Waffen-SS Officer*

Author: Carraud, Benjamin

ASIN: B0GHXD6PVS

Publication date: January 31, 2026

Language: English

File size: 1.7 MB

Print Length: 246 p.

Format: Kindle Edition

Available in Paperback as well.

ISBN-13: 979-8243504263

Book review by *Athanasios Komianos*

"Cursed are those who have an ocean in their mind, and can only let a drop out."

I met Benjamin in 2024 in Baarlo, the Netherlands, at the 8th World Congress for Regression Therapy. He was one of our invited speakers, sharing his story about the survival of the soul. Bas Steman and Simon Jacobs were the other two. Listening to them at the Congress, I knew we were witnessing three genuine cases of individuals recollecting and reliving authentic memories of former lives—all from the Second World War.

Upon leaving for Eindhoven, I had the honour of sharing the train ride with him, along with David Furlong, and thus seized the opportunity to get to know him better.

Benjamin Carraud was, at the time, a thirty-three-year-old French-English man by birth, then living and working in China. His suffering began in childhood, with night terrors and claustrophobia. As a boy, he repeatedly saw himself trapped inside a metal box, unable to escape. He was terrified of elevators. However, his condition became more distressing at the age of twenty-four, when he began experiencing spontaneous flashbacks—images of war scenes and battles.

After undergoing a regression session with a therapist, Pandora's box was opened, and he found himself unable to endure the intense emotions that flooded his consciousness. As he writes:

> "While these fragments of a past felt foreign and distant, they had become intimately connected to my present. I struggled to control them and make sense of their presence in my life, but every attempt felt futile. Each time they were pushed away, they surged forward when my guard was down, more insistent and demanding."

Fearing that he might be developing schizophrenia, he consulted a psychiatrist, who quickly dismissed his self-diagnosis and referred him to a therapist specializing in regression. Interestingly, this therapist had previously worked as an accountant but had experienced spontaneous past-life memories himself and later trained as a clinical psychologist to help others with similar experiences.

It was then that Benjamin began reconstructing his narrative from scratch. Gradually, pieces fell into place. He recalled being a Nazi SS officer who died at the Battle of Prokhorovka in the greater Kursk region of the Soviet Union. His name, he believed, had been Colonel Eugene Kunstmann. Memories, dreams, and nightmares had disturbed his sleep since early childhood. Synchronistically, the regression session had taken place on November 9, 2017—Kunstmann's birthday.

On that same day – is it another synchronicity – he learned about the French author Stéphane Allix, who was presenting his book When I Was Someone Else: The Incredible True Story of a Past Life Connection, which recounts similar experiences. He rushed to the hall where the presentation was taking place. As Benjamin says, "the path to understanding is never walked alone—I needed the insights of fellow carriers of old memories to illuminate my own."

Carraud delved deeply into historical research, attempting to correlate his experiences with documented facts from that era. According to him, the details matched. I would like to thank him for sharing this journey with us, as it offers an unusual—yet fascinating—approach to studying history. As he writes, "As Prokhorovka emerged from the fog of time, line after line, it felt as though the past was revealing itself to me in haunting clarity…"

Benjamin's research, his regression sessions, and his flashbacks yielded numerous veridical details that strengthened the internal coherence of his narrative.

He even gathered the courage to contact the Kunstmann family. Being warmly received by them brought him considerable relief.

While reading his book, memories from my own therapeutic practice resurfaced—cases that deeply shook me as a therapist, particularly when working with soldiers reliving battlefield experiences. I recall a Wehrmacht corporal who followed invading tanks in the Battle of Stalingrad and eventually lost his life in the ruins of the city nearly a year later, and another officer from the U.S. Civil War. The resonance was similar. Such individuals often struggle to adapt to the body of a subsequent incarnation. They seem to carry what I call a psychic hangover.

As I encountered names like Kharkov, Belgorod, and Kursk—regions where Major Kunstmann's regiment had been active—I could not resist comparing them to the current war in Ukraine. It felt like the same film replaying with different actors, reminiscent of an ancient Greek tragedy. As he writes, "such is the enduring cruelty of war—a conflict that stretches beyond the battlefield…"

Later, I realized that Benjamin himself had drawn a similar parallel in his book.

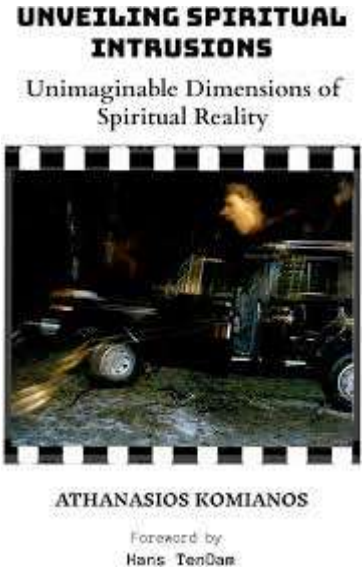
The book includes only two photographs of Eugene Kunstmann. I could not ignore the resemblance. The similarity between the two faces is striking and difficult to dismiss as mere coincidence.

For me, the most compelling part concerns the period after the soul departs the physical body—the interlife or diathanatic state. During the war, a sixteen-year-old boy was arrested for sabotage and executed without trial by Kunstmann. This act represented his shadow. He was compelled to relive it repeatedly, in minute detail, until he could grasp the full weight of his actions. As he writes, "This was my torture: a ceaseless, unrelenting confrontation with my own actions…"

Another significant episode from the interlife – diathanatic – period was his encounter with "the Lady," a spiritual guide who showed him both his past life and potential future paths:

> I was electrified. A surge of understanding coursed through me. A surge of understanding coursed through me, and suddenly the spectacle playing out faded into the background. I had grasped her intention and the purpose behind this visit. The two people I've just witnessed meeting—this man and woman—will fall in love. They will create a life together. They will have children. And it dawned on me, with a clarity that almost took my breath away, that perhaps these are the parents she wished for me, the foundation for the future she was guiding me toward. These two people, strangers in that moment, would become central to my new existence.

"With the benefit of time and perspective, I've come to realize that healing is a journey, not a destination."



Title: *Unveiling Spiritual Intrusions: Unimaginable dimensions of spiritual reality.*

Author: Athanasios Komianos

Publisher: Lulu.

Paperback: 514 pages, 2023.

ISBN: 978-1447514275

Book Review *by Vitor Rodrigues*

Athanasios Komianos book is one of a kind, due to at least three reasons:

1. It's theme;
2. It's style;
3. It's content.

Considering the first: the author goes extensively through the theme of "psychic intrusions", be they attachments by (ghostly) human entities or non-human ones, connected with the past from other lives or with this one. Disturbing, sometimes utterly dangerous entities, messing up with the physical and mental health, well-being and even life path of many human beings. He therefore delves into themes that a majority of mainstream colleagues and even a lot of colleagues working in the transpersonal field prefer to avoid, dismiss, deny or run away from. Scary stuff there. Areas we do not learn about at universities. Areas that demand a lot of stability, courage, clarity of mind, resolve and focus from therapists. Not for the faint-hearted.

Considering the second: Athanasios starts with many considerations and a wonderful set of references in a style that, to me, bring echoes of ancient high-quality literature such as the amazing *The Morning of the Magicians*, a 1960 book by Louis Pauwels and Jacques Bergier, where they introduced the remarkable concept of "fantastic realism". The author does present a lot of references and cases studies that do indeed take us towards the fascination of the mysterious - and, sometimes, terrifying. Fantastic realism indeed. A style that also resonates, to me, with Conan Doyle's *Sherlock Holmes* or Bram Stocker's *Dracula*: the tone of adventure, mystery, and courage. However, the author stays grounded in references and discusses his own travel through amazing experiences in a way that makes us think of him as an adventurer of the mind. And then... His experience does harmonize with mine, making me give him extra credit to avoid the alternative that both of us might be crazy.

Considering the third: content. There is a lot of scientifically and philosophically valid content and then a lot of sharing of personal experiences, real clinical

sessions, mastery across them and techniques for dealing with entities invading, disturbing, sickening or deviating clients. Chapters include case studies, transcripts, and systematic views on the many varieties of "intrusions" we may find if and when we dare trying to help our clients finding and facing them. Illustrations are abundant. There is much in this book both for curious readers and seasoned therapists. We also find here a general tone of honesty, courage and love for people all along with an obviously extensive work putting together a lot of useful, entertaining and informative pages. So, congratulations to Athanasios Komianos and, to potential readers, an advice: read it. You will hardly be indifferent to his work and to the scope of his contribution to the understanding of some deep recesses of the human mind."

2nd Book Review *by Marion Boon*

Athanasios Komianos wrote a daring book, a necessary work of encyclopaedic status. The author addresses Human Presence in this electro-magnetic physical world, where thought creates density in energy, which can even be passed on to others. People feel the despair and sticky presence when a person is ‘possessed’ and keep distance. In such condition we can be contagious to others. If you do not Master yourself, someone else may Master you! This is an aspect of education.

A debilitating side in us that allows or even attracts possessions can be addressed and healed in good therapy. Healing mostly starts directly after releasing the possessing energy and thereby the client recovers his own inner power. Some concentrated fragmented energies can be stuck and determined to stay ‘for ever’ in control of their victim. These presences may have once been powerful figures used to dominate others. This is however indicating that such a possessive entity, who continues a program after his death, does not at all master his own path, rather he is lost and caught in a time that is long gone. Such entities follow their victim in parasitic presence, attached in the energy of their ‘host’. Nassos gives examples of this phenomenon and a lot of research material is provided; the author has done profound work and offers solid material. Techniques to work and deal with this phenomenon may differ and can partly be culture-oriented; the main importance of this book is the Courageous Confrontation with an uncomfortable reality, that should not be ignored or suppressed, and that in most cases can be healed! Dare to study this book, every transparent confrontation is opening a level higher for deeper healing. This is a most needed work.

Marion Boon – senior Teacher Trainer in Tasso Transpersonal Regression Therapies. Co-founder of EARTh and WCRT, member of IBRT USA, miembro de AETR España.

Initiator of IPARRT practice ‘the Amazing ART’.

Book Reviews by Athanasios Komianos

David Safier

A client of mine send me a copy of *Bad Karma* as a gift. I could not let the book slip out of my hands. I read overnight. Then I found another book of his titled *Suddenly Shakespeare* (both now out of print in the Greek language) and laughed just as well.

If *Mieses Karma* and *Plötzlich Shakespeare* were people, they'd be that chaotic duo at a party: one is obsessing over cosmic justice and reincarnation, the other is loudly flirting in iambic pentameter after two drinks. And somehow—they work. All these vivid images are a delight and amusing to read. We have the Circus hypnotist conducting regression which leads into a past life which accidentally turns into a pseudoobsession as TenDam would name it, and apparent is also psychotravel into space and time. The author must have done his homework to come up with all these situations.

Both novels by David Safier share a delightfully absurd premise: take a deeply flawed modern protagonist, throw them into an impossible metaphysical situation, and let the comedy (and mild existential panic) unfold.

Mieses Karma (Bad Karma)

English Version.

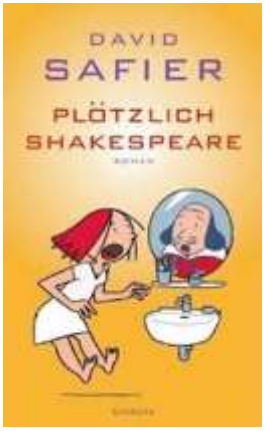
We follow a self-absorbed TV presenter who dies in a freak accident (as you do) and is reincarnated as… an ant. Naturally. Her journey through various life forms becomes a hilarious ladder of moral improvement. It's basically The Good Place meets National Geographic, with a heavy dose of karmic slapstick. The humor is fast, irreverent, and occasionally savage—especially when it comes to skewering modern ego and vanity.

ISBN: 978-1101980385

Pages: 288

Suddenly Shakespeare

German Version.



Plötzlich Shakespeare. Here, the chaos shifts from karma to literature. A woman wakes up in the body of William Shakespeare. Yes, that William Shakespeare. Cue identity confusion, gender-bending hijinks, and a crash course in Elizabethan life. The novel plays with language, romance, and historical absurdity, turning Shakespeare into both a setting and a punchline.

ISBN: 978-3463405537

What these two books have in common (besides making you look unhinged when you laugh in public)?

Whether it's reincarnation or body-swapping, Safier loves forcing his characters to walk a mile (or several lifetimes) in someone else's shoes. Modern selfishness, relationships, ambition—all gently roasted.

Love exists, but it's messy, inconvenient, and often arrives when the protagonist is least equipped to handle it (e.g., while being an insect or a 16th-century playwright).

These books don't stroll—they sprint, trip, and roll downhill laughing.

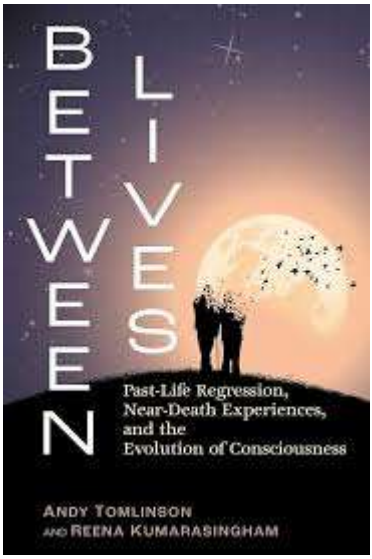
Neither book takes itself too seriously, and that's the whole point. Safier isn't trying to deliver profound philosophical treatises—he's smuggling them in under layers of absurd humor and ridiculous situations.

If you enjoy clever nonsense with a surprising emotional core, these two are like a comedic double feature. Mieses Karma leans more philosophical (in a "why am I a guinea pig now?" kind of way), while Plötzlich Shakespeare is more playful and romantic with a literary twist. Together, they're proof that existential crises are much easier to handle when they're funny.

A Book You Must Read Before You Die.

Book review by *Yasemin Tokatlı*

co-founder of EARTh Association, PLRT, TRT



Authors: Andy Tomlinson & Reena Kumarasingham

ASIN: B0DH3PRCQF

Publisher: Destiny Books

Publication date: May 13, 2025

Language: English

Print length: 224 pages

ISBN-13 : 979-8888501443

People who had near-death experiences tell us that this unexpected experience was so profound and impressive for them that it had changed their way of looking at death, but most importantly, at life. In short, they came back changed, with a "new" awareness about themselves, about their core, their soul. The great Sufi mystic Rumi, as a pointer to the importance of comprehending death mentally and intellectually before the inevitable transition actually happens, had said: "Die before you die" and as though, unintentionally, people who had NDEs did as Rumi suggested. Just like Reena Kumarasingham, the co-author of this book, did.

After her NDE during Covid pandemic, Reena was understandably full of questions; and together with Andy Tomlinson, she delved into the books and study reports of the well-known NDE researchers, to name a few, of Raymond Moody, Pim van Lommel, Kenneth Ring, Michael Sabom, Bruce Greyson. And, because both Reena and Andy are experienced past life regression therapists and trainers, they soon noticed the similarities between the experiences people have during NDEs and the experiences their clients have during Life Between Life sessions. This discovery led them to doing their own research survey, and listing all similarities and differences between these two types of experience; and they share their findings in their book *BETWEEN LIVES Past Life Regression, Near-Death Experiences, and the Evolution of Consciousness,* not only as a reporting but also as interesting and moving case stories.

As a last-century parapsychology aficionado, I am glad to find in this book informative sections on various types of research done on the question of

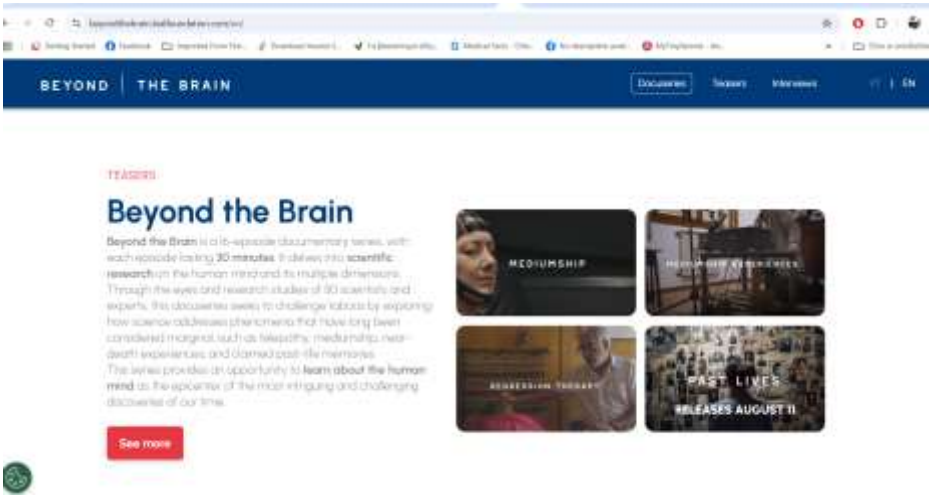
consciousness such as out of body experiences, lucid dreaming, dream telepathy, communication with the deceased, past life memories etc. that may pique the curiosity of new generations of readers.

You may ask that "Do I have to experience of being on the brink of death to gain a new consciousness about myself, my soul, my life purpose?" No, dear reader, you don't. After all, when you read this book by Reena Kumarasingham and Andy Tomlinson, you will learn about a "livelier" way of experiencing previous deaths of your past life personalities; and more importantly, of revisiting the life in the spiritual realm or dimension which you live between the embodied lives, to understand how your soul and your guardians planned the life you currently live. Even the discoveries and insights that can be gained in just one LBL session may open your doors of perception wide. Yet, the authors give us a much wider vista; they explain about a new consciousness which is more encompassing and compassionate, and how our entire planet becomes more and more in sync with the dawn of these higher vibrations and frequencies of this new consciousness; and, in the last part of their book, Reena and Andy provide the readers with various ways, methods and channelled information for helping them to embrace and live this new consciousness.

In short, yes, please read this book before you die…

New Era
Media Section

Beyond the Brain



Beyond the Brain is a 16-episode documentary series, with each episode lasting **30 minutes**. It delves into **scientific research** on the human mind and its multiple dimensions.

Through the eyes and research studies of 50 scientists and experts, this docuseries seeks to challenge taboos by exploring how science addresses phenomena that have long been considered marginal, such as telepathy, mediumship, near-death experiences, and claimed past-life memories.

This series provides an opportunity to **learn about the human mind** as the epicentre of the most intriguing and challenging discoveries of our time.

This is a brilliant work financed by the BIAL foundation and it deals with all these matters that mainstream scientists consider paranormal. Telepathy, clairvoyance, psychokinesis (micro and macro), NDE's, OBE's, mediumship, past lives and regression therapy.

As Dr Portela personally assured me we will be able to see it soon with at least English subtitles

Click here to visit

MACRO PSYCHOKINESIS

This site follows important research on phenomena associated with physical events which are observed in the presence of people and/or in particular places and are not explained by our current theories and which are within the field of what is commonly called Macro-Psychokinesis (Macro-PK).

Faced with the lack of a repository cataloguing these events in a historical context, this site offers a starting point and a collaborative approach to attempt to reconstruct and continue the memorization of events which can influence our current and future theories concerning the definition of "reality" and our modes of interaction and/or inclusion in it.

The objective is to develop a repository as complete as possible of observations concerning Macro-PK on a phenomenological level.

The project is based around a database currently about:

- 1300 cases of poltergeist including more than 1000 with their detailed phenomenology

- 150 researchers who participated in the study of the phenomena (in the Experimentation section)

- 120 psychic agents both physical medium or Mystics

This tool must be able to be used by researchers to study particular phenomena and their recurrence both in a historical and cultural context in different geographical areas. It is also a tool that can be used for statistical studies.

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What is justice? And why should we live justly? These questions lie at the heart of Plato's *Republic*, the foundational text of Western philosophy. In building his utopian city, Plato reveals how the quest for perfect justice can slip into tyranny. Yet his call for relentless self-examination—for resisting nihilism and seeking meaning—remains a starting point to the search of truth.

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Breast milk grows babies' bodies, fuels neurodevelopment, provides essential immunofactors and safeguards against famine and disease -- why, then, does science know more about tomatoes than mother's milk? Katie Hinde shares insights into this complex, life-giving substance and discusses the major gaps scientific research still needs to fill so we can better understand it.

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What Makes a Good Life? Lessons from the Longest Study on Happiness

What keeps us happy and healthy as we go through life? If you think it's fame and money, you're not alone – but, according to psychiatrist Robert Waldinger, you're mistaken. As the director of 75-year-old study on adult development, Waldinger has unprecedented access to data on true happiness and satisfaction.

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YouTube Channel

Hypnotic NDE Regression for Sudden Cardiac Arrest Clients.
Our colleague, Paul Aurand, MHt and Atilio Costa Vitali, MD, present findings at the International Association of Near Death Studies (IANDS) from a pilot study using hypnotic NDE regressions for twenty resuscitated sudden cardiac arrest (RSCA) clients. All clients were clinically dead for between one minute to over one hour. All were in coma following resuscitation. Watch as these Near-Death Experiencers describe watching their own death scene, resuscitation attempts, going into the light and meeting loved ones on the other side.

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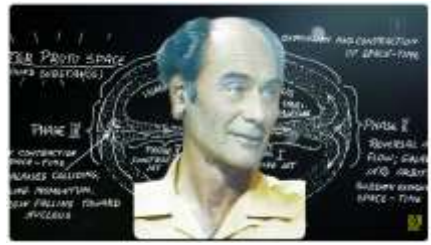
Itzhak Bentov and his map of consciousness



Itzhak Bentov was an inventor and author who explored the nature of consciousness and reality. His ideas later appeared in declassified CIA documents about the Gateway Process. implications of shifting the current scientific paradigm beyond the limitations of mainstream material science.

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YouTube Channel

The Telepathy Tapes is a series of groundbreaking podcasts exploring the voices of non-speakers and the science of consciousness, connection, and communication. In a world that often dismisses the extraordinary as mere fantasy, *The Telepathy Tapes* dares to explore the profound abilities of non-speakers with autism—individuals who have long been misunderstood ...

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Biofields: Where biology and reincarnation intersect

A discussion on the relationship between bioelectric fields, past life lethal injuries, past life first-person memories, neonatal amnesia, and its possible relationship to the 'loss' of past life memories in childhood. With professor Richard Silberstein.

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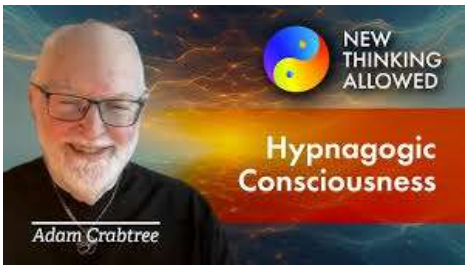
New Thinking Allowed

Hypnagogic Consciousness with Adam Crabtree



Adam Crabtree explains that he is using the term hypnagogia to describe explorations of one's psychic depths including, but not limited to, states associated with sleep and dreaming. He shares a number of his own hypnagogic journeys – starting at the age of five. He discusses the sense of dread that sometimes accompanies these encounters with the unknown within. He also suggests that, while each individual is absolutely unique, there is a universal quality, independent of cultural conditioning, to hypnagogic terrain.

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Mind Wandering and Mental Focus with Arnaud Delorme

Arnaud explores the neuroscience of mind wandering, explaining how spontaneous thought arises, why it is universal, and how it relates to meditation and brain networks. He discusses the default mode network, metacognition, and how awareness of wandering thoughts reveals the dynamic nature of consciousness. Delorme also shares practical insights into tuning the mind through meditation and understanding the evolutionary, emotional, and creative roles of mind wandering.

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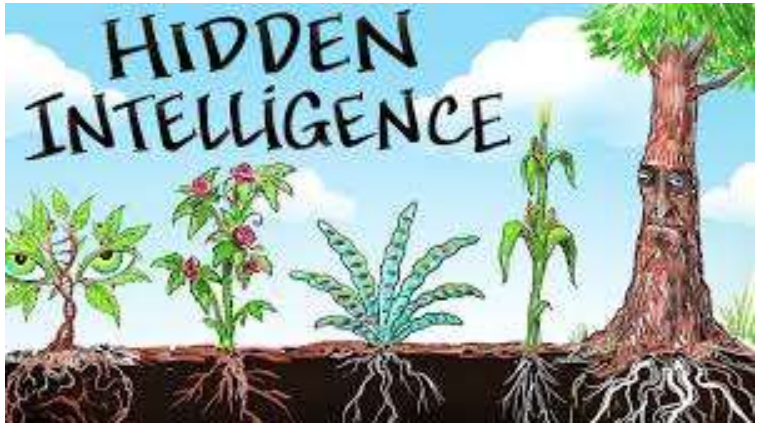

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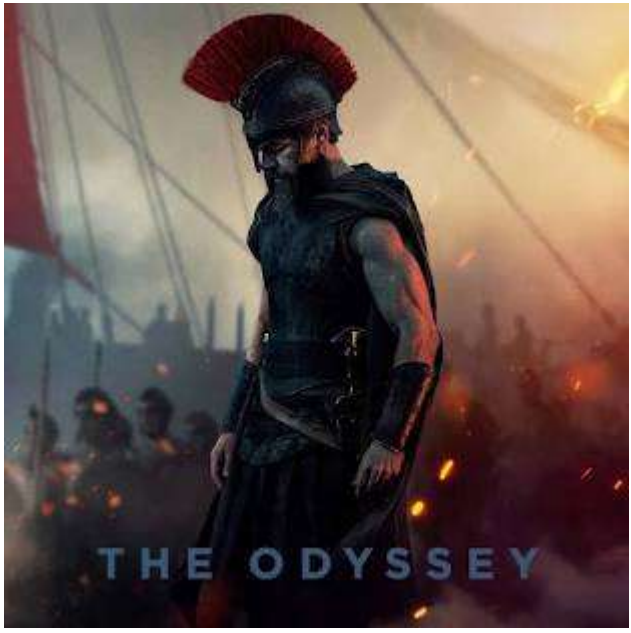
Movies

The Odyssey

Christopher Nolan's *The Odyssey*: Between Homeric Myth and Modern Psychology

Film Review by Athanasios Komianos



🎬 **The Odyssey** (2026),

Director: Christopher Nolan.

Starring: Matt Damon, Tom Holland, Anne Hathaway, Lupita Nyong'o, Zendaya, Charlize Theron, Samantha Morton, John Leguizamo, Himesh Patel, Jon Bernthal, Bill Irwin, and Benny Safdie.

Language: English | Released: 2026.

The Odyssey is certainly the movie of the year and I strongly recommend that everyone see it and if you want to really enjoy it, I would strongly suggest you see it in an IMAX theatre. Having said this, I would like to share some thoughts and remarks concerning this truly remarkable feat.

One of the most interesting questions raised by Christopher Nolan's *The Odyssey* concerns what happens when the mythical consciousness of an ancient epic is translated into the psychological language of the twenty-first century.

The gods are still present in Nolan's world, but their metaphysical weight has diminished. Divine intervention increasingly acquires a psychological dimension; fate becomes entangled with trauma, while supernatural haunting becomes difficult to distinguish from memory. Mystery is repeatedly drawn towards psychological explanation.

This is a distinctly modern way of approaching myth, but it is not entirely Homeric.

Athena, in Homer, cannot simply be reduced to a projection of Odysseus's intelligence and resourcefulness, any more than Poseidon can be understood merely as an embodiment of guilt or trauma. The gods exist independently of the human characters. They intervene, deceive, protect, punish and quarrel. They belong to a cosmos in which human beings are surrounded by forces whose purposes they can only partially comprehend.

Nolan, by contrast, is a filmmaker fascinated by explanation: memory, guilt, causality, perception and the workings of the mind. Yet part of the enduring power of Homer's *Odyssey* lies precisely in its refusal to make the universe entirely comprehensible.

This tension is central to Emily Wilson's exceptionally severe criticism of the film. Nolan himself has acknowledged that Wilson's famous opening line—"Tell me about a complicated man"—was important to his conception of Odysseus. Wilson, however, argues that the irony is that Nolan ultimately makes Homer's hero *less* complicated. She sees Matt Damon's Odysseus as a fundamentally modern, guilt-ridden action hero rather than the elusive, ingenious and morally ambiguous *polytropos* of the poem. Wilson has subsequently characterised the film, despite its visual splendour, as emotionally hollow. [1]

Nevertheless, her criticism points towards what I consider the film's fundamental difficulty: Nolan tends to translate into psychology what Homer leaves within the realm of myth. Nolan pathologises what Homer mythologises. Something is inevitably lost in that translation.

Homer's *Odyssey* is also considerably stranger—and considerably more playful—than Nolan's film.

The Homeric Odysseus lies with extraordinary skill. He invents identities and stories. He disguises himself. He boasts at precisely the moment when prudence tells him to remain silent. He seduces and is seduced. He weeps. He manipulates. He can be vain, ruthless, affectionate, selfish, courageous, ingenious and occasionally absurd.

Homer does not require us simply to admire Odysseus. He requires us to remain fascinated by him.

Nolan gives us a more recognisably modern and morally coherent protagonist. Whether that constitutes an improvement is another question.

Other critics have noticed the same transformation from different perspectives. The *Financial Times*, while praising the film's extraordinary visual ambition, identifies comedy and sexual desire as particular weaknesses in Nolan's cinema—a significant problem when adapting a poem in which both are so abundant. [2]

Greek critic Thodoris Koutsogiannopoulos similarly argues that Nolan's Odysseus has lost much of the cunning and inventiveness that characterise his Homeric counterpart. More broadly, Koutsogiannopoulos sees the film as technically formidable but ultimately lacking the great sense of mysticism and transcendence that its source material invites. [3]

This seems to me particularly important.

Despite its gods, monsters, visions, storms and encounters with the dead, Nolan's *Odyssey* remains surprisingly earthbound. Homer's poem does not merely recount a Greek adventure. It preserves a conception of existence in which the frontier separating material and supernatural reality is porous.

Nolan's great subject, however, is not ultimately the supernatural. It is the wounded human being.

This gives his conception of *nostos* considerable emotional force. The tragedy is not simply that Odysseus takes so many years to reach Ithaca. It is that the man who finally reaches Ithaca can no longer be the man who sailed away from it.

Book IX

Polyphemus and “Nobody”

Another significant departure from Homer occurs in Nolan's treatment of Polyphemus. In Book IX, when the Cyclops asks Odysseus his name, the hero replies *Οὖτις* (Outis) — “Nobody”. After Odysseus blinds him and the other Cyclopes come to investigate his cries, Polyphemus tells them that “Nobody” is attacking him. They consequently abandon him to his supposed misfortune. It is one of the most famous examples of Odysseus's *μήτις* (mētis)—the cunning,

adaptive intelligence that allows a physically weaker man to defeat an overwhelmingly stronger opponent. Nolan omits the exchange, reportedly regarding the linguistic wordplay as difficult to reproduce satisfactorily in translation. Yet in doing so, he removes considerably more than a celebrated Homeric joke: he removes one of the episodes that most clearly defines who Odysseus is.

What makes the Homeric episode particularly brilliant is what happens immediately afterwards. Having escaped, Odysseus needs only to remain "Nobody." Yet his pride will not allow it. Against his companions' pleas, he reveals his true identity to the blinded Cyclops: he is Odysseus, son of Laertes, the man from Ithaca. The intelligence that saved him is thus followed almost immediately by the pride and arrogance that endangers him and his comrades. Polyphemus can now invoke his father Poseidon against a *named* enemy, setting in motion much of the suffering that follows. In a few extraordinary lines Homer reveals the contradiction at the heart of his hero: Odysseus survives because he is clever enough to become Nobody, but suffers because he cannot resist becoming Odysseus again.

This omission therefore reinforces one of the principal weaknesses of Nolan's interpretation. By reducing the verbal contest between Odysseus and Polyphemus, he shifts the episode away from a confrontation between intelligence and brute strength and towards the more conventional cinematic confrontation between man and monster. The latter undoubtedly produces spectacle, but the former tells us far more about Homer's hero. There is also a beautiful paradox in the original that resonates throughout the poem: Odysseus must temporarily surrender his identity in order to preserve his life, only for his need to reclaim that identity—and the *κλέος* (kleos), or glory, attached to his name—to place that life in danger once again.

Book XI: *The Nekyia*

As a regression therapist, the episode that interested me most was inevitably Book XI, the *Nekyia*: Odysseus's journey to the boundary of the world of the living and his consultation with the dead.

Cinematically, Nolan's treatment is extremely impressive. The landscape conveys remarkably well the feeling that Hades is not an ordinary geographical destination but a liminal territory at the furthest boundary of human existence. Indeed, Koutsogiannopoulos considers the *Nekyia* the major exception to his criticism that Nolan's film lacks mysticism and transcendence, describing it as one of the film's most powerful sequences. [3]

Yet this is also where I believe Nolan makes one of his most consequential departures from Homer. His dead resemble an ominous, almost undifferentiated multitude of spectral beings. The effect is visually disturbing, but Homer's *Nekyia* is something considerably more profound than an encounter with frightening ghosts.

It is an encounter with consciousness after death. That distinction is crucial.

Homer's dead have lost ordinary embodied existence, but they have not entirely lost identity. They remember. They recognise. They suffer. They communicate. They preserve relationships with the living and, most importantly, some of them possess knowledge that Odysseus does not.

The realm of the dead is therefore not merely something that terrifies Odysseus. It also teaches him.

Nolan greatly reduces this dimension of Book XI. Among the most important omissions are Elpenor, Ajax, Achilles and Anticleia, Odysseus's mother; the film concentrates instead upon his encounter with Agamemnon. These omissions are documented among the film's major alterations to the Homeric narrative. [4]

Of these, the absence of Anticleia is, for me, perhaps the greatest loss.

When Odysseus encounters his dead mother, he desperately attempts to embrace her. Three times he reaches towards her and three times she passes through his arms.

Homer does not need an elaborate philosophical discourse to explain death. He expresses the separation between embodied and disembodied existence through something far more immediate: an embrace that can no longer take place.

Odysseus also learns that his mother's death was not caused by disease or violence, but by her overwhelming grief and longing for her absent son.

For a filmmaker as preoccupied with memory, loss, separation and the desire to return home as Christopher Nolan, this could have provided one of the most emotionally powerful moments in the entire film.

Its absence is difficult to understand. Nolan also removes Achilles, and with him one of the most remarkable reconsiderations of the heroic ideal established in the *Iliad*.

When Odysseus encounters Achilles among the dead, he attempts to console him. Achilles had been honoured almost as a god while alive, Odysseus reminds him, and now enjoys great status among the dead.

Achilles rejects the consolation:

> "I should choose, so I might live on earth, to serve as the hireling of another, of some portionless man whose livelihood was but small, rather than to be lord over all the dead that have perished."
>
> — Homer, *Odyssey*, XI.488–491, trans. A. T. Murray [5]

The implications are extraordinary.

This is Achilles—the supreme warrior who in the *Iliad* accepts the prospect of a short life accompanied by everlasting glory (κλέος/*kleos*) rather than a long and obscure existence—speaking from the other side of death.

Whatever qualifications scholars may place upon the precise relationship between the Achilles of the *Iliad* and the Achilles of the *Odyssey*, his declaration presents an extraordinary reversal of heroic priorities. Even the humblest existence among the living is now preferable to sovereignty over the dead.

Put more simply, the greatest warrior of Greek epic appears to have discovered, too late, that glory is poor compensation for life itself.

This omission is especially puzzling because Nolan's film repeatedly interrogates the cost and futility of war—an interpretation also recognised by contemporary reviewers. [6] Achilles could therefore have served Nolan's own argument remarkably well. The greatest dead warrior of the heroic age would himself have become a witness against the idea that martial glory can adequately compensate for the loss of life.

The omission of these encounters also changes the philosophical character of the *Nekyia*. In Homer, the dead are not simply manifestations of Odysseus's trauma, nor are they reducible to memories generated by a troubled mind. Within the world of the poem, they possess an existence independent of him.

The dead are really there.

This is perhaps where the difference between Nolan and Homer becomes clearest. Nolan repeatedly moves towards psychological explanation where Homer is comfortable leaving us within metaphysical mystery.

For Homer, the boundary between worlds opens. For Nolan, that boundary often seems to turn inward.

Nevertheless, Nolan preserves something essential about the *Nekyia*: knowledge requires the crossing of a boundary. Odysseus cannot simply sail directly home. Before reaching Ithaca, he must approach death, encounter what has been lost and listen to voices belonging to another realm of existence.

Only afterwards can the journey continue.

So, is Nolan's *The Odyssey* faithful to Homer?

Yes and no.

Its departures from the poem are considerable, but literal fidelity is a poor standard by which to judge an adaptation of a work that has itself been continuously reinterpreted for almost three millennia.

Every age has created its own Odysseus. Virgil reinvented him. Dante did so again. Joyce transformed him into Leopold Bloom. Nikos Kazantzakis sent him travelling beyond Ithaca once more in his own enormous *Odyssey*. There is no convincing reason why Christopher Nolan should be denied the same artistic freedom.

The more important question is whether his transformation produces something worthwhile. I believe it does.

Nolan has created an extraordinary cinematic meditation on war, guilt, memory, fatherhood and the impossibility of returning unchanged from catastrophe. In Odysseus he has found an ancient ancestor to many of the wounded, displaced and guilt-burdened protagonists who populate his own films.

But Nolan has not simply filmed Homer's *Odyssey*.

He has entered it, explored it, conquered parts of its territory, abandoned others, rearranged its geography and finally returned carrying home a distinctly Nolan-like collection of its treasures.

It cannot be the definitive *Odyssey*, because no definitive adaptation of such a work is possible.

What Nolan has given us instead is something almost as interesting: **a monumental encounter between one of antiquity's greatest storytellers and one of the most formidable filmmakers of our own age.**

For me, Homer ultimately wins, but Nolan gives him a remarkable fight.

★★★★☆ — 4/5

References

[1] Wilson, Emily. Critical responses to Christopher Nolan's *The Odyssey*, including her discussion of the film's "uncomplicated" Odysseus and subsequent commentary on the film's emotional and moral conception. Nolan's acknowledgement of Wilson's translation as an inspiration is documented in interviews conducted before the film's release.

[2] *Financial Times*. Review of Christopher Nolan's *The Odyssey*, 15 July 2026. The review particularly identifies Nolan's difficulties with comedy and sexual desire in relation to Homer's poem.

[3] Koutsogiannopoulos, Thodoris. "Οδύσσεια: Άξιζε τελικά η αναμονή;" *LiFO*, 15 July 2026. Koutsogiannopoulos discusses the diminished cunning of Nolan's Odysseus and argues that the film ultimately lacks a larger sense of mysticism and transcendence, while identifying the *Nekyia* as a striking exception.

[4] "Η Οδύσσεια του Κρίστοφερ Νόλαν: Όλες οι μεγάλες αλλαγές που έκανε στο έπος του Ομήρου." *CNN Greece*, 2026. The comparison identifies Achilles, Ajax, Anticleia and Elpenor among the characters omitted from Nolan's treatment of the Underworld.

[5] Homer. *The Odyssey*, Book XI, lines 488–491. Translated by A. T. Murray.

[6] See, for example, Peter Bradshaw's review in *The Guardian*, which interprets Nolan's adaptation in terms of post-war disillusionment and the human cost of war, as well as contemporary reviews emphasising the film's treatment of the futility and aftermath of warfare.

The Return

Movie Review by Athanasios Komianos

🎬 **The Return** (2024),

Director: Uberto Pasolini.

Starring: Ralph Fiennes · Juliette Binoche · Charlie Plummer · Marwan Kenzari · Claudio Santamaria · Ángela Molina · Nikitas Tsakiroglou etc

Language: English | Released: 2024.

If you wish a more European version of the Homer's drama Uberto Pasolini's humble masterpiece *The Return* (2024) offers a stark and deeply psychological interpretation of the final part of Homer's *Odyssey*. Rather than showing Odysseus's legendary adventures, the film begins with his arrival in Ithaca after twenty years away.

Ralph Fiennes portrays Odysseus not as a triumphant hero but as a traumatised veteran, physically powerful yet emotionally broken by war. Juliette Binoche is equally compelling as Penelope, whose twenty years of waiting have left her wounded, angry and uncertain whether the man who has returned is still the husband she once loved.

By removing the gods, monsters and supernatural elements, Pasolini transforms the ancient epic into a meditation on war, trauma, absence and homecoming. Even Odysseus's violent confrontation with the suitors feels less like heroic revenge than a disturbing return to the violence that has already damaged him.

Slow and austere, *The Return* will not appeal to viewers expecting a spectacular retelling of *The Odyssey*. Its strength lies elsewhere: it asks whether, after twenty years of separation and suffering, anyone can truly return home unchanged.

★★★★☆

FRAGMENTS OF THE PAST

Revisiting Our Past

Publications

Forty Years of
The Journal of Regression Therapy

ASSOCIATION FOR PAST-LIFE RESEARCH AND THERAPY

Hazel Denning, Founding President

In the spring of 1980 fifty-two therapists attending a University of California conference in Irvine, California, met in a private session to consider an association of past-life therapists, for the purpose of providing a central agency for disseminating information regarding past-life regression therapy and conducting conferences and workshops for exchange and training. Eight months later, in the fall of 1980, Articles and Bylaws were adopted and a Board of fifteen Directors was elected. Status as a non-profit, tax-exempt educational Associaton was granted under 501(a)(c) of the Internal Revenue Code. In 1985, the Association for Past-Life Research and Therapy was incorporated under the State of California. Growth has been steady and widespread, with members in seven countries and many of the United States. Five fall and five spring conferences have been sponsored in northern and southern California. In 1983 an intensive training program was inaugurated to provide workshops for therapists and counselors who elected to incorporate past-life techniques into their own therapeutic model. One has been held in New York and four in southern California. One is planned in the spring of 1986 in Colorado, and two more later in the year in southern California.

A quarterly Newsletter keeps members apprised of Association events, as well as providing book reviews and articles of current significance. A Directory, listing all members and including a brief biography, is provided with each membership.

The Association is governed by a rotating Board of fifteen members. Officers are elected within the Board. Each member serves for three years. Committees on education, publicity, professional status, research and publications serve to implement the goals of the Association. One long-range goal of the Board has been the publication of a journal. Having found an editor, Dr. Irene Hickman (Missouri), who not only has the expertise and background but also the enthusiasm and interest in promoting Past-Life Regression Therapy, this Journal has become a reality.

The Association is particularly concerned about sponsoring and encouraging research in PLT. To this end, the Research Committee, under the direction of Dr. Alexander Bannatyne (Florida), has conducted a preliminary survey to determine the areas in which research would be most productive and to discover any investigations that are currently in progress.

It is our intent and purpose that this Journal shall serve an emerging community of New Age therapists. To accomplish this purpose, *The Journal of Regression Therapy* will explore a wide range of subjects related to Past-Life Research and Therapy. We invite researchers and authors to submit articles.

Letter from the Editor

With this introductory issue of The Journal of Regression Therapy *the Association for Past Life Research and Therapy is celebrating its five years of growth as an organization and inaugurating the sharing of its experiences with both members and non-members.*

The members of the APRT can number a total of 458 years of research and 1744 years of therapy using techniques that uncover and reveal happenings from the past—sometimes from long distant past—which are causing present illness, disharmony or malfunction. We have found within our own experience that when a patient or client has a problem of any kind, there is a cause, that this cause can be elicited using regression techniques, that the cause can be so treated as to neutralize the effect, allowing a return to health.

We admit that neither our research nor our therapy fits exactly into the scientific mold. Perhaps this arises from the strict limitations of science—so strict that no experimentation with human subjects can be made to fit the scientific paradigm requiring exact repeatability.

Since no experiments using human subjects can be repeated exactly, perhaps it will become necessary for Science to postulate a new paradigm. Lacking this wider view, Science excludes research that could reveal the true nature of the human mind, the nature of consciousness, and answer the question of survival after bodily death.

We are convinced that we have found and are continuing to find answers that are important to the family of man and that by using techniques described in this issue and planned for future issues, we will enhance understanding, enable the development of greater health, harmony, inner peace and creativity. The techniques we use are helping our patients/clients reach their optimum creativity.

This Journal is designed to provide information to the professional counselor or psychotherapist. It is intended to interest, also, any person who desires answers to the problems common to members of the human race.

This editor speaks for herself alone, makes no attempt at achieving a consensus, and urges each writer to express personal views on all submissions. A wide range of viewpoints will be presented. Divergent opinions are welcome. Discussion and dialogue is encouraged.

This issue includes examples of differing approaches to Past-Life Therapy and different attitudes about this work. Each paper provides a unique offering that adds to our overall understanding—each different, and yet each meeting on the common ground of Regression Therapy.

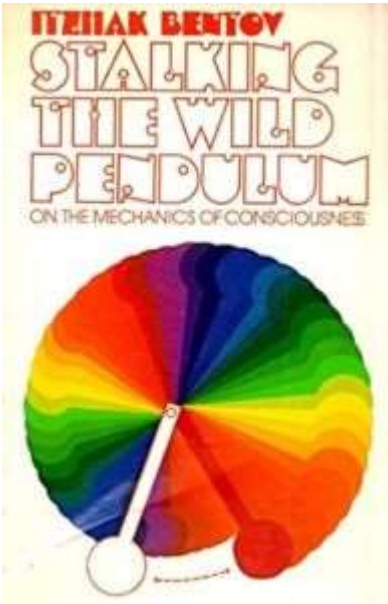
Irene Hickman

The Quality of Consciousness

"I speak from my current ignorance. The more you know, the greater your ignorance becomes, because ignorance grows exponentially—the more answers you receive, the more new questions arise."

Itzhak Bentov (1923–1979)

By *Athanasios Komianos*



When I was a college student in the early 1980s, there was a book that fascinated many people interested in spirituality and esoteric subjects. The book bore the cryptic title *Stalking the Wild Pendulum*, and although I leafed through it several times, I never actually bought a copy.

More than forty years later, I happened to read an article about the book's author and learned that he had been killed on May 25, 1979, aboard the ill-fated American Airlines Flight 191 from Chicago to Los Angeles.

My first encounter with this tragedy, however, came years earlier through a footnote in Papachatzis's *Valley of Roses* (p. 769). There, Papachatzis refers to a young man, then twenty-three years old, who reportedly dreamed of the crash of an American Airlines DC-10 for ten consecutive nights. Although the dreams vividly depicted the disaster, he was unable to determine either the time or the location at which it would occur.

Flight 191 remains one of the deadliest aviation accidents in American history. The crash claimed the lives of 271 passengers and crew members, as well as two people on the ground.

Itzhak Bentov was born in 1923 in Czechoslovakia to a Jewish family. During the Second World War, he lost his parents and siblings in Nazi concentration camps and was unable to complete his formal education under the extreme circumstances of the time. After the war, he was transferred to a kibbutz in the Negev Desert of British Mandate Palestine, where he joined a corps of Israeli scientists and engineers.

Following the establishment of the State of Israel in 1948, the young nation found itself fighting for survival against invading Arab armies. During this turbulent period, Bentov, known simply as "Ben" to his friends, reportedly constructed one of the first rockets used by the nascent Israeli military.

Yet neither war nor adversity could extinguish his extraordinary curiosity. If asked what he did for a living, Bentov would often jokingly reply, "I'm a plumber." The reality was rather different. After settling in the United States in 1962, he devoted himself to biomedical engineering, where his inventive mind produced numerous innovations. Among his most notable contributions were improvements in arterial catheters used in cardiac surgery, as well as electrodes and sensors employed in pacemaker technology.

One lesser-known innovation, absent from most biographical accounts, concerned the design of hypodermic needles. Bentov believed that inspiration often emerged while he was in altered states of consciousness. In his early years he practised what he called "wet sessions." He would immerse himself in a hot bath for hours, surrounded by steam, waiting for ideas to arise spontaneously. Whenever a promising insight appeared, he would scribble notes and attach them to the bathroom tiles before the inspiration faded.

Later, he developed what he called the "dry session," a meditative practice performed in a quiet, secluded part of his home. During one such session, he became convinced that the secret to a less painful syringe needle could be found in the anatomy of snakes. Acting immediately on this intuition, he located the nearest reptile farm and spent considerable time studying snakes and their fangs. He collected specimens from dozens of species and examined them in the laboratory he maintained in the basement of his home. From these investigations he concluded that syringe needles should mimic the angle and geometry of snake fangs in order to penetrate tissue with less discomfort.

Bentov's most enduring legacy, however, lies not in his technological inventions but in his exploration of consciousness. Through meditation and introspection, he developed a remarkable vision of the nature of mind, the structure of reality, and humanity's place within the cosmos. He possessed an extraordinary ability to move, at least in imagination and contemplation, from the inner world of individual consciousness to the furthest reaches of the universe and even to the moment of the Big Bang itself.

The insights he brought back from these intellectual and spiritual journeys were conveyed with unusual clarity and accessibility. While some of his ideas may challenge the reader, most are presented in a manner that allows even non-specialists to engage with them.

As he writes in his book:

> The present scientific establishment has grown somewhat fossilized by its current "world picture" and is locked into a view of reality that has outlived

> its usefulness. It has begun to limit mankind's growth and has so increased its sense of specialization, separateness, materiality, and mechanical computerlike functioning that it is in real danger of self-ex termination. Its sense of wholeness and purpose has been severely fragmented as our egos have reveled in the individual power created by ownership of physical scientific knowledge. We desperately need to find a path back to wholeness!

Bentov wrote this book for young people of all ages—that is, for those whose imagination has not been stifled by conventional education. It is written for individuals who can still marvel at the way ants build their nests, appreciate the elegant movement of a snake, or pause to admire the beauty of a flower.

The book's central premise is that consciousness is inherent in matter. In other words, all matter contains consciousness—or life—to a greater or lesser degree.

Matter, which consists of quanta of energy, represents the vibrating and changing aspect of pure consciousness. Bentov therefore divides creation into two fundamental components: the Absolute and the Relative. The Absolute is stable, eternal, and invisible, while the Relative is its visible, manifested, and ever-changing expression. Whether coarse or subtle, short-lived or enduring, the Relative always rests upon the foundation of the Absolute.

Bentov compares solid matter to ice and consciousness to water or steam. Although these forms appear radically different, they are manifestations of the same underlying substance. Their apparent differences arise from varying states of activity and vibration. Both can be understood only in relation to the fundamental ocean of the Absolute, which serves simultaneously as the background and the source of all manifestation.

In this view, consciousness manifests in two modes. The first is vibrational and therefore manifested—the realm we ordinarily call matter. The second is non-vibrational and unmanifested, containing the Whole in a potential state and serving as a template for manifested existence. These are not separate realities but two aspects of the same Absolute Consciousness.

Human beings are composed of both relative and absolute elements, although some individuals appear more immersed in the relative dimension than others. Nevertheless, regardless of how identified we may be with the changing world, we remain expressions of the Absolute itself.

The Absolute is a state in which apparent opposites are reconciled. Movement and stillness, change and permanence, become aspects of a single reality.

According to Bentov, **time does not flow; rather, it simply exists. It is matter that moves, not time.** As we move through space, we simultaneously move along

the temporal dimension. He speculated that if movement through space could somehow cease entirely, our experience of the passage of time might also disappear.

Bentov further proposed that we inhabit a universe in which countless civilizations may have preceded us in evolutionary development. From this perspective, **all knowledge that has ever been discovered potentially exists somewhere within the fabric of the cosmos and may, under certain circumstances, be accessible to human consciousness**.

For Bentov, evolution serves a single overarching purpose: the emergence of ever-higher forms of consciousness. The universe itself functions as a vast learning system whose purpose is self-knowledge. Knowledge is freely available, much like any other natural resource. It awaits those willing to seek it. Such knowledge may be approached through sequential, objective investigation or through intuitive and subjective exploration. In Bentov's view, both modes are necessary and complementary.

A key element of his philosophy is the notion that creation is fundamentally holographic. Every part contains information about the whole. Whether we examine a universe, a world, or the smallest unit within them, each reflects the larger structure from which it arises. The smaller the unit, the less explicit the information may appear, yet the information remains present nonetheless.

To illustrate this principle, Bentov pointed to the humble chicken egg. If electrodes are attached to opposite ends of an egg, a voltage difference of approximately 2.4 millivolts can be detected. This indicates the presence of an electrical current, along whose path the embryo's spinal column develops. Bentov observed that similar electrical currents exist within seeds throughout nature, generating electromagnetic fields that guide growth and organization.

He was particularly fascinated by the idea that a tree seed, despite its microscopic size, contains within itself the blueprint of the fully mature tree. In a metaphorical sense, he suggested that the seed already "knows" what it will become.

Individuals possessing strong intuitive abilities, Bentov believed, are sometimes able to access information from deeper levels of consciousness. **Those capable of entering expanded states of awareness may temporarily gain insight into what he referred to as the Universal Mind.**

This hypothesis also offered an explanation for simultaneous discoveries. When artists, scientists, or inventors independently arrive at the same idea at roughly the same time, Bentov suggested that they may all have tapped into the same underlying informational field. History provides numerous examples of parallel discoveries and remarkably similar creative works emerging independently in different locations.

According to this model, solutions already exist within the larger structure of reality. Discovery occurs when consciousness momentarily enters an altered state that permits access to them. During such moments, subjective time often appears to expand, providing the opportunity to perceive, retain, and later communicate the insight.

Individuals who undergo these experiences frequently describe them as profound, transformative, and even mystical. One of the most commonly reported features is the sensation that time itself has stopped. For Bentov, such experiences were not merely psychological curiosities but glimpses into a deeper dimension of consciousness and reality.

Simply put, Bentov proposed that long-term, coherent patterns of thought can influence both our internal and external environments. Positive and constructive mental patterns tend to be associated with positive outcomes, whereas persistent negative patterns are more likely to generate adverse consequences. He suggested, that **when thoughts are consciously focused and sustained, they form coherent patterns of mental energy capable of influencing the individuals toward whom they are directed.**

To illustrate his understanding of consciousness, Bentov invited readers to imagine a wave vibrating at such an extreme frequency that the points of stillness between successive oscillations begin to overlap. At that point, the sinusoidal wave would effectively become a straight line. Such a condition would represent both infinite speed and absolute stillness simultaneously. In the realm of the Absolute, opposites cease to be opposites. Infinite motion and complete immobility become one and the same. If consciousness were present everywhere simultaneously, no time would be required to travel from one place to another. The apparent paradox would dissolve.

Bentov emphasized that this underlying field is not a private or individual phenomenon. Rather, all beings and all forms of existence emerge from the same fundamental ground of consciousness. Consequently, every thought and action contributes, however subtly, to the larger web of creation. As Bentov humorously remarked, by the time one discovers this interconnectedness, it is already too late to complain about the lack of privacy.

Within this framework, matter represents consciousness in a vibratory state. Everything we perceive—the table, the flowers, their fragrance, and even our own bodies—is ultimately composed of rapidly vibrating consciousness manifesting in different forms.

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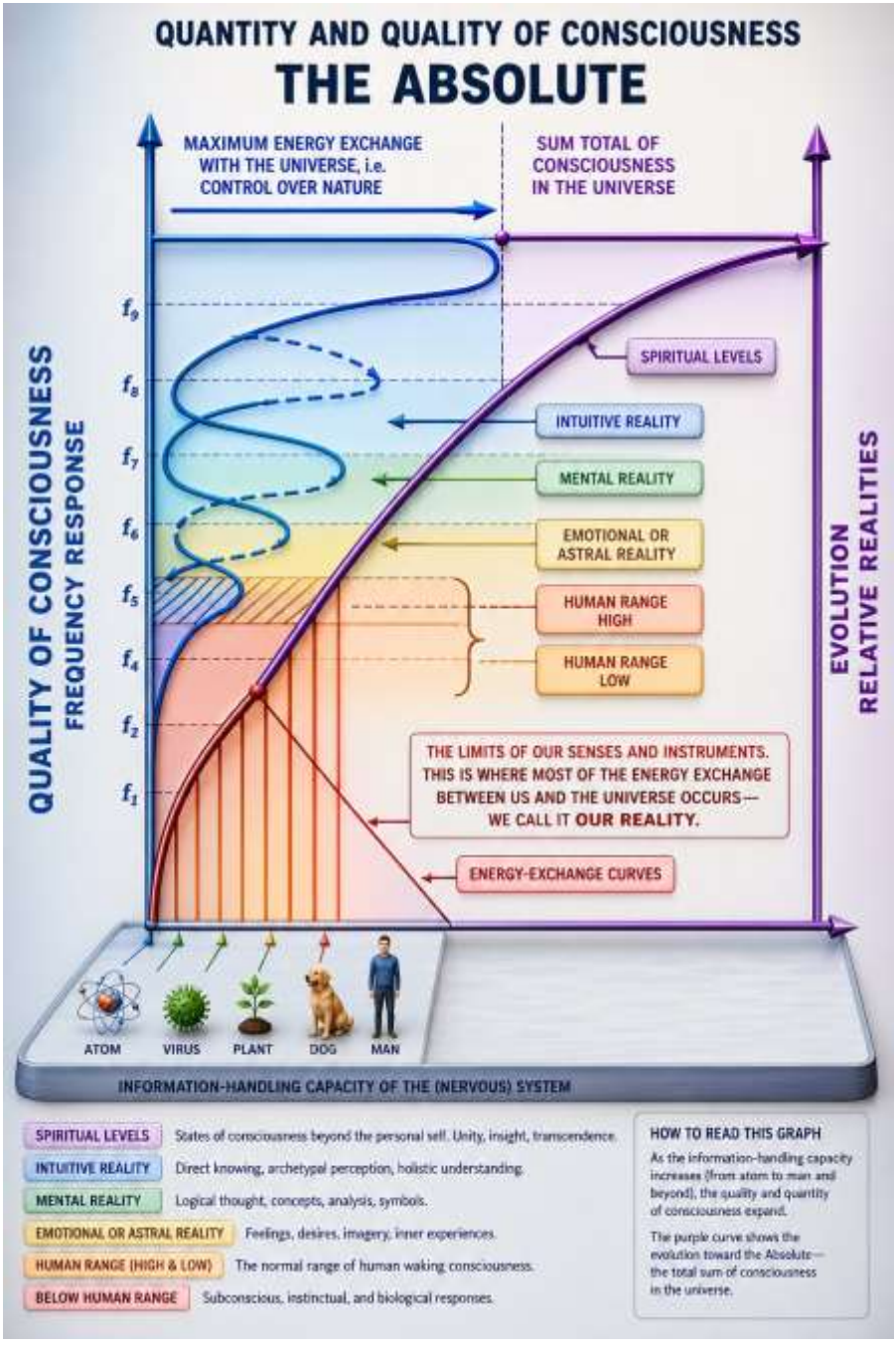
QUANTITY AND QUALITY OF CONSCIOUSNESS
THE ABSOLUTE
MAXIMUM ENERGY EXCHANGE WITH THE UNIVERSE, i.e. CONTROL OVER NATURE
SUM TOTAL OF CONSCIOUSNESS IN THE UNIVERSE
QUALITY OF CONSCIOUSNESS
FREQUENCY RESPONSE
EVOLUTION
RELATIVE REALITIES
f_9
f_8
f_7
f_6
f_5
f_4
f_2
f_1
SPIRITUAL LEVELS
INTUITIVE REALITY
MENTAL REALITY
EMOTIONAL OR ASTRAL REALITY
HUMAN RANGE HIGH
HUMAN RANGE LOW
THE LIMITS OF OUR SENSES AND INSTRUMENTS. THIS IS WHERE MOST OF THE ENERGY EXCHANGE BETWEEN US AND THE UNIVERSE OCCURS— WE CALL IT OUR REALITY.
ENERGY-EXCHANGE CURVES
ATOM
VIRUS
PLANT
DOG
MAN
INFORMATION-HANDLING CAPACITY OF THE (NERVOUS) SYSTEM
SPIRITUAL LEVELS States of consciousness beyond the personal self. Unity, insight, transcendence.
INTUITIVE REALITY Direct knowing, archetypal perception, holistic understanding.
MENTAL REALITY Logical thought, concepts, analysis, symbols.
EMOTIONAL OR ASTRAL REALITY Feelings, desires, imagery, inner experiences.
HUMAN RANGE (HIGH & LOW) The normal range of human waking consciousness.
BELOW HUMAN RANGE Subconscious, instinctual, and biological responses.
HOW TO READ THIS GRAPH
As the information-handling capacity increases (from atom to man and beyond), the quality and quantity of consciousness expand.
The purple curve shows the evolution toward the Absolute— the total sum of consciousness in the universe.

Graph 1.

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Within this framework, matter represents consciousness in a vibratory state. Everything we perceive—the table, the flowers, their fragrance, and even our own bodies—is ultimately composed of rapidly vibrating consciousness manifesting in different forms.

Bentov further proposed that evolution is structured in such a way that increasing awareness is accompanied by increasing responsibility. The more a consciousness learns and develops, the more complex the challenges it encounters, because it becomes capable of managing and influencing a wider range of realities.

From this perspective, life serves as a gradual preparation for higher levels of existence. Nature introduces us progressively to more complex states of consciousness, thereby reducing the shock of transition when we eventually enter those states more fully through what we call death.

In the realm of manifested creation, Bentov envisioned communication as fundamentally immediate. Because reality is organized as a vast holographic structure in which all parts are interconnected, every thought and action reverberates throughout the whole. He regarded this principle as one possible interpretation of karma: every action generates consequences that extend far beyond the immediate circumstances in which it occurs.

Bentov also suggested that most people do not ordinarily remember previous lives because of a natural protective mechanism. In his view, this mechanism functions in a manner analogous to psychological repression, preventing overwhelming amounts of information from reaching conscious awareness. Nevertheless, when circumstances permit access to such memories, they may serve a constructive purpose by helping individuals better understand and improve their present lives.

Ultimately, Bentov's message was both simple and profound. No action is entirely isolated. Even the smallest thought, decision, or gesture sends ripples throughout the larger fabric of existence, influencing other people and events, whether those affected are consciously aware of it or not.

And a warning to psychonauts:

> As we mentioned before, the boundary layer between the physical and the astral is populated by creatures of the lowest type: criminals, drunks, etc. That one has no physical body and is “dead” does not change one’s

> personality or intelligence. These will attack the unsuspecting tourist; therefore, the protection of an experienced teacher is required before attempting forays into the unknown. Going unprotected would be the equivalent of entering blindfolded some tough neighbourhood in a large city. One would get mugged, beaten, and robbed within the first few minutes of the experiment.

According to Bentov, nature wastes nothing. Every experience, every thought, and every fragment of organized energy, contributes information to a vast cosmic repository. He envisioned this repository as a universal holographic memory field, sometimes referred to as the World Mind.

Within this framework, thought does not originate in the brain itself. Rather, the brain functions primarily as a receiver and amplifier. Bentov proposed that subtle impulses arising from non-physical levels of consciousness—what various traditions have called the astral, mental, or causal bodies—are transmitted to the brain, where they are amplified into conscious awareness. Because these impulses are initially weak, the brain's role is to transform them into signals that can be perceived, interpreted, and acted upon.

Bentov further suggested that the Creator, or Universal Consciousness, divides itself into countless individual units in order to experience every possible interaction and perspective. Through this process, consciousness gradually comes to know itself. Evolution, in this view, is the inherent tendency of matter and consciousness to organize themselves into increasingly complex forms, thereby creating opportunities for ever more sophisticated experiences.

A central feature of Bentov's philosophy is the rejection of absolute finality. If everything were fixed, immutable, and entirely predictable, there would be no movement, no creativity, and ultimately no life. Growth becomes possible precisely because reality contains ambiguity, paradox, and openness. One might even say that human beings find their freedom within the spaces where certainty ends and paradox begins.

Each individual consciousness, however, remains inseparably connected to every other. Bentov envisioned the soul as participating in a vast interference pattern formed by the interaction of all conscious beings throughout the universe. No unit of consciousness exists in complete isolation; each contributes to and is influenced by the larger whole.

This larger whole may be understood as the hologram of Universal Consciousness, or the Absolute. Because it contains all possible frequencies and levels of awareness, every individual consciousness can relate to it as an ultimate point of reference. The implications of such a model are profound.

If reality is truly holographic, then knowledge is not confined to particular locations. Just as every fragment of a hologram contains information about the entire image, every part of the universe potentially contains information about the whole. Consequently, all knowledge existing within Universal Consciousness may be accessible, at least in principle, to those capable of attuning themselves to it.

Viewed through this lens, many ancient mystical aphorisms acquire renewed significance. Statements such as “We are all one,” “As above, so below,” “The Kingdom of God is within you,” or Blake's image of seeing “a world in a grain of sand” can be interpreted not merely as poetic metaphors, but as expressions of a deeper holographic understanding of reality.

Whether one accepts Bentov's model literally or symbolically, it offers a compelling attempt to unite consciousness, evolution, spirituality, and cosmology within a single conceptual framework. At its heart lies a simple but far-reaching proposition: **every part contains the whole, and every individual consciousness participates in a reality vastly greater than itself.**

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 endnotes, 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 email address(es)
3. A current biography of the author(s) (approximately 150 words each)
4. An abstract of the submission which provides an overview of the content (approximately 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.

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EARTh Association for Regression Therapy News

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invites you to join:

DREAM STUDY:
Research on 'Primary Dysmenorrhea' with Regression Therapy

Our goal is to investigate how regression therapy can improve the quality of life for women who experience menstrual pain and discomfort. Our study is focused on exploring how this methodology can help relieve menstrual pain, also known as primary dysmenorrhea.

Click for detailed information and research documents

For your question and proposals please write to EARTh Research Committee at:
researchcommittee@earthassociation.org

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Please **click here** for more detailed information.

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EARTh Webinar Team

Aiming to support personal and professional growth of regression therapists.

EARTh Webinar Team develops a rich webinar program each year, offering you a special opportunity to participate in monthly 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.

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9TH WORLD CONGRESS OF REGRESSION THERAPY 2027

EARTh Programme Committee will announce the country, venue and the dates of WCRT9 soon.

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To purchase workshop recordings of WCRT8, please visit:
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