

The International Journal of Regression Therapy



THE INTERNATIONAL JOURNAL OF REGRESSION THERAPY

Volume XXVI, December, 2018

<http://regressionjournal.org/>

The organization for the new *International Journal of Regression Therapy* is continuing to publish the *Journal* formerly known as *the Journal of Regression Therapy* originally published under the auspices of two legacy organizations that do not exist today. It is felt by the Journal Policy Board that what was accomplished and begun by these organizations is too valuable to lose and too valuable not to continue. As the regression field gains adherents across the world this, the only international regression journal, is available to advance the regression discipline. For comments or questions go to the contact list at <http://regressionjournal.org> and [email](#) one of the members of the policy board. Find past Journal issues at www.lulu.com for download or hardcopy at modest cost. Search capabilities by author, topic, index, and article are available at the *Journal* web site. Contact one of us if you have difficulty.

The International Journal of Regression Therapy is a professional publication. Its function is to serve as an open forum to share and discuss information, ideas, and theories, and for the publication of research in the regression field. All materials presented herein represent the views and opinions of the individual authors and are not necessarily those of the Policy Board, editors or consulting editors. Publication of an article herein does not represent an endorsement of its contents by them, collectively or individually.

Copyright© 2018 by the Journal Policy Board at:

<http://regressionjournal.org/>

Phone: 540-272-1563 (US)

E-mail: intljrt@gmail.com

Journal Staff

Policy Board:

Todd Hayen, Ph.D
Richard Stammler, Ph.D.
Hans TenDam, MA, CRT
Athanasios Komianos, BA, CHT, CRT

Editors:

Lead Editor: Richard Stammler, Ph.D.
Lead Editor: Todd Hayen, Ph.D
Lead Editor: Hans TenDam, MA, CRT, non-English-speaking countries:

Consulting Editors: (alphabetical) – English-speaking countries

Bonnie Cripe, Ph.D, ACSW
Janet Cunningham, Ph.D
Nancy L. Eubel, MBA, MHt, QHHT, Rt
Heather S. Friedman Rivera, R.N., J.D., Ph.D
Stephanie Helberg, CHT, QHHT
Afton Blake Lucas, Ph.D
Annelie Shultz, MA, CRT
Virginia Waldron, CH, CI

Consulting Editors: (alphabetical) – Non-English-speaking countries

Athanasios Komianos, B.A, CHT, CRT
Serge Sz mukler-Moncler D.D.S, Ph.D

Note: We invite additional consulting editors, particularly from non-English-speaking countries. E-mail Rich Stammler, Hans TenDam or Nassos Komianos (intljrt@gmail.com) to work out details. Several from the UK volunteered to help with British English articles. Please contact Rich again (he needs your help).

Supporting Organizations

Thank you for your support of the Journal.

The Earth Association for Regression Therapy

The International Board for Regression Therapy

The RoseHeart Center

La Asociación Chilena de Terapeutas en Vida Pasada

PLR Institute

Spiritual Regression Therapy Association

Irish Association of Regression Therapists





If your organization wants to support the Journal, please contact one of the Journal Policy Board members. There is no fee and we welcome the endorsement. As of now, we are limiting the endorsement to regression organizations but not those primarily engaged in training.

Table of Contents

Volume XXVI

| | |
|--|---------|
| Editor's Comments | Page 8 |
| Articles: Studies | |
| Using Depth Hypnosis to Treat Mood Disorders and Raise Well-Being: A Pilot Study <i>by Joanna Foote Adler, PsyD and Isa Gucciardi, PhD - USA</i> | Page 10 |
| Effectiveness of Past Life Therapy in the Treatment of Phobias <i>by Bibiana Bistrich, MD and Juan Alberto Etcheverry, MD - Argentina</i> | Page 40 |
| Articles | |
| Guilt: Facilitator and Inhibitor in the Growth of the Soul <i>by Hazel Denning, Ph.D. - USA</i> | Page 49 |
| An Essay on Emotions in Regression Therapy <i>by Hans TenDam, - The Netherlands</i> | Page 63 |
| Combining the Fast Phobia Technique with Regression Therapy <i>by Tulin Etyemez Schimberg - Turkey</i> | Page 69 |
| Articles: Case Studies | |
| Hips and Horses <i>by Heike Bettendorf - Spain</i> | Page 73 |
| In Search of the Mother Through Time: An Unusual Case of Healing Involving Past-Life Regression, Spirit Releasement, and the Love of a Mother <i>by Joseph Mancini, Jr., Ph.D., CCHt - USA</i> | Page 81 |
| Taking the Road Not Taken: How Parallel-Life Hypnotherapy Relieved a Client's Decades-Old Pain <i>by Joseph Mancini, Jr. Ph.D., CCHt. - USA</i> | Page 93 |
| Proxy Regression Therapy Grants Access to Healing for | |

Contra-indicated Clients

by Marit Fischer, Andy Tomlinson, and Bel Rogers - U.S., UK, Italy Page 113

Blog Posts

Shoes on the Highway—A Silent Witness^[1]_{SEP}

by Marion Boon – The Netherlands Page 134

Media Review

Shrouded Truth: Biblical Revelations through Past Life Journeys

by Reena Kumarasingham

Reviewed by Marit Fischer, CRT - USA Page 137

New Media

The Present Power of Past Lives

by Joseph Mancini, Jr., Ph.D., CCHt - USA Page 139

**Ending the Endless Conflict: Healing Narratives from Past-Life
Regressions to the Civil War**

by Joseph Mancini, Jr., PhD, CCH - USA Page 140

The Authors

Page 141

Guidelines for Submission

Page 145

Editor's Comments

This is my last issue as Journal editor. I want to thank my colleagues for their support and vision in continuing the Journal and its goal to share the regression discipline with a world-wide community. When IARRT dissolved, I didn't want the Journal to wither and disappear. With the help of my Journal policy board colleagues as well as a few others, we have managed this task. I am open to new chapters in my professional as well as personal life and this feels like the right step for me. I will continue to serve in whatever capacity is desirable for the board and the new Lead Editor, Todd Hayen, PhD. I have no doubt that he will bring renewed energy and ideas to make the Journal an effective and growing vehicle for our regression community.

Once again, as one can see from the table of contents and the authors' section, this issue meets a key goal of its publication and that is to represent the regression field as it is practiced across the globe.

Our historical article is from one of the founders and great contributors to the regression discipline, Hazel Denning. This article comes from the Vol. III, No. 2, Fall 1988, Journal, then published under the auspices of the Association for Past Life Research and Therapies (APRT) and is one of the fascinating articles dealing with guilt in regression therapy.

In this issue there is one study assessing the effectiveness of treating phobias with regression. Two psychiatrists, Bibiana Bistrich and Juan Etcheverry, detail this analysis on treating phobias. Meanwhile Tulin Shimberg relates a very effective technique for eliminating phobias.

A second study is by Joanna Adler and Isa Gucciardi who present a well-constructed, well-documented study of depth hypnosis including a number of approaches including regression to treat mood disorders. In this issue Hans TenDam adds one of his thought-provoking expositions, this time on emotions.

We have a number of very interesting case studies. Heike Bettendorf extends the regression discipline into body work and working with animals in a creative way. Joseph Mancini lays out the work of spirit releasement and a little of proxy regression in one case study. In another he describes a fascinating account of parallel lives and the philosophy that allows it. Finally, Marit Fisher, Andy Tomlinson and Bel Rogers reveal a series of proxy regression cases (also called remote regression in the literature) and the philosophy of that technique in regression therapy. There is a paucity of material on this topic and the

present article adds to the discussion of this fascinating approach. Note that case studies often bring the intimate worldview of the therapist to the readership sometimes with generalizations that the author holds as true.

Marian Boon authors a creative blog dealing with regression experiences and abandoned shoes.

Marit Fisher reviews a book by Reena Kumarasingham which expounds on case studies that reveal information about biblical times and characters. New media includes two books by Joseph Mancini, *The Present Power of Past Lives*, and *Ending the Endless Conflict: Healing Narratives from Past-Life Regressions to the Civil War*.

Finally, I want to appeal to all who read this journal to participate in it by submitting your articles, blogs, media reviews and new media. The Journal can only be as interesting and informative as the submissions to it. If there is someone else you know who may have something interesting to say, but has not been introduced to this vehicle (the Journal), tell them about it and encourage them to submit. The editors and consulting editors go to great lengths to assist authors, when necessary, to raise the quality of their work as much as possible including article construction, citations, formatting, spelling and grammar.

Note: in the Submission Guidelines section we have standardized the format for verbatim client-therapist interactions.

Warm regards and enjoy this issue of the Journal,
Rich Stammler

Articles: Studies**Using Depth Hypnosis to Treat Mood Disorders and Raise Well-Being:
A Pilot Study**

by Joanna Foote Adler, PsyD and Isa Gucciardi, PhD¹

Abstract

Depth Hypnosis is a manualized integrative spiritual counseling model that combines elements of transpersonal psychology, hypnotherapy, earth-based wisdom, Buddhist psychology and mindfulness, energy medicine, and exposure therapy. The study examined in this paper provides preliminary efficacy research for the use of Depth Hypnosis in the treatment of the symptoms of Post-Traumatic Stress Disorder (PTSD), depression, and anxiety, as well as the effects of treatment on well-being. Data were gathered pre-, mid-, and post-treatment from subjects engaging in eight sessions of Depth Hypnosis, as well as from a non-randomized wait list control group. Seventy-three participants consented to the study, including 40 in the experimental group and 33 in the control group. The sample was predominately female (92.3%), with an average age of 37.92 years old (SD = 6.77). Treatment and control groups did not differ in terms of age or baseline symptoms, $ps > .05$. Across all measures, there was a significant main effect for treatment, all $ps < .05$, indicating that those who received Depth Hypnosis had a significant reduction across all negative symptom sets, and an increase in experience of well-being. The largest effect sizes were seen in the treatment of depression (-1.049) and well-being (.700), with anxiety (-.544) and PTSD (-.464) effect sizes still in the medium range. Preliminary evidence indicates that Depth Hypnosis is effective in treating the symptoms of anxiety, depression, and PTSD and raising well-being. These results suggest that Depth Hypnosis is a promising treatment for a range of disorders, and future research recommendations are discussed.

¹ Joanna Foote Adler, PsyD and Isa Gucciardi, PhD, Foundation of the Sacred Stream, Berkeley, California. The authors received no financial support for the research, authorship, and/or publication of this article. Correspondence concerning this article should be addressed to Joanna Adler, 33 Mount Foraker Dr., San Rafael, CA 94903. Email: joanna@sacredstream.org and isa@sacredstream.org

Depth Hypnosis is a promising new manualized counseling model created by Dr. Isa Gucciardi that combines elements of transpersonal psychology, hypnotherapy, earth-based wisdom, Buddhist psychology and mindfulness, energy medicine, and exposure therapy (Gucciardi, 2004). These elements are used synergistically to support individual processes of growth and healing. The techniques of Depth Hypnosis help clients navigate their unique patterns of distress, change their relationship to past or present stressful events, and shift negative symptomatology. The goal of this research is to introduce the mental health community to Depth Hypnosis and examine its efficacy in the treatment of Post-Traumatic Stress Disorder (PTSD), depression, anxiety, and assess its effect upon subjective well-being.

Background

Transpersonal psychology

Transpersonal psychology is the philosophical theory that unifies the multiple streams of understanding that informs Depth Hypnosis. Transpersonal psychology as a field allows for the consideration of the soul or spirit in the context of healing (Wilbur, 2007). This involves a sense of connectedness with phenomena outside the boundaries of the ego, (Kasprow & Scotton, 1999). In practice, transpersonal psychology integrates psychological theories and methods including meditative states, spiritual experiences, shamanic journeys, and hypnotic states. Transpersonal psychology is the study and understanding of self-transcendence, that expansive sense of identity that is less individuated and more unified with the whole (Gucciardi, 2004). From the standpoint of transpersonal psychology, we can view and understand the theoretical pillars of Depth Hypnosis: hypnotherapy, Buddhist psychology and mindfulness, earth-based wisdom, energy medicine, and exposure therapy.

Hypnotherapy

Hypnosis has been used therapeutically in various forms for thousands of years (Gauld, 1992; Gucciardi, 2004). Hypnosis induces a psychological state that can be used to facilitate insight and change in virtually any psychotherapy process (Strauss, 1986). In fact, many psychotherapies of the 19th and 20th centuries have incorporated hypnotic concepts, including Ego State Therapy of Barabasz (2013), ideomotor questioning (Cheek, 2009), and Psychosomatic Hypnoanalysis as discussed by Elkins (2017).

Significant evidence points to the usefulness of hypnosis in the psychotherapeutic setting, for example in the treatment of PTSD and dissociation (Lynn, Malakataris, Condon, Maxwell, & Cleere, 2012; Wahbeh, Senders, Neuendorf, & Cayton, 2012; Spiegel & Cardena, 1990; Kluff, 2012). In

addition, hypnotherapy appears to significantly improve symptoms of depression (Shih, Yang, & Koo, 2009; Dobbin, Maxwell, & Elton, 2009). Cognitive hypnotherapy shows promise in the treatment of anxiety (Golden, 2012; Weisberg, 2008; Alladin, 2016); however, Pelissolo (2016) argues that more evidence is needed to assess the efficacy of hypnotherapy in anxiety in general. In general, we have a significant body of evidence pointing to the efficacy of hypnotherapy in the treatment of mood disorders, including anxiety, depression, and trauma related disorders.

Regression Therapy techniques, regularly used in hypnotherapy, have been shown to be effective in the treatment of phobias, as well as Tourette's Syndrome (Freedman, 1995, VanderMaesen, 1998). Regression Therapy is a technique focusing on resolving traumatic past events that interfere with current well-being. The specific integration of regression techniques in Depth Hypnosis will be discussed in detail later in this paper.

Much of hypnotherapy in the 20th century has focused on the suggestion hypnosis techniques as taught by Milton Erickson (Bandler & Grinder, 1975, Rossi & Ryan, 1998). Suggestion hypnosis is the process of offering an idea or action that may be helpful to the client, while the client is in a quiet, receptive state, bypassing conscious defenses, and allowing the ideas to seat themselves more deeply and easily in the psyche. Depth Hypnosis harnesses the techniques of suggestion hypnosis and expands them significantly as will be discussed in more detail below.

Buddhist psychology

Buddhism, in essence, is a non-dogmatic formula for the transformation of the core negativity and pain that prevents us from being at peace (Surya Das, 1997; McLeod, 2002). The Buddha was referred to as the great physician, and made it his goal to identify, understand, and end human suffering, through proper modes of living (Diller & Lattal, 2008) and a deepening in our understanding of our own existence (Aich, 2013). Although Buddhist practices can be integrated into modern psychotherapy with a focus on cultivating mental balance and well-being, the practices point to profound philosophical truths (Sugamura et al., 2007), which aim to achieve ideal states of being (Rapgay et al. 2000).

Depth Hypnosis brings this understanding into the heart of the therapeutic process with clients. Depth Hypnosis draws upon the Buddhist understanding that healing involves holding all phenomena with compassion (Thurman, 1999). In fact, it is understood that it is only through holding one's difficult experiences with compassion that true healing occurs (this theory of change

lies at the heart of Depth Hypnosis). In Buddhism, this change is accomplished through the connection to one's Buddha Nature, which can be described as the essential goodness, or loving, kind nature, that lies at the center of each person's being. It is the part of the self that is connected to wisdom and compassion in an unbroken way (Gucciardi, 2017). Much of the practice of Depth Hypnosis is designed to help people return to a felt and lived sense of their Buddha nature: thus transforming their internal negativity into compassionate awareness.

In Buddhism, there are four key Immeasurables, or elements of Buddha Nature. These are loving-kindness, compassion, equanimity, and sympathetic joy. These four are the attitudinal qualities one can cultivate to achieve a life free from suffering. Loving-kindness and compassion have been studied in particular and are known to have a positive effect on emotional response and regulation (Hofman, Grossman, & Hinton, 2011; Kearney, Malte, McManus, Felieman, & Simpson, 2013). The four Immeasurables are all specifically cultivated in Depth Hypnosis.

Mindfulness meditation

Perhaps the most commonly understood principle of Buddhism in the West is mindfulness. Mindfulness skills have been associated with improvements in the symptoms of anxiety, depression, PTSD substance abuse, chronic pain, enhancement of immunity, improvement in sleep, and borderline personality disorder (e.g., Baer, 2006; Hofmann et al., 2010; Kabat-Zinn et al., 1985; Lynch et al., 2007; Parks et al., 2001; Dunn et al., 1999; Zou et al., 2016; Bormann, Thorp, Wetherell, Golshan, & Lang, 2013; Orsillo & Batten, 2005; Follette & Vijay, 2009; Niles, Klunk-Gillis, Silberbogen, & Paysnick, 2009). Mindfulness also has been positively related to various indices of well-being (e.g., Brown & Ryan, 2003; Vujanovic, Bonn-Miller, Bernstein, McKee, & Zvolensky, 2010). Mindfulness based treatments have been shown to consistently outperform active controls such as relaxation training and supportive psychotherapy in the treatment of anxiety and depression (Hofman & Gomez, 2017).

Mindfulness based skills overlap with those of hypnotherapy, with the two having distinct yet complementary skill sets (Otani, 2016; Holroyd, 2011; Lynn, Barnes, Deming, & Accardi, 2010) demonstrating evidence for integrative approaches like Depth Hypnosis. Mindfulness-based skills are integrated within a hypnotherapy framework in Depth Hypnosis to strengthen the client's ability to face distressing internal states, like those seen in anxiety, depression, or trauma reactions.

Earth-based wisdom

Earth-based wisdom is a term used to describe the healing and spiritual practices of indigenous, shamanic cultures. From the perspective of these cultures, disease and psychological imbalance are caused by processes known as power loss, soul loss, and energetic interference (Harner, 1980). In the conditions of power loss and soul loss, it is understood that crucial parts of the self that provide life and vitality are lost (Ingerman, 1991). With energetic interference is understood that energy that is non-native to an individual's psyche takes root there (Gucciardi, 2004), akin to a psychological introject. The application of these principles in a modern therapeutic context is discussed in the methodology section.

Exposure therapy

Exposure therapy is used in behavioral and cognitive-behavioral paradigms for clients experiencing anxiety or PTSD. Clients are exposed to a feared object or experience, either in vivo or in a guided meditation. Exposure therapy has been shown to reduce many symptoms of PTSD and anxiety (Feinstein, 2008; Feinstein, 2010; Schwartz & Daloupek, 1987; Kaczurkin & Foa, 2015; Rauch, Eftekhari, & Ruzek, 2012; Foa & McLean, 2016), and symptoms of depression also appear to recede as PTSD symptoms are treated with exposure therapy (Aderka, Foa, Applebaum, Shafran, & Gilboa-Schechtman, 2011).

Energy medicine

Energy Medicine practices have been found in cultures around the world and are becoming modern mainstream treatments in setting such as pain centers, surgical centers, and private practices (Anderson and Taylor, 2011). Energy medicine is a treatment in which energetic and meditative processes are used to support health and healing. Energy medicine is an evidence-based treatment that meets the APA Division 12 criteria as a probably efficacious treatment (Feinstein, 2008). Energy therapies such as Healing Touch and Reiki have been found to reduce pain in both adults and children (So, Jiang & Qin, 2013). Some studies show significant benefits to Reiki clients reported at the $p < 0.0001$ level (Vandervaart, 2009).

In Depth Hypnosis, Energy Medicine processes are used to support exposure treatments. In this context, clients are brought into contact with internal resources that are introduced as: a part of yourself that has your highest good as its sole intent. These resources may be experienced in the form of a plant or animal, angel, mythic being, human being, or a ray of light or a sound, or something else that has particular meaning to the client. These internal resources create a positive and compassionate energetic experience for the client. While deeply connected in this way, the client may be exposed to

difficult memories, past negative or traumatic experiences, or objects of phobia that the client needs help navigating, allowing for deep support in the process of changing one's relationship to pain. In this way, Depth Hypnosis energy medicine techniques are used to create internal resources that support and amplify traditional exposure-based treatment protocols.

Depth Hypnosis spiritual counseling – differentiation and integration

Depth Hypnosis is different from traditionally practiced hypnotherapy in that it assimilates the above modalities into one integrative spiritual counseling model, creating the ability to access multiple kinds of knowing and the different interventions that arise from them. Here we will address some of the specific ways that Depth Hypnosis can be differentiated from other hypnotherapeutic practices, as well as specific integration strategies.

Depth Hypnosis synthesizes and expands on traditional hypnotherapy techniques stemming from sources such as Guided Imagery, Strength-Based approaches, Ericksonian Hypnosis, and Suggestion Hypnosis, as Depth Hypnosis takes all of these techniques farther down the field. In guided imagery, the images used are generally imposed from a specific set of images selected by the therapist. This is antithetical to Depth Hypnosis, which is designed to evoke imagery directly from the mind stream of the client. This allows the client to understand how to navigate their own inner landscape rather than aligning with someone else's imagery. This kind of technique demands much more from the client and seeks to educate them about their own inner experience in a way that traditional guided imagery does not. Depth Hypnosis connects the subject to their own inner experience of strength (as is done in Strength-Based approaches) but expands on this approach by encouraging clients to plumb the areas of weakness within themselves while connected to their experience of strength, thus allowing for a transformation of the weakness. The subject's strengths and capacities support this transformation but are not the primary focus. Ericksonian theories are not emphasized in Depth Hypnosis; however, a few Ericksonian techniques are borrowed. One of these is the Ericksonian redirect, which is used in induction scripts to help the conscious mind relax and allow the client to drop into a deeper level of inner focus. Another Ericksonian technique integrated here is the anchor, which is used to emphasize and affirm change during a regression or deep transformative process (Adler, 2016). Many people are familiar with the Suggestion Hypnosis technique of offering positive and supportive suggestions while the client is in an altered state (Hickman, 1983). Depth Hypnosis takes this technique farther by offering suggestions that connect the client with their own highest good. The part of the self that understands the highest good for

oneself and others is called Buddha nature in Buddhism, and in transpersonal psychology this is known as the higher self.

Deepak Chopra defines the higher self as the awareness that is possible once you cultivate an accepting attitude of love and appreciation for yourself (Carver, 2017). This deeply compassionate approach to one's pain, which is experienced internally rather than just through a relationship with a counselor, allows the client to feel empowered in their approach to healing. The ability to feel internally supported, through one's own compassionate awareness, while accessing difficult memories, experiences, or patterns of behavior increases the client's tolerance for those experiences, and changes one's relationship to those experiences, facilitating healing. *It is thus the application of an internal experience of compassion and loving kindness, which Depth Hypnosis posits as the mechanism for the transformation of suffering.* This theoretical model for the mechanism of the transformation of negative emotional states is consistent with research conducted on Loving Kindness and Compassion Meditation, which demonstrates the positive emotional changes acquired through Loving Kindness and Compassion practice (Hofman, Grossman, & Hinton, 2011; Kearney, Malte, McManus, Felieman, & Simpson, 2013).

In addition, to systematically integrating the deep support of energy medicine, which adds its own particular layer of strength and internal reorganization, Depth Hypnosis works with regression therapy techniques in an innovative way. It combines elements of Buddhist understanding with the power of shamanic catalytic healing techniques within the regression process. Because of the Buddhist underpinnings of the model, the idea of reincarnation is inherent in the way that time is approached. Within this context, karmic patterns are understood to be drivers of both the client's presenting symptoms and the way individuals approach and react to their symptoms, as well as holding information about their generation. Karmic patterns, by their nature, are understood to move across lifetimes and throughout a person's current lifetime and can drive imbalance. The regression process is designed to locate where the strongest triggers to the current imbalances lie within the karmic pattern so they can be accessed and healed.

This pilot study provides evidence regarding the efficacy of Depth Hypnosis as a treatment for reducing the symptoms of PTSD, anxiety, and depression, and raising well-being. Depth Hypnosis teaches the client to tolerate distressing experiences through the application of a personalized internal experience of compassion and support, allowing the client to access their pain without re-traumatization. This process fortifies the client for the healing journey by cultivating experiences of powerful internal resources. The client is then gently

brought into contact with the root causes of their suffering in order to transform suffering at its source (Gucciardi, 2004).

Method

Participants

Participants were recruited for both experimental and control groups through flyers, classes, and waitlists at the Foundation of the Sacred Stream, and by Depth Hypnosis practitioners in their private practice settings as new clients sought counseling.

In the experimental group, a total of 40 participants consented to the study. The final sample was predominately female (92.3%), with an average age of 37.92 years old ($SD = 6.77$). One participant had a manic psychotic episode during treatment, and therefore was disqualified from the study, leaving 39 total participants in the experimental group.

Data were also collected for comparison from a wait-list control group of 33 participants. Participants in the control group filled out all measures at the same time intervals as the experimental group and were offered Depth Hypnosis treatment after the control group data were gathered, making this a quasi-experimental research design. Contact with the control group was limited to initial data gathering, mid-point data gathering at week 4, and end point data gathering at week 8. Examination of the treatment and control groups found that the groups did not differ in terms of age or baseline symptoms, $ps > .05$.

Potential subjects were told their choice to participate in the research would not affect their ability to receive treatment, and that they could end their participation in the research at any time without termination of treatment. Participants were offered a \$25 gift certificate towards a class at the Foundation of the Sacred Stream as compensation for their participation.

The safety of participants was considered paramount. Written consent was obtained from all participants through an informed consent document detailing the study and the voluntary nature of their participation. The consent stated that the personal material that would be discussed could be challenging and emotional. Participants were given access to support from their own Depth Hypnosis Practitioner as well the principal investigator in case of problems.

Procedures were in place to record and report adverse events and their follow up. Participants were screened for suicidal ideation at intake and again at the

4th and 8th sessions. No participants experienced significant suicidal ideation. Confidentiality was maintained at all times.

This study was approved and monitored by an independent human subjects research review board at Copernicus Inc.

Eligibility

Participants were between 18 and 80 years of age, and although some had received psychotherapy in the past, this was their first experience with Depth Hypnosis. Pregnant women were accepted into the study (this was an initial point of contention with the human subject review board, but with much discussion it was agreed that hypnotherapy posed no known risks to pregnant women). Participants could take concomitant psycho-pharmaceutical medications, provided they had been on a stable dosage for a minimum of three months and no medication changes were made during data gathering.

Eligible subjects were identified through a positive screening for depression, anxiety, or PTSD with the measures listed below.

Exclusion criteria included active suicidal ideation, psychotic symptoms, and significant substance abuse use, which were assessed through the Beck Depression Inventory, and through the structured clinical interview (SCID). Any subjects exhibiting significant suicidal ideation, psychotic symptoms, or substance abuse at initial assessment were disqualified from study participation.

Procedure

The experimental treatment consisted of eight sessions of Depth Hypnosis. The sessions were 60 to 75 minutes in length and were conducted on a weekly basis. The PI supervised practitioners to ensure that techniques were delivered in a standardized fashion, consistent with the Depth Hypnosis Manual.

The treatment sessions were conducted by seven certified Depth Hypnosis Practitioners, in private practice settings. Depth Hypnosis certification involves a two to three year (1000+ hours) study of hypnotherapy, Buddhist psychology, transpersonal psychology and counseling, energy medicine, and applied shamanism, and includes training and supervision at the Foundation of the Sacred Stream.

Measures

Symptoms of depression, anxiety, PTSD and well-being were measured three times during the study. The structured clinical interview and four standardized

self-report measures used are detailed below. Participants filled out the measures before their first session, again at session four, and again at session eight.

Depression. Depressive symptoms were assessed using the Beck Depression Inventory, II (BDI-II; Beck, Steer, & Brown, 1996; Beck, 1988; Beck & Steer, 1984). The BDI-II is a brief (21-item), yet reliable measure of depressive symptoms. The BDI-II assesses multiple domains of depression, including lack of interest in pleasure activities, sad mood, and changes in sleep and eating patterns. Higher scores on the BDI-II are indicative of greater depressive symptoms. The BDI-II is sensitive to change over relatively brief periods of time (Holcomb, Stone, Lustman, Gavard, & Mostello, 1996). Participants scoring 14 or above on the BDI were considered eligible for the study.

Anxiety. Anxious symptoms were assessed using the Beck Anxiety Inventory (BAI; Beck & Steer, 1993; Beck, Epstein, Brown, & Steer, 1988). The BAI is a brief (21-item), yet reliable measure of symptoms of anxiety. Higher scores on the BAI are indicative of greater anxious symptoms (Beck & Steer, 1993). The BAI consists of twenty-one questions about how the subject has been feeling in the last week, expressed as common symptoms of anxiety (such as numbness and tingling, sweating not due to heat, and fear of the worst happening; Beck et al., 1988). Participants scoring above a 10 on the BAI were considered eligible for the study.

PTSD. Two measures were used in conjunction to measure post-traumatic stress disorder: the Life Events Checklist for DSM-5 (LEC-5) and the PTSD Checklist – Civilian Version (PCL-C; Norris & Hamblen, 2004). The LEC-5 checklist is a self-report measure designed to screen for potentially traumatic events in a respondent's lifetime (Weathers et al., 2013). The LEC-5 generates a score for the number of events experienced, number of events witnessed, and number of events learned about. The LEC-5 is the precursor inventory to the PTSD Checklist. The LEC-5 was only administered at baseline, as it was only necessary to document past traumatic events at the beginning of treatment. All clients testing above the PCL-C cut off scores met the criteria for a criterion A event on the LEC-5.

PTSD symptoms were assessed using the PCL-C, which is a short (17-item), reliable measure of PTSD symptoms that assesses symptoms across the main clusters of PTSD symptomatology, including hyper-vigilance, intrusive thoughts, avoidance, and changes in mood and cognition. Higher scores on the PCL-C indicate higher PTSD symptoms. This is an easily administered self-

report rating scale for assessing the 17 DSM-IV symptoms of PTSD (Weathers, Litz, Herman, Huska, & Keane, 1993). The cut off score used to determine a positive PTSD score was 36, with at least one 'B' item, 3 'C' items, and at least 2 'D' items, corresponding to DSM-IV symptom criteria.

Well-Being. The Flourishing Scale (Diener et al., 2010) was used to assess well-being. The Flourishing Scale is a brief eight-item summary measure of the respondent's self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism. The scale provides a single psychological well-being score (Diener et al., 2010).

Suicidality, substance abuse, and psychosis. The Structured Clinical Interview for DSM-4 (SCID-1) is a semi-structured interview guide for making Axis I diagnoses (First, Spitzer, Gibbon, and Williams, 1996). The SCID-1 can be used with study populations to ensure that subjects meet particular diagnostic criteria including psychotic disorders, and to exclude subjects with a history of substance use disorder in the past 12 months. The SCID was used to assess addictive behavior as well as to corroborate data on suicidality with the BDI, and to rule out psychotic disorders. The SCID interview was used to gather information only at baseline and was not repeated during the study.

The BDI, BAI, PCL, and Flourishing Scale were administered together at baseline, and again at the fourth and eighth sessions.

Treatment with Depth Hypnosis

The protocol for the eight sessions of Depth Hypnosis used in this research project was taken directly from the manualized treatment procedures that Depth Hypnosis Practitioners follow in their first phase of work. Practitioners were supervised to confirm their adherence to the protocol.

In the first session, in addition to using a structured clinical interview (SCID) and the Beck Depression Inventory to assess the participants functioning and rule out significant suicidal ideation, substance abuse, and psychotic disorders, the practitioner asked a series of questions about the client's history and belief systems that reveal what is called the client's *emotional biography*. Additionally, a biography of the presenting problem was taken (Sample emotional biography and biography of the presenting problem questions in Table 1). When the first appointment was made, clients were asked to begin writing down their dreams. Depth Hypnosis incorporates many elements of Carl Jung's dream theory (Jung, 1989), and dreams are considered to be an important source of information not only about the genesis of the presenting issues but also regarding potential resolutions of the presenting problem. All of

this information helps the Depth Hypnosis practitioner chart the course of treatment.

The second session was generally the clients' first exposure to working in an altered state. Clients were brought through a guided meditation to connect with their own personal experience of higher self. (As a reminder from the introduction, Deepak Chopra defines the higher self as an awareness that is possible once you cultivate a loving attitude of acceptance and appreciation for yourself (Carver, 2017). In Depth Hypnosis, this focused awareness is understood to be an inner resource that will act as an anchor or guide to the more intensive work of subsequent altered state sessions. In order to make this connection, clients are brought in a guided meditation to an awareness of 'the part of yourself that has your highest good as its sole intent'. They are told that they may experience this inner resourcing 'as a teacher in animal or plant form, or a mythical or angelic being, or a human being or a light or a sound, or in any other way that is particularly significant to you'. This verbiage creates enough structure to help the client understand what they may be looking for, while not dictating the client's experience.

For this study, any two of the subsequent six sessions were required to be altered state sessions where the client is guided into an altered state of consciousness with hypnosis. This altered state work could focus in three areas: power retrieval, regression/soul retrieval, or the removal of energetic interference.

Power retrieval is an earth-based wisdom technique that is used in shamanic cultures to address the loss of vitality that is at the root of most imbalances. This technique has been adapted in Depth Hypnosis to be accessible in a modern hypnotherapy setting. Practitioners can focus on the retrieval of the client's power in the form of strength, energy, and vitality using suggestion hypnosis interventions in which positive and supportive suggestions for change are offered to the client while in a deeply altered state. Suggestions might include guiding the client to connect viscerally with their own resourced experience of higher self (for example the light, or angel, etc. that was found in the first trance). As the Depth Hypnosis practitioner is offering suggestions and guidance, the practitioner is also using energy medicine techniques to support the client in accessing their own particular experience of power retrieval. It is understood here that one of the reasons that people do not heal is because they do not have effective mechanisms for accessing and directing their own internal energy and power. Power retrieval corrects this deficit and provides an engine for healing.

Regression techniques are integrated with traditional shamanic earth based wisdom soul retrieval techniques in Depth Hypnosis to address the effects of trauma. These processes not only locate a source of trauma in the past (this could be in the current life, prenatal time, or experiences of a past life), but also shift the client's relationship to that trauma through the application of various tools of acceptance, compassion, loving kindness, healing and re-integration (soul retrieval) of any parts of the self that were experienced as having been hurt or split off during a trauma.

The regression process begins by helping the client move into an altered state of awareness with hypnotic suggestions. The emotions surrounding the current imbalance are located through the physical sensations they create within the body – and then the sensations are followed to the place within the karmic pattern where the trigger is strongest. This can bring the client's focus to an experience in a past life, within the prenatal environment or to a time within the current lifetime. Once the strongest trigger has been located, shamanic techniques (most often soul retrieval) are applied to that situation. In this way, there is a fundamental catalytic shift in the client's relationship to the original situation that was driving the current symptoms of imbalance. This weakens the grip of the presenting symptoms. So, it is the combined techniques of regression and soul retrieval that together locate the trauma in the psyche and then provide an effective intervention to shift clients' relationship to that trauma, healing any internal splitting or dissociation that may have occurred. The understanding of energetic interference also originates in earth-based wisdom and can be defined as a form of psychic or energetic introject that is not native to the client (for example an inner critic that was acquired from a parent). Energetic interference can be recognized, understood, and released through a process of guided suggestions, allowing for the redefinition of personal boundaries and reorganization of the individual's psyche.

Sessions that do not involve altered state work include insight inquiry, dream interpretation, and integration processing. Insight inquiry is a process of interactive questioning adapted from traditional Buddhist self-directed Vipassana meditation techniques. Here, the formulation of the practitioner's questions relies solely on the client's previous responses. This provides a strong, flexible support to the process of discovering the issues underlying presenting symptoms. Dream interpretation involves exploring the dreams the client has had from multiple points of view. Integration processing sessions assist the client in integrating insights gained in the altered-state sessions into their everyday understandings of their history, experience, relationships, and sense of self.

These techniques are applied in whatever sequence appears most helpful to the client, with the goal of reducing presenting symptoms in the most expedient and thorough way possible. The sequence of application is dependent entirely on where the client's particular emotional, spiritual, mental, or physical needs lie.

Data analysis

Prior to conducting primary analyses, preliminary analyses were conducted to assess the nature of the obtained data. Data were tested for the assumptions of parametric testing, including examination of normality. There were no significance violations of the assumptions of parametric testing. In order to assess for differences in symptoms over time and by group, a series of two-way (group by time) analysis of variance (ANOVA) tests were conducted. Due to differences in ranges across symptom scales, separate ANOVA models were conducted. All analyses were conducted in SPSS v. 21, and significance was set at the .05 level.

Results

A summary of results is outlined in Table 2. Across all measures, there was a significant main effect for treatment, all $ps < .05$ with many at $ps < .01$, indicating that those who received Depth Hypnosis had a significant reduction of all negative symptoms, and a significant increase in well-being. These differences were seen across each time point, indicating significant reductions in symptoms from baseline to mid-treatment, and mid-treatment to final.

Results also revealed significant interactions effects for treatment by time across all measures, all $ps < .05$, with many at $ps < .01$. Post hoc analyses revealed that at the final time point, those who received Depth Hypnosis had lower levels of depression, anxiety, and PTSD, as well as higher well-being scores. To assess the magnitude of these differences, Cohen's d was computed using the guidelines described by Cohen (1988). When looking at the difference between posttest scores across treatment groups, moderate to large effect sizes were found across all measures. The effect was largest for Depressive Symptoms (-1.049), however all indices were significant with a medium-large effect size for well-being (-.700), and medium effect sizes for anxiety (-.544), and PTSD (-.464).

Control group symptom scores did not change significantly at any time point across any of the measures, indicating that those who did not receive treatment had stable symptomatology across time points.

Discussion

This pilot study provides preliminary evidence of the efficacy of Depth Hypnosis in the treatment of mood disorders. Following the eight week intervention, clients reported significant shifts in mood including lower levels of depression, anxiety, and symptoms of trauma, as well as an increase in their experience of well-being. To ensure that the effects that were found were the result of the treatment with Depth Hypnosis, a control comparison group completed the same self-report inventories at the same pre-, mid- and post-intervals. Clients in the treatment group had significantly lower symptom scores post treatment compared to the control group. The preliminary results indicate that this spiritual counseling model may be an effective treatment for symptoms of anxiety, depression, and PTSD, and increasing well-being.

Although this is a small pilot study, the findings are significant and support the studies of Bernardi et al. (2001), Wachholtz & Pargament (2006, 2008), Hook et al. (2010) and Pearce et al. (2018), and Propst et al. (1992), which espouse the benefits of spiritually-based counseling. In fact, in PTSD, it is understood that spiritual factors may actually be predictive of symptom severity (Currier et al. 2015), suggesting that addressing spiritual factors may be crucial for recovery.

In this study, post-test scores demonstrated medium to large effect sizes across all measures. The biggest effect sizes were seen in the depression and well-being scores, with large and medium-large effect sizes respectively. Anxiety and PTSD effect sizes fell in the moderate range. This is highly significant when we compare these effect sizes to those seen in meta-analyses for cognitive behavioral therapy (CBT), which many see as the gold standard of current psychotherapeutic treatment. Hofman et al. (2012) report in a large-scale meta-analysis that CBT is generally found to have medium effect sizes in the treatment of depression, and medium to large effect sizes in the treatment of various anxiety disorders. Ehring et al. (2014) report in a meta-analysis generally seeing medium effect sizes in the treatment of PTSD. These data suggest that Depth Hypnosis is as effective as CBT in the treatment of PTSD and anxiety, and possibly stronger than CBT in the treatment of depression.

Why is Depth Hypnosis effective?

Depth Hypnosis draws from Buddhist psychology in its understanding that problems occur when one twists away from one's authentic higher self, or Buddha nature. This twisting away can happen if one disavows parts of the self that feel impossible to tolerate on one's own. In Depth Hypnosis, wholeness is

cultivated through connection to one's own experience of higher self (the part of yourself that has your highest good as its sole intent). It is through the connection to the higher-self nature that clients are able to access the wisdom that allows them to tolerate and have compassion for parts of themselves that are hurt, split off, or no longer needed. These processes correspond to the techniques of power retrieval, soul retrieval, and removal of energetic interference discussed in detail above.

The emphasis in Depth Hypnosis is on the relationship clients create with their own inner guidance, leaving clients feeling empowered to effect change and more likely to own the positive effects of their efforts to change. A sense of agency is created as clients co-participate in tracking the roots of their own unique problems and changing their relationship to them. Because clients are not passive in the therapeutic process and because they are helped to develop inner resources to address their imbalances, they learn to rely on themselves knowing that they have the key to healing within them. Thus, Depth Hypnosis techniques bring clients back into the innate state of wholeness that exists within everyone (Gucciardi, 2004).

The use of the altered state. In order to heal, clients are gently guided into an altered state and encouraged to rest in their own higher-self experience of compassion and loving-kindness. This allows them to step into a new, kinder way of understanding of who they are, as they go beyond their previous limited definitions of themselves. They are challenged to redefine themselves as something other than a separate being in opposition to the world, as they allow themselves to feel deeply and positively connected to themselves and all that exists around them. The presentation of imbalance in the presenting symptoms then becomes a vehicle for the complete redefinition of the self in relationship to the world surrounding it.

The imbalance holds the key. In Depth Hypnosis, clients are encouraged to view the exploration of the roots of their symptoms as a process of self-discovery and empowerment. This weakens the roots of imbalance and allows the journey toward healing to be a movement toward wholeness. The counseling, then, is not just about the resolution of presenting symptoms, but becomes a progression through spiritual evolution and an opportunity for self-transformation. It is understood here that it is engagement with the wholeness, something greater than one's own individual self, that heals.

Depth Hypnosis provides a non-dogmatic path back to wholeness. At no time are clients required to accept definitions of spirituality that are not resonant with them. This also allows those with nihilist or cynical views to access

spiritual power without a problematic confrontation of their value systems. Through the Depth Hypnosis approach, clients are able to recover their trust in the goodness of themselves and the world that is fundamental to all healing.

Self-transformation as a therapeutic goal. Ultimately, the success of Depth Hypnosis lies in the intention and understanding of change that informs it—the understanding that the transform of suffering occurs through compassionate self-awareness. Clients come away from the encounter with the many therapeutic processes of Depth Hypnosis with the understanding that the path they take to relieve their suffering not only offers relief of their symptoms but rewards them with greater meaning and understanding of their life and their place in the cosmos.

Limitations and future directions

Our findings should be interpreted in light of several limitations that make it difficult to make absolute conclusions. The lack of a randomized control group creates a challenge in interpreting the data. We hope that subsequent studies will be better funded allowing for a randomized control group and clearer comparisons across groups. In addition, because the wait-list control group only received contact at weeks 1, 4, and 8, subsequent studies would benefit from comparing Depth Hypnosis with other counseling models, where participants in both groups receive counseling and contact at the exact same intervals. In addition, the vast majority of the study subjects were female, making the ability to draw conclusions across gender lines unclear.

It is possible that subjects recruited for treatment with Depth Hypnosis may be more spiritually oriented than the general population. Therefore, future research should focus on accessing a more general pool of subjects for treatment. This can be further evaluated with larger scale, randomized trials.

To develop the understanding of what is most potent and effective in the model, researchers are encouraged to examine the particular techniques of Depth Hypnosis. Future studies might look at only power retrieval or only soul retrieval for example, in order to understand the effects provided by these different techniques within the model. Future studies utilizing component analyses may be helpful in evaluating this.

Future researchers are encouraged to use these tools judiciously with dissociative disorders (although hypnotherapy can be an ideal way to treat dissociation, it can also exacerbate dissociative symptoms when used

inappropriately) (Gucciardi, 2018), and with borderline personality disorder (as individuals with borderline presentations have been known to mistakenly strengthen negative patterns of interaction). Future recommended research would also include a follow up study to assess the efficacy of Depth Hypnosis longitudinally.

Conclusion

Our study provides insight into the breadth of change available through the manualized spiritual counseling model of Depth Hypnosis. We provide preliminary evidence into the strength and power of Depth Hypnosis methodology in the treatment of depression, anxiety, and PTSD, and in increasing well-being. Future researchers are encouraged to study these techniques with other disorders including addiction and other mood disorders. Our expectation is that the model will be quite effective with many different kinds of imbalances, as it is through the experience of our own wholeness that healing of any kind can occur.

Table 1

Scripts for Emotional Biography and Biography of the Presenting Problem

| Protocol | Questions |
|----------------------------|--|
| <i>Emotional Biography</i> | <p>What stories have you been told about your birth?</p> <p>How were you feeling most days before you started school (ages 0 to5)?</p> <p>What was your understanding of God and Universe as a young child?</p> <p>In elementary school, how were you feeling most days?</p> <p>As a young child, how did you feel about your mom, dad, and siblings?</p> <p>How were you feeling most days in junior high?</p> <p>In junior high how did you feel about your mom, dad, and siblings/other members of the household?</p> <p>How were you feeling most days in high school?</p> <p>In high school how did you feel most days about your mom, dad, siblings, etc?</p> <p>When you began having intimate relationships, was it easy or hard for you to get emotionally close?</p> <p>How did you feel most days after high school or in college?</p> <p>What is your understanding of God and the universe now?</p> <p>Have you had any serious illnesses, accidents, surgeries or injuries?</p> <p>Do you have any involvement with any kind of addictive process?</p> |

How do you feel most days now?

*Biography of
the Presenting
Problem*

When did this first start?

What were the circumstances in your life at that time?

What were you hoping to do by (engaging in the presenting problem)?

What has triggered this problem in the past?

What are the current triggers of this problem?

How does your body feel when you (engage in presenting problem)?

What effect does this problem have on your life at the present time?

Table 2
Summary of Findings

| | Control | | | Treatment | | | Interaction Effect | | Cohen's <i>d</i> |
|----------|-----------|--------------|-------------|-----------|--------------|---------------|--------------------|----------|------------------|
| | <i>n</i> | <i>M</i> | <i>SD</i> | <i>n</i> | <i>M</i> | <i>SD</i> | <i>F</i> | <i>p</i> | |
| BDI | | | | | | | 46.37 | <.001 | |
| Base | 33 | 14.82 | 9.76 | 27 | 18.22 | a 7.47 | | | |
| Mid | 33 | 15.15 | 8.77 | 27 | 11.93 | b 5.27 | | | |
| Final | 33 | 15.12 | 9.09 | 27 | 7.59 | c 3.64 | | | -1.049 |
| BAI | | | | | | | 32.80 | <.001 | |
| Base | 33 | 13.45 | 10.54 | 25 | 21.24 | a 9.12 | | | |
| Mid | 33 | 14.12 | 9.41 | 25 | 14.60 | b 8.28 | | | |
| Final | 33 | 13.67 | 9.60 | 25 | 9.16 | c 6.31 | | | -.544 |
| PCL | | | | | | | 23.93 | <.001 | |
| Base | 33 | 30.67 | 12.62 | 19 | 39.79 | a 15.90 | | | |
| Mid | 33 | 30.97 | 12.23 | 19 | 32.00 | b 8.22 | | | |
| Final | 33 | 30.70 | 12.30 | 19 | 25.89 | c 7.32 | | | -.464 |
| Flourish | | | | | | | 25.15 | <.001 | |
| Base | 33 | 45.63 | 7.55 | 39 | 43.56 | a 8.01 | | | |
| Mid | 33 | 45.09 | 7.43 | 39 | 46.26 | b 6.18 | | | |
| Final | 33 | 44.69 | 7.43 | 39 | 49.15 | c 4.78 | | | .700 |

Note. Means and standard deviations in boldface were significantly greater across column, $p < .05$; Means with differing superscripts varied significantly between rows, $p < .05$.

References

- Aderka, I., Foa, E., Applebaum, E., Shafran, N., & Gilboa-Schechtman, E. (2011). Direction of influence between posttraumatic and depressive symptoms during prolonged exposure therapy among children and adolescents. *Journal of Consulting and Clinical Psychology, 79*(3), 421-425. <https://doi.org/10.1037/a0023318>
- Adler, S. P. (2016). *Ericksonian hypnosis: Strategies for effective communication*. Longboat Key, FL: Telemachus Press, LLC.
- Aich, T. K. (2013). Buddha philosophy and western psychology. *Indian Journal of Psychiatry, 55*(2), 165-170. doi: [10.4103/0019-5545.105517](https://doi.org/10.4103/0019-5545.105517)
- Alison, D., & Faith, M. (1996). Hypnosis as an adjunct to cognitive-behavioral psychotherapy for obesity: a meta-analytic reappraisal. *Journal of Consulting and Clinical Psychology, 64*(3), 513-516.
- Allandin, A. (2016). Cognitive hypnotherapy for accessing and healing emotional injuries for anxiety disorders. *Indian Journal of Psychiatry, 55*(suppl 2), S165-S170. <https://doi.org/10.1080/00029157.2016.1163662>
- Anderson, J. G. & Taylor, A. G. (2011). Effects of healing touch in clinical practice: a systematic review of randomized clinical trials. *Journal of Holistic Nursing, 29*(3), 221-228. <https://doi.org/10.1177/0898010110393353>
- Baer, R. A. (Ed.). (2006). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*. Burlington, MA: Academic Press.
- Bandler, R. & Grinder, J. (1975). *Patterns of the hypnotic techniques of Milton H. Erickson, M.D.* Capitola, CA: Meta.
- Barabasz, M. (2013). Evidence Based Abreactive Ego State Therapy for PTSD. *The American Journal of Clinical Hypnosis, 56*(1), 54-65. DOI:10.1080/00029157.2013.770384

- Beck, A. (1988) Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8(1), 77-100.
- Beck, A. T., Epstein, N., Brown, G., Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56(6), 893-897.
- Beck, A. T., & Steer, R. A. (1984). Internal consistencies of the original and revised Beck Depression Inventory. *Journal of Clinical Psychology*, 40(6), 1365-1367.
- Beck, A. T., & Steer, R. A. (1993). *Beck Anxiety Inventory manual*. San Antonio, TX: Psychological Corporation.
- Beck, A. T.; Steer, R. A., & Brown, G. K. (1996). *Developed for the assessment of symptoms corresponding to criteria for diagnosing depressive disorders listed in the ... DSM IV*. San Antonio, TX: The Psychological Corporation.
- Bernardi, L., Sleight, P., Bandinelli, G., Cencetti, S., Fattorini, L., Wdowczyszulc, J., & Lagi, A. (2001). Effect of rosary prayer and yoga mantras on autonomic cardiovascular rhythms: Comparative study. *British Medical Journal*, 323, 1446-1449. <https://doi.org/10.1136/bmj.323.7327.1446>
- Bormann, J. E., Thorp, S. R., Wetherell, J. L., Golshan, S., & Lang, A. J. (2013). Meditation-based mantram intervention for veterans with posttraumatic stress disorder: A randomized trial. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(3), 259-267. <https://doi.org/10.1037/a0027522>
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), 822-848. <https://doi.org/10.1037/0022-3514.84.4.822>
- Carey, M., & Burish, T. (1998). Etiology and treatment of the psychological side effects associated with cancer chemotherapy: A critical review of discussion. *Psychological Bulletin*, 104(3), 307-325.
- Carver, L. (2017). Your roadmap to higher self-awareness. Retrieved from <http://www.chopra.com/articles/your-roadmap-to-higher-self-awareness#sm.00001wzn5gxo7dx4yo02hs2511671Chopra.com/articles>.

- Chamine, I., Atchley, R., Oken, B. S. (2018). Hypnosis Intervention Effects on Sleep Outcomes: a systematic review. *Journal of Clinical Sleep Medicine*, 14(2), 271-283. <https://doi:10.5664/jcsm.6952>.
- Cheek, D.B. (2009). Removal of subconscious resistance to hypnosis using ideomotor questioning techniques. *American Journal of Clinical Hypnosis*, 51(4), 399 – 403.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Earlbaum Associates.
- Currier, J. M., Holland, J. M., Drescher, K. D. (2015). Spirituality factors in the prediction of outcomes of PTSD treatment for U.S. military veterans. *Journal of Trauma and Stress*, 28(1), 57-64.
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010) New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research*, 97(2), 143-156. <https://doi.org/10.1007/s11205-009-9493-y>
- Diller, J. W., Lattal, K. A. (2008). Radical behaviorism and Buddhism: complementarities and conflicts. *The Behavior Analyst*, 31(2), 163-177.
- Dobbin, A., Maxwell, M., & Elton, R. (2009). A benchmarked feasibility study of a self-hypnosis treatment for depression in primary care. *International Journal of Clinical and Experimental Hypnosis*, 57(3), 293-318. <https://doi:10.1080/00207140902881221>.
- Dunn B. R., Hartigan J. A., & Mikulas W. L. (1999). Concentration and mindfulness meditations: unique forms of consciousness? *Applied Psychophysiology and Biofeedback*, 24(3), 147-165. <https://doi.org/10.1023/A:1023498629385>
- Ehring, T., Welboren, R., Morina, N., Wicherts, J. M., Frietag, J., Emmelkamp, P. (2014). Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse. *Clinical Psychology Review*, 34(8), 645-657. <https://doi.org/10.1016/j.cpr.2014.10.004>
- Elkins, G. (2017). *Handbook of medical and psychological hypnosis*. New York, NY: Springer Publishing Company.

- Feinstein, D. (2008). Energy psychology: A review of the preliminary evidence. *Psychotherapy: Theory, Research, Practice, Training*, 45(2), 199-213. <https://doi.org/10.1037/0033-3204.45.2.199>
- Feinstein, D. (2010). Rapid treatment of PTSD: Why psychological exposure with acupoint tapping may be effective. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 385-402. <https://doi.org/10.1037/a0021171>
- First, M., Spitzer, R., Gibbon, M., & Williams, J. (1996). *Structured clinical interview for DSM-IV Axis 1 disorders, clinician version (SCID-C)*. Washington, D.C.: American Psychiatric Press, Inc.
- Foa, E. B. & McLean, C. P. (2016). The effects of exposure therapy for anxiety-related disorders and its underlying mechanisms: the case of OCD and PTSD. *Annual Review of Clinical Psychology* 12, 1-28. DOI: [10.1146/annurev-clinpsy-021815-093533](https://doi.org/10.1146/annurev-clinpsy-021815-093533)
- Follette, V. M., & Vijay, A. (2009). Mindfulness for trauma and posttraumatic stress disorder. In F. Didonna (Ed.), *Clinical handbook of mindfulness* (pp. 299-317). New York, NY: Springer.
- Freedman, T. (1995). Past life therapies for phobias: Patterns and outcome. *Journal of Regression Therapy* 1, IX.
- Gauld, A. (1992). *A history of hypnotism*. Cambridge, England: Cambridge University Press.
- Gucciardi, I. (2004). *The four pillars of depth hypnosis*. Unpublished manuscript.
- Gucciardi, I. (2017, July 12). Buddha Nature in Depth Hypnosis Part 1: Meaning.
- Gucciardi, I. (2018). Depth hypnosis certification training lecture. Berkeley, CA.
- [Blog post]. Retrieved from <https://sacredstream.org/Buddha-Nature-in-Depth-Hypnosis-Part-1:-Meaning/>
- Golden, W. L. (2012). Cognitive hypnotherapy for anxiety disorders. *Journal of Evidence Based Complementary and Alternative Medicine* 19(3), 161-175. <https://doi.org/10.1177/2156587214525403>

- Handelsman, M. M. (1984). Self-hypnosis as a facilitator of self-efficacy: A case study. *Psychotherapy: Theory, Research, Practice, Training*, 21(4), 550-553. <https://doi.org/10.1037/h0086001>
- Harner, M. J. (1980). *The way of the shaman: A guide to power and healing*. San Francisco, CA: Harper & Row.
- Hickman, I. (1983). *Mind probe hypnosis: The finest tool to explore the human mind*. Sterling Publishers: New Delhi.
- Hofmann, S. G., Gomez, A.F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739-749. DOI:[10.1016/j.chc.2014.03.002](https://doi.org/10.1016/j.chc.2014.03.002)
- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78(2), 169-183. <https://doi.org/10.1037/a0018555>
- Hofmann, S. G., Grossman, P., Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical Psychology Review*, 31(7), 1126-1132.
- Holcomb, W., Stone, L., Lustman, P., Gavard, J., & Mostello, D. (1996). Screening for depression in pregnancy: Characteristics of the Beck Depression Inventory. *Obstetrics & Gynecology*, 88(6), 1021-1025. [https://doi.org/10.1016/S0029-7844\(96\)00329-8](https://doi.org/10.1016/S0029-7844(96)00329-8)
- Holroyd, J. (2011). The science of meditation and the state of hypnosis. *American Journal of Clinical Hypnotherapy*, 46(2), 109-28. DOI:[10.1080/00029157.2003.10403582](https://doi.org/10.1080/00029157.2003.10403582)
- Hook, J. N., Worthington, E. L., Davis, D. E., Jennings, D. J., Gartner, A. L., Hook, J. P. (2010). Empirically supported religious and spiritual therapies. *Journal of Clinical Psychology*, 66(1), 46-72. doi: 10.1002/jclp.20626.
- Ingerman, S. (1991). *Soul retrieval: Mending the fragmented self*. San Francisco, CA: Harper San Francisco.
- Jung, C. (1989). *Memories, dreams, reflections*. New York, NY: Vintage Books.

- Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine*, 8(2), 163-190.
<https://doi.org/10.1007/BF00845519>
- Kasprow, M. C., Scotton, B. W. (1999). A review of transpersonal theory and its applications to the practice of psychotherapy. *Journal of Psychotherapy Practice and Research*. 8(1), 12-23.
- Kaczurkin, A. N. & Foa, E. B. (2015). Cognitive Behavioral Therapy for anxiety disorders: An update on the empirical evidence. *Dialogues in Clinical Neuroscience* 17(3), 337-46.
- Kearney, D. J., Malate, C. A., McManus, C., Marinez, M. E., Simpson, T. L. (2013). Loving-kindness meditation for posttraumatic stress disorder: A pilot study. *Journal of Trauma and Stress*, 26(4), 426-34.
- Kiecolt-Glaser, J. K., & Glaser, R. (1992). Psychoneuroimmunology: Can psychological interventions modulate immunity? *Journal of Consulting and Clinical Psychology*, 60(4), 569-575.
- Kirsch, I. (1996). Hypnotic enhancement of cognitive-behavioral weight loss treatments: Another meta-reanalysis. *Journal of Consulting and Clinical Psychology*, 64(3), 517-519.
- Kluft, R. (2012). Hypnosis in the treatment of dissociative identity disorder and allies states: An overview and case study. *South African Journal of Psychology*, 4(2), 146-155.
- Kohen, D. P. & Kaiser P. (2014). Clinical hypnosis with children and adolescents – what? why? how?: origins, applications, and efficacy. *Children* 1(2), 74-98. doi: [10.3390/children1020074](https://doi.org/10.3390/children1020074)
- Lynch, T. R., Trost, W. T., Salsman, N., & Linehan, M. M. (2007). Dialectical behavior therapy for borderline personality disorder. *Annual Review of Clinical Psychology*, 3, 181-205.
<https://doi.org/10.1146/annurev.clinpsy.2.022305.095229>
- Lynn, S. J., Barnes, S., Deming, A. & Accardi, M. (2010). Hypnosis, rumination, and depression: catalyzing mindfulness-based treatments. *International Journal of Clinical and Experimental Hypnosis*, 58(2), 202-21. <https://doi.org/10.1080/00207140903523244>.

- Lynn, S. J., Malakataris, A., Condon, L., Maxwell, R., & Cleere, C. (2012). Post-traumatic stress disorder: cognitive hypnotherapy, mindfulness, and acceptance-based treatment approaches. *American Journal of Clinical Hypnosis*, 54(4), 311-330.
<https://doi.org/10.1080/00029157.2011.645913>
- McLeod, K. (2002). *Wake up to your life*. New York, NY: HarperCollins.
- Niles, B. L., Klunk-Gillis, J., Silberbogen, A. K., & Paysnick, A. (2009, May). A *mindfulness intervention for veterans with PTSD: A telehealth approach*. Paper presented at the North American Conference on Integrative Medicine, Minneapolis, MN.
- Norris, F. H., & Hamblen, J. L. (2004). Standardized self-report measures of civilian trauma and PTSD. In J. P. Wilson, T. M. Keane, & T. Martin (Eds.), *Assessing psychological trauma and PTSD* (pp. 63-102). New York, NY: Guilford Press.
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95-129. <https://doi.org/10.1177/0145445504270876>.
- Otani, A. (2016). Hypnosis and mindfulness: The twain finally meet. *American Journal of Clinical Hypnosis*, 58(4), 383-98. doi: 10.1080/00029157.2015.1085364.
- Parks, G. A., Anderson, B. K., & Marlatt, G. A. (2001). Relapse prevention therapy. In N. Heather, T. J. Peters, & T. Stockwell (Eds.), *International handbook of alcohol dependence and problems* (pp. 575-592). Sussex, England: John Wiley & Sons.
- Pearce, M., Haynes, K., Rivera, N. R., Koenig, H. G. (2018). Spiritually integrated cognitive processing therapy: A new treatment for post-traumatic stress disorder that targets moral injury. *Global Advances in Health and Medicine*, 20(7) doi: 10.1177/2164956118759939.
- Pelissolo, A. (2016). Hypnosis for anxiety and phobic disorders: A review of clinical studies. *La Presse Medicale*, 45(3), 284-290.
<https://doi/10.1016/j.lpm.2015.12.002>.

- Price, D. D., & Barber, J. (1987). An analysis of factors that contribute to the efficacy of hypnotic analgesia. *Journal of Abnormal Psychology, 96*(1), 46-51. <https://doi.org/10.1037/0021-843X.96.1.46>
- Propst, R. L., Ostrom, R., Watkins, P., Dean, T. & Mashburn, D. (1992). Comparative efficacy of religious and nonreligious cognitive-behavioral therapy for the treatment of clinical depression in religious individuals. *Journal of Consulting and Clinical Psychology, 60*(1), 94-103.
- Rapaport, D. (1967) States of consciousness: A psychopathological and psychodynamic view. In M. M. Gill (Ed.), *The collected papers of David Rapaport* (pp. 385-404). New York, NY: Basic Books. (Original work published 1951)
- Rapgay, L., Rinpoche, V.L., Jessum, R. (2000). Exploring the nature and functions of the mind: a Tibetan Buddhist perspective. *Progressive Brain Research, 122*, 507-15.
- Rauch, S. A., Eftekhari, A. & Ruzek, J. I. (2012). Review of exposure therapy: a gold standard for PTSD treatment. *Journal of Rehabilitation, Research, and Development, 49*(5), 679-87.
- Rossi, E.L., & Ryan, M.O. (1998). *The Seminars, workshops, and lectures of Milton H. Erickson*. London: Free Association Books.
- Schwartz, S. G., & Daloupek, D. G. (1987). Acute exercise combined with imaginal exposure as a technique for anxiety reduction. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement, 19*(2), 151-166. <https://doi.org/10.1037/h0080012>
- Shih, M., Yang, Y. H., Koo, M. (2009). A meta-analysis of hypnosis in the treatment of depressive symptoms: a brief communication. *International Journal of Clinical and Experimental Hypnosis, 57*(4), 431-42.
- So, P. S., Jiang, J. Y., Qin, Y. (2013). Touch therapies for pain relief in adults. *Cochrane Database of Systematic Reviews, 11*. John Wiley and Sons, Ltd.
- Spiegel, D. & Cardeña, E. (1990). New uses of hypnosis in the treatment of posttraumatic stress disorder. *Journal of Clinical Psychiatry, 51*(Suppl.), 39-43.

- Strauss, B. S. (1986). Hypnosis: Major theoretical orientation and issues. *Theoretical & Philosophical Psychology*, 6(1), 47–48.
- Sugamura, G., Haruki, Y., Koshikawa, F. (2007). Building more solid bridges between Buddhism and western psychology. *American Psychologist*, 62(9), 1080-1.
- Surya Das, L. (1997). *Awakening the Buddha within: Tibetan wisdom for the Western world*. New York, NY: Broadway Books.
- Taylor, W. S. (1923). Behavior under hypnoanalysis and the mechanism of the neurosis. *The Journal of Abnormal Psychology and Social Psychology*, 18(2), 107-124. <https://doi.org/10.1037/h0065942>
- Thurman, R. (1999). *Inner revolution: life, liberty, and the pursuit of real happiness*. New York, NY: Riverhead Books.
- VanderMaesen, R. (1998). PLT for Gilles de la Tourette's syndrome: a research study. *Journal of Regression Therapy*, 1(XII).
- VanderVaart S, (2009). A systematic review of the therapeutic effects of Reiki. *Journal of Alternative and Complementary Medicine* 15, 1157-1169.
- Vujanovic, A. A., Bonn-Miller, M. O., Bernstein, A., McKee, L. G., & Volensky, M. J. (2010). Incremental validity of mindfulness skills in relation to emotional dysregulation among a young adult community sample. *Cognitive Behavioral Therapy*, 39(3), 203-13. <https://doi.org/10.1080/16506070903441630>
- Wachholtz, A. B., & Pargament, K. I. (2006). Secular vs. spiritual meditation on mental health, spiritual health, and pain control. *Annals of Behavioral Medicine*, 31(Suppl.), S074.
- Wachholtz, A. B., & Pargament, K. I. (2008). Migraines and meditation: Does spirituality matter? *Journal of Behavioral Medicine*, 31(4), 351–366. <https://doi.org/10.1007/s10865-008-9159-2>
- Wahbeh, H., Senders, A., Neuendorf, M. S., & Cayton, J. (2012). Complementary and alternative medicine for post-traumatic stress disorder symptoms: A systematic review. *Professional Psychology, Research and Practice*, 42(1), 8-15. [https://doi/ 10.1037/a0022351](https://doi/10.1037/a0022351)

- Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (1993, October). *The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility*. Paper presented at the Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.
- Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for *DSM-5* (PCL-5). Scale available from the National Center for PTSD at www.ptsd.va.gov.
- Weisberg, M. B., (2008). 50 Years of hypnosis in medicine and clinical health psychology: a synthesis of cultural crosscurrents. *American Journal of Clinical Hypnosis*, 51(1), 13-27.
<https://doi.org/10.1080/00029157.2008.10401639>
- Wickramasekera, I., Davies, T. E., & Davies, S. M. (1996). Applied psychophysiology: A bridge between the biomedical model and the biopsychological model in family medicine. *Professional Psychology: Research and Practice*, 27(3), 221-223. <https://doi.org/10.1037/0735-7028.27.3.221>
- Wilber, K. (2007). *Integral spirituality: A startling new role for religion in the modern and postmodern world*. Boston, MA: Integral Books.
- Zou, T., Wu, C., Fan, X. (2016). The clinical value, principle, and basic practice technique of mindfulness intervention. *Shanghai Archives of Psychiatry*, 28(3), 121-130. doi: 10.11919/j.issn.1002-0829.216060.

Effectiveness of Past Life Therapy in the Treatment of Phobias

by Bibiana Bistrich, MD and Juan Alberto Etcheverry, MD

Abstract

This paper outlines the effectiveness of a transpersonal therapy method in the treatment of phobic patients, focusing on the long-term results and the sustainability of the effect. This is a pilot prospective analytic study in which the authors have documented the substantial benefits of past life regression therapy in a small sample of phobia cases, setting a starting point for other studies in order to achieve a more accurate projection in regard to the effectiveness of this therapeutic approach.

Introduction

According to our clinical experience, an increase of psychiatric pathologies in the general population was observed in the last few years. Higher stress levels created by the demands of life, changes in the environment and hygienic-dietary habits, among many others, might be the cause of such an increase. Phobias, defined as an anxiety disorder (American Psychiatry Association, 2013, p.189), are not the exception, and the authors have also experienced a growing number of patients who suffer from them.

Anxiety is defined as a natural emotion that encompasses the responses of human beings before any situation that might be perceived as threatening. (Merck & Co., 1999) These responses include restlessness, nervousness, tension and psychomotor agitation, associated with physical signs such as tachycardia, tachypnea, pupillary dilation, etc. This emotion, (anxiety) particularly in phobias, is intense, persistent and out of proportion. It can be related to external stimuli that might be physically present or not and may not deserve such an excessive reaction. For example, one of the patients who participated in our study suffered from a specific phobia of spiders. He experienced symptoms when a photograph of a spider was shown to him.

Based on our clinical observations, the usual treatments, either based on allopathic medication, the traditional psychoanalytic therapy or behavioral therapy, have shown scarce efficacy in relieving symptoms nor cure of the disease. Bearing in mind this particular point, it seems necessary to find different therapeutic options.

Since the 60's and even before, many eminent researchers from various science fields, as well as mental health and neurology providers, have been exploring options to address pathologies that have received, so far, palliative but not definitive treatments. (Grof, 2015, pp. 44-113) The increasing research on consciousness from different approaches: quantum physics, modern biology, epigenetics, holomovement theory, etc. have paved the way to non-traditional alternatives—away from the Newtonian-Cartesian paradigm—that may provide those long-expected solutions to these pathologies. Given the nature and extent of this article, the authors are not going to explore all these branches of science in detail; readers may find further information in a specialized bibliography. However, as they provide a theoretical frame to the possible intrinsic mechanism on past life therapy and the way it works, it is worth mentioning them.

Based on this new information, we believe that the controlled induction to expanded states of consciousness (altered or extended) may allow the modification of certain vibration patterns that might be the cause of some diseases. These controlled states of consciousness can be reached through different techniques: holotropic breathing, the rhythmic beating of a drum, and hypnosis, among many others.

Past life therapy is the approach chosen for this study aiming to answer these questions:

1. Is past life therapy effective in phobia treatment?
2. Will the improvement sustain over time?
3. Could a relapse of the disease occur including its symptoms after a period of improvement?
4. Is past life therapy an approach to be considered for treatment of phobic disorders?

With the hope of encouraging other researchers to carry out new research on this topic in the future, our investigation will be described in this section.

First, the aim of this work is to evaluate the efficacy of past life therapy in the treatment of phobia. Second, based on the scientific method, we hope to set a framework for future investigations on this topic, encouraging an analytic approach founded on the factual data gathered in this work.

Materials and methods

Between 2014 and 2018, twelve randomly selected uninsured or self-pay patients, referred from different psychiatry services located in the city of

Buenos Aires, Argentina, were treated at the private offices of Espacio Consciencia, directed by Bibiana Bistrich, MD.

Inclusion Criteria

Patients suffering from different types of phobias.

Male or female between the age of 18 to 65.

Patients chosen randomly. (Race, religious beliefs, cultural background, nationality, socioeconomic or educational level were not considered as inclusion or exclusion criteria.)

Exclusion criteria

Patients suffering from psychiatric disorders other than phobias.

Patients younger than 18 or older than 65.

Patients unable to understand the instructions to properly attend the session.

Subjects suffered from the following types of phobia, diagnosed by psychiatrists based on the DSM 5 (2013) coding:

Specific phobias (300.29)

Animals (F40.218): 9 patients

Fear of blood (F40.230) : 2 patients

Situational (F40.248): 1 patient

Total sample: 12 patients (n= 12: 11 women, 1 man). The predominance of women was consistent with the information from classic bibliography on the topic. Ages between 21 to 47 (p value: 38).

All patients were on Benzodiazepines as main treatment.

Five patients were on allopathic treatment associated with a behavioral therapy.

Predominant symptoms:

Dysnea (n=9),

Precordial pain (n=8),

Palpitations (n=9),

Sense of impending doom (n=8).

Secondary symptoms:

Aphonia (n=1),

Restlessness (n=5),

Fainting (n=1),

Hypotension (n=1),

Confusion (n=1)

and other intermittent, minor, mild symptoms reported but not taken into account for the purpose of the present study.

Ethics

An Informed Consent Form was signed by the participants, according to the model provided by the World Health Organization, taking into account the specific considerations for the past life therapy approach. Patients and their relatives or companions were informed in detail about the past life therapy sessions' development, answering any questions or concerns that may have arisen. Each participant also signed an agreement to schedule follow up visits with the attending psychiatrist responsible for the treatment.

Prior to each session, patients were requested to fill out a validated form to assess symptoms, (Symptoms Assessment Form, see table 1). After filling out the form, the regression session took place.

All participants attended between two to three regression sessions (p: 2.75), fifteen days apart (day 1, day 16, day 31). The main factor to determine the number of sessions was the persistence of primary symptoms.

Past life experiences, intrauterine life and birth were the key points addressed in all cases. In some of them, we also worked on early childhood experiences.

The patient, comfortably lying with the eyes closed, was asked to allow himself or herself to experience the symptom(s) related to the phobia. Once the patient indicated he or she had started to feel the symptom(s), the patient was asked to allow himself or herself to experience those sensations in more detail, adding information. This way the symptom was intensified, expanding the conscience. (Cabouli, 2014, p. 28) At that point, the patient was asked to evoke something that may have caused the presence of that symptom, through "as if" questions that aimed to recreate the situation, such as "Where are you?" "What is happening?" Through those questions the patient reached the development of an experience that had been excluded from the consciousness so far.

As a wrap-up for all past life sessions, the patients experienced the death of the body in that life. As an essential requirement for the treatment of the pathology in question, all patients worked on intrauterine life and birth. In those cases in which the experience of intrauterine life was not experienced spontaneously, the patient was cued using this prompt: "Now, you will go back to a moment inside the womb of your mother in this life as [the name of the patient is mentioned in this part of the sentence]." Intrauterine life experience was completed with the birth

experience and the symbolic cut of the umbilical cord (Cabouli, 2012b, p.113). After each regression, a brief period of harmonization helped the patient return to consciousness and current time and space.

The duration of a session varied from 90 minutes (minimum) to 120 minutes (maximum). For all the patients involved, the frequency for follow-up and evaluation appointments after the first past life session was one week, six months, twelve months and a year until completing three yearly visits.

At each scheduled visit, the attending physician gathered detailed information from each patient about the symptoms registered at the beginning of the study and the variations reported by the patient. (Table 2). All patients completed the chart on Table 1 in order to obtain one more record of information so as to avoid any missing data.

Data Collection

The chart "A" (Table 2) was completed as a medical record to be used by the researcher and the attending psychiatrists to track the information. This form also contained detailed information about the symptoms and their intensities, according to the scale on the Symptoms Assessment Form (Table 1).

All data was entered into an Excel worksheet for further analysis.

Results

A significant reduction of frequency and intensity both of the predominant and secondary symptoms was observed after six months from the beginning of treatment. The use of medication could be reduced by almost 30%.

After one year, the symptoms remained decreased; the intensity of other symptoms also decreased, making it possible to continue the reduction of the medication's dose. Two patients were able to discontinue the medication. The results were sustained after three years, without any evidence of recurrence of symptoms.

Patients reported a subjective improvement in their quality of life, being able to deal with situations that had been unmanageable for them in the past. All patients commented on the wellbeing and symptomatic relief experienced both during and at the end of the treatment.

Eleven patients reported they would recommend the treatment to other patients. No adverse reactions were reported after the regression sessions.

Conclusions

In this paper we have given an account of the significant improvement of the patients treated with this therapeutic approach. Our sample showed a substantial reduction of the symptoms in all the cases. The dose of allopathic medication could be reduced in 66.6% of the patients (8 people) and discontinued in 16.6% of the patients (2 people).

We encourage other practitioners to incorporate past life therapy into the usual treatment for phobias. This research shows it may be considered a valid and effective therapeutic option for phobia treatment. It is a brief, focal, safe and effective therapy, showing quick and lasting results, sustained over time.

Despite these highly encouraging results, we need to point out the importance to continue researching in order to document more cases and obtain conclusive data, as we might be cautious to project these findings to the general population.

Table 1: Symptoms Assessment Form

| | Always: More than 4 episodes per week | Very frequently: More than 2 episodes per month | Sporadically: 6 to 12 episodes in 1 year | Rarely: 5 or less episodes in 1 year | Never: |
|------------------------------------|--|---|---|---|--------|
| Dyspnea | | | | | |
| Precordialgia | | | | | |
| Tachycardia | | | | | |
| Syndrome of Impending doom | | | | | |
| Aphonia /Others (detail) | | | | | |
| Restless ness /confusi on | | | | | |
| Fainting / Hypoten sion | | | | | |

Mark "X" where applicable

Table 2: Effectiveness of past life therapy in the treatment of phobic patients. Bibiana Bistrich, MD, and colleagues.

Full name:

Age:

Contact information:

Attending psychiatrist:

Diagnosis:

Predominant symptom(s):

Time of evolution of symptom(s):

First episode:

Medication:

Other treatments:

Regression (record attached):

Assessments (check against symptoms and modifications on base treatment, if any)

One week:

One month:

Six months:

One year:

Two years:

Three years:

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, (5th ed.), Arlington, VA: American Psychiatric Association.

Agras, S. (1985). *Panic: Facing fears, phobias, and anxiety*, Oxford: WH Freeman & Co.Ltd (Traducción castellana: Pánico: Cómo superar los miedos, las fobias y la ansiedad, Barcelona, Spain: Labor,1989).

Cabouli, J. L. (2014). *Atrapamiento y recuperación del alma* [Entrapment and recovery of the soul], Buenos Aires, Argentina: Ediciones Continente. (1ra. edición)

Cabouli, J. L. (2012a). *Terapia de vidas pasadas* [Past Life Therapy] Buenos Aires, Argentina: Ediciones Continente (8va. edición.)

Cabouli, J. L. (2012b). *La vida antes de nacer* [Life before birth], Buenos Aires, Argentina: Ediciones Continente 5ta. Edición

Fiore E. (1979). *You have been here before*, New York: Ballantine books

- Garnier-Malet, J. P. (2013). *The double, how does it work?* Carolina Rosset Gomez (Traducción castellana: El Doble ¿Cómo funciona?. Editorial Reconocerse, 2016, 1ra. edición)
- Grof, S. (1985). *Beyond the brain: Birth, death, and transcendence in psychotherapy*, Albany, NY: State University of New York [Traducción castellana: Psicología Transpersonal, nacimiento, muerte y trascendencia en psicología, Barcelona: Kairos, 2015, 8va. Edición]
- Marks, I. M. (1987). *Fears, phobias and rituals*, New York: Oxford University Press [Traducción castellana: Miedos, fobias y rituales: Clínica y tratamiento, Barcelona, Spain: Martinez Roca,1991]
- Netherton, M. (1978). *Past lives therapy*, New York City: William Morrow and Company.
- Newton, M. (2000). *Destiny of souls*, St. Paul, MN: Llewellyn Publications [Traducción castellana: Destino de las almas Ed. Grupal. 3ra. Edición, 2014].
- Merck & Co., Inc. (1999). *The Merck manual*, Kenilworth NJ: Merck & Co., Inc. [Traducción castellana: 10ª edición en español, correspondiente a la 17ª edición original Madrid, Spain: Ediciones Hartcourt S.A.,1999]
- Verny, T. (1982). *The secret life of the unborn child*, New York: Dell [Traducción castellana: La vida secreta del niño antes de nacer Barcelona: Ed. Urano. 19 edición, 1988].
- Weiss, B. (1988). *Many lives, many masters*, New York City: Simon & Schuster Inc. [Traducción castellana: Muchas Vidas, Muchos Maestros, ZETA, 2005].

Articles

Guilt: Facilitator and Inhibitor in the Growth of the Soul*

by Hazel Denning, Ph.D.

A sense of guilt underlies a large percentage of life's problems. Guilt is the emotional feeling one has when any act has been committed which leaves a sense that the individual has done something "wrong" or "bad." This feeling is accompanied by a conscious or unconscious belief that some kind of punishment is deserved and inevitable. In conformity with the law of attraction, the guilty person consistently attracts experiences that serve as a form of punishment, seldom recognizing, however, that the painful events are of his own making.

In any analysis of guilt, it is important to recognize that it contains both positive and negative aspects. The importance of balance in all of the life processes is well understood, but it is not common knowledge that the law of balance, being an integral part of all our experiences, suggests that guilt, usually seen as unconstructive, can have constructive aspects. Maslow (Ard, 1975) specifically deals with this when he says:

Intrinsic guilt is the consequence of betrayal of one's own inner nature or self, a turning off the path to self-actualization, and is essentially justified self-disapproval. Seen in this way it is good, even necessary for a person's development, to have intrinsic guilt when he deserves it. It is not a symptom to be avoided at any cost but rather an inner guide for growth toward actualization of the real self and of its potentialities.

There are two specific kinds of guilt, and though the manifestations of both may appear to be the same, the treatment of them is different. The first type, usually called "state" guilt, is the result of the culture and environment of the individual. The second is a deep-seated pervasive type which has been termed "trait" guilt. The former includes the "oughts" and "shoulds" laid down by the family, and which result, for example, in a woman feeling guilty if she leaves her house with dishes unwashed and beds unmade. Any good psychotherapist can free clients from this type of guilt.

Trait guilt, however, often leaves the individual feeling worthless, undependable, unlovable, and sinful, despite of the case history that reveals nothing to warrant such deep feelings of self-rejection. Current therapists are impotent in solving

* Ed. Note. Original formatting retained.

this very common problem. McKenzie (1962) writes: "Psychiatrists, especially in America . . . are realizing that they have no psychiatric techniques whereby they dispel real guilt." It is the purpose of this article to propose a therapeutic modality that has proven to be effective with "trait" guilt.

First let us examine the etiology. What is the nature of man that an act is evaluated by him as wrong or bad? On what grounds does he make that determination about himself?

The religious and philosophical teachings of all great cultures from time immemorial have stressed the spiritual nature of man and propounded the theory that all individuals are seeking to actualize their own highest potentialities. Therefore, any act which harms or degrades the self or others is interpreted as a mistake, or "bad" behavior. Again, quoting from Maslow (1955), who has written extensively on this subject, he says: "He (man) has within him a pressure toward unity of personality . . . he presses toward fuller and fuller being and this means pressing toward what most people would call good values, toward serenity, kindness, courage, honesty, love, unselfishness, and goodness."

It would appear, then, that man moves forward on an irreversible path and his goal is the perfecting of his indestructible essence, call it his soul or his spirit. And the soul at some profound level seems to be conversant with behavior that is incongruent with this spiritual goal. Any behavior that falls short of meeting the spiritual criteria is interpreted by the soul as unacceptable and is retained in the consciousness through as many incarnations as are necessary for it to be balanced by behavior that will bring insight and understanding. Beyer (1977) states it simply when he writes: "The consciousness of guilt is lodged in that part of the brain that contains the unconscious record of the past thoughts and actions which the past judgment of the individual has judged wrong, evil, sinful." Beyer probably did not intend to imply previous lifetimes by that statement, but if we supply the word "mind" for brain, this position is identical to that of many past-life therapists.

This process suggests the modus operandi of how guilt came to be such a powerful factor in everyone's current life, for guilt has been escalating over many centuries until today mankind is, in many cases, incapacitated. Life has become a nightmare of repeated failures, frustrations, painful illnesses, and endless catastrophes. We might without exaggeration state that "trait" guilt is one of the most crippling emotions in our society today. It prevents good personal relationships, it thwarts the most industrious attempts to succeed, it attracts repeated failures, and it is the cause of accident-proneness as well as many terminal illnesses. The list is endless. Perseverant guilt then, may be regarded as a severely limiting response to life.

Over the past 30 to 40 years an increasing body of evidence has emerged to

support the claim that if guilt from a purported past life is dealt with through the use of past-life regression techniques, it can in many cases be resolved within the current life experience. The long-range implications of this statement will now be addressed in greater detail through the presentation of four major assumptions.

First Assumption: The first and most obvious assumption, in light of the evidence which presents itself, is that guilt escalates, and all acts committed by the individual and considered by that individual to be “bad” or “evil” contribute to an energy pattern or “blueprint” of self-punishment which carries over from one life to the next. This energy pattern appears to lock the individual into modes of behavior consistent with the experiences required to resolve the particular problem, whatever that problem might be.

The implications of this concept are revolutionary, and if they can be substantiated, will provide an unprecedented step toward advancing our understanding of the dynamics of human behavior, and dramatically increase the efficacy of psychotherapy. If guilt does originate in a past-life experience, our whole approach to this crippling problem of trait guilt requires re-examination. As Dr. Roger Woolger (1987) states: “...whole new dimensions of therapy were hinted at here and with them a complete revisioning of the origins of mental illness and the very nature of personality.”

This first assumption can be incorporated into almost any psychological discipline. At the present time, for example, it is used by rolfers, rebirthers, psychoanalysts, clinical psychologists, and so on. A recognition of this single factor has the potential for significantly increasing the success rate with clients who suffer “trait” guilt.

Second Assumption: The second assumption follows logically from the first: childhood traumas may be the extension or continuation of a pattern which originated in some past experience. Current conventional therapies often provide marked relief temporarily but frequently the symptoms return. It would appear that the psyche clings tenaciously to the guilt pattern until its original cause is uncovered and reconciled or integrated.

A mounting body of case histories points to the need for a revision of our understanding of the underlying causes of juvenile problems, both physical and emotional. The inclusion of this one component—a previous life drama—markedly alters both the analysis of any problem, and the method applied for alleviating it. When this second assumption is considered, the present propensity to place the blame on parents will no longer be common practice. In addition, the perennial question of why one child responds positively to life’s traumas, while the same harsh treatment crushes another child, would be resolved through an understanding of the uncompleted energy patterns which

each individual brings with him at birth.

Third Assumption: Individuals purposefully select events and relationships in a current life in order to gain the experiences which are necessary for their own growth and development. It would appear from case histories that at some prior time a troubled client suffered an initial major trauma. This trauma often consisted of a number of acts, and if the individual has not dealt with them at the time of the original events, he or she automatically creates a syndrome of negative emotions such as fear, guilt, rage, and so on, and thus a destructive negative cycle begins. Apparently, it is only when the individual decides to deal with that destructive pattern at its inception, that it can be eradicated. Many case histories indicate that it may take a number of lifetimes for an individual to reach that understanding.

As startling and unorthodox as the concept may be, case histories support the idea that there is soul awareness prior to conception, and that an individual chooses parents and a life purpose. The evidence indicates that souls will place themselves in situations, personalities, and environments that will provide the obstacles and challenges which they must meet and overcome in the process of developing the ensuing personality.

During the regression experience, individuals are able to trace their own destiny patterns and thereby realize that they are responsible for a particular learning experience. This insight changes their attitude toward their current life situation, and they no longer blame God or their parents for their problems. Generally such insight provides them with a totally new orientation toward life, and they are then able to release negative patterns such as guilt, and “take charge” of their lives in a new and more constructive way.

This third assumption does not imply that everyone who encounters a past life which seems to explain the present problem is automatically free of that problem. While some cases can be totally resolved in one to five sessions, many individuals require long periods of time to integrate new patterns into their lives. However, insights gained from the regression provide a supportive framework, as well as a sense of “where you are going and why,” even though you are not there yet.

Fourth Assumption: At the moment of physical death, the last conscious thought carries a profound impact on the ensuing life experience. The last conscious thought, that which is present just before the life force leaves the physical body, functions as a pre-set alarm, and seems to be triggered into manifestation once again at birth. Doctors as well as parents are all too aware of children’s early behavior patterns of anger, withdrawal, aggression, fear, and physical symptoms such as asthma, digestive dysfunctions, etc. Many environmental factors are introduced as explanations of such symptoms, but

often these explanations fall short of being adequate for the circumstances. All of these phenomena appear logical and consistent when analyzed within the framework of a re-birth hypothesis. As Dr. Woolger states (1987), "...it is abundantly clear that the psychic, emotional, and physical impressions laid down in one lifetime are in some way transmitted to future lives."

Four brief case histories will graphically illustrate the foregoing assumptions and explain how past-life traumas always bear a specific and not a general relationship to the current problem, whether that problem is physical or emotional.

Case 1: Balancing Violence

Bruce arrived for his first session and appeared to be a mild mannered, gentle, sensitive individual. He had a wife and two children and had become successful in business. However, at home he could be a tyrant, though his behavior confined itself mostly to destroying breakable objects. He often became verbally abusive and, while none of his family members feared him, all of them had grown unhappy living with the frequent outbursts of his unpredictable temper. He confessed that he did not want to do the things he did, but he could not seem to help himself. He explained in a puzzled way that somehow, he felt he had to make his family angry toward him, or, rejecting of him. These feelings did not make sense to him, and only with some difficulty did he verbalize them. Bruce insisted that he loved his wife and children and would like to have a better relationship with them, but he seemed impelled at times to do things which he knew would alienate them.

The past life that emerges during regression is one of brutal violence. Bruce describes himself as the leader of a group of horsemen who pillage, rape, and burn dwellings as they ride through the countryside. He holds the leadership role because he is the strongest and the most skilled horseman and swordsman. He brags that with one sweep of his sword he can cut a man in two while galloping at full speed on his horse, he can decapitate an individual in the same manner, and it is a source of great exhilaration to raid a village and destroy everyone in it.

One day he swoops down and severs a child's head from its body, and the look in the child's eyes remains like an image imprinted in his brain. He cannot rid himself of the feelings that this image arouses in him, and one night as he sits with his men around a campfire, he finally feels compelled to leave the group and walk alone into the desert. He continues to walk until he grows exhausted. It is as if he is trying to get away from the image of the child's face, but that image will not leave him. Eventually, out in the

desert, he dies of dehydration but with the impression fixed firmly in his mind that he will have to pay for the pain and misery he has caused to so many people.

Following that incarnation he lives two lives as beggars, attracting the rejection of other individuals. He is killed violently in a war and in two incidents of fighting. He lives one life as an abused child who does not survive to adulthood. In all of these lives as he reviews them, he remains painfully aware that he does not feel worthy of anyone loving him or caring about him. And in this life he really wants to love and be loved, but he does not feel worthy of his family's affection.

As Bruce sat contemplating this past drama of his own making, he said: "I do not have to continue this any longer. I have paid my debt—I have more than paid my debt." There was a sense of relief and release in his voice and manner as he evaluated his chronicle.

He did not feel the need to pursue this experience through any further sessions, though he might have benefited from a more complete understanding of himself. Follow-up almost a year later confirmed that he had released the guilt. No longer did he throw objects in his house, and he seldom became verbally unpleasant, but he grew more withdrawn than his wife would have liked and at times seemed to retreat into quiet contemplation.

Case 2: Three Steps to the Original Guilt

A common explanation for therapists who do not wish to accept the multiple birth philosophy is to call the phenomenon of recall "extra-cerebral" memory by recourse to genetic inheritance. Another explanation for its success is that the individual adapts any source to fit his problem. In other words, he calls on material from an old movie, from a novel, or from something that he has heard. According to this hypothesis, the success resulting from past-life regression therapy is simply a matter of his faith in the explanation he conjures up to fit his problem.

The case of Marcia questions this hypothesis, while at the same time illustrating three aspects of past-life therapy. This case deals first with a childhood trauma that would logically be diagnosed as the cause of her problem. Second, it clearly demonstrates that the past-life experience is directly connected with the present problem; and third, it is an excellent example of how the unconscious or "soul consciousness" refuses to accept any explanation that is not the true cause of the manifesting problem.

Marcia was 52 and had suffered pain in her hands all of her life. Often, she had

to get up at night and pace the floor, rubbing her hands to relieve the pain. Her discomfort was almost constant but periodically grew more intense. She had visited physicians and clinics through the years but with no relief. She achieved an altered state and moved into an episode from her childhood.

At the age of three she is left with a baby-sitter, who tips over an oil lamp. The kerosene spills on her hands and they become badly burned and very painful. When the mother returns, the baby-sitter blames Marcia for the broken lamp. Unable to defend herself, and in pain, she is traumatized.

We were both pleased with this session and completely convinced that the cause of the pain in her hands had been discovered and she would now be well. However, by the next week there had been no improvement. Again she achieved an altered state easily and began to moan and wring her hands.

She describes herself as a psychic in a nomadic tribe. She has warned the people that they should move because of an impending natural catastrophe. The wife of the leader grows angry, does not want to move, and declares that Marcia is a witch and should be killed. She is burned at the stake.

I asked her why she still carried this pain into the present, and she replied that God had told her to warn the people and she had failed. We worked at an integration of this, and she seemed to feel much better and able to forgive herself. When she left we both were certain that the burning experience was the cause of her pain, and that she would now be free of it.

When she returned the following week there was still no improvement in her hands. At this point I became certain that she carried a heavy guilt for some obscure reason. Her resistance to facing that guilt was so strong that we had weekly sessions for almost three months before she finally said one day: "I might as well face it. When I was dying I pointed my fingers at that woman and swore I would get even with her no matter how many centuries it took."

We discussed the spiritual implications of this curse, and the importance of realizing that it was not the incident—the burning—that had held the pain in her hands, but the rage and then the guilt, which she had carried throughout the centuries. She did a very successful integration, with powerful feelings of joy and relief, forgiving both herself and the woman responsible for her death, and within 48 hours the pain had left. A number of years later a follow-up found her still free of the pain.

The dynamics of this case are dramatically clear. The childhood accident to her hands was directly connected to the burning, since her hands had been the

instruments of her expressing the curse in the past episode. Our certainty that the source of the problem had been uncovered had no effect on her hands, so it was not our belief that had brought about the cure. Not until her own “inner all-knowing self” became satisfied that she had acknowledged her error and released the guilt, did her body reflect her changed attitude.

Case 3: Child Abuse as a Choice

Hypothesis three states that individuals purposefully select events and relationships in a life in order to gain the experiences which are necessary for further growth and development. The following provides an example of a purposeful choice.

Diane had only two sessions. The first was successful in establishing the cause of the problem, and the second helped her integrate her findings at the emotional level. In this life she had been angry at her father, and at the time of his death she had not forgiven him. The mother was still living. Diane was struggling with her feelings, wanting to forgive them both, and especially wanting to change her attitude toward her mother before she died. Diane was a sensitive, caring, middle-aged woman who had studied metaphysics for many years and sincerely wanted to practice her beliefs. As she related her problem there was no evidence of anger, only a sadness and disappointment with herself that she had not been able to bring her feelings in line with her spiritual beliefs.

For ten years as a small child, she had been the victim of incest practiced by both her mother and father. During the regression session her abreaction was very real and painful, as she begged her father not to hurt her any more, and her mother to “please not do that.” When she had completed the story, I suggested that we look at why she had chosen those two people to be her parents. What, in other words, had been her previous history that she would make such a painful choice?

She at once finds herself in Germany as a very poor and ragged beggar, the object of ridicule and persecution by groups of street children, who not only laugh and call “him” names but throw rocks and sticks at him. As a result, he hates children and one day, in a rage, he kills a child. A hand grasps him by the shoulder and leads him to the prison, where he is then ordered to plunge a knife into the breasts of babies as they move on a conveyor belt from the gas chambers. At first, he feels satisfaction in getting even, but he soon sickens at what he is doing and tries to escape. He is shot and killed.

After describing this experience, the client was deeply moved and remorseful, and expressed the feeling that she would have to pay for that. Moving her

forward to the beginning of her present life I asked her again to tell me why she had chosen her parents. She said she wanted to pay off her karma in one lifetime and have it done so she could move on in her spiritual development, so she had chosen to suffer that difficult experience.

When she sat up from her session, she looked at me and said: "I should thank my parents for being the instruments through which I could pay off my karma." At the moment of that insight she felt quite whole and clear about the entire experience, but she called me a few weeks later and asked for a session to help her integrate this understanding at the emotional level. That integration seemed to be successful.

Few cases would respond so positively and quickly, but Diane had a number of years of studying, reading, meditating and attempting to practice what she "felt" about life. She undoubtedly came into this lifetime with well-developed soul knowledge of who she was. Her very reason for selecting her parents was to pay off her own karma with their help, so while she reacted as a normal human being to abuse, an inner knowledge sustained her as she sought to understand rather than capitulate to anger and hate. When individuals do not manifest this soul knowledge it takes many sessions for them to reach an understanding of where they are in their own evolutionary process, but past-life therapy is often successful in accomplishing this.

Case 4: The Power in a Dying Thought

After a few years of using past-life therapy, I observed certain clear patterns beginning to emerge. One of the most significant, because of its impact on the entire subsequent life of the individual, was the discovery that the last conscious thought before the life essence left a physical body was somehow carried over into the next incarnation. Such thoughts as "life is not fair," "I'll get even with the bastard," "I am no good, I'll never make it," "I will have to pay for this," and so on, seemed to be carried in the memory, although not on a conscious level, and are acted out in the ensuing life.

The case of Albert illustrates this pattern. He arrived seeking therapy for a simple problem. Unless he won at tennis or any other game, he was upset for the rest of the day. In the therapy session he achieved an altered state within a few minutes. He finds himself in an oven.

Therapist: Please tell me why you are there.

Client: My mother put me there so they would not find me.

Therapist: So who would not find you?

- Client: The soldiers. They are looking for boys for the army.
- Therapist: How old are you?
- Client: I am ten and I am afraid, but they find me anyway and I have to go.
- Therapist: Where are you, what country is this?
- Client: I live in Russia.
- Therapist: Tell me what happens next; move ahead in time.
- Client: Well, I am trying to be a good soldier, but I am not big like the others and I am afraid. Then the war comes and I have to go to fight.
- Therapist: How old are you now?
- Client: I am 15 but I am not very big and it is hard to be like the others—they are not afraid. I try not to show it. I try to be brave like they are.
- Therapist: Go on please, tell me what happens next.
- Client: When we get to the front and they start shooting at us I jump into a hole and something explodes and blows my leg off.
- Therapist: Then what do you do?
- Client: I can't do anything. I just lie there and I am getting weak. I think I am going to die. (Shows considerable distress in voice and manner).
- Therapist: Do you die?
- Client: Yes.
- Therapist: Before you die, please get into your thoughts and tell me your last conscious thought before your spirit leaves your body.
- Client: I am a coward. I lost.

Albert had come to California from another state, and two weeks later he called to report that he was entirely free of the symptoms. He had played tennis with a friend that morning, lost the game, and felt all right about it.

Transformational Techniques

Transformational techniques for dealing with guilt have been incorporated in the above case histories. However, a few additional statements may be helpful in understanding this process.

It is probably safe to say that guilt will be a factor in the majority of clients who seek any kind of therapy. Frequently the client is unaware of the guilt and has never recognized that his behavior is motivated by this emotion. An example of this unawareness is the individual who cries frequently and grieves excessively following the loss of a loved one. She may feel responsible in some way for the death, or, may feel guilt, because she is glad to be free of the relationship. Often children suffer deeply from such guilt, believing that they are somehow responsible for the death.

Any single case may take many sessions, or it may be resolved in two or three sessions, but the underlying purpose must always be kept in mind as the therapist leads the client through the interrogative process, constantly directing the questions toward an insight into the purpose of the experience the client is reliving.

An imperative in this process is to assist the client in recognizing that none of his physical experiences is the major factor, but the important consideration in every event is the client's attitude, or the manner in which the problem is handled.

An analogy that can be used when a client is feeling that all of his lives have been one failure after another is the scientist or the inventor who tries an endless number of times to solve a problem and seems to be making no progress. Each of those failures has taught him what will not work, and after many trials he succeeds. So in life, we may seem to be failing, but as long as we are trying we are making progress. A few carefully chosen questions will lead the client into a recognition of his own progress.

Out of his own creativity every therapist will develop analogies and imagery that assist clients to their own insights. One which I have recently been employing to facilitate the exploration of as few past lives as possible is to ask the client to imagine a long row of dominoes standing upright. Each one represents a past life. Everyone knows what happens when you push over the first domino. So, I suggest we go back to the first life that is significant and directly connected with the current problem and by-pass the intervening lives. I may even suggest that

perhaps it was a life in which the client had considerable power or influence and misused it. When this technique is successful it not only saves time but provides considerable insight into the responsibility the client must assume for his experiences. Often, he will touch quickly on two or three intervening lives which give insight for the current one.

An example of this is a young woman who saw in this process how she was totally responsible for the three lives in which she had been so badly treated. After exploring each one briefly she said: "If I had not been so rebellious and angry, they would not have treated me so harshly. It was my own fault." This insight opened the way to an exploration of where she is now, and the importance of letting go of the guilt she is carrying because of her former anger and her refusal to forgive and love.

Another objective for the therapist in dealing with guilt is to help the client to understand the real meaning of love, first by loving himself. In order to do this, the client must first be able to forgive himself, and often this can be done only through the use of questions that will reveal to him the purpose of the act which is causing his guilt. This is particularly difficult when the client discovers an act of brutality or violence in his past history. But even in such cases the long-range purpose of a negative past act can be discovered through carefully selected questions.

General Principles

There are certain principles which can serve as guidelines in working with all clients once the therapist has incorporated these into his own philosophy and become acquainted with the range of transformational techniques.

The *first principle* is the law of cause and effect. An understanding of the power of this law in the spiritual as well as the physical world is imperative for the past-life therapist.

The *second principle* or axiom states that every individual is responsible only for himself, and he literally creates his own environment, consciously or unconsciously. It is the obligation of the past-life therapist to assist the client in assuming this responsibility and programming his life on a conscious level.

The *third axiom* deals with relationships, and when rightly understood it provides an invaluable tool in counseling married couples. It states that no one has a right to try to control or coerce another individual. Everyone's destiny path is unique for that person only, and freedom to express in that path is everyone's right.

The *fourth axiom* is one of the most difficult to accept, yet it carries profound meaning and is one of the most powerful tools for helping the guilt-ridden client. It states that nothing is bad or good, that all events are relative, and they are also relevant. With this insight the client is able to put his past deeds in perspective and recognize them as part of his own spiritual education.

Understanding of the *fifth axiom* is mandatory for an objective approach to the illnesses and emotional pains of all clients. It is the recognition that all pain, emotional or physical, is a clear message from the body or the mind that something is wrong and requires our attention. Unfortunately, we dash off to the doctor and accept shots, drugs, and surgery to mend our bodies. There is no longer any question about the power of the mind to make the body ill, or to restore it to health. Using the techniques of past-life therapy, a client is often able to diagnose his own problem, and with that insight change whatever attitude is causing the physical dysfunction.

Finally, past-life therapy centers on the ultimate purpose of life, which is spiritual evolvment, and the most powerful force available for achieving that goal is the expression of love and service. This is every person's goal and it has been recognized and taught since the beginning of time. It exists in the literature of all literate cultures, yet it has never been widely practiced. The past-life therapist, with regression techniques which can reveal the limitless capacities of the mind, holds a remarkable opportunity to introduce man to him and open the door to an expanded awareness which will lift the consciousness of all humanity.

References

- Ard, Ben N., Jr. Ed. *Counseling and psychotherapy*. Palo Alto: Science and Behavior Books, 1975.
- Beyer, Maximilian. *The purpose of life*. New York: Philosophical Library, 1977.
- Cousins, Norman. *Anatomy of an illness*. New York: W. W. Norton & Co., Inc., 1979.
- Fiore, Edith. *You have been here before*. New York: Coward, McCann and Geohegan, Inc., 1978.
- Frankl, Viktor E. *Man's search for meaning*. New York: Pocket Books, 1972.

Hall, Manly P. *Reincarnation, cycle of necessity*. Los Angeles, CA: Philosophical Research Society, 1967.

Hutschnecker, Arnold A. *The will to live*. Englewood Cliffs, New Jersey: Prentice-Hall, 1958.

McKenzie, John G. *Guilt, its meaning and significance*. New York: Abingdon Press, 1959.

Kubler-Ross, Elisabeth. *On death and dying*. New York: Harper & Bros., 1955.

Maslow, Abraham. *New knowledge in human values*. New York: Harper & Bros., 1955.

Montague, M. F. Ashley. *The direction of human development*. New York: Harper and Brothers, 1955.

Needleman, Jacob. ed. *On the way to self knowledge*. New York: Alfred A. Knopf, 1976

Woolger, Roger J. *Other lives, other selves*. New York: Doubleday and Co. Inc., 1987.

An Essay on Emotions in Regression Therapy

by Hans TenDam

Regression therapists deal with mind states: negative mind-sets that are recurrent and persistent, or positive mind-sets that are rare and elusive. If negative mind-sets are rare and elusive, or positive mind-sets are recurrent and persistent, people don't need therapists.

Our mind-sets are coloring and flavoring our experiences and our behavior through our emotions. They are focusing and structuring our experiences and our behavior by our mental programs. They influence our physical condition, and they are influenced by our physical condition. It is difficult to be happy or angry when we are weak. It is difficult to be curious when we are sleepy.

How many different mind states are there? How many flavors are there? How many colors are there? There are as many colors as we can distinguish, but we can produce all of them with only six: red, yellow, green, cyan, blue and magenta. There are also fundamentally only five or six different tastes.

If we would list all words in the dictionary that describe mind states we may come up with a few thousand. If we would take out the synonyms (no easy matter), we would still end up with a few scores of years.

So what are the primary mind states that we come across in regression therapy? And how should we list them? Let us start with the main emotional flavors. Regressionists often call these 'charges.'

All over the world seven emotional states are recognized from facial expressions: sadness, happiness, anger, fear, surprise, disgust and neutrality. What does that mean? First, these emotions are expressive. They communicate themselves, even if we don't particularly want them to. Second, their expression is independent of culture. Third, they involve the body. So they are basic in the sense of pre-historical, primitive. Most likely, Stone Age (8,000 BCE-2,000 BCE) people will have had them already.

How do we meet them in therapy?

Happiness: High-energy. Usually in short supply with clients. Rather often associated with childishness. Can be found and actualized.

Sadness: A common low-energy charge. Depression is the usual label. The body is dragged along.

Anger: From irritation to impotent rage. Loss of control is imminent. Violence is lurking.

Fear: A clear-cut case for therapy. Can be high-energy (running) or low-energy (freezing and paralyzing) or both (panic).

Surprise: Persistent surprise is child-like; inability to be surprised is robot-like. Control freaks dislike surprises, either out of fear or out of disgust. Surprise itself is rarely a case for treatment. Fear or disgust underlying obsession with control is.

Disgust: Together with fear in horror. Fear is for what is still outside. Disgust is for what is almost inside - or already inside. Anger, fear, surprise and disgust are related to our boundaries.

Neutrality: The indifference of a robot or the serenity of an angel. Or in-between: like in autism. Psychopaths are often robotic. Calm and rest and peace and serenity are sought-after states of neutrality. For Buddhists and scientologists the acme of their art. For regressionists a problem - or a half catharsis.

In general, these emotions when they are chronic and especially when they are suppressed, burden the body. The most common are the responses to frustrating life situations: chronic and repressed sadness and chronic and repressed anger. The case is worst when both emotional reactions are there at the same time. The implosion of sadness and the explosion of anger can be hindering and thus can block each other.

In frustrating work situations, disgust and fear may join hands. Disgust with what is and fear for what could be—if we would leave the disgusting work conditions.

Besides the anger-sadness knot and the disgust-fear knot, we have the surprise-neutrality knot—when we feel aliens, outsiders, and feel disconnected from society—even from reality. Things seem strange, but we are surrounded by them, and we can't escape them, so we try to disconnect from our emotions into neutrality. All these knots prevent happiness, so we become addicted to drugs, to music, to reading, to being in love.

How do these 'basic' emotions present themselves if they are simply themselves?

Happiness: I am the state of overflowing energy and zest for life.

Sadness: I am the state of weakness and loss. I float and drift and bob up and down and tend to dissolve.

Anger: I am the state of power. I overcome resistance. I am destroying or threatening to destroy what wants to invade.

Fear: I am the confrontation with danger. I run and hide. Or I freeze and die. Anyway, I don't want to be here!

Disgust: I am repulsing what invaded or what is about to invade. (Anger is against what is still outside.)

Neutrality: I am the state of business-as-usual.

Surprise: I am the discoverer of business-unusual.

These states rarely stay internal. They express themselves and so communicate themselves to others.

Happiness: I am glad to see you! Come closer! But don't hamper me, please!

Sadness: I deserve your sympathy and consideration. Help me!

Anger: Go away! I will defend myself if you come closer. Or I will attack you if you don't disappear.

Fear: I don't want to be here! Ignore me! Or let me go!

Surprise: I hadn't expected you!

Disgust: Get out of my space! Get out of me!

Neutrality: Oh, there you are. But you could have been not here as well.

Happiness and sadness invite others to come closer. Anger, disgust and fear tell others to move away. Surprise and neutrality don't tell others what to do. In anger and disgust, we close our mouth. In fear and surprise, we open our mouth. Neutrality is ignoring. Fear means wanting to be ignored.

All these emotions, even the negative ones, are natural when they relate to actual situations. They become problems when they become either chronic or recurrent, and even can be unrelated to the actual situation.

Which are common cases for treatment?

- Chronic irritation or recurrent outbursts of anger: temper tantrums
- Chronic sadness or recurrent depression
- Chronic shame or guilt
- Chronic or recurrent disgust; being fed up
- Chronic anxiety or insecurity or recurrent panic attacks
- Chronic or recurrent feelings of humiliation
- Feeling stuck, continuously or intermittently
- Chronic or recurrent confusion
- Chronic loneliness or feeling lost
- Obsessions, fascinations, compulsions
- Chronic fatigue

Other chronic states could be suitable cases for treatment, but rarely are because the sufferers don't suffer under the condition—rather other people do.

- An overblown sense of self-worth, undue pride, vanity, narcissism
- Chronic neutrality (indifference, apathy)
- Chronic, unwarranted happiness
- Chronic jealousy or envy
- Chronic lust.

In my practice, emotional problems of clients often come in pairs. The most common are the basic responses to frustration—anger and grief, often at the same time. Anger and fear are the second most common couple. Shame and guilt come later. Fear is often tainted with disgust. Neutrality can be a real challenge. It often is a response to raw pain: physical pain, psychic pain and spiritual pain.

Are the other mental states varieties or combinations of the 'basic' emotions? Not necessarily. The basic emotions are emotions that people from very different cultures recognize from pictures, basically portraits. But if we include the complete body posture, other states may become recognizable. If we include movement, again other states may enter the list of universals. Insecurity, for example, could be expressed by hesitating body movements and shifting looks.

Anger wants to express itself in action, in the extremities. Stamping or kicking, slapping, hitting or punching. Among civilized people, aggression tends to become verbal: shouting, insulting, swearing. Biting is a more atavistic response, only very rarely indulged, and then usually by women in the author's experience. At least we can bite on our own teeth and clench our jaws.

Emotional states like despair may be expressed in cultural conventions like throwing the hands in the air. Expressions of love have a culturally determined choreography.

Other states, like shame and guilt, may not be as easy to recognize as "not showing" is part of the emotional state itself.

Also there are states that are more introverted and more gentle and don't show so clearly, though they all seem to involve the body, such as a show of satisfaction, chuckling to oneself, displaying self-assurance, tenderness, or goodwill. These states seem more like states of mind than emotional states, but they have an essential emotional flavor.

One more observation about our emotions and our body—we express emotions by expressions on our face, by our voice and by our gestures. If emotions overpower us, our whole body is involved: we dance from joy, we cringe from misery and we cry—not only with grief. But if we overpower our emotions, if we lock them away, we lock them away in our body. Many authors assume that specific emotions reside in specific body parts. Though there may be some truth in that, I have become convinced that emotions may be locked in a body part because of a physical trauma at the time of an overwhelming emotion. If you feel desperate and at the same time numbed because the love of your life is leaving you and you stumble and injure your left knee, there may be a connection between despair and knee problems for the rest of your life.

And if we suppress emotions, the resulting tension may simply go where our body is weakest. Stress may collect itself with one person in the spine, with another in the intestines and with a third in the throat, depending on where the body is weakest and least healthy.

Possibly, the more mental content and the more communicative, the more the expression of the state is culturally malleable. Love essentially requires more subtle communication than hate, so the forms are more culturally determined, and less universal. Though there is convergence between cultures. Internationally, the dominant patterns to express love are shaped by Hollywood—and Bollywood.

In my experience as a regressionist, the people that most easily express emotions are the Brazilians. No wonder their *telenovelas* and their carnival are international successes. The people that least easily express emotions are the Japanese. And the basic emotion least felt, least expressed in Japan is anger. Therefore violence is highly ritualized there.

Now the largest concentration of Japanese outside Japan is in Brazil. Interestingly, it seems they as easily express emotions as neutralize them. Possibly, they could make the best therapists to deal with clients that have emotional problems.

There is one other aspect of emotions that is worth mentioning. Many people who rebel against the dominant rationalism of our time declare themselves to respond more from their feelings. They speak about emotional intelligence, and they defend their choices and their judgment by statements such as, "that is just how I feel about it." It is an effective discussion-stopper. Another statement such as, "I just feel he can't be trusted," when combined with real or imagined psychic gifts become unassailable.: "Her aura is superb," "This room has a dark presence."

People who say such things could be hiding from others—as well as from themselves. Their emotions follow thoughts. They just *think* that somebody can't be trusted, but if they would acknowledge that as truth uneasy questions could follow: Why do you *think* so?

How do we work with that in regression? We regress. We suggest the client to go back to the first time this thought was thought or the first time this feeling was felt. Then we find the reasons for the thought—the root of the mind set. We may find that it is often a reaction to a rather intense experience. Or it entered their mind through the more or less hypnotic presence of another person. We may even discover that their emotion isn't their emotion at all. Rather it has piggybacked on a hypnotic message from somebody else. Few messages are really neutral, most are charged. Sometimes, even neutrality is a charge—when it is a mind state that is a kind of trance.

When a more or less hypnotic mind state is released, we wake up, but also the emotional charges are released as well as somatic charges. Mental freedom, emotional freedom and bodily freedom go together. Just as mental un-freedom, emotional un-freedom and bodily un-freedom go together.

Emotional freedom is not freedom from emotions, but rather the freedom to enter and to leave an emotional state—the freedom to be happy and the freedom to be unhappy and not getting stuck in either state.

Emotions flavor our problems and our solutions. They flavor our sessions. We should be able to taste them without getting carried away with them. The ideal therapist is like a Japanese-Brazilian. Dutch people hardly qualify; they are too blunt.

At least that is just the way I feel about it.

Combining the Fast Phobia Technique with Regression Therapy

by Tulin Etyemez Schimberg

Abstract

“Fast Phobia” technique of NLP is one of the useful tools which can be combined with regression therapy. Past life regression therapy is used to go to the sources of the phobia, moreover, the technique is used for the reframing of the problem. Richard Bandler is the creator of the technique.

“Fast Phobia” is a well-known NLP (neuro-linguistic programming) technique from Richard Bandler (Bandler & Grinder, 1979). It is also called “movie technique”. This technique reframes negative memories. I find this technique quite useful for reframing after past life regression, especially when phobias are involved.

We may define a phobia as an extreme or irrational fear or aversion to something. This article doesn't discuss different types of phobia. It gives steps of a very simple technique that can be used for any phobia.

It is usually applied with phobias that have a known source. We find often a past life situation as a source, but it could be also a memory coming from ancestors. This technique can also reframe traumatic events and relationships. It reduces the effects of the trauma.

It is important to take a detailed intake interview. Ask your client to explain the phobia. Take the whole history of it.

When you start the session, ask your client to explain the phobia briefly:

- When did it start?
- What is its main emotional charge?
- What you are afraid of: has that a special meaning for you?
- What does the client manifest when he/she is really afraid?
- Has there been any specific triggering event in the present life?
- What is the family background of the problem?
- How does this phobia affect the client's life?
- Is there any secondary benefit from the problem?

The first step is to regress to the source of the phobia. Start with memories from the present life. When your clients are in trance, ask them to recall the event that started it all. You may regress them to the latest event, then the strongest event and the initial event.

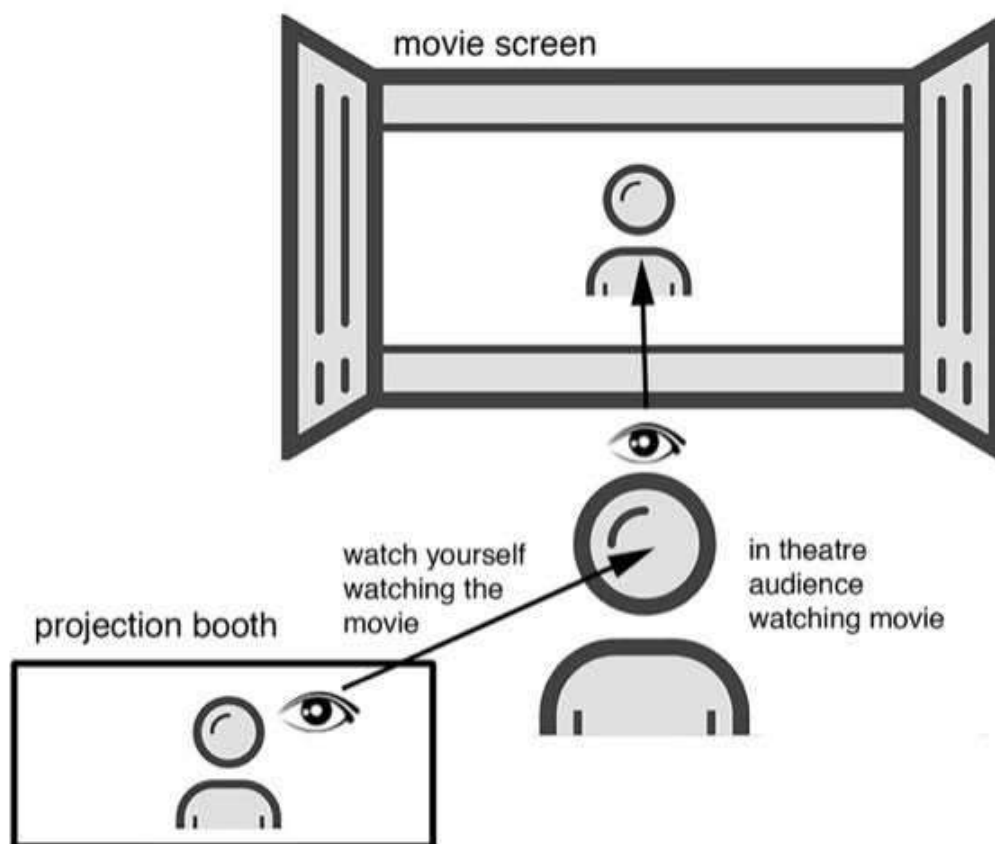
With their eyes closed, ask them to rate their fear on a scale of one to ten. With ten being completely overwhelmed by their fear, and one being no fear at all. This is called calibration and will be used for testing later on.

Use bridge techniques to go into a past life. Memory bridge (emotional and

body reactions) and personifications are the most common techniques to past-life memories. Work through the past life experiences and clarify the connection with this life. Complete the entire past-life process, including the entire past life story, death moment, dialogues, body reactions, connections with this life and life plan. Then continue with the steps below.

If you are working only with present life memories, you can get the scale of the phobia, and ask them bring the event to their mind. Increase the impact of the memory at their body.

You want them to feel the emotions associated with the event in their body. Ask them to imagine a situation where the phobia is active. Try to get related emotions. Have your clients step out of the memory or situation, and ask them to imagine that they're sitting in a cinema, an imaginary movie theater, in the first row watching themselves on the screen.



The movie is about them and their phobia. However, they are just watching themselves having the reaction as the scene plays out. On the screen you can also play the past life scenario from the session you just did.

They may have their favorite drink and food with them (popcorn, etc). Help them to feel comfortable within this environment. This step teaches them dissociation. Observe their body language and facial expressions.

Suggest that the movie is just playing on the screen, and that your client is not really paying attention to it. It's in the background. They are sitting safely in the first row of the cinema and attentively listening to your voice.

Now have your client float out of their body and take a seat six rows back in the cinema.

They can still see themselves in the front row sitting, and the movie of the trauma playing in the background. This creates a double dissociation.

Next, say something like, *As you listen to my voice, you're now sitting six rows back from the front row of the cinema. You can clearly see yourself in the front row and yourself on the screen.*

Repeat this pattern two or three times so they learn to take that position.

Or the other way: *Now move into an imaginary projection booth. Invite the person to look out of the projection booth at themselves sitting in the theater seat observing a black-and-white picture of them on the movie screen. They will see the back of their current self observing the even younger self on the screen.*

They now watch themselves watching the movie. This will begin to remove the emotion from the event and to recode it from a different perceptual position.

So the client has doubly dissociated from the traumatic event.

Next, ask them to float back to the first row and into their body, having them nod their head when they're there.

If the client shows signs of stress when you ask them to move closer, have them do the next steps from the sixth row.

Tell your client to now see the end of the movie, where they survived (and are feeling safe) and ask them to take a picture, or a mental snapshot, of it with the writing "THE END".

Next, have your client nod their head when they've got a snapshot and then ask them to think about an uplifting song without lyrics. Maybe even sing it out loud with them, or better yet, play a song that you selected in advance (not necessary all the time).

Have them hear the music louder and louder. If it is in their imagination, ask them to turn up the volume in their head. If you prepared a song, turn the song up instead. This overrides anything their mind was busy with.

Next, have your client step into the picture on screen as if stepping into a new theme, the picture where they survived. The music is playing while they are stepping into it. Or they go just in front of the screen displaying the part with phobia, and watch the screen from a reduced distance.

Then suggest everything goes white, like they have been looking into the sun and everywhere they look is white and faded out. Make a swoosh sound after the suggestion. These swoosh sound and the image where everything goes white is a double suggestion that the significance of the traumatic event is wiped clean from the memory, or a vacuum cleaner that sucks everything in it.

Now tell them to stand up and go to the front facing the screen and watch the movie as it is being played backwards at twice the speed with the music still on. You may also make a sound like rewinding. The rewinding sound is optional although it helps in the suggestion.

Then finally, tell them to become the part that was sitting in the first row and together get out of the cinema. Feel the nice weather outside, sun is shining above. Anchor nice feelings.

Bring them out of trance and have your clients open their eyes. You might say, "Now I'm going to count from 1 to 3, at the count of 3 you'll come back into the room feeling comfortable, refreshed, absolutely wonderful."

Next, ask how the experience was for them and listen to their response. Have a chat and even do a mini trance based on how they feel and suggest

they already have overcome the phobia.

Ask them to think about the event and calibrate again on a scale of 1 to 10 where they are now. If they are not below 4, you need to continue working with them, do more regression sessions.

Test and Future Pace¹ to see if the client can access the phobic state, preferably while standing up. You may say, *Imagine living that situation right now*. Or move the client forward in time, one step at a time: one month later, six months later, one year later, five years later... and check if they still have the phobia or not. *Go one month later in time, check if you have the fear or not*.

This technique can make your sessions more effective. I use it very often when I work with children.

¹ An NLP technique to determine if the phobia is evident in the future.

References

Bandler, R. and Grinder, J. (1979). *Frogs into princes: Neuro Linguistic Programming*, Moab, Utah: Real People Press.

Bodenhamer, B. G., Hall, L. M. (2001) *The user's manual for the brain: Part III dissociative frame for phobias and trauma*. Carmarthen, U.K.: Crown House Publishing.

Articles: Case Studies

Hips and Horses *by Heike Bettendorf*

Abstract

In this case the author explores a combination of body work with regression therapy and applies personification² and energy work to include animals.

The client:

In April 2015 a client came to me for body training after a hip replacement, which had been done on March 2015. The 51-year-old woman had decided to recover from her operation on the island of Fuerteventura.

She had been born with Perthes disease³ (Orthoinfo, 2015). She was three years old when the diagnosis was made, and at first, she was not allowed to walk. At age four to five she had to wear an iron shell around the right leg and a five cm high special shoe on the left.

¹ Ed. note. This is done through personification as developed by Hans TenDam. He defines the process as, "Therapy that evokes parts of ourselves appearing as separate individuals. Personifications are parts of ourselves, that more or less lead their own lives... In personification, personal parts and outside influences are visualized as separate persons, that can be addressed, interacted with, healed and either released or integrated." (TenDam, 2014, p. 401)

³ Perthes disease is a rare childhood condition that affects the hip. It occurs when the blood supply to the rounded head of the femur (thighbone) is temporarily disrupted. Without an adequate blood supply, the bone cells die, a process called avascular necrosis.

Perthes is a complex process that can last several years. The weakened bone of the head of the femur (the "ball" of the "ball-and-socket" joint of the hip) gradually breaks apart. Over time, the blood supply to the head of the femur returns and the bone grows back.

Perthes disease—also known as Legg-Calve-Perthes—typically occurs in children between 4 and 10 years old. It is five times more common in boys than in girls. However, it is more likely to cause extensive damage to the bone in girls. In 10% to 15% of cases, both hips are affected. The cause of Perthes disease is not known.

At age seven all seemed OK. At the age of 13 she again had pain and the doctor prohibited further horse riding. Another doctor suggested an operation when she reached 18, to take four centimeters of bone out of the left leg.

From age 40 to the age of 50 she repeatedly went to the osteopath and several therapists. At the age of 50 she couldn't ride anymore because of too much pain in the right hip. Her profession at that time was working with horses for difficult children.

The training:

I noticed pain and stiffness in her right shoulder. Because the operation had been only five weeks before, I started with light movements according to the Cantienica-Method (The Cantienica Method, 2018). In this method the client stretches and aligns all bones according to the blueprint of the human body, in a way that all muscles, chords, ligaments and fascias regain their basic tone and vividness.

In the following weeks, I worked with her on a mat or in warm water pool. By the time she trusted me, I suggested a regression session on the bodily sensations that came up several times during our training: body parts blocking or feeling divided in two halves.

Regression sessions

In the first sessions, we explored situations in her childhood: not being allowed to do things like other children and her resistance against those prohibitions.

Her right leg was always hindering (forbidden), her right shoulder was stiff. My interpretation of what she was telling herself: I always was limited by too many do's and dont's. I will do it nevertheless. I love to do forbidden things.

The body had absorbed this resistance. Without this resistance, she felt uncertain in performing movements, not trusting herself. If she focused on where the movement should go, it improved.

In one session she found herself as a five-year-old girl wanting to run down a hill to a pond while her father grabs her arm to prevent her running to it.

In this session I again found energy from other people attaching to the body of the client. During the session, she experienced this as a huge weight. Because I also work with the body of the client in the training, I could feel this heaviness: the weight of two arms in one.

We worked on the relationship between father and daughter. The father is extremely concerned and cares about her. Throughout her life, a strong symbiosis of mutual care of father and daughter had developed.

Therapist: *Is that the first time, you care like this for each other?*

Client: *No.*

Therapist: *How long has this been the case?*

Client: *Long time*

Therapist: *Several lifetimes?*

Client: *Yes.*

After that session the right shoulder was softer and there was less pain. She also had more understanding for her father.

In the next weeks I focused on her hip and legs to improve her ability to walk again.

In a next session we started by connecting and aligning the body. At which time the left leg and left pelvis became heavier and heavier. This was the leg where a piece of bone had been removed. We did a regression.

Therapist: *What feeling comes with that heavy leg?*

Client: *Hopelessness.*

Therapist: *What else?*

Client: *Not being allowed to move.*

While exploring that feeling, a situation at age 18 emerged. She should have surgery to shorten the left leg, but due to a misunderstanding between the doctors, they just anesthetized her without operating. When she awakes, she is frustrated, cries and feels hopeless, mainly in her left leg and whole hip.

Therapist: *Go further back on that feeling of being hopeless, with a heavy leg and hip.*

Client: *I am about five years old, sitting under the kitchen table and not allowed to move.*

We went further back to where this feeling was first experience. She is a native American man about 50 years old, sitting in a prairie in front of a fire, waiting. Because there has been heavy fighting, just a small group of his tribe is left, about 15 people, mainly women, children and elderly. He is the only man left who can go hunt bison. The tribe will be lost without the food. But hunting alone, he only can wait where he expects the herds to pass.

Client: *I can not leave. I have to wait.*

Therapist: *How long do you wait?*

Client: *Very long, weeks.*
Therapist: *What do you eat in that time?*
Client: *Nothing.*
Therapist: *Are you still waiting there?*
Client: *Yes. [She cries.]*

We make this Indian aware how he died at that place, waiting without eating and drinking. His horse remained with him and died there as well. They had a strong connection.

Therapist: *Would there have been any other possibility to resolve this problem of having to hunt alone for food?*
Client: *Yes, ask my wife for help...*

But a proud Indian man does not do that—it never has been done before. She sees the same behavior in the present life, difficulty in asking for help.

We freed that Indian man from his place and spoke with his wife and tribe. The pelvis was encrusted at that place in front of the fire, waiting and not allowed to go.

Then we liberate the five-year-old from being stuck under the table, and the hopeless 18-year-old. In the energy work, she gets back the energy of the cut piece of bone from the left leg, blood, muscles and tissue and we reconnect both legs with the pelvis.

The next session we worked in the sitting position. She noticed that in lifting up one leg and then the other, the heaviness of the right leg was very different from the left.

Therapist: *First impression: is this your heaviness or from another?*
Client: *From another.*
Therapist: *Whatever heaviness is in that leg is softly floating out and rests aside, on that chair. Your first impression: is it solid, liquid or cloud-like?*
Client: *Solid. It is a huge block of metal. ... It is the metal from my hip replacement!*
Therapist: *Thank the metal for helping you, that you can walk again. Is it changing?*
Client: *Yes, a bit smaller*
Therapist: *Take out the energy of all the people who have touched it: the doctor, the nurse, the factory, the one who sold it. How is it now?*
Client: *Wow ... very small*
Therapist: *From which area of the world is it coming?*
Client: *Oh, not from here ... from space?*
Therapist: *May be ... so it knows how it is to be without gravity.*

Client: (laughs) *Oh, yes!*

Therapist: *Now here we have gravity. But we as humans can do things light as well. Thank the metal piece again that it is helping you to do your light movements. How does that feel?*

Client: *Very good ... and lighter.*

Therapist: *So, try this movement of the leg again—lighter and softer*

Client: *Ah, this is a big difference.*

The following weeks I did short sessions when needed and we continued the training of the body from time to time. She was now able to walk and even run without pain and she could ride horses again. I was happy to see her be independent. After some months she left the island to go home.

Horses:

In January 2018, I got a message from the client that she would come to me for one week and do a session because her left shoulder hurt. I was curious—what had happened?

When she arrived, she enthusiastically told me about her new training. She had started to become a horse therapist with the FEEL®⁴ (Horse Spirit Connections, n.d.) program. I asked her if maybe the hurting shoulder could come from working with the horse, using a rope? She replied indignantly that everything is done without rope and bridle, just with the free will of the horse, never forcing it.

When she was laying on the mat, I noticed her left shoulder was the firm and pushed forward.

In her training, her instructor had her put cones and wooden poles on the ground in the riding arena. Without forcing and touching, the horse should follow her around those objects.

But the horse did not comply or even turn its head in her direction. Tears came to her eyes when she talked about it. The instructor asked her what was on her mind. She said it was the cones and poles. “And what do you want in life?” he asked her. She talked about her life goals. In that moment, the horse turned towards her and walked with her the entire way along the poles and cones.

However, she was still disappointed and frustrated.

⁴ FEEL (Facilitated Equine Experiential Learning)®. This approach wants to facilitate the reconnection of heart and soul inspiring healing and growth. It is a modality which involves the horses' willing participation in assisting people to discover their potential.

Therapist: *Zoom out above that arena and look from a distance at yourself. What do you see?*

Client: *I am putting the cones and wooden bars and think about where to place them.*

Therapist: *The cones and wooden bars are...?*

Client: *Obstacles!*

Therapist: *You look on the obstacles and the horse does not move. And it moves when ...?*

Client: *Oh my God! When I focus on my way, my goals! (She is crying and laughing at the same time.) It is so easy! So obvious!*

We talked about horses and her new training. She had one horse for her future therapy business, and the second horse was more of a gift. She was in a stable to look after a horse to buy, when the owner of the stable showed her one horse that should be euthanized because nobody could touch and ride it anymore. All therapies had failed. So, she took it with her for free. She had started to work with that horse and after half a year it was a bit better, but the two hind legs were still in bad condition.

When horses are so sensitive—would it be possible to work as well on them?

The Sherlock Holmes inside me woke up. I suggested—I had never have done that before, but when these horses should become her therapy horses and partners—maybe we could do something for them? She agreed happily. I asked her to personify the horses on a nice location—her horse pasture. The new horse had the energy of her former owner inside: a tall and widely gesturing woman.

Therapist: *How much of that former rider is inside the horse?*

Client: *About 70-80%. A lot!*

We told the horse there was no need to retain this energy, that it could release it.

When did the horse become vulnerable? Standing as a young horse in the pasture, a wild and crazy horse frightens her. In that moment, a cold energy of the wet part of the pasture under her hooves enters in the hind legs. First we released that cold energy, then reintegrated the young foal. At the end, we asked the horses, how should they be cleaned in the future after sessions with clients? One just would shake itself, the other wanted to be brushed afterwards.

Two days later the daughter of my client reported that on a vet appointment with the difficult horse, it had been X-rayed and examined without problem or

anesthesia. Some weeks later the client wrote me that both horses had now a different and 'smooth' energy

This case was a lucky coincidence. I just listened to what the client said and felt and trusted her process. This client was open-minded and curious as I explored backgrounds and origins. I was able to help her to become independent and pain-free in her body again. She understood her struggles in life and transformed them into a foundation for her new work as therapist with horses.

In this case I again found how important it is the deliberate integration of artificial parts such as hip joints when there is no way to avoid it. The client gets a different body balance and gains energy.

I did this as well in other cases: with titan pins in bones, screws and even dental implants. In 2016, in Germany only, there were more than 232,000 hip replacement operations. The number of artificial body parts is increasing. Regression sessions on this topic can help clients greatly because implants have a huge impact on the body system.

I am still not sure which aspect of the body is holding all this information of injuries and blockages from the present life and from past lives. It seems some kind of 'authority' connected with the fascia web in the body—to let the information pop up right in the moment when it can be processed. And the body never lies!

The body is present in all our sessions and when we as therapists allow it to express its inherent wisdom, it is a wonderful partner.

As therapists we talk about how to get back the integral view of the body (and the world) as a whole, but usually we treat them as independent aspects. We need to act integrally.

I was in the lucky position to be able to work with this client in the body training and the regression therapy—but I am sure that without the regression work the results would not have been the same. For me it is one of the most important and useful tools to open doors for clients who want to take responsibility and develop themselves further.

I think we regression therapists are sometimes like a conductor of an orchestra. We may not be able to play all instruments, but listening, hearing and understanding their special sound, we may let each of them perform in the right moment, hearing the music as a whole.

References

- Cantienica Method, The, (2018). The perfect introduction. Retrieved from <https://www.cantienica-method.com/blog/the-perfect-introduction-to-the-cantienica-method>
- Horse Spirit Connections. (n.d.) FEEL: Bringing the insightful teachings. Retrieved from <https://horsespiritconnections.com>
- Orthoinfo. (2015). Perthes disease. Retrieved from <https://orthoinfo.aaos.org/en/diseases--conditions/perthes-disease/>
- TenDam, H. (2014). *Deep healing and transformation: A manual of transpersonal regression therapy*. Utrecht, Netherlands: Tasso Publishing.

**In Search of the Mother Through Time: An Unusual Case of Healing
Involving Past-Life Regression, Spirit Releasement,
and the Love of a Mother**

by Joseph Mancini, Jr., Ph.D., CCHt

Abstract

An exhausted mother comes to the hypnotherapist for help for her six-year-old son, who is beset with multiple physical symptoms and complains of something's clinging to him at bedtime. The hypnotherapist suspects that the child is suffering from the consequences of an attached spirit, that is, a ghost who had not gone into the Light after death. Though the hypnotherapist does not work with children, he intuits that the mother is somehow involved in the attachment. And, indeed, she is; for when the hypnotized mother does a scan of the boy's etheric body, she discovers that the spirit is another son, this one from a past-life, who has been looking for her for a very long time. She is able to help the spirit release her present son and find what he needs in the Light. The entire family soon experiences profound and lasting relief from an attachment that has negatively affected every member. Among other points, this case underlines the need for hypnotherapists to learn to develop their intuitive skills and to open to the very real phenomenon of spirit attachment.

As she slips her petite frame into the overstuffed chair I use for facilitating hypnosis, Elizabeth⁵ seems to relax more than she has in several years. Yet, her otherwise pleasantly attractive face remains somewhat pinched with the anxiety and exhaustion that have plagued her relentlessly for a long time.

Nearly seven years ago, Elizabeth had come to my office to deal with her frequent nightmares, often about death, and her trauma from the very difficult birth of James, her first son: he had gotten dangerously stuck in the womb when the midwife did not realize soon enough that he was turned the wrong way. Though Elizabeth felt that the midwife had betrayed her for not knowing about the problem sooner, Elizabeth feared that she, too, had been somehow a

⁵ All names in this article are pseudonyms. Other identifying data are also disguised. Elizabeth gave permission to print this case study after reviewing it.

betrayed her newborn's safety. Though there were other possible hypnotic paths to follow in this case, my most immediate concern was her doubts about being a good mother; accordingly, I suggested we start our work together by having her go to a past life in which she was an exemplary parent to reassure her that that skill was part of her spiritual DNA.

But her subconscious overrode that suggestion and instead brought her face-to-face with an image of her inner child wearing a "brimmed straw hat with a black ribbon and a short blue dress rimmed by thick black piping"; this sweet, little girl was walking along a beach, very excited to meet her. As Elizabeth remarked, "This girl [named Sophie] was . . . a happy girl, loving and capable of being loved, who was lost shortly after I was 5-6 years old when my family dysfunction happened and got in the way. My parents betrayed me and made me feel that what I wanted was not worthy, and so I lost my inner, happy child." However, in her hypnotic trance, Elizabeth cried in joy at the sight of that child and was able to reconnect with and hug Sophie, who told her that she had been stuck within Elizabeth, "waiting to be [fully] birthed." Moreover, Elizabeth discovered that James had felt the energy of her stuck inner child and "therefore became stuck himself." Now that Sophie had been freed to be seen and accepted, she could bring to Elizabeth a sense of love and security that Elizabeth had been missing; for, as a consequence of that lack, this devoted mother had been prone to seek too much reassurance from her physical children. Sophie had told her also, with the inner child's love now consciously available to her, Elizabeth would be able to display more patience with others whom she loved. Once Elizabeth consciously brought Sophie into her heart, she could access that inner child at any time by simply setting the intention to do so and becoming quiet and relaxed while placing her hands over her heart.

After that session, Elizabeth said, "... my nightmares all but disappeared, as did my fear of death." Having had what she described as a "life-changing experience," she then suggested that her husband and mother come for Life-between-Lives Therapy sessions with me. At the conclusion of those sessions, Elizabeth remarked, "All of our sessions were truly transformational and are still part of our everyday outlook." Yet, more healing took place a few months later, when she did a past-life regression with a huge group facilitated by Dr. Brian Weiss; in that regression, she went to a past-life in which, in a small hut at night near a campfire, she was an Eskimo mother dressed in big boots and furs who died in childbirth, though the child survived. As a result of her death in that regression, Elizabeth experienced a revelation: "I may have been subconsciously afraid that I would die giving birth to [James]." That fear, she

further surmised, might have contributed in still another way to his having had trouble being born.

A few days before she nestles herself into the huge hypnosis recliner in my office, Elizabeth wrote to me seeking help for her second son, Andrew, who is about two years younger than James. Even though she knew that I did not work with children, she decided to chance contacting me to see if there was anything I could do for this second son. As she explained:

In general, [Andrew] has many health problems that even his holistic Doctor can't quite get to the root of: asthma; allergies to foods, scents, medicines, bees, etc.; dark circles under his eyes; headaches; many feelings of pain that come and go such as back pain; and general feelings of being unwell. He is a very active 1st grader, and it has been debilitating for me dealing with his severe asthma and allergies since he was a baby. He also had a traumatic birth, at which time he almost died.

As with the traumatic delivery of James, Elizabeth, with a degree of post-traumatic stress disorder (PTSD), once again agonized when she believed for a brief time that her second son had died from a difficult birth (caused by his shoulders getting stuck in the womb); within a short time, however, the midwife saved him from being asphyxiated. Indeed, even though her second son had survived, his chronic, generally poor health has taken a toll for seven years on the family, especially on Elizabeth, who has not fully recovered from Andrew's near-death birth; and now, with Andrew's health scares, she has been suffering from numerous sleepless, anxiety-filled nights and emergency room visits.

But just a few weeks before she contacted me, the situation had worsened in a peculiar way. In her own, written words:

Just a month or so ago, my 6-year-old son, almost 7, began telling me at bedtime when he is trying to fall asleep that he doesn't feel well and that he feels like there is an extra part of his body attached to him that we can't see. I didn't make a big deal about it and assumed that this was just another passing complaint; but, since then, he has repeated this feeling/concern almost every other day when he is trying to fall asleep. Just tonight he told me that he

feels like there is something attached to him on his back; it moves around.

Moreover, her first-born son, James, who sleeps in the same room with Andrew, has felt every night before going to sleep, as does his brother, that “someone is watching me.” That eerie sense caused tears and fear in both of them. Elizabeth added that she remembered, for some reason, I had told her years ago when I last saw her that I did spirit releasement work, which, she believed, was pertinent to her son’s situation.

From her description of several of Andrew’s symptoms, I deemed it quite probable that a spirit had attached to the boy. Commonly referred to as ghosts, Earth-bound spirits are entities that have not gone into the Light after death for various reasons⁶ including, among others, major confusion and disorientation resulting from experiencing traumatic death to self, as well as to others. This confusion is often accompanied and exacerbated by limiting or erroneous beliefs about life, death, and how people are connected to each other. Though ghosts would always find what they need in the Light, they either do not know or trust that truth and, instead, try, unsuccessfully, to satiate their longings and needs on the Earth-plane through hauntings of places and attachments to living beings. However, because they are no longer in the flesh, attached spirits never fully get what they need; for their efforts rely on proxies they can only partially control. The effect on the proxies or hosts of these attachments can range from the development or intensification of physical problems and strange thoughts and emotions and actions to a sense of someone else’s being in or on one’s body.

No ghost, however, can attach without some kind of “invitation.” On the soul level, there is a spiritual contract between the attached spirit and the host for some mutual learning. On the level of three-dimensional life, the host consciously or subconsciously invites the ghost’s presence either through some direct request or some vulnerability that is a vibrational match to that of the spirit itself or its needs. For instance, an individual who might be very

⁶ Besides being disoriented by traumatic death, Earth-bound spirits may stay in the shadowy realm between this world and the other also because of an attachment (even addiction) to an earthly person, place, or thing. Still other reasons for staying include a desire for revenge or a need to control someone or an intense desire to complete something they left behind unfinished. Sometimes fear of the Light where they believe they may be punished for their transgressions while on Earth may also keep them from moving on. One of the strongest limiting beliefs of ghosts is that they cannot find what they are looking for or needing in any realm other than the Earth-plane. (McHugh, G., 2010) and (Baldwin, 1995)

depressed and in search of a someone who could understand his or her situation might thereby unwittingly invoke the presence of a spirit who has been no stranger to depression. In another, but different example, one Christmas a young man of nineteen came to see me with his mother because he was quite sure that the spirit of a Vietnam veteran had attached to him and was giving him nightmares focusing on the soldier's battlefield horrors. Despite these indications of his distress, I kept feeling that there was another dimension to this situation. So, I asked him if he was thoroughly certain he wanted the spirit of the soldier to leave. He hesitated for a long moment before sheepishly answering in the negative; after all, the ghost's presence, however disruptive, gave the young man's otherwise bland and aimless life some color and excitement. I asked him to understand what was really going on and to return in two weeks if he had resolved to release the spirit; unfortunately, he never returned to my office. I say unfortunately because, as already noted, the attachment of a spirit is always at some point harmful to the host, not only because of the emergence or exacerbation of physical problems, but also, as already noted, of the sudden and continued presence of intrusive thoughts and compulsive actions and an overall stultification of the host's emotional development.

While I was quite sure that Andrew suffered from a spirit attachment, nevertheless, as I reminded Elizabeth, I do not work with children, especially very young ones. As I heard Elizabeth's concern and frustration through the phone connection, I started to say that I would refer her to my former teacher on the subject who, though he lived in a mid-western state, had developed an effective protocol for doing remote spirit releasement. However, Elizabeth clearly trusted me and wondered again if there was anything that I myself could do. Suddenly, my grounded intuition, which I often rely on in matters of spiritual hypnosis, kicked in with a hunch: maybe she had something to do with the spirit's attachment to her son. In this regard, I kept wondering about the possible present-day ramifications of the loss of her child in her past life as an Eskimo mother. So, I invited Elizabeth to come see me the next day to do some exploring of whether that past life had anything to do with the spirit attached to Andrew.

Now, settled in the huge hypnosis chair, Elizabeth says that she is willing to investigative whatever is necessary to bring any kind of healing to her second son and the rest of the family. Before I lead her into trance, I tell Elizabeth that, when she is in trance, I'm going to ask her to image Andrew and scan his body

for anything that is not part of him; if she sees any such thing, maybe, with my help, she can send it to the Light.

After she slips easily into trance during the induction, she visualizes Andrew's enthusiastically running to her with a big smile, just as he usually does when she picks him up after school. After I invite her to take him to sit in a private place, she leads him to the big hill near his school, where she talks to him about helping him feel better. Then, as she does the spiritual scan of his body, she discovers "a foamy black cloud on his [Andrew's] neck. It extends onto his upper back and the back of his head....and wraps around to his chest as well."

At this point, I pause her to give instructions to protect her entire being with her soul's Light in order to prevent any spirit's attaching to her. Once that is done, I invite Elizabeth to get the attention of the black cloud clinging to Andrew; but her first instinct is to be angry and try to brush it off her son. After I caution her to treat the cloud with compassion instead, she says twice to the cloud that she notices it. Now being seen, the cloud turns toward her, displaying the facial features of a small, male child, who, when asked, says its name is Tommy and tells her that he has attached to Andrew "to be near" her. "Because you're my Mama, and I need you," Tommy adds. Still angry at this spirit's negative influence on Andrew and the rest of the family, Elizabeth's first reaction to the last disclosure is contempt. Immediately, I once again caution Elizabeth to be loving and understanding if she wants this encounter to end positively. When I suggest that Elizabeth now ask Tommy when he attached to Andrew, Tommy says that it was at the time of Andrew's traumatic birth that almost ended in his death. Tommy acknowledged that it was easy to attach then because Andrew's "soul had a crack at that time since it [the birth] was a traumatic event for him[Andrew]."

It is time now to find out what Tommy meant by saying that Elizabeth was his mother. So, I invite Elizabeth to ask him if he will play with her. As Tommy eagerly says okay and hops off Andrew to be closer to her and walk in the grass with her, Andrew, now freed of the spirit, runs off to play down the hill. At my prompting, Elizabeth asks Tommy to show her what he looked like in the lifetime he had shared with her. But that lifetime, contrary to my first hunch, was not that of the Eskimo woman. Instead, what Elizabeth sees is a lifetime during the late 1800s in the American West. She observes Tommy as a happy, energetic, seven-year-old boy, dressed in dusty shorts and a shirt, who had recently played with friends around their town, which is small enough to have only a one-room school. In that lifetime, Elizabeth's name was Mary-Ellen. She sees herself wearing "a bonnet tied under her chin with a ribbon and a long dress with long sleeves, as was the custom of the time."

With prompts from me, Elizabeth asks Tommy for more information. He discloses that he and she lived alone because his father had been shot to death when he was four. But he suffered still another trauma when he was about seven and came home one day from his one-room schoolhouse to find that Mary-Ellen was not there. Though he feverishly looked for her everywhere, he never saw her again. He believed she had abandoned him, and thus felt “betrayed, lonely and afraid . . . and lost.” Fending for himself while moving from town to town looking for her, he ended up at nine years old in a big city where he got into a street fight with other boys and was killed by a blow to the head. After his death, he said, “I felt lost, just as lost after I died as I did before I died . . . and lonely.” Obviously, he had not gone into the Light and, instead, had been searching in vain for Mary-Ellen until he found her during Andrew’s near-death birth. He admits now that “he had exacerbated his [Andrew’s] headaches and other symptoms in order to get her [Elizabeth/Mary-Ellen’s] nurturing.” But he also acknowledges that his plan had not been going well enough to satisfy him over the last few years, principally because Tommy could not have Mary-Ellen/Elizabeth all to himself.

With my prompts, Elizabeth asks Tommy if he would like to have his own mommy whom he would not have to share with anyone else. While Tommy giddily shows his thrill at this prospect, he is shocked and pulls back a little from Elizabeth when she tells him that she is not now his mother, but knows and is very close to his real mother,⁷ Mary-Ellen, who is in the Light, which has been shining above him, though he sees it only now as he looks up. Yet Tommy still trusts Elizabeth somewhat as she tells him that, if he calls to Mary-Ellen, it is very likely his true mother will come out of the Light to take him back with her. And that is just what happens: as Tommy calls to her, Mary-Ellen appears looking angelic and extends her arms to Tommy, who clasps her hands, and

⁷ What Elizabeth says here to Tommy is a simple statement, suitable for a young child, but which needs further explanation. Elizabeth is and is not Mary-Ellen. These two personalities (and others) have the same soul but are nevertheless distinct as personalities. A rough analogy involves the fingers on the hand: each finger is distinct and cannot be confused with any other finger; still, they are also all one since they all are literally of the same flesh and blood. What happens to one finger need not happen to all the others, though the potential for such is always present. This perspective augments the later discussion in the text about the limitations of the conventional notion of Karma. Since the past-life personality is and is not the current personality, what happens to the past-life persona is always available to the present self because they have the same soul; yet, because the two selves are also distinct, each self has the *choice* to accept or not accept aspects of the other life. (And, yes, since the past-life self is actually contemporaneous with the present self, given the fact of what Seth calls “simultaneous time” (Roberts, 2012, Session 669), it, too, can choose to accept or not accept aspects of the present self for its own needs—but that is a story beyond the parameters of this article.)

leads him into the heavenly realm. As Elizabeth says in an awed tone, “It’s a beautiful sight!”

I immediately demand that all other spirits and other entities associated with Tommy’s attachment who have been listening to Elizabeth’s conversation with Tommy follow him into the Light where they will all get what they really need. As Elizabeth notes, “I see several black shadows darting up the hill through the grass and into the beam of Light.”

Next, as Andrew now runs back up the hill to rejoin her, Elizabeth applies to him a salve that she makes directly from “the love coming straight out of my heart.” She rubs this thick lotion generously into all the places on Andrew’s body where Tommy had touched it. “As I applied the salve to the back of his [Andrew’s] neck, I see him stand up taller and not stoop as he used to. He [Andrew] seem[s] to feel instant relief as I apply it.” She then calls up her other son and her husband and lathers the salve all over them where they have pain and where Tommy might have touched them. Finally, she lathers, she says, “every inch of myself” with the same healing lotion.

When Elizabeth opens her eyes, her smile is broad and infectious. “I feel relieved, and happy . . . light and full of hope!” Basking in her joy, she shares some spontaneous insights. She suggests that Tommy had not attached to her first son for several reasons: first, she senses that James is, perhaps, spiritually stronger than is Andrew and would not enter into a soul contract with Tommy for the attachment. While that supposition may or may not be true, her second revelation was more likely on target: she says that Tommy and Andrew most likely shared the same kind of delivery at birth—vaginal instead of C-section, the latter method being surely lethal at the time of Tommy’s birth. Of Elizabeth’s four children in this incarnation, only Andrew was born vaginally. So, says Elizabeth, “Perhaps this made him [Tommy] more connected with Andrew, to have been born in the same way!”

Moreover, there is something here for Elizabeth to reflect on for her own growth. Throughout her life, Elizabeth has felt herself betrayed by numerous individuals, her parents, the midwife, her husband and others. Yet, her experience as Mary-Ellen, Tommy’s mother, casts some light on this theme of betrayal in the current incarnation. For when Tommy notes that he felt betrayed by his mother when she allegedly abandoned him, Mary-Ellen/Elizabeth could not have helped feeling that he was partially right. In addition, being the Eskimo mother who died in childbirth and thereby left her child to die only a few years later, Elizabeth experienced an additional instance of a past-life self’s betraying her child. In still another past life (which she told

me about later), as a wealthy woman living in India, she was unable to protect her children and herself from being murdered by Indian soldiers. As I explained to Elizabeth, in this life, she was likely punishing herself for all those alleged betrayals by setting up situations in which she would be betrayed. This set-up explains a good deal of her great difficulty in setting boundaries with others who would cross them and thereby cause her anguish—another part of the punishment. And her utter selflessness in taking care of her often-sick boys to the point of profound, negative effects on her physicality, sense of self, peacefulness, and marriage suggests what amounts not only to more punishment, but also to virtually a vow never ever to abandon any child again.

In helping her see how an erroneous, ancient belief, accepted over several lifetimes, has caused her ultimately unnecessary pain in the current life, I point how the so-called betrayals in the past lives were not what they seemed to be. As Elizabeth agreed, in the life with Tommy, Mary-Allen was probably murdered by the same miscreants who killed her husband. In the Eskimo life and the Indian life, the mothers had no control over what happened to their children, in the first case because she could not help dying, and in the second case, because the unarmed woman was overpowered and killed by armed soldiers. While all these situations were profoundly tragic, the women falsely felt responsible for what had occurred.

To further her understanding of the true relationship between past lives and the present one, I talk to Elizabeth about karma, emphasizing that it is essentially a time-space construct that has limited validity within that context and no validity outside it.⁸ Since karma, as commonly understood, depends on the notion of cause-and-effect, which in turn depends on the construct of time (that happened back then and now this happens as an effect), karma cannot exist beyond this timespace, secondary reality. As quantum physics posits (Musser, 2017), there is no time (or space) beyond this three-dimensional world. Accordingly, so-called past lives do not exist in the so-called past but rather in the primary reality of “simultaneous time” (Roberts, 2012, Session 669), that is, concurrently, side-by-side, as it were, with all other lives. There are many profound implications of this view, but the one most relevant here is that *no event in one life can cause or predetermine effects in another life.*

What about the correspondences, the similar themes and events, between this life and others? They are freely chosen by the individual(s) in this life for the purpose of working the situations differently, with a different outcome. And to do the different working out of the situation, we have soul contracts with other

⁸ I recommend several references for spiritual hypnotherapists, including (Mancini, 2017, Chapter 2), (Roberts, 1982, 1972).

beings to interact with us, sometimes in very difficult, painful ways, not for punishment for past events, but rather for the advancement of our souls. So, in addition to her seeing that, as her past-life selves, she did not really abandon or betray her various children, Elizabeth needs to see that the actions of any of her past selves have no necessary effect on her present life unless she chooses to work the theme in a different way. Knowing this spiritual fact frees her up (and also the souls who contracted with her to be in this life who they have been and to do the things they have done) to make different and more beneficial choices. All of this change in perspective about karma makes complete sense to Elizabeth and further relaxes her.

A few days later, she writes to me:

I have felt relieved and lighter since our session. VERY tired in the evenings. I'm able to fall asleep in 1 minute instead of the hour it used to take me—this is likely the relief after a burden is lifted that you mentioned. My son, [Andrew], has been noticeably happier and has not complained at all about feeling like anything is attached on to him, or any headaches or back pain since our session. It is still soon, but I think he will continue to feel positive changes and get used to an existence that is brighter. I know he had gotten used to his constant feelings of pain and of complaining, so it may take him some time to trust that this positive change is here to stay. Neither Andrew nor James have complained since our session of that constant feeling they had at night of someone watching them....I know that this was a life-changing experience and that we will continue to feel its positive effects for years to come.

Indeed, nearly six weeks later when I email her to ask permission to publish this case study, she writes back:

Yes, we are all doing very well, and my husband and I were just noting how amazing it is that he [Andrew] has not complained once of the feelings of an attachment that he had consistently been mentioning before [such as] someone watching him, an extra head that we can't see, another body on him, not feeling right. And his nightly physical symptoms are all but gone the back pain and headaches. As for me, from the first night after our session, I felt lighter and no longer felt debilitating anxiety over his [Andrew's] well-being. I no longer worry about him at night. There are no words to describe what a shift this is for me, given that my fear/anxiety over his well-being, specifically at night had been

mounting for years to the point where I was paralyzed in fear at night when he would cry. Now I don't worry at all. What a blessing!

Moreover, more than three months from the date of the session, Elizabeth writes to give a virtually identical update and adds this note that warms my heart: "You have brought our family much healing!"

Besides being a powerful account of the healing potential of hypnosis, this case study should remind readers of how important it is that hypnotherapists must grow in their spiritual understanding of this world and the other world and their interpenetration in order to render the greatest help to their clients. Far from being fringe phenomena, earth-bound spirits and their attachments to places and people should be major focuses of exploration, especially if the hypnotherapist specializes in spiritual hypnosis. Moreover, having a spiritual paradigm—like the main one I use in this text and in my practice and that is embodied in the Seth Material channeled by Jane Roberts—is another prerequisite for those who wish to help their clients navigate the wondrous intricacies of the primary reality. With such a paradigm, you can make sense of what otherwise is perplexing if not downright weird.

One final point: had I been open to working directly with young Andrew, I might have achieved the same result, but with many more steps, and thus the consumption of more time and energy with the consequent, greater cost to the family. And by my involving Elizabeth directly in the healing of her child, I gave her the opportunity to further absolve herself of the mistaken notion that she was not a very good mother. Especially in the case of Tommy, any, albeit false guilt she may have had in leaving him in that past life was canceled by her now helping him out of the lost status of a ghost and into the Light where his mother, Mary-Ellen, resided. As the saying goes, there are no accidents; and thus what appears to be an obstacle may well turn out to be a guidepost toward the right direction.

References

Baldwin, W. (1995). *Spirit releasement therapy: A technique manual*, 2nd Edition. Terra Alta, WV: Headline Books.

- Mancini, J. (2017). *The present power of past lives: The experts speak*. Edgewood, MD: Two Suns Press.
- McHugh, G. (2010). *The new regression therapy: Healing the wounds and trauma of this life and past lives with the presence and light of the Divine*. Middletown, DE: CreateSpace Independent Publishing Platform.
- Musser, G. (2016, 2017). "Why Space and Time Might Be an Illusion." The Blog. Retrieved from https://www.huffingtonpost.com/george-musser/space-time-illusion_b_9703656.html.
- Roberts, J. (2012). *The nature of personal reality*. San Rafael, CA: Amber Allen Publishing, Inc.
- Roberts, J. (1972). *Seth speaks: The eternal validity of the soul*. Novato, CA: The New World Library.

**Taking the Road Not Taken: How Parallel-Life Hypnotherapy
Relieved a Client's Decades-Old Pain**

by Joseph Mancini, Jr. Ph.D., CCHt.

Abstract

Each person at some time in his or her life wonders what would have happened had he or she made a different choice; such wonder can frequently turn into sadness, regret, frustration, and even abiding anger. Through a brief examination of Robert Frost's iconic poem, "The Road Not Taken," the author suggests that the primary obstacles to visiting the road not taken are insufficient courage and a metaphysics that does not embrace the fact of parallel lives. He then looks for a moment at the Many Worlds Interpretation of quantum mechanics, which posits that every choice not made by an individual is in fact actualized in a parallel world that may or may not be accessible by the individual. This view is amplified by the metaphysics articulated by Seth, that 'energy personality essence' channeled by Jane Roberts for 21 years. This study culminates in the presentation of Athena's discovery, through hypnotic regression, of what she missed after making a life-altering decision 50 years ago. With courage and the guidance of Sethian metaphysics, she experiences what her life might have been like; at the end, she is grateful to have 'had it all,' but also realizes that the alternate life, while significantly different and exciting, has its downside; while the path she 'officially' lives has a decided upside.

We've all come to forks in the paths of our lives and finally chosen one trail over another; as Robert Frost wrote in "The Road Not Taken" (Frost, 1916):

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth....

And, yet, perhaps a few days, weeks, or even years later, we sometimes wonder about that 'road not taken.' At those moments, we may feel a number of feelings, such as regret, curiosity, anger, frustration, pain and even a bit of

hope that just maybe we can come back somehow to the fork and “be one traveler” and travel also the *other* route. But the realization soon hits us:

Yet knowing how way leads on to way,
I doubted if I should ever come back.

At that point, like Frost, we may rationalize that the way we actually *did* choose is, indeed, the most exciting because it is supposedly the less travelled by, and therefore, is the *right* one:

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.

Yet, the basis of Frost’s decision is completely false, since earlier in the poem, he notes how one path is really not any more worn, more travelled by, than the other:

Though as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.

His later sigh indicates his awareness of his rationalization in the face of not knowing, really, how the two paths might be different. Though Frost often presented himself as the unassuming, “cracker-barrel poet” whose books of poems graced countless coffee tables, he was actually deceptively simple in his work; in fact, he was, as critic Lionel Trilling once called him, a “terrifying” poet, (Benfey, 1999) always approaching, but ultimately staying at the boundaries of the unknown, which was presented in various images that might be scary if his whimsical humor did not back him and his readers away from them. Frost could not ever examine the road not taken because, although part of him was definitely attracted to the mystery, a greater and fearful part of him held back from breaching the boundaries to explore the unknown. Being an actual surveyor of land, he would fill his poetry with images of walls, demarcations of land, encompassing lines, and other barriers, all of which another part of him, nevertheless and paradoxically, wanted to remove or erase. Consider in this context another of his famous poems, “Mending Wall,” (Frost, 1914), in which he describes his ritual of returning every spring to

rebuild with his neighbor the wall that separates their properties; strangely, however, it is “where it is we do not need the wall” (Frost, 1914). However, despite his internal reservations and heeding his neighbor’s dictum that “good fences make good neighbors,” they continue to gather those difficult-to-balance boulders, which that pesky, winter frost had tumbled to the ground.

Beyond lacking fundamental courage to face his fears of the unknown, Frost was constrained in his exploration also by a very limited metaphysics, one that posited a divinity that was either cruel and barely caring, or even nonexistent. In “Mending Wall,” he describes his land as filled with apple trees (squat, deciduous trees emphasizing a dimension of impermanence, life and death, as well as an evocation of the Fall and expulsion from Eden), while his neighbor’s adjacent farm is filled with dark, tall pines, evergreens shooting far into the sky and emblematic of the eternal, inscrutable Divine. And that neighbor on the other side of the wall Frost describes as being “like an old-stone savage armed” who “moves in darkness” (Frost, 1914). In “Design,” (Frost, 1912, 1922, 1936) Frost tries to understand what could have brought together a white heal-all, which is usually a purple or blue flower, a white moth, and a white spider. The last lines speak of the horror of a brutal or missing divinity:

What but design of darkness to appall?

If design govern in a thing so small.

With such a metaphysics, Frost could not have conceived even an afterlife to be sought after, much less a parallel life in which he made a different choice about his path. Thus, if anyone wants to examine the road not travelled, the decision not made, the life not lived, at least two things are necessary: bravery and a metaphysics that gives the spiritual journeyer access to other trails, other dimensions, and other, more comprehensive understandings of identity. It would have to be a metaphysics that allowed the individual to travel both/and be one traveler.

“The Road Not Taken” was published in 1916, long before a metaphysical or even a physical theory emerged that could have helped Frost understand that the road not taken continued to exist and might somehow be travelled. Six years before Frost died at 88 in January 1963, a relevant, new theory/interpretation of quantum physics (which itself appeared near the turn of the previous century) arose. Interestingly, that new interpretation would foreshadow a powerful, new metaphysics: Jane Roberts’ *Seth Material* (1970) emerging from a very different source in December 1963, about eleven months after Frost’s death. It seems, in Carl Jung’s terminology, that the collective unconscious (Encyclopaedia Britannica, 1998) of humanity was ready for a

great expansion in its awareness of what reality is. What follows here first is a very brief, less-than-bare-bones overview of that scientific breakthrough leading afterwards to a discussion of the Sethian view of parallel lives and, finally, a case study of a woman experiencing parallel-life hypnotherapy.

The new quantum physical interpretation surfaced in a Princeton doctoral thesis written by Hugh Everett (1957) and mentored by John Wheeler, who was one of the popularizers of what came to be known as the often controversial, Many-Worlds Interpretation/Theory (MWI). (Hooper, 2014)*

The fundamental idea of the MWI, is that there are myriads of worlds in the Universe in addition to the world we are aware of. In particular, every time a quantum experiment with different possible outcomes is performed, all outcomes are obtained, each in a different world, even if we are only aware of the world with the outcome we have seen. In fact, quantum experiments take place everywhere and very often, not just in physics laboratories: even the irregular blinking of an old fluorescent bulb is a quantum experiment. ("Many-Worlds Interpretation of Quantum Mechanics," 2014, Introduction)

In layman's terms, what is posited here, when applied to the human realm, is that every decision a person does not make *is* made, every choice he refuses *is* chosen, every path she does not take *is* taken ... each in another universe. The MWI was a critique of the thought experiment called Schrödinger's Cat, envisaged by Erwin Schrödinger in 1935. Schrödinger was unhappy with the conclusions of the original, Copenhagen interpretation of quantum mechanics, the prevailing one at the time. That initial interpretation posited that a:

... quantum system such as an atom or photon can exist as a combination of multiple states corresponding to different possible outcomes... a quantum system remained in this superposition [all possible states/potential outcomes] until it interacted with, or was observed by the external world, at which time the superposition collapses into one or another of the possible definite states. ("Many-Worlds Interpretation of Quantum Mechanics," 2014)

* A puzzling fact about this man who would expand our awareness of reality is how constricted he was about his personal reality. Everett, who died at 51, was an atheist who gave instructions to his wife to throw out into the garbage the ashes from his cremated body. His son never touched him until he recovered his father's body, dead of a heart attack.

All the other outcomes/states that might have been observed, simply disappear when the superposition or wave function collapses.

To critique this perspective, Schrödinger's thought experiment took the Copenhagen interpretation to the macro level of everyday reality by imagining a cat penned up in a steel chamber that contains also a small radioactive substance, one atom of which may or may not decay; if it decays, it will set off a reaction that breaks a flask with a lethal acid that would then kill the cat. According to the Copenhagen theory, until the box is opened and the cat is *observed/measured* to be either dead or alive, the cat exists as both dead *and* alive. Schrödinger believed his macro-level thought experiment made the Copenhagen interpretation simply ridiculous, since the cat is “obviously” either dead *or* alive *before* the observation/measurement. (“Schrödinger's cat,” 2018)

However, Everett's MWI disputed Schrödinger's conclusion:

In the many-worlds interpretation, both alive and dead states of the cat persist after the box is opened but are decoherent from each other. In other words, when the box is opened, the observer and the possibly-dead cat split into an observer looking at a box with a dead cat, and an observer looking at a box with a live cat. But since the dead and alive states are decoherent, there is no effective communication or interaction between them. (“Schrödinger's cat,” 2018)

So, while both of the opposite situations/outcomes get realized in different branches of the universe or in different universes, according to the MWI, the observer in each becomes ‘entangled’ with what is observed by him or her; such entanglement (the opposite of decoherence) keeps the worlds from interacting, and each world becomes internally consistent (until the next splitting event). This view would suggest that the road not taken, while existing as real—as is the road actually taken—cannot be visited in any way. Nevertheless, another prominent physicist, Roger Penrose, a believer in the MWI, argued in 2004 against that conclusion, thereby suggesting that a person could be one traveler able to travel both possibilities. He noted, “I wish to make it clear that, as it stands, this is far from a resolution of the cat paradox. For there is nothing in the formalism of quantum mechanics that demands that a state of consciousness cannot involve the simultaneous perception of a live and a dead cat” (Penrose, 2007, as cited in “Schrödinger's cat,” 2018).

In the early winter of 1963, Jane Roberts and her husband, Robert Butts, began experimenting with a borrowed Ouija board and thereby contacted what would ultimately emerge as an “energy essence personality” who called himself Seth and soon spoke directly through Roberts. Thus, began an extraordinary and profound journey through an amazing metaphysical school with endless dimensions.

In a very few years and after several hundred sessions, Roberts published in *The Seth Material* excerpts from those sessions, one of which is very relevant to this discussion:

...all of you are more than you know. Each of you exists in other realities and other dimensions, and the self you call yourself is but a small portion of your entire identity. Now, in dreams you do have contact with other parts of your [whole identity] ... What you see in the mirror is but a dim reflection of your true reality... This whole self [soul] has lived many lives. It has adopted many personalities. (Roberts, 1970, Chapter 16)

In the many books that followed and which he called his own, Seth reiterated the basic multi-dimensionality of the whole self beyond our imaginings, discussing not only the whole self's past and future selves, but also its counterpart selves, as well as probable (also called parallel) selves. In this discussion, I will focus only on the parallel lives of the whole self, a topic addressed many times in his books, but most powerfully in Chapter Sixteen of *Seth Speaks*, (Roberts, 1972/1994, session 565) the first of Seth's eleven books.

As Seth describes what these live/selves are, he interestingly uses phraseology reminiscent of Frost's poem cited above, as well as the MWI of quantum mechanics:

In your daily life at any given moment of your time, you have a multitudinous choice of actions, some trivial and some of utmost importance. You may, for example, sneeze or not sneeze, cough or not cough, walk to the window or the door, scratch your elbow, save a child from drowning, learn a lesson, commit suicide, harm another, or turn your cheek. It seems to you that reality is composed of those actions that you choose to take. Those that you choose to deny are ignored. The road not taken then seems to be a non-act, yet every thought is actualized and every possibility

explored. Physical reality is constructed from what seems to be a series of physical acts. Since this is the usual criterion of reality for you, then nonphysical acts usually escape your notice, discretion, and judgment...

Because you do not accept them all as physical events, you do not perceive their strength or durability. Your lack of perception cannot destroy their validity, however. If you wanted to be a doctor and are now in a different profession, then in some other probable reality you are a doctor. If you have abilities that you are not using here, they are being used elsewhere. (Roberts, 1972/1994, session 565)

He goes on to note that the soul or whole self, with its “infinite dimensions in which fulfillment is possible, is far too vast for the very-limited, three-dimension intellect to behold in its entirety”; (Roberts, 1972/1994, session 565) nevertheless, the personality can, indeed, apprehend some aspects of the soul, such as certain probable selves. For, as Seth says, they “are a portion of your identity or soul, and if you are out of contact with them it is only because you focus upon physical events and accept them as the criteria for reality” (Roberts, 1972/1994, session 565).

Moreover, in contrast to the view, held by the MWI, that probable worlds/selves cannot be contacted, yet in alignment with Penrose’s belief that simultaneous perception of more than one world is, indeed, possible, Seth says:

From any given point of your existence, however, you can glimpse other probable realities, and sense the reverberations of probable actions beneath those physical decisions that you make. Some people have done this spontaneously, often in the dream state. Here the rigid assumptions of normal waking consciousness often fade, and you can find yourself performing those physically rejected activities, never realizing that you have peered into a probable existence of your own (Roberts, 1972/1994, session 565).

Yet, dreams are not the only gateway to parallel universes/selves: “... often what seems to you to be an inspiration is a thought experienced but not actualized on the part of another self” (Roberts, 1972/1994, session 565). These are what Seth calls bleed-throughs or “benign, intrusive thoughts” from a probable/parallel self, ideas which you can choose to actualize in your own life. (And unactualized thoughts of your own can be picked up by a parallel self and actualized in its parallel world.) But Seth says one other method for

mutual contact involves imagination. He presents a situation in which a friend calls a man on the phone to invite him to meet with him:

Let us say that he tells his friend he will not go. At the same time, if he imagines that he took another alternative and agreed on the engagement, then he might experience a sudden rift of dimensions. If he is lucky and the circumstances are good, he might suddenly feel the full validity of his acceptance as strongly as if he had chosen it physically. Before he realizes what is happening, he might actually feel himself leave his home and embark upon those probable actions that physically he has chosen not to perform.

For the moment, however, the full experience will rush upon him. Imagination will have opened the door and given him the freedom to perceive, but hallucination will not be involved. This is a simple exercise that can be tried in almost any circumstance, although solitude is important (Roberts, 1972/1994, session 565).

Seth also praised the use of hypnosis a number of times in his books, suggesting that it could open individuals to other aspects of themselves. In fact, his notion of “psychological time” (Roberts, 1970, Chapter 19) sounds much like undirected or loosely-directed self-hypnosis, one of the creative inner senses he taught to Jane Roberts and Rob Butts and their readers. Indeed, hypnosis can facilitate the loosening of inhibiting psychological boundaries and, as will soon be seen here, provide the individual with the chance to use more powerfully the imagination’s capacity to image what is otherwise imageless to the strictly bounded, conscious mind.

Yet, why try to contact parallel selves in the first place? Because each probable self forms as a result of the “road not taken,” a choice not actualized by the official you, the probable self, says Seth, “is in important respects quite different from the self that you know” (Roberts, 1972, session 565). Such is the case, not only because of the different initial choice, but also because of the parallel self’s many other, subsequent choices (whose unactualized alternate choices open up still more parallel worlds/selves). Thus, the experiences of each parallel self can offer something of value to the official self who is curious and even adventurous: “To the extent that you are open and receptive, you can benefit greatly by the various experiences of your probable selves and can gain from their knowledge and abilities” (Roberts, 1972/1994, session 565). Moreover, as I shall soon demonstrate, contact with a probable self can quell anxiety about a choice made long ago, one that may otherwise haunt the present self.

An author, retired psychotherapist, Reiki master, former nurse, and mother of two children, Athena (pseudonym) is a 72-year-old, Caucasian woman currently living in Northern Virginia with her husband. A very grounded individual with a great sense of humor, she is a Reiki volunteer in a hospice and a hospital and is a member of the Virginia Master Naturalists. Dedicated to growing spiritually, she has had numerous spiritual experiences throughout her life, including visions and spontaneous experiences of past lives.

Born of Ukrainian Jewish parents, Athena grew up in the Bronx and was the middle of three siblings. A naturally good student, she was also a tomboy who beat up bullies who threatened her younger sibling. Her non-conformity extended to her refusing for a long time to become obese like the rest of the family members; but that rebellious aspect of her competed with another part of her that wanted to please her saintly mother who was afraid Athena would die if she did not eat sufficiently. She also ate to please her father who brought home lots of food, despite his diabetes, to show his love. Though he hugged his children, he was otherwise rigid emotionally; as a result, family members rarely showed emotion, particularly sadness through crying.

This background made Athena especially vulnerable to a cult she joined when she was 27. It was headed, she said, by a “psychopathic psychic and hypnotherapist who was also a sexual abuser.” It took some time for her to realize that she had given her power away (as she had to some degree to her parents); yet, after leaving the cult, she rebelled further by becoming very involved with an anti-cult association. As we discussed this situation, she acknowledged that, throughout her life, she has had trouble reconciling her passive, conforming self with her rebellious side.

Another instance of this inner conflict occurred when she was 21 and went to Haifa, Israel, with a girlfriend, only to find herself meeting a Jewish native with whom she had an instant and intense connection just before she was to re-board the touring bus. She made the very painful decision to forgo this adventure and return eventually to the United States to marry a man whom she had met before the trip but with whom she was not *in* love.

When Athena came for a hypnosis session after meeting me at my booth at a mind-body-spirit fair, she wasn't clear about what she wanted to do. After the intake interview, which ended with her brief story of meeting the intriguing man on “an asphalt street” in Haifa, I described to her the Sethian metaphysics

of probable/parallel lives and suggested that perhaps it might be worth her finding out what had happened to the Athena who took the “other road.” She first agreed but then waffled about this possibility, saying that maybe it would be better to do a search for a different kind of alternate self (Roberts, 1979, session 721).** After a moment, she admitted that she was probably resisting the first modality: “I’m afraid that it’s going to be painful, ‘cuz I don’t cry easily.” Such had been the case since her childhood. But then she shared that in the past year she had had “an incredibly powerful dream” in which she met the Haifa man and had a reunion; “and it was incredibly beautiful,” she said, “with the same feelings and the same pain afterwards about leaving. And I can feel it is coming now . . .of not wanting to feel the loss again.” I then told her that, while I could not at all guarantee that she wouldn’t feel the pain, it seemed that something in her psyche wanted some kind of resolution after over fifty years; otherwise, she would not have been given the dream or felt the encounter so powerfully even now. I also cautioned her about what I call subconscious override, the phenomenon in which the client’s subconscious chooses to lead the client hypnotically in a direction it believes is more pertinent to the person’s current needs than the one consciously chosen by the client.

When Athena accepted the invitation, she was choosing to do what Frost could not or would not do—have the courage to go beyond the known. To help her further, I quickly went over the relevant aspects of quantum physics and repeated some of the relevant aspects of Sethian metaphysics that posited the existence of parallel worlds/lives; thus, I furnished her a comprehensive and credible framework beyond Frost’s understanding.

** What she had suggested was a hypnotic search for one of her Counterpart Selves. When the soul is intent on experiencing an issue from several angles at around the same time, it incarnates into several individuals who may be of different races, genders, nationality, etc. and who may or may not have contact with each other except in the dream state. For instance, if the soul wants to work on the overall issue of weight, it might incarnate itself into a fifteen-year-old girl in Kansas who is challenged by anorexia, a twenty-six-year-old Chinese man living in Taiwan who is obese, an eighty-six-year-old monk in Tibet who has voluntarily restricted his diet for spiritual purposes, and a middle-aged female researcher in Budapest who is working on developing a totally safe diet pill. By incarnating all these counterparts (usually about four-five), the soul experiences the issue from multiple points of view at the same time. Moreover, each individual consciously or unconsciously experiences “bleed-through” thoughts or feelings from the others during sleep or in waking life through “hunches,” spontaneous images or thoughts, or other “serendipitous” experiences.

As I explained to Athena the hypnotic process I would use, I note that I would help relax her body and mind, ground her, help her protect herself and then descend a set of seven steps, on the last of which at the bottom she would pause. Then I would count back from 10 to 1, and at 1 she would be back in 1966 standing on the asphalt road in Haifa where the tour bus was waiting and where she meets the man. In doing so, she is using her imagination—the image-making part of the psyche—in the way Seth discusses above, not to make up something unreal, but rather to manifest the past event as real and as vivid as possible. As she gets to the bottom of the stairs, I remind her that she is going back to Haifa, but only for a visit to a parallel life to gain information ultimately to enhance in some way the official life she is presently living. Once she is on the Haifa street, I ask her to stand still and then answer questions I will pose, loud enough for me to hear; as she begins to speak aloud, she will go ten times deeper into hypnosis.

Aware that the bus has stopped ahead of her, she notes that it is as large as a gas or diesel school bus, entirely green, but “maybe some black trim around the windows, but mostly green.” The bus, which will soon transport its passengers further north, has stopped, she says, “to pick us up, the passengers who had a break” after sight-seeing at the Bahai Temple—“it was beautiful, beautiful.” Because it is an August day in the seventies, she is dressed lightly in “slacks and an overshirt.” As she hears the bus honking to summon the passengers to get back on board, she notes that she is away from the others and thus will be the last one to get on the bus.

Then she sees the man walking towards her on her side of the bus. “He is taller than me,” she says, “maybe five-ten or eleven” and “looks like Paul Newman, very handsome.” Her voice becomes a bit sultry as she notes that his hair is “sandy, light brown.” Since, as she says, “I just see his face” as he comes closer, it takes a bit of prompting to get her to notice his clothes: “He’s wearing . . . a small, short-sleeved, checkered shirt, khaki or brown shorts . . . and black, white, red, blue . . . sandals.” He has been looking directly at her as he comes within two feet of her.

At that moment, she feels “longing . . . longing . . . [softly] it’s wonderful to feel it . . .” But she also feels, she says, “confusion, a little anxiety—I don’t know why I’m feeling this way . . . [again softly] this is life-changing . . . my heart . . . I have to make a choice between staying and talking with him and getting on the bus.” Athena is now quite anxious about missing the bus: “What am I going to do if I miss the bus and nothing happens . . . here? I mean I would have to give

up everything.” But then, if nothing happens, she says, “... how am I going to get back to Tel Aviv ... my girlfriend—she won’t let the bus leave without me.”

She intuitively knows that the man feels about her the same way she feels about him. “He starts to talk to me. I don’t understand what he is saying—he is speaking Hebrew . . . I speak English and he doesn’t speak English . . . I feel horrible, horrible . . . the only way we communicate is through our eyes . . . he wants me, he recognizes me; I recognize him . . . we recognize each other . . . we were meant to meet . . . I’m very split: I want to know him, [but] we can’t communicate with each other except through our eyes; and there is a desperation on both our parts to communicate, but we can’t [verbally] communicate.”

Meanwhile, the bus honks insistently, yet still waits for her. Athena tells the man, “I have to go,” while pointing to the bus. Yet she waits until her girlfriend and the bus driver come to get her: “They’re walking quickly, and the bus driver is shouting, ‘You gotta come, you gotta come,’” and he looks at the other man when Athena replies no. Then, while the driver speaks in Hebrew to the other man, Athena’s girlfriend who “understands a lot,” nevertheless says, “Aren’t you coming, Athena? C’mon, we gotta go.” And Athena, wanting to know what the driver and the other man are saying, replies, “Not yet.” It is at this moment that Athena aligns with her rebel nature, takes the road not taken, and visits the parallel life, the one that, in her official life, she eschewed to follow a more traditional path.

With a bit of a laugh, Athena then notes that the bus driver tells her that the man “says he’ll take care of me! I feel relief because I wasn’t going to jump on a bus or stay without knowing what his intent was ... otherwise, I’d be stranded in Haifa.” She adds, “There is relief that he wants me, that he is deeply interested in me as I am in him.” Then, she says, “He takes my hand and we go to a café.” But she realizes, she says, that she needs “to get my luggage, my stuff, off the bus ... [but then] the bus driver brings it to us.” Her last words to her girlfriend are said with a chuckle: “‘See ya in Tel Aviv’ ... she smiles and wishes me good luck and hugs me. She’s a neat person.”

As the bus drives away, Athena says she feels “Excited, yet calm. I feel wow, it’s a huge step into the unknown, wow.” But she declares that she feels “no doubt. He said he’ll take care of me, he’ll take care of me. And we go to a place to sit down and talk—well, we have to find someone to translate.” Athena says that she orders “Nescafé—what they have there is Nescafé, not the kind of instant Nescafé we have in the States, but stronger, good. It is sort of like Espresso-type.” Because the man has a friend sitting in the café who speaks English, the

man asks his friend to come over and translate. When the friend says the man's name, Athena now knows the man is David. The first thing David says to her is, "Thank you for staying." But David's friend is "puzzled," not understanding what happened. Athena laughs, admitting, "Neither one of us knows what happened." "Who you are, what you do, where're you from" is the gist of the following, translated conversation.

She sighs. Then she says, "David is an engineer ... he's a graduate student in engineering, and I tell him I'm a nurse ... he lives in Haifa, where he goes to school, he's finishing up... I know he's single... he's 27—I'm 21... we're holding hands." And she is feeling sexual desire, "Oh, yeah, that was strong from the beginning on both of our parts." Then, she says softly, "we go to his place and make love." Going there is easily communicated: "I just follow him... we don't even think about working out anything else until then, 'til afterwards." Athena has no hesitation about making love with him: "[softly] very, very wonderful... I know I'm going to stay there, and we have to work out a way of communicating. And if I am going to stay there, I have to learn Hebrew. And I am going to stay there." She notes that he has to learn English: "we both have to learn."

Six months later, they have an apartment; and Athena has been working as a nurse for almost that entire time: "There's always a need, always a need and [I] also went to school almost immediately. In Israel, you could apply for 'Aliat.' Wherever you come from, if you're Jewish, you become welcome ... very welcome to settle [here] . . . which means learning Hebrew." During the past half year, she has learned "quickly, the rudiments anyway—I need it at work ... [David] is very helpful in helping me with that." "We're married by [now], oh, yes; and I think I'm pregnant . . . very happy."

She has no doubts or second thoughts about what has transpired, and she and David are adequately communicating. The man back in the U.S she dated only once before she came to Israel, so she didn't consider that connection a relationship; he was also dating another woman when he met Athena. Thus, there "was nothing much to cut off." She thinks she may have sent him a postcard telling him she was staying in Israel but received no response from him and figured that he had just gone on with the woman he had been seeing.

Yet the rosiness of her match in Israel is soon somewhat threatened: As Athena says, "There's always danger in Israel... it already is 1967, and there's a war—there is a six-day war . . . on the border of Israel. So, everybody who is under 55 is in the military." Once he became 17, David served in the military for three years—that's why he was finishing school so "late." While David is now officially called up, the Army presently does not send him anywhere, which is

fortunate for him, given that he just finished his studies and has easily found an electrical engineering job. And though Athena is under 55, she is not called into the military because she is pregnant. David is very happy that she is pregnant, says Athena, “[and] his family welcomes me . . . I am very happy [here]; we’ve got a nice family, an apartment. We’re both working, the future looks good, except for [the fact that] there’s always the unsettledness of our neighbors, our Arab neighbors; but that’s something you accept when you decide to live [here], always knowing that there’s danger.”

As I move Athena hypnotically to the time when she has delivered her child, there is silence; but, after a long moment, she says:

That’s hard. . .we’re not together anymore. . . I don’t think I’m alive . . . I’m floating. . . I don’t have a baby, it’s less than nine months . . . the baby wasn’t born. . . it was a bomb, the house was bombed, shelled. . . we’re in a settlement—we’re not in Haifa. . . we were living in Haifa and then moved to a new settlement. . . near the border . . . I think I had some hesitation, but it was the thing to do; it was what you did when you were a new settler—you were there to settle to build the country, to go where you were needed and you were proud to make it yours . . . when you come to Israel as a settler, you were building the country as well, so you go where you are needed, you do what is needed—there’s a great pride in that.

In going to the settlement, she did not worry much about her fetus, which was about five months along and showing, because “in those communities everybody takes care—it’s communal living. . . You always know there is a threat.” There had already been artillery attacks near when she lives, so “there were places where you went to shelter when under attack.” As she moved to the shelter, she was frightened. David was already “back in the army at that point—he had orders”; so, he wasn’t with her at the time. Some other women and some children took cover with her in the shelter near her house that was “a dugout in the ground” and protected by sandbags. But then a shell hit the shelter, and she was struck and became unconscious and within a short time died, though before the Palestinian soldiers overran the spot: “I was glad to be dead,” she said, before they abused her. As for the fate of the others sheltering with her, she says with a sigh, “They killed them or raped them if they were women, but I was thankfully beyond that.”

When as spirit, she exits her body, she thinks, “I was glad . . . that I led this life. . . because I had an intense love and relationship, [brief pause] . . . that, even though short, was beautiful and meaningful; and it was meaningful to be

in Israel as well.” Yet, what was most important, she said, was “him.” As deep feeling arises in the face of the woman sitting in my office chair and giving voice to her parallel self, I gently keep telling her to keep her mouth open and breathe to allow the feelings to emerge, those kind of feelings she had been taught to repress in childhood. The tears streamed down her face for many seconds; then, with tears still flowing down her cheeks, she speaks for her parallel self once again: “David was devastated . . . sorry that he made me stay; he felt the blame, [felt] guilty that he made me, wanted me to stay.” But, now as spirit, she wanted to tell him, “It was so well worth it, the time we had together. I don’t regret a moment, not a moment.”

Then, as spirit perceiving his future, she says, “I see him as an old man. . . it’s a tough life there... he may have married another time, where he had children; and it was good—it wasn’t the same, but it was good.” As for the spirit of the fetus who was not delivered, the parallel Athena declares that “it knows it was not to be . . . it knows [and] it’s okay.” I now invite the parallel Athena to go into the Light where she will someday meet David again.

When she gets to the Light, I ask that the Athena of 2017, who has lent her parallel self her voice and expression, to now distinguish herself from Athena of 1967. From the point of view of Athena of 1967, Athena of 2017, who didn’t go with David, and, instead, returned to America, and whose physical body is sitting now in my hypnosis chair in 2017, is a parallel self of Athena of 1967. In short, each is a parallel self of the other. I invite them now to talk with each other about their experiences. After their discussion, which is out of my hearing, I tell Athena of 2017, that she can always come back in self-trance or in a dream to the Light and meet her parallel self again if she wishes to do so. Then, as Athena of 2017 gets ready to return fully to her official life, I tell her that the Angels of Light and Love will bring a mesh of Light up through her being; into that mesh she can discard anything from that parallel life she does not want to carry back into her own. And I also invite Athena of 2017 to retain, assimilate and integrate whatever she wishes from her parallel self.

When Athena of 2017 emerged from hypnosis after I suggested that she would now be generally more aware than she had been, she said:

I got what I wanted, which was a beautiful love affair that was truly love, even though it was not long. . . because I felt like [in my official life] I deprived myself of an opportunity to experience a great love . . . because of my fear of missing the bus. My big fear was

that, if I missed the bus, he may have just wanted to go for a cup of coffee or get laid or whatever; or it may not have meant anything—you know, it was my imagination that this was something . . . or maybe not, but there was no promise that, if I missed the bus, I was going to get anything but stranded in a strange town, in a strange country. Because we couldn't communicate—there was not that safety there—it was a tremendous risk on my part that I chose not to take. [But now,] I experienced that alternative . . . [I thereby knew] that this is what he wanted as well. . . .And that I had the beautiful love of that lifetime.

Now, it's interesting that when I went [to the Interlife], I was shown an alternative to what might have happened in that lifetime; the alternative was that we had a big argument [about my insisting that] he come back to the United States with me. And it might have ended there if he said, No, this is my country.

While there had been many different possibilities, she said:

I saw what I had hoped in that parallel reality. And before it was over, my guides pointed out there could have been a lot of other endings to that life as well with [with succeeding choices creating more parallel lives]—which I have to laugh at because, of course, I recognize that now. But what I did [in the Interlife] with the other Athena [the one who died in 1967]—which was really kinda neat—I hugged her and she hugged me back. . . because she also wanted, would like [to have had] what I have. . . my spirituality, which she would not ever have had the opportunity to develop at that time . . .in that short lifetime. She valued what I have.”

Athena of 2017 agreed with me that Athena of 1967 went deeply into life, while Athena of 2017 went more broadly. In the life of Athena of Israel, there was little diversity, while there was a great deal of such in that of Athena of the U.S.: “There's a richness here that she couldn't have developed there,” especially because, in the 60s, Israel's almost exclusive focus was on preserving and expanding the country. Accordingly, Athena of Israel's having a baby was almost incidental to her, in contrast to the attention of Athena of the U.S. to her children.

I then explained that because the soul is so multidimensional, it cannot manifest everything it is in any one life, official or parallel; so, each life will lack features found in other, parallel lives. That's why there are so many selves and

so many different kinds of selves. One human life cannot ever encompass the whole self. I added that there is an illusion many individuals have: that, if he or she had taken the path not chosen, he or she would have it all. But that is simply not true. There are, necessarily, limitations in every life. If the official Athena had taken that other path, her perfect daughter on this path in—her own words—“would never have been born.” When I told her that this process often shows that the grass is not necessarily greener on the other side, she laughed in agreement. But parallel-life hypnotherapy can relieve the stress of the “if-only” (she chimed in with those last two words). All of us have had at least one if-only. But, as I told Athena, you can have it all, not in the sense of having everything you want in one life, but in the sense of becoming aware of many of your parallel (and other alternate) selves that are distinct from you but are, nevertheless, also you. You are and are not all your alternate selves. The if-onlys do not have to haunt you if you realize that the soul is multidimensional and that you have access to at least some of those alternate selves.

Official Athena needed to know about Athena and David because, at the beginning of the session and for years before, she had “felt deprived” and sometimes cried about “missing out” on David. Yet, having now taken the road not taken, she could realistically, with gratefulness, assess her official life:

I love my husband he loves me. He does small, wonderful things for me, but he's not a David. He's a Jack [of all trades]—he's decent, honest . . .there used to be a joke when I lived up in Vermont: my friends and my neighbors would tell me this: ‘Athena, if you die, there's going to be a line of women with plates of food to give to Jack.’ [She laughs, giggles.] I picture the line of women [saying], ‘Oh, you poor thing, let me feed you’ [laughs again]. It's the kind of guy he is, but it was not ever a love affair, which I never had”

But now, she says, after the parallel-life hypnosis, that she can feel and say, “I had it!”

The biggest revelation for her then emerged: “And, you know what, I'm not missing anything! It's not that big a deal, I had it, okay—what I thought I had missed forever.” Then, she reiterated that the Guides had told her that that parallel life could have evolved in a different way. When I pointed out that different, parallel life did happen, too, she laughingly agreed and added, “I thought that was so great!” and then listed still other possibilities, all of which have also appeared in their own realities: “I also saw me going back without him, I saw his coming back with me, I saw him dying in Israel versus me dying

in Israel and then I left for the states and left his body there. Amazing, but it was [all] okay!”

Before Athena left my office, I summed up what had transpired. The hypnotic process had achieved several healings for her. She experienced the relief of the inner turmoil she had felt for years over not taking that road in Haifa. She was able to give full voice to the emotions she had held back most of her life because of her parents’ training and, while remaining seated in my hypnosis chair, she had summoned the courage to go beyond the limits that had stymied Robert Frost, embraced a metaphysics more expansive than any he could imagine, and thereby integrated her rebellious nature with her more conforming one. She thereby substantiated Robert Penrose’s belief that it is possible to hold two seemingly opposing states at the same time. While fully opening to and enjoying the adventurous life with David, she simultaneously appreciated her less exciting, but more diverse and lasting, official life with Jack. She became what Frost could not: one traveler able to travel both paths!

As Athena gathered her things and began to leave my office, her face was free of the slight strain she had manifested when she first sat down in the huge hypnosis chair. That everything was all okay was what, she said, “was so great about” the experience. With a beaming smile, she concluded, “That was really great. Thank you so much!”

Despite the substantial benefit that parallel-life hypnotherapy can offer to a client, this modality is not appropriate for everyone. As I indicated in the case study, Athena is an individual who is very grounded, an explorer of the beyond who also has her two feet firmly planted here in this world. Such groundedness, a commitment to being in the official life whatever changes are made or not made, is an absolute prerequisite for exploring parallel or other alternate selves. Anyone who is wishing to escape this world for another is abdicating the often hard work necessary to make the alterations here and now that could enhance his or her life in this incarnation. Anyone prone to chronic day-dreaming, irresponsible behavior, intensely labile emotions, or suicidal ideation is not a good candidate for this kind of hypnotherapy. While this process of accessing a parallel life can be exciting, illuminating, and even life-altering, it is not a game, but rather a serious exploration of self-identity meant ultimately to enhance the person’s participation in the official life.

An intake interview with the prospective journeyer is absolutely vital to assess the client’s degree of groundedness, especially if the road not taken juncture

came at a crucial, life-changing moment in the client's life and the client believes he or she took the wrong path.

If the client had taken the road ultimately not chosen, the person's life might, indeed, have been better or easier in some ways. Nevertheless, from the standpoint of the soul, no path is wrong or right, no path is without merit, no path is without opportunities for growth. Going on the easier route might be wonderful and instructive in some regard, but also inhibit the learnings capable of being gleaned from the generally more difficult path. Finding the full, complex meaning of what happens on the individual's official path is of paramount importance, particularly when difficulties seem insurmountable. Because of this vital truth, the hypnotherapist should emphasize to the client that each life, parallel or official, has its own meaning, complete with its own, enlightening ups and downs—the grass is ultimately not greener, but rather somehow different in the other life, as Athena's account aptly demonstrates. Remember that her parallel self envied some of what Athena had in her official life. Both the parallel self and the official self can learn from each other suggestions about how to modify its own behavior and goals.

With such caveats in mind, the responsible hypnotherapist can engage the appropriate client in an amazing journey of self-discovery beyond what most can imagine. The prospect of getting unstuck from limiting beliefs, especially that of thinking that one took the wrong path, makes parallel-life hypnotherapy an invaluable resource for pronounced emotional and spiritual progress.

References

- Encyclopaedia Britannica, (1998). "Collective unconscious," Retrieved from, <https://www.britannica.com/science/collective-unconscious>
- Frost, R. (1916). "The Road Not Taken." Retrieved from <https://www.poetryfoundation.org/poems/44272/the-road-not-taken>
- Frost, R. (1914). "Mending Wall." Retrieved from <https://www.poetryfoundation.org/poems/44266/mending-wall>.
- Frost, R. (1912, 1922, 1936). "Design." Retrieved from <https://www.poets.org/poetsorg/poem/design>.
- Hooper, R. (2014, September 24). "Hugh Everett: The man who gave us the multiverse." Retrieved from

<https://www.newscientist.com/article/dn26261-hugh-everett-the-man-who-gave-us-the-multiverse/>.

Penrose, R. (2007). *The road to reality*. Visalia, CA.: Vintage, as cited in https://en.m.wikipedia.org/wiki/Schrödinger%27s_cat.

Roberts, J. (1979). *The unknown reality, II*. San Rafael, CA: Amber-Allen.

Roberts, J. (1972). *Seth speaks: The eternal validity of the soul*. Novato, CA: The New World Library.

Roberts, J. (1970), *The Seth material*. New York, NY: Pocket Books.

“Schrödinger's cat” (2018) Retrieved from https://en.m.wikipedia.org/wiki/Schrödinger%27s_cat.

Stanford Encyclopedia of Philosophy. (2014, January 17). “Many-Worlds Interpretation of Quantum Mechanics.” Retrieved from <https://plato.stanford.edu/entries/qm-manyworlds/>.

Trilling, L. as cited in Christopher Benfey (1999) “A Terrifying Poet” Retrieved from <https://archive.nytimes.com/www.nytimes.com/books/99/04/25/reviews/990425.25benfyt.html>.

Proxy Regression Therapy Grants Access to Healing for Contra-indicated Clients

by Marit Fischer, Andy Tomlinson, and Bel Rogers

Abstract

A handful of regression therapists worldwide have been exploring, with positive results, a new therapeutic approach that grants contra-indicated clients access to the benefits of regression therapy. This alternative therapy, proxy regression, requires two things: a willing partner, and full permission granted to that person to access the higher self or subconscious of the one who is seeking therapy. The therapist then works directly with the proxy with the express intent of healing or helping the client.

The applications of proxy regression are as different and numerous as the clients who may seek it out. Whether it's for addiction, severe or terminal illness, mental or personality disorder, the deaf or mute, or even for children, proxy regression therapy can open a door to healing for those for whom it would otherwise not be an option.

Marit Fischer, Bel Rogers, and Andy Tomlinson are regression therapists that believe that, through Regression Therapy, we can directly access the source of personal challenges or symptoms to understand, address, and transform them. This therapy allows access to past lives and suppressed, forgotten, or ignored current-life memories. Through this work, one is able to transmute the influence of past pain into a positive learning experience to unlock current potential. Then, with recognition and understanding comes healing and growth.

When considering those who are viable candidates for regression therapy, there are limits. As therapists, we are trained to recognize contra-indicators in our potential clients that preclude our initiating regression with them. With some exceptions, we know to find other kinds of treatment for those who are too young or too old, for those with serious mental or personality disorders, for those on prescription or recreational drugs that alter brain chemistry, for those with a health condition for which high emotional levels are not recommended, for those with advanced terminal illness, et cetera. Other therapies may help, but regression therapy cannot until now.

A handful of regression therapists worldwide have been exploring, with positive results, a therapeutic approach that grants contra-indicated clients access to the benefits of regression therapy. (e.g., McHugh, 2010, 2009; Van der Beek, 2009) This alternative therapy, proxy regression, requires two things: a willing partner, and full permission granted to that person to access the higher self or subconscious of the one who is seeking therapy. The therapist then works directly with the proxy with the express intent of healing or helping the client.

Andy Tomlinson, a UK-based pioneer in regression therapy, the author or editor of three books on the subject, and the founder of the Past Life Regression Academy, stumbled onto the idea of proxy regression in 2008. In recording feedback from clients after regression sessions, he noted some interesting side effects of the therapy for significant people in the client's life with whom the client connected during their sessions.

In one case reported by Tomlinson, a client had not spoken to her mother for 12 years following a major argument. During therapy she had an intuitive dialogue with the 'spirit' of her mother and found completion. Within 24 hours, her mother phoned saying she had suddenly felt different about her. After an emotional three-hour phone call, the women were able to reestablish a loving relationship.

In another Tomlinson case, the client's father had committed suicide several years prior. The police case remained open, and the client, her mother, and her sister still had unresolved emotional issues related to the event. During therapy the client had an intuitive dialogue with the soul representations of her father, mother, sister, and the police. Through this process, the reasons for the father's actions and events surrounding his suicide became clear. The client found completion. Within one week, the police had closed the case, and the client's mother and sister both called to say that they suddenly felt different about her father's death and could finally let go.

Perhaps all of these events were simply a coincidence, but Tomlinson felt compelled to explore the possibility that the intuitive dialogue during regression therapy had somehow consciously affected the people involved. He began to explore the use of a proxy to work with clients who could not otherwise effectively represent themselves in therapy. The idea was to connect them, during induction, to the higher mind of the person seeking help.

Marie and Anne: case study by Tomlinson

To test his theory, the therapist suggested proxy therapy to Anne, a 32-year-old mother in France whose five-year-old daughter, Marie, was a healthy child who had exhibited selective mutism since she was two and half.

Anne explained, “When an adult looked at her and talked to her, even the most kind person, her eyes would swell with tears and she would look away.” Things got worse when she started pre-school. “She chatted with other children, but not a word to any of the teachers or adults. It appeared she had an inexplicable anxiety about talking to adults, even though she was growing up in a loving and happy environment.”

Administrators at the school sent the family to doctors and psychologists for evaluation since teachers had no way to evaluate Marie. She would not speak to or even look at some of them. Because Marie was so young, and because adults frightened her, Anne agreed to be a proxy client for her daughter. The therapist worked directly with Anne with the intent to connect with Marie’s subconscious via hypnotic trance and resolve Marie’s issues.

The therapist regressed Anne in two sessions to two different significant past lives. In one, Marie was a girl of ten whose nanny nagged her incessantly. Because of social expectations and her own fear, she was unable to speak up to defend herself. In transformation, Marie found her power of voice and the ability to communicate clearly. In the session, Anne realized that she had been the nagging nanny. “I realized intuitively that it was me who had treated her this way. As a result, I’ve changed the way I communicate with Marie and our relationship has gained another dimension.”

In the following session, Anne, in Marie’s subconscious, found herself in a past life as an eight-year-old Indian boy who was caught up by a small group of an enemy clan. He was interrogated though he could not understand what they were saying. The men cut out his tongue and left him to die. Women from the same clan rescued him and raised him as their own. As an adult, he formed his own family group who understood him and lived apart from the village. During the transformation, Marie’s soul, via Anne, was empowered to speak with all the significant characters from the past life to find forgiveness. After the second session, both Marie and Anne experienced eight weeks of a sore throat. Then, Marie spoke.

Following the therapy, Marie reported: “The truly amazing thing is that Marie has changed so much. Now, at school, she can't stop talking. Her

selective mutism is completely gone. It did require a few weeks but now she is proud, confident and doesn't hesitate at any time to reply or ask for what she wants. She stands for herself and speaks for others. She is very witty even in public. She jokes and makes other people laugh all the time.”

Now, 10 years later, Anne continues to be amazed by her daughter. “Marie is now a teenager,” she said. “She is at the top of her class, is a feminist leader and animal rights activist. She aspires to become a wildlife veterinarian and marine protector. She is totally herself.”

Why does proxy regression work?

[Fisher] Even among therapists who practice proxy regression, there are differing and complementary explanations as to why this indirect access to a transformative healing state may be possible. All are rooted, however, in the body of spiritual knowledge accumulated via the experience of and research related to Life Between Lives or Between-Lives Spiritual Regression. This therapeutic experience, pioneered by Michael Newton, Ph.D. (2004, 2000, 1994) in the United States and Joel Whitton, M.D., Ph.D. (1988) in Canada, among others, allows clients to access interlife soul memories via deep hypnotic trance.

While accessing soul memories of the time between incarnations, the pioneers mentioned above and others who have followed in their footsteps have guided ordinary people of all religions through experiences as energetic beings. In these experiences, prior to the next incarnation, souls plan the life ahead—choosing not only challenges and lessons, triumphs and joys, but also the people with whom they will work to master understanding of emotion in a variety of life settings. Often, souls will choose to work through emotional understanding with members of their “soul group”—the group of souls with whom one most identifies, whether because of traveling together from lifetime to lifetime since initiating incarnation or because of a commitment to learn similar lessons.

The majority of Andy Tomlinson’s work with proxy has focused on a proxy and client who are intimate in some way, having shared repetitive emotional learning over a number of life times. In other words, the participants may share a soul group.

Tomlinson suggests that as energy beings we hold the memory of unresolved emotions in our energy field with an intuitive link to the other soul involved, and that the other soul holds a related unresolved memory. This is why a lot of incarnations are collaborations of soul group members who choose different

roles in each others' lives, together attempting to help resolve lasting issues. Healing involves understanding the issues at a soul level by both souls. It's like plugging in for both souls involved so there is some level of healing for the proxy and client.

Fischer agrees that this is the case for some but does not hold that this soul-level intimacy is a requisite for regression therapy. She contends that it is possible to share consciousness by permission. Sometimes in this process a proxy can become privy to soul memories that are important for personal healing and the healing of the other involved. However, she holds that it is possible for someone to access the consciousness of another, with permission, to help him or her heal simply because the souls—or the individuals, if considering this from a right-here, right-now perspective—agreed to help each other.

[Fischer] How are we, as therapists, to know beforehand whether or not the client and volunteer he found to help him share the same soul group? If we knew they didn't, would we deny them the opportunity to try? I would not. From the perspective of honoring the soul's life plan set during the interlife, perhaps these two otherwise-unrelated souls agreed to help each other in this way in this life, for a purpose related to research, or the media, or for the proxy's learning of altruism and the client's learning to receive gifts from strangers. But for those who do not believe in reincarnation or in pre-incarnation life planning, this explanation would not make sense. I won't be the judge, nor will I tell people what they must believe in the never-death of consciousness. The important thing, in my opinion, is that, through proxy, healing via regression therapy is possible for people who otherwise may be unable to access it.

In the book *Your Soul's Plan: Discovering the Real Meaning of the Life You Planned Before You Were Born*, regression therapist Robert Schwartz, explores life planning in the between-life: "All discuss before incarnation what is to be done. Is it too much? Things are altered, decisions are changed, until an imprint is decided" (Schwartz, 2009, p. 224)

For some, pre-life planning brings up the question of free will. Do we have it if we plan our lives beforehand? If we do have it, why wouldn't someone who wants to be healed choose to be healed?

In *Destiny of Souls: New Case Studies of Life Between Lives*, Michael Newton addresses pre-life life planning in light of free will. He writes;

People have the idea that free will and destiny are opposing forces. They do not realize that destiny represents the sum of our deeds over thousands of years in a multitude of incarnations. In all these lives we had freedom of choice. Our current life represents all past experiences both pleasant and unpleasant, and so we are the product of all our former choices. Add to this the fact that we may have deliberately placed ourselves in situations that test how we will react to events in our current life, which are not perceived by the conscious mind. This too involves personal choices. (Newton, 2001, p. 371)

The authors agree that the life plan of the client can preclude some perceived positive outcomes in regression therapy. Sometimes souls decide beforehand that they will choose illness, debilitation, or even death to teach themselves and/or those around them profound lessons. In these cases, the soul may choose to find healing of some challenges, but not others. That is, unless the lessons that the soul intends for itself to learn while incarnate are learned.

Isabel and Gina: case study by Fischer

In April 2017, Isabel and her daughter, Gina, contacted the therapist, a regression therapist based in Spokane, Washington, USA, for help. Sixty-seven-year-old Isabel had stage four breast cancer metastasized to bone. Gina had experienced the benefits of regression therapy and felt intuitively that it could help her mom. The therapist explained that Isabel would not be a candidate for regression therapy on her own because of her advanced terminal illness, her extreme level of pain, the drugs she was taking, her inability to sit or lay comfortably for any duration of time, and her tendency to nod off when she did. The therapist suggested proxy regression if mother and daughter agreed to partner in this therapy. Both agreed. At the onset, when asked why she was seeking regression therapy, Isabel stated: "I want to heal from stage four breast cancer."

Isabel and Gina agreed that, even though a result of complete health might be unlikely, they would like to try—partially to honor Isabel's deepest desire—to get well—and partially to explore what might be possible through this therapy. Isabel and Gina agreed to welcome any healing or comfort that resulted from their efforts.

Isabel identified an intense fear of death; a feeling of being misunderstood; deep sadness resulting both from her childhood with a father who had killed himself and a mother who was mentally ill, as well as a failed relationship with her husband; and a weighted lack of energy.

In the following months, the therapist met with Gina four times for proxy regression and Isabel three times for integration and explanation. In the first session, Gina experienced Isabel's Between-Life Spiritual Regression or Life Between Lives. She accessed Isabel's soul memories of her spiritual existence after her last death and before her current incarnation. In this deeply spiritual session, which the therapist recorded for Isabel, Gina facilitated Isabel's revelatory experience of coming to understand that which she planned for this life. Isabel quite clearly set out to learn of her own personal strength and to trust in it enough to live without fear. She had decided that this life was to be all about empowering herself to let go of the fear-seated need to control outcomes and to choose instead to open her heart to possibility and love. The epiphany for Isabel came in the clarity of the fact that she planned her cancer as a last resort if she did not learn this lesson in all the other opportunities, she lined up for herself during this life.

Isabel's higher mind, through Gina, said: "I planned to get cancer if necessary, to learn what I wanted to learn. It was a contingency, but I planned this."

In the next regression, focused on getting directly to the source of Isabel's overpowering fear, Gina-as-Isabel accessed Isabel's partially suppressed current-life memory of being sexually molested by her grandfather. Through inner-child therapy, she also dealt with the emotions related to the suicide of Isabel's father and being left to live with her emotionally absent, mentally ill mother. The primary learning for Isabel in this transformation was that she had all the power within her to face the life before her.

Therapist: When we did the Life Between Lives session, one of the things that your spirit guide said was that you'd be presented with lots of opportunities in this life to learn of and trust in your own personal strength. What is it that's important to understand about finding strength inside?

Client: That I just can't look outside myself. It's all in there already. If I'm looking in the wrong spot, I'm never going to find it. I have to have faith and trust in myself, and I just haven't. I have to learn. It's not outside; it's inside. Everything I need is inside already. It's right there. But I have to be willing. And I haven't been willing...

My guide is telling me: "You know, you're already protected. Realize how absolutely amazing and strong you are. And you've always been that

way, but you just deny it over and over, any way you can. You're not helpless, but you are acting like you are."

Therapist: *Why is this particularly important, right now, as you face cancer?*

Client: *Because this is my last chance [in this life]. I didn't learn it before, even in past lives. It's just a golden opportunity. I can't get set up any more perfectly to learn this.*

In this session, Gina experienced the abuse, loss, and neglect, and well as the following transformation, as if it were her own. When she returned to waking state, she worried that perhaps she had made it all up.

[Gina] This was quite challenging because the regression went to a deep emotional place. And because I was connecting with my mother's higher self and my mother's experience, knowing, seeing and feeling what she faced was quite heavy for my heart. I was troubled and saddened by knowing so fully the difficulties she faced. However, this allowed me to know my mother in a more profound way. While the process was emotionally taxing at times, I could simultaneously feel the healing taking place, inside myself, in my mother, and between the two of us. This made any challenge well worth the effort.

[Gina] What solidified my trust in the process was the confirmation I received from my mother when I relayed the experience to her. I explained all that I experienced—what I saw, what happened to me, how I felt—even the details like where and how I was sitting and who was sitting next to me. My mom was crying as she said I described what had happened nearly perfectly. It was my mom validating the current life regression that allowed me to relax and let go of the thought that I was making stories up.

Following the session, Gina and Isabel both noticed a change in Isabel. She became calmer and softer, more accepting of the people in her life with whom relationships had grown strained or challenging for her—with her separated husband and her other daughter, specifically. Isabel was able to reconnect with both, and the relationships shifted for the positive.

[Isabel] I have been so determined, so driven, that I forgot to live, smile, relax and have fun. I was just attached to earthly goals that I forgot to smile. I want to appreciate all of life, smile a bunch, and

have more fun. I'm finding that easier now. I've forgiven everybody and love everybody. I realize that we all did the best we could.

"Her relationships improved," Gina confirmed. "She was less guarded and expressed more caring and concern. A few times my sister and I said: 'old mom is back!'"

Isabel's feelings of being misunderstood completely evaporated. Her energy level increased significantly despite still feeling tired from her illness and medication. Her fear shifted, and she felt instead a hatred of cancer, resentment and disappointment.

In the third session, Gina accessed Isabel's past life as a British maritime soldier during the American Revolutionary War. At the time of her death, she was so focused on her work as the navigator and maps man, that she was completely surprised by an attack that killed her and everyone on board her ship. During transformation, Fischer guided Isabel to find the relation between her life then and her life now. The following is a transcript from the session:

Therapist: Think about the fact that you were caught of guard. You said you were so focused that you didn't see the whole picture. How is that relevant to your life now as Isabel? Ask June [spirit guide] if you need help.

Client: [Speaking as spirit guide] Don't have such a narrow focus. In this life you just saw, you were focusing so much on the task that you couldn't see what was going on around you and it surprised you. Don't do that again. It's like the one thing you think . . . is going to be the right way . . . is how you're bringing this tragedy into your life. It's the exact opposite. Just by letting go and not worrying, by smiling more, and playing... it doesn't matter if you die or not, this is the only way you can live.

Therapist: That reminds me of the lesson you had the last time we were together, about how when you let go of the outcome of body, you actually become more connected with body.

Client: Yes. It's a paradox. It's a lesson I have to learn though. I don't have to learn it the hard way. I don't have to die to learn it. But it is that not attaching to the outcome actually brings about the outcome you want. In this life as the soldier, I did not figure that out until I died.

Therapist: *Do you have the opportunity to figure it out in this lifetime as Isabel?*

Client: *Absolutely. It doesn't have to go like that again.*

Therapist: *You don't have to be caught off guard. And when you think about your life as Isabel, you've come to the understanding over and over again in the work that we've done together that you actually did plan to have cancer. So is there an element of being caught off guard here, and if so, why?*

Client: *There is. Just to really shake things up. It is my one last chance in this life. I don't have to be subject to the cancer. It doesn't have to end things. I could wake up. I could choose to wake up or die. Either way. I think it's the way to . . . if you don't learn your lesson, it sometimes has to be a harder lesson. And this, for me, is the harder lesson.*

The fourth session was a return to the Life Between Lives, to meet with Isabel's spirit guide and council of elders for their thoughts on the work that she'd done and to share advice or wisdom for her journey.

In trance, Gina shared the message to Isabel:

You get to decide now. You have learned the importance of surrender. Surrender is the opposite of what you consciously think it is. It is not death as you understand it. When you surrender to life, it will not be the onset of death, but the moment you start to live. When you let go, you will find true peace.

In November 2017, four months after the final session, and 18 months after her diagnosis of stage four cancer, Isabel died. In a conversation a few weeks after her death, Gina described her mom just before she ultimately let go of her cancer-riddled body:

She had a more open heart and a clearer mind. Everyone in her immediate family felt that there were few to no unresolved issues. More so, we felt that the issues that were resolved may not have been resolved [without the proxy regression therapy]. She had a stronger understanding of why things happened the way they did and she let go of anger and forgave those that had caused her harm. She was more at peace, more settled, more loving.

Whether or not Isabel could have been fully cured of cancer through proxy regression is a valid question. Perhaps, at a soul level, Isabel decided beforehand that even if she did learn the lesson ultimately, if it came to the point of getting cancer, she would carry the sickness to her death. And perhaps her death, to her, was the doorway into new life, free from the burden of cancer as well as the need to continue to focus on the same lesson, repeated, for her, over lifetimes.

[Gina] I think it is very important to note that if we are defining success for my mother as becoming cancer-free and living a long life, then I would say we were not successful. The regression process did not eliminate her cancer. I, however, would not define success in this manner, and I would caution others against doing so with their own regression and other healing experiences. There is much that is out of our control and beyond our understanding. While it is quite natural and normal to want to live as long as we can and to want our loved ones to be by our side forever, that may or may not be what we need for the growth of our soul. One thing that was quite evident to me throughout the regression process was that this life, or any of our lives, while vitally important in the moment, is actually just one small aspect or experience in a much larger, grander experience. I would suggest that we try to define success with an open heart and mind with an eye to the bigger picture. For my mother, a successful outcome was achieved—she came here and was able to learn and grow so much from her experiences. And she left with an open heart full of love, compassion, and understanding when she was called home. That, to me, seems perfect.

Elizabeth and Jan: case study by Rogers

Ninety-three year old Elizabeth had been bed-bound at her care home for nearly two years after falling out of her wheelchair and breaking both legs. She had been active until immobilized by arthritis ten years prior. Side effects from her medications included a tendency to regularly drift off to sleep, so she was not a suitable candidate for regression therapy. Her daughter, Jan, had benefitted from regression therapy herself, and contacted the therapist, a Varese, Italy-based regression therapist and trainer for the Past Life Regression Academy who has been researching regression therapy by proxy since 2011. Jan volunteered to be Elizabeth's proxy.

Most of Elizabeth's emotional symptoms—*anxiety, loneliness, guilt, constant worry, grief and bereavement*—had been with her throughout her life. At this point, she had grown gloomy and depressed. She had become more and more

irritated by her physical constraints and bored. Physically, Elizabeth was completely immobile from her waist down due to the broken legs, which, she had been told, would never heal. She experienced whole-body arthritis pain, which was most severe in her neck and right shoulder. She was unable to move to make herself more comfortable. Her arms and hands were weak and arthritic due to lack of muscle and swollen joints. She had experienced a number of strokes, which caused dribbling and slurred speech and weakness on the right side of her body. Handwriting was virtually impossible. She also suffered from acid reflux, which gave her pain in her chest and caused vomiting and nausea.

Elizabeth's body was ready to die. However, she was not. She was afraid of death. She did not want to leave her family behind.

Elizabeth herself said: "I don't feel like I'm in the world." She reported recurring dreams where she was told to "get off the bus!" It seemed as if her spirit guides and higher self were communicating to her that it was time to let go, but she would not.

Through proxy regression therapy, she agreed to explore what was blocking her path, what needed to happen for her to find peace, and how she might finally let go.

The therapist used finger ideomotor signaling through Jan to communicate with Elizabeth's higher mind and determine the type of work required. The healing plan consisted of three sessions: intrusive energy release, current life regression, and past life regression, in that order.

The energy release session involved releasing two energies that did not belong with Elizabeth. The first was the soul of her baby brother who died at birth when Elizabeth was three years old. He had stayed with her all her life and communicated to her at this point that because of this, she was unsure sometimes whether to behave like a girl or boy. He influenced her, telling her, "You've got to be strong, you've got to be brave and clever and tough."

Her brother's soul said this made her sad and confused:

She worried she wasn't what I wanted her to be and she tried too hard to be me but she couldn't. She always did her best and was sad if she couldn't be the best all the time. She's sad she wasn't a boy. Mummy and Daddy knew they wanted a boy and I'm a boy but couldn't make them listen.

This first soul was aware of the other energy, which was a mischievous nature spirit who used to play with Elizabeth when she was a lonely little girl. The first spirit was moved compassionately to the light and the second to the appropriate place in the universe.

Intrusive energy can cause physical symptoms and exacerbate personal emotions. As a result of this release through Jan, Elizabeth reported improvements regarding loneliness, sadness, guilt, anxiety, and fear.

For the next session, which had been already established by Elizabeth's higher mind as needing to be a current-life regression, the therapist guided Jan to the source of Elizabeth's challenging emotions—the same emotions that had been connected with the energy attachments in the previous session.

Jan regressed to an event in Elizabeth's current life when she was a toddler, just after her brother had been stillborn. She felt upset, shocked, frightened, anxious, lost, abandoned, guilty, and worried. She believed that she was a failure. To help Elizabeth with the painful childhood memory, the therapist transformed the memory through inner-child therapy until understanding and forgiveness were reached. The therapist then guided Jan to the spiritual between-life when Elizabeth's soul was choosing her life to come. She found that she had chosen to experience rejection in this life as Elizabeth because she had rejected people in another life.

With this revelation came the epiphany that she herself had chosen to experience rejection throughout her life: by her parents as a child, by her unfaithful husband as an adult, and later, as a senior, when she was put into a care home by her other daughter. She had also experienced a form of rejection when a man she loved deeply and was going to marry died in World War II.

After transformation brought forgiveness and understanding in relationship to all these people, Elizabeth's spirit guide told her she had learned her lessons and could now find peace. Elizabeth, through Jan, could then express the wisdom she had gained:

Feelings of guilt are pointless and negative. Worrying does not achieve anything. Sometimes anxiety and worry and all the other problems get in the way of living your life and being happy. We're not here to be sad all the time. We're supposed to be happy, relax, and have faith and find forgiveness. It's okay to love people even if you might lose them. It's okay to be and value yourself.

In the following past-life regression session, the therapist guided Jan-as-Elizabeth into a past life as a shepherd boy who got caught in the middle of fighting soldiers. His shoulder and arm were hurt, and he had a pain in his left side caused by a bullet, which had pierced him through, leaving him immobilized. In the dark, he lay in his blood on the ground, cold and confused. He worried about his mother and the sheep. He was full of anger and regret and did not want to die.

After 'beings' came and carried him into a bright light—a safe, happy, healing place where his spirit guide joined him—he felt better. There, he reunited in love with his family and in forgiveness with the man who shot him. His guide helped him understand that his dying so young was something that he had planned so that his mother could find her own independence. This awareness resolved everything. In the process, he witnessed that souls incarnate to Earth to be with others, and then they leave. He saw that those who remain are fine and safe. There was no need worry or be anxious. He could be at peace.

Elizabeth learned through this life that:

Loss is temporary and not to be feared when you are alive... I will see them again; they are not lost. I've got to have faith ... and not question everything ... to trust my inner soul, to stop when I get panicky and in a state of anxiety ... and realize what I've learned, what I'm supposed to learn. I must not get dragged down by pointless, logical trains of thought or get confused by external influences that try to take me away from what I know to be the truth ... reject all the negative thoughts that come into my head ... have the strength to push them away ... and let the light come in ... allowing love, faith and peace.

Through this session, Elizabeth-via-Jan discovered within herself the, "acceptance and faith to let it happen, whatever happens." She expressed a desire to live in the present, free of worry about the past or future, with "peace of mind, happiness and serenity."

To counter Elizabeth's historic fear of dying and leaving loved ones, the therapist anchored the "bright light" experience from this session to serve as Elizabeth's positive reminder of what happens when our souls leave the body. She anchored the understanding of peace, love, joy, and safety, and the knowledge that we are all connected and together in the light.

The day after the first two sessions, Jan received a text message from her sister, Sarah, who did not know about the proxy therapy. Sarah reported that

their mother was suddenly more peaceful: "It was like all her depression had gone and that worries she had, had been alleviated."

In a later conversation with Jan, Sarah, who visited Elizabeth six days a week and was very sensitive to her wellbeing, said that Elizabeth had been sleeping with unusual ease, so different than before, with her awkward body positioning and tense expressions:

She had relaxed facial muscles. Her face looked like she was much younger, more comfortable, completely relaxed. She allowed herself to drift off and sleep . . .without any of the old worry and no mention of pain. Just peaceful drifting.

Sarah reported improvements in pain, too, even though there had been no change to Elizabeth's medication regimen: "The pain that she had in her neck and sometimes in her legs and feet that she always talked about . . .there has been no mention of any of this."

Before the proxy sessions it had been a struggle to get Elizabeth to eat, but afterwards, Sarah observed: "She is eating fairly normally again, it is going down better, there seems to be an easing of all bodily functions." The acid reflux was gone, and Elizabeth's dribbling had stopped altogether.

When Elizabeth was awake, she was calm. "Her anxiety about death and depression dissipated," Sarah said. "She seemed to be without fear." Sarah also noted Elizabeth's new comfort with being left alone. "It was like all the worry and concern over worldly things and her family just stopped."

One day after the final proxy session, Elizabeth's soul left her body and traveled home.

Sarah's observations of her mother before she passed confirm emotional and physical symptom reduction or elimination, allowing Elizabeth to die without fear. The family had no doubt that the proxy therapy allowed Elizabeth to heal and to finally be free.

[Sarah] Everything about her existence, mental and physical, was a test of endurance and a struggle. It was very difficult for her to exist in that state. All that seemed to disappear at the end, and I knew subconsciously that she was drifting away. It was like she knew that it was alright to go and I knew that I must let her go too.

“My grief has been made easier having done this work with my mother,” said Jan. “Knowing that I helped facilitate her healing has given me great peace of mind.”

Soul midwifery or spiritual death doula work is a new branch to regression therapy but one that the therapist hopes to help develop, while also encouraging other therapists to join in this focus.

[Rogers] For me, the biggest joy is helping a soul have a smooth transition home, free of any baggage that may have been holding them back. I have experienced first-hand how clearing and healing can have such a big impact on a departing soul, and how it will assist in the next part of the journey, in their ongoing evolution as a soul.

How do we, as therapists, facilitate the process? (Fischer)

Permission

First of all, we as therapists must consider the ethics of proxy regression therapy. We all have met people in our work and in life that would do anything to “fix” the person they love. As always, we cannot help people who do not want help. Permission is a key factor in the proxy regression equation. We must consider the person seeking help as the client, and the client is our primary focus in this work. The goal of the proxy must never override the true objective of the client.

Of course, it is worth special consideration of exception for young children and those who cannot communicate for themselves. Fischer, Tomlinson, and Rogers agree on moving forward with the empowerment or healing of children with express parent/guardian permission—in which case it would most likely be the parent or guardian serving as proxy for the child. Other proxy options for children may be siblings over the age of 18 and other relatives. For clients of age who are unable to communicate for themselves, the therapist is urged to consider and decide on a case-by-case basis.

Objective

As always, it is important that the therapist and the client agree beforehand on the objective on the therapy. It is appropriate and often necessary to review and sometimes revise the objective as the client learns and grows through the therapy process.

Intention

The therapist, as the guide for the process, must work with the proxy to set the intention of connecting with the higher mind of the client before the

sessions. This is fundamental to the process, as it reminds the client that the work they are doing is on behalf of the client, and it serves to activate the intuitive link between proxy and client.

Induction

The induction process for proxy regression therapy is the same as for direct regression therapy, with the one exception that the proxy client is directed to access the higher mind of the person that he is helping. A hypnotic induction during which the proxy is directed to connect with the higher mind of the client is a simple technique. Set the intention beforehand, and, at the end of the induction, instruct the proxy to go to the source of the client's challenge, (or to enter the past life that is the source of the client's challenge) on the count of three.

The therapist may also choose to use a physical bridge after a pre-session body scan using the directive "allow body to communicate/reveal connection to the source of _____ (the pinpointed emotion) for _____ (client's name)."

Once the client is in trance and is connected with the higher self of the client, the therapist should proceed to address the client in the second person, knowing that the proxy is experiencing the memory, whether past-, current-, or between-life, of the client. Further directives to connect with the client are unnecessary.

Means

Any trace-related regression is possible through proxy. The therapist is encouraged to use ideomotor response, muscle testing, or other means to determine the most appropriate therapeutic action for each client. Facilitating the client's participation in this decision making is beneficial for client buy-in and understanding. For example, the therapist may ask the client's higher self direct questions about necessary therapies while the proxy is in trance.

Some examples of therapy-related questions are:

Do we need to do current life regression therapy?

Do we need to do past life regression therapy?

Will a Between Life Spiritual Regression session be helpful?

How many total sessions are necessary?

Is it in the highest good of the client that we choose a certain order to the therapy?

What other healing modalities are in the highest good of _____ for healing/understanding/empowerment, etc?

Acupuncture?

Herbal remedies?
Energy healing?
Other modalities?

Completion and disconnect

When the session is complete and the therapist is guiding the client back to the waking state, a simple reminder to the proxy that his or her work on behalf of the client is complete for now, and, that once the proxy is fully awake and aware, he/she will be disconnected from the client, and ready to go about the day as usual.

Remote or present client

The therapist should use professional judgment in determining whether or not the client should be present during proxy therapy. Just as all clients are different, so too are the circumstances that indicate proxy as an alternative solution for each client. It is important to gauge the physical, mental, and emotional ability of the client to sit quietly and passively through the experience.

In many cases, privacy during sessions allows for a more thorough and deep regressive experience. It eliminates the possibility of client interference or reaction, and allows the proxy to relax into the experience without worrying about what the client might think, and whether or not what she is reliving is “right.” This is recommended when the client is very young, is experiencing physical pain or illness and cannot rest comfortably for several hours, cannot process or understand what is happening, or is prone to disruptive behavior. It is also recommended if the proxy is more comfortable proceeding without the client’s presence. One should do what is necessary to manage the proxy’s trance depth and potential conscious mind interference.

In some cases, however, the therapist may identify inherent value in the client’s presence during the session. Witnessing one’s own healing through another is not only an exemplary proof of compassion and support, but it can foster cathartic release, and be a facilitating factor in the thorough integration of the transformation.

In May 2018, Andy Tomlinson facilitated one such session, during which a non-family volunteer agreed to be the proxy for a client who was exhibiting high anxiety and social aggressiveness. The client granted Tomlinson and the proxy permission for inner child regression therapy, while she was also present in the room.

{Tomlinson} The session was truly remarkable. We uncovered several challenging childhood memories of the client, which opened the door to

catharsis for both the client and the proxy, who was altruistically experiencing the trauma as if it were her own. The client was able to quietly witness and identify with all that was happening before her. What followed was a remarkable healing for the client, but also for the proxy as well, who was able to experience forgiveness and transformation through the eyes and soul of her counterpart.

[Fischer] If the client does join the therapist and proxy in the therapy space, she will need to agree to sit or lay quietly without interfering. Prepare the client for the probability of experiencing a cathartic reaction while listening to the memories emerging. When initiating a current life or inner child session, take the time beforehand to discuss the possibility of uncovering suppressed memories. While it is not possible to prepare the client for the emotions that he may experience when this happens, it is important that she/he understands the expectation of maintaining the therapeutic environment when it does.

Prepare the space not only for the proxy, but for the client as well. Set out tissues, water, a waste basket, and other comforting amenities. If the client must leave during the session, let her know how to do so as quietly and unobtrusively as possible. Also, before beginning the session, to prepare for the possibility that this may happen, establish a waiting space and/or a way to indicate to the client that the work is complete and she may rejoin you.

Allow time to discuss the session with the client and the proxy. Empower the proxy to answer any and all questions about the experience to help the client process and understand more fully. This can be an invaluable process of integration for the client, who has just witnessed her own deep healing through another.

Integration and results

The effects of proxy regression therapy following resolution generally follow quite naturally. It is this phenomenon that turned Tomlinson on to the idea of proxy regression in the first place. Examples of therapeutic results are outlined in detail in the several case studies presented in this article.

The client and others close to the client involved in the transformative phase of therapy will exhibit emotional, thought-related, behavioral, and sometimes even physical changes in the time post-therapy. That being stated, however, professional follow-up and integration can be additionally helpful to the client. The therapist's recording sessions, transcribing them into writing, and providing thoughtful synopsis for both the client and the proxy could be very beneficial to them in understanding the process of healing.

The three therapists also work with a system of recording and reporting on measurable symptoms. Each therapist records the emotional symptoms of each client and related behavioral, physical, or spiritual effects, through the use of a number scale of severity. During the process of therapy, through to completion, symptoms are measured until resolved. This allows the therapist, the client, and the proxy to track, and to understand, the progress.

Hope for the contra-indicated (Fischer)

The applications of proxy regression are as different and numerous as the clients who may seek it out. Whether it's for addiction, severe or terminal illness, mental or personality disorder, the deaf or mute, or even for children, proxy regression therapy can open a door to healing for those for whom it would otherwise not be an option.

Just like with direct regression therapy, we cannot, in proxy regression, always guarantee that clients will heal the way that they want to be healed. The limits of what is possible remain the same. However, there are no longer limits to those with whom we can work, if and when they are willing to trust their healing to a partner. We now have a new, viable, and extraordinary way to work with people.

References

- McHugh, G. (2010). *The new regression therapy: Healing the wounds and trauma of this life and past lives with the presence and light of the divine*. North Charleston, SC: CreateSpace Independent Publishing Platform
- McHugh, G. (2009) Remote regression therapy. *Journal of Regression Therapy*, Vol. XIX, No. 1, pp. 48-58.
- Newton, M. (2004). *Life between lives: hypnotherapy for spiritual regression*. St. Paul, Minnesota: Llewellyn Publications.
- Newton, M. (2000). *Destiny of souls: New case studies of life between lives*. St. Paul, Minnesota: Llewellyn Publications.
- Newton, M. (1996). *Journey of souls: Case studies of life between lives* (5th Ed.). St. Paul, Minnesota: Llewellyn Publications.
- Schwartz, R. (2009). *Your soul's plan: Discovering the real meaning of the life you planned before you were born*. Frog Books.

Van der Beek, H. (2009). Remote regression and past-life therapy for children up to 9 years. *Journal of Regression Therapy* Vol. XIX, No. 1, pp. 59-66.

Whitten, J. L. (1988). *Life between life*. New York City: Grand Central Publishing

Blogs

Shoes on the Highway—A Silent Witness^[1]_{SEP}

by Marion Boon

Again, there was a shoe laying on the highway.

This time it was a greyish-white sneaker. The type of sneaker a teenager would wear—or maybe a young man. It was used and no doubt the owner's favorite shoe for a long time. It lay there with the tip headed crossing the road, almost toward the oncoming traffic. The shoe was opened, as if the owner's foot had slipped out of it while running. But where would he have run to? There was nothing. This place is a silent swath of concrete highway, with flat meadows bordering both sides. In the distance there is a mountain ridge. Other than that, nothing, absolutely nothing anywhere closer than a few miles. The mist of the humid night made the scene even more mysterious. Where is the owner of this shoe? No one would like to lose a shoe while walking, and certainly not on a run. What happened to him? Who could he be? Why did he not collect the shoe he lost? That shoe is the witness of an event that does not seem to be a nice one.

Ireland, 1700's: An old man gazes into the distance. His posture says he gave up. He is beaten—by fate, by life, by his age. Slowly he bends down to the ground and lays his hand on the muddy sand. His fingers dig in the earth. He grabs a full hand of soil where he saw a footprint—a bare-footprint belonging to a loved one—his son or grandson perhaps. Was it indeed his footprint? God only knows. He stares. He holds the sand in his caring hand and slowly allows the grains of soil to slip through his fingers. He makes a wish—a deep wish of desire—to see him again—to meet him again—to wish the Divine to guide his path, wherever and whatever. He continues to make his wish—to make sure they will find each other again, after this life, or in the afterlife. For it is painfully inevitable; his boy was stolen, and he himself is too old to do something about it. The boats are gone.

Virginia, USA, 2011: In Virginia I presented a workshop on Family Fields and Family 'Genetics'. Due to the request of my colleague this day was interwoven with 'organ regeneration'. We addressed the ancestral legacies that are still playing a role in our present bodies and in our present day's convictions or patterns of behavior. In the visualization we practiced a lady reported to see a circle, standing vertical and slowly turning around. What can it mean? Her present day issue apparently has originated in the family's past—"slavery," she

whispers—but what is it? The vision is a transparent energy whirling in an ongoing cycle. Energy moves on intensity of thought. Something—probably someone—is not ready to stop this ongoing cycle. This is a programmed energy. Addressing the circle’s energy, it appears to be the wish to be found or remembered, and the need to go on, to continue on a path that was not chosen, but that will end somewhere. God only knows where. In the workshop exercise the woman stretches her arm in front while sitting in her chair: I want to stop this cycle. This must stop. It is done; it is no more. Making this gesture does indeed stop the circle from turning. Now she sees a footprint—in the sand. What is this? She wonders. She looks at me: “It is from my ancestors, but what can I do to stop this?” she says. [L] [SEP] “Look at it,” I advise. “Acknowledge what has happened. Somebody left a footprint, maybe to stay connected, to show where he or she went. A sign for those left behind. Feel the energy of the footprint and stretch your hand, carefully take the energy and tell the footprint it is over. I found you and I see you. I acknowledge that you wish your footprint to be seen.”

She does as I say respectfully and in a concentrated awareness. Touched and impressed she reports: “It belongs to an ancestor, she is a mother, she leaves. Or they left her, she wishes to keep connection. She longs. I believe this is my slave ancestor.”

I state, “Please tell her I see you! It is over. And now you will invite the owner of the energy of the footprint, or the person this energy and memory are meant for.” [L] [SEP] In a silence that carries an intensity that all of the workshop’s participants can feel, she performs the healing of a few generations.

“It is okay. I see you. I thank you. It is over. I have my own life now. I live and you are no more in a living body.”

The footprint becomes a real foot, and the owner says goodbye and turns around, a happy goodbye this time. Then a huge relief is felt in the entire workshop space, the energies are settling. Everybody is touched.

I offer closure, “please, take a deep sigh. Inhale and then powerfully exhale: it is over.”

How does this relate to your present life? The answer comes in insights, displayed in silence.

Last month, there was a shining red cocktail shoe on the highway. Shouting out in silence, a beautiful artifact on the shoulder of the road. How is that possible? How can someone loose a shoe on the highway, where everybody passing will be in a car?! What strange troublesome event has come over the woman who wore this fancy shoe? A young woman’s stiletto is not an item the owner would like to drop. So, what is going on here? Did she hang her feet out the window, tired and pained by the use of these high heels a full evening long? Was it impossible for the driver of the car to stop and go collect the shoe in the middle of the night? Surely, in the early morning just before the peak hours

will burden the day with another layer of smog, this is a very disturbing witness of life that takes place in the blue hours of the night. God only knows what happened here.

'Wonder and Wander' on present Daily life and Past life triggers.

Media Review

Shrouded Truth: Biblical Revelations through Past Life Journeys

by Reena Kumarasingham

Reviewed by Marit Fischer, CRT

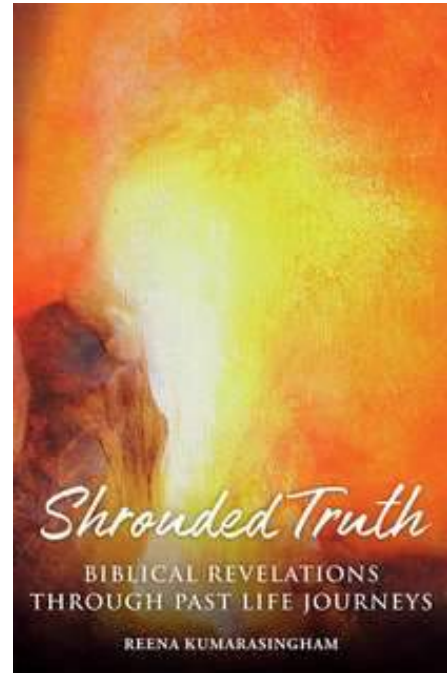
Of all the books that I've read in my 45 years, there are only a few that I can say have changed my life. One of them is *Shrouded Truth: Biblical Revelations through Past Life Journeys*, by Reena Kumarasingham.

Reena Kumarasingham is a regression and life-between-lives therapist who has been a trainer and supervisor for the Past Life Regression Academy for many years, teaching students in the UK, Australia, and the United States. In fact, she was my teacher.

Her new book, "Shrouded Truth," explores the past-life memories of eight souls who lived as some of the people closest to Jesus throughout his life. The story she weaves together is based on independent accounts accessed through the past life regressions of eight separate individuals who did not know each other and had no previous knowledge of each other's accounts beforehand. And yet, each experience corroborates the others.

What unfolds is a layered, textured tale of family, friends, empowerment, survival, spirituality, connection, sacrifice, and, at the core of it all, love. That tale is all about what happened before, during, and after the crucifixion of Jesus Christ. And that tale differs, sometimes drastically, from the fundamental beliefs of Christianity as we know it today.

It is fascinating to me that Kumarasingham was brought up as a Hindu in Malaysia, a country where the dominant religion is Islam. She had very little prior knowledge of Christianity other than the secular narrative. She also did not conduct any research until she was confident that she had collected all accounts—to stay as objective as possible during the sessions and flow with the information that emerged. Because the accounts vary so much from that which she did know, she wasn't sure at all that anything would come of it. What encouraged her was that these first-hand accounts were, on so many points, so similar. This, to her, was remarkable.

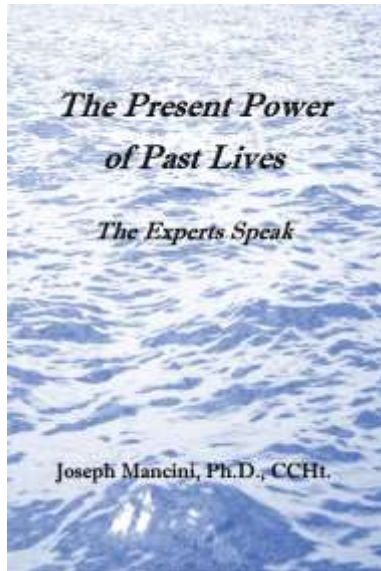


On the opposite edge of the spectrum, I, as just one member of the audience for this book, grew up in a devout Roman Catholic home. I spent 16 years in Catholic education—from grade school through University. It is safe to say that I have a very good grasp not only on that which is taught in the bible, but that which is taught as doctrine of the Catholic Church. From my educated perspective I can say is this: This book, in a stroke of loving, revelatory genius, turns Christianity on its head.

As a regression therapist I respect Kumarasingham's professionalism, and her protocol in honoring the emotions and therapeutic healing of the subjects just as much as integrity of the research. All this is abundantly clear in the work as a whole as. I expect that we will see a surge of interest in regression therapy in the years to come as a result of this book.

I believe that it is safe to say that I will not be the only one whose life will have been changed at the close of this particular back cover.

New Media

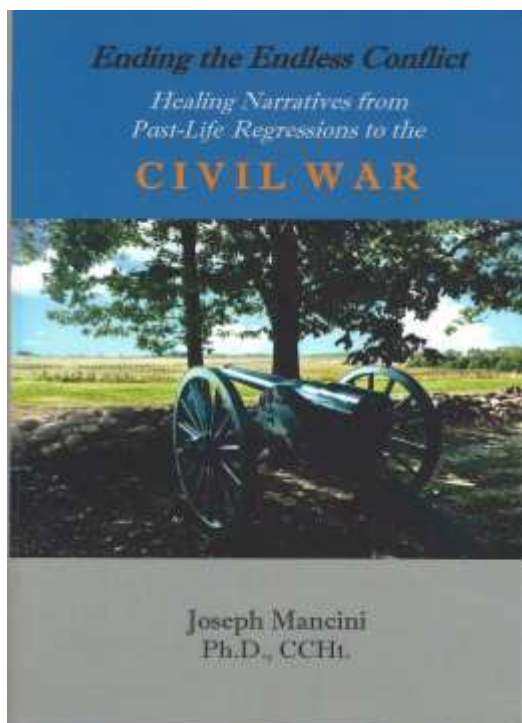


The Present Power of Past Lives

by Joseph Mancini, Jr., Ph.D., CCHt

In late 2013, Joseph Mancini, Jr., PhD, Certified Clinical Hypnotherapist, conducted a series of radio interviews on VoiceAmerica with experts in the field of past lives, past-life regression, and consciousness studies. In this book, created from that series of interviews, the author first relates his own past-life protocol, as well as tips for achieving a successful past-life regression and finding an appropriate regressionist. He then interviews three of his clients about the healing that past-life regression can provide. Next, he discusses the positive and negative implications of what he calls the “old,” time-bound,

cause-and-effect notion of Karma that tends to focus on what amounts to predetermined punishment for transgressions committed earlier in the present or in a past life. Opposing this view is a different notion of how present-life arrangements are related to past-life deeds: as a pattern of freely-chosen contracts/choices made with others to try out a different path. Following the chapter on Karma are ten other chapters devoted to the different contexts in which practitioners have accessed past lives; these include interviews focused on children’s past lives with Carol Bowman, past lives and attached entities with Greg McHugh, soul contracts with Linda Baker, past-life regression with intact groups with Janet Cunningham, past lives and natal regression with Tim Simmerman-Sierra, past-life regression to capture lost history with Joanna Prentis and Stuart Wilson, Edgar Cayce and past lives in Atlantis with Nancy Eubel, past lives and life-between-lives with Dee Chips, and research on the positive effects of past-life regression with Heather S. Friedman Rivera. Throughout the text and endnotes, Dr. Mancini comments on the materials presented from the point of view of Seth, the “energy personality essence” channeled by Jane Roberts from 1963 to her passing in 1984. Making this perspective even more concrete are the interviews with two of Jane’s ESP students, Rich Kendall and the late Lawrence Davidson, who share what it was like to have Seth comment on several of their own past lives. This book will appeal greatly to followers of Seth, those interested in the expansion of consciousness, those curious about past lives and related matters, and novice and experienced practitioners of past-life regression.



Ending the Endless Conflict: Healing Narratives from Past-Life Regressions to the Civil War

*by Joseph Mancini,
Jr., PhD, CCHt*



The author takes the reader on multiple journeys to the Civil War, believing it to be the primary source of the polarized thinking that haunts America today. He provides the potential for healing on both the individual and collective levels by investigating the Civil War in reference to past lives of seventeen individuals living today. He shows how limitations create intense anguish for both the present and past-life personae through an insistence on one-dimensional, stereotyped perspectives about self and other; failure to acknowledge and integrate the Shadow side of the psyche; inability to hold seemingly incompatible perceptions together while staying grounded; and profound lack of empathy for warring internal dimensions and alienated external selves. The past-life individuals Mancini investigates includes men and women, children and adults, Federals and Confederates, slaves and freedmen, doctors and deserters, and soldiers and civilian—all equally overwhelmed by fear and agony over the devastation and extreme carnage of this monumental war.

Authors

Joanna Foote Adler, PsyD, - is a licensed Clinical Psychologist, Depth Hypnosis Practitioner, Research Director, and instructor at the Foundation of the Sacred Stream in Berkeley CA. Joanna has 25 years of training in Buddhist Psychology and advanced meditation techniques and was the Principle Investigator for a two-year quantitative research study on the integrative spiritual counseling model of Depth Hypnosis. Her doctoral training emphasized family and transpersonal psychology. Joanna specializes in developing her clients' own unique strengths, allowing them to feel more grounded, effective, and whole. She leads symposia nationally and internationally on Depth Hypnosis, Conscious Leadership, Conscious Parenting, Earth Based Wisdom, Energy Medicine, and the Coming To Peace Conflict Resolution Method. Joanna's executive coaching and private practice are based in San Rafael, CA, where she is raising two children with her partner of 25 years.

Heike Bettendorf - is living and working on Fuerteventura, Canary Islands, Spain. She is regression therapist since 2012, trained by Hans TenDam and Marion Boon of Tasso International. She is a member of EARTH and is an EARTH-recognized trainer. www.heikebettendorf.com

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

Marit Fischer - is a Past Life and Spiritual Regression Therapist, Between-Lives Spiritual Regression Therapist, energy healer, and a Usui Reiki Master-Teacher. She is a supervisor of students training to become therapists through

the Past Life Regression Academy, and is the Communications Director of the Spiritual Regression Therapy Association—an International network of regression therapists who work cooperatively to share ideas and information to better serve clients, to conduct research in support of field advancement and further comprehension of human consciousness, and to promote regression therapy for widespread understanding and acceptance. Fischer is also a professional member of the Earth Association of Regression Therapy. She is based in Spokane, Washington, where she welcomes clients from all over the world. For more information, visit her at maritfischer.com, on Facebook @MaritFischerSpiritualRegression, and on Twitter @Marit_Fischer and @SRTAssoc.

Isa Gucciardi, PhD, - In the mid-nineties, Isa began developing Depth Hypnosis as she entered into clinical practice. Her studies, both in academia and in the field, of cultural and linguistic anthropology, comparative religion, and transpersonal psychology formed the basis of her approach with clients and students. As the body of work that grew out of her clinical practice became larger, she began teaching others so that more people could benefit from the techniques she had developed. In order to accommodate the number of classes that grew out of this process, she co-founded the Foundation of the Sacred Stream, which is now a school for consciousness studies in Berkeley, California, serving hundreds of students each year. Isa teaches and speaks nationally and internationally, and she has published numerous articles, podcast episodes, videos, and the books *Return to the Great Mother* and *Coming to Peace*.

Joseph Mancini, Jr. Ph.D., CCHt., PLt., LBLt., M.S.O.D., M.S.W. - is a Certified, Clinical Hypnotherapist in private practice in Frederick, MD. Though he offers hypnotherapy in various modalities for anxiety, depression, weight loss, and smoking cessation, and Accelerated Healing and Pain Reduction, he specializes in Spiritual Hypnotherapy, which includes, among other modalities, Past-Life Regression, Life-Between-Lives Hypnotherapy, Couple's Past-Life Regression, Future and Future-Life Progression, Accessing Parallel Lives and Counterpart Selves, Hypnotic Dreamwork, and Hypnotic Inner Child Work. He has been a university professor of American Literature, a Clinical Social Worker, and an Executive Coach and Organization Development specialist. In early 2017 he published *The Present Power of Past Lives: The Experts Speak*, a book based on interviews he did with experts in the field of consciousness studies with a focus on past lives; these interviews took place in 2013 on the 7th Wave Channel of VoiceAmerica, a global radio network. In late 2017, Dr. Mancini published *Ending the Endless Conflict: Healing Narratives from Past-Life Regressions to the Civil War*, a powerful examination of the polarized and stereotyped thinking that prevailed during the Civil War and continues today.

Bel Rogers - is a Hypnotherapist, Regression Therapist, Between Lives Spiritual Regression Therapist, Master Practitioner in Neuro-Linguistic Programming, a Transformational Breakthrough Coach and Reiki healer. She is the Trainer and Supervisor for the Past Life Regression Academy in Italy, teaching students from all over the world to become regression therapists. She has been researching Regression Therapy by Proxy since 2011 and is collecting material for a book on the subject. She is based by Lake Maggiore in Northern Italy and sees clients and runs healing retreats there. For more information, visit: www.positiveperceptionsltd.com

Tulin Etyemez Schimberg - has a board Certification with IBRT as a level IV Past Life Regression Therapist. She gives lectures on spiritual psychology, inner development for more than 20 years, on such topics as regression therapy, consciousness studies, self-awareness, survival after death, holographic paradigm, human energy field and medicine, healing, parapsychology, paradigm shift in science, near death studies, life after death, etc. She is also the chief editor of the monthly *Spirit and Matter Magazine* (in Turkish). Tulin was one of the organizers of 1st Istanbul Parapsychology Conference in 2005, where she was exposed to regression therapy. She was trained by Jeffrey Ryan and Janet Cunningham in 2005 and 2006 and received certifications for Professional Regression Therapy Level I and II from The World Regression Institute. She acted as assistant to Jeffrey Ryan and Janet Cunningham for other regression trainings in Istanbul during 2008.

Tulin is one of the founding members of EARTH established in August 2006. She is a board member of EARTH Association and organizes Annual Conventions for EARTH every year. One of her personal targets is to bring professionals in the field of regression therapy together so they can train each other and exchange experience and information. She was the chair of the organization committee of the Fourth World Congress for Regression Therapists, held in October 2011, in Turkey.

Hans TenDam, MA, CRT, (1943) studied psychology and pedagogy at the University of Amsterdam. For 40 years of his professional life, he was an international management consultant in a.o. conflict resolution and strategic management. He discovered regression therapy by accident and has been teaching and training other people in it since 1983, originally in the Netherlands, later in European countries from Finland to Portugal, and further in Brazil, the USA, Turkey, India and Japan. Hans was a member of APRT, later IARRT, in the United States. He founded the World Congress for Regression Therapy in 2003 and EARTH in 2006. His books are translated in several languages.

<http://www.tassointernational.com/books-of-hans-tendam>

Andy Tomlinson - is the founding director of the international Past Life Regression Academy (PLRT), which he established in 2000 to teach others to heal the soul by accessing the true source of emotional challenge and integrating healing through the whole person—physical, emotional, mental, and spiritual. The Academy has trained more than 300 therapists who now work and teach throughout the world. Andy, who is a psychologist, psychotherapist, and certified regression therapist, is as passionate about healing as he is about establishing and maintaining the highest professional standards for regression therapy. He is a founding member of the *Spiritual Regression Therapy Association*, the *Earth Association of Regression Therapy*, and the *Society of Medical Advance and Research with Regression Therapy*. As the author of *Healing the Eternal Soul* and *Exploring the Eternal Soul*, and the editor of *Transforming the Eternal Soul*, Andy has shared his groundbreaking work and research in regression therapy, between life spiritual regression and energy techniques, further continuing the advancement and global understanding of these therapies. For more information, visit www.regressionacademy.com.

Guidelines for Submission

The *Journal* welcomes submissions. Submissions may be made by e-mail to the editors at IntlJRT@gmail.com. Send a note if you have questions. Our guidelines are fairly standard and generally follow those practices observed by many other journals. Our preference is for manuscripts that do not exceed about 6,000 words (approximately 5–20 pages). Articles can include case studies, professional approaches or techniques, research, or editorial positions on topics of interest to the community. Smaller articles and those that are less formal should come in as a blog. The editors will help you decide which it should be.

Journal contributors are expected to observe accepted professional procedures in correctly citing sources of facts and ideas, when appropriate. Append a reference list to the articles that includes all citations made within the paper. The *Journal* staff has decided to use the APA (American Psychological Association) format, a general standard for articles in the social sciences fields. See the last article by Rich Stammer in the 2015 issue for an example of APA reference formatting. Use the in-article citations and place references at the end of the article. For other in-document annotations, parenthetical comments and the like, use page end notations, where appropriate, sequentially numbered starting with the number 1.

Submissions should include:

Title

Name and address of author(s), including e-mail address(s)

Indicate the software program used to create the document (example: “Produced with MS Word 97”)

A short current biography of the author(s) (75–150 words each)

A short abstract of the submission (75–150 words)

Media reviews should be about one page or less in length (single spaced). Include a thumbnail graphic of the media cover, which can normally be copied off of www.Amazon.com.

Blog entries are one to two pages but may be more depending on topic (single spaced).

New Media should be approximately one page in length and indicate where the media can be purchased. Include a graphic of the author and a graphic of the new media (book, DVD, or other digital creations).

Formatting

Format wise, we have adopted the American Psychological Association (APA) format and referencing in the *Journal*. Not all the current articles are good

examples of that, but some are. We don't intend to get anal about this but will try to stay true to their rules, especially for the articles. I will make some comments as to format and standards at the back of this issue. The blogs, of course, are meant to be less formal and can also be a place for editorializing. If you do not know the format, do not let that dissuade you from submitting your articles, our consulting editors will help you with formatting. Additionally, if you are a author from the United Kingdom, (or where British English is used) then British English will do just fine.

Don't be concerned with formatting, the entries will be reformatted as necessary. The rule on formatting for a submitted article—the less the better.

You can do the following, otherwise, please don't add any spaces, indents, points after para., etc. I spend a lot of time taking out all these format items.

Preferred:

- 1) Single or double space with the font, Bookman Old Style, 12 points.
- 2) Do not add returns or point spacing between, before or after paragraphs. If you must add spacing, the Journal uses six points after paragraphs.
- 3) For other spacings it is easier for Journal editors to add the required amount.

4) Graphics are particularly problematic:

- Don't lock the graphic to a particular place in the text. It may have to be shifted in the final Journal position.
- In most Word editions, a graphic that is pasted in the document defaults to (in the layout selection) "in line with text." Change this to another option. In the same formatting window (layout) select "advanced tab" on the lower right and in the next window deselect "Move object with text" button at the bottom. This will allow the graphic to be moved freely within the document. If you have not changed the "in line with text" option this selection will not be available.
- Text below the graphic or a title for the graphic should be placed in a text box (under the insert tab). When finished entering information in the text box, select both the text box and the graphic (by shift clicking) and group them together (on the Mac this is the "command - g" selection or right clicking to bring up the group command). This will save a lot of formatting headaches.
- If all of this is too confusing, just send the graphics with the document with any title to the graphic or table and place an [insert graphic, title of graphic, here] placed in the correct location in the text.

5) References:

- Other than spacing and graphics, references require the most time reformatting. Use the example of the APA formatting in the Stammler article in the 2015 issue. Close counts.
- Avoid copying embedded hyperlinks in the reference citations if copying the reference citation from on-line or other digital sources. In

that instance, use the “past special” command in Word. Formatting with an embedded hyperlink in a reference can be very difficult.

- Avoid adding spaces between entries.

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.

The author(s) of the article retain copyright to the submission and grants the *Journal* the right to publish said manuscript and reprints there of; however, brief excerpts or quotations may be used by the *Journal* Editorial Staff in subsequent publications, without prior written permission. The *Journal* 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.
