

understand what is happening. When ESP experiences are no longer felt as a threat, the activation of internal resources during therapy allow the patient to mitigate or overcome resistances, actualizing his tendency towards recovery.

The purpose of this paper is to expand the traditional concept of the individual vs. environment, taking into account the possibility of other levels of reality which can interact with the individual. It is not our intention to substitute today's psychotherapeutic knowledge - but only to add to it another dimension, aiming at a holistic understanding of the patient and his reality, as well as his recovery.

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CLINICAL PSYCHOLOGY AND LEVELS OF REALITY:
PART II - ESP AS AN AID TO PSYCHOTHERAPY
IN SOME PSYCHOLOGICAL DISORDERS

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Abstract: The authors discuss the interactions between other levels of reality and ours in cases involving patients with psychological disorders of various kinds. Trained sensitives were used in this study and often manifested extraneous personalities (named theta agents by the authors), and who were involved with the patients. A description is made of the theta agents observed and their interaction with the patients. Removal of theta agents by means of certain procedures is followed by an improvement in the patients' condition. This approach combined with traditional psychotherapy opens up new possibilities for patients whose prognosis of recovery is remote or dependent on extensive psychotherapy.

Introduction

In 1977, at the III International Conference on Psychotronic Research in Tokyo, we presented a paper discussing the possibility of influencing at a distance people with various types of psychological disorders, aiming at relieving or removing the symptoms experienced. After experimenting during three years, we had come to the conclusion that this could be done. However, we also found out that extraneous personalities extraneous to the members of the group in some cases manifested themselves, suggesting an interrelation between psychological disorders of some patients and the influence of these personalities - which we named "theta agents". Also in this paper, we described the types of theta agents we came across, as well as the improvements and relapses observed in patients as we interacted with these agents. The subjects selected for our sample did not know that they were being focused by the group, were not undergoing psychotherapy and had been showing certain symptoms for more than a year.

The purpose of this paper is to take up these aspects and extend them based on observations made during the last two years.

Working Hypothesis

Our observations, as pointed out in our paper "ESP as a Component of Some Psychological Disorders", which is being presented at this conference, led us to consider that there might be another level of reality, unperceived by our senses, but which could interact with the individual. Apparently, besides the classical interaction of the individual vs. environment, there could be a third one that we would call "spiritual". "Spiritual" is probably not the best word

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C) with patients that were being treated in the presence of sensitives

Concerning "A": alternatives 1 and 2 are eliminated when patients are unaware of absent healing. The sensitives' perceptions coincide with patients' mental and/or physical states and a significant improvement was observed. Coincidental improvement alone (3) cannot explain the many cases observed during these years, some chronic symptoms. Improvement due to autosuggestion (4) cannot be eliminated as the patients did not know that they were being treated by absent healing. As to alternatives 5, 6 and 7, it is natural for sensitives to obtain information by telepathy, clairvoyance or "this-world ESP". However, what we are reporting here is that a significant improvement occurred in patients that had been presenting psychological disorders. The mere perception by the sensitives of emotional states or symptoms by means of telepathy, clairvoyance or "this-world ESP" would not have removed them. Improvement happened after our work with the theta agent or agents involved in the case.

Concerning "B" and "C": After the above discussion the only factor that might be said is that patients improve due to autosuggestion. However, when the patient does not know he is being treated by absent healing, autosuggestion is eliminated. When patients are aware of the absent healing autosuggestion cannot be totally eliminated, but it would be only one single component of a group of factors responsible for his improvement.

Conclusion:

Our experience leads us to take into account in a more extended way the individual vs. environment. We have noticed that environmental influences can be twofold: a) originating from the environment perceived through physical senses and b) originating from another level of reality suggested by the presence of theta agents manifested through sensitives. In view of this and according to our experience, treatment should be applied on two levels: psychoterapeutic and "spiritual".

The success of this latter type of therapy depends on the same factors and variables that also intervene in traditional therapy. The acceptance of another level or reality helps to understand the patient's reality more holistically, as one level complements the other. This approach, however, should not be considered a new way of healing. For example, if a theta agent that has been influencing a patient for some time is removed, its removal does not always cause the immediate elimination of the effects, because to his maladjustment, the patient himself has thrown up defenses to deal with his own problems. That is why psychotherapy is basic in this type of treatment.

It is also important to emphasize that when using this type of approach as an aid to psychotherapy and before placing the patient next to a sensitive, the psychotherapist should know his patient very well, be aware of his internal resources, and should also carefully evaluate the prognosis of a traditional treatment.

any type of treatment, the patient's active participation towards his recovery. He has to be made aware of his responsibility for what is happening, so that he can avoid tuning out theta agents that may trigger or aggravate his maladjustment.

The absolute or relative success of this combined therapy depends, in addition to traditional psychotherapy, on the patient's age, the length of his maladjustment, his internal resources, environment, etc. The treatment can be applied at a distance or in the patient's presence. The number of weekly psychotherapeutic sessions influence the effects, intervals between such "spiritual" treatment can also influence the end result. Balance between these two types of therapy therefore, also be evaluated in each case.

A significant advantage of this combined approach is that it opens up new possibilities for patients whose prognosis of recovery are remote or dependent on extensive psychotherapy. Therefore, it is not evident in cases where traditional psychotherapy alone can be effective.

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