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CLINICAL PSYCHOLOGY AND LEVELS OF REA
PART I - ESP AS A COMPONENT IN SOME P
GICAL DISORDERS

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Abstract: Clinical Psychology has not taken into account evi
provided by other areas of research that point to the exist
other levels of reality. Therefore, that which is not percei
through physical senses is often considered as being of a pa
cal nature. The authors have observed that in some psycholog
disorders sometimes there is an ESP factor mingled with the
symptoms, and which are only taken into account as a proof o
"insanity". Reports made by some patients' and trained sensit
about their perceptions are similar. The difference between
lies in the fact that the former experience their perception
chaotic manner and are overwhelmed by them, while the latter
learned to discriminate between ESP and common perceptions,
taining their psychical integrity.

When in 1882 the Society for Psychical Research of London st
making scientific studies of paranormal phenomena, the model
reality conceived was dictated by Newtonian Physics - and in
model there was no place for phenomena which conflicted with
Principles.

But the theory of Relativity as well as the developments of A
Physics shattered this model of a mechanistic and orderly Univ
Today we know that Classic Physics became limited because it
described a certain level of reality - the level that we perc
through our senses. However, it was not adequate to describe
phenomena that take place at the sub-atomic level and which e
our perception.

For a long time Parapsychology has been studying phenomena wh
point to other levels of reality. What makes these observatio
important is that they originate from different areas of rese
which, on comparison, form a network of evidence pointing to
levels of reality.

The nature of reality is questioned both by physicists and pa
chologists. Einstein commented on this question as follows: "
material world... constitutes the whole world of appearance,
not the whole world of reality; we may think of it as forming
cross section of the world of reality."

s turn Psychology has always strived for respectability as a
ce. For this reason it adopted the parameters of Classic Phys
ming to attain the same precision and objectivity. However,
d not keep pace with the evolution of Physics and Parapsycho
and without questioning more deeply its basic assumptions, it
ned within the theoretical model proposed by Classic Physics.

ems to us that questioning reality has much to do with Clinical
ology because, as psychotherapists, we deal with human beings
heir subjective reality - and this often means that we have to
the so called altered states of consciousness. The main aspect
is question is that the expression of the ASC may be adapted
t, as we shall see further on.

r clinical pratice and also in our parapsychological research
ve noticed that in many cases which could be considered as bor
g pathology, there is an ESP factor mingled with the symptoms
haviour of the patient. As examples we cite cases of some of
atients that could be included in this category.

BE - We had a patient who complained, amongst other things,
she sometimes felt as if she were floating near the ceiling. Once,
that position, she saw her body sitting on the easy chair in
of a group of people who had come to visit her. Another pa-
reported that several times she felt as if she moved out of
ody reaching the wall opposite to her bed and that, from there,
ould see her own body lying on the bed. It is more than natural
experiences of this nature trigger a psychological reaction
ng the patient to doubt her sanity.

ychokinetic phenomena - We have a patient who hears noises and
ives movements in the house: crashes in the kitchen, doors that
and close, objects changing place, etc. From the traditional
of view we would say that she is hallucinating. However, due
r knowledge and experience with the phenomenon of poltergeist,
me to the conclusion that she was not hallucinating. Recently
members of the family have heard and seen the same things,
rming that our reasoning was correct. Psychokinetic phenomena
ot uncommon. Not knowing about them, however, may cause the
opment of psychological problems associated to the stress
ved.

ecognition - We had a patient who had precognitive dreams,
connected with the death or accidents with relations or
intances. These precognitive dreams led to the development of a
al thought loaded with guilt. This sense of guilt was dealt
in psychotherapy making her aware that there was no direct rela
between this type of dream and the death or accidents of the
le she knew. She was also made aware of her ESP capacity. In
itional psychotherapy dreams are often regarded as a catharsis
conscious desires. However, sometimes they may also be a bridge
een other levels of reality and ours. Psychotherapists who work
interpretation of dreams should be well aware of this fact.

cking up symptoms - We had opportunity of following up cases of
le displaying somatic or psychological symptoms, making them seek
rs or psychologists. The treatments, however, were not success-
We came across the same type of phenomenon in our clinical

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practice. We also noticed that these symptoms shifted, leading
different diagnosis by different specialists. Our observations
cate that certain people have a sensitivity which causes them
unknowingly act as "lightning conductors" in their environment,
picking up moods or physical symptoms of the people nearby. Wh
trained to develop their ESP faculty, they learn to control it
are no longer at its mercy. Trained sensitives can often manif
the symptoms experienced by a patient they do not know at the
mention of his name, whether the patient is known or unknown t
those present. There are persons who possess this faculty but a
unaware of it and suffer the influences of their environment.

For the last few years we have studied people with ESP and the
studies indicate that in certain disturbances classified as "m
illness" there are ESP components. Usually an ESP manifestatio
looked upon as another element pointing to the fact that the i
ual is insane. ESP truly has its part in this picture, because
makes the individual receptive to influences of many kinds; an
also reinforces the idea the patient himself and others have o
disturbance, i.e., he is most probably becoming insane, due to
weird perceptions and sensations he experiences.

It is impossible to ignore the similarities between certain pe
tions of patients committed to asylums and the description giv
sensitives. The difference, in terms of what is experienced, b
patient, lies in the fact that trained sensitives discriminate
tween ESP and common perception, while the person who is a sen
but not aware of it, gets in emotional states which end by cre
or aggravating maladjustment.

Clairvoyance is often found in people who are diagnosed as "me
ill". What they perceive is not taken into account as it is co
dered the result of a sick mind. Their perceptions are only ta
into account as one more proof of their "insanity". However, c
voyance as well as clairaudience are often found in sensitive

Here again there is a difference not in that which is perceive
rather in the experience triggered by the perception. The psyc
experiences his perception in a chaotic manner and is overwhel
by it; the trained sensitive learns to control his ESP; he may
the same perceptions, but maintains his psychical integrity.

There are also innumerable patient reports regarding the perce
or sensing of what they describe as entities at their side. To
a briefing on such cases it is sufficient to consult a few psy
pathology textbooks or to visit some psychiatric institutions
chat with patients. It is interesting to note that no matter t
environment or the cultural background from which the patient
that which is perceived has similar characteristics in a great
of cases, pointing to a universality in the content of what is
ceived. We believe that this content is universal because it d
with another level of reality which can also be perceived by p
who are adapted and possess ESP.

As a working hypothesis, we consider that these entities (seen,
felt or perceived as "voices") exist in another level of realit
In our paper, presented at the III International Conference on

hotronic Research, in 1977, in Tokyo, entitled "Healing at a
tance: Some Evidences Suggestive of Theta Agent Influence in
thological Disturbances", we named these entities "theta agents".

ay consider these "theta agents" as natural phenomena, there
subject to the laws of Nature, or we can also give them a reli
s connotation. From our point of view, however, the religious
ct that these phenomena might have is due to Man's interpreta-
n and not to the phenomena itself. As our working hypothesis, we
d for the existence of theta agents. We did this because apart
the explanation one might give them - subconscious of the sen
ive, fraud, telepathy, clairvoyance, "this world-ESP", etc. - we
ced the influence of such theta agents on some patients. In most
he cases they can be removed through certain processes we use.
he theta agents were merely the result of the subjectivity of
sensitive or due to his ESP, the improvement we noticed due to
means we applied would not have occurred.

way theta agents act and how they present themselves was des-
bed in the paper mentioned previously, as well as in the second
t of this paper which is being presented at this IV Conference,
r the title "ESP as an Aid to Psychotherapy in Some Psycho-
ical Disorders".

is natural that ESP should not be uniform in everyone. The inten
y of the manifestations vary from person to person and so does
type of ESP. In the same manner, the way ESP manifests itself
interferes in the patient's life is closely related to the
ucture of his personality. These two aspects are closely inter-
en and consequently the effects of this interrelation vary from
son to person.

ther side to this question is the influence theta agents have on
tain persons, whether they have or do not have ESP. The effect
the influence may be psychopathological, psychophysiological or
ironmental. The difference felt between people who have or do
have ESP is that the former can become mentally confused as they
, feel or hear things that other people do not.

patient may feel at the mercy of "supernatural" forces with no
sibility of controlling them. The fear of being different from
ers and, as such, running the risk of being called "insane" and
haps being committed to an asylum, acts as another destructive
tor.

know sensitives who have gone through this experience but who
e overcome the maladjustment caused by their untrained ESP; they
rned to deal with it using it to their own benefit and also to
p others.

psychotherapists we should be alert to patients' reports, trying
apprehend their reality however strange it may seem to us, and
without being overconcerned with fitting their symptoms into
of the pre-established psychopathological categories. As we get
know our patients, we become familiar with the dynamics and
ucture of their personality, enabling us to understand and
ceive their problems better. If we detect a particular type of
, it should be our duty to make them aware of it, helping them

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understand what is happening. When ESP experiences are no long 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 the individual vs. environment, taking into account the possib of other levels of reality which can interact with the individ It is not our intention to substitute today's psychotherapic knowledge - but only to add to it another dimension, aiming at holistic understanding of the patient and his reality, as well his recovery.

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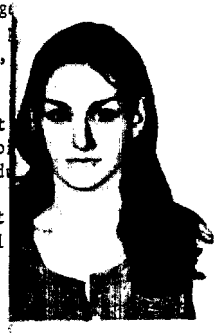

CLINICAL PSYCHOLOGY AND LEVELS OF REALITY: PART II - ESP AS AN AID TO PSYCHOTHERAPY IN SOME PSYCHOLOGICAL DISORDERS

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ract: The authors discuss the interactions between other levels eality and ours in cases involving patients with psychological rders of various kinds. Trained sensitives were used in this and often manifested extraneous personalities (named theta ts by the authors), and who were involved with the patients. A ription is made of the theta agents observed and their inter- on with the patients. Removal of theta agents by means of ain procedures is followed by an improvement in the patients' ition. This approach combined with traditional psychotherappy s up new possibilities for patients whose prognosis of recovery remote or dependent on extensive psychotherapy.

oduction

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

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

ing Hypothesis

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