Program Transpersonal Regression Therapy

CONTENTS OF THE 21 LESSONS

1. Basic concepts
You learn to align with the client in language and behavior, then to clarify and focus. Basic concepts are explained and illustrated: recursion, somatic, postulate, association and dissociation, personification, catharsis.

2. Intake and induction
The original situation that we want to discover during the session is already betraying itself in the symptoms during the intake. Basic methods are exercised: the intake, contracting, focusing and deepening recollection to reliving. The intake is about:
   - Contracting: a clear mutual understanding about the aim of the therapy and so the subject of the session.
   - Establishing mutual trust.
   - Noting symptoms like somatics or key phrases that seem to betray the underlying cause.
You will learn four bridges to induce a regression: the somatic bridge (S), the emotional bridge (E), the imaginative bridge (I) and the verbal bridge (V).

3. Reliving and regression
Regressions are either exploration or therapy. Exploration is to find something out, therapy to change something, to solve something, to heal something. Therapy includes always exploration, but exploration not always involves therapy.
   - Regression techniques are about sequencing the situations that are relived. We may go back to causes, forward to consequences, sometimes to the next step in the deepening or broadening of the original problem. In situations relived new mental or emotional charges may appear. Some may be left aside, others have to be explored. Basically, regression is about following the client, leading the client in the direction of catharsis by focusing, dredging and discovering, pacing the process and find the right alternation between emotional and bodily involvement and mental clarification.

4. Personification
Have the patient visualize a private space where he or she feels good: usually a room in the house they live in: living room, bedroom, study or porch. Have P go to his/her favorite spot in that space and assume his/her favorite position. Have them imagine that it becomes twilight after a beautiful day (twilight, to picture more easy energies as a kind of light). The door opens and the main cause of the main problem enters the room.

5. Aura exploration, energy work and soul retrieval
This is especially suitable for physical charges that remain stuck, for hangovers, for psychosomatic problems and for curiosity about somatic features. We can also use it to find and release hidden or half-sleeping talents. Aura exploration also works well with physical pain, especially with local pain, and if the pain is not so intense that the patient will need to
dissociate during the session. Some have found that aura exploration works well with cancer patients. The method is explained and demonstrated and exercised.

The reverse of being troubled by something inside us that doesn’t belong to us is being troubled by having lost a part of ourselves, of our soul. Regaining lost parts is called soul retrieval, though we don’t retrieve souls, we retrieve what often are called soul fragments. Shamans used to do this. We help people to do it themselves.

People may have lost calm or courage or balance or focus or curiosity or self-defense or self-assertion or feeling that their body belongs to themselves and not to others. We may regress them to the experience that triggered the loss, but essentially they have to regain the particular energy they lost. It may be locked away within them, but it may also have been stolen. Somebody who damages our self-respect may walk away with more self-respect. Sometimes the original loss is during birth: when we are not welcomed. We didn’t get our entrance ticket to life itself. We always doubt if we have the right to exist, if we have a place we can call our own.

Many people have lost a spiritual part, but many spiritual people have lost an instinctive part. Ancient shamans used power animals and we may do something similar in a more psychological way.

6. Accident trauma release (ATR): accidents, violence, shock, coma and surgery
You will learn to explore and resolve the psychological and psychosomatic consequences of physical traumas. These consequences are much more persistent and pervading than is generally presumed. They may reside in muscle tensions, abdominal cramps, headaches and in a deteriorated relationship with the body general. The effects of these sessions are remarkable, sometimes even spectacular.

You will learn how to have people relive accidents, experience the residues of these experiences in body sensations and remove these residues. You will find that even periods of loss of consciousness can be relived. In fact, one of the reasons to this work is to have people regain their memories of a period right after an accident. Exploring periods of unconsciousness and identifying the remnants of those episodes clarifies the mind. Bodily health, vitality and mental health improve after regressions to physical trauma.

7. Childhood traumas, hangovers and postulates; Inner Child work.
You will learn to regress people to painful and unhappy childhood experiences. You learn to clarify and explore step by step, unfolding a story that becomes gradually more clear, detailed, understandable and impressive. We start with elaborating the initial situation, including thoughts, feelings and sensations. When the initial situation is incomprehensible or its relation to the contract remains unclear or when it is a death scene, we go back to an earlier situation that explains how the first situation was caused. When this does not produce enough, we go to a situation showing the major consequence of the first situation. When the patient responds emotionally or somatically, we anchor and elucidate the emotions and ask for the connection with the present; we process anything still present energetically.

We have the adult visualizing entering the situation of the child, help the child, bring it back to the here and now. This is personification. We check if the original charge has disappeared. If necessary, we repeat one or more of the preceding steps. At last, the child is integrated with the adult.
8. Birth and prenatal traumas and hangovers

You will learn to regress people to early childhood, to the birth, to the time in the womb and even sometimes to the time before entering the womb, the time of life planning and life preparation.

In a complete exploration of the prebirth period, we start with the decisive moment for the present lifetime. We explore how this choice relates to previous experiences? We explore the main theme for the present lifetime, the main handicap and the main talent brought from previous lifetimes.

What are the first impressions of earth life, of the physical world? Who is the first person here perceived? Father or mother or both?

What is the last that people think, the last they feel and the last they perceive before they enter their new body? What are their first sensations entering their new body? How does it feel to be inside their mother?

On what moment they feel particularly touched by something their mother experiences? Why do they feel so strong about it? They go then to the most important prenatal experience.

Finally, people go to the first moment after birth that someone welcomed them. If they do not experience any real welcome, they go to the first moment of calm. Then we ask:

- What was your strongest feeling when you were still within your mother?
- What was your strongest feeling at the moment you were born?
- What was your strongest feeling just after being born?

Participants will experience this regression firsthand.

9. Life plan and life choices

Whatever our life plan and whatever we have done with our life so far, we have always choices we can make. You will learn how to have people find the major choices before them, and visualize them into the future.

We will exercise the crossroads visualization that identifies possible options and a future pace, in which people can explore the likely consequences of each choice.

10. Releasing attachments from living people

This is about relationships in which not only words are communicated and businesslike interactions take place, but also energies are exchanged.

- Mother: nine months in her belly, drinking her milk.
- Partners: especially with sustained mental, psychological and physical intimacy.
- Dependency relations with other family members: father, older or dominant siblings, dominant and intrusive grandparents, uncles and aunts.
- People who are revered or are deferred to: personal teachers, doctors, therapists, bosses, etc.
- Hypnotic people
- Bullies and rapists.

The flipside of all this is that people may have lost own energy before or during intense interactions, or generally are open and have weak boundaries.

You will learn how to resolve energetic residues from past experiences and encounters and in general from remote negativity. Former wives or husbands or lovers, parents – even long not seen or meanwhile deceased, former problematic co-workers or bosses, may still
haunt our system. Releasement therapy helps to regain our own space and to win back qualities and ‘soul fragments’ we lost along the way.

A special case is resolution of problems that have run over several generations in the same family.

11. Releasing attachments from entities
An important part of this work is releasing attached entities. Sensitive children, who feel lonely and unprotected, may attract perplexed or wandering souls. Therapy is more than releasing (and usually helping) the attached entities; it is also about healing the original feelings of loneliness, weakness, etc. Some attachments may be egoistic or aggressive. These we call obsessors. They may be dominating parents that died, but also complete strangers obsessed by cravings and addictions, personal hate or general hate, or simply by a craving for physical existence. They piggyback on living people.

We encounter such obsessors in heavy or complicated or persistent cases, with problems of both mind and body. Indications are:

- Sudden personality changes: in intelligence, character, behavior or appearance. Inexplicable suicidal thoughts, disturbing inner voices.
- Physical changes: extreme strength, epileptic attacks, waking up exhausted, voice change, numbness to pain, being strongly underweight or overweight, inexplicable exhaustion.
- Psychosomatics complaints that shift around the body.
- Strange drowsiness or yawning at the start of a session.
- Strong doubts, strange errors and misunderstanding before the session.

You will learn how to distinguish obsession from pseudo-obsession: a previous lifetime of ourselves that did not die well and is haunting us. And how the treatment differs.

12. Traumatic and hangover lifetimes
Those are lifetimes in which people have been victimized grossly or deeply. They may have witnessed and experienced disasters, calamities, war, civil war, famine or pestilence. They may have been abused, brutalized, imprisoned, sacrificed, or tortured. Regressions to these lifetimes leading to catharsis from these old pains are like the regressions to painful childhood experiences. They may be as difficult to unravel as childhood experiences, but for different reasons. In childhood regressions, catharsis may be difficult because of childish confusion and emotional inhibition. In past-life regressions, catharsis, may be difficult because of the scale and complexity of events, because of the present-day mind doubting the reality of extreme suffering and because the past personality often has a limited understanding.

Important is to connect the story and its consequences to the present life. You will learn how to guide people to discover the connections without prompting them.

Some previous lives have rather been depressing than outright traumatizing. You will learn how to relive lifetimes of poverty, limitation and boredom – and how to resolve the echoes, the residues of such drawn-out negative experiences. Essential are finding possible moments of choice and the situation that triggered the depressing lifetime. Often, this is at birth. Then it is necessary to explore the reasons for that incarnation.

13. Painful, confused, unnoticed or overwhelming deaths
You will learn to deal with past lifetimes that didn’t die well and are still plaguing us. They are disturbing us not unlike entities, so the Brazilians have called them pseudo-obsessors. We have to combine regression, personification and energy work to heal them, and so ourselves.
Many unexplainable fears, phobias, depressions and psychosomatic complaints have their origin in such death experiences. You will learn to heal the ‘undead’ part of people in the following steps:

1. Understand the story like a detective: transition from OK to not OK, and from not OK to the immediate cause of death. Important details like loss of blood and head wounds. When fallen from a cliff: pushed, stumbled, or jumped? Etc.
2. Find out the main perceptions, feelings and thoughts.
3. Check the main charges (negative or difficult emotions and states of mind)
4. Concentrate on the last things perceived, felt and thought.
5. First impressions after leaving the body:
6. Resolve complications:
7. When death has been unnoticed or release after death incomplete, has the present personality fetch the past personality.
8. If necessary, re-establish contact with loved ones who died before.

14. Positive lifetimes and shy lifetimes (very short, primitive, or handicapped)
The basic method of regression is to find and to resolve the cause of problems. A secondary, but important method is to find the source of positive mindsets, feelings and talents, so to wake them up or strengthen them. This will not work when it is done to avoid solving problems, but it is a great antidote to always being oriented to problems, pains, losses or blocks.

You will learn by practical examples, exercises and demo sessions what this kind of session can do for a person.

This day is further to discover parts of us that are not discovered in the customary past-life regressions. This is about lifetimes that never show themselves unless we seek them on purpose. We will discover that the most humble, shy and limited lifetimes hide precious treasures that may change our lives. The humble will take the places of honor, a village fool will unfold wisdom, the deformed dwarf will give birth to beauty undreamt of. Frogs turn into princes; the killed newborn thrown on the rubbish dump will turn into a star.

15. Complicated and karmic lifetimes
There are six basic karmic roles:
- Perpetrator (enjoying being bad or feeling guilty about it)
- Victim
- Prosecutor (nagging, complaining, blaming)
- Helper
- Bystander (I just happen to see this; nothing to do with me.)
- Doubter (Should I do something? Or rather not?)

Whole lives may have been colored by a persistent role. Usually, we find first lifetimes of being abused and of helping the abused, and only later lives as abusers. When we have experienced the two poles of abuser and abused, and still have not resolved the issue involved, we may have lifetimes in which we accuse abusers or help the abused or look the other way when we see abuse or be always in doubt if we should do something or not.

You will learn to explore themes through lifetimes and how to deal with past personalities that are still resisting. Very often, the lifetimes around one theme are connected by strong postulates.
16. Prehuman lifetimes: animal, spiritual, extraterrestrial
In regressions, we may come across experiences related to problems of our first life on earth as a human being. We may even enter experiences before that first human life on earth. The transition we experienced shapes our attitude to being human, to nature, to society, to having a body, to who we are, what bothers us and what we really want. Those primal experiences are very diverse. There is a moment that we first had a human self-consciousness. There is a moment we first had a human body. Those moments may be wide apart. There is also the beginning of individual existence, often still earlier.

We will discuss the different types of souls that seem to emerge in regressions; to the extent those differences are relevant for self-understanding and for healing.

The workshop will present an overview, of different origins, and then explain and illustrate one kind at a time. Participants may find out for themselves, and experience or observe what such regressions may do to people.

17. Higher-self interventions
We do not use outside resources like guides, because we assume that clients can find anything they need inside. I prefer to talk about the Soul or about the Ample Self, because I prefer to avoid implying that the current self-awareness of the client "lower". We are already full of negative and downgrading appraisals, negative judgments and limiting beliefs.

Participants will learn:
- To understand the holographic character of our soul and personalities.
- To understand when a higher-self intervention is indicated.
- To have clients focus on what they really want.
- To have them go straight to the "Place of Overview".
- To personify that part of the Ample Self or the superconscious that has already resolved the problem or has already satisfied the need.

18. Patterns through different lifetimes; integrative sessions
You will learn to do lacing sessions in which diverse past lives are explored in their right order and people start to grasp the larger picture through lifetimes. You will also learn to do ring sessions that integrate past lifetimes with each other and with the present personality.

19. Great integrations
You will learn how to integrate, when the opportunity offers itself:
- The Child and the Adult
- The Male and the Female
- The Human and the Animal
- The Body and the Soul
- The Human and the Divine
- The Terrestrial and the Extraterrestrial

20. Core issue exploration
Core issue transformation is personal evolution, not by growth in awareness or mental training or spiritual exercises, but by again and again dealing with our main challenge and finding the right response to that challenge, the right solution to the problem, making the right choice, doing the right thing. In therapy, we can approach someone’s core issue by a careful open exploration of what is present right here and now. The core issue may be a great and deep aspect of our soul. It may be an apparently superficial detail of our present work or life.
situation, our actual state of mind or our actual conditions. You will learn four ways to identify someone’s core issue.

21. Homing sessions
A common problem is a general feeling of not being at home, of remaining a stranger, an outsider. Such a feeling may come from the family in which we grew up. Often that feeling is already present prenatally - not feeling safe and sheltered in the womb. Sometimes it is a feeling of being lost on this planet. The basic prescription for such feeling of alienation is sending patients back to people and places where they were truly at home, to a world where they felt at home.

A simple homing session may produce a breakthrough that changes the life of a patient. However, it may also reinforce his basic problem. You will learn how to avoid that.
In homing, we ask someone to move to the prime cause of feeling good, to home. If feelings of alienation, abandonment and isolation are the point of departure, we first evoke those negative feelings. We ask where in particular these feelings remain in the body. Then we evoke the thought of “home.”

ADMISSION CRITERIA

Students need to have one of the following backgrounds:
1. Academic or professional training in psychology, psychotherapy or psychiatry, minimal at college level.
2. Three years experience in the helping professions.
3. College-level education in other disciplines.

With the following personal profile:
- Attentive; good listener; interest in what moves people; empathic.
- Accepts uncommon experiences and responses; open-mindedness; does not refute experiences because of preconceived ideas.
- Willing to see the shadow side of people, including their own shadow side.
- Emotionally stable.
- Knows own limitations and respects those of orders
- Willing to look into the mirror, both personally and professionally.

There is no formal appraisal on these aspects, but serious doubts may lead to rejection of a candidate or dismissal of a student.

People who are in ongoing therapy, have to finish that before start of the program. It will confuse experiences during course work and exercise sessions.