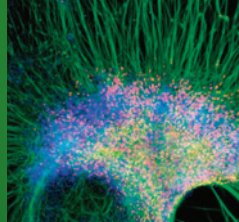




The Spiritual  
perspective on the  
state of coma

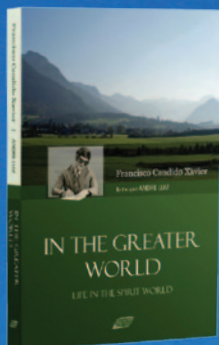
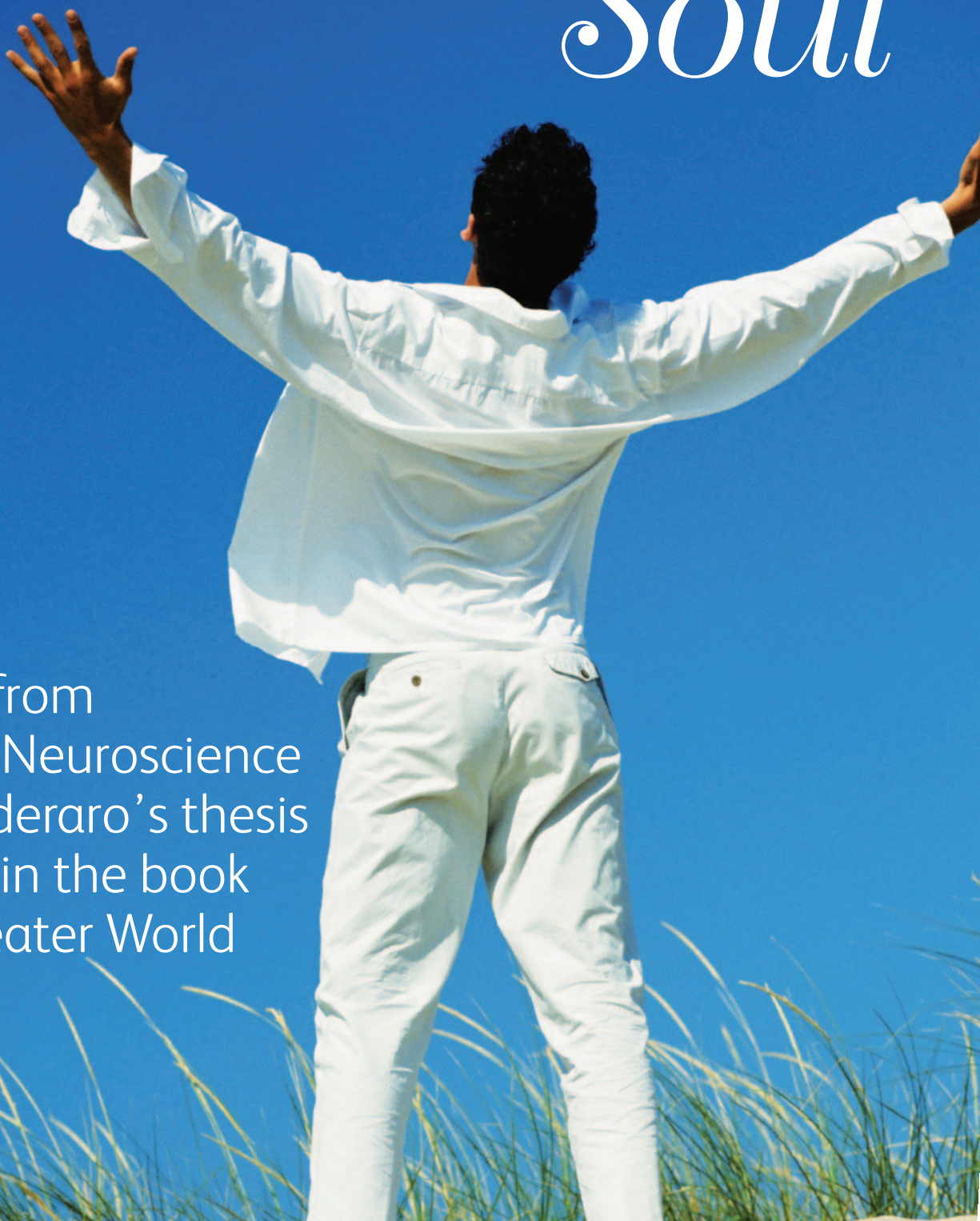


Soul-centered  
Psychotherapy



The use of  
adult stem cells

# Health of the *Soul*



Evidence from  
Cognitive Neuroscience  
prove Calderaro's thesis  
proposed in the book  
*In the Greater World*

# Aiming for a More Balanced and Healthier Life

It is with great joy that the U.S. Spiritist Medical Association (SMA-US) launches the journal **Health of the Soul**, thanks to the inestimable contribution of the International and the Brazilian Spiritist Medical Associations.

**Health of the Soul** was inspired by the electronic journal published by the Brazilian Spiritist Medical Association (AME-BRASIL), who generously gave the SMA-US permission to translate into English the articles published in the Brazilian journal *Saúde da Alma*. We are also grateful to the AME-BRASIL publishing team for the beautiful artwork produced for this special issue.

This first issue of **Health of the Soul** will be available in a limited edition, printed especially to celebrate the 4th U.S. Spiritist Medical Congress (2012). It will also be offered online at [www.sma-us.org](http://www.sma-us.org) with open access. The next issues will be available quarterly in electronic version only, with access limited to members of the SMA-US. **Health of the Soul** will feature articles written by healthcare professionals

and scientists on relevant topics in the field of Spirituality & Health, including research reports.

Our aim is to turn this publication into a valuable resource for those interested in bringing together spiritual therapy and conventional medicine in a truly integrative healing approach.

**Health of the Soul** is not intended for healthcare professionals only, but also for the general public, who we hope will find in this journal articles and guidelines to help them achieve a more balanced and healthier life.

Sonia Doi, MD, PhD  
President, SMA-US

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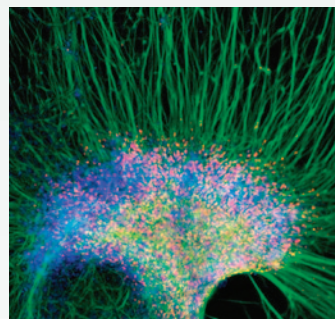
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Décio Iandoli Jr.



# New Advances in the Use of Adult Stem Cells

In 1998, Dr. James Thomson at the University of Wisconsin-Madison, isolated for the first time a human stem cell and initiated a new phase of medicine. In this new phase the focus is to not cut and sew, nor to use drugs capable of reversing biological processes, although with unwanted side effects. His work opened the possibility to do what, in my opinion, comes closest to the essence of the medical art, which is the promotion of recovery and rehabilitation. Providing a second chance to our organs with “chameleon” cells, to reverse or eliminate pathological processes, notably the degenerative ones.

Surely, massive euphoria spread all over; however, this new possibility put forth a serious ethical problem. We could use adult stem cells (ASC), i.e., taken from the patient, donor, or umbilical cord, and embryonic stem cells (ESC), which depend on the sacrifice of embryo donors to be employed.

Technical prospects of the time were that ESC would be the approach with more ease and versatility of use. However the ethical barrier to the destruction of human embryos generated, and still generates a lot of anguish. Because we know that the end does not justify the means and that the struggle for the advancement of science cannot mean the abandonment of ethical concepts as fundamental as the defense and preservation of human life in the condition in which it arises.

Nevertheless, the studies and advances in this area demonstrated that the reality was a bit different. The complications for the use of embryonic cells are not restricted to the ethical problem, but these cells proved unstable and of difficult handling in the laboratory. In addition to being potentially carcinogenic, when implanted in patients, so that, even today, there are no

therapeutic applications for its use.

Hundreds of scientists and researchers of ESC gathered in Washington DC., in June 2005, and at that time already declared the little success in their investigations. It was recognized that they had spent millions of dollars trying to develop experiments without success. Unlike ASC, that each day give us good news on advances and possibilities, contradicting the initial premise that they would not have sufficient versatility to treat all diseases.

An editorial in the journal Nature, on November 29, 2007, although favoring embryonic cell research, stated that the main item on primetime German news on television, on November 21 that year, was the announcement by the researcher minister Annette Schavan. She spoke about the publication of two independent studies in which scientists had reprogrammed mature adult human cells to behave like embryonic stem cells (the work of the Kyoto University team and the team of Dr. James Thomson at the University of Wisconsin-Madison, USA, published simultaneously in November 2007, one in the journal Cell, another in Science, announcing success in the transformation of human fibroblasts obtained from skin cells into Induced Pluripotent Stem cells or iPS, which subsequently were turned into neurons by chemical induction).

She said that the results of the studies justified her preference for research of adult stem cells and reprogrammed cells, over the work with human embryonic stem cells. After all, who needs embryonic cells if it is possible with a simple intervention, to transform skin cells into a source of virtually any type of cell for perfectly matched tissue replacement? The minister was referring to the Induced Pluripotent Stem Cells (iPS).

The editorial also cites the position of Dr. James Thomson, co-author of one of these recent studies with reprogrammed cells (iPS). He chose that moment to publicly state his aversion to the use of human embryonic stem cells. In accordance was Dr. Ian Wilmut, of the University of Edinburgh, United Kingdom, whose team created Dolly the sheep, the first cloned mammal. He reported that he was abandoning plans to work with human embryonic stem cells and that he had interrupted his studies with embryonic cells.

The editorial, entitled “An inconvenient truth”, ends with the following sentence: “Just as soon as there is no scientific need to work on embryonic stem cells, researchers will design their experiments to use much easier material.” (Translator note – partial quote, there is one more sentence at the end of article “But that moment has not yet arrived.”)

More recently, an article published on October 29, 2009 (translator note – author also refer to an article published on March 9, 2009), in The New York Times (Portuguese translation can be found on the website of the AME-MS – [www.amems.org](http://www.amems.org)), brings updates on ESC and ASC research. The conclusions are still the same, more than two years after the editorial in Nature and the positioning of the pioneers in research with ESC. Dr. Arnold Kriegstein, stem cell researcher at the University of California, San Francisco, says in the article that research with iPS is much more convenient and there have never been any kind of restriction, on working with adult cells.

In addition, from a therapeutic perspective, once the patient’s own cells are utilized, rejection problems are avoided. Nevertheless, keep in mind that the chances of the practical application of ESC in human therapy are still remote. A fact which made California invest its resources in research with ASC (14 experiments with adult cells in progress against 4 with embryonic cells), despite the reduction of constraints for this type of research (ESC), imposed by the former George W. Bush administration and attenuated in the current Obama government.

This is exactly where we had one of the limitations on the use of adult cells. In the case of leukemia and genetic diseases, due to the genetic defect in these patients, the cell therapy cannot be done with the patient’s own cells, but with donor cells, generating rejection.

The latest news published in the journal Nature Medicine announces the overcoming of this obstacle. Stem cells taken from the umbilical cord of a new born do not yet have the characteristics that cause rejection of the immune system, therefore, can be transplanted into any patient. A single cord is capable of producing less than 200,000 stem cells, insufficient amount for treatment. However, with a new technique, scientists produced six million stem cells. It was possible for scientists of the Fred Hutchinson Cancer Research Center in Seattle, using a protein, to multiply the small number of stem cells existing in an umbilical cord. This technique eliminates the need to find compatible bone marrow donors.

Umbilical cord cell transplantation was tested in ten patients with advanced leukemia, 3 to 43 years old and seven out of ten patients are still alive and show improvement.

It seems that Providence decided not to test our moral principles at this moment, because certainly, once again we would fail. Instead direct us to the safe and clear route of adult cells, mainly reprogrammable, to find more comfort and opportunity of cure for patients suffering from the most diverse and difficult illnesses.

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José Roberto Pereira dos Santos

# The Spiritual Perspective on the State of Coma

Giovana Campos

Presented by Dr. José Roberto Pereira dos Santos, member of AME-Espírito Santo, during MEDNESP 2009, held in Porto Alegre (Brazil), the theme draws attention due to the complex issues surrounding matter and spirit in hospital environments. For instance, how can the spirit stay imprisoned in a body that does not correspond to its desires?

## How can we define coma?

Coma is a clinical condition characterized by complete unconsciousness, both in relation to self as well as to the external environment. During coma the mechanisms that maintain consciousness fail. Human consciousness can be divided in two separate components: level and content. Level of consciousness is the degree of alertness of the person. It is how much the person is “aware” of what happens around him or her. Content of consciousness is the sum of “knowledge” that the person has about the situation he or she is experiencing at the moment.

The content of consciousness is represented by the functions of the cerebral cortex, and therefore contingent on the functioning of the cerebral hemispheres. However, the level of consciousness depends, in addition to the cerebral hemispheres, also on the functioning of structures located in the brainstem, known as the Ascending Reticular Activating System (ARAS).

A patient in a coma may regain consciousness, pass away, or remain unconscious. After a period of 30 days in a coma, it is said that the patient is in a **vegetative state**. In this situation, the patient recovers the Sleep-Wake cycle (sleeps and opens eyes spontaneously) and breathes without mechanical support, although remaining unconscious from the standpoint of medicine.

## What causes a person to go into a coma?

The coma has several etiologies, the most common rising from traumatic causes, which affect mostly young adults (traffic accidents, falls, assaults), and Cerebral Vascular Accidents (CVAs), popularly called strokes, which affect the elderly. Other important causes are brain tumors, degenerative brain diseases, poisoning, encephalopathy following cardiac arrest, infectious diseases and metabolic causes (resulting from excess or reduction of substances that can affect the normal functioning of the brain).

## How does the spirit remain imprisoned to an inert body? Does it have the perception of what is happening around it?

In the book *Evolution in Two Worlds*, the spirit Andre Luiz through the mediumship (automatic writing) of Chico Xavier answers to a similar question: “In the comatose state, where is the psychosoma<sup>1</sup> of the patient? Is it close to the physical body or away from it?

In a coma, the imprisonment of the spiritual body<sup>2</sup> to the physical framework, or a partial release of it, depends on the mental condition of the patient “. (1)

Based on André Luiz’s response, one can infer several situations that the spirit in a coma would be experiencing. A more evolved spirit may have its ties to the physical

body more “loosened” and, in this condition, have experiences in the higher plane of life. It may venture into the spirit world, while its physical body is tied to the bed in a state of apparent unconsciousness.

In different situations, less morally evolved spirits are likely in a state of spiritual “imprisonment.” The spirit sees all that happens to it and the environment, but does not have the physical instrument to respond to the situations it experiences. Furthermore, we can also find an intermediate situation, in which the spirit has experiences relating to both the spirit world and the physical environment around his organic body. Whatever the situations the spirit experiences in a coma, it represents a condition of trial for its family and caregivers.

There are several cases of individuals who remained for years in a vegetative state and, surprisingly, without any apparent explanation, regained awareness and the ability to communicate. Among the many examples of recovered

On the other hand, the Italian Salvatore Crisafulli, who stayed almost two years in a prolonged coma (vegetative state) and ruled as a lost case by doctors, awakened in July 2005, affirming that he had heard and understood everything that was happening around him during the period in which he was “unconscious.” “The doctors said that I wasn’t aware, but I understood everything and screamed desperately,” said Crisafulli, according to the Italian press.

What is the traditional medicine perspective concerning patients on a prolonged coma?

There is a concept within medicine that a patient in a vegetative state is unconscious, although there is no evidence of that. Studies of large number of cases show that patients in a coma for over a year (persistent vegetative state) hardly ever recover consciousness. Therefore, a large number of doctors are in favor of the practice of euthanasia on such patients.



patients, we can cite two cases that clearly illustrate these instances.

Terry Wallis was worldwide news at regaining consciousness in 2003, after 19 years in a vegetative state caused by a motor vehicle accident. The first word Terry spoke at awakening was “mother,” who had always been with her son throughout these 19 years. This positive development is attributed to the care and affection of the family that invested and believed in his recovery. Terry has no recollection of the period in which he was in a coma: “It is as if I hadn’t lived these 19 years”. The facts he remembers are those preceding the accident.

In 1989, the American Academy of Neurology (2) published a favorable position on euthanasia on patients in persistent vegetative state. It defined that nutrition and hydration of these patients was a medical act and, as such, could be suspended if the family made the request in writing. The Royal College of Physicians of the United Kingdom took a position similar to that of Americans. Moreover, this determination is reflected in the Judicial System of some Western countries, which allow passive euthanasia through suspension of nutrition and hydration of patients in a vegetative state when requested by the family or legal guardian.

1. The mental and physical organism: mind and body as a functional unit. www.merriam-webster.

2. Known as perispirit in Spiritism (see question #93 of The Spirits’ Book: “The spirit is surrounded by a substance that might look vaporous to you but which is still quite dense to us [the spirits in the spirit world]. . . . As a fruit seed is enveloped by the perisperm, the spirit per se is surrounded by an envelope, which by comparison, may be called the perispirit.”





This is well represented in the case of the American Terri Schiavo, who stayed 14 years in a vegetative state after suffering cardiac arrest. Her death occurred on March 31, 2005, at the end of 14 days without food or water, through a judicial determination that met the request of her husband. Her parents, meanwhile, argued that she wanted to live and “was able to communicate with them.”

A similar situation happened to the Italian Eluana Englaro, 38, who had stayed in a vegetative state for 17 years. The patient died on February 9, 2009, after the feeding and hydration system that kept her alive was stopped. Eluana had

suffered a motor vehicle accident in 1992, at 21, and since then had remained in a coma. In November 2008, her parents obtained authorization in court to let their daughter die.

What is the status of research on consciousness in comatose patients?

The diagnosis of unconsciousness is based on the patient’s response to tactile, visual and auditory stimuli conducted by the examiner. If the patient does not present external signs of motor reactions, such as movement of limbs and muscles of the face, or expression of the eyes, the patient is considered to be unconscious. The advent of new imaging exams capable of identifying areas of the brain that work in response to certain external stimuli attempt to improve the diagnosis of unconsciousness.

A medical article that shook this concept was released in September 2006, in *Science* (3). Neuroscientist Adrian Owen and his team at the University of Cambridge in the United Kingdom reported the use of functional Magnetic Resonance Imaging (fMRI) to examine the functioning of the brain of a young woman of 23 with a severe head injury caused by a motor vehicle accident. Five months had already passed since the accident, and the young

woman met the clinical criteria for the diagnosis of vegetative state.

However, her brain showed activity similar to the control group of healthy individuals while sentences were heard during the neuroimaging examination. The findings indicated that the patient in a vegetative state retained some ability to process language.

During the brain mapping, the medical team asked the patient to imagine herself performing actions such as playing tennis and moving around her home. Signs of activity were observed in brain regions associated with these motor activities, and such signs were very similar to those of healthy individuals.

Dr. Owen’s team concluded that the patient maintained some level of consciousness, although being unable to communicate since the accident. “The decision to cooperate, imagining certain tasks when we asked, is clearly an intentional act,” said Dr. Owen.

After this article, several other studies with fMRI were initiated, especially by the team of Dr. Adrian Owen and Martin Coleman, at the University of Cambridge. The study was extended to a larger group of patients in a vegetative state (4,5).

Currently, in February 2010, the prestigious *New England Journal of Medicine* published an abstract (6) on a joint study involving neuroscientists of the University of Cambridge (United Kingdom) and the University of Liege (Belgium) with the participation of 54 patients in a vegetative state. In this study, the doctors asked questions to patients in a coma and requested them to imagine themselves playing tennis if the answer was “yes,” or moving around their house if the answer was “no.” Five patients activated brain areas similar to those of normal control individuals. It represented a correct answer to a personal question that only conscious individuals could perform.

This fact demonstrates that only clinical evaluation is insufficient to determine whether a patient is unconscious.

Therefore, the authors suggest that imaging examinations can be important instruments in determining the degree of unconsciousness as well as the

prognosis of patients in this situation.

What is at stake is the concept of consciousness in a vegetative state. Does the patient understand what doctors, nurses and caregivers are saying? Does the patient feel the affection of his or her family?

### How can the Spiritism help understand the plight of the patient and his or her family members?

Spiritism reveals that nothing that happens to us is by chance. Everything is explained by the law of cause and effect. The coma, for example, is a situation that involves a trial for the spirit who inhabits the unconscious body, as well as for those closely related to that spirit. As former offenders of the laws of God, they will have to face a situation that involves patient care, which admittedly is no easy task. To flee from the responsibility of caring for a comatose family member, seeking out euthanasia as the solution for the ensuing suffering means to desert an opportunity of adjustment to Divine Justice.

Spiritism deems life as a greater good and is against euthanasia in any situation. The Spiritist Medical Association of Brazil (AME-Brasil in its Portuguese acronym), in its 2005 Letter of Principles, maintains a position contrary to euthanasia and assisted suicide. It believes that a physician must value human life from conception to old age, even in those who are unconscious, have brain malformations, or mental impairments. Any types of euthanasia, as performed in certain countries as a way to alleviate the suffering is therefore repudiated.

The role of the family is to offer to the patient in these circumstances the necessary care, comfort, affection, solidarity, and love.

I remember an article published in a weekly magazine I read a few years ago, regarding a family of Japanese descent in São Paulo whose patriarch was the victim of a stroke that evolved into a persistent vegetative state. The family joined together to care for their loved one. There were seven children, all married, taking turns to care for their father. Every day, one of the daughters or sons, daughters-in-law or sons-in-law divided the tasks to

meet the needs of the patient. On some weekends, the family gathered and went to great lengths to take the father to visit the beautiful places t he liked so much before the accident.

One more case that exemplifies the attitude of the family in relation to the patient in a coma is illustrated in this brief report: In 1993, the family of Tony Bland, victim of an accident that left 95 dead in a football stadium in 1989 in England, authorized doctors to disconnect the machines that kept him alive. The patient was in a deep coma due to severe brain injury after being trampled by the crowd. The authorization to let Bland die had to be passed by the House of Lords, after his family battle in court. This case resulted in the first euthanasia performed legally in England.

Another victim of the same accident, Andrew Devine, also in a similar clinical situation, that is, in a vegetative state, after staying a few months in the hospital began to be treated at home. On March 26, 1997, it was published in the English press that Devine had recovered consciousness, was aware of what was happening around him and communicated by pressing a button, once for “yes” and twice for “no.” According to the family attorney, Robin Makin, Andrew’s recovery was the result of parental love and care, together with an appropriate therapy.

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Adrian Owen



João Ascenso

# Evidence from Cognitive Neuroscience prove Calderaro's<sup>1</sup> thesis proposed in the book *In the Greater World*, by André Luiz<sup>2</sup>

The purpose of this article is to make known to Spiritists how Science, particularly cognitive neuroscience, has proved the thesis proposed by Calderaro and explained to André Luiz in the book *In the Greater World*, automatic writing by our dear Francisco Cândido Xavier.

In this work, Calderaro, in Chapter 3, "The Mental Institution" (p. 45), refers to André Luiz in the following terms: "In the nervous system lies the primitive brain: the repository of instinctive movements and seat of subconscious activities. We could picture it as the cellar of one's individuality, where we store all our experiences and register the minutest incidents of life." Thus, one can consider that this is the posterior zone of the brain.

Calderaro continues: "in the region of motor cortex, which is the intermediary area between the frontal lobes and the nerves, lies the developed brain, consolidating the motor powers our mind uses for the essential manifestations in the current evolutionary instant of our way of being."

In March 2008, I arrived in Brazil to initiate my doctoral in neuroscience under the guidance of Dr. Jorge Moll Neto, at the LABS D'OR Research Center for Cognitive Neuroscience. This is a private laboratory of experimental research studies that overlap scientific research in experimental psychology with behavioral and cognitive neuroscience, through the scientific methodology of brain imaging known as fMRI or functional magnetic resonance imaging.

Leaving Europe, I transferred from the University of London to LABS D'OR, in Rio de Janeiro, before having obtained a master's degree in Neuroscience. In this new environment I became acquainted with Dr. Moll's studies, conducted at the National Institutes of Health (NIH) in the United States.

Dr. Moll in his postdoctoral work at the NIH developed an experiment related to donations to charitable entities in which the subjects, while in the functional magnetic resonance imaging machine, had to choose between receiving money or donating money to charitable organizations in several statistically controlled experimental attempts and with monitoring of brain regions activated during these tasks.

This study was published in 2005, in *Proceedings of the National Academy of Sciences of the United States of America* (Moll et al, 2005), the first study on moral decisions in the history of cognitive neuroscience.

No wonder Dr. Moll was invited to be the youngest member of the Brazilian Academy of Sciences in the history of Brazil, at the age of only 37.

Dr. Moll explored the neural basis of pro-social behavior in this experiment, and showed evidence of direct connection between altruistic decisions and functions of the brain's reward system and the affiliate system. In the study, the experimental subjects had to make real anonymous decisions, within the functional magnetic resonance imaging system, in three experimental conditions.

In the first condition, subjects had to decide between getting money or not, so as to understand what was the brain activation responsible for personal monetary reward.

In the second condition, subjects had to decide between a non-costly donation to a charitable organization (calling for participants to simulate a donation, *i.e.*, no loss of real money) or a non-costly opposition against an organization dedicated to abortion or weapons (this donation implied intent to harm these organizations dedicated to abortion or production of weapons).

Finally, the third condition was similar to the second, but asked that the participants make a costly donation to a charitable organization (where they would spend real money) or to demonstrate against an organization for abortion or production of weapons.

The results of this study were the following: in the first condition, called personal monetary reward, most participants opted to receive money and the neural correlates were the tegmental mesolimbic area, the dorsal striatum, and the ventral striatum (Moll et al, 2006).

These regions are known as the reward system in the brain, *i.e.*, they are also activated when humans eat chocolate or practice sex, and are popularly known as the brain's pleasure zone. (Moll et al, 2006; SCHULTZ, 2006).

In the second condition, participants who chose to make a non-costly donation or a non-costly opposition activated the same regions of the previous condition, *i.e.*, the tegmental mesolimbic area, the dorsal striatum and the ventral striatum.

In addition to these regions, and different from the first condition but similar to the third condition, activation of the subgenual cortex [including Brodmann area (BA 25)] occurred.

Another interesting result was the fact that the ventral striatum (together with the adjoining septal region) was activated with more intensity in comparison with the first condition, that of the personal reward. These regions play a key role in the affiliative reward mechanism in humans.

In the third condition, the neural correlates to costly

donation and costly opposition were the same as the second condition, plus a region called lateral orbitofrontal cortex (in the case of costly opposition) and the frontopolar cortex (in the case of costly donation)/medial frontal gyrus.

Also interesting was the high correlation between participants that activated this last region (frontopolar cortex and medial frontal gyrus) and the level of commitment and capacity to sacrifice in order to defend a social cause.

This suggests that the anterior prefrontal cortex is related to the capacity of real sacrifice we are willing to do for a moral cause. In another study, Dr. Moll and colleagues demonstrated that the frontopolar cortex is intensely activated when participants make moral judgments, unlike non-moral judgments where there is no neural activation (Moll et al, 2001).

What this experiment demonstrates is that the same region activated when we feel sensory pleasure is activated when we do good.

The study proves scientifically the assertive of Francis of Assisi that "it is in giving that we receive." In effect, the brain receives a more intense reward when a donation is made that involves personal sacrifice, in comparison with the condition in which we receive money. And this reward does not come from receiving anything, but from donating something to someone.

If we use the language of Experimental Psychology, we can say that when we want to get money or social reputation through some action, we have an external or extrinsic motivation to perform the action.

For example, if I work with the motivation just to make money, the stimulus of my action is external, that is the money is my reward. On the psychological level, it is said that an individual acts stimulated by extrinsic motivation.

But if we do something without seeking any reward for it, it is said that the individual acts influenced by an intrinsic motivation, and that the act of performing this action on itself is internally rewarding.

It is the same as saying that we are driven by an intrinsic motivation, by a value or some moral sense that propels us to perform a moral action to benefit somebody. This



experiment demonstrates that this truth is not just philosophical and spiritual, but also scientific!

What is most intriguing is the fact that, in addition to the mesolimbic system (known as the neural pleasure zone) having been activated when participants decided to make the donation, another very important neural region was activated: the anterior prefrontal cortex, particularly the fronto-polar cortex and the medial frontal gyrus.

This region, the anterior prefrontal cortex, is exactly the region mentioned by Calderaro to André Luiz. According to Calderaro, (p. 45): “In the frontal lobes planes, still silent to the world’s scientific investigation, lie substances of a sublime nature, which we will gradually access in our efforts at ascension. These lobes represent the noblest part of our evolving divine organism”.

This means that Dr. Moll, besides having proven scientifically the thesis that “it is better to give than to receive,” based on cognitive neuroscience, has also demonstrated that the region of the anterior prefrontal cortex is responsible for the most valuable and elevated moral actions (concrete decisions of moral donations) and moral sentiments (moral sentiment of compassion) (Moll, 2005).

Dr. Moll also developed an alternative theory to the dominant theory on the function of the prefrontal cortex. The dominant theory on the prefrontal cortex states that this region is responsible for active cognitive information processing (Review in Moll et al, 2005).

Dr. Moll explains that, in addition to this active role of the prefrontal cortex, the region is also responsible for archiving sequences of events with respect to the future.

In his theory, designated as the Event-feature-emotion complex framework (EFEC Model), he argues that, in addition to active cognitive processing of information, the frontopolar cortex (a specific region of the prefrontal cortex) is responsible for storing representations of beliefs, values, moral sentiments, and events that are activated in situations in which we feel compassion or present elevated moral behaviors.

To prove this model, Dr. Moll designed the following experiment: with the participants in a passive state inside the machine functional magnetic resonance (i.e.,

without any active task), he presented a video of persons in distress and found that, even in a passive state, participants activated the orbital and medial region of the prefrontal cortex and the superior temporal sulcus. Those are critical regions in moral assessment s, which he called moral sensitivity, regions that are distinct and critical for moral evaluations and different from neural regions activated in non-moral evaluations! (Moll et al, 2002).

The study proved experimentally that these prefrontal cortex regions are not only activated when we actively process cognitive information, but also when we passively observe the suffering of others.

This proves Dr. Moll’s theory that, besides the active processing, this region contains complex representations of compassion, lofty moral sentiments and values! (Moll et al, 2002). It is amazing how Science proves the Spiritist ideas!

Succinctly, these prefrontal cortex regions contain the representation of beliefs, values and high moral sentiments, which are passively activated when we get in contact with the suffering of others, when we feel compassion for the suffering of others, or when we actively perform a positive moral action in favor of others (Moll et al, 2002), representing a personal sacrifice for us.

As asserted Calderaro (p. 103): “On the frontal lobes we receive ‘stimuli for the future’; on the cortex we harbor the ‘suggestions for the present’ and in the nervous system per se we archive ‘the memories of the past’.”

It is fantastic to see that the stimuli created in the laboratory by Dr. Moll constitute “stimuli for the future,” as conceptualized by Calderaro.

Or, furthermore, that “[I]n translating impulsiveness, experience and higher concepts of the soul, the physical body’s nerves, motor area and frontal lobes are areas of fixation for the incarnate or discarnate mind. Any excessive delay in one of those areas, along with the actions they give rise, determines the destiny of the individual cosmos. Individuals who remain stationary in the realm of the impulses are lost in a maze of cause and effect, wasting both time and energy. Those who give themselves entirely to mechanical efforts, without consulting the past and without organizing the bases for their future, mechanize their life, depriving it of edifying light. On the other hand, *those who*

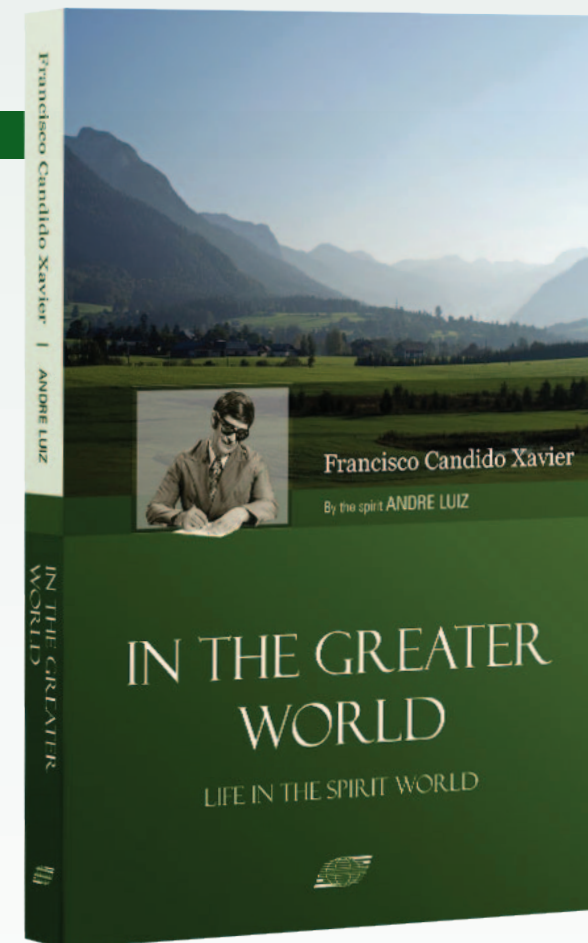
*live exclusively in the temple of higher ideas expose themselves to the danger of contemplation without labor, of self-denial without benefit.* In order for our mind to progress toward higher realms, it must be balanced, making use of past achievements to guide its current endeavors while simultaneously sustaining itself with the hope that flows crystal-clear from the lofty fount of higher idealism. By means of this fount, it can capture restorative energies from the divine plane and thus construct a sanctifying future. And since we are indissolubly linked to those who are attuned to us in accordance with infallible universal purposes, whenever we lose our balance due to an excessive mental fixation in one of the aforementioned areas, we contact other incarnate or discarnate minds whose conditions are comparable to our own “(p. 61-62).

Calderaro gives us yet another example that the stimulation of the frontal lobes can activate higher notions that we would not be considering in certain situations: “My selfless friend placed his hands on the mother’s frontal lobes as if he were directing her mind toward the most elevated region of the Self, and began to send her moving appeals like a father speaking to her heart. Deeply touched, I registered his words of encouragement and consolation, which the loving mother received in the form of lofty ideas and suggestions. I noticed that the young woman’s inner disposition gradually gathered renewed courage “(p. 107).

One of the most beautiful ways to stimulate the prefrontal cortex towards spiritual elevation is to observe the suffering of others and allow ourselves to feel compassion, in addition to stimulating a higher understanding on elevated spiritual values and undertaking projects of individual and collective elevation.

Dr. Jorge Moll Neto is my professor, doctoral advisor and friend, but he is not a Spiritist. Thus, he did not have the faintest idea of the explanation given to André Luiz by Calderaro, published on the Earth in 1947!

This is proof that Science, without even knowing it, with the passing of time ends up proving the Spiritist thesis, even through materialist scientists!



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# United States Spiritist Medical Association

The U.S. Spiritist Medical Association (SMA-US) was incorporated in 2008 as a non-profit educational organization, and is affiliated to the International Spiritist Medical Association ([www.ameinternational.org](http://www.ameinternational.org)). Its mission is to strengthen the bridge between medicine and spirituality by proposing a new approach to healthcare based on the principles of Spiritism. Its goal is to educate healthcare professionals and the lay public on scientific advances related to the mind-body-spirit concept in health and disease. Mission and goal are accomplished mainly through publications (electronic articles) and conferences.

Several articles in addition to abstracts and links to full publications on topics related to medicine and spirituality have been posted in the SMA-US website ([www.sma-us.org](http://www.sma-us.org)). To that extent, we are now honored to launch the first issue of the Health of the Soul magazine, a partial translation of the original "Saude da Alma," published in Portuguese by the Brazilian Spiritist Medical Association ([www.amebrasil.org.br](http://www.amebrasil.org.br)). Among the articles featured in this issue are: "New Advances in the Use of Adult Stem Cells" and "The Spiritual Perspective on the State of Coma."

As far as conferences, the SMA-US is responsible for the organization of the Spiritist Medical Congress, a bi-annual event open to health care professionals,

scientists, and the lay public interested in the role of spirituality in the practice of medicine. In June 2010, the 3rd U.S. Spiritist Medical Congress was held at the Marvin Conference Center of the George Washington University, in Washington, DC. Lectures were divided into four sessions: The Spirit and Consciousness, The Role of the Spirit in the Triad Mind-Body-Spirit, Spirituality at Illness and at the End of Life, and Spiritual Research and Healing Practices. Seventeen renowned speakers from the United States, Brazil, the United Kingdom, Colombia, and Panama presented theories and research findings on the spiritual approach in the treatment of patients within the scope of integrative medicine.

Lectures on mediumistic phenomena, the immortality of the spirit, and the central role of the soul in the processes of disease and healing, among other topics, captured the attention of the audience. Participants from eighteen American states and four countries (Brazil, Canada, Costa Rica, and Puerto Rico) attended the event. An audience from diverse cultural and educational backgrounds included a great number of non-Spiritist health care professionals sharing an interest in the integration of spirituality and health.

This year, the 4th U.S. Spiritist Medical Congress will be held on September 8-9, at the Jack Morton



Auditorium (a George Washington University venue) in Washington, DC. Under the theme "Spiritual Therapy in Integrative Medicine," the keynote speaker Gary Schwartz, Ph.D. will present the lecture "Science and the role of spirit in healing: The sacred promise." Nine additional speakers are scheduled to talk about research data and their professional experience in the spiritual approach applied to patient care.

The goal of this event is to convey to speakers and attendees the certainty that a new medical paradigm is indeed on the horizon, shifting from a reductionist to a more holistic, soul-centered model. It is the SMA-US's commitment to further this process, so that patients can be healed even when they cannot be physically cured.

*"We can cure a condition such as hypertension with a pharmaceutical product without healing the patient. Healing would facilitate changes that reduce stress, improve diet, promote exercise, and*

*increase the person's sense of community. In doing this, we help improve the balance of health of the body that may result in the ability to discontinue a pharmaceutical agent, reducing the need for the cure."*

*"Cure and fix when able, but if we ignore healing, the cure will likely not last or will give way to another disease that may not have a cure."*

Excerpt from the book Integrative Medicine ("Philosophy of Integrative Medicine," by David Rakel & Andrew Weil), David Rakel (ed), Saunders, 2007.

Plans for the near future include the preparation of brochures explaining the concepts of Spiritism and pertinent Spiritist practices for use in health care to promote patient wellbeing. These brochures will be distributed free of charge in hospitals, hospices and other health care facilities open and agreeable to such resources.

We invite you to join the SMA-US at [www.sma-us.org](http://www.sma-us.org) or via email at [info@sma-us.org](mailto:info@sma-us.org).





Andrew Powell

# Soul-centered Psychotherapy

## Introduction

Spirituality can be described as the striving for a deep-seated sense of meaning and purpose in life, a wholeness that brings with it the feeling of belonging, harmony and peace. It entails searching for answers about the infinite, and is particularly important in times of stress, illness, loss, bereavement and death. For some people, but by no means all, this sense of oneness is found explicitly in relation to God as the ultimate source of love.

The spiritual longing for wholeness permeates body, soul and spirit. Through the body we celebrate the gift of life in eating, drinking, making love and bearing children – the primeval spiritual impulse that seeks to merge two into one. When we are attuned to Soul, we realise that we are mirrored in each other, indeed that ultimately there is no ‘other’, so that all humanity is therefore one. When we align with Spirit, we participate in the flux of the Universe as it constantly creates form and dissolves back into energy, one such form being life here on Earth.

Trying to define terms like Spirit and Soul is fraught with difficulties. By Spirit I refer to the limitless and unbounded consciousness that energises this universe (and doubtless others too). I use the word Soul for the manifestation of Spirit through form. In this sense, a pebble on the beach has Soul – but it is at the level of a vibration of atoms. In the plant kingdom, Soul takes the form of a collective sentient field. In the animal kingdom, Soul has acquired awareness; dogs and cats are just as aware as you and me, and living as they do, entirely in the ‘now’, their awareness is all the more keen. But in the human species, Soul has advanced to the stage of self-consciousness, the awareness of awareness; it is a privilege which opens the door to Heaven, but which, if abused, leads to Hell on Earth.

Self-consciousness bestows on us our sense of individuality. Whether individuality, once acquired, is for ever preserved, or whether our ultimate destination is to merge with the source of All That Is, none of us can know for sure. However, I don’t doubt that for the time being, we exist in a multiplicity of virtual dimensions. It’s just that I and you both happen to be here, in this one, right now. Even though I know this reality to be a sea of energy, of waves and particles or, according to string theory, little vibrating loops of string, it is, of course entirely real, tangible and solid to me, and to everyone that shares it with me.

The soul knows it is never alone, for there is a deep connection which goes back to our divine origination. Experiencing this life

as a precious but ephemeral gift, the soul views the death of the body with absolute equanimity. On the other hand, the ego is separative. Formed from our individual personalities, it fears death, indeed tries to deny it, since it dreads the prospect of obliteration. Yet the ego is necessary to the outward journey, as it has been called, of the first half of life. This is when we desire to make our mark on life, an impression we may even think is going to last. The soul knows that any impression we make on the world is transient; instead, it takes us on the return journey, when we are obliged to harvest, for good or ill, what we sowed.

Soul and Ego must live together – for without Ego, there would be nothing for Soul to learn from the classroom of life and without Soul, we could not evolve beyond the most destructive life form on Earth. The human race killed more than one hundred million of its own kind during the 20th century. Never was the perspective of Soul more needed.

Despite this appalling statistic, I am an optimist, believing as I do that we are all here as spiritual beings on a human journey. The problem is that the human race is a very young species and we haven’t yet learned how to stop acting on the impulse of Ego and listen more to Soul.

As a psychiatrist, I came to soul-centred therapy via a roundabout route that included psychoanalysis, group analysis, psychodrama, and the work of Carl Jung. Later I went on to study healing and other transpersonal approaches. But it was during my training in psychodrama that I first witnessed the power of Soul in action, and so this is where I shall begin with my case studies.

## Soul wisdom

During a psychodrama session, a woman who had been deeply embittered by the loss of her son years before returned to the roadside scene of the car crash in which he had been killed. Weeping in despair, she cried out ‘God, why have you done this to me’. The psychodrama therapist immediately instructed her to reverse roles with God. At once this mother’s face changed, becoming calm and composed, her sobbing ceased and as God she exclaimed with immense dignity, ‘I have done nothing to you. Your son chose to die, so that he would not suffer any more. Be happy for him and thankful for his life which brought you joy.’

The woman was amazed by what had come out of her own

mouth. She could see the meaning of it perfectly and for the first time since her son’s death she could begin to heal.

What I had observed was a defining moment for me - I was amazed by the strength and wisdom of Soul. With hindsight, I might say that it was where my interest in healing began. Incidentally, the word ‘healing’ comes from the same root as wholeness. Unlike the man-made concept of cure, wholeness is humankind’s spiritual birthright, provided we don’t mess it up.

## Connecting with Soul

Christine was chronically depressed. Throughout childhood, she never felt valued for her own self. Academic success had temporarily bolstered her self-esteem. Later, it fell apart when a personal relationship failed. Her emotions froze over and she became profoundly withdrawn.

Christine had described her depression as a black cave, so I invited her to close her eyes, go inside and report back with what she could find. After some minutes she found a pair of steel handcuffs, then a rope and an iron chain. I pressed her to go on looking. After what seemed an eternity, her expression changed to one of concern, so I asked her what she had found. It was a little puppy in a dark corner. I suggested she pick it up and hold it to her. With her eyes still closed, she cradled the puppy. What could she feel? She replied that she could feel the puppy’s love for her. I urged her to let her own love flow to this puppy and she began to cry. I suggested she found an image for her emotion and she chose a heart made of gold.

The process can be understood psychologically, the puppy symbolizing the child Christine. She re-discovers and nurtures this child self, which she had lost touch with and in doing so discovers that she still has the capacity for love. In terms of spiritual object relations, we can see Christine as reclaiming her soul that had got buried in the wasteland of childhood.

## Treasuring the soul

Carol’s story had been one of terrible abuse and for years she had taken refuge in alcohol. During the first interview, I encouraged her to look inside herself and tell me what she found there. What Carol saw was ‘her heart beating so hard it could burst’. ‘What did she want to do with it?’ She put it to rest in a silk lined coffin, saying ‘only death will bring it peace’. But then, after a moment, the heart transformed into a little whirligig of energy. It would not be trapped but flew about the room. So she released it and watched it fly away.

Images of the soul are incapable of death. But Carol was not ready or able to harness her soul for her own benefit and she did not take up the offer of therapy, which would have meant

abstaining from alcohol.

Nearly four years later Carol came to see me again, in the meantime having faced up to her drinking. This time, when she went inside herself, she found a treasure chest. I asked if she could pick up the treasure chest. She put it under her arm and soon found an archway and went through. Now she found herself in a sandy desert, by a pool of water and some trees. She sat by the water, resting peacefully and said with a sigh, ‘This is for me!’ (All her life she has rushed around trying to please others). Did she want a drink? She drank deeply of the cool fresh water. Now where did she need to go? She immediately found herself back home, still holding the treasure chest, studded with jewels and very beautiful. She placed it on the floor in the middle of the room. Following this session, therapy was offered and accepted.

## A soul dream

My patient had been born into circumstances of great deprivation. Fortunately he was saved from a life in care by being taken in, aged four, by a neighbour, Bob, who from that time on was father in all but name

The boy grew into a man and made good. He married, had a family and moved south. But he often went back to see Bob, now ageing and alone but fiercely independent. Then the time came when Bob grew so frail, his neighbours had to come in and start washing and caring for him. Bob couldn’t bear it. One day he got himself upstairs to the spare bedroom, lay down with his cap on his head as always, swallowed a lot of tablets and died.

My patient was devastated at the news. He kept dreaming Bob was still alive only to wake up and find him gone. He fell into a severe depression.

He then told me that just before attending this consultation, something had happened which had knocked him for six. He had dreamed again of Bob but this was different.

In the dream, he knew for the first time that Bob was dead. Yet there was Bob, sitting across from him, large as life, cap on head, just the way he always sat. My patient asked him outright, ‘Bob, are you dead?’ Bob answered him as direct as ever, ‘Yes!’ His next question was, ‘Is there life after death?’ Another emphatic ‘Yes,’ came right back. Then he challenged Bob head on. ‘Prove it to me!’ Bob pulled out a book that looked like a Bible with some detailed drawings in it and, sure enough, the proof was all there.

Then he awoke. All day he could intensely feel Bob’s presence. He found his emotions welling up and although it was very painful, he could say to me in that first meeting ‘I know I’m getting better’.



### Soul to Soul

Rosemary came to see me several years after her teenage daughter Tessa had attempted suicide, which had left her with severe brain damage. Rosemary felt deeply responsible and the torment of her grief was immense. She could no longer bring herself to visit her once lovely daughter, who now lay immobile, with severe contractures. ‘I cannot bear seeing what she has turned into,’ she raged, after a rare visit to the nursing home.

I had been struck by a comment Rosemary made, that she dreaded going to see Tessa because as soon as approached the room, even on the other side of the door, Tessa who normally lay silent and motionless would start to make loud moaning noises. Could Tessa sense that this was her mother visiting?

It seemed to me there could be no healing until Rosemary was able to face her daughter. I advised her when going into the room immediately to fix her gaze only on Tessa’s eyes, making sure not to look at her body while she drew near. We took time to rehearse this. When mother came the next time, she said she had gone right up to Tessa, making sure to look only in her eyes. Tessa then stopped moaning and began to fixate on mother’s eyes. Rosemary found herself cradling her daughter and telling her that she loved her and would be coming again. One year later, Tessa was able to communicate a little with the help of a clock alphabet. She was now trying to crawl and surgery was being considered for treatment of her contractures.

It is no coincidence that the proverb ‘the eye is the mirror of the soul’ is found throughout many cultures and countries.

### Reunion of souls

Joan came to see me about a year after the death of her husband, Ted, having nursed him through a long and debilitating illness. They had been together 40 years and her loss left her stricken with grief. She continually felt Ted’s presence around the house, yet it brought only pain. I asked Joan if she thought there could be an afterlife. Yes, she thought there might be, but how could that help her now?

I asked her if she would like to try to make contact with Ted in a way that might bring her peace of mind. So at my suggestion Joan shut her eyes, relaxed, and was encouraged to see if she could ‘find’ Ted wherever he might be. After a couple of minutes, a faint smile played on her lips. I asked Joan what she saw. She replied that she could see Ted in his cricket whites playing cricket and looking very fit and happy. I remarked that he seemed to be enjoying a game of celestial cricket. Joan’s smile widened and she added that cricket had been Ted’s great passion. Then a look of deep sadness passed across her face. I asked whether she would like to speak with Ted. She nodded, so I suggested she walk up to him and see what might happen. After a moment,

Joan said that she was now standing next to him and that he had put his arm around her. What was he saying? He was saying ‘Don’t worry; everything is going to be all right.’ I asked Joan to look around her. Was anyone else present? Then she saw her deceased sister and parents there, smiling and waving to her. Being able to see death not as an ending but as a transition helped Joan to resume her life with hope and expectation.

A Soul that never got born

Sometimes souls are together only a short time, as with children who die young, or who never reach their day of birth.

Gillian came with a depression that could be traced back to her earlier decision to have a termination of pregnancy. She has been a young, single woman who found herself pregnant after a brief relationship. She felt sure at the time that it would be in everyone’s best interests to end the pregnancy, so she sought medical advice and a planned, surgical termination was carried out. Her physical recovery was uneventful, life moved on and after some time she entered a new relationship which led to marriage. The couple tried for a child, but Gillian did not fall pregnant. She became depressed, and found herself thinking back to the earlier termination of pregnancy, which she had kept secret. She started feeling that her failure to conceive was a punishment for getting rid of her baby.

In the session, as we explored her feelings about the termination, Gillian began to cry. I asked her if she had ever wanted to talk with her unborn baby and she nodded. I suggested that we might do that now, if she wished. Again she nodded, so I handed her a pillow, asked her to cradle it in her arms, close her eyes and picture the baby she was holding. She began sobbing. ‘What do you need to say to your baby,’ I urged her. Gillian burst out, ‘What have I done? I’m so sorry for what I did to you’ ‘Now let the baby speak’, I said, and through her, I asked the baby, ‘what did Gillian do to you?’ The baby answered, ‘It was a terrible shock, I was just lying there and then something came in and I was torn to pieces’.

In a termination of pregnancy, the fetus, as it’s referred to by doctors, is sucked out with a vacuum tube. What is not widely known is that in the course of doing so, the tiny baby is literally torn limb from limb. Gillian was racked with remorse. ‘What else do you want Gillian to know?’ I asked the baby. ‘Please stop crying’, said the baby to her. ‘It was all over very quickly, and I’m fine now’. I then said to the baby, ‘Do you know that Gillian cannot forgive herself for what she did’. The baby answered her, ‘You did the best you could at the time. And it was very nice being in you, even though I never got born. Don’t blame yourself. I’m fine now, it’s true’. I asked Gillian if she wanted to say anything more to the baby. She said, ‘I’m so sorry, and I miss you and I think about you so much’. The baby answered

her, ‘It’s only for now – we’ll see each other again soon’. I then asked Gillian to take some time in silence to be with her baby. As she sat rocking and holding the pillow, she gradually quietened. Then I asked her and the baby to say goodbye to each other for the present. Before she left, Gillian decided to tell her husband what had happened. I do not know if she subsequently became pregnant but I hope her chances will have improved.

### Soul retrieval

In psychodynamic therapy, terms such as projection and introjection serve as metaphors. In contrast, throughout history, shamans have treated projection and introjection as palpable, energetic realities.

Sally, in her mid-fifties, was suffering from treatment-resistant depression. Her problems had begun in early childhood, which had been blighted with insecurity. When she was seven, she fell into the hands of a fundamentalist schoolteacher, Miss Edwards, who terrified the child with threats of hell and damnation. Sally had recurring visions of flames licking around her bed and the red face of the devil would appear at night and in her dreams.

In adulthood, Sally seemed to overcome these fears, but following major surgery, which left her body scarred, she once again succumbed to these visions, living from day to day in a state of sheer panic.

First, Sally was encouraged to visualise her soul. She located it inside her chest but as a feeble thing, not much more than a glimmer of light. I asked her to look carefully to see if there were any strands or cords running out from it into the darkness. She found such a cord, so I urged her to follow it and see where it led. After a moment she looked up and said she could see Miss Edwards, looking very old but as fierce as ever, holding the end of the cord tightly in her hand.

I then had a frank discussion with Miss Edwards, speaking with her through the agency of Sally. Miss Edwards insisted that what she did what was right, the child had to be controlled and if she instilled fear in her, it was for her own good. I pointed out that instead of helping, it had only led to a lifetime of misery and torment. Is this what Miss Edwards as a Christian really intended? She faltered and I pressed home my advantage. She herself would now be nearing the end of her life and soon facing her Maker. How will she be judged? Then Miss Edwards became fearful. She hadn’t intended harm and she hoped God would have pity on her. I put it to her that she could start making amends right now by letting go of Sally’s soul and giving it back to her. Miss Edwards agreed and let go of the cord. I asked Sally to draw it back into herself, after which we spent some time on healing.

Following the session, Sally reported that the red devil had

lost his power over her. The next step would be to help Sally find compassion for that child who had lived with so much fear.

### A soul remembers

Peter, aged 27, came to see me with a water phobia. Having been a good swimmer and with no evident neurotic traits, he was travelling on a small ferry when he suffered a severe panic attack. He had been looking over the side of the boat at the time and the thought came to him that if he were to fall overboard, he would be swept away and would drown. No one would ever know what had happened to him.

Going into Peter’s personal history revealed no obvious cause for this acute episode. I asked him to close his eyes and re-live the scene, this time imagining himself falling into the water. Peter’s body immediately began jerking and thrashing about. I said ‘what’s happening?’ and he called out, ‘I can’t get free, ‘I’m drowning’. I then instructed him to go back in time to just before this moment. He said despairingly, ‘We’ve been rammed and water’s coming in the boat’. ‘Why can’t you get free?’ ‘I’m chained to the boat!’

I took Peter forward again in time to the moment of drowning. His struggling movements became weaker and he went limp. What was happening now? ‘I’m leaving my body, I’m rising up through the water and I’m going higher, up into the sky’. ‘What can you see?’ ‘There’s a bright light, I want to go there’. I said, ‘before you leave, look back on this life you just lived and tell me about yourself and how old you are’. ‘I’m 27’ he said, and told the story of a young man fighting in the Greco-Persian wars, who had spent the last two years of his life as a slave oarsman on a Greek trireme. During a naval battle with the Persians, the ship had gone down with all on board. The young man’s wife and children would never know what had happened to him.

By way of what is called an ‘affect bridge’, Peter had slipped into a ‘past life’. The process can be understood in various ways, from the psychological to the transpersonal. What is not in question is that such soul dramas can have an immediate and lasting therapeutic effect.

### Healing for two souls

Alice was a 43-year-old lady who came with a ten-year history of sarcoidosis, an auto-immune disease that was causing her to go blind. She was increasingly reliant on her husband, John, to care for her. Theirs was a loving marriage and she said of him with a smile, ‘He was a good catch!’ Alice’s loss of sight was challenging her to try to make sense of her misfortune. Recently she had heard about past life regression and wanted to see if it could provide any clue.





The sarcoid had begun with blinding headaches. In the session we went back to that time when she lay exhausted and crying, holding her head in her hands in a darkened room.

I ask Alice to find words for the terrible pain in her head. If her headache could speak what would it say? She cried out, ‘Let me alone. Let me be free.’ I suggested she give in to the longing and see where it took her. Her face relaxed and she lay with her eyes closed and a smile on her lips. At once, she found herself lazing in the warm, calm water of a tropical ocean. I asked her to look around. She could see the sandy shore some way off and beyond that, dense vegetation covering the lower slopes of distant mountains. Next, I asked her to look down at her body. She said with astonishment, ‘I’m... like a fish.’ Then she exclaimed ‘No, not a fish, I’m a dolphin!’ Her expression was one of intense pleasure. I asked if there were any other dolphins nearby. It transpired that this young dolphin had disobeyed her parents and had swum off on her own.

I then asked her to go forward in time to the next important thing that happened. She found herself lying on the sand, unable to move. (Alice’s body started making ineffectual jerking movements on the couch). I asked her to check her body and she became aware of a large hole in her side. Now tears began to trickle down her cheeks. There was no pain but her strength was ebbing. She looked up and could see the prow of a boat a few feet away.

Standing on it and staring at her was a fisherman with painted face and body, holding a spear in his hand. Then the boat slid away. As darkness fell, she grew calm. Suddenly she found herself rising up into the sky and looking down, without emotion or regret, at the lifeless body of the dolphin on the beach.

Did she need to face this fisherman who had killed her with his spear? At first she was reluctant, saying ‘It wasn’t his fault. He never killed another dolphin’. Then she agreed that it could be important. So she waited there for a while until his turn came to die and he crossed over. Now she could see the fisherman coming closer. Involuntarily, she found herself going forward and embracing him. I asked her if recognised him. ‘Of course, it’s my husband John’, she said, beginning to laugh and cry at the same time. ‘He caught me and now I’ve caught him. We are together and this time he is here to take care of me!’.

#### Release of an earthbound spirit

Pat had suffered from depression for many years. Since childhood, she longed for approval but felt she could never please. Her mother would mock and belittle her and Pat was often full of anger that she never dared express.

When her mother died, Pat heaved a sigh of relief thinking she could now get on with her own life. But she found she could not, for Mother’s presence was all around and she still seemed to hear her mother scorning her. Feeling possessed by her mother, as she put it, Pat had become suicidal.

I said to Pat that suicide would resolve nothing and that we needed to find a way to help the two of them separate. I invited her to confront her mother in death as she had not been able to in life. We did this by using an empty chair. Pat went right ahead; she was able to face her mother for the first time with a few home truths and told her it was time she got off her back.

I now asked Pat to sit in the empty chair and role reverse with mother. Mother came straight back, saying she had no intention of stopping! She enjoyed hanging around Pat and in any case she had nowhere else to go.

I asked the mother, through Pat, about the life she had just lived and I learned that her own mother had rejected her from an early age. She resolved to escape from home and took the first man she could to help her get away. But getting pregnant with Pat when she was 17 ended her hopes of a career and tied her to a man she did not love. Her daughter became the life-long target of her resentment.

I explained to Mother the benefits to her of moving on and to see if there were any friends or that could help take her on her way. To begin with, nobody appeared and so I urged her to look for just one person in her whole life that had shown her kindness. After a long pause, she recalled a Mrs. Cox, who had been a nurse staying with Mother’s family for a time and who made a real fuss over the little girl. As Mother recalled her nurse, her face softened and I asked her to try to find her. Then she smiled and said she could now see Mrs. Cox, looking just the way she did all those years ago. I asked her to take her hand and walk towards the light. There was no further protest and she left with her friend. When this was over, Pat looked emotionally drained but at peace. She went back to her own chair and said, ‘It feels that she has really gone, for the first time.’

Suicide and spirit attachment

A young woman came to see me feeling unwell and ‘not herself’. She had been told she was clinically depressed; anti-depressant medication had helped but she was still ‘not herself’. I was struck by her use of the phrase.

Going into the background, I learned that a few months before the symptoms began, this woman’s friend had killed herself in the patient’s home, having been staying there while my patient was away on holiday. By the time she got back, everything had been tidied up and the funeral had already taken place.

Remembering how she had twice said she was ‘not herself’, I asked her if she had the feeling of someone else when she came back home. She replied that she hadn’t wanted to mention it in case I thought she was mad, but every time she went into the house, she had the physical sensation that her friend was right there in the room with her.

Taking this at face value, I asked if she would like me to invite the spirit of her deceased friend to the consultation to see if we could get some further clues. She was willing, so I asked her to close her eyes, tune in to her friend and try letting her friend speak through her.

Her friend came through and went on to express deep regret at having taken her life. Suicide had solved nothing. She remained unhappy and lonely and seeking comfort. I explained that staying on was having a bad effect on my patient, and was doing nothing for her either. She apologised. ‘If only I had known’, she said, ‘what I know now. I was facing the biggest challenge of my life and I went and messed it up. I feel even worse than I did before’. I said I was sure other opportunities would be given her. She was very relieved to hear this and we talked more about her hopes for another chance at life. When she said she was ready to move on, I asked her to look for the light. She exclaimed with a smile ‘Yes, I can see it’ and left at once. The moment she went, my patient felt the burden of oppression lift from her and it did not return.

#### Spirit release from a past life

Barbara, my patient, had been visiting a well-known museum and wanted to look at the paintings on the first floor. There was a big central staircase with stairwells on both sides. Halfway up, she started feeling dizzy and could not 10

proceed. Since that time, open spaces and heights triggered severe panic attacks.

I asked Barbara to close her eyes and imagine herself back at the bottom of the stairs. She became visibly tense and I asked her to focus on the sensation of fear and go with the feeling to the very first time it happened, wherever that might be.

With some surprise, Barbara reported that she was standing at the bottom of a stone pyramid with big steps leading upwards and a sheer drop on each side. She was wearing rough leather sandals and a long cotton skirt. I asked her what she was doing there. She replied that she was going to be sacrificed by the chief priest. She could see him waiting for her at the top of the pyramid, where he would cut her throat.

How had she come to be chosen? This took her back to a scene in the village the night before, when the elders had singled her out and said ‘It might as well be her’. She had no relatives to

protect her and so she was dragged away. I asked her to go back further, to her childhood in that lifetime. She told me her name was Miria. By nature she was a solitary child, who liked to play alone in the forest. Later, being fiercely independent, she scared away her suitors, which left her with no husband to protect her and no status in village life.

As if in a trance she now climbed slowly up the pyramid steps. The height made her dizzy. At the top she was lifted onto on a stone slab and the priest raised his sword. Suddenly it was over and she was free. There was no pain.

Miria floated away from the body but remaining suspended in a shadowy, featureless world. I asked her to look around and tell me if she could see anyone. Looking down, Miria saw a five-year old girl playing alone in the fields behind some houses. As she came closer, she could see that it was the child Barbara. Miria felt attracted to the little girl and so she stayed with her from that time on.

From the transpersonal perspective, Miria’s spirit had remained earthbound, seeking solace in the company of another solitary child. The attachment only surfaced when the museum steps triggered a resurgence of fear in Miria, which had instantly and deeply affected my patient Barbara

Once this was explained to Miria, she agreed to leave. I encouraged her to look for the light, and after a short while, she found herself moving rapidly towards it and was gone.

‘Demons’ have souls too Janet, in her mid-twenties, had been depressed for many years. Her problems went back to an abusive relationship in her teens. Soon after, she developed chronic pelvic pain, for which she was now being told a hysterectomy might be needed.

I asked her to go within and ‘scan’ her body and tell me what she saw there. Right away she described ‘a nasty dark red thing’ attached to her womb. I invited it to speak and it explained, through Janet, that it had been there since Janet was seventeen. It was belligerent and boastful, saying it had made her ill and wasn’t finished yet - it was going to give her cancer. When she heard this, Janet exclaimed ‘It’s a demon!’

She was anxious to free herself from this thing, so I suggested she visualise angels enclosing the ‘demon’ in a bubble of light. At once it cried out in fear ‘stop, I’m going to burn’. I pointed out it was already trapped by the light so it had best go deeper into the darkness within itself. After a while it said with astonishment that it could see a light and the next moment and it cried out in wonder, saying ‘this feels so good, I feel so warm and nice! Then it went on to say with great remorse, ‘what have I done? I have caused such pain and misery!’ I said that only by going into the Light would it find forgiveness and the



opportunity for redemption. It couldn't wait to leave!

This transformation of negative energy is an important aspect of spirit release work. We can see the 'demon' as being just that, an attached entity or we could regard it as a split-off complex of pathological object relations. From the clinical standpoint, the important thing is to decide when to work for integration and when to go for removal. In this case, the energetic complex was treated as a spirit attachment and released into the light. However, further therapy would be helpful for Janet to understand why she had been vulnerable in the first place and to stay well.

#### Psychotherapy for soul trauma

Helen, a woman in her 40s had become suddenly aware of feeling deeply emotionally burdened. There was nothing she could identify to account for it. All she could say was that she sensed the presence of a woman calling out to her in distress.

Helen wanted to understand more about this voice speaking to her from within. Through hypnotic induction I was able to make direct contact with the woman, Marianne, as she called herself, and this is the story that she told:

Marianne had lived several centuries ago. Her mother had died in childbirth and she had been brought up by her father who was an impoverished crofter. As a small child she fell ill, and the father, at his wit's end, left her close to death on the doorstep of a convent. The Mother Superior found the child there and took her in. Marianne was nursed back to health, and although deeply affected by the loss of her father, she grew to love the Mother Superior, who showed her great kindness. The convent became her home.

When she was little more than a child, there was a civil uprising and a band of drunken militia broke into the convent. Mother Superior insisted that Marianne

hide herself and then went out with the other nuns to face the militia. The nuns were all raped and killed. Marianne could hear what was happening and was terrified. Later, she crept out to find bodies everywhere. Weeping, she ran into the nearby woods and there, overwhelmed with guilt at not saving her beloved Mother Superior, she hung herself. Immediately she found herself, in spirit, back at the convent, unable to leave the scene of the massacre. From that time on, she wandered alone in a state of shock and deeply burdened by guilt, until she found herself attracted to Helen and 'moved in'.

The therapeutic task was to take this traumatised soul back to her suicide and help her complete the transition to the afterlife. As soon as she crossed over, the first person to greet her was Mother Superior. Marianne wept and asked for forgiveness. Mother Superior embraced her, saying, 'you

have nothing to blame yourself for.' Marianne answered, 'but how can I repay all you did for me?' Mother Superior replied, 'I have waited a long time for you to come and you are repaying me now by enabling me to be the first person to greet you.'

Then Marianne looked round and saw her father. He had died a few years after leaving his child at the door of the convent. Still in anguish as to whether he had done the right thing, he asked her to forgive him. Finally, Marianne's mother that she had never known, appeared and lovingly greeted her. For the first time this family was complete and reunited.

Marianne never troubled Helen again. The therapeutic effect on Helen was profound, for it also addressed a lifelong concern of her own, the feeling that it was dangerous to love without reservation, for fear of abandonment.

In a letter from Helen some months later, she explained how she and Marianne had both been released from what she called 'the trap of abandonment.' Through witnessing Marianne's reunion with the Mother Superior and her parents, Helen could see that no one in Marianne's family had wished to cause hurt and rejection; on the contrary, their love for Marianne was profound. In the light of this experience, Helen could now see that her own family, imperfect though it may have been, had done its best for her.

#### Conclusion

What is required when working with Soul? First, a willingness to consider spiritual reality to be as 'real' as any aspect of life; second, a readiness to work beyond the bounds of consensus reality and third, to trust that our patients already hold the key to their own healing, if only helped to make use of it.

I am not advocating soul-centred therapy as a catch-all. Some patients prefer to stay firmly grounded in the affairs of daily life, while for others, too much 'spirituality' suggests a defence against confronting painful feelings. However, in the examples given here, psycho-spiritual reality has been chosen as the field of action, unconstrained by the limits of physical reality, especially birth and death. Yet the aim is always to throw light on the complexities of human life, mindful that each scene in the play is essential to the working out of the greater whole. And when the depth and wisdom of the human soul is harnessed, it is plain to see that there is far more to life than random mutations of 'the selfish gene'.

*Andrew Powell publications on spirituality and mental health can be found at: <http://www.rcpsych.ac.uk/college/specialinterestgroups/spirituality/publications.aspx>*

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More information at:

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