

# More than One I—The Healing of a Patient with Bipolar Disorder with Integrative Psychiatry

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## Abstract

In the current study, we address the therapeutic components and the effectiveness of integrative psychiatry with transpersonal regression therapy as alternative and complementary medicine. The treatment of a man with therapy-resistant bipolar disorder was successful with this approach. The process in which the therapist analyses the issues found by the patient in cultural explanations like re-incarnation, curse and spirit possession is described. During the therapeutic sessions, different subpersonalities manifested and negotiation with these subpersonalities succeeded in integrating them or removing them from the mainstream personality of the patient resulting in his transformation.

## Keywords

Integrative Psychiatry, Complementary and Alternative Medicine, Transpersonal Regression Therapy, Bipolar Disorder, Cultural Explanations, Spirituality

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## 1. Introduction

Worldwide people use their own cultural idioms of distress to express traumatic memories (Nichter, 2010). In psychiatry, there is an ongoing debate on the appropriateness of applying universal therapeutic approaches (“western” psychiatry) in non-western and multicultural settings (Kirmayer, 2004, 2007; Kleinman, 1977, 1978, 2013).

In Suriname, a country with a mixed population, generally people accept medical treatment. But a lot of patients consult also a traditional healer, because they explain their illness within the personalistic system: the occurrence of disease as the result of active, intentional intervention by a person. In such a system

they believe that disease can be caused both by living people, who may engage in witchcraft or sorcery, or by supernatural beings such as ancestors, gods, or other spiritual beings (Foster, 1976). People contribute their illness to bad karma in former lives, to a spirit attack, or to curses for which they seek help from traditional healers. Such explanations and help-seeking behavior are not sufficiently highlighted in the current psychiatric and psychological literature. The western approach focuses more on trauma, symptoms and DSM-diagnosis and treatment with evidence-based medicine, and does not always give the expected result (Hatala, 2012, 2013; Kirmayer, 2006).

The intentional addition of complementary and alternative medicine (CAM) to the biopsychosocial model of psychiatry results in integrative psychiatry can give an added value to the treatment, but valid scientific evidence is still lacking (Barrett, 2003; Hoenders, 2014; Kirmayer, 2004; Ng et al., 2020). This paper is based on the premise that adding a hypnotherapy-based CAM treatment—in this case the transpersonal regression therapy—can be effective for long-term patients with chronic symptoms that had not been relieved with previous treatments (Salkeld, 2008). The transpersonal regression therapy allows a holistic approach to body-mind, incorporating emotional and spiritual causes of psychological or psychosomatic problems, and also makes use of cultural explanations. As part of culture, religion can be used as a therapeutic tool. This integrative treatment was effective for patients with different diagnoses, like depression, anxiety disorder, bipolar disorder, obsessive-compulsive disorder, atypical psychosis, and complex trauma (Nannan Panday-Jhingoen, 2019, 2022).

## 2. Research Settings

Suriname is a country located in the north of South America. Till 1975 it was a Dutch colony. The population is composed of different ethnic groups. The Amerindians are the original inhabitants. From the sixteenth century came the white people and the Jews. The inhabitants from Africa were brought as slaves; their descendants are now called Creoles and Maroons. During and after the abolishment of the slavery came the Chinese, the Indians and the Indonesians to continue the fieldwork in the plantations. All of these inhabitants have their own religion, mostly the one their ancestors practiced, like the winti religion, Hinduism, Islam or were baptized later. Members of the various groups respect the culture of each other and share often traditions including healing methods. The treatment of patients within the medical health services of Suriname is commonly based on the Western Academic model. However, sometimes patients visit simultaneous a traditional healer without informing the doctor. This healer can also belong to a different ethnic group or religion mostly without having influence on the religion of the help-seeking person.

## 3. Material

Prior to the compilation of this article George, the case object gave his informed

consent. Information about his identity has slightly been changed without losing the quintessence. George, a 60 years old male patient living in Suriname with an academic education, had been diagnosed with bipolar disorder and somatic problems. The main characteristic separating bipolar disorders from other affective disorders is the presence of recurring manic or hypomanic episodes that may alternate with depressive episodes. During the presence of overt manic episodes there is a range of manifestations, including overconfidence, grandiosity, talkativeness, extreme disinhibition, irritability, decreased need for sleep, and highly elevated mood (Carvalho, Firth, & Vieta, 2020; American Psychiatric Association, 2013). He was treated for 15 years with moodstabilisers by a psychiatrist because of lack of success in the medical circuit. As the treatment with the biopsychosocial model did not satisfy him, he consulted the first author who started with integrative psychiatry by combining mood stabilizers with transpersonal regression therapy, a psychotherapeutic treatment belonging to the realm of complementary and alternative medicine (CAM). George is one case out of a study of 21 cases which the first author investigated for her Ph.D. (Nannan Panday-Jhingoeri, 2019) At times we will present some elements of the other cases (Nannan Panday-Jhingoeri, 2022).

#### 4. Method

The main treatment in psychiatry in Suriname is based on the biopsychosocial model. The study of Miklowitz et al. (2021) suggests that outpatients with bipolar disorder may benefit from skills-based psychosocial interventions combined with pharmacotherapy. In the holistic approach chosen for this study, complementary and alternative medicine (CAM) can contribute to the treatment. When complementary and alternative therapies are combined with mainstream medicine, it is called integrative medicine, in psychiatry mentioned as integrative psychiatry (Hoenders, 2014). Integrative medicine and integrative psychiatry are maturing specialties. Integrative medicine and health “reaffirm the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing” (Academic Consortium for IMH, 2018). According to Bhopal (2013), integrative medicine reaffirms the importance of the relationship between the practitioner and the patient and can make use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.

Transpersonal regression therapy as a modified form of hypnotherapy, in which the patient goes back to the past during a state of slight altered consciousness in order to be able to find the source(s) of his problems. To get the patient into a slight trance I use sentences of the patient, with corresponding emotions or bodily discomfort. If a patient repeatedly says or writes that he is not heard, or that nobody listens to him, I look for the connected emotions, like sadness or anxiety

or anger. With these findings I ask him to close his eyes and to go back to a moment when he was not heard and had felt sad and/or anxious and to connect with the location in his body where he feels the sadness and/or anxiety/anger.

Spontaneously or after being questioned what he experiences the patient starts to tell what he sees or hears or feels, or he relives the whole event with sensory perceptions: seeing and/or hearing, feeling, smelling, etc. Based on nonverbal signs like involuntary movements, signs of emotional or physiological arousal, or automatisms, more information can be found about the emotional feelings which the patient cannot utter at that moment.

The explanations for the development of the problems are found in (“forgotten”) traumas through treater-patient dialogues in the form of narratives with egosyntone and egodystone subpersonalities. These problems are mostly related to traumas and/or can be linked to the culture: transpersonal and supernatural in nature. and recognizable in the culture and religion of both the patient and the society to which he belongs (Nannan Panday-Jhingoen, 2019, 2022; Ten Dam, 2013; Van der Maesen & Bontenbal, 2002). In accordance with the predominantly personalistic system of explanations of diseases, people in Suriname believe that influences of past lives, deceased ancestors, curses, sorcery, and witchcraft can cause illness and problems in one’s life (Binderhagel, 2014; De Boer, 1999; De Klerk, 1951; Wooding, 2013).

During the therapeutic sessions different subpersonalities manifested and negotiation with these subpersonalities succeeded in integrating them or removing them from the mainstream personality of the patient. The explanation for the existence of these subpersonalities was given in reincarnation, cursing of the ancestors and spirit possession. There was also the presentation of an all-knowing part who gave advice both to George and to the therapist.

If these cultural explanations are used therapeutically, they have a clear potential for transformation of inner processes. This is an example of symbolic healing (Dow, 1986). The person can heal or have less complaints after re-experiencing, reinterpretation, imaginary restructuring and—reintegration of lost parts of the personality. As a result, blocked emotions can be released and alienated or lost aspects of the psyche can be restored and retrieved (Knight, 1998). The healing process initiated not only takes place during the imaginary transformation, but also affects new events whereby the persons are able to view their individual experiences from new and potentially useful perspectives (Kirmayer, 2006).

Before we describe the case George, general and scientific information will be given regarding the cultural explanations: reincarnation, curse and spirit possession.

## 5. Reincarnation

Re-experiencing one’s own past lives fits with the belief in reincarnation, *i.e.*, the belief that the soul is reborn after death. This belief is an essential part of Asian religions, such as Hinduism and Buddhism (Anand, 2009; Obeyesekere, 2002).

It also plays a role in the religions of the sub-Saharan region of Africa (Laher, 2014; Okwu, 1979), where the ancestors of the Creoles and Maroons came from. The Indians of North America assume that an ancestor can be born again within the same family (Mills & Slobodin, 1994). In Western countries, the idea of reincarnation is also widely accepted (Thomason, 2008). In the Surinamese wintireligion and in Hinduism there is believe in reincarnation. In the wintireligion a reborn ancestor can be recognized by a mark or scar of the child, similar to the deceased family member (Wooding, 2013). Hindus link reincarnation to the doctrine of karma. Bad deeds that generated negative karma in past lives can take their toll in this life in the form of illness or problems in life (Anand, 2009; Hoffer, 2012; Obeyesekere, 2002). In the literature there are different views on the veracity of past lives. These vary from complete rejection to complete assumption of the concept (Meyersburg, Bogdan, Gallo, & McNally, 2009; Spanos, Burgess, & Burgess, 1994; Kasprow & Scotton, 1999).

It is not necessary that the therapist or the patient believes in reincarnation in order to have an experience of reliving a previous life (Bidwell, 2001; Knight, 1998; Peres, 2012).

## 6. Curse

In the wintireligion which is mostly practiced by Creoles and Maroons, the belief is that intentional or unintentional acts of the ancestors can become a family curse. This curse is called *kunu* or *mekunu* and can only be stopped if a member of the family is strong enough to bring the effects of the curse to an end (Binderhagel, 2014; Herskovits & Herskovits, 1936; Wooding, 2013; Nannan Panday-Jhingoeeri, 2019, 2022). According to Vance (2016) the effect of cursing is related to the negative expectation associated with superstition. Every culture on earth has its own language of curses and when you get sick, it's easy to point to a culprit. A curse can only then be successful if the following conditions are met. First, the victim must believe in the power of the person who utters the curse. Second there is no support from family and friends, and finally, they believe in the power of the curse must be strong and adamant (Gomez, 1982). In the case George his own grandmother cursed the whole family intentionally.

## 7. Spirit Possession

Until the eighteenth century, witchcraft, demonic possession, loss of one's soul were accepted explanations for psychopathology in Western communities (Szasz, 2010). Under the influence of developments in medicine these explanations were largely put aside. The current view in the West of the role of possession is that the complaints attributed from a religious point of view to demonic possession are considered to be psychiatric symptoms (Van Duijl, 2014) This happens predominantly around phenomena of dissociation, that is, a lack of integration of personal memory or identity (Spiegel et al., 2011). Mental health professionals tend to regard dissociative disorders as real, spontaneous altera-

tions in brain states that reflect basic neurobiological phenomena, or alternatively as fragments of one's self, "unconscious" conflicts, subpersonalities or "alters" (De Jong & Reis, 2013). Anthropologists prefer to interpret dissociation as "imaginary, socially constructed role performances dictated by interpersonal expectations, power dynamics and cultural script, or as discursive processes of attributing action and experience to agencies other than the self". They often refer to dissociation as a dissociative identity disorder (Seligman & Kirmayer, 2008).

Spirit possession as an expression of dissociation is very common around the world. Worldwide people use the idiom of spirit possession to express traumatic memories. An explanation from the dissociation theory is that dissociation occurs during traumatization with loss of the structure of the personality. During dissociation the person in question experiences as if his feelings and behavior are caused by identities outside his own self (De Jong & Reis, 2010, 2013; Schaffler, Cardeña, Reijman, & Haluza, 2016; Van Duijl, 2014; Van Duijl, Kleijn, & De Jong, 2014). Within some religions and cultures there is a belief that when possessed one's own identity is taken over by another, which is usually an unembodied entity. In English there are several names for it like spirit possession, spirit attachment (Baldwin, 2005; Cardeña, Van Duijl, Weiner & Terhune, 2009; Fiore, 1987).

The concept of possession is generally a highly charged subject. It is associated with trance states, where it seems that the person is possessed by ghosts and even demons. In English literature, such forms of trance are referred to as possession trance (Sadock, Sadock, & Ruiz, 2017).

Most people are afraid of such manifestations resembling psychiatric phenomena: the person speaks gibberish or in a foreign language, is out of control. He becomes aggressive and cannot be handled in such a situation. As an explanation for such behavior, it is suggested to consider possession as a form of "cultural idiom or distress", i.e., a culturally accepted expression of need, in a context of oppression and social disruption. The behavior can be compared to the role of an emotional part of the personality. This part has had conflicting and traumatic experiences in a specific traditional, political or religious context (Nichter, 2010; Van Duijl, Kleijn, & De Jong, 2014).

When possessed there are egodystone, i.e., not as own recognized, subpersonalities, which are referred to as entities. Entities are defined as beings which exist independently of the person. The entity is connected with or has attached itself to the person (Baldwin, 2005; Cohen, 2008; Lewis, 2003).

Globally the entities can be divided into two groups: positive and negative entities.

In the first group there are entities that are experienced as positive when it is recognized as such by the healer, priest or shaman within the community. This entity has no evil intentions and can contribute to the development of, for example, healing capacities of the one to which it attached itself. The person learns

to recognize and accommodate the entity. The accommodation may take place during an individual or a group initiation process. During the initiation the afflicted person learns to “listen” to the entity and follow its advice or admonitions. The accommodation process of the entities or spirits is called *adorcism*. During the *adorcistic* process the spirit is not only accommodated, but a relation can be built up, and if the spirit wishes so, it may even be worshipped. This form of possession is accepted within certain cultures and is part of healing practices. The person with such an entity can later develop into a healer or a member of a healing cult under the guidance of other healers (De Jong, 2012; Lewis, 2003).

The takeover is not only for healing purposes but is also related to phenomena such as mediumship, channeling, glossolalia (e.g., speaking in tongues). Persons who serve as mediums or channel, or speak in tongues during religious gatherings are generally psychologically healthy individuals (Cardeña, Van Duijl, Weiner, & Terhune, 2009; Van Ommeren et al., 2004).

Possession which is not accepted by the culture has two main variations: one with complete takeover and change of consciousness of the person, and a second form where there is no change of consciousness.

In the first variation, the possessing identities usually manifest themselves in the behavior through which it seems as if a spirit, a supernatural being or an outsider has taken over control. This happens in such a way that the person starts to speak in a different way, makes strange movements or starts to behave abnormal. There may be amnesia for this episode. This behavior has an involuntary, frightening and uncontrollable character and resembles a psychopathological phenomenon (Bourguignon, 2004; Lewis, 2003).

In the second type, there are no changes of consciousness, abnormal movements, assumption to have the identity of somebody else or amnesia for events. One of the characteristics of this form of possession is that the presence of the entity in a person appears to have no visible effects on the behavior of that person. The presence and influence of the entity become manifest only when physical illnesses or psychological complaints or problems related to existence such as financial setbacks occur. Patients in both Western and non-Western societies who think or whose environment believes that they are possessed may, from a psychiatric point of view, have very different diagnoses, like psychosis, mood disorder, somatoform disorder, and anxiety disorder (Cardeña, Van Duijl, Weiner, & Terhune, 2009; Van Ommeren et al., 2004).

Different psychological theories explain why one person becomes possessed and another does not, but there is as yet no consensus on this. There may be a predisposition to dissociation, but there is often a history of traumatic experiences or neglect in early childhood and the person may be highly suggestible. The risk factors for being taken over by an entity include: trauma and neglect, dissociation, séances, by chance, prolonged physical illness, addictions, injuries to the body and reductions in consciousness such as narcosis (Cardeña, Van Duijl, Weiner, & Terhune, 2009; Van der Maesen & Bontenbal, 2002). However,



having risk factors does not mean that the takeover will take place (Crabtree, 1996).

During sessions with some patients the entities also mentioned black magic, witchcraft and sorcery as a reason for attaching to a person (Nannan Panday-Jhingoeri, 2019, 2022).

When possessed, pathological symptoms can manifest on one or more levels: psychological, physical, behavioral and social. Psychologically there is confusion about one's own personality and identity, hallucinations, chronic depression with suicidality, rapid mood swings, anxiety disorders and outbursts of anger. Physically there may be symptoms of chronic fatigue, pseudo-epileptic seizures and unexplained somatic complaints. There are changes in behavior or preference and sudden increase in the use of alcohol or drugs. In the social field problems in relationships and finance, may become manifest (Fiore, 1996; Van der Maesen & Bontenbal, 2002). The entity continues to exist until it has been diagnosed and expelled from the body of the host (Cohen, 2008; Lewis, 2003).

## 8. Case George

George, a man of mixed race (creole and white), 60 years old, attended the polyclinic. He was a higher educated, married man, who was a lecturer by profession. He belonged to the Protestant Church. In his youth there were no traumata worth mentioning. A sister with whom he had a good relationship had died of illness in old age years before. He presented with complaints of severe depression. In the past he had suicidal ideation but without attempts. He had been treated by another psychiatrist for more than 15 years for a bipolar mood disorder with medication: Paroxetine 20 mg twice daily and lithium carbonate 600 mg daily. His mood was not easy to regulate because he fell into deep depression when taking medication against the mania. And vice versa after taking medication against the depression, he became maniac during which he wasted a lot of money and got in deep debts. Additional medication in the form of atypical mood stabilizers could not prevent the mood swings. In somatic terms, he had problems with his stomach and intestines. He was diagnosed by the internist with irritable bowel syndrome. Although he belonged to the Protestant church, out of desperation he had let perform exorcism in an evangelical church. This treatment had an effect for only a few days, after which he became depressive again. Alternatively, he had undergone reiki treatments. He had heard about transpersonal regression therapy. He was hopeful that with this treatment he would be able to get control over his mood disorder, which caused a lot of inconvenience in both his life and of his family.

The treatment started with the exploration of the personal and the medical history of George and paying attention to relevant aspects in his life. During the sessions some traumas in his life were detected like being scammed by people he trusted or during periods of mania buying a lot of expensive articles and bringing his family in financial problems. He learned how to cope with them with the



intervention of cognitive behavior therapy. In other sessions the most common explanations for his mood disorders were found in transpersonal and supernatural themes which can be categorized in reincarnation, curse and spirit possession. These three categories will be elaborated for George's case in the next paragraphs. A special kind of beneficial spirit manifested itself several times throughout the treatment. I named it Helping Entity that gave advice both to George and me without being imperative.

## 9. Reincarnation Experiences

During one consultation George expressed his complaints as being tired of everything. He had been too long in this situation and he did not want to go on like this. He felt helpless, because on one side he was not willing to do anything and on the other side he wanted to take action but was not able to do this. To get him in a light trance we connected with the feeling of not willing to do anything. This feeling was accompanied by fear, which brought George back to a life of a slave on a Caribbean Island. He identified himself with this man and spoke about the slave in the "I-person". He was sick at home, when two overseers came and forced him to go to work. They did not believe that he was sick and both of them grabbed him by the armpits and throw him down the stairs. He broke his neck. He felt powerless, but was also furious and wanted to fight. The feeling of powerlessness was a theme that appeared regularly in George's present life.

During his fall down the stairs he had an autoscopic experience (also described in near-death experiences): he stood beside his body, knowing that he was dead. He saw a great light coming and he walked towards it. I suggested that he could help the slave with the power of the light he saw. George rewrote the life of the slave by letting him fight with the two overseers to set himself free. George gasped and with clenched fists in the reclining chair he saw the slave running away with his wife to freedom. He concluded at the end that this must have been a former life of him.

George indicated in the follow-up consultation that he had become aware of the way in which his fear manifested itself, but that it was now accompanied by an urge to defecate. In this session he saw himself in a life where he had been stabbed in his belly to death on the street. He felt guilty because he was not able anymore to take care of his wife and young children. I asked if he wanted to take revenge on his murderers. In first instance he refused, because he considered himself as a non-violent person. When I made the connection between this murdered man who was not able anymore to look after his family and the current life and asked what actions he would take if someone would threaten his family in this way, he suddenly started to make hitting and kicking movements in the reclining chair, expressing his anger towards the assailants. He experienced enlightenment and identified himself with the man lying in the street who did not feel helpless anymore. In the subsequent consultation he reported to feel better. Because George had relived several lives in which he had died due to

violence, he wanted to know if there could be a reason for being slaughter of violence. George ended up in a life where he was a priest during the Spanish Inquisition in the sixteenth century. He had a higher position in the church and ordered his minors to torture, while he himself also tortured. The final thoughts of this priest just before his death were, that he did not want to do wrong in the name of God. His soul stayed outside of the body for a long time, because it was scared and did not want to go back to life. He was afraid for revenge in other lives. With these thoughts just before dying George had sowed the seeds of lives in which he himself fell victim to injustice and which was the consequence of evil deeds during his previous life.

A way to solve these kinds of problems is to let the person imagine what he can do to come to terms with these matters: the restructuring. George got the opportunity to tell the priest that he had already atoned in several lives for his sins and that his karma was back in balance. He had to ask forgiveness from his victims, explaining that his actions came from the spirit of those times. After being forgiven, the life as a cruel monk could be closed.

At the next consultation George indicated that through the sessions the physical ailments disappeared and permanently “evaporated.” Despite the mild gastrointestinal irritation, he walked a distance every morning. He still suffered from mood swings, but to a lesser extent and these was explored later on as we will see in the next paragraphs.

## 10. Curse

In a follow-up session George had to deal suddenly with the appearance of his deceased grandmother. There were no issues in the therapy which could explain her spontaneous manifestation. She said that she had to come to correct something and that she could no longer bear this burden. She was not an evil energy, neither was she in George. She was his grandmother Magdalena, the mother of his mother. She was not able to make the transition to the Light and find peace in her soul because of all the evil things she had done. Magdalena’s grandmother was a freed slave, who abused all her children by hitting and cursing them, but one daughter was her biggest slaughter: the mother of Magdalena. Magdalena’s mother cursed and hit her own children also. Magdalena was treated like a slave and was the most beaten child. Their father did not do anything to protect his children against the aggressive behavior of his wife. Even after her marriage the mother continued beating Magdalena. George’s grandmother said that she had not beaten her own children that much like her mother had done with her, but she had cursed them, like they would never be happy and have no prosperity. At an older age she changed her vision of life. She had become a devote Christian and realized at older age what evil she had to done to her children. She had set all her children against each other. To find peace Magdalene had to clean up all the mess, all the negativity that had occurred in the lives of her family because of her cursing. After this she spontaneously restructured the sequel herself by ask-

ing forgiveness to all her children and grandchildren. Especially from George, because in those days, as a small boy he would sit with her and tell her stories and sing songs for her. Magdalena also forgave her own mother who did not know any better and applied slavery to her. I asked her if she wanted to bless the children and grandchildren now and she did so before she continued her way to peace.

After the session George was surprised that his grandmother had come forward. He could remember her well. As a child of six, he often sat at her doorstep and heard how she scolded, cursed and bad-wished her children. He felt an enlightenment and was wondering where his grandma had come from. He felt relieve as if he was freed from a heavy burden on his shoulders. He wondered if the problems in his own family were a result of his grandmother's curses on her children and if they had worked on their offspring. George hoped that things would change now.

## 11. Spirit Possession

In several sessions, George found different entities as one of the explanations for his mood swings. One entity told that he was in a group of three, who were sent by a "bad man" to ruin George and if possible, to kill him. George had to lose all his money and even get separated from his family. The entity was a spirit wandering with two others after their death. They were caught together and put in a sealed bottle. They did not know who and why, but if they did not obey the orders, they were tortured. This happened by burning pungent odors above the bottle. When he was alive, he lived in Africa and was captured with his two friends by his own people and sold to white man and transported away. They worked on a plantation (in Suriname) where life was terrible with maltreatment. He had no family of his own; sometimes he got a wife to make children, which he never saw. He was falsely accused of theft, and beaten to death; he was very angry because even after he had died, they did not stop beating. The people who rattled him were slaves too, who had to do it in order of the white people. He was buried somewhere where they buried all the slaves. He was terrible angry and felt powerless. His soul started wandering. He pleaded for forgiveness for what he and his two friends had caused to George and wanted to forgive those who had hurt him. He asked if George could help free all three at once which George did by praying.

Another entity was of maroon origin, named Cornelis contributed to the depression of George. He had come from the interior to settle in the city because life in the interior had become difficult and there were no prospects for the future. He had a relationship with a woman who already had three children. He was killed in a traffic accident. He described in detail how the accident took place and how he experienced it. He knew that it was inevitable that he would be hit by the car. His body felt everything for a while after he fell from the bumper of the car on the ground. Suddenly he saw himself standing and looking. I no-

ticed a gap in the description between the moment he was lying on the ground and the moment he saw himself standing. When I asked him to specify this, he said that he first felt pain in his whole body. Suddenly he could not move his legs and hands. At that moment he didn't feel any pain. He saw himself getting out of his body. This process took place from his head. He got confused because he saw all sorts of people running and he did not know what was going on. People came close to him where he saw himself standing and he moved, because he did not want to bump into other people.

From his position Cornelis could perceive the thoughts and emotions of the bystanders who had come to the collision: of fear, of compassion. And other ones who realized that he would not make anymore. Apart from these thoughts of third parties Cornelis also had his own reflection on life and he found life difficult with a lot of hassle with all the problems he encountered.

His corpse was taken away, but Cornelis still did not realize that he had died. He considered the body like something without any attachment with him. He understood that the body which was put in a container was his and got confused. He went to sit in the car near that container with his body to see what was going to happen. At some point they came to the backside of a big building which he did not know. The realization that he had died came later when people came and cried at the body. He started strolling in the building and got attached to the body of George who was admitted those days in the hospital. Cornelis wanted to be released from the body of George and go back to the interior where there was so much freedom. After the session George recognized the feelings of Cornelis. He told that after discharge from the hospital he found life hard and had to struggle in life.

## 12. Helping Entities

During one of the follow-up sessions George made the remark that with the feeling of Light he felt happiness. But suddenly he became restless, started to shiver all over his body and showed anxiety. George gave himself permission to explore the reason of these feelings. He started to speak with a different intonation and slower than he used to speak normally: he said that everything was there, body thought, spirit, God and Jesus. There are more than one I.

I asked who was speaking and the answer was that it was the helping part of George. We were allowed to name it by the two names of George: George Edwin. To be able to distinguish between George and this part we got agreement that this part could be addressed with Mr. George Edwin (abbreviated Mr. GE in this text).

Mr. G.E. presented himself as Georges higher self, connected with Light. At a certain moment GE started to give information about George and address him in the third person. George had neglected his higher self and the Light. He behaved like knowing everything better. If he would not acknowledge it, his life would go with suffering. I asked if GE was angry with George, and his answer

was that he was not angry, but felt sorry for George. GE gave in-depth advice on how George could alleviate the problems in his life through the Light of God: He had to grab the Light that was his beacon, protection. His intellect was derived from the Light. Nothing existed without the Light. From that moment, as soon as something came to his mind, he should grasp the Light. The Light would control and not the intellect. He had to subject the intellect to the Light. That was the only way to end this suffering.

GE was realistic about the complaints George had with his gastrointestinal system; he distinguished between physical and mental matters: the physical things should be treated with remedies that were suitable for physical ailment, pay attention to the diet and use homeopathic simple means. George had to continue interacting with the internist and his psychiatrist.

### 13. Messages for the Therapist

During two subsequent sessions with George, his helping entity, Mr. G.E. first passed on the messages intended for George. Afterwards Mr. G.E. addressed me.

I had to draw the attention of patients to the fact that by harmonizing from within, an enormous potential was unleashed and that these released forces should never be abused by anyone. If they would do these forces could damage the environment and have repercussions on the individual and on the human being, where they come from. They would not be able to deal with it if they were not ripe for it. These experiences should not be used as a game or a trial to see what happens. It is a direct connection with the universal force that manifests itself in ones being. It was only allowed to be used in connection and guidance with the universal force. I had to make people aware of the Light of God, the Creator.

GE gave me advice how people should behave in society: In matter we have to support each other. When we receive signals, because we are in connection with Light, we must be aware that is not only for ourselves; we should not only keep the Light for ourselves. If we see that people allow themselves to be carried away too much, then we also have a duty with our given strength and insight, to help them to stay on the path and not to lose themselves unnecessarily in matter.

GE also had an opinion about the behavior of persons in society: Through history it is revealed that when people sit or come to the top of power, they identify themselves with that power and surpass their goals and lose their connection with the Light. It is a delusion to confuse the potential in the physical world with the all-powerful universal power of the Light of God. GE did not mean a specific person, but it is almost a pattern and it continues until the fall of the person or the realization of his goals. We, workers who know the potency of the Light, should prevent the enormous damage, not only for the person, but for the whole physical world because of the potential that has been developed.

I was advised not to be disturbed by the negative statements about my work as an integrative psychiatrist, who also deals with the transpersonal and superna-

tural domain: I am not a floating scientist, because the knowing of the scientific world is connected with the knowing of the Light. The two complement each other.

About my work as physician, I was reminded of the limits, that I should never go further than I can. If I felt that I had done everything as an intelligent physician and energetic healer, I should stop as soon as my feelings told me to stop. If I knew that I had done my utmost with my heart and reached the limits, I had to respect this. This applies to everyone, and especially to energetic workers. They think they have it in their hands and can do whatever they want. Some pretend to be more than they are, they pretend to be philanthropic workers and do a lot of damage.

A very important advice for me was that I should not give false hope to the patients, and not close my eyes for reality. Diseases always have a cause; scientific knowledge together with trust in my strength in communion with Light will help.

## **14. Conclusion**

The treatment of this patient with integrative psychiatry who was suffering from a long-lasting bipolar disorder resulted in healing of his illness, for which 15 years of medical treatment did not give satisfactory outcome. This case description shows how cultural explanations given by patients for their problems like past lives, possession or influences of ancestors can be used therapeutically. The therapist should not take on the challenge of figuring out what is reality and what is fantasy in the patient's story and experiences. In the interest of therapy, the therapist enters the symbolic world of the patient and tries to create together with the patient positive change with appropriate interventions and with respect for his culture.

By using these narratives in a slight trance, analyzing and reframing them, and integrating lost or detached parts, these factors have a clear potential for transformation of inner processes, resulting in releasing of blocked emotions and restoring and retrieving alienated or lost aspects of the psyche. During treatment, it is important to make the patient realize that regardless of the experiences in the psychosocial and/or transpersonal or supernatural field, the current personality is the one that stands in life. By staying in the here and now and ensuring that the past—however deep it may be—has a place in this life, will open up the way to a better future. The healing process initiated not only takes place during the imaginary transformation, but also affects new events whereby the persons are able to view their individual experiences from new and potentially useful perspectives.

## **Conflicts of Interest**

The authors declare no conflicts of interest regarding the publication of this paper.

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