

# Thoughts of the Day on Spiritual Psychology

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## About Me



Ralph Allison

I am a retired board-certified forensic psychiatrist who has been treating dissociators since 1972. With 24 years of clinical experience to look back on, now I can see previously obscure facts about dissociating patients. With this Website, I hope to make these insights available to psychotherapists, attorneys, and dissociated patients in need of understanding a complex and controversial subject.

[View my complete profile](#)

Monday, June 2, 2008

## Review of a New Version of the Movie "Sybil"

This movie review appeared in Newsweek of June 9, 2008. It is about a remake of the movie "Sybil" which is based on the book of the same name. In reading the book carefully, I found no evidence that those "other selves" which the heroine created in her early childhood were alter-personalities. They were most likely IIC (Internalized Imaginary Companions), with some of them being "older" than the patient herself. Therefore I feel she used her "emotional imagination" to create entities who could help her cope with her schizophrenic mother. She had no evidence of a dissociated ISH, either. Therefore I disagree with any diagnosis of DID, or MPD, and I have always been unhappy that she has been considered a prototype of a "multiple" all these years. To have a movie apparently this bad produced about her gives a disservice to all those patients who really do have one of the dissociative disorders.

Ralph Allison, MD

### The Return Of 'Sybil'

A new life for a TV movie that already had plenty

By Joshua Alston

"Hysteria is a woman's problem," says a brutish male colleague of Dr. Cornelia Wilbur ( Jessica Lange), the psychologist treating the main character in the CBS remake of "Sybil." My hysterical laughter during most of the film is proof that it's a man's problem, too. I'm not an insensitive guy. I recognize the horror in the story of Shirley Ardell Mason, the woman whose personality fractured into 15 parts as a result of merciless childhood sexual abuse (assuming the story is true; both the diagnosis and the abuse are still under debate). But it would be difficult to intentionally match the unintended comic value of the scene in which Sybil (Tammy Blanchard) rebuffs her new beau, Ramon, after slipping into one of her alters, a boy named Sid. "Guys don't sleep with other guys!" says Sid. "Of course not," says Ramon, both writing off the comment as a non sequitur and failing to realize that his girlfriend's voice just dropped an octave. "Sybil" has the infectious scrappiness of a community-theater troupe, one that isn't that great but has enough conviction to make up for its lack of self-awareness.

But this new "Sybil" can't possibly have the same impact as the 1976 original, for which Sally Field won an Emmy, because the made-for-TV movie has a reputation that precedes it. The term "made for TV" has become shorthand for hammy acting and frugal production values, which is why the glossy,

competent original TV movies of today are labeled "television events." The made-for-TV movie served a distinct purpose back when entertainment choices were few. They provided a way for families to have a night at the movies without the hassle and expense of going to a theater. Later they became topical, portraying the hot-button issues of the day, like 1983's hugely watched "The Day After," which depicted the eruption of nuclear war between the United States and the Soviet Union. Now a movie night at home is as easy as opening the mailbox. And Dick Wolf, between his three "Law & Order" franchises, has the "ripped from today's headlines" market cornered. (This season's premiere of "Law & Order: Special Victims Unit" featured an appearance by Cynthia Nixon as a woman who—get this—fakes having multiple personalities.) Still, there's something charming about the made-for-TV movie, something adorable in its earnestness, something humorous in its humorlessness. This is why Lifetime and the Hallmark Channel have built brands around them; these movies are the purest form of guilty pleasure. And while I wouldn't watch "Sybil" a second time, it was raucous, nostalgic fun. I could say it's the worst movie I've seen in some time, but I'd prefer to say it's the best at being not good.

Posted by Ralph B. Allison, M.D. at 9:22 PM 0 comments

Tuesday, May 6, 2008

## **Life Plans**

One of my patients from my early days of practice was in a crisis mode recently. To find out why, she went into a light trance and asked the question of her Essence. Here is the answer she received:

"You chose for this lifetime the theme of Emotionality, and you chose to be born into a family where this would be virtually unacceptable. You wanted to be challenged although you have fought the challenges all your life. You are very quick to point out when you have been 'hurt' but not so quick to take the responsibility for the many times you hurt others, others who loved you very much.

In order to work with the theme of Emotionality, you had to be born highly sensitive and intuitive, even psychic. You are now asking why you turn anger inward, assuming that someone else caused the anger when all the time you are angry at yourself. Your life is winding down now. It is time to stop this intense quest and just BE.

When you return to the spiritual world, you will understand that there is no good or bad energy -- it is all simply energy. The Creator wanted to know more of Itself and thus exploded outwardly, and each human being is basically on a 'fact finding mission of exploration.' You may decide not to come back to this world, or you might decide to just take a long rest and then come back because there is much of physical life, especially Nature and Relationships, which you will probably wish to experience again. There is nothing to fear, there is no separation, you are never alone -- whether here or there. Be gentle with yourself now."

Posted by Ralph B. Allison, M.D. at 2:46 PM 0 comments

Thursday, April 3, 2008

## **Neurophysiology of Belief Change**

This report was printed in the April 2008 UCLA Magazine. What is interesting is the finding that a change in a person's belief system seems to also make a change in his neurophysiology, which seems to lock the belief system in place. It is a much more complicated change than "just changing your mind"

which implies only a psychological shift of ideas

## MAKING BELIEF

Shortly before Sam Harris became a New York Times best-selling author, he was a UCLA doctoral student in neuroscience, a mere dissertation away from his Ph.D.

But in 2004, Harris took some time off to write *The End of Faith: Religion, Terror and the Future of Reason*. The book sold wildly and Harris was anointed a leader of America's atheist awakening.

After writing another bestseller, *Letter to a Christian Nation*, and traveling the speaker circuit, Harris returned last fall to his doctoral research. His latest writings were published this January, not in a book but in the scholarly *Annals of Neurology*, and the subject wasn't faith but research into the physiological distinctions between belief and disbelief.

The study tested the hypothesis that belief "might have a functional localization in the brain and the design of the study was to isolate such regions," explains Mark S. Cohen, Harris' thesis adviser and professor of psychiatry at the Center for Cognitive Neuroscience, who co-authored the study with Harris and Sameer Sheth Ph.D. '03, M.D. '05 of Massachusetts General Hospital. Using functional magnetic resonance imaging, the scientists found that a region of the brain involved in belief, disbelief and uncertainty acted differently depending on subjects' acceptance of statements they were given while inside the machine. A portion of the brain called the ventromedial prefrontal cortex appeared to be at least partly responsible for discerning belief of all kinds, whether it's "a personal God exists as described in the Bible" or "George Bush is president of the United States."

"It has no relevance to the question of whether or not there is a God," Harris says of the findings. "Even if we had a perfect belief detector, we still can't tell you what is true in the world. You put somebody in the scanner who believes Elvis is still alive, and all we will be able to tell you is, 'Yes, he does believe Elvis is still alive.'"

Still, Cohen observes, "This study demonstrates convincingly that fMRI has the power and sensitivity to probe levels of human cognition that subjects may not be conscious of." In the planning stages a follow-up study to explore differences in neurological activities between those who believe in God and those who don't, with non-believers as the control group.

"If you are given a proposition you truly don't believe, it is just mere words," Harris concludes. "The moment you give them credence a complete transformation of your neurology and psychology and physiology occurs. Belief is the hinge upon which the door to behavior and emotion swings."

— Brad A. Greenberg '04

Posted by Ralph B. Allison, M.D. at 7:27 PM 0 comments

## Dear Abby's Advice on Marriage to a Multiple

The following letters appeared in today's Tribune of April 2, 2008 (San Luis Obispo, CA) Any comments are welcome.

### DEAR ABBY ADVICE

Daughter lauds mom's work to integrate selves

**Dear Abby:** I was offended by your response to "True Love Texan" (Jan. 18) when he asked about loving a woman with multiple personality disorder. MPD is also known as Dissociative Identity Disorder. Individuals with DID have survived severe childhood abuse. The way they coped was to split into different personalities. DID can be treated through intense psychotherapy, which attempts to integrate the personalities into one.

A loving relationship is possible with people who have DID. My mother is an example. She has DID due to extreme childhood ritual and sexual abuse. She's the most amazing and resilient woman I have ever known, and I am proud to be her daughter. My father has been married to her for 35 years and has supported her unconditionally. It can work! Please educate your readers and provide some useful information about the courageous people who live with DID.

– *Proud of Mom in Pennsylvania*

**Dear Proud of Mom:** I received a slew of mail about this. My response to "True Love Texan" was not meant to minimize the seriousness of Dissociative Identity Disorder.

The following responses offer personal insights meant to support him as well as provide information about this sensitive topic. Read on:

**Dear Abby:** Telling that Texan to be certain that he loves every one of the multiple personalities may not be possible. However, it is possible to have a successful marriage with a person who has DID.

My husband and I will celebrate our 20th anniversary this summer, and he is a multiple. We knew about some of his personalities when we began dating, but others have surfaced as the years went on. It has not been easy, and I have had to deal with different folks coming out at awkward times. But as my husband said, "Your life will never be boring if you marry me," and he was right.

– *Wife to One of Many in Vancouver, Wash.*

**Dear Abby:** I know from firsthand experiences that all the love, devotion and loyalty may never be enough when dealing with a person with DID. Instead of being a partner, spouse or equal, I became my wife's caregiver, peacemaker and sometimes a target.

Nothing was ever easy; I could not depend on anything going smoothly or without incident. After 13 years of turmoil and uncertainty, I had to leave. A serious illness gave me no choice but to take care of myself for a change. I hope "True Love Texan" will heed the warnings of his friends and understand the gravity of this illness before he makes a lifetime commitment.

– *Wiser in California*

**Dear Abby:** When a child is denied "normal" defenses and abused by those who are responsible for providing safety, some children do the most sane thing possible. They retreat into their own minds to a place of safety. We choose to call this by a new term, Multiple Personality Gift (MPG).

As long as the woman is in counseling, and "True Love Texan" is on board with the counseling, there is no reason they cannot have a good and productive life together

- *Adoptive Mom in New York*

Posted by Ralph B. Allison, M.D. at 9:03 AM 1 comments

Wednesday, January 23, 2008

## **Adult Children of Parents with MPD/DID**

It has been 36 years since I met and treated my first patient with MPD, Janette, whose story is in chapter two of *Minds In Many Pieces*. A month

ago, I received an e-mail from her daughter, who was a preschooler at the time I treated her mother in Santa Cruz. She is now in her late thirties, with her own family, and still involved with her mother, who is still dissociated. From what I get with her, Janette is one of those women who was severely abused so early in life (before the age of six months) that she can never become integrated. Her Original Personality is too immature to ever be able to return to her own body and integrate with all the alter-personalities who have run it ever since. Her body is literally being run by a committee of alter-personalities.

Her daughter has been through her own experiences, as a result of being born to a “multiple” and her husband, who had his own problems. But now this daughter of Janette, whom I will call “June”, is interested in bringing her story to light and meeting other adult children of parents who had MPD or DID. (Remember that I have my own definitions of these two diagnostic labels.)

I am putting this out so that if any other children of parents with MPD/DID want to communicate with June and do what they can to help each other cope with the current demands of society, they can do so, through me via ralfalison@charter.net. As far as I know there has been no research on the effects on the children of such patients, but now enough time has passed from the time I was doing therapy for some of them to show what has come of them. I have had some acquaintance with several adult children of my former MPD patients.

One daughter followed the paths of her mother’s worst alters and became an alcoholic prostitute. Two sons have done well vocationally, but neither of them have married.

Below is the letter June wrote to a daughter of a multiple who recently contacted me for some supportive resources.

“Hi,  
You do not know me but we have something in common...we are both daughters of MPD mothers. I am sure you have had an interesting life. I am currently researching the resources available for family members about MPD.

“My take on it is this:  
My mom is one of the most effective teachers in my life. Because of who she is, I have learned courage, spirituality, strength, patience, and faith. Of course, this was all learned the hard way, but nonetheless it has helped to shape me into a better person today.

“As a daughter I have had to be the mom at times, the confidant, the counselor (as best as I could for a child’s understanding), Mom’s little helper, the big sister. We (you and I), too, wear many hats and have had to learn to roll with the punches. There have been times in my life where I felt that I could not bear things, but I managed to hang on. Suicide was never an option for me, but my mind went there a few times as I had my lowest moments. There was frustration, anger (why can’t I just be a kid?), added responsibility in the home, bleak days (Mom would sleep for days on end), confusion about my role in my family, boundary issues and just plain confusion!

‘Mom, don’t you remember that?’

‘Mom, who is that in the front room with you?’ as I heard the multiples speaking to each other.

‘Mom, you’re scaring me...you’re talking funny.’

“There is so much to share. There are bad memories, good memories, funny

memories, paranormal memories, but my mom will not remember them all. Sometimes I tell her things, and she looks at me as if I do not know what I am talking about. Sometimes she speaks in different languages, and we cannot converse with each other. Those situations, looking back, were kind of comical.

“Life was nor is boring! I am sure you understand.”

Signed: June

When I asked June if she was willing that I put in my blog what she had written, so that we could find other adult children of MPD parents, she replied:

“Dr. Allison,

“I would like to share my story with others. My life is an open book, but I would of course like to keep my mother’s identity private until she makes the decision to share her story. Perhaps we can use just my first name.

“There are things that happened to me as a child, young adult that I am still putting together. Things have begun to make sense to me.

“There are dynamics that influenced me as a child that have had long term effects. For instance, I learned at a very young age that I could leave my body and come back, as I was abused by my father. I did not get my memories back until I was 36 - the big year of change for me. I learned to shut down my emotions in order to survive. I did not have a stable childhood where I could learn to live with my past. We moved often, and I learned to let go of friendships instead of forming long term bonds with others. It affected me to the point of being extremely depressed for not being able to have some sort of stability with others. In my twenties, I felt as if I would become like my mother. I was in a negative and emotionally abusive marriage. I felt that the only thing keeping me alive - suicide was not an option - was the fact that I was a mom, and I did not want the cycle to continue with my son. My son became my reason for living, and that is what I focused on to get through the hard times.

“The hardest part for me to figure out in my life was how to open up and truly love myself so I could love others. The love was hidden deep within me, and I always had it, but I did forget that it was there.

“My guides have always been with me. Even as a child when my mom was hospitalized, I would cry to myself and wonder if I would ever feel safe. Then I would hear the comforting voice of a man say to me, “Everything is going to be okay.” I can remember hearing the voice as early as four years old. I thought it was Jesus speaking directly to me. It was audible and real, and, each time I heard the comforting voice, I saw bright pastel colors, and I felt immediately better. I have sketched the vision and the colors and gave it a title, “The Child” sketched Sept. 1, 2003. On the back of the drawing I wrote: “Love is the essence of art”. Thus began my journey to self love and acceptance.

“My brother did not fare as well as I did. He is schizophrenic (according to many psych evaluations) and borderline sociopath. The cycle did not end for him unfortunately. He lost himself at the young age of four, I believe. There have been others living in his body, but the original boy is gone. He, too, endured abuse. We endured it together. We handled it differently. He became involved in drugs at a young age and has served time in prison for making and selling drugs. He writes poetry to express the torment he endured. My hope is that he too can have some sort of healing in this life.

“There is so much to share with others - the good, the bad, the ugly, but most of all the hope of breaking the cycle and finding inner peace.

“June”

Included in June’s writings was a Poem For My Father written on April 28, 2007. I had seen him with her mother during my therapy sessions and only knew it was a precarious marriage which broke up when they moved from Santa Cruz to Texas. Here is that poem she wrote, to her father.

“When I was a child and I thought of you, my heart would well up and the sadness was almost more than I could bear. I felt the emptiness inside of you...yet I could not explain where this empathy came from at the time.

“I knew that you did not have a childhood and I grieved for you. I knew that you did not have security...and I grieved for you. You were once a little boy who wanted more than anything to just be loved. Where was your love? Why couldn't your father give you what any child deserves? Why were you left to fend yourself? Abused, lonely, deserted... an outcast. How miserable you must have felt.

“I imagined your day to day existence...it was mere survival. You wanted to be loved, accepted, and protected. Yet you had none of these things. You didn't even have the basic things that are considered necessary. How embarrassing it must have been for you to have to take your only shower at school because you had no running water. Foraging for whatever food there was, working so hard at such a young age. You tried to protect your mother and sisters from the abuse, yet you couldn't. You must have felt powerless in your youth. You must have lost all respect for women at a young tender age. Where was your mother in all this? Why didn't she make all the madness stop? How truly sad this is. Did the tears ever reach your cheeks? Were you ever allowed to cry? Did you bury your childhood at infancy? My heart aches for your loss.

“Your father was truly a miserable, mean person. You saw things that you should have never seen. You experienced things that took your childhood away. I feel your sadness. You couldn't break the cycle. I KNOW your sadness.

“I could become bitter and angry myself and take the role of victim. I choose not to.

“There is sadness sometimes for what might have been. Yet the darkest days of my life have given me the most growth. I must thank you for the opportunity that you allowed me to grow. I have had to learn to forgive. I have learned to have compassion for those whose shoes I have not walked in. I have learned that my happiness is in my own hands. I am responsible for any and all successes and failures in my life.

“You are not a traditional father/teacher in the sense of the word. Yet I will have to say that you have taught me the most in my life.

“May your emptiness fill with love  
May your anger subside  
Forgive yourself because I already have  
Forgive your father and his father before him  
They, too, could not break the cycle.

“With love and peace I send this to you.”

So, if you are an adult child of a parent who had MPD/DID and you want to

make contact with June, the daughter of my first patient with MPD, contact me at ralfalison@charter.net.

Ralph Allison, MD

Posted by Ralph B. Allison, M.D. at 10:43 AM 0 comments

Sunday, October 28, 2007

## **Waking Up To Your Dreams**

The following article appeared in PARADE of October 28, 2007.

**With new research, scientists are learning the importance of Waking Up To Our Dreams**

By Robert Moss

HERE'S AN OPEN SECRET: Dreaming isn't really about sleeping; it's about waking up. Dreams wake us up to the challenges and opportunities that lie ahead. They can tell us what we need to know and alert us to actions we need to take.

Throughout history—from ancient shamans to the Bible to Freud—men and women have been fascinated by dreams and have pondered their meaning. Current research indicates that dreaming has a real, practical function but also that it can spark our imaginations in unexpected ways. Best of all, one doesn't have to be especially "adept" at dreaming: The power of dreams is accessible to everyone.

New studies confirm that all of us have dreams—even those who never recall them—every night for 90 minutes to three hours, in four or five cycles. MRI images and PET scans show that specific areas of the brain are triggered at regular intervals, giving us dream imagery.

Until recently, many scientists dismissed the idea that there was rich meaning in dreams, believing instead that dreams were initiated by random firings of the brainstem during REM (rapid eye movement) sleep.

But evidence has been accumulating that dreams also can originate during other phases of sleep, when the higher visual and emotional centers of the brain are activated. This suggests that our dreams are not strange results of meaningless biological processes. Rather, they are produced by the part of the brain tied to motivation, goals and desires.

Dreams may even be related to survival itself. Antti Revonsuo, a psychology professor in Finland, theorizes that dreaming is central to human evolution. "A dream's biological function is to simulate threatening events and to rehearse threat perception and threat avoidance," he explains. That is, our dreams can warn us of challenges ahead and give us a chance to rehearse efficient responses—including getting out of the way.

I once dreamed of a car accident on a hill east of Troy, N.Y. Several weeks later, driving on the same hill, I found my view of a curve in the road obscured by a delivery truck ahead. I remembered my dream and slowed almost to a stop—avoiding a head-on collision with an 18-wheeler.

DREAMS ALSO CAN ALERT us to dangers that are internal. They may tell us what is going on inside our bodies and what we need to do to stay healthy. Mary Agnes Twomey, a registered nurse in Baltimore, dreamed she'd traveled inside her body and found it was like a boiler room in danger of blowing up. Upon waking, she made a doctor's appointment and learned she had an ulcer that needed treatment. Other people have reported dreams that alerted them to illnesses ranging from breast cancer to heart disease.

Whether or not you believe that dreams serve as warnings, studies suggest that they play a critical role in learning and memory.

"Dreams allow us to play and experiment with new conditions or find novel solutions," says Richard C. Wilkerson, operations director of the International Association for the Study of Dreams. "They allow us to explore unusual areas of life and practice new behaviors."

One fertile source of creativity is the ability to make new and unexpected connections – something we do all the time when we dream. In dreams, "connections are made more easily than in waking, more broadly and loosely," says Dr. Ernest Hartmann, a professor of psychiatry at Tufts University who has written widely on sleep and dreaming. But he adds, "The connections are not random. They are guided by the emotional concerns of the dreamer." In dreams you may gain new insights about personal relationships or develop exciting new ideas.

Many artists have experienced this phenomenon: Paul McCartney awoke with the music for the Beatles' hit "Yesterday" in his mind. Architect Frank Gehry has said that his building designs were influenced by his dreams.

"The waking mind is thinking inside the box; the dreaming mind is thinking outside the box," explains David Kahn, a professor at Harvard Medical School.

This may be why solutions to nagging problems often come to us in dreams. Robyn Johnson, a consultant for nonprofit organizations in Washington state, needed to produce a fund-raiser for a city park. She dreamed that Annie Oakley rode into the park on her horse, urging her to produce a children's storybook to be given to every guest. She followed Oakley's advice, to great success.

Not least, dreams can help us deal with emotional hurdles. Marlene Cantor at the May Institute in Massachusetts has discovered recurring themes in the dreams of middle-aged women. One woman dreamed night after night of going to a house that was falling into disrepair. It began to crumble around her, and one night she saw the roof falling in. In another dream, she saw a beautiful young girl run out of the house and into the path of a speeding car. She wept as the girl died in her arms. In sharing these dreams, the woman reflected that the first symbolic dreamscape might express her fears about her aging body. And perhaps in weeping over the young girl's death, she was mourning the death of her younger self.

"Most of these women had never really talked to anyone—not family, not even therapists—about what they were feeling," Cantor recalls. "Telling their dreams brought them a tremendous sense of relief, of coming out of silence and solitude."

Whether we share our dreams or reflect on them privately, we'd all do well to wake up to their power. Amid the stress and clutter of everyday life, our dreams can help us discover what's most important.

Robert Moss is the author of "The Three 'Only' Things: Tapping the Power of Dreams, Coincidence & Imagination."

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#### PERSONAL COMMENTS

In my own dealings with dissociated Essences (Inner Self Helpers of MPD patients), they have described to me that they, the ISH, goes during non-dream sleep time into Thoughtspace to confer with their supervisors, the CIE. Then they return to the mind of their charge to give instructions in dreams which the person has just before awakening.

Over time, I developed the completely unscientific idea that there are three types of dreams we may have every night. The first dream is left over garbage from the day's activities, whatever we have been thinking and worrying about. The first dreams after going to sleep are to let us discharge the feelings about those events and "clean out our minds" of them, so we can leave them behind.

The second set of dreams happen next, and they are about the older conflicts we may have, the stuff that the Freudian and Jungian analysts love to hear about during psychoanalysis. These can then bubble up to the surface and allow the person to bring them to consciousness and work on their resolution.

The third set of dreams are created by the Essence/ISH and they are the instructions for the day ahead. Here is where the answer to some intellectual puzzle will come into consciousness, or a new relationship which was not seen before. Here is where we feel we need to do some specific action after we get up and we are not happy until we get it done and out of the way.

When I came out of psychiatric training, both Freudian and Jungian therapists put a great deal of importance in the nature of the dreams of their patients. I was never one who could remember my dreams, so I have not been one to study my own. But they did seem important to many in the field of psychiatry.

So I was unhappy when I saw reports that modern students of sleep, those running university sleep labs, had concluded that dreams had no psychological importance, that they were just random firings of the brain. This they determined by waking up sleeping subjects in their labs when they showed signs of dreaming. Now that seemed like the scientific method, go in and break apart the system to see how it really works. But maybe they only saw a few pieces, and not the whole system as it was designed to operate. So I was pleased to see someone coming up with a resurgence in psychological importance of dreams. At least that agrees with what the ISHs have told me time and again.

Posted by Ralph B. Allison, M.D. at 11:34 AM 1 comments

Saturday, September 8, 2007

## **"Life After Death" in AARP The Magazine**

In the Sept/Oct 2007 edition of AARP The Magazine, Bill Newcott writes an article, "Life After Death," resulting from a poll of 1011 people over 50, regarding their beliefs on life after death. Here are some quotes from that article:

"[P]eople 50 and over tend to be downright conventional in their basic beliefs; nearly three quarters (73 percent) agree with the statement 'I believe in life after death.' Women are a lot more likely to believe in an afterlife (80 percent) than men (64 percent)."

"Believers show general agreement over the choice of destinations in the afterlife, as well: 86 percent say there's a Heaven, while somewhat fewer (70 percent) believe in Hell."

"Just 40 percent believe Heaven is 'a place,' while 47 percent say it's a 'state of being.' As for the alternate destination, of those who think Hell exists, 43 percent say it's a 'state of being': 42 percent say it's 'a place.'"

"Among those with a household income of \$75,000 or more per year, 78 percent believe in Heaven -- compared with 90 percentage of those earning \$25,000 or less. Similarly, 77 percent of college-educated people think there's a Heaven, compared with 89 percent of those who have a high school diploma or less."

"The largest group, 29 percent of those who believe in Heaven, responded that the prerequisite is to 'believe in Jesus Christ.' Twenty-five percent said people who 'are good' get in. Another 10 percent said that people who 'believe in one God' are welcomed into Heaven. Likewise, 10 percent took a come-one, come-all philosophy, saying everyone gets into Heaven. And while 88 percent of people believe they'll be in Heaven after they die, they're not so sure about the rest of us. Those responding said 64 percent of all people get into Heaven."

"Forty percent of those who believe in Hell said 'people who are bad' or 'people who have sinned' go there; 17 percent said, 'People who do not believe in Jesus Christ' are condemned to spend their afterlife in Hell."

"Twenty-three percent of those responding said they believe in reincarnation."

"More than half of those responding reported a belief in spirits or ghosts -- with more women (60 percent) than men (44 percent) agreeing. Boomers are a lot more likely to believe in ghosts (64 percent) when compared with those in their 60s (51 percent) or 70s or older (38 percent). . . . Thirty-eight percent of all those responding to our poll say they have felt a presence, seen something, that they thought might have been a spirit or a ghost."

"Nearly one quarter of those responding agreed with the statement 'I believe that when I die, that's the end.'"

Now here is how my spiritual teacher, Charity (a spirit), would answer those questions:

1. There is life (i. e. consciousness of the Essence) after physical death.
2. There is what you humans can call Heaven in which we live. It is an interconnected universe to the one you live in. You may call it Thoughtspace if you choose. It has no time or distance, and no physical objects. All communication is by thought. There is no Hell, but we do have two centers for rehabilitation of turned Essences. In one, they may be retrained to be able to be reincarnated when rehabilitated. In the other one, they will be re-educated but will never be allowed to reincarnate.
3. All Essences and Personalities will be housed in our universe (Thoughtspace) when they cease to exist in Physicalspace. Religions are important only to the Personalities, who are in a state of hibernation in Thoughtspace, and it makes no difference what religion they may have practiced. Those with Essences who are willing to continue helping their charges follow and fulfill their life plans will be in a state of training with the CIE, such as Faith and Hope, during their time in Thoughtspace. Religion is of no importance to the Essences. It matters not to Essences what their charges (Personalities) thought about Jesus Christ or any other religious leader.
4. Reincarnation is a fact. Each human will have between 500 and 5,000 lifetimes, in one or another of the existing 11 parallel universes which exist.
5. Spirits exist, as we, the CIE (Faith, Hope & Charity), are spirits who have never had our own physical bodies. However, we can temporarily take over

the body of a person, especially one who is highly hypnotizable. But it is also possible for a person who is unexpectedly dying to create a "thoughtform" from psychic energy, which can then exist after the body has deteriorated. That thoughtform is often seen as a ghost who only talks about the events surrounding the sudden death of that person. Also, Essences and we, the CIE, can create what appear to be ghosts or apparitions to someone we wish to influence and teach in that way.

6. When you, Ralph, die (we prefer to use the term "cease to exist"), both your Personality and Essence will go into Thoughtspace. Your Personality will be in hibernation, but your Essence will be in training for your next lifetime. When the proper infant you are to be is born, your Essence+Personality combination will be implanted into the infant when it takes its first breath after delivery. Only when a brain, with its neurohormones, is available, can the Personality start functioning again. The Essence can function without a brain, body or hormones.

Posted by Ralph B. Allison, M.D. at 3:43 PM 0 comments

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