

# Regression Therapy and Pain: Findings from Student Case Studies

Sam Jones, Ph.D., Dip. RTh., Ct. Hyp., Heather Walkley, Dip. RTh., Ct. Hyp.  
Andy Tomlinson, BSc (psy), Dip THP, Dip IRT, CRT. Jessie Stringer, M.S., Dip. RTh., Ct.  
Hyp., Imane Kurdi, Ph.D., Dip. RTh., Ct. Hyp., Ct. LBL.

## Introduction

This short article reports on the changes in pain levels experienced among clients who volunteered as practice subjects for students of the *Past Life Regression Academy*. Students of the *Past Life Regression Academy* are required to conduct five case studies for assessment following their training, which normally include more than one session per case study. Students document, among other things, changes in symptoms experienced by their clients using the 'Subjective Units of Distress/ Disturbance Scale' (SUDs) which is a scale of 0 to 10 for measuring the subjective intensity of disturbance or distress currently experienced by an individual. The findings from the analysis of 'before' and 'after' SUDs scores for clients experiencing 'inexplicable pain' is reported here.

## Method

Of 865 clients 636 had symptoms of physical pain. These pain conditions were grouped into seven general categories and the before and after SUDs scores were analysed for statistical differences. The Wilcoxon test was used, which enables two-paired samples (in this case results from a particular person) of ordinal data (in this case SUDs scores before and after the regression sessions) to be tested for significant difference (i.e. to be 95% confident that any differences found did not occur by chance, and have an underlying cause, which can in this case be assumed to be the regression sessions). In addition, the Mann-Whitney test was used to compare the differences in scores across all groups to see whether there were significant differences in before and after scores based on the number of sessions that clients had.

## Results

The most common pains were headaches and migraines (162 case studies) and stomach problems (125 cases). The other groupings were neck, back and shoulder pain (90 cases); IBS and bowel problems (84 cases); Heart related problems (74); Chest, lung and breathing problems (54) and 'other' (47).

The average score across all categories on the SUDs scale (with 10 being the highest intensity) was 7.9. After the session(s) a dramatic improvement in the average score was experienced. The average 'after score' was 0.9 (i.e. an average improvement of 7 points). Clients on average had only 1.6 sessions in total.

There is surprisingly little variation in the improvements across the seven different categories of pain. Table 1v below shows the seven pain categories and the percentages of people in each pain category against the average number of score points of improvement they experienced before and after their sessions. It also shows the average number of score points of improvement. Stomach related pains fared the best at an average improvement of 7.2,

while chest, lung and breathing problems and headaches and migraines were lower at 6.9 improvement points.

With such dramatic improvements in score, it is unlikely that these findings would have occurred by chance. Indeed all the Wilcoxon tests (table 2) revealed a significant improvement (i.e. all p values are less than 0.05).

Finally the Mann-Whitney test was used to see how the number of sessions that clients had affected their level of improvement (averaged for all pain symptoms). Table 3 shows that most people (312) had only one session. Only 6 people had more than three sessions. The Mann-Whitney test revealed a significant difference in the improvement score between having 1 and 2 sessions (p value of less than 0.05), but not between having 2 and 3 sessions or 3 and 4 session. This suggests that after two sessions, most people are unlikely to see any further improvement in their pain condition.

## Conclusion

These findings, though caution must be applied as these are self-reported findings from students and have not been externally validated, show extremely positive results in the decrease in pain experienced as a result of regression therapy. Furthermore, these dramatic improvements are experienced after only one or two sessions.

## Tables

Table 1: Score improvements for each condition

Condition	Improvement in number of score points (%)											ave
	0	1	2	3	4	5	6	7	8	9	10	
1	0	1	0	0	6	7	20	21	31	8	6	7.1
2	0	0	1	0	2	5	29	20	22	14	6	7.1
3	0	0	0	6	2	3	26	17	41	6	0	6.9
4	0	0	1	0	5	12	21	18	28	13	0	6.9
5	0	0	0	1	3	18	18	15	27	12	5	7.0
6	0	0	1	0	2	5	22	24	32	11	3	7.2
7	0	0	0	4	0	17	15	28	11	23	2	7.0

Key: Condition

1 Neck, back and shoulder

2 IBS and bowel problems

3 Chest, lung and breathing problems

4 Headaches and migraines

5 Heart related problems

6 Stomach problems

7 Other

Table 2: Findings from the Wilcoxon tests to show the statistical significance of the before and after scores

Condition number	Z score	P value
1	-3.125	0.002
2	-8.002	0.000
3	-6.408	0.000
4	-11.095	0.000
5	-7.508	0.000
6	-9.777	0.000
7	-6.000	0.000

Table 3: Numbers of sessions had by clients across all pain categories

Number of sessions	Number of clients	% of clients
1	312	49.1
2	245	38.5
3	70	11
4	3	0.5
5	2	0.3
6	1	0.2

Table 4: Mann-Whitney tests to show the level of significance of improvement in score between the number of sessions

Difference between	Z score	P value
1 and 2 sessions	-3.567	0.000
2 and 3 sessions	-0.325	0.745
3 and 4 sessions	-0.429	0.668

Other past life research information is on

<http://www.smar-rt.com/regression-therapy-research.htm>

<https://www.regressionacademy.com/past-life-research.htm>

<https://www.regressionassociation.com/research-past-life-therapy>