

Telepathy as a Developmental Tool
for Patients with Autism, Down Syndrome,
Alzheimer's, Dementia,
Cerebral Palsy or Locked-in Syndrome

Synopsis and Proposal

by

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June 2014



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1. Overview

The purpose of this synopsis is to demystify telepathy and present the benefits of using telepathic intermediaries to help those who are cognitively impaired and their families. The proposal suggests the inclusion of telepathic intermediaries by scientists, clinicians, therapists and specialists, either in existing or new research work or in the treatment of patients dealing with autism, Down Syndrome, cerebral palsy, Alzheimer's, dementia or locked-in syndrome.

2. What is telepathy?

Telepathy is a conscious and cooperative mind-to-mind exchange of thoughts and feelings between living beings. A long-forgotten human faculty, telepathy uses words and mental images to enable people to communicate with one another even at a distance. Telepathy is not intuition or a psychic reading of another person's mind but rather a means by which people can engage in actual telepathic conversations. For more information please refer to the [About Telepathy](#) page on the website.

3. Scientific evidence of telepathy

The quest for evidence continues, with research being funded by private sector donations, corporations or governments. For example, the Pentagon is investing in the R&D of synthetic telepathy technology in helmets to allow soldiers to telepathically communicate with one another on the battlefield. The Information Technology industry in the US, EU and Japan is also spending astronomical sums on developing mind-reading technologies. To date, scientific achievements include:

3.1 Reflecting two-way electronically induced telepathy:

From their experiments with rats, researchers at Duke University have successfully constructed the first '[brain-to-brain interface](#)', a technology that mentally connects animals that are physically miles apart from each other. This artificial communication system is seen by many as the beginning of technology facilitating telepathy.

3.2 Reflecting one-way telepathy:

- Japanese researcher and visionary Dr. Masaru Emoto is the author of the best-selling book series "Messages in Water," which presents scientific [visual evidence](#) that human thoughts and emotions have an impact on the molecular structure of water. Given that water accounts for approximately 60% of human body weight, Dr. Emoto's findings shed light on why our unspoken words and feelings impact other people, with children and animals being the most sensitive receivers. It also explains why the human body and brain support and facilitate the practice of telepathy.

- Recognized as the world's foremost authority on the polygraph, Cleve Backster connected plant leaves to a polygraph instrument and recorded evidence that plants react to human thoughts, as seen in his documentary [The Secret Life of Plants](#). Mr. Backster is author of "Primary Perception: Biocommunication with Plants, Living Foods, and Human Cells". Mr. Backster's work is endorsed by visionary scientists, and is important if only because it correlates with the fact that we live in a "common mental atmosphere" as explained in 4.3 below.

3.3 Ongoing research examples:

- Dr. Dean Radin, PhD, author and Senior Scientist at [The Institute of Noetic Sciences](#), argues that telepathy is real, and suggests that quantum mechanics may ultimately provide an explanation of how it works.
- [Dr. Rupert Sheldrake](#), author, researcher and member of the British Society for Psychical Research, believes that [telepathy is a natural phenomenon](#) that animals and humans possess.
- Mike D'Zmura, Cognitive Sciences Professor and leading scientist at the University of California, Irvine believes that [synthetic telepathy](#) will eventually become just another way of communicating and will have applications in the civilian realm.

4. What makes telepathy possible?

Brain science and studies of the mind and consciousness are moving at unprecedented speed. At the very least we know that as individuals, we have more than one cognitive mind, one linked to the left brain and the other to the right brain (4.1). The right brain/mind is the one capable of telepathy (4.2). We're also becoming more aware of the fact that we live in a common mental atmosphere, which is what allows one human to connect to another telepathically (4.3).

- 4.1 We know that the left brain/mind is the one that dominates the existence of most people and is associated with analytical, rational and logical processing. The right brain/mind is generally linked to meditation, intuition, psychism and artistic expression. Although these attributions are true they offer a limited perception of the right mind. In truth, the right mind is more expansive than the left and has ample cognitive abilities to help us be aware of ourselves and the world around us. The latter is evidenced by Dr. Jill Bolte Taylor, Harvard-trained neuroanatomist and author of "[My Stroke of Insight: A Brain Scientist's Personal Journey](#)." At the age of thirty-seven, Dr. Taylor experienced a massive stroke that left her unable to walk, talk, read or write. Cut off from her left brain, she discovered the consciousness of her right brain, used it in her eight-year journey to recovery and remembered her experience which she later shared in her book. Conclusion: Not only is the right brain/mind cognitive and intelligent, it also has the capacity to restore left brain functioning. Unless evidenced to the contrary, the author believes that it is the right brain/mind that is responsible for telepathy.

4.2 Animals instinctively use telepathy to communicate with one another and often attempt to do so with humans. Therefore it is safe to suggest that human telepathy is a long-forgotten mental faculty. Except for twins and mothers with their babies, who often have a telepathic bond, most of us are limited to the experience of intuition, which is a diluted form of telepathy. Telepathy is available to anyone who can calm their body and quiet their left mind well enough to connect to their right mind and through it, to the shared mental atmosphere.

4.3 We live in a common mental atmosphere, taking in and giving out thoughts and feelings which pass from mind to mind more often than not, beneath our conscious awareness. A very simple example is entering a room filled with people and experiencing “bad vibes” for no logical reason. This happens because our minds and bodies are not closed systems and as Dr. Taylor eloquently puts it, “We are energy-beings connected to one another through the consciousness of our right hemispheres as one human family.” The connection referred to by Dr. Taylor is what makes human telepathy possible.

5. Do people with autism, Down Syndrome, Alzheimer’s, dementia or [locked-in syndrome](#) use their right brain/mind?

Many people still believe that children with autism or Down Syndrome live in a world separate from reality and with very limited cognition, intelligence or sentience. There is also a wide assumption that dementia patients and people with locked-in syndrome or Alzheimer’s live in “la-la land,” as Dr. Taylor put it, or in an inner world that doesn’t care about or has forgotten the outer one. These assumptions are false, and patients with any of these conditions have use of their right cognitive mind, although the quality and degree of use may differ from one individual to another. The variations can be explained by personal will, external environment, emotional and therapeutic support, as well as overall brain function, particularly if influenced by psychotropic medicines. Through telepathy, patients can clearly describe what they’re experiencing physically, emotionally and mentally, and their degree of awareness often comes as a surprise to family members.

6. Evidence that telepathy is beneficial for the cognitively impaired and their families

6.1 An informal six-month case study

Jacob is an eight-year-old boy diagnosed with Down Syndrome and mental retardation, an only child to single parent Jenny.

In September 2013, Jenny described Jacob as being in his own world most of the time, unable to speak or relate with her, responding only to basic questions such as, “Are you hungry or thirsty?” He resisted learning basic behaviors such as using the toilet properly, and for hours on end he engaged in moaning noises and stimming behaviors such as

spinning in circles or swinging his head. He often expressed himself by slamming doors or locking them, intentionally locking his mother out, flooding the bathroom and wandering into the street. In anger or extreme frustration, he would turn his bedroom upside down including throwing his bed's mattress to the floor. His behavior at school included exiting the restroom without his clothes on, running out of the classroom for his teacher to chase him, disturbing the other kids and sometimes hitting them. He was typically inattentive and fiddled with his hands and feet for long periods of time.

For Jacob, saying "no" translated into throwing himself to the ground and refusing to move, be it at home, at school, in stores or in parking lots. Any attempts to move him led to yelling but at 65 lbs., carrying him was no longer an option and he had outgrown his push chair. As a result, he rarely went anywhere other than school and daycare, where he did little more than watch TV. Even restaurants were forbidden as he would throw things, disturb people by tapping them and playing with their hair, or try to run to the kitchen.

Jenny described life as unbearable and exhausting. Evidently Jacob was also unhappy and he needed help.

Between October 2013 and April 2014, Jenny and Jacob had an average of four sessions a month. With Jenny on the phone and myself connected to Jacob telepathically, he finally had a way to communicate his feelings, explain his problems and ask questions.

In the beginning Jacob needed to discuss what had been troubling him for many months, explaining that he:

- Hated life and himself because of his abnormality
- Felt deeply hurt that strangers viewed him as weird
- Felt angry at life because it was so hard
- Felt frustrated, hopeless, helpless, lonely and misunderstood
- Felt guilty about his mother's struggles
- Believed he would never accomplish anything
- Believed that his condition was why he was fatherless
- Blamed himself for repelling people in general and in particular, a partner for his mother

Over the six-month period, our telepathic conversations helped Jacob and his mother dramatically improve their life, and Jacob was guided and motivated to begin transforming himself. And on January 1, 2014, Jacob was started on a natural supplement known to help children and adults with a variety of cognitive challenges.

As a result, Jacob was able to:

- Talk about everything that caused him stress on any level
- Explain his physical complaints and have them addressed
- Discuss life and understand that everyone has problems
- Begin to transform self-hatred into compassion for himself
- Transform hopelessness into courage and determination

- Discuss any of his hopes and wishes, especially for better learning
- Agree to use an incentive and reward system and other simple tools
- Begin to learn sign language and spell words using a Kindle and magnetic letters
- Address his challenges with learning, especially reading and writing
- Ask for more computer time at school and receive it
- Ask for homework and apply himself seriously to doing it well
- Communicate better with his mother and improve that relationship
- Ask for what he wants in sign language and accept no for an answer
- Begin to learn self care such as brushing his teeth and dressing himself
- Learn to urinate in the toilet bowl and clean up after accidents
- At his request, help his mother, assist with laundry, keep his bedroom very tidy and put his toys away without prompting
- By his own volition, study sign language videos every evening
- Feel more connected with his body and request exercise, starting with evening walks with his mother
- Go out in public without problems: stores, movie theatre, the zoo, ice cream parlor
- Interact better with teachers, daycare providers and other children
- Pay much better attention and participate more in class
- At school, listen to and comply with instructions or apologize if he doesn't comply
- By end of February, point to letters with his left hand, sign them with the right and say the letter out loud

In his last session in April 2014, Jacob said, "I'm not going to stop working hard until I can speak in sign and in words." He was happy, determined and hopeful. Jenny described Jacob as "a totally different person" and said she's amazed at the progress he's made. A short story about Jacob is available [here](#).

6.2 Testimonial evidence

The information below is borrowed from testimonials by individuals who have experienced one or two sessions:

- a) Robert, a four-year-old with autism, explains that the sound of wind chimes hurts his head and that he slams doors because the loud, sharp bangs interrupt the electrical energy in his brain and give him a moment of peace. He needed his family and his therapist to communicate with him and teach him with song. His mother wrote: "No wonder he had memorized "Jingle Bells" and sung it clearly and comfortably!" She testifies: "It moved me to tears to hear how much Robert understands and loves us, and it gave him a chance to lay down the burden of all his worries and concerns for the rest of the family. He explained in detail what we needed to understand about his behavior, and the information allowed us to help him exactly as he needed. The changes implemented as a result have made a world of difference in all our lives."
- b) Eighty-six-year-old Lucille, a stroke victim with locked-in syndrome, asked to listen to harp music to calm what she described as "like fireworks inside my brain." About

the nursing home food, she complained: “They think because we are lost in our minds that we don’t have taste buds!” Lucille received almost everything she requested, and her daughter later wrote: “I am grateful I could make her final years dignified by providing what she desired, and her appreciation greatly eased my ‘daughter-guilt’.”

- c) In his mid-thirties and born with Down Syndrome, Peter’s biggest concern was being treated like a child, even though he knew why others made the mistake of regarding him as one. He asked for house chores to help his parents, and for himself, he requested computer games and to go swimming at the YMCA. His sister writes: “After so many years not knowing what he understands, it was a radical shift in our perception of him and we now treat him as an adult more than ever before. It was important to hear about his health, what he experiences physically and what pain and discomfort he has. Colette went through a whole checklist of the body so we could understand Peter’s needs. This was extremely valuable, as Peter has had so many physical problems but he does not verbalize his pain or discomfort unless it gets incredibly serious. I feel the deep bond we had has been strengthened even more.”
- d) About her mother who has Alzheimer’s and who lives in a nursing home overseas, Muriel writes: “My mom mentioned numerous things about the nursing home that bothered her, especially constant noises. She was able to describe her physical aches and pains and specified what made her most uncomfortable. She said she missed her ‘special coffee’ and favorite cookies and so on. Through Colette we were able to talk about our relationship and I was able to explain why I couldn’t visit her enough. I also told her that my sister who does visit her would bring to her everything she wanted and would talk to the staff about her discomforts. Since our session, my sister and the nursing staff describe mom as looking and feeling much more peaceful. I feel I was able to bring some relief to her life now and it makes me feel good to think she might still be able to get some dignity throughout the journey of this horrible illness.”
- e) As the caregiver to her longtime friend who struggles with dementia, Robin writes: “Telepathically, Donald was lucid, expressive and engaging! The conversation was almost like talking to my old friend again. He talked non-stop for twenty minutes, asking for changes in his diet and daily routine, and requested that classical music be played for him more often. He also expressed the need to re-evaluate his medications and complained of not sleeping well at night. His needs were relayed to his doctor who made minor adjustments to the meds. Since then, Donald has better quality sleep and starts his day feeling rejuvenated and more alert. I’m relieved because I know that I was able to give my good friend what he needed and asked for.”

7. How a telepathic intermediary can assist physicians and specialists

Similar to language interpreters, a telepathic intermediary can facilitate conversations between physicians or specialists and their patients. Removing communication barriers creates vast new possibilities in the care of those who cannot normally express themselves, and can contribute to a

better understanding of autism, Down Syndrome, Alzheimer's, dementia, cerebral palsy and locked-in syndrome.

7.1 On a patient-by-patient basis

Telepathy allows for accurate and mutual exchanges of questions and answers, supporting clinicians in their efforts to provide the same quality attention they would give speaking patients. For the patients, being heard has a significant effect on their psychological and emotional wellbeing and can potentially lead to improvements in their physical health, circumstances allowing, of course. In the words of a four-year-old with autism: "I've been trying to find a way to ask for help. Sometimes I scream for help because I don't know how to speak." If nothing else, having a telepathic intermediary can offer an effective way for non-speaking people to receive psychological or emotional support.

7.2 In group studies

The assistance of a telepathic intermediary can expedite research studies done on groups by providing the patients' perspective and true experience on all levels in any situation. Given that people who are locked in their mind are generally misunderstood, it's safe to suggest that their potentials have yet to be fully explored for the sake of improving their quality of life.

7.3 Examples of potential study objectives:

- i. Explore symptom management and research effects of medicinal treatments and natural supplements.
- ii. Investigate the benefits of protecting patients from [electromagnetic pollution](#) (EMF), which is [scientifically linked](#) to ADD, autism, MS, ALS, Alzheimer's and more. This is particularly important for children with autism and adults with strokes.
- iii. Survey patients with the aim of identifying common triggers that cause frustration or despair, sensory overload and whatever triggers behavioral problems in each group. This includes addressing the effect that stress in caregivers can have on people with special needs, as presented by John Gray's blog: ["When Your Child With Special Needs Starts Acting Out"](#).
- iv. Create new or expand on existing lists of recommendations or guidelines applicable to each group, such as the one published by neuroanatomist Dr. Jill Bolte Taylor years after she recovered from her stroke. In the appendix of her book "My Stroke of Insight" is a section titled ["Forty Things I Needed Most,"](#) a list of do's and don'ts on how to support stroke victims in recovery. Many of the suggestions on her list apply to most people who are locked in their mind.
- v. Investigate the Theory of Mind in autism.

- vi. Research new modalities in physical, behavioral, occupational or language therapies such as:
- Anat Baniel's science-based [neuro-movement](#) approach that provides transformational help for adults and children with special needs to overcome their limitations.
 - Audio-psycho-phonology, also known as the [Tomatis method](#) after Dr. Alfred A. Tomatis, an ear, nose, and throat doctor. This method is applied in over 250 centers around the world and has been shown to benefit children with AD/HD, Asperger's, [autism](#), cerebral palsy, Down syndrome and more.
 - [Cogmed](#) Working Memory Training, an evidence-based, computerized training program designed by leading neuroscientists to improve attention by effectively increasing working memory capacity.

7.4 Study the benefits of alternative therapies on people with special needs, such as but not limited to:

- a) [Craniosacral Therapy](#), known to improve brain function by decreasing structural stress and strain on the nervous system.
- b) [Hyperbaric Oxygen Therapy](#), an FDA approved medical treatment that delivers 100% pure oxygen into blood cells, blood plasma, cerebral-spinal fluid and other bodily fluids. HBOT is known to decrease inflammation, increase blood flow, fight infection, clear toxins, and increase production of stem cells. Research shows that HBOT is a viable treatment for Alzheimer's, autism, stroke and more.
- c) [Transcranial Light Therapy](#) or LED Therapy, known for its beneficial effects in brains whose function has been compromised by ischemia, traumatic injury, or neurodegeneration.

8. Method of using a telepathic intermediary

Telepathy has no geographical boundaries and is best done at a distance so as to avoid any of the energies that interfere with the process and also to prevent stressing or embarrassing your patient.

The intermediary receives an email with a photograph of the patient/client along with a list of questions, challenges and goals needed to be addressed in a session. While on the phone with the parent, caregiver or physician, the intermediary connects with the patient/client telepathically and begins communication. This results in a conversation with give and take between all the parties, and allows for an exchange of questions and answers and a discussion

of concerns and goals as the patient/client reveals information that was previously unexpressed. Upon request, the session can be recorded and later sent via email.

While telepathic intermediaries are not bound by legal confidentiality restraints, they normally maintain the highest ethical standards and should be willing to sign a confidentiality agreement.

9. Why act now?

In the words of Lucille, an 86-year-old with locked-in syndrome resulting from stroke, “You can’t imagine what it’s like to be trapped in one’s mind and not be able to speak. Sometimes it leads to frustration, or anger, or despair. Utter despair is around me. At our age it hurts our dignity; but the worst is seeing what it does to our loved ones.” She explained that other residents in her nursing home have relatives who “don’t come because of the pain and the fear of witnessing humiliating deterioration.” She urged that we help people “find the courage to face what their elders are experiencing. More education is needed. It may happen to them. Encourage families not to abandon their loved ones just because they are caught in illness.”

The rise in numbers of people with autism, Alzheimer’s and dementia is alarming and calls for more action. The following information was compiled in April 2014 from the NIH, CDC, WHO, Autism Speaks and Alzheimer’s Disease International.

- 1 in 68 American children has Autism Spectrum Disorder. In the UK it’s 1 in 100, and worldwide 1 in 150 - over 12.5 million children under age 15.
- Worldwide, 44 million people have dementia or Alzheimer’s, a 22% increase between 2010 and 2013. The numbers are expected to triple by 2050.
- Worldwide, over 6 million people live with Down Syndrome, increasing at an average of 0.9% per year. How many of them are verbal or have communication skills is unclear.
- Worldwide, 15 million people suffer strokes each year, including children and adolescents. 5 million are left permanently disabled, many with locked-in syndrome and unable to communicate.

Children and adults deserve more opportunities for manifesting who they really are, and seniors deserve more dignity and peace. Millions of people are suffering in silence and need us to do more.

10. Research funding

In case government grants are unavailable or insufficient, [crowd-funding](#) through the internet is a simple and expeditious way to raise funds for medical causes from private donations. Having already raised millions of dollars for individual health care needs, crowd funding is a promising resource for medical research.

11. Articles & discussion forum

Kindly submit articles about therapies or holistic treatment modalities to [Safe Harbor](#), the world's largest international guide to alternative mental health including autism, Alzheimer's and dementia.

Colette St. Clair invites doctors and practitioners to ask questions, post comments and raise awareness in this private [discussion forum](#) that will remain open until a new website is created if needed. For updates and developments or to connect with St. Clair privately, please email Colette.St.Clair@icloud.com.

Blessed are those who seek to unite our human family – Colette St. Clair

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