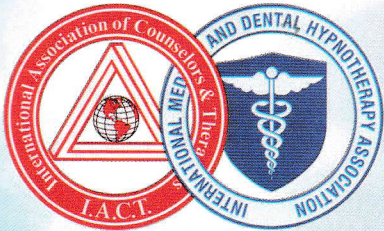


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In This Issue:

A message from Robert Otto

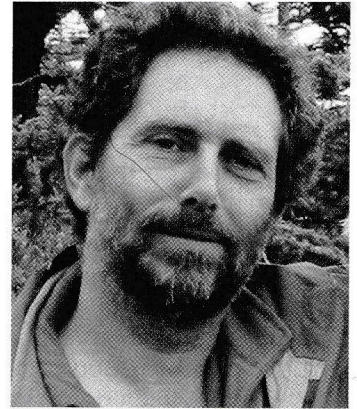
Timely Articles By:

Paul Aurand
Mark Babineaux
Peter Blum
Noel Kok Hwee Chia & Arnold Chee Keong Chua
Larry Elman
Sayed Mohsen Fatemi
Monica Geers Dahl
Zoilita Grant
Karen Hand
Will Horton
Del Hunter Morrill
Roy Hunter
Debbie Lane
Norma Lent Auerbach
Fredric Mau
Donald Pelles
Wes Rocki
Patricia Scott
Bernie Siegel
Lincoln Stoller
Melissa Tiers
Michael Watson
William Wood

PAST LIFE REGRESSION THERAPY

By Lincoln Stoller

Lincoln Stoller is a NASA astronomer from Berkeley, CA (1978); with a PhD in Quantum Physics from the University of Texas at Austin (1985). His education also includes Neurofeedback Training (2006-2009), LENS at Stone Mountain Center, Tilton, New York; 2006 and EEG Institute, Woodland Hills, California; 2007: The Enhancement Institute, Houston, Texas (2009). His hypnosis education includes successful completion of the hypnosis courses taught at HPTI and IC BCH.



All memories are inventions, and all memories have some truth.

Defining Past Life Regression

Past Life Regression (PLR), also referred to as Personalized Experiential Restructuralization Therapy (Simões, 2002), has dual histories, dual audiences, and a variety of uses ranging from frivolous to life-changing. On one hand, it's offered as a supernatural spectacle that connects paying audiences to mysteries of the afterlife (Hall, 1993). On the other hand, it's a technique of self-exploration that can take a person beyond their conscious intentions and abilities to levels of deep personal understanding. This is just where you want to go if you're looking for therapeutic change.

Because spectacle always sells better than self-exploration, and good profit can be made from it, PLR retains a stigma of sensationalist, paranormal, nonsense. This is or is not true depending on who defines and presents it. In explaining PLR, Wikipedia says:

"The practice is widely considered discredited and unscientific by medical practitioners, and experts generally regard claims of recovered memories of past lives as fantasies or delusions or a type of confabulation."

This could well describe the multi-level marketing that surrounds the spectacle, but it does not describe what can be achieved with it. Fantasies, delusions, and confabulations are the stock-in-trade of psychotherapy. To confuse marketing with truth is tantamount to confusing selling with insight. PLR is a tool to uncover insight.

Reincarnation

Reincarnation is an ancient idea, and PLR has been interpreted in this framework, but its references to reincarnation are unnecessary. Psychiatrist Ian Stephenson (1980; 1987; 1997) made reincarnation his life's study. His recorded claims of those who spontaneously remembered past lives differ greatly from the narratives brought forward by PLR.

Stephenson rejected claims that the PLR technique had a factual basis in reincarnation, yet he accepted the utility of the technique:

"Must we then conclude that because nearly all hypnotically induced 'previous lives' are manifestly bogus, these hypnotherapists do not help their patients? Certainly not. Many of them, perhaps most of them, are good

psychotherapists capable of mobilizing the nonspecific factors in psychotherapy. Their mistake is the fallacy of attributing the patients' improvement to the particular technique adopted."

He went on to say, "Successful psychotherapy depends on the circular reinforcement of the patient's belief that he or she can be helped, and the psychotherapist's belief that he or she can help (Stephenson, 1994)." In support of this, recall the millions who credit religious faith with restoring their health where other interventions failed. There are few who would contradict their claims by arguing the healing was false because it was based on fallacious church dogma.

The Genesis of PLR

Over the years, various therapists using techniques of hypnotic regression, usually to identify causes of trauma, collected stories of clients whose regressions took them to alternative life narratives. PLR gained attention for generating stories of true crime and the afterlife.

Between 1980 and the present, Delores Cannon, a lay hypnotist, began publishing on topics that included past lives (2009), extra-terrestrials, and Christian prophecy. A lack of interest in "new age" topics led Cannon to start her own publishing company, producing 20 of her own books as well as those of others. Training in Cannon's entirely supernaturally-aimed hypnosis techniques continues to be offered as the *Quantum Healing Hypnosis Technique*®.

Helen Wambach, a clinical psychologist at John F. Kennedy University, focused on PLR in her books *Reliving Past Lives* (1979a) and *Life Before Life* (1979b). These mass-market paperbacks explored past lives for a credulous audience, which was the only audience interested at the time. She writes that half the participants in her group hypnotic inductions reported recollections of life before their birth (1979b).

Wambach found a certain number of people saw into future lives and reported a devastated, depopulated world. Her study of over 2,500 people undergoing hypnotic future life progression was published after her death in 1985. The research topic was inspired, but the book (1989) established no consensus. A careful and well-spoken observer with no investment in the paranormal, she quotes clients' own statements, leaving the reader to make sense of them.

Beginning with his 1988 publication of *Many Lives, Many*

Masters: The True Story of a Prominent Psychiatrist, His Young Patient, and the Past Life Therapy That Changed Both Their Lives—and continuing through the present—psychiatrist Brian Weiss has made a profession of selling the reincarnation theme. Having written nearly a dozen books on the topic, his seminars and workshops are reminiscent of stage hypnosis, which is to say they entertain a pliable, accepting audience.

Quick to follow, counseling psychologist Michael Newton published his 1994 *Journey of Souls: Hypnotherapy for Spiritual Regression*. Newton's paranormal version of PLR included a Tibetan Buddhist bardo-like inter-life, a state of existence between death and rebirth, which he discussed in his 2004 book, *Life Between Lives (LBL)*. The LBL concept is a natural extension of the PLR concept, and the protocols for LBL exploration mesh naturally with it.

Between 2006 and 2011, psychotherapist Andy Tomlinson published three books on PLR: *Exploring the Eternal Soul*, *Healing the Eternal Soul*, and *Transforming the Eternal Soul*. In 2002, he founded the Past Life Regression Academy, and in 2006 he started his UK-based Earth Association of Regression Therapy (EARTH). These organizations focus on hypnosis, regression, and PLR.

Regression and Hypnosis

PLR employs an unusual form of hypnotic trance which can be shallow or deep and often alternates between them. In these states, the client is verbal, though not uniformly verbal, as deeper trace states are increasingly detached from language and intellect. The same techniques used for PLR are used for present-life regression, and the character of the experience can be much the same.

PLR requires skill in regression, which is a standard component of hypnotherapy. PLR schools teach regression or require existing skills in it. The roughly three aspects of regression therapy are retrieving, adjusting, and integrating. By adjusting, I mean framing the recollection to foster insight. Integrating means connecting these experiences with the present. These same stages prevail in PLR.

Past Life Regression as Therapy

Serious practitioners offer PLR as a form of hypnotherapy. Hypnosis organizations have rejected government licensure and institutional oversight. As a result, PLR has resisted canonization by any of the traditional authorities. PLR has the potential to be more widely applicable than any limited organizational framework would support, and this is a good thing. The results of PLR can apply to anything, medical or otherwise.

PLR exists at the intersection of counseling, family therapy, personal growth, mind-body healing, religion, spirituality, and medical hypnosis. Lacking any authority, such as we have for other therapeutic modalities, no universal definition of PLR has developed.

The application of any therapeutic modality begins when the client accepts it. Those who believe in psychiatry respond to pharmaceuticals, despite their largely inert nature. Clients invested in allopathic medicine find relief

in diagnosis and allopathic treatment. Clients attracted to reason respond to cognitive-behavioral therapy. In contrast, PLR—stripped of its paranormal baggage—can be presented to any of these clients and can take them out of their limiting beliefs.

"We must accept finite disappointment, but never lose infinite hope."

— Martin Luther King, Jr.



"IACT has many wonderful articles and much information. I'm happy to be a member of your organization."

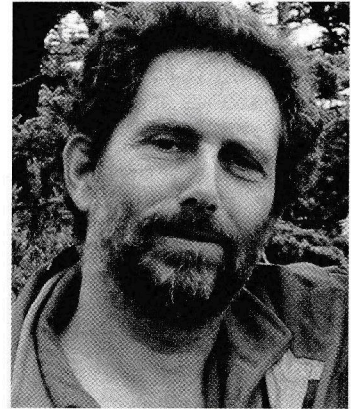
— Cathy Savino, Mahwah, NJ

PAST LIFE REGRESSION THERAPY

Part II

By Lincoln Stoller

Lincoln Stoller is a NASA astronomer from Berkeley, CA (1978); with a PhD in Quantum Physics from the University of Texas at Austin (1985). His education also includes Neurofeedback Training (2006-2009), LENS at Stone Mountain Center, Tilson, New York; 2006 and EEG Institute, Woodland Hills, California; 2007: The Enhancement Institute, Houston, Texas (2009). His hypnosis education includes successful completion of the hypnosis courses taught at HPTI and IC BCH.



Past Life Regression Protocol

The structure of PLR therapies evolved from the kinds of stories clients told while experiencing regression. This is a story encouraged by the therapist and recounted by the client while in varying levels of trance. The therapist's role is to encourage a PLR story, while simultaneously allowing the client to create their own narrative. You are given an empty stage with the encouragement to bring forward meaningful characters, situations, and plots.

The starting point of PLR therapy is a life situation, problem, or vision. The client is led into a somnambulistic trance by suggesting they envision a potent situation, such as they have already explained to the therapist. A skilled PLR therapist already knows some of the main high and low points of a client's life and can describe or suggest elements, actors, situations, memories, emotions, or tones that evoke strong feelings.

The client has led away from using their reasoning and current life story. The experience begins with the trance deepening and the creation of a fictitious, transitory environment. The PLR therapist leads the client through this environment into fragments of ideas and recollections. From there, with the therapist's urging, the client finds the arc of a new story.

The stories recounted tend to be entirely unprecedented, strange, and emotional. Should emotions become too strong, either too strong for the therapist or potentially overwhelming for the client, the therapist can tone down, neutralize, or simply move past them. It is usually possible to return to certain themes at later times and in other contexts.

In my normal therapy sessions, I rarely make any mention of past lives, and I don't conduct a fully structured PLR. I still encourage clients to drop their rational picture of their current life and imagine another.

In a non-PLR therapy session, I will focus on imagery specific to the therapeutic issues at hand, asking the client to explore these issues with greater imagination and to bring forward elements of a stronger emotional tone, both positive and negative.

In a session specifically oriented to PLR, clients are asked to uncover a narrative that reveals how these forces have played out in the context of a life they can imagine. The therapist might create a story background that has a temporal theme, which may start at any point in their real or imagined life. I am only as assertive in my suggestions to the degree the client invites me to be.

This "life story" is just the first part of the technique, and it can be applied to anyone who can slip into a semi-lucid trance state. The session alternates between the therapist making visual suggestions and asking thematically leading

questions. Questions can be as general as, "... and what happens next?" or as specific as asking the person the client imagines him or herself to be, to engage in a conversation with a character they have recalled.

The therapist encourages the story's cohesion and continuity. They redirect the client back to the story when they stray, and they allow the client to emerge from the story or trance in order to collect themselves. The PLR therapist works to evolve the story by asking questions such as, "What does the landscape look like? Is it day or night? What can you see ahead of you?" and, "Now move forward into the next scene."

The important goal is the provisional conclusion of the story, which is usually conceived of as the death of the story's protagonist. At this middle stage, the client is connecting beliefs, concepts, memories, and associations with logical and emotional outcomes. The client is asked to witness this death, but not to disappear as their protagonist dies.

The second and generally more important part of the PLR process starts with the end of the "past life" and the creation of what comes next. For most clients, this is the empty stage for which they have no story. If they have anything, it's in the realm of faith, hope, feeling, and imagination. These are all essential guiding elements that we often cannot place and for which we find little support in daily life. These are the only elements of the mind that remain in this "afterlife" phase of PLR.

PLR is unique in its invitation to use reason and ego, and then encourage them to end, die off, and disappear. What remains is a unique state. It's not simply a state of mindfulness because one's self-image has lost its life context.

Most PLR techniques portray this as a bardo state, a form of consciousness between death and rebirth. In this state one is encouraged to envision value, spirit, and purpose separate from achievements, goals, and rewards. At this stage, PLR therapists simply encourage patience.

Therapists suggest the client retain a sense of time, motion, and progression. Various encounters are suggested, such as traveling through a tunnel, being in a formless state, and encountering energetic bodies.

At this point, the process is no longer a regression. The therapist is also outside any logical container. The skilled therapist knows to abandon all their judgments and preconceptions. The client may feel lost and the therapist must be just as lost but should be comfortable with it. The therapist's purpose is not to direct, resolve, or explain, but simply to support the client wherever they can go and in whatever they encounter.

The last step in the PLR cycle, which may not be the last turn of this cycle, is to create a transcendent story. This means

encountering the spirits of dead relatives, parents, siblings, friends, pets, and angelic entities, meeting a council of elders, or entering a library of Akashic records whose volumes contain stories of other lives.

Being able to bring these ideas into tangible form can create a great sense of personal value. These associations are the foundations of personal meaning, and they're evoked in an unconstrained, non-obliged, and sometimes psychedelic trance state.

After this, the cycle can repeat. This could mean being reborn into a new past life narrative or as a force in a trans-human, extra-terrestrial story, or a witness in a series of abstract events.

I've had clients who recounted being animals on foreign, oceanic planets, or who were experiencing life in an unusual form. In one case, we recognized this form to be that of a bee. In another case, it was as a plant. The therapist's role is to direct these story fragments into a new, cohesive narrative, to encourage the client to find a flow and follow it to its conclusion.

The cycle repeats until the client, the therapist, or both run out of energy. At that point, the therapist directs the client back to the physical and narrative present, reminding them of the story of their current life and its context. The therapist helps the client divest themselves of any negativity, recall the basic lines of their inevitably complex stories, and retain a connection with their positive values, memories, and associations.

It is common after such an emotionally far-reaching and intellectually mind-bending experience that the client will be left with unfinished thoughts. They're encouraged to review the experience, which is provided as a written outline, a transcript, or an audio recording. They're encouraged to relax, hydrate, reflect, and meditate on their experience in whatever way feels appropriate, and to respect the alternate reality of it.

The Future of Past Life Regression

The authors on Wikipedia conclude:

"As past life regression is rooted on the premise of reincarnation, many American Psychological Association accredited organizations have begun to refute this as a therapeutic method on the basis of it being unethical. Additionally, the hypnotic methodology that underpins past life regression places the participant in a vulnerable position, susceptible to the implantation of false memories. Because the implantation of false memories may be harmful, Gabriel Andrade points out that past life regression violates the principle of first, do no harm."

The implication that PLR should be rejected because biased authorities reject it is an ad hominem fallacy. The claim that PLR is rooted in the premise of reincarnation is false. Claiming it to be erroneous because it implants false memories is a misunderstanding of the therapeutic role of memory. All regression is subject to false memories because all memories are inaccurate representations of the past that have been reconstructed in the present (Hassabis et al., 2007; Yarkoni et al., 2008; St. Jacques et al., 2011; Barrouillet & Camos, 2014).

Gabriel Andrade (2017)—referred to above—speaks from a theoretical perspective, and on this basis, PLR is thoroughly confused. His claim that PLR is not evidence-based is untrue; it's a question of which evidence one refers to. In terms of the

protocols I've described, PLR's combination of regression and imagination demonstrates its efficacy in almost every therapy session I conduct. Those for whom its protocols are ineffective are those who are referred to in hypnotherapy as "analytic resisters."

Here is a comment I elicited from a client with whom I have used some of these PLR techniques: "I have been working with Mind Strength Balance for some time now, and he has helped me work through several issues including how my childhood has affected my present being and how to work through those problems. With every session, I feel as if I'm moving closer to the person I am meant to be."

Finally, the Hippocratic principle cannot be used as a practical rule because the benefits of psychotherapy are subjective and uncertain. I would argue that PLR does far better than allopathic medicine in adhering to the Hippocratic principle because no one dies from PLR. In contrast, and despite all good intentions, allopathic medical errors are the 3rd leading cause of death in the US (Johns Hopkins, 2016).

Abreactions are possible in any regression therapy as the result of emerging emotional content. A PLR therapist should foresee and be able to avoid abreactions, and this is the main reason that reputable PLR programs require candidates to have skills in regression therapy. I know of no injuries from PLR, but, given the lack of record keeping, it is possible that PLR abreactions occur. In spite of this risk, the overall emotional nature of PLR "memories" tends to be empowering, expansive, and enlightening.

Many of PLR's advocates dabbled in spirit possession, channeling, and psychic phenomena, and this has tainted the approach as pseudo-science (Willin, 2016). But PLR is observation-based, as are almost all therapeutic methods. Those who don't understand psychotherapy at a deeper level will only notice PLR's claims of the supernatural. It must be admitted that many of the current adherents continue to make these claims, and this clouds rather than clarifies our understanding.

The roots of analytic psychology go back to Freud's psychoanalysis. According to Freud, "We do analysis for two reasons: to understand the unconscious and to make a living" (Jacoby, 1975, p. 124). Stephen Frosh (1999, p.19) adds, we "decidedly do not (do analysis) to bring about a therapeutic transformation in the lives of individuals." In contrast, PLR is done to bring about a therapeutic transformation as well as to make a living, not always in that order.

PLR is discouraged by authorities invested in analytic psychology because PLR is an independent industry that sells to the public and refutes analytic psychology. The analytic and the past life approaches compete in making a living with different means and goals. The first aims to understand while the second, abandoning reasonable explanation, aims for transformation.

For many people, PLR's rejection of analytic versions of mental health is its attraction. PLR embraces spirituality, and most of its adherents are not constrained by scientific truth and evidence. Rational scrutiny is the first thing PLR leaves behind in favor of emotional meaning.

PLR's transcendence of analytic psychology's many questionable scientific claims (1) (Lilienfeld, et al., 2015), and PLR's transferring total authority from the therapist to the client, are reasons why PLR is effective and important. In a PLR session, the client is supported in saying, seeing, and feeling anything without fear of being judged, analyzed, or diagnosed. This doesn't mean dysfunction is denied,

it's accepted.

What began as a conceptual struggle between PLR and analytic psychology is expanding on a wider front. Psychedelic-assisted psychotherapy brings forward similar client-centric attitudes, accepting as meaningful what rational analysis rejects. Expect to see PLR and altered-state methods gain in use and popularity. Beyond simply introducing new methods, this heralds a more general acceptance of what clients assert to be the truth (Simões, 2002).

¹ The common use of data collected from subjective questionnaires, rated on subjective Likert scales, used as evidence of the effectiveness of a subjectively experienced and subjectively diagnosed condition provides little evidence of anything objective, even in the best circumstances.

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