

EXPLORING THE EFFECTIVENESS OF PAST-LIFE THERAPY

by
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ABSTRACT

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The concept of “Past-Life Therapy” (PLT) probably conjures up quizzical, or more likely, quite skeptical reactions in most people, particularly among professionals in the health care industry. In mainstream, westernized culture, the notion of it may sound absurd. However, 80% to 90% of people experience vivid images that appear to be from a previous life while in a deep state of relaxation with a past-life therapist. What these images actually are and how they are interpreted remains up to debate. There is evidence

that can support a number of different explanations. Regardless of interpretation, however, it is difficult to debate the effectiveness of PLT in helping clients overcome problems. It appears to be a swift, highly effective form of therapy for dealing with a number of different problems from phobias to relationship troubles. Practitioners of PLT use such words to describe it as: “Powerful, dramatic, spiritual, sacred, profound, transforming and exceptionally effective.” This paper examines the effectiveness of PLT as a therapeutic modality by exploring past research, anecdotal case studies, and also experimental design studies that offer quantifiable data. It also describes the methodology, data and results of my questionnaire research study to statistically measure the effectiveness of PLT from the perspective of the practitioners who use it. Finally, this paper also addresses various interpretations of the past-life images, as well as theories that explain the images.

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Table of Contents

| | <u>Page</u> |
|---|-------------|
| Abstract | 2 |
| Acknowledgments..... | 4 |
| Table of Contents | 5 |
| Chapter | |
| I. Introduction | 6 |
| Statement of the Problem | 11 |
| II. Review of the Literature..... | 12 |
| III. Methodology | 45 |
| IV. Data Analysis and Results | 49 |
| V. Summary and Implications | 66 |
| Recommendations for Further Research..... | 67 |
| References..... | 68 |
| Appendix A..... | 72 |
| Appendix B | 73 |
| Appendix C | 77 |

CHAPTER ONE

Introduction

Among health care professionals today, the subject of past-life therapy (PLT) is usually met with raised eyebrows, rolled eyes or a polite change of conversation. One reason for this skeptical reaction is that the notion of past lives implies reincarnation -- a concept that lies outside of the belief system of most people in western society. Jean Piaget's work with children demonstrated that concepts which lie outside of one's schema or world view are naturally either ignored or quickly dismissed (Singer & Revenson, 1996). Other reasons for this leering could be that the notion of "past lives" is sometimes associated with the occult, or perhaps that too many famous people have claimed to be VIPs in previous lives.

Nevertheless, juxtaposed to this skepticism lies a fast-growing body of research that reveals PLT to be a quick and effective treatment for a wide variety of emotional, mental and physical problems including migraine headaches, phobias, relationship troubles, personal growth, anxiety, depression, insomnia, weight issues and asthma, among others (Solovitch & Henricot, 1992). Thus, a treatment strategy that is hailed as both absurd by some, yet highly efficient and effective by others is an approach worthy of further exploration.

"Past-life therapy" is an umbrella term that encompasses a wide range of techniques, procedures and experiences. Vivid images of past-life scenarios are usually

accessed by clients, although not always. PLT has been described as a method that can offer a glimpse of the mind's enormous capabilities in a variety of ways. This mode of treatment has demonstrated that beneath the levels of consciousness within individuals lies profound wisdom, astonishing abilities, and above all, the power to heal oneself and/or empower one to improve life circumstances (Hickman, 1983). A fundamental premise of PLT is that it operates within a holistic approach, that is, within a paradigm of the mind, body and spirit connection.

A common description of PLT is that it is a form of hypnotic regression whereby a client, in a deep state of relaxation, appears to tap into parts of his or her mind that are normally not accessed. Clients may observe, or more often, vividly re-experience themselves in various scenarios, although in a different body and lifetime. This process becomes therapeutic when these vivid images relate to fears or other problems in their present lives. When the "memory" is "relived," its association with the present can be broken and hence, often cause the client's problem to disappear (Clark, 1997). Although it cannot be proven how this cathartic process works, several theories exist that explain the mechanics of PLT, a few of which are described later in this paper. Neither the client nor therapist needs to believe that the past-life images are real, or even believe in reincarnation to experience the therapeutic benefits of this process. In fact, the concept of "past lives" conflicted with the personal ideology of most of the early PLT practitioners (Weiss, 1992).

The above description is one way PLT works. It is also effective by allowing clients to access what appears to be a higher state of consciousness. For instance, clients are often able to suddenly cut through their subconscious defense mechanisms to identify

reasons behind their stagnation in a cyclical pattern of self-defeating behavior, or perhaps to acquire an unforeseen awareness that enables them to understand what is blocking their personal growth. In this deep state of trance, a clients' subconscious mind accesses the keen wisdom and insights that can help break these repeated emotionally or behaviorally destructive patterns that may have plagued them for years, generations, or as often experienced, throughout lifetimes. One example of this state lies in the response of a hypnotized client who, otherwise happy and healthy, was suffering from a "terrible" marriage. While she was in a deep trance, the therapist inquired about what she learned from her previous life:

"That I have to be assertive," she quickly responded. "I have to do what is right for me....when I am right....and not continue to suffer needlessly. I have to be assertive. I've been repeating the same pattern," she observed, beaming brightly. "I don't have to do this anymore!" (Weiss, 1992, p.85)

The concept of PLT raises an obvious question. What are these images and experiences? Are they real or fantasy? It is not necessary for the client or the therapist to subscribe to the doctrine of reincarnation to engage in PLT. Rapid and positive clinical results usually occur regardless of how the images are explained and understood. The images experienced by the client could be interpreted in a variety of ways, including: (1) conscious or subconscious creations of the mind; (2) images accessed from the "collective unconscious"; (3) therapist-induced memories or stories; (4) extra-sensory perception (ESP); (5) authentic past lives, indicating reincarnation; or (6) a combination of two or more of these explanations. Evidence can be found for each of these interpretations (Salt, 1997).

Researchers have investigated thousands of obscure and trivial details from memories of remote places, times or events obtained through past-life regression. Most

of them have been verified to be accurate, although at times historically inaccurate information was found to be given (Currie, 1998). Attempting to prove past-life memories as evidence of reincarnation is difficult because of the numerous alternative explanations there can be for a subject obtaining certain factual information. However, a number of cases exist in which the only plausible explanation seems to be either strong ESP or actual past-life memories. A few of these cases are mentioned later in this paper.

The overwhelming majority of past-life recollections are difficult -- if not impossible -- to investigate because the images are mostly of undistinguished, poor, often illiterate people who have more concern about their personal daily life routine than in the familiar historical events of the time. Dr. Helen Wambach, a psychologist, therapist and researcher formerly at Monmouth Medical Center in Long Branch, New Jersey, found this to be the case after reviewing her own sample of more than 1,000 regressed subjects who experienced vivid past-life images. She did notice, however, that the proportion of male to female past lives accurately reflected the historical demographics. She recorded 49.4% past lives reported as women and 50.6% as men. She also discovered that the number of past lives recorded in each time period correlated with the human population of the time. In other words, more people reported lives in modern times, with fewer years between incarnations, while reported lives became more scarce the further back in time she covered (Wambach, 1978).

Despite evidence for or against reincarnation, however, the purpose of past-life therapy is not to verify the authenticity of past-life images, but to use them to change the present state of the client and enhance his or her quality of life. Most past-life therapists prefer to leave the burden of proof up to researchers of parapsychology. Experiencing

these past-life scenarios is not difficult. It has been demonstrated in some studies that 90% of subjects can be hypnotized and reach deep enough levels of relaxation to experience such images (Currie, 1998). Other studies, however, put the figure between 76% to 80%. Religious orientation and expectation about recalling past lives has no bearing on whether or not subjects experience vivid past-life images (James, 1993).

In regards to the therapeutic effectiveness of PLT, a plethora of literature exists in the form of individually published material from past-life therapists. These books and articles reveal numerous detailed accounts of rapid and effective treatments using PLT. However, only a few formal studies exist that provide statistical evidence of improvement for diagnostic disorders. This paper investigates some of the research and literature regarding both of these kinds of anecdotal and quantifiable evidence. It also examines various explanations and theories behind PLT. In addition, this investigative project describes the methods of research and analyzes the results of my own study that statistically measures the effectiveness of PLT.

Dr. Rabia Clark, therapist and researcher in Austin, Texas, published her dissertation, Past-life Therapy: The State of the Art, in 1995. The lengthy study primarily attempted to clarify and define the current status of PLT by cataloging the demographics of the practitioners, their beliefs, experiences and methodological styles. She obtained information through 136 returned questionnaires, all from therapists with at least five years experience, and all of whom were members of the Association for Past-Life Research and Therapies, Inc. (APRT) (Clark, 1995). My present study could be viewed as a follow-up to Dr. Clark's dissertation research, although with more emphasis placed on observed effectiveness rather than on technique and beliefs.

Statement of the Problem

Presently, thousands of case studies and therapeutic successes are chronicled in various books and journal articles authored by past-life therapists. Despite the ample supply of documented treatment breakthrough cases, however, there remains a lack of statistically documented evidence that quantifiably supports the powerful claims regarding the efficacy and benefits of past-life therapy.

The purpose of this descriptive research study was threefold: (1) to statistically measure the perceived effectiveness of PLT by the practitioners who use it; (2) to statistically gauge which client problems have the best outcome prognosis using PLT; and (3) to determine when and how often PLT is used by these practitioners compared to other therapeutic modalities.

The subjects of this study were practicing past-life therapists and members of the Association for Past-Life Research and Therapies, Inc. (APRT). A national listing of all current members of APRT was obtained from APRT. 222 questionnaires were mailed to a sample of APRT members, of whom 76 responded. Since the time of the study, APRT has been renamed the International Association for Regression Research and Therapies, Inc. (IARRT).

CHAPTER TWO

Review of the Literature

A large question looms above PLT. What exactly is it? The less familiar one is with PLT, the more basic and simple the images that come to mind, and perhaps the easier it may be to quickly reject the concept of it. On the other hand, the further one researches PLT, the more difficult the above question is to answer. Although the term “past-life” may encompass a central theme in PLT, it does not convey the depth, complexity and diversity that lies within its framework. As one surveyed clinician observed, “the name ‘past-life therapy’ alienates more people than it attracts -- change the name.” (Clark, 1995, p.203). On the other hand, some clinicians maintain that precisely because past-life images are a major component of PLT, regardless of how they are interpreted, they should neither be denied nor apologized for. These differing opinions exemplify the multiple viewpoints, theories and practices within PLT.

In 1994, Rabia Clark conducted a large study to gain a clearer definition of PLT and a better understanding of the diverse perspectives among its practitioners. She mailed lengthy and extensive questionnaires to 256 past-life therapists with at least 5 years experience in the field, of whom 136 responded. The results indeed reflected a wide variety of opinions about what PLT is as a therapy. There is some debate whether or not PLT clients fall into a state of hypnosis, or, more specifically, what constitutes a “hypnotic state.” There is no disagreement, however, that clients who experience past-life images are in an extremely deep state of relaxation. Clark’s own definition of PLT is

as follows: "...an intuitive and symbolic form of regression therapy, using mental imagery, and dealing with the unconscious. It accesses and revivifies scenes which seem to be from the past or future to make changes in the client's perspective of the present" (Clark, 1995, p.4).

The demographic section in Clark's study sheds light on the practitioners of PLT and their background credentials. Her survey revealed that 73% of her respondents had a specialization in a psychological or medical field. Of those with formal training that qualified them to practice psychotherapy, 35% had doctorate degrees, 29% had masters-level degrees, and 11% possessed BAs. Some other types of training of PLT practitioners included: metaphysician, minister, nurse, teacher, social worker and biomedical engineer, among others. Her results also indicated that 74% of her respondents also included other therapeutic modalities in their practice (Clark, 1995).

The occurrence of past-life images has been demonstrated to be fairly common in hypnotized subjects. In 1992, Dr. Robert James, a lawyer, psychotherapist and hypnotherapist from Colorado Springs, Colorado, conducted a study on the phenomenon. He worked with 107 healthy adult subjects and found that three did not go into hypnosis. Of the 104 who did, 81 reported vivid past-life images. James also noted that the depth of each subject's hypnotic state had a significant impact on whether or not he or she reported past-life scenarios, as well as the amount of detail given regarding the past-life image. He also found that religious beliefs, religious involvement, education and expectation about recalling past lives had no significant effect on whether or not the subject produced past-life images (James, 1993).

Many therapists consider PLT to fall within the paradigm of transpersonal

psychology, which transcends the ego-centered therapies of psychoanalysis, cognitive behaviorism and humanism to include all levels of consciousness within a holistic framework. In other words, the basic principles underlying PLT rely upon and assume the interconnection between one's body, mind and spirit. PLT uses such mainstream techniques as hypnotic and relaxation inductions, Gestalt and catharsis techniques, as well as age regression and imagery. It also relies upon, however, metaphysical insights with a base ideology of reincarnation, since its most common focus is the influence of past lives upon the present, or at least how the past-life images relate to the present (Clark, 1995). As mentioned before, one need not interpret the vivid images as actual past lives, nor believe in the concept of reincarnation to obtain the benefits of rapid symptom reduction or useful insights that PLT can offer.

Most past-life therapists consider the client's images to be a combination of real past lives and metaphors or fantasy (75% according to Clark's study). Nevertheless, these experiences are regarded as legitimate, valuable and potentially healing, although not necessarily 100% factual (Clark, 1995).

Dr. Raymond Moody, M.D., author and expert in the field of Near Death Experience research, conducted similar investigations on past-life regressions. In his previous research, Moody distinguished common elements with people's Near Death Experiences. Likewise, after investigating files from past-life therapists and organizing his own studies, Moody identified and described twelve traits common with past-life regressions in his book, Coming Back: A Psychiatrist Explores Past-Life Journeys. They are:

- (1) Past-life experiences are usually visual and in color. Sometimes odors and

sounds are described as well. Subjects comment that the images seem more “real” than dreams and do not feel as distorted.

(2) Past-life regressions seem to have a life of their own. The scenes seem to unfold on their own and subjects have the sense that they aren’t making it up such as in daydreams. They also may feel like they are watching a movie that is vaguely familiar.

(3) The imagery produces an uncanny feeling of familiarity that ranges in intensity. At times, the subject may awaken with a sense of nostalgia, or even homesickness.

(4) The subject strongly identifies with one character despite profound differences in physical appearance, occupation, sex, race or other life circumstances.

(5) A wide range of past-life emotions may be (re)experienced during a regression.

(6) Past-life events may be viewed in two distinct perspectives: First- and third-person. For instance, sometimes the subject feels as though they are in the body of the person with whom they identify, and at times they observe the scenes as they unfold from a detached viewpoint.

(7) The experience often mirrors present issues in the subject’s life. The conflicts and dilemmas in the regression usually reflect the subject’s current life circumstances or struggles.

(8) The regression may be followed by genuine improvement in one’s mental state. Repressed, pent-up or “stuck” emotions seem to be, at times, released by catharsis and can result in a strong feeling of relief.

(9) Regressions may affect medical conditions. “In rare instances, the subject

may report dramatic improvement -- or even spontaneous resolution -- of physical symptoms following a past-life regression” (Moody, 1990, p.43).

(10) Regressions develop according to meanings, not a historical timeline. For instance, if a subject was regressed back to a series of five lifetimes, they would probably not be in a chronological time sequence, but rather, they all may likely focus on a particular emotional or relationship theme.

(11) Past-life regressions become easier with repetition. The more a person becomes used to deeply relaxing and participating in past-life regression work, they will likely experience past-life images more quickly, and often with more vividness.

(12) Most past-lives are mundane. Subjects usually experience lives that are normal, average and ordinary for the time period to which they regress (Moody, 1990).

Moody points out that a past-life regression subject may not necessarily experience all twelve common features, although he or she can expect to experience several of the traits (Moody, 1990).

In regards to interpreting the past-life images, Dr. David Ritchey, a researcher, consultant and psychotherapist from Brattleboro, Vermont, advises past-life therapists to adopt the “as if” approach with clients. He suggests that since the authenticity of the past-life images cannot be 100% verified, therapists could, for therapeutic purposes, treat the images “as if” they were past, personal, meaningful and “real.” They should also let clients know of their position (Ritchey, 1996).

Dr. Roger Woolger, author and Jungian psychotherapist in upstate New York, discusses the “Great Memory” position, an alternative interpretation of past-life images that doesn’t rely upon belief in reincarnation. This viewpoint suggests that we all have

access, in dreams, meditation or hypnosis, to a stratum of the unconscious mind which is universal and part of an expansive collective memory bank of humankind. This universal memory is also known as the Akashic record, Great Mind, or the collective unconscious, proposed by Carl Jung. Woolger continues, however, to comment on the limitations of this theory: “It fails to explain why specific memories seem to come repeatedly to certain individuals and not to others or why these memories have such a ring of uncanny familiarity to many of those who recall them” (Woolger, 1988, p.42).

Another common theory to explain past-life images is to view them as the result of cryptoamnesia. Cryptoamnesia refers to the mind’s ability to unconsciously store and confabulate or embellish a lifetime’s supply of long-forgotten stories, radio or TV programs, overheard conversations or perhaps books read in childhood. Although cryptoamnesia may account for some information obtained during hypnosis, this theory cannot explain some of the thousands of obscure, detailed historical facts obtained from past-life regressions and later verified after extensive research (Woolger, 1988).

Exploring various explanations for these images leads to the valid question of why they are called past lives. One reason is the extreme vividness of the images, to the point where clients express strong emotions as they appear to be re-experiencing the scenes. In trance, they may shed tears of sadness or joy, scream in fear or agony, contort their body in pain, sob uncontrollably for several minutes, squirm, grimace or express ecstatic jubilation (Woolger, 1988).

A second reason the term past-life fits is that the images are almost always from past scenarios. The clients immediately identify with the main character in the vivid image, automatically referring to him or her as “I”, whether or not the character is of the

same gender as the client. They may also express immediate recognition of close relatives or friends in the past-life images. For example, clients may often recognize with an unusual sense of certainty their daughter to be a husband, parent or grandparent in a former-life scenario.

Clark offers another explanation:

“There is a distinct feeling of not ‘making it up’ when recounting a past-life. It feels as spontaneous to the teller as to the audience. Clients most often have no idea where the seemingly disconnected images from a past-life are going, until they suddenly seem to make a pattern, reflecting the problem in the present. This feeling of not being the producer of the complex scenarios that unfold is a reason why many people feel these are actual past lives. They think, ‘How could I have made *that* up?’” (Clark, 1995, p.75)

Clark also observed that a therapists’ personal philosophy can affect his or her relaxation-induction techniques and questions, which in turn can influence what the client experiences and answers. For example, if a therapist instructs a client to imagine him/herself in another body and then activates all five senses, the client may likely assume it is a real past-life. Emotion may be expressed, but Clark suggests that tears may be generated from a sad movie that isn’t real either (Clark, 1997). Clark’s point is well taken given the recent cases involving “false memory syndrome.” She encourages clinicians to take special caution of the words they use, and to offer as few “suggestions” as possible. She also recommends to never imply that the images are 100% real, especially in light of evidence that indicates both accurate and inaccurate information can be obtained through regression hypnosis. She calls upon therapists to allow clients to guide themselves to where they need to go and to refrain from “directing” the process (Clark, 1996).

Past-life therapists are not as vulnerable to “false memory” accusations as standard present-life regression therapists, however, because a client cannot blame anyone for an event in a past-life image. Besides, the vast majority of clinicians presume that the images are not necessarily 100% factual (Clark, 1995). Moreover, clients often do not come out of a PLT session feeling like a victim. On the contrary, they seem to possess a much stronger sense of empathy, a heightened sense of responsibility, a clearer and wider understanding of their problem and a feeling of personal empowerment (Weiss, 1992).

Dr. Hans TenDam, psychologist and author in Holland, theorizes that many “false memory” claims could actually be vivid past-life images. He suggests that since neither the therapist nor the client may believe in reincarnation, they may both mistakenly attribute these images to the only possibility that makes sense to them, and assume the traumatic images to be from this present life (TenDam, 1999).

Most early pioneers of PLT cannot be accused of too quickly interpreting clients’ images as actual past lives since most stumbled across past-life recall by accident, usually contradicting their own personal beliefs. Psychiatrist and psychotherapist Brian Weiss’ experience exemplified this phenomena. When his client, Catherine, showed little improvement after nearly a year of using conventional hypnotic and psychotherapeutic techniques, he asked her, while she was in a deep trance, to go to the source of her anxiety. Catherine surprisingly began to describe events from a different lifetime. Since he was skeptical of such “unscientific” fields as parapsychology, and neither he nor his client believed in reincarnation, he first attempted to explain these past-life images using the medical model he was trained in. However, after finding great difficulty in

interpreting her past-life recalls within his theoretical paradigm, and after witnessing Catherine's rapid improvement, Weiss began to expand his therapeutic framework and personal ideology (Weiss, 1988).

Likewise, Dr. Woolger also described himself as having a skeptical attitude until he agreed to allow a colleague to regress him back as an experiment. His vivid and profound experience was not explainable from his current theoretical frame of reference. Thus, he began an investigative exploration of PLT, and ultimately began increasingly incorporating it in his career (Woolger, 1988).

Despite the ensuing debate over whether or not the past-life images are real or fantasy, the majority of past-life therapists are not concerned about validating the authenticity of their client's past lives, but rather in helping them (Clark 1995). Woolger echoes this sentiment: "...the psychotherapist is mainly concerned with helping the patient get better, not on proving a theory or promoting a doctrine....as a therapist and not a philosopher, I am perhaps fortunate in that I am not shackled by the problem of belief or disbelief. I'll leave that to the parapsychologists and metaphysicians" (Woolger, 1988, p.39).

For the sake of research and of legitimizing not only a fundamental premise of PLT, but also a theoretical paradigm, however, it is important whether or not *some* past-life recollections have been substantiated as memories of actual past lives. Although this may be impossible to prove, there have been many researched cases that provide strong supportive evidence. One such case involved an American client (L.D.) of psychotherapist, author and researcher Linda Tarazi. Several times, Tarazi regressed L.D. back to the life of a Spanish woman named Antonia in the late 1500s. During these

sessions, she compiled long lists of detailed historical data and information, most of which was only verifiable in centuries-old municipal records from the city of Cuenca, Spain, and other old Spanish archives. These resources were unavailable to L.D. since she did not speak Spanish and had never been to Spain. Several times, historical information provided by L.D., as Antonia, was originally considered to be erroneous, only to be later verified upon closer inspection of official archival records in Spain from several hundred years ago (Tarazi, 1997). Some examples of verified information included:

“...old Spanish shipping laws governing trade to the Indies; details about various types of ships used in the Mediterranean and Atlantic Ocean at that time; names of priests executed in 1581 and 1582 and method of their execution; dates and contents of the Spanish Indices of prohibited books and how they differed from the Roman Index; the names of eight friends of Antonia living in Cuenca, Spain, in the late 1500s (these names were found in Inquisition records and/or the Municipal and Diocesan Archives)” (Bettis, 1998, pp.60-61).

Another case involved George Field, a 15-year-old boy from New Hampshire, who regressed back to the small town of Jefferson, N.C. He re-experienced life as an illiterate farmer named Jonathan Powell who was born in 1832 and was killed by gunshot to the stomach by a group of Yankee renegade soldiers in 1863 because he refused to sell them potatoes at an unreasonably low price. Most of the historical details of Jonathan’s story were later verified by a local historian regarding obscure facts about the town and of local personalities of the time. George knew people’s financial status, physical appearances, their children’s names and the location of their homes. When quizzed by the historian while under hypnosis, George/Jonathan even corrected her misinformation, upon which later research and verification proved he was right. Evidence also surfaced that substantiated Jonathan Powell’s actual existence and death circumstances by a

person claiming relation to him (Steiger, 1996).

A third case involves therapist and researcher Rick Brown's client Bruce Kelly. Kelly hypnotically regressed back to the life of James Edward Johnson, a crew member of the WW II U.S. submarine *Shark*. On February 11, 1942 the *Shark* was sunk by the Japanese Destroyer *Amatsukaze*, and all the crew members died. Kelly's trivial and detailed memories of Johnson's life were substantiated by high school attendance records, a birth certificate, and records of the U.S. Navy and the Civilian Conservation Corps (Brown, 1991).

Robert Snow, a police detective for 32 years and commander of the homicide branch for the Indianapolis Police Department, recently wrote about his extensive investigation into his own vivid past-life image of an undistinguished 18th-century artist. He experienced the image while being regressed by a therapist following a dare from a friend. As an extreme skeptic, the vividness of the images bothered him because he believed in neither past-lives nor accurate hypnotic recall. Determined to prove to himself and others that the details he obtained in the hypnotic regression were simply products of his own imagination, he began an investigation and described the outcome in his book, Looking for Carroll Beckwith. He listed 28 pieces of information that could either be refuted or verified regarding the life of the unknown artist in his past-life image. He recorded such information as the artist's name and death circumstances, various locations of residence, his wife's hobbies, death circumstances of his mother and motivation and details about specific paintings. After considerable research, most of it from the artist's lifelong diary that was stored in the archives of the National Academy of Design in New York City, Snow astounded himself by verifying 27 of the 28 items of

information (Snow, 1999).

Additional evidence is offered by Clark's study, which revealed that 48% of her respondents indicated that they had at least one case of xenoglossy, in which the client either heard or began to speak in languages previously unknown to them (Clark 1995).

Still, despite the verification of detailed data in some past-life cases, one can never assume information derived from regression hypnosis to be 100% factual. Venn, a researcher, investigated the accuracy of specific memories of an American subject named Matthew who regressed back to a World War I French pilot. Although the subject had never been to France or studied World War I history, he could accurately name certain aircraft used at the time, several French pilots and obscure French towns. However, Venn also noted that his subject gave 17 different items of misinformation as well (Venn, 1986). On a side note, what was not illuminated in Venn's research was that over the course of regressions, Matthew experienced a complete relief of severe, acute and physically disabling chest pains that had occasionally hospitalized him (Bettis, 1998).

The famous Bridey Murphy case in the late 1950s, in which a woman provided details about a previous life in Ireland while under hypnosis, also demonstrated that both accurate and inaccurate information had been provided after researching past-life memories. The case was cited both by past-life believers and skeptics as evidence to support their opposing beliefs (Hickman, 1983). Woolger points out that all memories, whether hypnotic or not, are mixed with some degree of confabulation. As people recount any past event, they may omit, embellish or even invent certain details. For instance, simply because someone inaccurately recalls certain facts about first grade, such as the name of a teacher, doesn't disprove the existence of either first grade or the teacher

(Woolger, 1988).

In regard to researching evidence that supports the reincarnation doctrine, no one provides stronger evidence than Dr. Ian Stevenson, professor emeritus and former head of the Department of Psychiatry at the University of Virginia School of Medicine.

Stevenson is primarily interested in cases that offer the fewest alternative explanations for accurate past-life recall data. Therefore, he does not investigate past-life memories recalled under hypnosis, which he considers might be too easily dismissed as cryptoamnesia. Instead, Stevenson limits his research to spontaneous past-life memories of young children, often between the ages of 2 1/2 and 5. He has meticulously investigated more than 3,000 such cases in the past forty years, assiduously using a scientific approach in which he first analyzes any other possible explanations for the children's past-life recollections, thereby eliminating possibilities in which someone could have influenced the child's memories. If no plausible explanations for the memories can be offered and if enough verifiable data exists, he will proceed with exploring the case. He has compiled at least 895 cases that he claims "strongly suggest reincarnation." He is careful to avoid claiming "proof of reincarnation" (Bowman, 1999).

Several of Stevenson's cases involve xenoglossy, a phenomena in which very young children have been able to speak in languages they have never been exposed to. Their knowledge of the language surpasses a few phrases, and goes well beyond bits they could have picked up from the TV or radio. Other examples of children's statements that have sparked puzzlement and curiosity in their parents include naming towns and streets where their "real parents" live, or firmly announcing careers they used to have. These

young children have provided detailed and specific information about actual people they have never met or heard of in this lifetime, yet whom they insist are a former spouse or relative. They have accurately identified such information as former nicknames, old telephone numbers, hidden birthmarks or facts surrounding past family events. This specific information is the type of data that Stevenson has rigorously investigated, verified and recorded with precise detail in many published articles and books, some more than 2,000 pages in length (Shroder, 1999).

An example of Stevenson's investigations includes the case of Parmod, a young boy from India. At the age of two and a half, he told his mother not to cook because he had a wife in Moradabad (another town) who cooked well. At age three, he claimed to be one of the "Mohan Brothers" who owned and operated a soda and biscuit shop as well as a cinema and hotel. He stated that his name had been Parmanand, that he had fathered four sons and a daughter, and that he had become ill after eating too much curd and later died in a bathtub. When his parents took him to Moradabad, he led them directly to the biscuit shop and demonstrated how to fix a complicated soda machine that had been purposely disconnected to test his knowledge. Parmod then began to accurately name and inquire about several relatives whom he insisted were from his former family. This family claimed that a man named Parmanand had indeed been a member who had died in exactly the same manner as Parmod had described. The family also verified 29 other pieces of information provided by Parmod (Stevenson, 1974).

Another example includes a three-year-old boy from Texas named Michael Wright. He often spoke to his mother regarding specific details of an automobile accident that he persistently claimed killed him. Michael's descriptions of the vehicle

and the accident accurately matched the fatal accident of his mother's high school boyfriend, whom no one in the family ever mentioned (Stevenson, 1987).

As indicated earlier, despite supportive evidence that suggests a spiritual part of us may have lived on earth before, practitioners of PLT need not concern themselves with authenticating their client's past-life images. It is clinically irrelevant if the past-life images are real because positive results often occur whatever way the images are interpreted. In Clark's study, even though 98% of past-life therapists believe in reincarnation, 75% of them believe that the images are both actual past lives and symbolic metaphors of present life difficulties. Most past-life therapists consider PLT to be a therapeutic tool that provides quicker and more effective results for many problems compared to other modalities of treatment (Clark, 1995). Brad Steiger, author and researcher for over 40 years, writes about this sentiment:

"I ceased attempting to prove the reality of past lives many years ago. Whether past-life recall may in some instances be the actual memory of a prior existence and in other cases pure fantasy, I have now observed hundreds of men and women who have obtained profound release from a present pain or phobia by reliving in an altered state of consciousness the ostensible origin of that problem in some real or imagined former existence" (Steiger, 1997, p.13).

Past-life literature consistently mentions that the power of PLT lies within the wisdom of the client's own subconscious mind, which has a way of leading itself to what will most benefit the client. A common technique in PLT is called the non-directive approach, in which the therapist asks open-ended questions rather than offering suggestions, thus allowing the clients' subconscious to be the guide. Irene Hickman, a doctor of osteopathy and a past-life therapist for more than 40 years writes, "The non-directive hypnotist is more a technician who helps the subject discover, understand and remove his symptom through the subject's deeper wisdom, knowledge and power"

(Hickman, 1983, p. 134). Hickman first began to experiment with hypnosis after feeling discouraged when many of her osteopathy clients continued to be ill, anxious, tense or unhappy. When she discovered that many of these same clients, as well as others, became well after very few sessions using deep, non-directive hypnotic methods of PLT, she began using this approach much more frequently (Hickman, 1983). In her book, Mind Probe -- Hypnosis, she discusses several dozens of dramatic healings her clients experienced (mentioned later) using PLT as well as insights she gained from using this technique:

“I learned that there are surprising depths that could be probed. My patients taught me that at a deeper level of their consciousness there is a source of knowledge and understanding, not only as to the nature of their problems, but also the causes of each problem and the needed remedy. During the more than thirty years of using hypnosis non-directively for therapy, I have become completely convinced that within the subconscious of each of us there exists a level of wisdom and insight far surpassing that available in our usual state of consciousness. I learned that with the use of hypnosis it is possible to transcend both time and space, recall and relive distant memories, some even from ancient times” (Hickman, 1983, foreword).

One way PLT commonly works is that the therapist may simply ask a client to go back to the source of his or her problem. If in a deep enough trance, the client may likely begin to envision himself or herself (in either gender) in a vivid past-life scene that relates to his or her present problem. The image is often so clear, lifelike and vivid that the client feels as though he or she is actually reliving the scene, and may express the appropriate emotions as if it were so. After re-visualizing or re-experiencing these images one or more times, and relating it to his or her presenting problem, the client's physical, mental or emotional symptoms may be greatly reduced, if not completely eliminated.

This standard PLT technique is referred to as either catharsis or abreaction.

Woolger offers an explanation of how it occurs by suggesting that blocked energy within a person, due to past “stuck” emotions, becomes unlocked and released as the source of a problem is uncovered, re-experienced as a past trauma, and brought to a full conscious understanding of how the image relates to the current issue (Woolger, 1988). The process, in this sense, could be understood as a deeper, more thorough and much accelerated version of psychoanalytic therapy, founded by Sigmund Freud. In fact, some researchers claim that Freud initially used hypnosis, but dropped it because he was curing people as they remembered and relived “strange and nonsensical” events that didn’t happen in their lifetime. Since Freud didn’t believe in reincarnation, he concluded that people must be able to obtain problems from fantasized events, and focused his attention on uncovering the unconscious fantasies and defenses of people without using deep hypnosis (Ramster, 1994).

Similar to other therapists and authors of PLT books, Hickman’s book is replete with case examples of clients who were cured of life-long symptoms in only a few sessions, sometimes only one, by relating problems in the present life to former experiences, and working them through cathartically. Here are a few examples of cathartic methods in PLT from her book:

“....Steve overcame an exaggerated intolerance to cold weather after finding three former lives in which death was related to extreme cold....A girl was relieved of her severe allergy to cats when she re-experienced a former life when she was attacked and killed by a tiger....Stella’s milk intolerance was alleviated after relating it to a death of dysentery from drinking contaminated milk....A woman was cured of her severe asthma after a past-life session in which she re-experienced her death due to suffocation as a hay wagon tipped over on her....Jay found the source of his stuttering and inability to talk to or relate to women of his own generation in a past experience of being hanged in Placerville, California, after being caught in bed with another man’s wife....” (Hickman, 1983, p.68-69).

One cannot prove how these apparent cathartic healings occur using PLT. Some theories exist, however, that attempt to offer an explanation. Dr. Winifred Lucas, clinical psychologist for 45 years, author, and former professor at Los Angeles State University and the California School of Professional Psychology, proposes that recent theories in physics, specifically in quantum field theory, suggest that people's emotions and their behavior patterns go beyond and transcend this physical body. These emotions and behavior patterns are also manifested and stored in the surrounding energy fields of a person. An individual's emotions and behaviors correspond to varying vibrational frequencies within these energy fields. At one level, some of these energy fields are considered to be observable in the form of different color auras and can now be momentarily photographed using an instrument called a biofeedback aura imaging spectrometer. Quantum physics postulates that these energy fields cannot cease to exist, even upon physical death. They can only be transmuted. Therefore, some researchers hypothesize that energy fields generated in previous lifetimes are brought forward into one's current life (Lucas, 1993).

Rupert Sheldrake's theory of morphogenetic resonance hypothesizes that the information within these energy fields regarding past and present emotions and behavior patterns, as well as information on any level, is stored in what he calls a "mind field" and not the brain. The "mind field" transcends death and is passed on from lifetime to lifetime (Sheldrake, 1988). Several scientists, (Bache, 1990; Lucas, 1994; Hunt, 1995; Gerber, 1988), have suggested that information such as past-life memories can be recovered from this "mind field" while in an altered state of consciousness (Cunningham, 1998).

Dr. Chet Snow, clinical hypnotherapist, author and lecturer in Scottsdale, Arizona, suggests a similar theory that explains the storing of energy fields and their psychic transmission throughout lifetimes. He summarizes the electromagnetic resonance theory:

“According to this theory the basis of all reality is the interplay of cosmic waves of force of an electromagnetic nature. As these forces play together they vibrate energy. As we transit from one level of reality to another at death, all the emotional patterns previously created coalesce into a resonant energy field and survive. At the birth of our next incarnation in space/time, they are transmitted to the new individual’s psyche according to a process still little understood. Apparently some choice is involved, as well as some determinism.

The emotional programming received seems to be independent of linear space/time. It apparently includes not only past-life data but also archetypical models, the particular irregularities of a variety of vibrational energy patterns (other life forms), and human genetic predispositions. Stored at various levels of the subconscious, this programming profoundly influences future emotional and even physical reactions. New experiences are created during each incarnation and are added to the program at death” (Snow, 1993, p.289).

According to past-life researchers, cathartic techniques in PLT involve the transformation of this energy within the mind field. A client’s subconscious mind appears to guide him or her to a memory that relates to a present problem.

Apart from the cathartic cleansing of physical, emotional and mental symptoms lies another healing aspect of PLT. It also at times produces profoundly positive spiritual effects, either directly or indirectly. Past-life therapists have compared the after-effects of PLT to the impact Near Death Experiences (NDE) have had on people and found them to be similar. Just as with NDEs, when PLT clients revisit death scenes they often experience the stark transformation from the fear, stress and pain of their earthly existence to indescribable feelings of love, lightness, peace and joy when they feel themselves rising out of their body. At a deep level they begin to understand that they are more than their bodies, they live on after their body dies, and that they have a divine

nature that transcends birth and death (Weiss, 1993).

Dr. Kenneth Ring, the founder of the International Association for Near Death Studies, has researched and described the significant after-effects that NDEs have on people: They develop a belief in God or in a higher power, even if they were previously atheists; they no longer fear death; they begin to have a greater concern for life, nature and the environment; they become less judgmental about themselves and more compassionate towards others; and they feel much more loving, are more spiritual and have a heightened sense of purpose (Ring, 1984).

In a similar study, author and researcher Bruce Greyson conducted a five-year long term study that compared the attitudes of people who have had Near Death Experiences with people in control groups, some of whom had come close to death but had not had an NDE. He found that people with NDE experiences placed significantly lower value on social and professional status, as well as material success. They also found death much less threatening, yet expressed stronger objections to suicide than the control samples (Greyson, 1998).

Dr. Brian Weiss, author, psychiatrist, psychotherapist, past-life therapist and former Chairman of Psychiatry at the Mount Sinai Medical Center in Miami, Florida, likens the esoteric and penetrating effects of NDEs to the impact that PLT often generates:

“Patients describing their actual deaths in past lives use the same images, accounts, and metaphors as do the children and adults who have had an NDE. The similarities are astounding, even though vivid past-life death descriptions usually come from hypnotized patients with no previous familiarity with the NDE literature. The resemblance of the changes in values, perspective, and outlook on life that typically occur after the experience of an NDE and a past-life recall is also very illuminating. You do not have to be hit by a truck or suffer a cardiac arrest to reap increased awareness or spirituality, decline in

materialistic worries, the development of a more loving, peaceful nature, or any of the other benefits that past-life regression and near death experience share. Members of both groups experience a dramatic lessening of the fear of death and express the new and certain conviction that love is what really matters” (Weiss, 1993, p.51).

Certain phenomenological elements common during the PLT process also compare with those described in Dr. Moody’s NDE research. Some of these similarities include: (1) a life review process that greatly broadens and deepens one’s life perspective; (The person may reexperience all of his or her own words and actions in this lifetime -- only from the perspective of those he or she has affected); (2) communication with a higher wisdom, either within one’s consciousness or from a spiritual guide; (3) distortion or elimination of time and space sense; and (4) a movement towards an exceptionally bright light that doesn’t hurt one’s eyes and is sometimes thought of as a “being of light” (Moody, 1977).

Clark’s study illustrates the critical importance of the spiritual component in PLT. The most frequent response to her question, “What are the main contributions of past-life therapy?” was that it dealt with spiritual issues. Probably the clearest testimony regarding the beneficial spiritual effects of PLT is in the actual individual responses of the 136 surveyed past-life therapists who answered the above open-ended question.

Some comments included:

“PLT enables the person to have some comprehension of him/herself as a spiritual being....PLT provides deep healing of core issues, generates a shift to deeper spirituality and self love, encourages ability to see the ‘big picture’Promotes understanding of the meaning of our life, that the self is immortal, and helps in overcoming fear of death....It can align body, mind and spirit in a way no therapy by itself can....It’s a powerful tool for gathering insight and understanding into the great mystery of who I am, why I am here, and what I am to do....It helps to open the client up spiritually....Provides contact with higher consciousness; reduction or elimination of fear of death....Contacting the Higher Self for an expanded perspective and expansion

of consciousness.... Enhances a trust of the spiritual self and develops intuition....Advances spiritual growth and soul evolution....Creates spiritual awareness....Develops a sense of personal responsibility and choice....It's easier to see one's conflicts and patterns when one step removed. Develops spiritual perspective....Develops compassion, empathy, sense of self...." (Clark, 1995, pp.194-200).

Collectively, these individual quotes reflect the strong, spiritual and existential component of PLT that is rare among other therapeutic modalities. Although impossible to prove how PLT works, what has been demonstrated is the healing benefits of this technique as well as the enormous yet inscrutable potential of the subconscious mind.

Clark's study revealed that PLT's second-most important contribution was the speed with which it helps attain positive therapeutic results. Woolger reports that in his practice, five to 10 two-hour sessions have been enough to work through major issues therapeutically (Woolger, 1988). Many past-life therapists report cases involving permanent relief of symptoms that may have been nagging clients for years in merely one or two sessions. One reason for such rapid improvement is that accessing the subconscious mind to deal with problems enables clients to go directly to the core of a problem while overriding any defenses they may use to resist facing the issue. Another theory discussed earlier suggests that PLT approaches problems at multiple levels of consciousness, and thus more directly accesses the energy fields or "mind field" that may "house" a problem, or rather, the root manifestation of a problem (Cunningham, 1998).

PLT has also been used in conjunction with various brainwave research studies. Human brainwave frequency patterns have been categorized into four different levels: beta, alpha, theta and delta. While in a normal waking state of consciousness, people mostly exhibit beta EEG brainwave patterns at 14 to 22 cycles per second. As one begins to sleep, relax or move towards a trance-like state, the brainwave patterns slow down and

he or she moves out of the beta range. The next two levels, alpha and theta, correspond to the level of sleep that produces dream images. Alpha brainwave patterns cycle at approximately eight to 14 per second, while theta produces four to eight cycles per second. Finally, at the deepest level of sleep, where no dream images seem to occur, lies the delta state, at about 0.5 to four cycles per second (Ritchey, 1998).

In the early 1980s, Dr. C. Maxwell Cade, a scientist and researcher in England, developed a biofeedback device called the Mind Mirror to record brainwave activity of subjects in various states of consciousness. It was previously understood that subjects in a deep meditative or relaxed state produce alpha and theta waves -- as do PLT clients who are experiencing vivid images. Recent Mind Mirror research by Snow and Lucas, however, has demonstrated that it is possible to be in several brainwave levels at the same time, although one level is always dominant. During the vivid imagery phase of PLT, subjects indeed produce strong alpha and theta waves, yet also show flares of beta and delta. Lucas hypothesizes that maintaining some beta brainwave patterns is necessary for subjects to remember and remain conscious of the regression experience. Also, it is evident that access to one's Higher Self, or the "superconscious state" as it has been called, is achieved while experiencing strong delta brainwave patterns. An effective PLT session, therefore, may find the client accessing all four states, at times simultaneously. Again, one brainwave level is always dominant, yet this dominance tends to shift throughout the session (Lucas, 1993).

Lucas proposes that Mind Mirror research points to delta brainwave patterns being not necessarily a sleep state, but rather a "radar" state that taps into Sheldrake's "mind field." She continues: "If there are past lives, they must be stored somewhere as a

form of energy, to be contacted through one or more states of human consciousness. Delta, being strongly present in both regression work and out of body states, may well be that contact” (Lucas, 1993, p.70).

While doing their own Mind Mirror research, Snow and Lucas also discovered that a startling phenomena occurred during PLT sessions: *Both* the therapist and the client showed all four levels of brainwave frequencies. They also discovered that the most effective sessions took place when “brainwave entrainment” occurred throughout the session. Entrainment happens when both the client and therapist develop a unified electromagnetic energy field. Snow likens it to when two strings vibrate and one picks up the vibrations of the other. Entrainment is present in all hypnotic inductions to some extent, yet appears to be dominant during the most effective PLT sessions (Lucas, 1993).

PLT is more often used with some problems over others. According to Clark’s study, the three issues that PLT treated most frequently and with most success were relationship problems, phobias and finding meaning and purpose in one’s life. Other problems most commonly treated with PLT included: depression, various physical symptoms, sexual problems, weight loss, headaches and addictions. Sixty-two different phobias were reported to have responded well to PLT. The most common included claustrophobia, agoraphobia and fears of heights, water, animals and flying. While Clark’s respondents reported a total of 83 illnesses or other problems cured by using PLT, she also points out, however, that these were anecdotal reports and no information about medical testing before or after therapy was included. Some of the most commonly reported cures included: “physical pains, asthma, cancer, intestinal disorders, heart problems, headaches, back problems, arthritis, stomach disorders and fear of injections”

(Clark, 1995, p.192).

As mentioned earlier, by far the most evidence regarding the efficacy of past-life therapy is in the form of anecdotal case studies. Most books about PLT reveal at least several dozen case studies that demonstrate the rapid and effective results of this treatment modality. Although important, this type of qualitative evidence is not considered to be as scientifically valid as research that offers quantifiable or measurable data. Hence, a few studies have been conducted that provide this type of statistical information to support the claims of past-life therapists.

One such study was lead by Dr. Thelma Freedman, a past-life therapist and researcher in Syracuse, New York. She gathered 27 subjects with 52 phobias between them. Each of the 52 phobias was treated separately and divided into one of three categories of treatment: (1) 28 phobias used past-life hypnosis, (2) 11 phobias used present-life hypnosis, and (3) 13 phobias only used a talking method. The category was determined by whether or not the subject, while in a hypnotic trance, related the cause of the phobia prior to this life, earlier in his or her childhood, or if the subject could not reach an acceptable trance depth. The anxiety level for each of the 52 phobias was rated twice using Sandler's A test, once before treatment and again at least two months after the final session. The results indicated that the average anxiety score for phobias using PLT dropped significantly, from 6.79 to 1.71. Using present-life hypnosis, the average anxiety score fell from 10.0 to 6.09, while the "talking-only" group saw anxiety scores drop from 5.77 to 4.54. Of the three methods of treatment, only PLT was considered clinically significant in reducing anxiety levels, according to the omega-squared test of significant findings. Within the PLT group, Freedman further divided the phobias into

three types, which yielded varying degrees of clinical significance: simple phobias ($p < .001$); agoraphobia ($p < .01$); and social phobias ($p < .05$). Using PLT, the average number of sessions was 2.48 per phobia. Each sessions lasted two to three hours in length (Freedman, 1997). Freedman concluded that the results strongly suggested that PLT reduces anxiety symptoms associated with all three types of phobias. She remarks: “Considering the estimate of 28 million people in the U.S. who suffer from anxiety disorders and the amount of resources invested yearly in their treatment, any therapy that gives such rapid and apparently effective relief should be a therapy of choice, regardless of whether these reports are true reincarnation memories or fantasies” (Freedman, 1995, p.29).

Another study by Ronald van der Maesen, a clinical psychologist in Surinam, Holland, was conducted to measure the effects PLT had on people suffering from Tourette’s Syndrome, a life-long illness considered to have little or no cure. His results were taken from a one-year follow-up questionnaire by 10 Tourettes’ sufferers whose symptoms ranged from “moderate” to “very serious.” The number of sessions varied from six to 22, with an average of 11.9, while the length of the sessions averaged two hours. Van der Maesen found that five subjects responded extremely well to PLT, as they reported their motor tics to have mostly disappeared or greatly reduced in frequency while being entirely free of medication. Two subjects improved somewhat, two clients did not respond to PLT as far as reducing motor or vocal tics, and one client was on more medication than before the study. Van der Maesen found that the success of the treatment correlated to the deeper levels of trance depth each client could relax into. Given the very poor prognosis in treating people with Tourette’s Syndrome, van der

Maesen's study is significant not only for PLT, but also for sufferers of this disease (van der Maesen, 1998).

Although PLT is not generally used with schizophrenic clients, van der Maesen nevertheless conducted a second study with another difficult and challenging population. This time he measured the therapeutic effects of PLT on people suffering from auditory hallucinations. Nearly all of the subjects had been diagnosed with schizophrenia. Twenty-seven subjects completed the Symptom Checklist (SCL-90), both before and at least six months after they had finished 12 sessions of PLT. Fourteen of the 27 participants scored significant improvement on the SCL-90 after six months, meaning a reduction of one or more standard deviations from the group's mean score. The scores of 11 subjects shifted from the range associated with "psychiatric patient" to that of the normal population. On a questionnaire the subjects filled out, 25% indicated that PLT had alleviated their voices, while four stopped hearing voices entirely. A total of 78% indicated that the therapy had "other, positive meanings." Given the difficulty in treating clients who hear voices, van der Maesen's findings are considered significant (van der Maesen, 1999, pp.38-41).

Another Dutch study by Johannes Cladder involved a group of 30 seriously phobic clients for whom previous work with behavior therapy had proved ineffective. Using regression hypnosis, 20 of the 30 phobics improved rapidly using cathartic methods. Of these 20, 14 found that their subconscious mind placed the origin of their problem in a previous life, while six clients' subconscious led them to the source of his or her phobia in this lifetime. The average client needed 11 sessions to completely resolve their phobia. Cladder adds that in his experience, PLT seems to be more effective than

other therapies because patients are less inclined to avoid traumatic issues. He adds, “It is the patient himself who tunes into his own traumatic situation and not the therapist who invents it” (Cladder, 1986, p.84).

Cladder’s comment underscores the critical element of PLT that entrusts the client’s inner guidance to direct the therapy session. Too much reliance on the therapists’ directives overlooks a vast resource within the client that can produce an unlimited supply of self-knowledge, strength, wisdom, creativity and healing power. Past-life therapists commonly encourage clients to gain access to their subconscious higher wisdom which allows them to view their lives with all defenses down. From this perspective, they can clearly see their own repeated cycles of destructive behavior patterns, from not only this lifetime, but often a series of lifetimes. They witness their own behavior that has held them back from giving and receiving love, thus preventing them from living more fulfilling lives. They find the cause of their problems and accept responsibility for them. Clients tend to stop blaming others and use this higher wisdom that their subconscious produces to break unhealthy negative thought and behavior patterns. This aspect of PLT has been shown to be physically and psychologically healing, growth-promoting and awareness-expanding (Hickman, 1983).

A client’s higher wisdom can be accessed from the deepest states of hypnotic trance. Most, although not all, clients are able to attain this deep-level state. A client’s higher wisdom can allow him or her to identify lessons learned in various lives, as well as changes that must be made in the present to fulfill his or her larger purpose in life -- an understanding that also tends to come into focus. From this state, clients also seem to comprehend the powerful value in forgiveness for their own benefit, and experience a

willingness and ability to forgive.

Henry Leo Bolduc, author and research hypnotist in Virginia, has written that in his 33 years of research into past lives, he has become convinced that people are eternal beings, or souls, that are given the opportunity to return to physical life on earth countless times for spiritual development. Forgiveness has been the common lesson that affects the past and present lives of nearly everyone with whom he has worked. He likens “failure to forgive” to a form of “spiritual cancer” that can develop into both physical and/or mental problems. The central theme that permeates through his three decades of therapy with clients is: “What you do to another, you do to yourself,” or “As you sow, so shall you reap.” Because of his many therapeutic successes with relationship problems, he maintains that PLT offers a powerful tool to most effectively comprehend these lessons of human interconnection and break repeated cycles of harmful behavior patterns by directly experiencing and understanding the value of love and forgiveness in its deepest sense (Bolduc, 1995).

The concept of souls reincarnating to earth for the purpose of enhancing their spiritual development is also consistent with Dr. Michael Newton’s findings. Newton, a clinical psychologist and master hypnotherapist in northern California, hypnotically regressed hundreds of clients, over a 10-year period, with wide-ranging belief systems regarding religion and the afterlife. He found a number of astonishing consistencies between all of his clients’ descriptions of both the soul’s journey after physical death and also the soul’s purpose which has convinced him that there is a grand design and order to life and the afterlife (Newton, 1997).

Newton theorizes that the mind has three layers of consciousness. The first layer

is the normal state of consciousness. Within the second layer, the subconscious, people can retrieve memories from different lifetimes. Finally, the deepest level, which he terms the “superconscious mind,” accesses the source of highest wisdom and perspective. Newton claims that he obtained all of his information regarding life after death from clients in this deepest state of consciousness (Newton, 1997).

In her book, On Death and Dying, Dr. Elizabeth Kubler-Ross suggests that humans have five natural emotions: grief, anger, envy, fear and love (Ross, 1969). Author Neile Walsch further expands this concept to include that of these five emotions, grief, anger and envy have their outgrowths in fear. Therefore, at a very deep level, all thoughts, feelings and actions can be rooted in and sponsored by either fear or love (Walsch, 1995). Similarly, Virginia Satir, a leading therapist and theorist in family systems therapy, maintains that at the core of all humans is an innate longing for love and a sense of connectiveness, yet it is fear manifesting itself in the form of defensiveness that prevents people from fulfilling this deep yearning, especially among family members or those of close relations (Satir & Baldwin, 1983). Nearly any problem a client may have, fear can be found at the root of it. Thus, problems can diminish as the underlying fear associated with it fades.

Dr. Brian Weiss concedes that this process is at the heart of the success of PLT. He writes: “The core healing mechanism of past-life regression therapy is the transmutation of fear into love. This is the message of healing that those who have experienced past-life regression carry to others and, hopefully, practice in all their affairs” (Weiss, 1992, p.126).

One hundred thirty six practitioners of PLT have gone on record to describe what

they perceived to be the benefits of past-life therapy. Dr. Rabia Clark's extensive questionnaire left room for the respondents to write such descriptions in their own words.

A small sample of the individually perceived contributions of PLT (excluding the spiritual benefits previously given) is as follows:

“PLT dispels fears of death, loss, failure....Quickness and effectiveness in clearing symptoms and problems, both physical and psychological...Demonstrates that we are not our body, but are the sum total of all of our past choices, that reincarnation and karma are real. When we realize that we do indeed reap what we have sown, we begin to make better choices of what to sow....Increases ability to resolve present-day problems and understand present life....Rapid progress made in dealing with a wide variety of psychological, social and physiological disorders....Relieves symptoms which have resisted all other techniques....Integrates left- and right-brain functioning by grounding individuals in the mind-body-spirit connection....The results!....Removes the defenses built for this life....Some people get a very profound understanding of their purpose in life and of the purpose of life itself....Rapid and complete cure of difficult problems. Broadening client's frame of reference. Enhancing client's understanding of self and others, especially others. Developing a sense of personal responsibility and choice....It emphasizes trust in one's psychic truth and acceptance of one's inner process as wisdom and as the ultimate healer!....My clients *always* benefit....Locating the source of fears, understanding them, becoming empowered to release the energy of that fear....” (Clark, 1995, pp.194-200).

In conclusion, many misconceptions and rigid world views can prevent professionals and the public from understanding and thus benefiting from PLT. Albert Einstein once said: “It is possible that there exist emanations that are still unknown to us. Do you remember how electrical currents and ‘unseen waves’ were laughed at? The knowledge about man is still in its infancy” (Moody, 1990, p.52). Indeed, society's understanding of the entire universe is continually changing. For instance, less than 400 years ago, Galileo was imprisoned for pronouncing that the earth revolved around the sun. Although scientists have come a long way since then, they still continue to reexamine and redefine their understandings of the laws of physics and science. Since

the ever-changing scientific “truths” are difficult to hold as absolutes, it may sometimes be necessary to rely on collective experience of what works rather than on proven truths when it comes to helping people. From the limited perspective of our present lives, the thought of accessing past lives may sound absurd, especially if the notion of it is something we never have believed. It has been demonstrated, however, that belief in the process or in its’ principles is not necessary, although openness to the experience is vital. For some people, PLT could be better described as an unlocking of the subconscious mind to explore the hidden wisdom and healing power of the intuitive portion of our human nature -- which many people have allowed to weaken.

Perhaps this distrust of our intuitive side is a result of one of the drawbacks of Western science which encourages skepticism of anything not tangibly measured. True, skepticism is healthy, necessary and important, but at times can prevent us from exploring our human potential -- namely the power and wisdom of the subconscious mind, which has been referred to as “a vast, unexplored continent” (Hickman, 1983, p.172). Although PLT encompasses a wide variety of practices and techniques, the common feature within it is that it offers a glimpse of the mind’s enormous capabilities. Some of these capabilities include gaining access to a higher wisdom without the distraction of personal defense mechanisms. Other times, one’s mind can allow him or her to see or experience images that relate to present problems which can then be alleviated.

Presently, no one can prove how PLT works, albeit there are many theories. Plenty of evidence exists, however, to reveal that it works quickly and effectively, while simultaneously providing many side-benefits that can help enhance the quality of one’s

life. Certainly enough evidence exists to warrant further exploration and research of this inexplicable yet highly efficacious therapeutic modality.

CHAPTER THREE

Methodology Of Study

Subjects

The subjects of this study were past-life therapists who were also current members of the Association for Past-Life Research and Therapies, Inc. (APRT). A national listing of all current members of APRT was obtained from APRT. A total of 222 questionnaires were mailed to a sample of APRT members. Questionnaires were mailed to members who had indicated in the national listing that they used past-life therapy (PLT) as part of their therapy practice in addition to other therapeutic modalities. (See appendix A for a copy of the cover letter). Incidentally, since the time of the study, APRT has been renamed the International Association for Regression Research and Therapies, Inc. (IARRT).

Instruments

A questionnaire was used for this descriptive research study. The purpose of the questionnaire was threefold: (1) to statistically measure the perceived effectiveness of PLT by the practitioners who use it; (2) to statistically gauge which client problems have the best outcome prognosis using PLT; and (3) to determine when and how often PLT is used by these practitioners compared to other therapeutic modalities. The questionnaire also asked questions regarding such demographic information as age, gender and years of experience practicing PLT. Both numerical and nominal responses were received from the questions.

To measure effectiveness, the respondents estimated the percentage of PLT clients that experienced the following outcomes within the past six months in regards to the particular problem for which they saw the therapist: (1) a cure of their particular problem; (2) significant improvement regarding their problem; (3) little improvement regarding their problem; (4) no improvement regarding their problem; or (5) the clients' condition worsened. The respondents were asked to make a sum total of 100% using all five replies. (See appendix B for a sample of the questionnaire).

Rabia Clark's study was used to determine some of the content for this questionnaire. Her dissertation study, published in 1995, involved a lengthy and thorough questionnaire designed to better define PLT as it related to practitioner beliefs and methods. This study aimed to provide follow-up questionnaire research to Clark's work, except with a focus on the perceived effectiveness of PLT. This study also intended to supplement the statistical evidence of PLT effectiveness put forth by Freedman (1995), van der Maesen (1998, 1999) and Cladder (1986). The difference with this study, however, was that the variable "PLT effectiveness" was measured with a questionnaire, rather than from an experimental design study. Another difference was that "PLT effectiveness" was measured from the perspective of the therapist and not the client.

Procedures

Questionnaires were mailed to 222 past-life therapists in early May, 2000. Each was told to return the questionnaire by June 1, 2000 in the stamped and addressed envelope provided, along with the signed consent form to participate in the study. Participants were assured that all responses would remain anonymous and confidential.

An additional form was provided that allowed the participants to indicate whether or not they would like a copy of the results of the study. After the questionnaires were returned, the data was collected, tallied and measured.

Unknowns

As with most questionnaires, one limitation is the commonly low response rate. Survey response rates are frequently less than 50%, a rate far below the desired 70% of the sample to be considered statistically reliable. A low response rate could not only affect the reliability of the results, but also the validity as well since it is possible that only the more successful therapists may have returned questionnaires.

Another unknown element is the level of subjectivity on the part of the respondents. An obvious limitation is that the validity of this study was dependent upon the subject's honesty. There is no way to determine whether or not the subject responded in a biased fashion. Also, the results of this study were based on therapists' personal perceptions and estimations, rather than on actual client ratings of outcome and experimental data. Reporter subjectivity in this case was unavoidable. Therefore, the results of this study should be interpreted with caution.

It should be noted that a few respondents had difficulty answering some of the questions due to ideological differences regarding PLT. In order to statistically measure the effectiveness of PLT within the confines of a questionnaire, the language, terms and concepts within the questionnaire must fit into a more limiting and restricting construct than a few of the respondents felt comfortable with. PLT is thought of by some practitioners as a highly spiritual procedure and practice. Thus, the very nature of PLT, as well as the diversity in attitudes among it's practitioners, create a challenge to fit this

esoteric, alternative mode of therapy into the framework and vocabulary of a “medical model” in order to compare PLT’s effectiveness with other conventional therapeutic modalities.

Finally, a few respondents had difficulty with the word “cure” in the questionnaire, indicating that one cannot ever know for certain if they “cure” a client. The word “cure,” therefore, could have been more clearly expressed or defined for the purposes of this questionnaire. One possible definition could have been: “an apparent, total alleviation of the symptoms of the problem.”

Applications and Limitations

The results of this study may be applicable to any client or person who may become a potential client desiring to work on personal growth, problems or issues. The results also apply to any therapist considering effective methodologies with which to help clients. Among those who already practice PLT, the results will add credibility and validity to an approach that is not often considered by many professionals in the health care industry.

CHAPTER FOUR

Data Analysis and Results

A total of 76 participants returned the questionnaire, giving a response rate of 34%. However, two of the respondents were no longer practicing therapists, and one sent the questionnaire back blank, saying the questions were not specific enough to answer. Although 73 respondents returned filled-out questionnaires, not all questions were entirely completed or answered on every questionnaire. Therefore, not all percentages add up to 100% with some questions.

The first nine questions referred to the demographic information of the respondents. Of the 73 returned and completed questionnaires, 65% of the respondents were female, while 35% were male. The average age of the respondents was 56 with a standard deviation of 9.6, meaning that approximately 74% of the respondents were between the ages of 46 and 66. The age range was 36 to 81 years. The average number of years using PLT as a practitioner was 12 years, with a standard deviation (SD) of 8.

Of the respondents, 97% used other therapy models or techniques in their practice besides PLT. The most common other therapeutic modalities used, among those listed, included: Solution-Focused (54%); Client-Centered (49%); Cognitive-Behavioral (47%); Gestalt (44%) and other (69%).

Question five asked: “With what percentage of your overall clientele do you use PLT?” The respondents revealed that they used PLT with an average of 43% of their overall clientele. The SD was 34, indicating a wide range of responses to this question.

Then, among only their PLT clients, the respondents indicated that an average of 56% of the treatment process involved PLT. The SD was 32, again indicating a wide range of responses.

Other demographic information included: 76% of the respondents indicated that they were either licensed or certified in their state as a provider of mental or physical health services. Some respondents mentioned that their state had no such certification or licensure requirements. 45% of the respondents had a Ph.D. or other doctoral-level degree, 27% had a masters-level degree, while 21% indicated “other” training. A total of 4% of the respondents had a BA level of education, while 3% did not have a BA or any formal therapy training.

The remainder of the questionnaire pertained to treating a client with PLT. The average length of time per client session was approximately 1 hour 40 minutes, with a SD of only 0.49. The average number of sessions used per PLT client was 6, with a SD of 5, indicating a wide range in the number of sessions used. The mode, or most common number of sessions, reported was 4.

Question 12: Question 12 asked: “How many of your PLT clients have tried other methods of treatment, either with you or another therapist, to deal with their presenting problem prior to trying PLT?” Using a Lichert Scale, 21% of the respondents checked “all of them”; 50% checked “most of them”; 18% checked “about half”; 11% checked “most have not”; while nobody checked “none.”

Questions 13 & 14: The five problems most often treated with PLT directly correlated with the five problems most successfully treated. They were, in order beginning with the problem most commonly and successfully treated: “relationship

problems,” followed by “finding meaning and purpose,” “phobias,” closely followed by “physical symptoms,” and finally, “depression.”

Question 15: The participants were asked to reflect back on their caseload of PLT clients during the past six months and estimate, to the best of their ability, the percentage of clients that indicated each of the following: (1) a cure of their problem, (2) significant improvement, (3) slight improvement, (4) no improvement, or (5) a worsening of their condition. All five categories were to add up to 100%. Sixty-five of the 73 participants responded to the question. Some indicated that they had difficulty using or applying the word “cure.” The results were as follows:

(1) A cure of their problem: Mean (average) percentage was 30%; SD was 30, indicating that scores within the extreme ranges was common.

(2) Significant improvement: Mean percentage was 47%; SD was 26.

(3) Slight improvement: Mean percentage was 19%; SD was 17.

(4) No improvement: Mean percentage was 5%; SD was 9.

(5) Condition worsens: Mean percentage was 1%; SD was 0.12

Question 16: Question 16 asked: “In the past six months, if there have been one or more cures of a physical or mental illness please list it/them and how many sessions were required. If you’ve had more than five, please pick five cases that you feel most represent your experience.”

Again, some respondents had difficulty applying the word “cure” to their outcome results. As mentioned earlier, the word “cure” could have been more clearly stated as “an apparent total alleviation of symptoms.” Of the 73 respondents, 45 reported at least one cure of a physical or mental illness within the past six months. A total of 99 cures were

reported overall. It should be mentioned that these are anecdotal reports and no information about medical testing before or after therapy was included. Thus, the results should be interpreted with caution. Most of the reported cures are listed below followed by the number of sessions required in parenthesis:

“Water phobia (3 sessions); insomnia (4); anxiety attacks (10); agoraphobia (4); sudden onset of mid-life mild seizures (7); phobia of needles and shots (4); anxiety and addictions (unspecified) (6); phobia of water with anxiety attacks (1); phobia of dogs (1); recurrent headaches (2); bladder pain (1); claustrophobia (1); phobia (unspecified) (1); addiction (unspecified) (4); colitis (4); asthma (2); neck pain (2); Irritable Bowel Syndrome (3); bronchial problems (1); cancer and nerve disorder (7+); anxiety disorder (12); panic disorder (1); depression (3); phobias (unspecified) (2); depression and PTSD (# of sessions not specified); phobias (unspecified) (2); severe depression with anxiety (35); Obsessive Compulsive Disorder (20); sexual addiction (27); depression (8); PTSD (18); severe TMJ and headaches (6); phobia of planes, bridges and tunnels (8); vulva problems (1); alcohol addiction (3); severe depression with suicidal ideation (8); panic/anxiety (1); phobias (unspecified) (2); depression (6); phobia (unspecified) (5); suicidal ideation (5); eating disorder (3); phobia (unspecified) (2); addiction (unspecified) (1); constant coldness in limbs (1); chronic neck and shoulder pain (1); depression (2); depression (3); phobia (unspecified) (5); fire phobia (1); chronic leg infection (2); physical pain in hips (1); severe neck pain (3); phobia of heights (2); depression (2); several different cases of depression (6-8); Obsessive Compulsive Disorder (12); anxiety (5); fear of flying (2); depression (5); thyroid condition (2); depression with anxiety (2); autism (4); bipolar illness (3); multiple head injury (4);

depression (1); degeneration of joints/pain (5); depression from guilt, shame & anger (3); chronic shoulder pain (2); gall stones (2); and test phobia (1).”

Some responses clearly did not fall under the category of “physical or mental illness.” Some of them included: “weight loss, hatred toward family members and relationship problems.” Other various responses not listed above included several cases of depression, unspecified phobias and anxiety.

Questions 17-20: Questions 17-20 pertained to how frequently certain specific PLT techniques were used in the PLT process. The response options were on a Lichert Scale consisting of: Always; Usually; Sometimes; Rarely and “I don’t use this technique.”

Item 17 stated, “I have the client talk with the Higher Self (or the detached self or inner guides from that life) to get a broader perspective.” The results were: 43% always; 34% usually; 11% sometimes; 4% rarely; and 6% don’t use this technique. There were two non-responses to this question.

Item 18 stated, “I ask the client to go to their death in that previous life.” The results were: 58% always; 25% usually; 11% sometimes; 3% rarely; and 1% don’t use this technique. There were two non-responses to this question.

Item 19 stated, “After the death scene, we review the life which was just remembered to understand how it relates to the problem area or to the present life situation.” The results were: 64% always; 21% usually; 7% sometimes; 3% rarely; and 1% don’t use this technique. There were three non-responses to this question.

Item 20 stated, “I explore what happens between lives with the client.” The results were: 14% always; 21% usually; 36% sometimes; 21% rarely; and 6% don’t use

this technique. There were three non-responses to this question.

Question 21: Question 21 was an open-ended question that asked if there were any other techniques that were used as part of their PLT process. Some of the different responses were as follows:

“Much cathartic release of feelings....Focusing on negative scripting and holding patterns....Positive imagery work....Ask them if anyone they see looks familiar in this life and why....Rescripting....Explore patterns of past lives....Explore issues needing forgiveness....Explore errors in intention or judgment in their past-life....Use imagery tools to clear energy blocks....After death scene, I do healing and releasing processes by bringing in their higher sources and white light....Integrate strengths from past-lifetimes to this lifetime....Use light energy for healing....Cut cords that no longer serve them.... Explore purpose of one’s life....Imagery with healing, loving light....Soul retrieving....Have the client talk with his or her past-life, share experiences, learning....After the death scene, client continues to describe what he or she feels and experiences. Most go into a bright light, experience love, peace and a healing of their problem....Ask what was the particular purpose or lesson learned of the lifetime reviewed....Find source of present life issue or problem....Find purpose for this life....Positive healing affirmations....Have client access inner source/light to use for healing, protection or sense of safety....Changing energy in areas of energy “blocks”....Release emotions in past-life....Replace troubling emotions with love, forgiveness, faith and unity....Have them rest in oneness....Go forward in time to when problem is resolved, then look back to see how it was resolved....Go to time in spirit realm before this life to look at what the plan was for this life....Spirit releasement....Meet

spirit guide(s) or strengthen connection with them....Have client go back to critical decision point, implement a different choice, and notice the consequences. Then compare/contrast the two choices....Neuro Muscular Response....Ask client's Higher Self what is needed to better or improve this lifetime.”

Question 22: Question 22 was another open-ended question that asked, “If you use other treatment modalities in your practice, how do you compare the effectiveness of PLT to these other modalities?” To briefly summarize, 53 respondents addressed the issue of comparison. They are roughly categorized into five groups: 19 responses indicated PLT to be the most effective compared to other modalities; 15 responses generally indicated that PLT worked very well, but it depended on the client and the problem; nine respondents felt that it was too difficult to compare modalities; six respondents mentioned that certain other techniques were just as effective as PLT; two respondents considered PLT to be an adjunct to other therapeutic modalities; and two responded that EMDR was more effective. The specific individual responses are as follows:

“PLT is *the* most effective and results can be achieved more quickly....Works well but hard to introduce -- I work in the Bible belt area....PLT is more powerful and more brief....PLT enhances the therapeutic process....PLT is very effective, but not everyone is a candidate because of level of awareness, fear and so on....I love doing PLT because it takes clients to cause of problem, therefore *much* more effective and is short-term therapy modality....PLT is the far most effective therapy I've ever used except in cases of walk-in phenomena....I find dream analysis just as effective as PLT....EMDR more effective....I am primarily a psychotherapist, when I use PLT, it is *very* effective....Can't compare

really. If etiology appears to be from a past-life, I opt for PLT. I like PLT for specific physical symptoms and phobias....PLT seems effective for those seeking past-life awareness and healing....PLT is truly great. I wish all clients wanted it....PLT is very helpful in dealing with issues which the client is reluctant to tackle directly....Depends on issue and client. I use PLT in conjunction with other forms of hypnotherapy....One of the most effectivePLT is faster -- giving relief without conscious effort....There is an immediate sense of peace and confidence which was absent before PLT....PLT goes well with patients who believe the mind can heal the body....PLT is more effective in resolving issues in a shorter (overall) period of time....I feel that PLT is most effective....More effective, leading to deeper personality integration. It's the only approach to Narcissistic Personality Disorder that leads to improvement....Quicker and more effective than standard psychotherapy....Not as effective as EMDR....I don't "compare the effectiveness" of modalities, I use whatever works. Most clients don't come to me *for* PLT, they go into past-life scenes on their own under hypnosis, even people who don't believe in reincarnation....The "cure" after a PLT session is dramatic and "total" in a much shorter time than traditional therapies....It is very hard to compare since I integrate PLT with other types of therapy....I can't compare because I only use PLT....Difficult to say -- modalities appear complementary....PLT is very effective if the client will allow the process to take place....PLT is by far the most effective of the modalities that I know.... The effectiveness of PLT to aid in "change" in this life is above any other modality, for it allows "insight"....They blend well. It depends on the situation....Each modality has a place....Much more effective and much faster....As effective, or more so, depending upon the presenting problems -- *most* effective with

phobias....It compares well to the Experiential Hoffman Quadrinity Process....PLT is the most effective of the modalities I use....PLT is one of the most effective, if not #1....PLT appears to shorten the amount of time in therapy and is a good adjunct with group and individual psychotherapy....This is comparing apples and oranges....PLT is the most effective and dramatic *if and when* past-life scenarios are the problem....Equal to others....It depends on the client and the problem. When a client is really “stuck,” and other modalities have not helped sufficiently, PLT often brings the “breakthrough” and a lasting difference....The main limitations of PLT are the length of time needed for an adequate session and the risk of re-traumatizing the client, so I most often use partial techniques and combine it with energy healing....PLT is highly effective....PLT is only an adjunct to the process of intensive psychotherapy.... *Very* helpful if client is open to trying PLT....There is no one standard form of PLT to compare to, I use a hybrid of different methods....If origin of problem or block is in a past-life then PLT is highly effective....PLT is highly effective for those who are open to the process.”

Question 23: Question 23 asked: “What factors determine when you use PLT?”
68 of the 73 respondents answered this question. The results are as follows:

90% checked “when client requests it.”

72% checked “when other approaches failed.”

35% checked “intuitive notion.”

46% checked “specific symptoms are evident.”

A space was provided for the respondents to list the specific symptoms. They were recorded as follows: “when client seems ‘stuck,’ and very tense and anxious....stuck patterns....emergence of memories in dreams or present life....Are you

serious? That's a book!....abdominal pains, allergies, recurring anxiety responses in certain situations....depression, panic attacks, relationship problems....physical ailments....strong affect....eating disorders, fear of water, claustrophobia....chronic physical pains....hearing voices, noises....habitual thoughts, movements....fears....chronic musculoskeletal symptoms....phobic reactions that lasted as long as client can remember....sudden change in behavior reported.”

A total of 46% checked “other factors.” They listed the “other factors” as follows: “disturbing, recurrent dreams....phobias....other issues come up during PLT to be resolved....a combination of thought, intuition and experience....grief or emotional change has not been expressed....client drawn to certain periods or places....client language in describing problem (I feel like my head is in a vise)....no response to standard medical treatment....psychological assessment of adequate ego strength....in standard talk therapy, client jokes about what they were in a past-life....can't let go of a past relationship/affair....feelings towards another are out of context for the present life relationship....no other explanation or cause for a symptom....when client can't get over a death....client can't leave an abusive relationship....client indicates openness to non-standard methods....homosexual and transsexual patients....spiritual questions....life purpose questions....beliefs that seem out of context or ancient....judgments about self out of proportion....repetitive patterns of choice....sudden or disproportionate reactions to people or places....chronic disharmony in relationship....When client's unconscious/higher self indicates a past-life connection while in a light trance....discussion with client....if the client has a background in metaphysics.”

Question 24: Question 24 was another open-ended question which asked, “Are

there any other comments you would like to share about your experience using PLT, and the effectiveness of it as a therapeutic tool?” This section revealed evidence of differing views and ideologies regarding PLT. Forty-five of the 73 participants offered comments to this question. All of the individual responses are as follows:

“PLT is an acceleration of healing -- a gift of grace to heal karmic patterns quickly.”

“In addition to its effectiveness physically and mentally, I find that it is also most uplifting spiritually.”

“Terrific tool to use, particularly with clients who are not in touch with their emotional/intuitive selves. I have found it very useful when used to assist clients re-discover spiritual connections for themselves. It enhances meaning in their lives.”

“For some patients, it is tremendously illuminating and exciting. For some, it holds only transitory interest relating to present life issues and solutions. And for some, it is the fastest technique possible leading to attempting new behaviors. For all -- it leads to a new perspective on death, on the meaning of soul growth, and of developing the human potential in a more expansive fashion.”

“It is a tool -- like the scalpel to a surgeon. Just knowing how to make a cut with a scalpel, does not make a person a surgeon. You need to be a good clinician first.”

“A successful regression creates an energy shift in a client, often an *observable* transformation (dull-looking eyes become sparkling eyes). ‘Therapist’ is only a good guide -- client does all the work, has all the questions, all the answers. There is a paradigm shift. Anyone who does PLT and does not understand that this is a spiritual process doesn’t know what he or she is doing. My work is with the Higher Self/Soul.

The ego falls into place automatically, with little to no ‘therapy’, once the Higher Self has dealt with the issues/lessons/goals, etc. It is *always* effective!”

“I’ve had many clients come to me and tell me they’ve tried everything else -- that I’m their last hope because everything else has failed. PLT has been effective in 90% of those cases.”

“Effectiveness lies in the way it is utilized and the openness of the client to change.”

“Since I specialize in regression therapy, a majority of my clients come for that experience. PLT is a powerful therapeutic tool *when combined with* other modalities, such as counseling, psychotherapy, body therapies, etc. Continued processing, either with the past-life therapist or another counselor, is important to expect a shift in consciousness and a change in habitual thinking to take place.”

“While PLT is effective, I find EMDR to give more in less time. I’m presently working a great deal with trauma and related issues.”

“Extremely effective.”

“I can no longer work any other way. It is so much faster and more effective than any talk or cognitive therapy.”

“PLT can be the quickest and most dramatic technique for eliminating symptoms that I have ever encountered. And if the client has: A) requested it, or B) is open to its use, changes (permanent) can occur in as little as two or three double sessions.”

“Wonderful for the occasional quick fix. The majority of the time it functions as a powerful tool to help people strengthen intuitive abilities (and *trust* them), and raise awareness of the spiritual/soul aspect of life (of Gary Zukav’s points in Seat of the Soul).

It is very rewarding personally to help clients in this way -- a sentiment they echo.”

“Have found it exceptionally effective!”

“PLT is effective for problems of the physical, emotional and mental natures and gives the client a real sense of perspective -- distancing them from the source of the problem. When they see that the cause of their problem is from their deeper past, it gives an objectivity that helps them release and heal. I do not use hypnosis, as I find it puts the client into a passive state. I use a spiritualized version of Roger Woolger’s techniques and find resolution of the client’s problems are immediate.”

“Has been powerful for me personally and for certain others. I continue to consider past-life material no matter the ‘technique’ or therapy I am utilizing.”

“I think all ‘past lives’ are current parts of the self, (unless “time” being a construct by which one can organize information) so contacting ‘past-life’ memories helps widen the sense of self in current time.”

“It is very helpful to many people. It requires some openness and ability to have imagery. I mix it in with hypnosis and ‘other spiritual’ transpersonal therapy.”

“The core issue of every session is to assist the client to understand the law of ‘cause and effect’ and lead them to accept responsibility for the results of their thinking and behavior and help them to gain enough strength to make the changes necessary to create a better future for themselves. In other words: ‘There are no innocent victims.’”

“The results from PLT are faster than any other modality, and long-lasting, like a lifetime.”

“The sessions are usually very powerful and frequently mark a turning point in the client’s journey.”

“‘Past-life’ therapy begins in the mythical religion belief system, and from researching the authors of PLT, I find this technique almost absurd. ‘Previous-life’ concepts are more scientifically equated to one’s own being. Life is a continuation of form and forms previous of what we know as the presence of self.”

“It is swift, effective and growth-producing.”

“I have found that any behavior that is resistant to classic suggestions or parts therapy is always helped to a degree by regressing to the cause. Sometimes the cause is a current life issue, but more often than not the initial sensitizing event is in another lifetime. Once the memory is retrieved, there is often dramatic improvement.”

“I have found that even when PLT was vivid, that the effectiveness of the technique rested solely with the client and how they applied it. I find the other techniques I now use to be more effective and longer-lasting with clients. I do not use much PLT any longer, as my work has shifted. I haven’t ruled it out, but find that new awareness is most effective when it is *grounded* in this lifetime experience.”

“It appears to complete the therapeutic goal of integrating mind, body (emotional) and spirit. Attending to all of these aid the healing.”

“It is a very effective tool. It needs to be taught in the university. But the *spiritual*/psychological background needs also to be taught to the student for a holistic approach. It can’t be used routinely or mechanically without a lot of assumptions on the part of client and practitioner. I think that a background in using many forms of therapy is a necessity, as well as a working knowledge of pathology, meaning psychopathology.”

“I believe it should be used by trained *licensed* therapists who are able to screen effectively suitable and unsuitable candidates to discern between unconscious/intuitive

material and pathological material. PLT probably should not be used on people with schizophrenia, bipolar, borderlines, etc., but the untrained practitioner does not know how to screen for mental illness that would contra-indicate use of PLT. I fear the result will be the blackballing of PLT when damage reports appear in professional journals, much the way encounter groups got a bad name when they were conducted by amateurs rather than skilled, well-trained professionals.”

“I use it for myself as an ongoing therapeutic modality twice a month to look at issues that arise in my life.”

“Often PLT gives perspective which helps support other therapeutic work on complex issues. (Other times, of course, PLT is a complete therapy in itself.) As I continue to use PLT in innovative ways with the more difficult problems, I expect that the frequency of long-term therapeutic change rooted *within* PLT sessions will continue to increase. The emotional numbing process (defense) blocks some people’s ability to *feel* themselves in the past-life; currently I’m experimenting with ways to gently move beyond such blocks while respecting the client’s own level of inner preparedness.”

“It’s a useful adjunct to bring out clients’ underlying concerns even when it does not significantly alter their lives in and of itself. Therapists need a wide range of modalities beyond this one.”

“When I use hypnotic regression I generally frame it as going into the past to look for whatever helps us understand a particular problem. I will leave it open as to age regression or past-life regression, as my clients may be dealing with a repressed memory from the present lifetime.”

“It is a very good approach with interesting results. But I feel the client has to

accept the idea of previous lives otherwise they refuse to work with it.”

“I have found PLT a useful tool and a valuable perspective. I do not frame any technique or modality in exclusive terms but have found that using a menu of concepts and techniques in the context of a working partnership with each client or client group to be most helpful. The PLT perspective often allows clients to step back from a particular event to see a larger canvas and a broader perspective.”

“It works!”

“I find it a useful tool but not the only one to use. Not everyone wants PLT.”

“We teach this (PLT) -- (it is) very effective in our school and find it very effective in practice, but often it is assumed to be the ‘end-all’ of therapy.

“I find PLT an extremely effective tool. It is interesting that most of my patients are not seeking relief of symptoms from PLT. My patients generally are looking for their purpose in life, or they want more information on a relationship – i.e. parent, friend, child.”

“I personally have had wonderful results with PLT, which sent me in the direction of helping others with their past-life studies and healings.”

“It’s wonderful, exciting and very effective.”

“I feel it is a very powerful tool but it needs to be used by a trained and experienced therapist. Many times a lot of the information that comes forward needs to be dealt with therapeutically in sessions.”

“I have had a number of clients spontaneously regress to a past-life while doing traditional regression work. Some of them were unfamiliar with PLT, yet still regressed to a past-life. Often these people had the most dramatic breakthroughs.”

“Clients often quit too soon -- before the past-life is really processed. Some are just curious and don’t follow through.”

“PLT is sacred work -- especially the afterlife experience. It’s also releasing (I work a lot with expressing feelings) and I leave negative experiences behind in the old life. It’s also a powerful tool in understanding relationships.”

Question 25: The last question asked, “Do you have any comments about this questionnaire?” Thirty-two of the 73 respondents added opinions. Most of them were positive remarks, or else indications that they were happy to see it done. Some expressed that they found it difficult to use “absolute” words such as “cure,” or “always.” Lastly, the following three quotes convey the complications that a few respondents felt in adequately expressing their experience using PLT within the confines of this questionnaire:

“It’s very hard to be objective and black and white about a process which is so intuitive and subjective.”

“It is very obvious that you are viewing PLT as a ‘medical model,’ which PLT is *not*. Therapists are often just using PLT as a ‘tool,’ which it is *not*. There is an entire philosophical/spiritual paradigm beneath the proper practice of PLT, which APRT, after 20 years, is still unwilling to address as a totality.”

“Not all factors are considered in terms of effectiveness and cure. The medical model is limited in the understanding of PLT to illuminate the dynamics of one’s life.”

CHAPTER FIVE

Summary and Implications

The past-life therapists who participated in this study indicated that PLT helped to cure 30% of their client's problems. A total of 77% of their clients' problems were significantly helped, if not cured, by PLT. Finally, the respondents indicated that PLT helped to make some kind of improvement in 96% of their clients' problems in the past 6 months. Given that the average number of sessions used was six, with an average length of 1 hour and 40 minutes per session, the results of this study indicate PLT to be reliable, extremely effective and fast in helping clients to deal with problems and improve their lives.

The vast majority of participants were professionally trained therapists, knowledgeable in other, more conventional therapeutic modalities. Yet when describing the effectiveness of PLT, such words were used as: "powerful, dramatic, transforming, sacred, exciting, exceptional, extremely effective, inspirational, wonderful, meaningful, uplifting, tremendously illuminating, fast, expansive, spiritual, growth-producing and long-lasting." These striking depictions are not ordinarily or consistently used to describe other modes or techniques of therapy. Indeed, PLT appears to be an extraordinary therapy that can often produce astonishing results. It has been demonstrated through PLT that people are capable of remarkable abilities and healing capacities. It appears that much power lies beneath the layers of consciousness in humans than most people are currently aware of. Perhaps it should not be surprising that

a therapy that accesses the deep levels of consciousness within individuals can produce highly effective results. From the data thus far collected from PLT studies, including this one, the hidden, deeper levels of consciousness within humans are not something to fear or be threatened of. Rather, the results indicate that there is much to gain by accessing these other states of awareness, which people can easily do through PLT. The results suggest that the vast majority of people who can maintain a very relaxed state can benefit from PLT mentally, emotionally and/or physically. The results of this study also indicate that PLT is a highly effective and fast therapeutic modality, and one certainly worthy of further investigation regarding its potential for human healing and personal growth.

Recommendations for Further Research

Although this particular questionnaire study demonstrates the effectiveness of PLT, it is limited in that the results obtained are from the perspective of the therapist and not the client. More experimental design studies need to be conducted which can offer statistical and quantifiable evidence for the effectiveness of PLT from the client's viewpoint, such as those orchestrated by Freedman (1995), van der Maesen (1998, 1999) and Cladder (1986). By doing so, these studies can further demonstrate PLT to be a powerful ground-breaking modality of treatment that is leading healing methods into the 21st century within a new paradigm of holistic health and expanded consciousness. In regards to any doubts about PLT, this writer encourages readers to put healthy skepticism to use by doing their own exploration of PLT, either experientially or through research, in order to make informed opinions and decisions about PLT.

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Appendix A

Good day! You have been sent this survey as part of a study to statistically measure the effectiveness of past-life therapy. This study is being conducted by Eric Christopher, a master's degree candidate in Marriage and Family Therapy, and fellow APRT member Rev. Dr. Robert Salt, Professor of Human Development at UW-Stout, Menomonie, WI.

You have been chosen from a random sample of APRT members to participate in the study, which only involves filling out a questionnaire. It will take approximately 10-15 minutes to complete. Please return the questionnaire in the stamped envelope provided by June 1, 2000. Please answer the questions to the best of your ability, as the validity of the results depend on it. All responses are anonymous and guaranteed confidentiality. Also, please sign the enclosed letter of consent in order to participate in the study.

You may receive a copy of the results and summary when it is completed. Please check the box below if you would like to receive the results. Thank you for your participation in the study.

Sincerely,

Eric J. Christopher
 Rev Dr. Robert E. Salt
 219 HE
 University of Wisconsin-Stout
 Menomonie, WI 54751
 715-232-2521

I would like a copy of the results and summary.

Mailing Address: _____

Appendix B

Past-Life Therapy Questionnaire

Please answer the following questions:

- 1) Male ____ Female ____
- 2) Age now: ____ years
- 3) Total number of years you have been using past-life therapy (PLT) as a practitioner? ____
- 4) Besides PLT, do you use other therapy models, methods or techniques in your therapy practice? 1. ____ Yes 2. ____ No

If yes, please check each that apply:

- | | |
|---|---------------------------------------|
| 1. ____ Behavioral | 2. ____ Psychoanalytic |
| 3. ____ Cognitive Behavioral | 4. ____ Solution-Focused |
| 5. ____ Family Systems Perspective | 6. ____ Client-Centered |
| 7. ____ Narrative | 8. ____ Gestalt |
| 9. ____ Rational-Emotive | 9. ____ Medicinal (herbal, arurvedic) |
| 10. ____ Touch-Movement (massage, bio-energetic, qigong, etc.) specify: _____ | |
| 11. ____ Other: _____ | |
| 12. ____ Other: _____ | |

- 5) With what % of your overall clientele do you use PLT? (Please estimate %) ____%
- 6) Among the clients with whom you practice PLT, what % of their treatment do you use PLT, on average? ____%
- 7) Are you licensed or certified in your state as a provider of any mental or physical health service?
 1. ____ Yes 2. ____ No
 If yes, which license(s) or certification(s)? _____

- 8) Do you have any formal training which qualifies you to practice as a psychotherapist, counselor, marriage and family therapist, psychologist or psychiatrist? (Chose the last one you received)

| | |
|--|-----------------------------|
| 1. ____ BA Degree | 4. ____ Other _____ |
| 2. ____ MA Degree | 5. ____ No therapy training |
| 3. ____ Ph.D. or other doctoral-level degree | |

9) Please list the specific degree(s) obtained in regards to question #8:

Please answer the following questions in regards to treating a client with PLT:

10) Estimate the average length of time per client session: _____

11) Estimate the average # of sessions used per client: _____

12) How many of your PLT clients have tried other methods of treatment, either with you or another therapist, to deal with their presenting problem prior to trying PLT?

1. ___ All of them 2. ___ Most 3. ___ About half 4. ___ Most have not 5. ___ None

13) Which problems have you most often treated with PLT? (check up to 5 categories)

- | | |
|-------------------------------------|-------------------------------------|
| 1. ___ Headaches | 2. ___ Eating disorders |
| 3. ___ Weight problems | 4. ___ Phobias |
| 5. ___ Other physical symptoms | 6. ___ Addictions |
| 7. ___ Relationship problems | 8. ___ Sexual problems |
| 9. ___ Depression | 10. ___ Recurrent dreams |
| 11. ___ Past-life memories | 13. ___ Releasing spirit possession |
| 14. ___ Finding meaning and purpose | |
| 15. ___ Other Which? _____ | |
| 16. ___ Other Which? _____ | |

14) Please indicate the top three problems (by the corresponding # above) which you have had the most success treating with PLT.

- 1.(most success) _____
 2.(second most success) _____
 3.(third most success) _____

15) Research indicates that different therapies produce varying results of effectiveness. The following questions refer to the effectiveness of your experience using PLT. Please reflect back on your caseload of clients **during the past 6 months**. Please answer to the best of your ability, and **have all five items add up to 100%**.

Of your clients with whom you use PLT as a treatment for a problem, please estimate the % of clients that indicate the following:

- 1) A cure of their problem: _____ %
 2) Significant improvement regarding their problem: _____ %
 3) Slight improvement regarding their problem: _____ %
 4) No improvement regarding their problem: _____ %
 5) Their condition worsens: _____ %

16) In the past 6 months, if there have been one or more cures of a physical or mental illness please list it/them and how many sessions were required: (If you've had more than 5, please pick 5 cases that you feel most represent your experience)

| Illness | # Sessions Required |
|---------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Regarding your use of PLT, please check one number for each question below:

1. Always 2. Usually 3. Sometimes 4. Rarely 5. I don't use this technique.

17) I have the client talk with the Higher Self (or the detached self or inner guides from that life) to get a broader perspective. # _____

18) I ask the client to go to the time of their death in that previous life. # _____

19) After the death scene, we review the life which was just remembered to understand how it relates to the problem area or to the present life situation. # _____

20) I explore what happens between lives with the client. # _____

21) Any other techniques that you commonly use as part of the PLT process?

22) If you use other treatment modalities in your practice, how do you compare the effectiveness of PLT to these other modalities?

23) What factors determine when you use PLT?

- | | |
|---------------------------|---|
| 1. ___ Client requests it | 2. ___ other approaches failed |
| 3. ___ Intuitive notion | 4. ___ specific symptoms are evident (which?) |

5. ___ Other factors (please comment)

24) Any other comments you would like to share about your experience using PLT, and the effectiveness of it as a therapeutic tool?

25) Do you have any comments about this questionnaire?

Appendix C
CONSENT FORM

I understand that my participation in this study is voluntary.

I understand that the purpose of this study is to statistically measure the effectiveness of past-life therapy.

I understand that it is not anticipated that this study will present any medical or social risk to me.

I understand that all information obtained will be kept strictly confidential and any reports of the findings of this research will not contain my name or any other identifying information, unless I give written permission to use my name.

I have read and understood the above statements and agree to participate in the study.

Name: _____ Date: _____

If you have any questions regarding this study, please call Rev. Dr. Robert Salt at (715) 232-2521.

NOTE: Questions or concerns about participation in the research or subsequent complaints should be addressed first to the researcher or research advisor and second to Dr. Ted Knous, Chair, UW-Stout Institutional Review Board for the Human Subjects in Research, 11 HH, UW-Stout, Menomonie, WI, 54751, phone (715) 232-1126.