

Past Life Therapy: An Effective  
Psychotherapeutic Approach

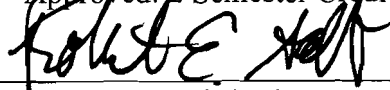
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A handwritten signature in black ink, appearing to read "Robert Salt", written over a horizontal line.

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ABSTRACT

This literature review investigates the concept and practice of past life therapy. In past life therapy a client enters an altered state and accesses past life memories in order to heal and resolve situations in their current life. The historical and psychological foundations detailed here provide a framework for the outline and description of a past life therapy session. The process of preparing a client, the procedures used for induction, and the supportive and deepening techniques used to enhance the experience are discussed. The techniques necessary for processing and integrating information obtained during the session are stated. The theoretical hypotheses and psychotherapeutic assumptions supporting this theory are presented and the indications and contraindications for use in practice are shown. Concluding with a discussion on the inherent limitations of this model and limitations the client and therapist may bring to the session.

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I would like to thank Bob Salt for his compassion, understanding, and his willingness to allow my journey to be my journey. Thank you to Claudia for helping me to complete this journey. This paper is dedicated to my grandmother Bernice Shanley Lightbourn.

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## Chapter I

### *Introduction*

At some time in our life most of us have had the experience of meeting someone for the first time and immediately feeling comfortable with them. Or traveling to a new place and feeling like it is strangely familiar. According to dozens of authors (Lucas, 2001; Moody, 1990; Weiss, 1992; Wurges, 2001) occurrences such as these are often reconnections with people and places from past lives.

Thoughts, feelings, attitudes, and experiences are unconsciously carried forward from past lives into this life (Neddermeyer, 2002). At times this is helpful when we meet someone “new” who we connect with or it appears that we have a “gift” in the form of a skill never formally learned. Other times, when there is unresolved trauma in a past life from a violent death or abject poverty, it can have a negative impact on our current life in the form of a phobia or material insecurity (Woolger, 1988). The latter is an example of when past life therapy has traditionally been used to help resolve issues from the past that are interfering with functioning in the present.

Past life therapy is based on the foundation of reincarnation (Wurges, 2001). Reincarnation is the possibility that we have lived previous lives and will go on to live future lives (Lester, 2005). The body and soul are viewed as two separate entities. After a person dies, the soul waits for a period of time before reincarnating. The circumstances of this incarnation are determined by the growth and progress achieved in the past life.

Dr. Ian Stevenson (as cited in Lester, 2005) has spent a large part of his professional life traveling the world, verifying, and documenting thousands of past life memory cases. In reviewing his case studies, Stevenson identified common traits

frequently seen in apparent cases of reincarnation. Around the age of two to six years old, the child will begin to tell his parents about a previous existence. From the point of view of the family, the child will start to show unusual behaviors. Later this behavior will typically show itself to be consistent with the previous existence.

Stevenson (as cited in Lester, 2005) reports the child will ask his parents to take him to the place he previously lived, and the family will attempt to identify the previous incarnation their child described. When the family is successful in identifying the family from the previous incarnation, approximately 90% of the statements made by the child regarding the previous existence are found to be accurate. By the age of five or six, the child talks less about the previous existence and the memories fade.

Tom Shroder, a journalist, had the opportunity to travel to Beirut with Stevenson who was collecting follow up data for a previous case study (Shroder, 1999). Stevenson last interviewed Daniel Jirdi, who claimed to recall the life of Rashid Kaddege, nineteen years ago. The life Daniel remembered was very ordinary. Rashid was a single, working class, unmarried man who died in a car crash at the age of 25. Like many of Stevenson's cases, Daniel began speaking about Rashid's life as soon as he could talk. According to Stevenson (Shroder, 1999) the largest flaw in the case were the two families, that of Daniel and Rashid, met each other prior to his speaking with them.

Before meeting the two families, Shroder read a transcript from a conversation that took place nineteen years ago between a nine year old Daniel and Majd, Stevenson's interpreter and research assistant (Shroder, 1999). Shroder was struck by Daniel's manner of speech. As if he were Rashid, he spoke in the present tense from a first person perspective. He clearly detailed the car accident that led to his, Rashid's, death.

In Stevenson's first meeting with the two families, Daniel's parents recounted a story of a family picnic that took place when Daniel was two and a half years old (Shroder, 1999). An adult attempted to say the name of Kfarmatta, a small, far away town. Daniel, unbeknownst to his parents, had been listening to the conversation. Despite never having been near the town, Daniel piped up and stated, "That's not how you say it" (p. 50) and promptly gave the proper pronunciation. When they arrived home, Daniel's father asked him how he knew the town. Daniel's response was "I am from Kfarmatta" (p. 50).

Much of the research done in this field is in the form of case studies. As subjective experiences are not traditionally measurable, this therapeutic modality has for the most part been ignored by scientists and western culture (Cunningham, 1999). The goal of this paper is to increase awareness of this relatively new and innovative therapeutic modality and offer a description of what this therapy looks like in practice.

#### *Statement of the Problem*

The purpose of this literature review is to examine literature about past life therapy.

#### *Research Objectives*

This paper will attempt to answer four research objectives. These objectives are:

1. What is the history and foundation of past life therapy?
2. What are the psychotherapeutic assumptions of past life therapy?
3. When is it appropriate to use past life therapy?
4. What are the limitations of past life therapy?

### *Definition of Terms*

For clarity of understanding, the following terms need to be identified.

*Past Life Therapy:* A therapy in which an individual is regressed to past lives in order to heal and resolve situations from the current life.

*Unconscious Mind:* The part of the individual psyche inaccessible to consciousness, consisting of repressed desires and their associated ideas.

*Conscious Mind:* Awareness of one's inner self including feelings, emotions, and thoughts.

*Samskaras:* Past life patterns carried into the present life. Also known as a past life complex.

*Karma:* The spiritual law of cause and effect.



## Chapter II

### *Psychological Foundations*

Sigmund Freud was one of the first individuals to identify and define the unconscious as we know it today. Psychoanalysis, the personality theory and mode of psychotherapy, was based on Freud's understanding of the mind which he visualized as three distinct parts: the unconscious, the preconscious, and the conscious (Aiken, 1993). Along with the levels of consciousness, he identified three personality components or processes – the id, ego, and superego. The id is the unconscious animal part of man, driven by the instinctual urges of aggression and sexuality. Its primary interest is pleasure. The id is moderated by the ego. The focus of the ego is reality as it considers the consequences of behavior before making a choice. The superego develops after the individual has internalized the rules of society. The superego is the moral ideal of what the individual would like to be. The id is located in the unconscious while the ego and superego are located in the preconscious and conscious.

Prior to developing his theory of personality, Freud trained under the French neurologist, Jean Charcot in 1885 (Encarta 1998-2003). Charcot's work centered on treating the symptoms of hysteria with hypnotic suggestion. In 1886 Freud developed a private practice in Vienna treating hysteria with the tools he learned from Charcot.

In the early 1890's, Freud collaborated with the physician Josef Breuer. In their work together, they attributed the symptoms of hysteria to unreleased emotional energy related to trauma from the past. Again utilizing hypnotic suggestion in treatment, Freud asked the clients to recall the traumatic experience in an attempt to have them experience a catharsis (an emotional release) which led to alleviation of the symptoms of hysteria.

Freud was using hypnotic suggestion to make the unconscious conscious. Shortly after he published studies on his work with hysteria, Freud gave up hypnotic suggestion in favor of free association.

By 1902 Freud was a professor at Vienna University where a small group of followers established themselves. His followers included Alfred Adler, Carl Jung, Otto Rank, and Eugen Bleuler (Aiken, 1993). The Vienna Psychoanalytic Society and the International Psychoanalytic Association were founded. As the movement was gaining momentum in Europe and the United States, dissention grew among Freud's cohorts. While Freud maintained focus on the sexual drive as the motivating force in personality development, his followers did not. Adler focused on one's sense of inferiority as a motivating force and developed a theory based on this principle. Jung focused on the spiritual, delving into mythology, religion, and archetypes. He developed the concept of the collective unconscious, the inherited part of the unconscious mind that contains thoughts, feelings, and memories. The personal unconscious contains the individual's repressed desires and wishes. According to Jung, the goal is to understand how the two integrate thus leading to integration or wholeness as an individual.

A criticism of Freud and his contemporaries was that their work was based on individual's inner thoughts and feelings which are difficult to measure in a scientific manner. John Watson, who helped develop the school of Behaviorism, wanted to make the study of psychology scientific through the study of objective measures in a laboratory environment (Aiken, 1993). Watson's work was influenced by Darwin's theory of evolution and the work of Russian physiologist, Ivan Pavlov. Watson developed the stimulus – response theory of psychology which states that all complex behavior such as

feelings and emotions are simply muscular and glandular responses which can be observed and measured. Watson's work in the field generated much interest and there was a tremendous increase in research activity on animals and humans (Encarta 1998-2003). Behaviorism was the dominant force in psychology until Abraham Maslow and Carl Rogers gained prominence in the 1950's.

Maslow and Rogers ushered in the "third force of psychology" also known as humanistic psychology. This school of thought believes that human beings are fundamentally good and strive for a higher level of functioning (Aiken, 1993). The goal is to grow psychologically and to fulfill one's potential, to self-actualize. In other words the individual strives for congruence between who they are and who they want to become.

Rogers developed what is known as "client centered" therapy where the therapist displays unconditional regard for the client. Maslow developed a six tiered hierarchy of needs, with physiological needs at the bottom and self actualization needs at the top, all of which drive an individual's behavior. The lower physiological needs take precedence over the higher needs which are often unconscious. During Maslow's later years he helped usher in "fourth force psychology" known as transpersonal psychology (Aiken, 2003; Cunningham, 1999). Transpersonal psychology goes beyond the person or body and focuses on exploring altered states of consciousness where people feel a connection with the spiritual. Transpersonal psychology does not see the human personality as an end in itself. The goal is to go beyond one's ordinary consciousness and transcend the ego to incorporate a deeper sense of connection with others and the Divine. It encourages

meditative techniques and is inclusive of non-Western psychologies, philosophies, and religions.

Past life therapy assumes the existence of the unconscious mind (Netherton & Shiffrin, 1978). Here mental processes take place without our awareness (Weiss, 1992). The unconscious operates as a tape recorder; it records and stores every experience, both positive and negative. Unlike the conscious mind, the unconscious never turns off; it can remember anything from anytime (Weiss; Netherton & Shiffrin). It is not bound by limits of time, logic, or space.

Freud hypothesized that the most severe trauma is buried within the unconscious. The conscious mind often is not able to remember the events that caused the trauma or the direct results. The aftereffects are often only visible in the form of maladaptive behaviors (Netherton & Shiffrin, 1978). It was Freud that first discovered the link between trauma and the subsequent symptoms that appear while accessing repressed memories through first hypnosis and later free association. He called this connection psychic determinism, and it is considered the foundation of regression work (Lucas, 2001). When first introduced by Freud this concept was considered quite radical and not well received. Freud did live long enough in order to see this idea come into vogue and the controversy shifted to his colleague, Otto Rank, who pioneered the idea of birth memories as the cause of neurosis.

Stanislav Grof reintroduced the idea of birth memories in the 1950's. Though there were questions about his work as the memories were retrieved while under the influence of the psychedelic drug LSD; it was also thought that memories were dependent on myelinated sheaths which are underdeveloped in newborn brains (Lucas,

2001). After LSD was banned in the 1960's Graf developed a technique called holotropic breathing. It was found that individuals who utilized this technique were able to recover birth memories that were similar to those recovered under the influence of LSD.

In the late 1950's a movement called Dianetics touted the ability to provide healing and enlightenment through a technique called "auditing" (Lucas, 2001). Auditing is the process of retrieving and confronting memories of traumatic situations that still influence behavior. These memories, known as engrams, are not entirely accessible to the conscious mind. The engrams are accessed through the use of specific questions asked by an auditor. The auditor does not give or offer therapeutic support and operates in a machine like manner. Practicing therapists saw clients embrace this new technique in hopes of finding healing. Instead many clients returned distressed and anxious as a result of feeling pressured to recover traumatic memories with no therapeutic support.

Dianetics was not taken seriously and was largely discredited (Lucas, 2001). Despite this it did have some innovative ideas that reappeared in the 1970's. Dianetics (later merged with Scientology) proposed the existence of past lives which could be accessed by utilizing an emotional-physical bridge. L. Ron Hubbard (the founder of Dianetics) published a book called *Have You Lived Before This Life?* (1958) which chronicled past lives recovered using this technique.

As might be expected the concept of recovering past life memories was considered controversial (Lucas, 2001). Aside from the small amount of scientific research supporting reincarnation, the field was associated with the psychic community. The psychic community became involved because of the difficulty in retrieving past life

memories. Prior to the late 1960's few people were able to retrieve past life memories without the aid of hypnosis.

*Early Steps in Past Life Therapy*

During the 1960's techniques using hypnotic suggestion become more standardized and began to be used in wider applications (Lucas, 2001). Denys Kelsey, an English psychiatrist, utilized hypnosis in his practice. He described hypnosis as "a state of altered consciousness...it weakens the barrier which confines the contents of the unconscious...it may enable the therapist to bring material from the patient's unconscious to the surface much more quickly than would otherwise be possible" (Kelsey & Grant, 1967, p.31). He, like other practitioners, found he was able to regress clients back to early childhood and even prenatal experiences. He discovered he was even able to regress a client back to the point of her conception. He came to the conclusion that there must be an element in the human being that is able to exist in the absence of the human body. Kelsey collaborated with Joan Grant, a well known author who was able to recall her own previous lives, and the two published the book *Many Lifetimes* (1967). This book was considered one of the first responsible publications investigating past life therapy.

Research on past life therapy increased in the 1970's particularly in the last half of the decade. Marcia Moore, Edith Fiore, Morris Netherton, Thorwald Dethelfson and Helen Wambach all wrote what are now considered classics in the field. The best known author at the time was Helen Wambach. Her research started with the goal of finding evidence to corroborate the past life recall of her subjects (Wambach, 1978). She unexpectedly discovered that not only the minds of her subjects responded to hypnotic

suggestion during regression but so did their bodies. This occurred in both individual and group regressions. She called this phenomenon psychosomatic memory. As a result of this discovery she hypothesized that many of the body's experiences may be the result of suggestions we unconsciously give to ourselves. She also found that her subjects undergoing hypnosis were able to easily report what they saw, heard, ate, touched, and smelled however they could not recall names or places unless stated by another individual in the past life recall. This led her to wonder if she was tapping into the part of the mind we don't consciously access, the unconscious. Another phenomenon she identified was that although the client is influenced by the therapist's suggestions (such as go to a significant event in your life) she found when she misunderstood what her subjects said or her questioning was not clear, the subjects did not change the image they reported to her in order to agree with her or please her. It appeared that the individuals regressed viewed the experiences as actually having taken place, not something they had created or made up in their mind.

After reviewing the 30 cases she had investigated, she identified that 50% of her participants had reported at least one lifetime where they had died by the age of five (Wambach, 1978). Out of all the information she had gathered, she stated this was the most significant. She struggled with understanding why people would imagine being born and then dying within such a short period of time. As a result she made the decision to identify certain known characteristics about different cultures and time periods and then gather data on a large number participants and see if her subjects would reproduce the historically known variables.

In order to make the study useful to the real world she wanted to identify where past life memories are stored. Neurological research at that time indicated that the brain was divided into two separate parts known as the left and right brain divided by a band of nerve tissue called the corpus callosum (Wambach, 1978). The left brain is considered dominant and is thought of as the conscious self. The speech center is located here. It has the ability to think logically and keep one on track. It is the sensible voice that tells one what should be done. Conversely the right brain is considered artistic and non-logical. This is the part of the brain that is responsible for dreams and fantasies. The right brain is also responsible for experiencing emotions both positive and negative. Wambach reported that initially this is where she thought past life memories were stored, in computer-like cells transported to consciousness by hypnotic suggestion. Since regressing hundreds of individuals she has revised her opinion and now states the right brain acts as a tuner and amplifier for past life memories. "Maybe all the lifetimes ever experienced, all the feelings felt, are still out there in great waves in the universe" (Wambach, 1978, p. 80).

In developing a plan for collecting information she identified a hypnosis technique to be used on all the subjects (Wambach, 1978). She memorized it, so she could use the same technique and questions during each session or workshop. She identified the specific information she wanted to collect. This included skin and hair color, as well as landscape and climate to identify if the participant was the appropriate ethnicity for the location chosen and to see if geography and climate were consistent with what was known of the area. She asked participants to identify the type of food eaten, what if any eating utensils were used and other household items used. She asked the



participants to go to the market during the regression to obtain supplies in order to identify the type of market and money used. She asked participants to identify clothing and footwear worn. Wambach also researched the death experience. She asked the participants to identify their age at the time of death, the cause of death, and feelings experienced immediately following death.

Each participant in the study completed a data collection sheet giving information about the above items (Wambach, 1978). After Wambach collected all of the data sheets, she reviewed each story to check for inaccuracies. She assumed if the past life regression described on the data sheet was fantasy; it would likely include material she could prove was not true. Amazingly she only found 11 data sheets out of 1,088 that showed evidence of inconsistencies. What her data revealed was that the sex distribution matched historical records as did the breakdown of social classes. The recall by participants of clothing, footwear, type of food, and utensils were also accurate.

Morris Netherton and Nancy Shiffrin (1978) wrote a much different type of book the same year. It focused on Netherton's theory of past life therapy and his extensive case studies. He states that emotional and physical pain can be traced back to events in past lives. In order to decrease the effects of the past lives, the client must re-experience the trauma and release the backed up energy connected with it.

According to Netherton, past life therapy treats reincarnation as a proven fact though he doubts it will ever be proven (Netherton & Shiffrin, 1978). Based on the cases he has worked on as well as the research he has conducted, Netherton states that reincarnation is the most logical explanation for the phenomena he has witnessed. He

believes that the success of his client's therapy is unaffected by their belief or cynicism in reincarnation.

Netherton does not believe in the use of hypnosis to obtain past life memories (Netherton & Shiffrin, 1978). Like Dianetics in the 1950's, Netherton utilizes a verbal emotional bridge to access the memories in the unconscious. He believes that everyone uses language in their own way. When his clients speak about issues in their present life he listens for frequently used phrases. He uses these phrases as a way to access the unconscious without taking away the presence of the conscious mind. After identifying an appropriate phrase he requests that clients close their eyes, concentrate, and repeat the phrase until additional phrases arise or a mental image appears (thus accessing the unconscious).

Netherton holds the belief that certain themes unconsciously guide a client's life (Netherton & Shiffrin, 1978). He theorizes that the theme of this life is selected during the pre-natal, birth, or early childhood period. A specific event during one of these periods will stimulate or trigger the theme. In reviewing past lifetimes, the client is often able to identify the theme chosen.

Rather than focusing on the spiritual implications of this therapy, Netherton concentrates on relieving client symptoms (Netherton & Shiffrin, 1978). He believes in order to fully alleviate the client's symptoms, the past life experience causing the symptom and the triggering event in the current life needed to be re-experienced. It is important to note that he states no individual session will result in the client being perfectly balanced or healed. This is a modality that whittles away at the client's problems one by one.

Edith Fiore's book, *You Have Been Here Before* (1978), focuses on case studies that demonstrate the effectiveness of past life therapy. Similar to Freud, Fiore believes that a person's present problems chiefly originate from unresolved issues in the unconscious mind. Her goal is to help bring these issues into consciousness. Fiore frequently utilizes hypnosis to do this. She identifies that client's problems can be traced back to their first few months of life or even their birth experience. She believes that the birth experience could often be a trigger for life long physical problems. She went back even further with clients and discovered that emotional problems can be rooted as early as their gestational period.

One afternoon while using hypnosis to assist a client in addressing sexual issues, she asked him to "...go back to the origin of his problems..." (Fiore, 1978, pp. 4-5). The client began discussing a lifetime that took place in the seventeenth century. Fiore knew this client believed in reincarnation (something she was not interested in) and as a result she thought he was describing a fantasy. Despite this, when she next saw him, he reported being free from sexual problems and feeling better about himself. Fiore had a similar experience with another client who believed in reincarnation. The turning point for Fiore occurred after she regressed a client to a past life who did not believe in reincarnation yet the client's symptoms remitted. After that success she routinely used past life therapy when it appeared the client's problem were not rooted in the present life.

Fiore was intrigued by the death experience her clients reported when they underwent past life regression (Fiore, 1978). While reviewing her case studies, she identified that her work supported that of Raymond Moody's. In 1975 Moody published *Life After Life* chronicling the near death experience of over 100 individuals who "died"

during illnesses, operations, or accidents. Prior to resuscitation they all described similar events including a sense of being separated from their body, watching the scenario from overhead, a pervasive sense of peace, a freeing from physical and/or emotional pain, and seeing beloved relatives or friends who previously died (Fiore, 1978; Moody, 1975). While Moody's subjects returned to their body, Fiore's subjects completed the transition and reported on the process as a whole.

Fiore was intrigued that all of the clients maintained consciousness throughout the death experience (Fiore, 1978). Individuals "... experiencing dying under hypnosis use the word 'floating' to describe the immediate bodily sensations after death. They feel themselves rising into the air and viewing the scene below" (Fiore, 1978, pp.222-223). Occasionally her clients cried in response to seeing their relatives grieve.

In almost all of her cases the client reported being alone in the spirit state immediately following their death (Fiore, 1978). Followed shortly thereafter by another presence usually identified as a spiritual guide. The guide was often described as a helpful, loving bright light. Others report being greeted by deceased relatives or friends.

The death experience was an "awakening" for many of Fiore's clients as it profoundly changed their theoretical personal beliefs (Fiore, 1978). While it was assuring for those already believing in life after death, for others having contrary religious beliefs, it forced them to grow and incorporate the new experience. For many it decreased the fear of death.

### *A Paradigm Shift*

Until the late 1970's staying well was considered the sole responsibility of the medical profession (Lucas, 2001). In 1977 Elmer and Alyce Green published the book

*Beyond Biofeedback*, one of the first books to explore the mind body connection. They hypothesized the autonomic system could be controlled through the use of biofeedback. The same year Carl and Stephanie Simonton published *Getting Well Again* (1977) demonstrating the ability of using imagery to heal cancer. This was considered so radical Carl Simonton, a member of the American Medical Association, was removed from the organization for a period of time. Books of the time such as Norman Shealy's *Ninety Days to Self Health* (1976) and Marilyn Ferguson's *The Aquarian Conspiracy* (1980) helped usher in a paradigm shift that made alternative medicines more accessible.

Providing cohesion in the field, the Association for Transpersonal Psychology, the Association of Humanistic Psychology, and the Association for Holistic Medicine were founded (Lucas, 2001). A number of these associations sponsored journals providing an outlet for research and theory including the Association for Past-Life Research and Therapies.

In May of 1980 Ronald Jue developed a conference focusing on reincarnation and past life therapy at the University of California-Irvine (Lucas, 2001). During the conference a committee was appointed to develop a professional association. The association would function as a clearing house for information, publish a journal, establish professional status (including identified ethics and set standards), and develop a training program. The association would work towards disseminating the concept of past life therapy, act as a support group for its members, and be a referral source for the public.

In October of 1980 the Association for Past-Life Research and Therapies debuted (Lucas, 2001). With the publication of the *Journal of Regression Therapy* in 1986 the

association known as APRT attained all of its initial goals. The association, in existence today, changed its name to The International Association of Regression Research and Therapies (IARRT) in 2000.

The paradigm shift of alternative medicines continued into the 1980's. Larry Dossey published two books *Space, Time, and Medicine* (1982) and *Recovering the Soul* (1989). In the latter he scientifically discusses the existence of the nonlocal mind, known as the soul. In 1986 Bernie Siegel published *Love, Medicine, and Miracles* exploring the power of the mind to hinder or help in recovery from life threatening illness. Deepak Chopra wrote several books in the 1980's and ended the decade with *Quantum Healing* (1989) discussing the power of the mind to affect the body. It connects modern physics and the ancient medicine of ayurveda. It offers an outline for mind-body medicine through "intelligence" programming DNA, explaining how programming in the energy body can affect the physical body.

In 1987 Robert Sheldrake published groundbreaking work in his theory of morphic resonance. It profoundly affected how memory (and therefore past life memories) are conceptualized. Traditionally we have been raised to believe that memories are stored in specific parts of the brain supported by research showing certain types of brain damage affect memory. He cites the example of an individual suffering a concussion leading to memory loss. According to the traditional view the brain damage caused the memory loss, and it is thought the memories are lost forever. This is not the case as most memory loss is temporary.

Like Wambach in the late 1970's, Sheldrake (1987) hypothesizes the brain is akin to a tuner rather than similar to a storage machine. He likens the mind to a television set.

He explains if he were to damage a television set and certain channels could no longer come in or the sound no longer worked, it would not prove the channels or sounds were located inside the television, it would mean that he had affected the tuning system. As a result the appropriate signal could no longer be picked up; so it is with memory.

Sheldrake asks if we can tune into our own memories, does this mean we should tune into other's memories too? He believes we do (Sheldrake, 1987). He, like Carl Jung, believes in a collective memory (also thought of as the collective unconscious).

As the paradigm changed from the physician being solely responsible for the patient's health to the physician empowering the patient to accept responsibility for their own wellness, the interest and research in alternative therapies increased. Raymond Moody, well known for his research into near death experiences, wanted to attempt to identify traits of the past life regression experience (Moody, 1990). After collecting and reviewing his data he wanted to compare his information with that of other researchers in the field. Several psychologists were willing to share their case studies with Moody.

Based on all of the collected information Moody identified the following 12 traits:

1. Past life experiences are usually experienced as sensory images. Most individuals report visual images in color, though some individuals describe odors or sounds. The images reported are described as more vivid than daydreams. For some individuals the experience takes place as thoughts.
2. Past life experiences appear to have a life of their own as what takes place appears to be out of the conscious control of the individual experiencing the regression. Participants often describe it as similar to witnessing an event or watching a movie.

3. The imagery in the past life experience has a feeling of familiarity. This feeling may be experienced as vague to quite intense to the degree that a feeling of homesickness may occur for the past life.
4. The individual experiencing the past life regression identifies themselves as one of the individuals in the scene being recalled. Often the individual they identify with is very different than who they are in the current lifetime as they may be a different social class, race, or sex. It is not unusual for the individual to feel that they were actually that person in a previous life after the regression.
5. The individual participating in the regression often experiences the emotional feelings of the character they have identified with. It is often apparent to the therapist what emotion the character is experiencing by the expression on the individual's face or other form of body language. The feelings experienced have the possibility of running the entire emotional scale.
6. During the regression, past life events may be viewed from the 1<sup>st</sup> or 3<sup>rd</sup> person perspectives. The individual often has the option of viewing the experience through the eyes of the character they identify with or as a disembodied observer watching a scene.
7. The experience that the individual recalls often mirrors events that are taking place in their current life, though this is not always apparent to the individual experiencing the regression. At times the individual is aware of the parallels and are able to leave the session with increased insight.
8. An improvement in the individual's emotional state following the regression. The individual experiences the emotions of the character they identify with. After



intense emotions have been experienced and expressed, the individual often experiences a sense of relief or calmness. This coupled with the added insight of the regression often prompts individuals to make needed changes in their life or to accept themselves more fully.

9. Past life regression has the potential to effect medical conditions. Individuals have reported at times dramatic resolution of physical symptoms following past life regression.
10. Past life regressions typically do not follow a historical timeline. Focus is not on that person's role in history, but rather their psychological and spiritual development.
11. Past life recall becomes easier to enter into with practice. This may be due in part to the client being more comfortable in the regressed state.
12. Most past lives are average and mundane. Most of the lives experienced are typical of the time period. In Moody's experience only a few individuals have identified with known historical figures.

In summarizing his findings it was apparent to Moody that past life therapy offers a relatively quick and inventive way to identify an individual's issues as most of his subject's past life memories mirrored an issue in their current life (Moody, 1990).

Over time the focal point of regression therapy has transformed from the early 1970's where it was primarily used for symptom relief to the 1980's where symptom relief was still a focus however attention was also given to the journey of the soul (Lucas, 2001). The idea that we are on a journey of the soul back to the universal Source of energy is not something that has been integrated into traditional psychological thinking.

Spirituality is not something that can be proven and therefore is often thought of as suspect.

### *Philosophical Hypotheses*

Many feel it is the spiritual aspect of past life therapy that makes it dubious to the professional world (Lucas, 2001). Chet Snow describes it well when he states “It is this spiritual aspect of regression therapy that is a stumbling block for the ordinary professional because for many, ‘spiritual’ is equated with ‘illusory’” (Lucas, 2001, p.27). But it is the spiritual aspect of this therapy that makes it such a powerful tool in working towards wholeness and integration. Often it is only through the difficulties experienced in our relationships with others that we discover what needs to be integrated within ourselves (Gucciardi, 1999). By identifying these difficulties, we can look at the issues that keep us separate from ourselves at a soul level.

The word “karmic” is used to describe the patterns that we establish on our path towards wholeness (Lucas, 2001). The patterns we develop either help us or hinder us. The purpose of past life therapy is to identify established patterns and how they impact our growth. The word “karma” itself refers to the consequences of one's actions. It is based on cause and effect. In Buddhism, karma is thought to directly impact future lifetimes either positively or negatively (Woolger, 1988). Although not consciously realized, through out our various lifetimes we move towards karmic homeostasis as a result of our innate drive towards wholeness (Lucas, 2001).

In India the psycho-physical practice of Yoga has long recognized past life patterns as a basic part of an individual's makeup (Woolger, 1988). Samskara is a term used to describe behaviors based on patterns developed in past lives. Woolger (1988)

believes specific patterns are inherited at birth. He identifies them as “psychic scar tissue” (p. 148). The purpose of the patterns is to learn.

According to Denning (in Lucas, 2001) each person chooses a specific lesson or lessons for each lifetime with specific settings and personalities that will assist in learning the lesson(s). Individuals who are karmically connected reincarnate together. Gucciardi (1999) states they will trigger each other continually so issues that need to be addressed will come to the surface. If one is caught up in the same emotional issue repeatedly from relationship to relationship, it is likely they are struggling with an issue that is within them. By understanding and integrating repeated patterns in relationships with others and within ourselves, we continue towards the path of wholeness.

The process of working through patterns takes many lifetimes (Lucas, 2001). In the life we are living today, we are making up for mistakes in past lives. As children and frequently as adults we lack the resources to process and integrate painful situations (Gucciardi, 1999). As a result we may ignore the situation, cover it up, or emotionally shut down. This does not mean it goes away; it simply remains in the unconscious to be repeated in the future or addressed in another lifetime.

In the soul’s journey, an individual will live divergent lives (Lucas, 2001; Woolger, 1988). It is common for one individual to experience many opposites called polarities like wealth and poverty, brutality and victimization, male and female, in various lifetimes. An effective therapist will help the individual to not judge the lifetimes but view them as life and soul lessons.

In looking for explanations for how behavior patterns are transmitted from one lifetime to another, the field has increasingly relied on physics and psycho-biology

(Lucas, 2001). According to the laws of physics, energy fields (which include behavior patterns) do not stop existing at the time of death but transmute. Snow (In Lucas, 2001) explains it further:

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. (p. 31)

Past lives are marked on three levels in each individual: the etheric body, the emotional body, and the mental body (Lucas, 2001). All three levels are affected by events, emotions, and thoughts from previous lives, and are imprinted individually. The etheric level is the model of the physical body. Physical traumas from past lives can become embedded and affect the physical body in the current lifetime. So it is the same with unresolved emotional complexes (which affect the emotional body) and attitudes and beliefs (which affect the mental body). A combination of unresolved etheric and emotional complexes makes up the physical body in this lifetime.

Deepak Chopra discussed this concept in his book *Quantum Healing* (1989). He hypothesizes there is an intelligence (the quantum self) that orders the DNA so it has an impact on our thoughts and feelings as well as the physical self. For in-depth change to take place it must reach the quantum layer (etheric level). This explains why energy work and affirmations are sometimes not effective. If there are unaddressed emotional complexes remaining from a previous life, they can interfere with the body's ability to

heal. If extensive work is done through meditation and imaging to heal the emotional complexes, healing can take place in this lifetime.

### *Psychotherapeutic Assumptions*

In past life therapy the short term results are similar to results seen in other types of psychotherapy: alleviation of symptoms, better relationships, and increased feelings of self worth (Lucas, 2001). The long term goal of past life therapy is the acceptance of self leading to a sense of peace and comfort with one's place in the world. The mechanism of change in past life therapy is the same as that in psycho-analysis – making the unconscious conscious in an effort to re-establish the individual's personal choice.

A key difference in past life therapy from other more traditional modalities, is it takes place in an altered state (Lucas, 2001). The conscious mind puts up barriers preventing us from accessing the unconscious mind. As a result the therapist engages in an induction technique that assists the client enter an altered state. The client is able to access the unconscious mind while still being aware of what is taking place around them (Weiss, 1992). To assist with the retrieval and processing of past life memories a three step process has been developed: identification, searching for patterns, and integration (Lucas, 2001)

The process of recalling past life memories and experiencing the emotions of the person one was then, feeling their physical body, and their thoughts is the process of identification (Lucas, 2001). Whether or not they are viewed as actual memories or a metaphor does not matter. What is important is getting in touch with the feelings the other lifetime evokes. The therapist uses deepening techniques to assist the client maximally identify with the past life. As the client re-experiences the emotions, the

energy associated with the memory is released. This rebalances the etheric body, releasing the symptoms in the client's physical body.

Some clients are able to connect how their past life memories relate to their current situation (Lucas, 2001). This along with releasing the feelings connected to the past life memories provide emotional healing. Other clients need assistance with cognitive re-evaluation with the therapist for emotional healing. Depending on the therapist's orientation they may have the client re-experience the past life numerous times, utilizing systematic desensitization, to decrease the emotional charge associated with the memory. Depending on the situation the therapist may or may not follow up with a cognitive re-evaluation.

In the second stage the therapist asks the client to shift from a first person to third person perspective in order to identify patterns (Lucas, 2001). The purpose of identifying and examining patterns is to increase awareness that our life is strongly, but not inevitably, predetermined by what we have done in other lifetimes. Lucas states without patterns there would be no regression therapy. It is the existence of patterns that allows us to see nothing is chance. According to Dethlefsen ( in Lucas, 2001):

Knowledge of former lifetimes affects an enormous increase in a person's conscious knowledge. The individual suddenly learns how to interpret and understand details in his present life in a new manner. He recognizes associations and receives insights that greatly expedite his learning process. (p.41)

Major shifts in relationships may take place in this stage as the client examines their past lives and is able to identify karmic patterns between themselves and others (Lucas, 2001). Often role reversal is seen in a number of lives, and many times a reaction

or attitude toward someone in the current life is explained by an interaction that took place in a past life. The reversal of roles is an important pattern to identify as it increases our awareness in relationships and our perspective in life. According to Woolger (1988) all types of experience are needed in the development of our consciousness. By facing and accepting our polarities, we are able to stop judging ourselves and others. This aids transformation individually and collectively

The therapist's next step is helping the client integrate the experiences in a meaningful way (Lucas, 2001). It involves taking on a wider perspective than that of any one past life personality. The therapist assists the client identify the parallels between events, emotions, and attitudes of the past life characters and those of the current incarnation. It is important for the therapist to offer support so the client may release built up judgment, hate, denial, and guilt.

Many therapists such as Woolger (1988) and Gucciardi (1999) work toward this by using techniques from conventional therapies. For example a cognitive restructuring technique like reframing, a process where the client observes a pattern from a different perspective, can alter the emotional impact of a situation. When the perception of a situation is reframed, it not only offers insight into a pattern but a cathartic release, which aids in freeing the client from self-defeating behaviors. When the meaning of an event changes, subsequent behaviors and responses also change.

It is essential the client feel comfortable with the therapist, so they feel safe verbalizing all that is seen in the unconscious when in an altered state (Lucas, 2001). It is up to the therapist to ensure the patient knows a condition of trust exists between them; otherwise valuable material will not be shared. Altered state work connects the patient

and therapist at several levels, and it is vital the therapist be spiritually and emotionally healthy to prevent counter transference from interfering with the session.

#### *Indications and Contraindications for Use*

Past life therapy, like any other modality, has its limits which need to be respected (Lucas, 2001). The patient's level of spiritual development will have an impact on the effectiveness of the regression work. It will determine whether it is for symptom relief or for transforming life and reframing perception. It is up to the client to decide if they are willing to employ the needed effort to move into the transpersonal realm. Not everyone is capable of working on a transpersonal level. The ability to work at this level is related to the individual's ability to be introspective, in part a learned skill.

Therapists focus on symptom remittance, pattern identification, and integration (Lucas, 2001). In regard to symptom remittance past life therapy is effective in treating phobias, compulsions, head aches, physical problems, and select emotional problems. Though physical problems are a good segue into this work, it is not unusual to find that a physical problem may be connected to emotional issues. This is commonly seen in women who have problems with pregnancy, birth, chronic miscarriages, and infertility. These conditions have both psychological and physical components.

In his book *Other Lives, Other Selves*, Roger Woolger (1988) identifies the causes of common psychological issues based on numerous past life case studies. He attributes the fear of abandonment to past life memories of literal abandonment as a child or a significant separation of some kind. Depression is the result of the loss of a loved one, unfinished grieving, or despairs due to war. He ascribes phobias and irrational fears to past life trauma often related to the manner of death. This could include death as the



result of fire, water, suffocation, or a natural disaster. Sadomasochistic behavior problems are usually related to past life memories of torture. Frequently there is the desire to revenge oneself in a similar manner. Guilt is often the result of having killed a loved one or feeling responsible for the death of a loved one in a past life. Eating disorders are frequently the result of past life memories of starvation. Material insecurity is related to economic ruin or severe poverty. Sexual abuse or other sexual difficulties are frequently related to past life memories of rape, abuse, or other form of sexual torture. Marital difficulties are regularly derived from past lives with the same partner in a different class, position of power, or sexual constellation. Chronic physical problems or illnesses are commonly associated with past life memories of a traumatic injury to some part of the body.

Regression therapy can be helpful for individuals who have undergone intensive psychotherapy yet have only obtained superficial results (Lucas, 2001). Often the underlying patterns the client was not consciously aware of need to be identified in order to alleviate their symptoms. Many therapists (Lucas, 2001; Moody, 1990; Weiss, 1992; Woolger, 1988) are willing to do regression therapy to address symptoms however most feel the vital gain is through identifying and gaining insight into outworn patterns no longer useful in the client's present life.

The most obvious obstacle to regression work is a belief system strongly cynical of past lives, even if they are identified as a metaphor (Lucas, 2001). This cynicism has been supported by the medical and scientific fields, although this is changing as there is increasingly more openness to new approaches.

Almost all therapists (Cunningham, nd; Fiore, 1978; Lucas, 2001; Weiss, 1992; Woolger, 1988) agree that adequate ego-strength is required for this work. This rules out individuals struggling with psychosis or borderline personality disorder. This therapy may not be effective for a client if they function solely on an intellectual level and do not have the capability for introspection (Lucas, 2001). Past life therapy is not appropriate for individuals who have lost touch with their emotions. This therapy is not appropriate for individuals who are in crisis. At such times standard psychotherapy is more appropriate.

Regression work is contraindicated for patients who are stuck in a position of guilt and a need to be victimized (Lucas, 2001). Individuals who fall into this group are not willing to take responsibility for their choices. They would rather identify themselves as unwitting victims. Nothing can be accomplished in regression work unless the patient is willing to take responsibility for their actions. If an individual is not willing to be honest and will not self disclose, there will be no notable results. If the therapist cannot make an adequate psychological connection with the client or if the client is not able to follow up or have appropriate social support after the session this modality is not recommended (Cunningham, nd).

### *Preparation*

Therapists practicing past life therapy tend to use it in one of three ways (Lucas, 2001). It may be used as a specific technique in the setting of ongoing therapy. Depending on the client, it may or may not be used. When used in this context, it tends to be used sparingly. In the second approach it is used in equal measures with other therapeutic techniques. Clients enter therapy knowing that it will be used some time in

the course of therapy. In the third approach past life therapy is used exclusively. Clients enter therapy knowing it is the prime modality used.

Regardless of how past life therapy is used, preparation, including an intake, is needed (Lucas, 2001). Objective information is collected such as developmental experiences, family history, educational history, and social development. Subjective information like the client's perception of their family dynamics, fears, goals, and attitudes towards sex, power, and money are discussed.

Intakes for past life therapy tend to be more extensive than those used for more conventional modes of therapy (Lucas, 2001). Therapists often ask about any atypical reaction to events or about unusually strong positive or negative reactions to certain individuals as these commonly are related to past life events. Because most physical difficulties can be attributed to past life experiences, therapists frequently take a detailed health inventory (including any accidents causing injury).

There are therapists (Lucas, 2001) who believe all issues are rooted in past lives and therefore do not cover these issues in the present life. It is thought these issues arise naturally in the course of past life therapy. As a result there is no need to discuss them ahead of time.

It is important to explore the client's basic philosophy of life (Lucas, 2001). A client does not have to have a specific belief in reincarnation for this therapy to be effective however they do need to be open to new approaches and believe we create our own destiny and meaning in life. Many therapists (Lucas, 2001; Woolger 1988) discuss the concepts of karma and past life patterns. Therapists may ask a client to watch for

divergent lifetimes. Discussing the concept of polarity ahead of time, may ease possible feelings of judgment the client may experience in reviewing their past lives.

The closer the therapist's induction procedure resembles formal hypnosis, the more important it is to discuss client concerns (Lucas, 2001). Therapists using relaxation, guided imagery, or affect bridges frequently do not have to spend as much time explaining these techniques as they are often perceived as less threatening than hypnotherapy. The therapist is able to go directly into induction, decreasing preparation time. The amount of time utilized for preparation varies from 30 minutes to several sessions. Preparation should end with the client and the therapist having a clear understanding of the client's goals and how the therapist will work towards reaching these goals.

### *Induction Techniques*

Entering an altered state involves intensifying the focus of attention inward thereby being less aware of events outside ones self (Lucas, 2001; Weiss, 1992). Altered states are not unusual; most of us are in a light altered state much of the time. Examples are watching a film in a movie theater or driving a car on the highway and missing the off ramp while thinking of something else. Being in an altered state increases the potential of tapping into other levels of consciousness such as dreaming, meditation, and visualization. When in an altered state the hippocampus, which works like a computer able to store programs, is particularly open to reprogramming thereby increasing suggestibility (Lucas, 2001).

Unconsciously we constantly modify programs in our mind (Lucas, 2001). Hypnotherapy allows us to consciously modify programs. It was during the use of

hypnotherapy the ability to access past lives was identified. Therapists intending to help clients modify patterns developed early in life, used hypnotherapy to recover and reprocess childhood memories. Instead therapists tapped into pre-natal and past life memories.

Because past life memories were originally recalled using hypnotherapy, practitioners thought past life memories could only be accessed through hypnosis (Lucas, 2001). We now know this is incorrect. Visualization, breathing techniques, and use of an emotional bridge are all effective tools for entering an altered stated allowing the recall of past life memories.

Due to how hypnosis is portrayed in the media, many individuals have misconceptions about hypnotherapy (Weiss, 1992). During hypnotherapy the conscious mind is always aware of what is taking place, and the client controls the process. Rather than giving direct orders, therapists make open ended suggestions and give choices (Lucas, 2001).

Therapists trained in hypnotherapy, emphasize a tendency to repeat and sustain an even and uninterrupted stream of words (Lucas, 2001). These techniques add to the depth and continuity to the altered state. Many therapists (Fiore, 1978; Lucas, 2001) identify the importance of establishing an image of a safe place the client can go to at the end of the regression if the experience was distressing. A therapist may frame the session, starting and ending, with this image.

Therapists (not including those that use an emotional bridging technique) often begin by utilizing a relaxation technique (Lucas, 2001). Originally therapists brought about relaxation by asking the client to deliberately induce tension in parts of their body

and then to consciously release it. This was thought to be repetitive and lengthy by some practitioners. As a result therapists frequently now replace that technique with imaging practices that include breathing and visualization. The client may be asked "...to breathe in light and see light flooding every part of the body. Light may be visualized as coming into the feet and gradually relaxing the body as it flows upward..." (Lucas, 2001, p. 73). According to Lucas (2001) the image of light may be the most effective way to enter a client into an altered state.

The visualization process leads the client from one level or state of consciousness into another where the past life memories are accessed (Lucas, 2001). This is commonly facilitated by counting the subject down a stairway, a hallway, passageway, or a corridor. The issue to be dealt with or the pattern to be explored (previously identified by the client and therapist in preparation) is repeated in the entry into the past life. For example "At the bottom of the stairs you will move into a lifetime that will help us understand..."

Another technique that may be tried is using age regression as an entry point into past life memories (Lucas, 2001). Clients are regressed backwards in increments starting at the present time. There is not a focus on a specific theme or pattern. The client relays what ever incidents arise as they go through the various time periods in their past. This technique puts minimal pressure on the client, and eventually patterns and themes do emerge. The helpful aspect of this approach is that it allows what ever is most significant in the unconscious to arise. A more structured version of this technique would be to follow a specific problem or pattern backwards through the various ages and past lives.

Another technique already discussed, the verbal emotional bridge, is utilized by Netherton (Netherton & Shiffrin, 1978). It is now known as the mental-emotional-

somatic bridge (Lucas, 2001). Any combination of the three components may be utilized as an entry point into past life memories. It is most effective when all three mechanisms are used. No initial imaging or relaxation is needed.

### *Supportive and Deepening Techniques*

Once entered into an altered state and past life memories accessed, the client enters the first stage of regression called identification (Lucas, 2001). As the name suggests identification is the process of the client identifying with the memory imaged. It is the therapist's job to help the client connect emotionally, physically, and mentally with the memory. The therapist is responsible for effectively moving the client within the time frames of the past life memories to help the client identify patterns. As the memories are frequently traumatic in nature, the therapist assists the client process the experience. According to Lucas (2001) the degree to which the session is therapeutically beneficial is related to the degree the client identifies with the memory, not whether or not they believe it really happened.

As in other therapies, it is essential the therapist maintain a non-judgmental stance, letting go of expectations of what they think should take place (Lucas, 2001). The therapist's most helpful tool is a well modulated voice. The therapist needs to be aware of how the client is speaking and respond in a manner appropriate for that client. A therapist can often draw the client into an altered state and deepen the client's trance simply through the use of their voice. Chet Snow (in Lucas, 2001) states during this part of the session he and the client are "...sharing an intensified energy field... [he] pay[s] close attention to the client's own responses and use[s] them to mold further questions" (p. 303).

In terms of eliciting material every therapist develops their own strategy however there are general techniques that are particularly helpful (Lucas, 2001). Requesting the client speak in the present tense when describing the images moves things along smoothly. If the client begins to speak in the past tense, the therapist can help shift this by rephrasing what has been said in the present tense. Concrete questions bring forth material more easily than asking open ended questions. For example asking the client what they have on their feet. The therapist can go on to clothing, sex, age, or whatever is indicated by what the client is sharing. Asking “How”, “When,” or “Where” questions are usually helpful however asking “Why” questions throws the client into a cognitive state and will interrupt the flow of the session.

It is possible that blocking may take place during any part of the regression (Lucas, 2001). To work through the block the therapist may ask the client to make up a story. It is important to ask the client to say the first thing that comes into their head and to not analyze it. In this way the therapist is asking the client to trust their own unconscious.

The therapist can assist the client in moving within time by asking simple questions or making suggestions (Lucas, 2001). In asking the client to move forward, it may be helpful to combine counting with the suggestion that the client go to the next significant event. This allows the client to recall important events in a timely manner. Specific events (such as death) can be recovered by suggesting the client go to that time.

An important aspect in supporting and deepening the regression is dealing with stress (Lucas, 2001). Therapist approaches vary widely from removing the client from the stressful situation to intensifying the feelings of stress. There are a variety of



techniques a therapist may utilize to decrease stress such as asking the client to go back to a more positive experience in the same lifetime. The therapist may ask the client to detach from the experience by becoming a third party observer rather than taking the first person role. The therapist may use techniques to help the client move through the stress such as breathing exercises, repetition, or counting. Some therapists reframe the situation for the client. By seeing the situation in a different context, it often removes some of the emotional intensity.

There are therapists like Netherton (1978) and Woolger (1988) who think the feelings of stress should be intensified and experienced so that the feelings may be released. How the therapist deals with the stress depends on their therapeutic perspective (Lucas, 2001). Lucas notes that "...opposite techniques work with different patients" (p. 104). Before coming to this point it is essential that the therapist has built adequate rapport, so there is trust on the patient's part in the therapist's skill.

### *Processing*

There are three stages of processing (Lucas, 2001). Abreaction is the first stage. It involves releasing the backed up emotion connected to the past life memory. This is thought to be an effective agent of healing by itself though it appears to be most effective when paired with cognitive reframing. Another tool available for use while processing the experience is repetition as a form of systematic desensitization (Lucas, 2001).

Hickman (in Lucas, 2001) reports that:

Once a contributing event has been found and re-lived, I ask if the emotions expressed are still there. If any painful feeling remains, the subject is requested to go back over the entire happening again...Each time the incident is re-lived and

retold, its emotional intensity is diminished until finally the story can be related with complete composure...the painful emotion is neutralized and the cause is removed. (p.112 )

This does have a degree of success on its own, however in many cases it is most successful when combined with other techniques such as searching and identifying patterns in one's behaviors.

The second stage of processing, disidentification, takes place when the client shifts into the third person perspective and begins to identify and evaluate patterns in their behaviors, thoughts, and emotions (Lucas, 2001.) Lucas (2001) states if there were no patterns there would be no regression therapy. It is the existence of patterns that makes us grasp nothing is incidental. Woolger believes that patterning can occur on any level, emotional, cognitive, or somatic (Lucas, 2001; Woolger, 1988). He states the patterning must be acknowledged, processed, and cleared on all three levels or else the symptoms and/or patterns will reoccur in physical or emotional form.

Lucas states the point of looking at patterns is to increase awareness that "...much of our life is strongly, but not inevitably, predetermined by what we have done in other lifetimes" (Lucas, 2001, p. 115). Patterns are not just repetitions of common themes but working out karmic patterns established in previous lifetimes. As a result it is not unusual to see role reversals take place in the different lifetimes. An example is a reaction or attitude to someone in this lifetime may be inexplicably negative or positive as the result of experiences in another lifetime.

Major changes in relationships may take place as a result of identifying karmic patterns in past lives (Lucas, 2001). This often explains irrational love or hate

relationships in one's current life. It is also a partial explanation of the concept of polarity which is the need to play contrary roles not just in life but also in ones relationships. It is easy to integrate the parts of ourselves that we perceive as positive such as being loving or caring. It is the acknowledgement and integration of the parts of ourselves that we perceive as negative, such as the characteristics of cruelty or dishonesty, which is the true definition of wholeness. The ultimate goal in working with polarities is to reach a level of integration where we accept all parts of ourselves and see all parts as having value and worth.

In the third stage in processing, cognitive techniques are used to help the client integrate the patterns and polarities they have identified in their past lives (Lucas, 2001). The cognitive techniques used come from a variety of more conventional therapies. An example of a frequently used technique is reframing. The client is asked to look at specific situation from another perspective. Jue (in Lucas, 2001) explains the utilization and purpose of this technique:

The focus of reframing is either to separate the intention behind a specific set of symptoms and to reframe that intention in a more beneficial pattern, or to reframe an inappropriate behavior pattern so that it occurs in a useful context...such a perspective can offer not only insight into a situation but cathartic release and freedom from self defeating patterns. (p.119)

When the perception of a situation is framed, it lessens the emotional impact allowing the individual to move forward.

### *Failures*

The limitations of past life therapy tend to fall into three categories: built in limitations, client limitations, and therapist limitations (Lucas, 2001). Not all problems a client brings in relate to a past life. For that reason, most regression therapists begin by looking at the present life. If that does not yield appropriate results, then it may be appropriate to begin exploring past lives. The strength and ability to integrate insights is a necessity. Clients with certain mental health diagnosis like borderline personality often have a deficit in this area. While they may be able to access past life memories, they do not have the ego-strength to make necessary changes.

There are a number of limitations a client may bring to past life therapy (Lucas, 2001). The inability to enter an altered state is one of the first difficulties commonly experienced. The client may not be able to relax their conscious mind and may remain focused on being present in the room (Cunningham, 2001). The client may not be able to tune into one past life instead images from various past lives come and go (Lucas). It is possible the client may not trust the therapeutic process and thereby not allow unconscious material to arise.

Traumatic situations of suffering or violent past life deaths may block past life memories (Lucas, 2001). When this occurs there may be a higher wisdom at work. The client may need to do more internal work before they are ready to address these memories.

Clients may bring unrealistic expectations with them to the session such as expecting change in a session or two. Individuals in a hurry for change often do not go deep enough to effect any significant or long lasting change. Clients expecting to recall a

past life of prominence, such as a royal figure or an individual of great wealth, will be disappointed as the life style of most past lives recalled are of simple and humble means.

The largest contribution a client makes towards failure in regression work is an unwillingness to accept responsibility for their life (Lucas, 2001). There may be a variety of reasons for this including having to give up symptoms that may provide a secondary gain. The client may feel incredibly inadequate and can only continue by making others responsible for their behaviors and choices. Regardless, the point of past life therapy is growth and change. The above factors negate any changes that may take place.

There are limitations a therapist brings to past life therapy. Adequate training in regression therapy is essential (Lucas, 2001). Past life regression is more difficult than other forms of therapy, and it needs to be built on a sound framework of psychotherapy in order for it to be successful. This includes the ability of the therapist to adequately evaluate the appropriateness of a client for past life therapy. The therapist also needs to be skilled in time management, especially if they are working within the confines of a 50 minute session. Before beginning the therapist must ensure the client has identified clearly perceived goals. A weakness in any of these areas can lead to poor results.

During the actual regression therapy session the therapist may hold back the process in several ways (Lucas, 2001). The therapist needs to be skilled at identifying patterns in past lives that relate to the present life. Once identified the therapist needs to help the client integrate this new information into their current life process. The therapist needs to be skilled at identifying and working with transference and counter-transference. Issues with pacing can arise. It is important to move at a pace the client is comfortable

with and not push them to meet expectations of the therapist. In order to help a client adequately address issues of polarity, the therapist must do their own work in this area.

### Chapter III

#### *Discussion*

With the amount of research published in the 1970's (Fiore, 1978; Green & Green, 1977; Moody, 1975; Netherton & Shiffrin, 1978; Simonton, Simonton, & Stevens, 1978; Wambach, 1978), it could be identified as the decade that ushered in past life therapy. Initially the focus of therapy was symptom reduction (Fiore, 1978; Netherton & Shiffrin, 1978). A change of the decade coincided with a change in the focus of past life therapy. With the medical field finally acknowledging the mind and body connection (Chopra, 1989; Dossey, 1989; Siegel, 1986), past life therapy took a more spiritual path and practitioners focused on the journey of the soul (Woolger, 1988). With the assistance of Robert Sheldrake (1987), an innovator in the field of physics, the manner of how memories and patterns are transmitted from one incarnation to the next was re-conceptualized. Despite the increased credence provided by this work (Lucas, 2001), past life therapy still lacks mainstream acceptance. The spiritual component and relationship with reincarnation, widely accepted in the East (Shroder, 1999), appears to be a stumbling block for many in the west.

For those though that are open to it, this technique can provide a new world over time through the various meanings they may take from the sessions. On the most superficial level it is fascinating to explore past lives, to see the choices one made and the subsequent consequences that resulted, possibly even being felt in today's life. On the therapeutic level, the changes this technique allows an individual to make both physically, through the release of physical symptoms, and emotionally, through the release of outworn behavior patterns, are life altering. On a transpersonal level an

individual is able to explore different planes of consciousness and obtain a greater understanding of their purpose in life and greater clarity in their relationships with others. The last and most significant level of meaning the experience provides is a feeling of wholeness; feeling a connection to everything and everyone and all that is in the Universe. A connection with The Source.



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