

PAST-LIFE THERAPY: ORIGINS AND SOURCES

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Running head: Past Life Therapy



COMPLETION OF THESIS

MEMO TO DIRECTOR OF GRADUATE STUDIES:

This is to certify that on June 5, 1995
(date)

Barbara Pomar successfully completed the
(name of student)

oral defense of his/her Thesis entitled Past Life Therapy: Sources
and Origins

presented in partial fulfillment of the requirements for the Master of
Arts degree in Psychology.

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Thesis.comp 7/95

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ABSTRACT

Past-Life Therapy is a product of the evolution of traditional psychotherapy. It can be considered both as a natural progression of age regression and as a means of accessing the collective unconscious. There are differing methods of recalling past-life reports. Various explanations for the phenomena discussed are other personal lives (past, future and simultaneous), collective unconscious including morphic field, quantum field and simultaneous time; and false memories including implanted memories, cryptomnesia, and memories of others, such as possession. Although most of the research prior to 1980 was centered around verifying the facts recalled in other historical life times, in order to prove reincarnation, the historical information revealed in past life experiences do not have to be factual for the client to benefit from the therapy. Case studies and empirical studies will be critically reviewed and suggestions will be made for the design of further studies.

Past-Life Therapy:
Origins and Sources

Past-life recall has become a popular topic with television talk shows and the general public. Various authors have claimed that clients have attained therapeutic benefits from recalling another life time, such as Fiore (1978), Goldberg (1988), Lucas (1993), Netherton (Netherton & Shriffrin, 1978), Weiss (1988), and Woolger (1988). This paper will look at past life reports from the historical viewpoint, the methodology of report retrieval, and the source of the reports.

History of Past-Life Therapy

Writings on past lives, reincarnation (the habitation of a sequential series of human bodies), and metempsychosis (Greek word meaning temporary resting place of the soul) have been found as early as 640 B.C. (Long, 1948). Reports by Jesuit missionaries on American Indian beliefs described similarities in the natives' beliefs to metempsychosis (Mills & Slobodin, 1994). Past-life recall has been primarily the domain

of spiritual seekers and religious belief systems. Recall was considered to be a guide point, a step on a spiritual path.

Since Freud popularized age regression for psychotherapeutic results, past-life recall has gradually become a topic of talk shows and professional conferences. According to Hilgard (1977), Colonel De Rochas claimed in 1911 that he was able to regress his patients to their infancy, birth, prenatal, previous lives and many were able to be projected into future lives as well.

Cannon (1950) by 1950 had accumulated over a thousand cases of past-life recall. He concluded that the reason Freud's psychoanalysis did not always work is that it did not go back far enough, into previous lives (Cannon, 1950). Prior to the 1970s it is difficult to locate serious literature on past life therapy. During the mid-1970s several books were published by psychologists (Fiore, 1978; Netherton & Shiffrin, 1978; Stevenson, 1974, 1974b, 1977; Wambach, 1979 and others) and well as non-psychologists (Moore, 1976; Sutphen, 1976) about case studies of clients that not only spontaneously but intentionally regressed into a previous life.

In 1979, a group of psychologists presented the first past life conference at University of Irvine, California. From this group, the Association of Past Life Research and Therapy (APRT) was formed. Its headquarters are located in Riverside, California.

During the 1980s Past-Life Therapy (PLT) grew quietly and steadily as an alternative therapy. Weiss published his best seller (New York Times List) Many Lives, Many Masters in 1988. As the popularity of the book made Weiss in demand as a presenter, he left his position as head of the Psychiatric Department at Mount Sinai Hospital in Miami to lecture, teach and promote Past-Life Therapy nationally and internationally. This opened the way for other psychiatrists, such as Raymond Moody, and Robert Jarman. Lucas, a psychologist for over 40 years, published a comprehensive two volume set on Past-Life Therapy and related therapies, Regression Therapy, a Handbook for Professionals, Volume I: Past-Life Therapy and Volume II: Special Instances of Altered State Work, in 1993.

Currently, past-life memories are being accessed through most psychotherapeutic traditions, hypnotic as well as non hypnotic, and though such forms of body work, as acupuncture, massage and shiatsu.

From an historical perspective, Past-Life Therapy (PLT) is a natural evolution of many of the traditional therapeutic modalities. Therapists with no background in reincarnation, or belief in past lives have heard their clients tell of events with historical data from another time period. Often times, the client is not only a disbeliever in past lives but opposed to the concept of reincarnation. Most past-life therapists agree that belief in reincarnation is not necessary for either the client or the therapist for this approach to be effective.

There are two methods which may result in past-lives being recalled. The first of these, age regression, has been an accepted psychological modality since James and his stream of consciousness. Several theoretical traditions, including psychoanalysis, Adlerian, and behaviorists use age regression to access the cause of the patient's symptoms.

The second method involves the use of a bridge or a triggering device. Jungian, Gestalt, humanistic and

transactional therapists often trigger memories during a regular session while asking the client to describe or discuss the origin of the problem or symptom.

At the beginning of the 20th century, early childhood memories were considered to be the earliest memories accessible. During the 1970s and 1980s Cheek (1974, 1980, 1986) reported on memories of infants and prenatal memories. Van-Beekum and Lammers (1990) and Chamberlain (1990) described clients' stories of memories of conception and related activities.

It is the intention of this paper to first discuss Past-Life Therapy in the context of traditional therapeutical frameworks. It appears most psychotherapeutic traditions involve some type of age regression and altered state work. Some, like the Adlerian and psychoanalytic place heavy emphasis on childhood and prechildhood memories. Others such as Gestalt, Jungian and Cognitive Behaviorists are primarily interested in the origin of the symptomatic problem. Relaxation, visualization, hypnosis, meditation and bridge techniques are used to achieve age regression to obtain the needed information and to stimulate the desired change in clients.

In this paper, we will also differentiate among the various methods of achieving altered states of conscious, as some type of altered state of conscious is necessary to access this type of memory. The various non-pharmaceutical means of accessing these past life and other memories will be reviewed. Some of these methods are well known in the therapeutic setting as relaxation and visualization. These may or may not be a requirement for hypnosis or meditation use. Both hypnosis and meditation have been used in conjunction with bridges. Although bridges, such as an affective bridge, can be used with relaxation or visualization.

One of the major questions that arise when discussing regression work is: Where does the memory come from? Is it accurate? Although reincarnation is considered the logical source for these recollections, there are other explanations. Another focus of this paper is to explore possible alternate sources for past life memories, such as proluclid dreaming, genetic memory, collective unconscious including morphic resonance and quantum theory, simultaneous time, cryptomnesia, memory implants, and memories of someone else.

The majority of research in Past-Life Therapy has been with case studies in keeping with the tradition of new psychotherapeutic interventions. Case studies were the major methodology of clinical investigation through the first half of the 20th century (Allport, 1991). Currently, case studies are frequently considered, at best, as good journalism (Stoecker, 1991). Past-life research up to the 1980s was primarily concerned with the proof of reincarnation, with the researchers verifying historical data the client reported while regressed. In this paper eight case studies will be used to illustrate, to demonstrate uses of and effectiveness of Past-Life Therapy. In reviewing related topics, the writer found empirical research, ten studies, involving issues related to past life therapy. Suggestions will be discussed on various ways to approach analyzing past life information.

The final section will summarize findings and present a critical analysis of research, methodology and outcomes. Suggestions for future research will be submitted.

Therapeutic Traditions

Past-Life Therapy is a natural progression, an evolution of many therapeutic traditions. Past life memories have resulted from age regression techniques where memories seem to occur independently of the belief systems of both the therapist and client (Fiore, 1978; Goldberg, 1988; Lucas, 1993; Moody & Perry, 1991; Weiss, 1988, 1992; Woolger, 1988). The first occurrence is often a spontaneous reaction to a direction or suggestion by the therapist to go to the initial sensitizing event.

Psychoanalytic

Freud built his reputation on the therapeutic effects of encouraging his clients to recall memories of the client's life through techniques such as free association, to better understand their current life situation. Currently, psychoanalysts use various techniques, including hypnosis, to assist their patients in recalling childhood and prechildhood

memories. Weiss (1988) using psychoanalytic methods with Catherine, in the following case study of Catherine detailed in Many Lives, Many Masters found the source of her problems in a past life incident.

Catherine, a 27-year old, had been suffering from increasing anxiety, recurring nightmares, panic attacks and numerous phobias, such as water, airplanes, the dark, and dying. Catherine was secure in her Catholic religion and did not believe in reincarnation. Weiss, then Chief of Psychiatry at Mt. Sinai University Hospital, was reared in the conservative Jewish tradition and had not considered the possibility of reincarnation. Neither had read much about the subject before their experiences. After 18 months of conventional psychiatry with medication to relieve the anxiety with minimal results, Weiss began hypnosis. Little change was observed until Weiss gave the instructions to "Go to the time the symptoms arise" (p. 27).

The resultant memory was of a life as Aronda in 1563 B.C., where she described drowning with her daughter. At the beginning of the following session, Catherine reported that her fear of drowning had disappeared, her choking had diminished and she had no

further nightmares of a collapsing bridge. Catherine subsequently recalled over 15 lives, spanning from a Nubian slave in ancient Egypt to a French pilot and a German soldier. These included lives as a teacher in Japan, a seaman in England, a prostitute in Spain, an Indian in Florida and deaths as boys in Morocco and Paris. In some of the lifetimes, names, dates, and locations were reported. The times after and between lifetimes was explored.

After 3-1/2 months, almost all of the symptoms disappeared and her personal relationships improved. No research has been done to verify or deny the information Catherine recollected.

Adlerian

The importance of conscious recall of childhood memories and early experiences is central to the Adlerian approach of helping clients identify and change their mistaken beliefs (Corey, 1991). Therapists in the Adlerian tradition (Carich, 1990; Warren, 1990), use relaxation, visualization, and hypnosis as a means of accessing earlier, life memories. Ritzman (1992) demonstrated the significance of accessing the initial sensitizing event that was

originally responsible for the current problem. Stevenson (1966, 1974, 1975, 1977, 1978, 1980), found his clients describing historical data from an earlier time period. When the client is instructed to recall the actual incident and to go to the beginning of the incident, the client, in concentration, may go to the beginning of the incident in another life time (Carich, 1990; Warren, 1990).

Jungian

Past memories are not directly elicited or addressed in Jungian psychotherapy (Woolger, 1986). Jung (1960, 1989) developed a method for working with his dreams. In applying the method to his clients, Jung had his clients sit and observe a fragment of a dream or image, allowing the image to come to a life of its own, without the client's conscious control. The image, moving in its own way, unfolds a story. The client is encouraged to enter into the imaginal situation as fully as possible and allow any emotions, from joy to anger, to arise during the inner psychodrama. This is similar to Ahsem's (1988, 1992) proluclid dreaming.

This waking-dream practice allows the unconscious psyche to express itself in its own language, which is imagery. If at this time past life or other life images may arise, the practice would be to follow, to participate and to dialogue with the inner figures that emerge. Jung's key instruction to stay with the image is still appropriate (Jung, 1989). At this time the analyst can treat the dream as an analogy or a past life that reflects on the current condition (Woolger, 1988).

The one problem with this technique is that it does not distinguish between memories and dreams and fantasies. Woolger (1986) gives the following as an example from a client's active imagination:

"I am walking through some dark wood. I see and hear some soldier emerging from the trees. They are clearly planning to attack and rob me. They come closer. In terror I climb a tree. The tree turns into stairway. I find myself in a childhood attic where I used to play with toy soldiers" (p. 90).

The above story could be seen as a fantasy to be interpreted by both Freudian and Jungian analysts. A

past-life therapist might ask questions, guiding the story as if it were real with constraints of time, space and personal identity. An example would be:

CLIENT: I am walking through the woods.

THERAPIST: How are you dressed?

CLIENT: Raggy clothes, floppy hat, sort of medieval.

THERAPIST: What kind of physique?

CLIENT: I'm thickset, coarse, muscular, a peasant, about 30.

THERAPIST: What is happening in the woods?

CLIENT: Three soldiers are coming out of the trees. Swords are drawn.

THERAPIST: What is happening next? What are they doing?

CLIENT: They are cutting my throat. I'm choking (coughs) on my blood. I'm dying (convulses). I'm gone (body relaxes).

THERAPIST: What are you aware of now?

CLIENT: It's over, I'm leaving.

THERAPIST: Where do you go? (p. 91)

This dialogue is a composite of Woolger (1986) and demonstrates the different treatments, and resultant information between considering the first statement as entry into a fantasy versus considering it to be an entry into a literal event.

Cognitive Behavioral

It is a premise in regression work, especially in past life work, that there was an originating event that precipitated the current behavior. Cognitive behavioral work extends this premise to include what is learned can be unlearned when the target behavior has ceased to be beneficial to the client or appropriate to the cultural situation (Sykes & Sykes, 1982). If the behavior was learned, then there was a time in which the behavior did not exist in the client. Upon accessing the original memory of the learned behavior, then techniques such as flooding, or desensitization can be utilized (O'Leary & Wilson, 1975). Cognitive-behaviorists use relaxation techniques to access the time of original learning of the behavior and using relaxation and visualization to desensitize unwanted responses and to practice desirable behaviors (Domjan & Burkhard, 1982; O'Leary & Wilson, 1975). This original memory has been found in previous life memories, such as childhood, prenatal and other past lives. Once the memory of the original event is recalled, the client is directed to relive the event many times until there is

no further emotional affect from the events from that time period (Hickman, 1983; Netherton & Shiffrin, 1978). Often, merely bringing the initial behavior to the conscious awareness is sufficient to affect change in symptoms in the client (Weiss, 1988), such as with the case of Catherine.

Gestalt

Perls (1973), using Gestalt techniques, had his clients visualize a person in an empty chair or focus on abreacting parts of the body, such as a twitching finger, stomach cramp, etc. to trigger a memory of an earlier event. Later Netherton and Shiffrin (1978) and Woolger, (1986, 1988) used Gestalt techniques as bridges to access past lives in order to release abreactions and relieve symptoms in the present time.

An example of the Gestalt-like Netherton method can be seen in the Case of Harrison (Netherton & Shiffrin, 1978). Harrison, an optometrist, one day

left his practice, his wife, and his nine-month old son. His physician referred him for therapy.

Harrison's presenting complaint was his frequent, regular, intolerable throbbing headaches that felt like a band around his head.

N: Describe the headache. Let the unconscious mind go back to the period just before waking and, as you're waking, give me the very first thing you're seeing, feeling, thinking.

H: I have a headache. It's my mother's voice. She must be seven months pregnant with me.... She's thinking coffee will make it better (p. 101).

Harrison was instructed to follow the headache, the pain in the head back farther.

I'm in the woods making love to an Indian girl. Indians are all around us. One drops a leather thing around my forehead that he twists and tightens. "This is what happens to men like you.. who take our women."

There's a rope around my neck.... a metal band around by head. I'm Indian, and they're white. Every move tightens it. "That's what you get for stealing our buffalo." I'm on a railroad track...I can't move.... I'm thrown into the air. Into the engine, head first.

I'm running. A man is chasing me. I'm fifteen. He grabs me. "I'll teach you to run around with my daughter." The barrel comes up an a white light comes out. There's a roaring in my head. He's shot me in the head (p. 103).

The next session the headache description changes to a sharp pain in the back of the head. Directions were given to follow the pain back to the origins. Harrison and another Indian are arguing over launching an attack on a nearby white settlement. Harrison refuses to participate and tells the Chief.

I stay behind. When the chief doesn't return, Harrison and his rival have to fight for the chief's position as was custom ... We're on horses.... He's slashed my head open.... He'll kill me. I've leapt off horse-leapt right at him. We stumble. There is a rock in my hand. I'm hitting him. I've killed him. He looks at me without malice. I don't think I can stand it.... The burial ritual is beginning.... I'm sitting by a river.... someone hit me from behind on the back of the head with a rock or.... All I am aware of is the light, the water and the pain. My head hurts (p. 105).

By the end of the fourth session, his headaches were gone completely.

With this particular method, each symptom is treated individually. However, progress and effectiveness of the Past-Life Therapy is noticeable and measurable.

Humanistic and Transactional

The Humanistic and Transactional therapeutic traditions acknowledge the spiritual, non-physical aspect of humans. According to the current

Transactional Analysis (TA) theory, our personal life scripts are based on decisions made in any developmental stage, from the personal unconscious to the collective unconscious, or any time period. It is irrelevant if memories or fantasies of the client serve as a metaphor to describe current problems (Netherton & Shiffrin, 1978), if the stories are manifestations of Jung's collective unconscious or if the stories are actual events remembered.

According to Van-Beekum and Lammers (1990), the transactional analysts have two questions regarding the recall of personal past historical events. (a) What is the therapeutic effect of the memories? (b) What does one do with the information?

Age Regression

Historically, the term regression refers to going back in time by reliving or recalling memories, while progression refers to going forward in time by reliving, recalling or projection in mind or imagination to the future. Currently, the term is used to describe past, present and future lives (Balint, 1968). For the first phase of therapy, the client

retreats to a more primitive state before the faulty development began. In that regression phase, the client discovers a new, better way of handling the development. Reframing, applying the new response, and progression, seeing the effect of the response, follow as later phases.

History of Age Regression

Past-Life Therapy can trace its psychotherapeutic beginnings with regression work in the 1800's with James' stream of consciousness and continuing to today. Regression was thought to be an important therapeutic factor that is as old as analysis itself, if not older (Balint, 1968). It was considered to be an important factor in the early cathartic cases.

James (Brennan, 1968, James, 1956, Martland, 1963) described the stream of consciousness as a way of encouraging clients to access the universal conscious, the repository of all past experience. The word regression appeared in print the first time in Freud's The Interpretation of Dreams in 1900. Regression was described initially as a mechanism of defense in 1914 in the third edition (Balint, 1968). In Remembering, Repeating and Working Through (1914), Freud recognized that patients would transfer to their analyst parts of their forgotten past. In 1920, Freud referred to regression's function as a part of transference (Balint, 1968).

The term regression does not appear in the case study of Dora directly. However, ten years later in an essay, Freud describes allowing Dora to make a long detour back over her earliest childhood (Balint, 1968) before conflict resolution became possible. As more therapists regressed patients, they found more clients recalling not only early childhood and after birth incidents; but before birth, during conception and previous lifetimes.

Prenatal Regression

It is through the evolution of regression and various techniques, that access to past memories, not only of childhood but of prenatal time is possible. Cheek (1986, 1980) reported several cases of individuals recalling prenatal experiences. These reports, as given by the client in hypnosis, were of visual, auditory and physiological awareness from the vantage point of being outside the mother's body. Sometimes they were given as if through the eyes and ears of the mother. The language used to describe the event was that of the adult at the time of the hypnotic regression. Cheek's (1986) opinion was that the fetus had phenomenal extrasensory, clairvoyant capabilities.

Bryan described, in a series of articles for the Journal of American Institute of Hypnosis in 1974, the initial sensitizing event (ISE) that resulted in current maladaptive behavior patterns. In one case the client presented himself for treatment for stuttering at the American Institute of Hypnosis. It was discovered that the ISE was his father's death one month before he was born. At that time his mother

did not think she could live without her child's father. After two days, the client could speak his own name for the first time without stuttering. In another case, an elderly man with hearing difficulties was regressed to the ISE where his head was blown off by a jealous husband, 150 years prior. After the episode was relived, the client's hearing returned to normal.

In a study by Raikov (1980, 1987), a comparison was made between two highly hypnotizable adults being age regressed to newborn one day; the next day they assumed under hypnosis a personality of an actor acting like a newborn; two professional actors acting like newborns; and two low hypnotizable adults age regressed to the newborn stage. Trained neurologists analyzed the neurological reflexes. Neonatal reflexes (eye swimming and Babinski reflex) could be produced only during age regression in highly hypnotizable subjects and not during any of the role enactments. Raikov concluded that under special conditions preconscious memories may be accessed, although additional research is needed in this area.

DeLong (1986) describes the Babinski reflex, a normal reflex of infants, can be produced by normal adults under conditions of depressed muscle tone, such as sleep, or drowsiness. These are also conditions of deep hypnosis, without a suggestion of age regression (Jolowicz & Heyer, 1931). In Nash's (Nash, et al., 1986) review of empirical studies on age regression up to 1985, there had been no controlled studies that would support evidence that there could be a return to a childlike physiological functioning during hypnotic age regression.

Beyond Conception

On continuing the age regression techniques further back not only prenatal memories are accessed, but also circumstances and traumas surrounding conception and can be used to resolve current traumas and disorders (Van-Beekum & Lammers, 1990). Chamberlain (1990) reported resolution of the client's problems with recall of conception activities. In reporting these case studies, Chamberlain noted two persistent problems. First, during conception there is no physical material that may be considered the basis for memories. Could this be an example of transference

of genetic memory via ovum and sperm? Second, even before conception there is a reporting of self-awareness, thoughtfulness and virtue that is also reported in other memories. Could this be evidence of a hidden observer?

Continuing beyond conception, patients report a non-physical state of being. In this state they report being able to observe anyone and anything and relate their observations in their current language patterns. Proceeding further, the patient starts describing a different historical time, usually referred to as a past life (Cannon, 1950).

Past Life Regression

Past life regression is a natural extension of age regression techniques. In case histories, remission can be explained in terms of traditional therapeutic principles, such as emotional catharsis, desensitization, cognitive restructuring and post-hypnotic suggestion. As has been explored above, past life recall has been a natural, although infrequent occurrence during many traditional therapeutic sessions.

The best researched use for Past-Life Therapy has been used in phobic diagnoses. Bryan (1969), through case studies, found that a fear of death follows a traumatic experience of mother before birth, often from a previous death. Cannon (1950) reviewed case histories where Past-Life Therapy (PLT) eliminated phobias. Cladder (1983, 1986), in a Dutch empirical study, found PLT effective in treating phobias when, out of 25 phobics that were treated, 20 showed improvement after an average of 11 sessions of reincarnation therapy, and 14 were able to describe past lives.

Cladder trained 15 psychology students who had completed courses in behavior therapy and hypnotherapy to conduct the regressions. The participants were 30 difficult phobics. Fifteen had read articles on reincarnation therapy and half were referred by the Dutch Society for Phobics. On the Dutch Minnesota Multiphasic Personality Inventory (MMPI) they scored higher on negativism and lower on extraversion than the norms for psychiatric patients. About 80% had undergone a previous form of psychotherapy and some had been hospitalized. They were given a maximum of 22 sessions of hypnotherapy and regressions.

Tests were administered to all patients before and after treatment. Patients were considered cured when the phobias no longer interfered in their lives and a clear improvement could be seen on their tests.

Regressions were induced by using an affect bridge (Edelstien, 1981), repeating certain sequences (Netherton & Shiffirin, 1978), or directing the client back to the experiences that caused the problem. No instructions were given to proceed to a past life. The therapy consisted of the following procedures: catharsis of the traumatic situations found by the regressions, assistance to achieve a cognitive reorientation, posthypnotic suggestions and present-time oriented homework. Results showed that 5 of the 30 had serious compulsions. Of the five, two dropped out and three were not cured after 22 sessions. Of the 25 without serious compulsions, 3 dropped out and 2 were not cured after 22 sessions. The other 20 took an average of 11 sessions to get rid of their phobias and to show a clear improvement on their tests. The four who had been hospitalized needed an average of 15 treatments, while the other 16 needed an average of 10. Based on these results, it seems that behavioral

hypnotherapy with regression is a short-term (eleven sessions) and effective (80%) kind of therapy for the difficult phobics who do not have compulsions.

Using a chi-square for independence, the origin of phobias (past lives, present lives) was compared to the knowledge of past lives (read about, not read about). Of the 20 who improved rapidly, 14 (70%) placed origin in a past life and 6 (30%) in the present life. Sixty-five percent (9) of those that had read about reincarnation experienced a past life, whereas 57% (8) of those that had not read went to a past life. When asked before treatment if they believed in reincarnation 10 of the 25 (40%) said "no", 6 (24%) did not know and 9 (36%) said "yes". Of the 16 who said "no" or who did not know, 8 (50%) located the cause of their fears in another life. Of the 9 who believed, 7 placed the origin in a past life. The chi-square showed no significance in belief, knowledge, or past life source of phobias on results. Those who used past lives seemed to improve more, but they had higher scores at the start.

In a five-year longitudinal study to test the effectiveness of healing the body of physical illness with hypnosis, Denning's (1993) treatment of 619 clients was guided by the following constraints: (1) No diagnosis or prognosis was to be given. (2) Hypnosis was to be used in every case. (3) The first interview must be in the presence of a third party. (4) Researchers' reports must be accurately completed and timely submitted. (5) Due to the hypothesis, traditional psychotherapy was not to be used. The participants were members of the Parapsychology Association of Riverside with a measurable diagnosis or a physical symptom as evidenced by either a copy of their medical report or a copy of their insurance report stating their diagnosis. After each session the participant was given a form to evaluate their experience. At the completion of the sessions, the researcher and participant completed report forms that included assessment of the current condition of the symptoms. Of the 447 respondents, 83% reported problems that had either improved or disappeared and 25% had an experience which was believed to be from a past life. No testing was done before or after treatment.

Stevenson (1977) analyzed 55 individual cases of children reporting memories of former lifetimes and noted similarities in the children as compared to the deceased person they claimed to be. He proposed that Past-Life Therapy may contribute to the understanding of childhood phobias and phobias, child-parent abnormal relationships, childhood sexuality and gender identity confusion, birthmarks, congenital deformities, internal diseases, differences between members of monozygotic twin pairs as well as abnormal appetites during pregnancy.

Many multiple personality disorder (MPD) manifestations can be successfully treated with PLT as there are similarities between MPD and past life experience (Marriott, 1984). Some of the similarities include change of accent, change of handwriting, change of facial expression, and change of sex. Each personality and/or past life has its own memories, ways of behaving, allergies and physical complaints (Prince, 1905; Schreiber, 1975; Thigpen & Cleckley, 1954). Wilson (1981) argues that multiple or dissociative personality play a part in the past lives

phenomena. According to Wilson (1981), this is a three part process. The first part is the recording of information via cryptomnesia. Reber (1985) defines cryptomnesia as ideas, images, feelings, memories or thoughts that are not consciously recalled. The second part is the acting out through a multiple personality manifestation. Lastly, there is an overseer, a script writer like Hilgard's (1977, 1982) hidden observer, that is aware of all that happens.

Altered States and Regression

A survey of the literature on regression therapies by Lucas (1993), found that clients attain altered states before recovering a previously unattainable memory. The term altered state is often used to describe a change that results in a state of consciousness that is not an ordinary awake-alert state. Various meditation and hypnosis techniques can be used as means of accessing those altered states.

One result of attaining an altered state is the describing of events in another historical period. This other historical period could be in the client's childhood, natal, pre-natal or even a different life time, usually called a past life. Past-life regression experiences include reviewing or reliving any experience of the client in their past life, which can be any time before the immediate visit.

Past Life Experiences

The main controversy about previous life time experiences has been in religious discussions concerning continuance of life after death. Fiore (1987), Goldberg (1988, 1990), Lucas (1993), Moody and Perry (1991), Weiss (1988, 1992), and Woolger (1988) report that belief in reincarnation is not necessary for the professional or the client in order for past life experiences to be effective. If the client (or the therapist) chooses to believe "it (the memory) was a product of a suddenly unleashed imagination, his (the client's) therapy could proceed at that level. After

all, what a person makes up about himself is bound to reveal a lot about the person, his obsessions, fears, and self image" (Netherton & Shiffrin, 1978 p. 27).

Baker (1982) explored the possibility that positive suggestions of clinicians have a significant effect on past-life recall. In his empirical study, three groups, of 20 participants each, were compared. One group listened to a tape of facts with positive suggestions of recalling a past life. A second group listened to a tape of facts with skeptical comments on past-life recall. The third listened to a tape with facts and neutral comments. After listening to the tapes, all participants were hypnotized and regressed and three previous lifetimes were attempted. In the positive group, 17 of 20 participants reported one or more past lives. Two of the 20 participants assigned to the skeptical group reported past lives, while the neutral group had 12 report one or more past lives. Baker found that the suggestions given before the hypnotic induction can be as powerful and influential as suggestions made during or after the induction process. In a subsequent study (Baker, 1982), with 53

undergraduate students, who had strong expectations about being able to access both past and future lives, 90% were able to produce both future and past lives. It was noted that it was easier for experimenters to get details on past lives and much harder to elicit information and details about future events. Baker concluded that "Very little -- if any -- of the unconscious material coming out of past-lives regressions requires the use of mystical or esoteric concepts like reincarnation or metempsychosis to support its use for therapeutic purposes" (Baker, 1982, p. 75).

In Study 4, an empirical study by Spanos et al. (1991), the beliefs and attitudes of the hypnotist toward reincarnation predicted the degree of credibility their subject assigned to the experience but had no significant effect on the quality of experience. The 60 student volunteers were divided into three groups of 20. All were tested by the same experimenter. The volunteers also completed questionnaires on belief and attitudes toward reincarnation, the expectancy of a past-life experience before the treatment, and subjective intensity and past-life credibility afterwards. The high credibility

group was told scientific evidence supported the validity of reincarnation and that Past-Life Therapy has been successfully used to treat patients by uncovering traumas in previous incarnations. The second group, low credibility, was told that the past-life regression suggestion would enable them to develop a fantasy of an earlier time, and to just let themselves go and enjoy the fantasy that is really not true. The third group, neutral, was told that they were to be given a hypnotic suggestion to recall a past life and that some people respond while some do not. There were no differences between the groups on the pre-treatment questionnaire or the reported intensity of their past life experience. The past life reporters in the high credibility group assigned significantly higher credibility to their past-life experiences than did the low credibility group. No statistics were presented as to the percentage of participants recalling past-life experiences or fantasies.

It would seem that Spanos et al. experiments confirmed the beliefs of past-life practitioners that prior belief in reincarnation or past life is not

necessary to have a past life report. The hypnotist could consider the induction process starting when the client enters the room. The comments made by the practitioner to the client before the induction are just as important as the induction process itself to the outcome of the session.

Accessing the Altered State

There are two ways of accessing the past life memory: (1) through a type of relaxation, visualization exercise, or (2) through a bridge using either an emotion, physical sensation, or words as a focus point.

Relaxation

Relaxation training is a well accepted standard component of most counselor education and training (See Gelso & Fretz, 1992). Various traditions place different emphasis on the importance of the quality of relaxation. In the psychoanalytic tradition, Freud had his patients lay on a couch facing away from him. Currently most therapists use reclining or other

comfortable chairs, as well as pictures, music and attention to color to promote a relaxed atmosphere in order to encourage relaxation and a therapeutic alliance.

In the cognitive-behaviorist tradition, relaxation is also used as an integral part of the actual therapy as in desensitization procedures. Applied progressive relaxation has proved to be a vital component of reciprocal inhibition and systematic desensitization in the treatment of generalized anxiety disorder (Borkovec & Costello; Wolpe, 1958).

Wolpe (1958) combined progressive relaxation with the anxiety producing stimulus in systematic desensitization. By placing it within a PLT framework, we can have the following example. If the stimulus constellation consists of five events in different lifetimes, for example in 190 B.C., 1200, 1450, 1800, and 1950 A.D., resulting in an accumulation of 50 anxiety units, it might be assumed that the first event, in 190 B.C., would generate ten anxiety units. By mentally replaying the first event and coupling the event with relaxation, by releasing the tension, the ten anxiety units is reduced to zero. Then, when the

second event in 1200 A.D. is combined with the first event, the resultant anxiety level is ten, instead of the previously expected 20 units. By repeating the first process with the second, third, fourth and fifth event, the entire constellation's anxiety production is eliminated (Wolpe, 1958). In practice, if the first event was reduced to zero, the other events would also have been reduced from ten to lower, perhaps four or two or zero. The initial sensitizing event (ISE), supports reactions from subsequent similar events.

Relaxation is also considered a preliminary part of other altered state work, such as visualization, meditation, biofeedback, and hypnosis, in memory retrieval. These techniques appear to reach beyond the normal cognitive awareness of the conscious.

In accessing normally unavailable memories, by various relaxation exercises, such as progressive relaxation or controlled breathing, the brain is relaxed and the attention is removed from normal conscious events and is focused on the direction of the therapist's instructions, as in psychoanalytic and Adlerian traditions, to "go to an earlier time". This can be sufficient to allow previous memories to

surface. Often, the first exposure to past life memories has been a spontaneous regression by a current client, that leads the therapist to further exploration of the phenomena (Weiss, 1988; Woolger, 1988).

Visualization

Visualization techniques, the usage of repetitive thought and mental pictures, have been a standard tool of behaviorists. These techniques are used to change the mental patterns that have a direct impact on the current life and have an affect on future performance and results. The process of visualization allows the conscious mind to formulate pictures to communicate information to the subconscious mind, the seemingly reverse of the process of dreams. The effect of visualization on the outcome of sports performance has been well documented in basketball (Kearns & Crossman, 1992), racquetball (Gray, 1990), golf (McMaster, 1993).

Beck and Emery (1985) described cognitive behavioral desensitization, using visualization to elicit anxiety producing feelings and imagining the use of coping methods until the anxiety producing event no longer produces the anxiety. The visualization process

seems to depend on the active imagination. The imagination, in turn is the ability to form or interpret perceptions based on previously acquired knowledge, visual (sight), audio (oral) or kinesthetic (touch or feeling). Ungerleider and Golding (1991) studied the effect of mental practice on performance improvement of professional level athletes as compared to novices. Those athletes with prior experience of success in their respective sports had a greater percentage of improvement over those with no prior success experience.

By forming mental images, first of common, well-recognized objects, such as Fiore's (1978) stair case, other not-so-available memories can be accessed (Lucas, 1993). Fiore directs her client to close their eyes, and to imagine seeing a stair case. Then she directs the client to proceed down the staircase to the critical incident. Netherton (Netherton & Shiffrin, 1978) and Woolger (1988) use gestalt-like approaches in which the client's attention is directed on an image, action, feeling, or phrase such as a pain in the side that feels like "I've been stabbed", or a phrase the client has emphasized during the interview, for

example: "It's a pain in the neck". By these means, the client enters into an altered state. At that time directions can be given to go to the precipitating event. Soon, a scene, occasionally from another time period, forms and is either seen (visual images), sensed, felt (kinesthetic perceptions), or heard (audio voices and sounds).

Hypnosis

Hypnosis and meditation are similar as they both use relaxation and visualization. While the psychoanalysts were following Freud's lead in conscious level therapy (non-hypnotic), hypnosis was most often used as entertainment or as a technique for pain control. There were few non-traditional therapists who used hypnosis to access deeper memories. Before the 1950's very few articles were published about possible previous life memories reported by patients. In 1957, The Search for Bridey Murphy by Bernstein, became number one in the non-fiction category on the New York Times Best Seller List sparking a controversy of the reliability of hypnotically retrieved memories that continues to this day, i.e. false memory syndrome controversy.

Bernstein a non-professional hypnotist, asked a family friend, Ruth Simmons, to participate in an experiment to see how far back memory can go. One evening, between a cocktail party and a formal dance, she agreed to being hypnotized. After leading her back with age regression to less than one year of age, he gave directions to go "back..back.., 'way back into time and space.... oddly enough you find yourself in some other scene, in some other place, in some other time, and when I talk to you again you will tell me about it" (p. 121). Ruth then told the story of a life as Bridey Murphy in Cork, Ireland, 1798 - 1864. She described her wedding to Brian, Brian's uncle's funeral and wake, and her life in Belfast. She died, without children, after falling down steps and breaking a hip. She subsequently recounted a short life, dying as a baby in New Amsterdam. Afterwards, Ruth made it clear she did not believe in reincarnation. She consented to a total of four sessions in which she reported additional details of her life as Bridey.

One of the obstacles to the use of hypnosis for memory retrieval, at that time, was the length of time spent on inducing the hypnotic state. Often 30 minutes

was the average time spent on the induction. A 60-minute induction was not uncommon. By the 1960s, Elmon (1964) developed inductions that took less than 30 seconds to two minutes.

Meditation

Past-life recall was originally a by-product of spiritual exercises that had a basis in meditation. Various spiritual traditions believed that at a certain point in spiritual development and meditation practice, access to the individual's own past lives would be an indication of progress. After years of meditative practice, the practitioner would spontaneously have visions of a previous life that would enlighten the practitioner as to the cause of current life situations.

Meditation techniques usually involved some type of relaxation, mental focusing or intentional non-focusing on a physical, a non-physical or spiritual object. Benson (1975) defined meditation as an intentional focus by restricting attention to a single repetitive stimulus while maintaining a passive attitude. Thus, the meditator is lead to abandon logical thought resulting in a hierarchy of sensations from deep relaxation to marked emotional and cognitive

alterations. These psychoneurological changes which can be grouped loosely as altered states of consciousness were termed by Kutz, Borysenko, and Benson, (1985) as the relaxation response.

Meditation is currently accepted by medical profession as a valid and reliable means to reduce stress symptoms in a patient's life as well as treat other somatic conditions. In psychotherapy, meditation can be effective in promoting cognitive and behavioral change, access to the deep regions of the personal unconscious. In meditation's capacity to awaken altered states of consciousness, it may profoundly reorient an individual's identity, emotional attitude and sense of well being and purpose in life (Bogart, 1991).

As altered states are being rapidly achieved with more consistency, and previously unavailable memories are now more accessible, and as more therapists use hypnosis to uncover memories, more memories are of different time periods and often different cultures as well.

Bridges

Mental-emotional-somatic bridging (MES), also called affect bridging, is the use of a focal point, such as a word (mental), emotion (emotional) or physical feeling (somatic) to trace back to the original expression or experience. This is done without any formal induction. The client is asked to focus on the target MES until a linkage between past and present is made. Often an abreaction is experienced by the client in which the client re-experiences the original incident in that time frame. With MES, the client may perceive and process the precipitating event at the same time. (Bontenbal & Noordegraaf in Lucas, 1993; Netherton & Shiffrin, 1978).

Freud and later psychoanalysts used word associations to cue into the dialogue of the unconscious. Empirical experiments by Williamsen, Johnson, and Eriksen (1965) tested memory recall of six words with a post hypnotic suggestion to forget, until a trigger phrase restores all memory of the words

given under hypnosis, as compared to a group simulating hypnosis and a control group. The participants were then tested using word associations before memory release and after memory release. The actual purpose of the experiment was to determine differences between the amnesiac characteristics of subjects possessing high susceptibility and subjects possessing low susceptibility under conditions of hypnosis, simulation and control; and also to determine the extent of amnesia by traditional memory as well as various associative tasks. The results also showed that word association produced successful recall of the forgotten words that direct questioning failed to produce before the memory was returned.

In Gestalt work with Perls (1973), the experiences were limited to present life. Netherton and Shiffrin (1978) and Woolger (1988) extended the boundaries outside the current lifespan.

Most therapeutic regression work, or regression work done in a clinical setting is with either hypnosis or a type of bridge from the present into an alternate time frame. The type of hypnotic induction may affect the quality of information received. The prior

instructions, the expectations of the client, and the phrasing of statements, requests and questions during the regression may determine the source of the memory and thus affect the resultant summoned memory.

Controversies

From the early history of regression starting in the psychoanalytic tradition, there have been conflicting view points on regression as a effective therapeutic modality. The first conflict was between Freud and Ferenczi over the attitude of the therapist toward the client. The second debate continues over the effectiveness and necessity of abreactions. The final, and most volatile, is over the source of the material recalled. Is the material from actual personal memory or from someplace else?

Treatment of the Regressed Client

The first conflict over regression which occurred between Freud and Ferenczi concerned the treatment of the regressed patient. Freud found that regressed patients were found to be demanding, developing addiction-like symptoms. There was the danger of the

the rapist being seduced into taking responsibility for relieving the suffering of the client. To prevent the seduction and the addiction forming symptom, the analyst must retain his normal sympathetic passive objectivity and not respond to regressing statements except by interpretation. After experiments with Ferenczi, Freud agreed that if an intervention (proposed exposure of patient to a tension producing situation) happened at the right moment in therapy, the result was a great movement forward in the treatment (Balint, 1968).

Ferenczi who continued the research by continuing to respond positively to the patients' demands at the appropriate time, found his patients showing continuing improvement, and that resolution was facilitated, but the patient was not considered cured. He found that by inducing the patient to recall the original trauma, conditions similar to the original trauma could be produced. By regressing the patient to the original trauma and keeping the tension at that level, and by responding positively to his patient's expectations, demands, and learning how to understand the patient, he was able to reduce analysis from long term, to a speedy

termination so the treatment time to the cure could be shortened and permanent. With other patients, the improvement lasted only as long as Ferenczi was able to satisfy their cravings. When Ferenczi became seriously ill and terminated his patients, the patients reacted with confused despair, bitter resentment and deterioration. Ferenczi died before his last set of patients completed treatment.

Freud's response was that it would be impossible to satisfy every need of a regressed patient and that even if the patients improved, they would not become independent. His experience with adverse reactions to regression was first shaped by Bauer's approach with regression with Miss Anna O. Later, his hysterical patients' memories of being victims of sexual seduction as children was uncovered by analysis (The Aetiology of Hysteria in 1896). Following a summer of self-analysis, Freud recanted the reality of infantile sexual traumata, calling them cravings, reemphasizing the need for the analyst to remain passively objective. With Ferenczi's death the conflict remained unresolved (Balint, 1968).

The current resolution of the debate on treatment of the regressed patient, combines the two viewpoints. The analyst agrees with and supports the patient, and avoids interpretations until after the integration of the regression experience (Balint, 1968). Netherton (1987, 1988) and Weiss (1991) in their regression training sessions stress the importance of being objectively passive and supportively neutral during the recall of the trauma, to prevent the client from becoming stuck in that time period and to enable the client to move through the event to a completion. Then, after the trauma, the patient is encouraged to be self-supportive and the therapist can be reassuring and understanding.

Abreactions

A second conflict regarding regression work concerning the desirability and necessity of abreaction started when Freud disagreed with Charles Darwin (Biaggio, 1987). Catharsis and abreaction are currently used as synonyms currently being defined as the expression of emotions associated with forgotten memories. Darwin had stated that freely expressing

emotion only serves to intensify it and by repressing the outward expression of emotion, the emotion is softened. Freud at one time claimed the main therapeutic task of the therapist is to induce the client into reproducing and vocalizing the pathogenic impressions that caused the hysterical symptom. Thus freeing the client from the symptom (Biaggio, 1987). Later he tempered his opinion on catharsis (abreaction) by saying that although catharsis had its advantages, it only affected the symptoms, not the underlying cause (Jackson, 1994). Hull (1986) took Freud's premise one step further and said "the experience must be relived by the patient in order to know, not just believe, what caused his/her feelings originally" (Hull, 1986, p. 114).

On the other hand, Beck, Rush, Shaw, and Emery (1983) and Alexander (Biaggio, 1987) mentioned that even though a client might feel better after an emotional expression, it has little lasting effect on the progress of therapy. Carl Jung's and William McDougall's concern was not the abreaction but the integration of the dissociation of the psyche or the abolition of the dissociation (Biaggio, 1987).

The emotional release without the context of an understanding listener or supportive social situation or the concerns about emotional release without attention to the psychological stability of the troubled persons, cathartic/abreactive measures can have certain risks (Jackson, 1994). Ellis (in Anchor, 1990) cites the risk of actually reinforcing and intensifying disturbing symptom or effecting a temporary relief. It appears that emotional release as an element in a larger healing context may be eminently gainful. There is room for future research comparing the effects of abreaction versus non-abreaction on the outcome of regression therapy.

Sources of Memories

There are two controversies over memory. The first concerns the importance of proving the reality of the experience, and the second is the source of the memories or the recalled information. Many past-life therapists, including Edelstien (1981), Fiore (1978, 1987), Goldberg (1982, 1990), Lucas (1993), Moody and Perry (1991), Venn (1986), Weiss (1988, 1992), and Woolger (1988), report that case studies indicate that belief in reincarnation is not necessary for the

professional or the client for past-life experiences to be effective in relieving the client's symptoms. If the client (or the therapist) chooses to believe that "it (the memory) was a product of a suddenly unleashed imagination, his (the client's) therapy could proceed at that level. After all, what a person makes up about himself is bound to reveal a lot about the person, his obsessions, fears, and self image" (Netherton & Shiffrin, 1978 p. 27).

Other practitioners say that it is important to know the truth in order to determine treatment plans, treat for effects of abuse or delusions. The court system says it is necessary for legal remedies, mainly to prevent further abuse in this lifetime. In PLT, the question returns to whom are we treating, the client or the system?.

The most volatile debate is over the source of the memories retrieved through regression therapy. Sides of this conflict have polarized to two extremes. One is that memories, however retrieved or recalled are the literal truth. The other is that memories are unreliable as they are easily fabricated and influenced. In discussing the sources of memories, the mechanism of

our memory system will be explored with its strengths and weaknesses. Then each side will be presented with its supporting evidence.

The recalled material may come from three sources. One source could be called Personal Memory. Personal memory would include memories from other lifetimes including past, present, future and simultaneous lifetimes, genetic memory and memories of multiple personalities. Another source would be the collective unconscious. This would include information from the morphic resonance, formative causation, quantum field, memories from proluclid dreaming and night dreams as well as metaphors and analogies. The third source would be false memories which would include implanted memories, cryptomnesia and possession/attachment. Under implanted memories, Bass and Davis (1988) polarized the view point that memories, even a suggestion or feeling of a memory, is the literal truth and real. The only reason a person doesn't remember is that the memory is repressed. Loftus (1993, 1994) has been a spokesperson for the other corner that says memories are malleable, easily implanted and are not all what they seem to be.

Character of Memory

Parkin (1987) reported that memory consists of three stages. The first is the encoding the experience in memory. The second is the storing of the encoded memory of experience. The last is the retrieving of and the using of the stored encoded information. Encoding depends on perception and what is encoded determines what will be received. The memorability of an event increases in relationship to the preexisting knowledge and/or other events at the time of encoding. As the length of the storage interval increases, the memorability of an event declines (Parkin, 1987).

The retrieval process depends on the amount of information supplied by the retrieval cue, on the similarity of expectations and beliefs about the event and what was encoded (Kihlstrom, 1994). Human memory is influenced by expectations of what should have occurred as well as what really did occur. The confabulation of pseudomemories that match the expectations of the pattern of recall by the clinician may occur (Parkin, 1987).

In a review of the empirical literature on retrieving memories with regression techniques, Nash (1987) found there was no evidence for literal memories of childhood events. There were 80 empirical studies included with publishing dates spanning from 1926 to 1985. It was found there may be the ability to access emotional material but this does not imply an accurate reliving of a specific event. Loftus (1993), Nelson (1993), and Usher and Neiser (1993) could not find empirical evidence that adults could recall concrete episodic memories after birth.

The core element of the retrieval process is some type of altered state of consciousness brought about by either or sometimes a combination of hypnotic induction (Fiore 1978; Goldberg, 1988, 1990; Snow, 1992; Stevenson, 1974, 1977; Wambach & Lee, 1979; Weiss 1988, 1990), visualization (Moore, 1976) or bridge (Netherton & Shiffrin, 1978; Perls, 1973). Looking at photographs of the person's childhood, and visiting former neighborhoods elicits a reverie, however slight, that shifts attention, although briefly, from the here-and-now to the past, for memories to surface (Byrd, 1994). The actual techniques are identical to those used in

age regressions with moderate adaptations to include directions to give permission to access other memories not limited to the current life experience or to go into another life. An example of the direction might be: "Go to the original event that caused the current situation."

Another consideration is the validity of information obtained under or with the use of various techniques. Following her execution of over 1,500 case studies, Wambach (1979) claimed her hypnotically regressed subjects gave consistently historically accurate information. For example, many clients who have recalled lifetimes have sufficient details to verify historical facts (Cunningham, 1994; Rieder, 1993; Snow, 1992; Stevenson, 1974a; Wambach, 1979).

The majority of Wambach's case studies were performed in group sessions, with the participants completing standardized forms directly after the regression experience. The main criticism of Wambach's case studies were the pre-selected time periods. Because the time periods remained constant, the participants could know ahead of time, the time frame of the story they were to recall. The time periods,

100 A.D., 1750, 1900, allowed the participants to draw on readily available information. This was compensated, in part, by Wambach asking about details of daily living, such as the evening meal, the utensils used, people at the meal, taste, texture of the meal and the description of the place where supplies were purchased or obtained and the method of payment or exchange (Wambach & Lee, 1978).

In a study by Spanos, et al. (1991), of 110 students recruited for a past-life study, 35 had a past-life experience. The information reported was of historical periods and cultural contexts which were already familiar to the students. Participants reported past-life experiences in historical contexts which were of interest to them currently. A student, an art major interested in Florentine art, had a past-life experience as the daughter of a nobleman in Florence, Italy. Others had past-life experiences in places their families had vacationed recently. Many gave the current names for locations instead of the ancient names and used the term "B.C." when referring to an early pre-Christian era date. Spanos, et al. concluded that the findings supported their hypothesis

that past-life reports are fantasies the participants construct on the basis of their limited and inaccurate historical information.

It can be argued that an interest in specific cultures, or time periods is an indication of previous experiences in that place, time. Another interpretation could be that information is processed by the current 20th century mind, using that language and knowledge to communicate, much like a default setting on a computer.

Hull (1986) in his case studies and empirical experiments, came to the conclusion that

.... if the patient has not had an experience, he/she cannot have a feeling. No amount of suggestion can cause feeling. We come into this world with the ability to feel, but we do not feel until or unless something happens. There is a big difference between feeling and imagination. We can imagine almost anything, but you cannot feel anything unless you have had an experience to cause it (p. 115).

There are case studies where the client speaks in a verifiable ancient language and has the appropriate date references, when translated, for example the case study of Alan Lee (to be reviewed later).

One of the best methods of verifying information is comparing information about a particular event with others who also witnessed the same event. There are

expected to be individual differences in the details, but there are also expected to be a consensus as to the core event. So an outsider, a researcher, or jury could reasonably tell they were at the same event.

One of the ways to verify the "truth" about an event is to ask other witnesses. In past-life cases, this has been a rarity as therapists are careful about confidentiality in discussing cases. Occasionally, two or more clients recount the same event from their separate view points. Currently, there are two published cases. In one the therapist had 18 clients from Millboro, Virginia on the other side of the country during the Civil War, Mission to Millboro, (Rieder, 1993). In the other, the therapist encountered almost an entire Ogala tribe in the Dakotas, of which she was also a member, at the time of their massacre, A Tribe Returned, (Cunningham, 1994).

Research has been done on each case to ascertain that the events did, in fact happen, although they were not of major historical importance. When the group visited 20th century Millboro, buildings, and pictures were correctly identified. West Point photographs of one of the characters was independently identified by several of the other inhabitants. Rieder noted that

not everyone who thought they were connected to the Millboro group, when regressed, reported a life during that time or place. If Cunningham had the same experience it was not reported. However Cunningham did report that some tribe members were reluctant to talk about their experience.

In analyzing and comparing the two case studies, it seems only the verifiable information was given in both instances. There was no data on erroneous information reported. None of the people regressed or the locations were of historical importance. Both initial groups started with standard regressions, although Cunningham reported a psychic awareness and serendipitous coincidences leading to the gathering of the initial tribal members.

With the 18 inhabitants from Millboro and the 30 tribal members agreeing on basic events, cryptomnesia would have to be ruled out, as well as any type of possession or attachment. This leaves the collective unconscious or reincarnation as an explanation. It would seem unusual to have 18 or 30 people all tap into the same unconscious memory within the same time span, each manifesting different personalities. There is the

remote possibility of a group psychically tuning into the same historical event. This takes expertise and experience in psychic awareness. According to Cunningham's report, perhaps 4 of the 30 might have the ability, but not all 30. These cases would appear to be good examples of actual memories of past lives. However, very few (about 5 of the 48, less than 10%) reported any therapeutic effect from the regressions. Most did report a change in their lives, such as increased tolerance and improved personal relationships which could have been the result of group dynamics and general support of other group members.

Reincarnation

The term past life is usually connected with a belief in reincarnation where the person occupies a series of physical bodies in various, usually successive, time periods. The earliest recorded teacher of soul recycling, metempsychosis, was Pherecydes, a teacher of Pythagoras who was a teacher of Plato, in the sixth century B.C. There is a possibility that the doctrine of soul return, metempsychosis, developed in Greece before in India (Long, 1948). The term reincarnation as connected with

the revolution of humane (sic) souls was mentioned in writings of the 1600's in England (Helmont, 1684, Keith, 1692). Stevenson's (1966, 1974, 1975, 1977, 1978, 1980) cross-cultural case studies of children's memories of a past life provided a research basis for confirming the theory of soul return in both genetic lines (blood relative) and non-genetic lineage (nonrelated). Others, such as Cunningham (1994), Fiore (1978), Rieder (1993), Snow (1992), and Wambach (Wambach & Lee, 1978) have also gathered case studies with historical research that verified data or historical background of memories.

In gathering information, Stevenson (1966, 1974a, 1974b, 1977, 1978, 1980, 1983) would go to children, between ages of three to six years of age, who had been referred to him as having spontaneous recall of another lifetime. Eighty-four cases were cross culturally selected including children from Sri Lanka, Lebanon, Turkey, Thailand, and Burma. He interviewed parents, relatives, neighbors and the child. He then verified the information of the child's previous life with interviews with surviving relatives, and associates of the previous life. In many cases, he would take the child to identify significant people and places in the

claimed past life. The cases included in his study had a significant amount of correct correspondences between what the child stated and the past families' information. Stevenson's studies have provided a case for reincarnation.

In 1987, Mills, Haraldsson and Keil (1994) started independent studies of 123 cases of children between the ages of three to seven in order to replicate Stevenson's earlier work. A deceased person was found who apparently corresponded to some or all of the child's statements in 80% of the cases (case was considered "solved"). Of the 99 solved cases, the person was unknown to the child's family in 51%, acquainted in 33%, and related in 16%. Of all of the 123 cases, only one appeared to be either possibly perpetrating a hoax or being self-deceptive. In each case, the number of correct statements was compared to the total number of statements. In some cases, the incorrect statements were omitted. In several cases (number not available), the child who remembered a past life, also had a phobia appropriately related to the previous personality's death.

Interviews with the children, their parents, the family and friends of the deceased, and the previous personality were conducted and the statements were compared. Many of the statements were a subjective call. No data was kept as to the remission or lessening of the phobias, when the events surrounding the death were recalled. Mills and Haraldsson (Mills, Haraldsson & Keil, 1994) are planning longitudinal investigation of some of these families, and a comparable study with Western children and their imaginary playmates to ascertain whether the two phenomena are the result of divergent cultures treatment of childhood experiences.

The case studies by Stevenson (1966, 1974a, 1974b, 1977, 1978, 1980) and the case studies by Mills, Haraldsson and Keil (1994), provide support for the existence of reincarnation. Some carry over of physical, emotional, personality traits was observed from the previous lifetime; but, there was no mention of the frequency in the general or local population for these traits to be more than random or chance. Due to the ages of the children, three to six, cryptomnesia can almost be eliminated because of their limited life

experience. On the initial interview with the parents, the likelihood of parental influence, such as encouraging or briefing the children on the "correct" statements was assessed for motivation, to eliminate possibility of fraud. Stevenson did report that some cases were rejected when it was discovered the parents had briefed the child (Stevenson, 1974, 1977).

One example of a verifiable past life was the case of Alan Lee (McGill, 1988). Lee at the time of working with Irvin Mordes was a 32-year old who had not had schooling beyond the 10th grade and was fluent only in English. Lee reported 16 lives at the Maryland Psychiatric Research Center between April 1, 1974 and April 5, 1974. In each lifetime, Lee was requested to write in the manner of his writing at the time and period he was regressed. The sessions were audio taped. There were no known, or evident psychological problems. After an induction to a nonconscious level, Alan started talking in a heavily accented voice. He described living in Italy until migrating to the United States, where he romanced women and become an actor. While in hypnosis, Lee was asked to write a letter. He signed it, Rudolph Valentino, and dated it "5 Margo 1926" (p. 15). Subsequently it was sent to

handwriting experts for comparison with an actual signature of the silent picture star. The signature was authenticated. Again in trance, he was asked to write a letter to Pola Negi, a silent film star, then in her 80's and known to have been Valentino's lover. It was sent to Negi with an explanatory note asking for verification of information contained in the sealed letter. There was no reply. Her secretary contacted the hypnotist and told of Negi's reaction to the contents of the envelope and her reply was she was too old for the young man and would only prevent his living his current life fully. The contents of that letter remain unknown.

In other sessions, Lee was regressed to 15 earlier times. He demonstrated the ability to write with the appropriate handwriting and in the appropriate languages according to the reported place and time, often changing hand dominance. The handwriting and linguistics were confirmed by experts in ancient languages. These other regressions ruled out possession and cryptomnesia as the information produced

was not easily available in this country. There were no unsuccessful research findings reported in the Alan Lee case.

Genetic Memory

Another possible source of past-life memory concerns the RNA and DNA in the genes, the genetic memory. Given that physical characteristics and some personality characteristics are transferred genetically through generations, it is conceivable memories could also be genetically transmitted (Bryan, 1974). Agar, et al. (1942, 1954), Crew (1936), McDougall (1920/1972, 1927, 1930, 1938) confirmed a non-local transfer of memories in experiments lasting over 50 years and over 110 generations. Genetic memory transfer could be an explanation.

Stiffler (1993) attempted to demonstrate Jung's synchronicity between adoptees and their adoptive families and the adoptees' birth families. These coincidences extended beyond physical characteristics normally connected with genetic transference, to include choice of geographical location, names, occupations, dreams and intuition. A survey of 70 sets of parent and children, separated by legal, secret

adoption, reunited in adulthood after a process of search, resulted in 76 narratives. There are more narratives than sets because more than one shared an adoptee, some are both birthparent and adoptee and one is birthparent, adoptee and adoptive parent. No formal questionnaires were used which resulted in not all questions were asked of all participants. Sampling bias occurred in that only those who had meaningful coincidences were asked to participate. Hence, there is no way of knowing how prevalent coincidences are between birthparent and adoptive children in general. The definitions of coincidence or synchronicity were left to the participant to define and determine.

About 24% of the families related stories that could be attributed to genetic memory or prenatal experiences. Examples of characteristics that could have resulted from genetic transfer include the following: 15 families (43%) shared similar occupations between the adoptee and someone in the birth family, eight families (23%) shared similar grooming patterns, i.e. hair style, eight families (23%) engaged in similar mating patterns, such as marrying into a family or whose partner was similar in some way to the

birth family, and six families (17%) shared similar housekeeping characteristics, i.e. pack-rat tendencies or similar collections. Prenatal experiences could have been inferred from naming pets or children after a mother or older sister, fears related to specific prenatal trauma, similar hobbies to the birth family, that were not available with adoptive parents.

Results appear to support the finding that DNA carries programs that affect both physical growth and major life events. Methodological limitations guard against making definite conclusions. The data offers interesting conjecture in that there are sufficient and various types of synchronicities for a more extensive, tighter survey.

Another notable finding in Stiffler's (1993) survey is the preponderance (33%) of coincidental dreams, intuition and extra sensory perception experiences between adoptees and parents. It was suggested that an extrasensory connection might exist between an adoptee and a birth family, especially the mother, that is intensified by the genetic component. Future investigation could address this possibility. This might be done if there could be a comparison in a

random sample to ascertain means and norms. It is suggested that this study be replicated with random sets of adoptees and birthparents and with standardized questionnaires or interview sheets.

Collective Unconscious

Jung (1964) stated that the collective unconscious is that part of the psyche which retains and transmits common psychological inheritance. Another definition is that it is the cumulative experiences of all previous generations. Archetypes, found in the collective unconscious, are the predispositions to perceive the world in certain ways. Jung (1989) also stated the "collective unconscious is common to all, it is the foundation of what the ancients called the 'sympathy of all things'" (p. 138).

The difference between genetic memory and collective unconscious is genetic memory is available only to direct descendants and the information in the collective unconscious is available to all, even the non-blood-related. Life memories could be recalled by a great-great-grandson of his great-great-grandmother by tracing genetic memories. Whereas, his wife would be using the collective unconscious to access her

great-great-grandmother-in-law's experiences, for example. The debate here would be hidden family secrets. Maybe the information was passed down verbally at an early age but forgotten. There also is the theory that a soul will return to the same family, sometimes skipping one or two generations.

Abrams (1988) drew a connection between Jung's collective unconscious and James' universal consciousness. According to James (James, 1956) the unconscious is universal. It is continuous with the consciousness of the individual but also operates outside the individual. It filters into the consciousness through the brain. The brain organizes the material, filing it in the proper order and place in the unconscious. This expands into the universal consciousness, completing the cycle. When a person is regressed to another life, they could be tapping into this universal consciousness. The unconscious is creative and supplies material and energy for the conscious. Remembering might be the client's unconscious supplying that particular recall in order to fulfill a need (Brennan, 1968; James, 1956; Reck, 1967).

Formative causation. Sheldrake's theory of formative causation states that an organism's repetition of a particular behavior will increase the likelihood of similar organisms exhibiting the same behavior in the future. This is similar to Jung's archetypal memory of the collective unconscious. The unique form cannot be determined in advance of first appearance. After the first appearance of the form it is repeated, because the form of the first appearance influences the form of subsequent similar systems. The initial first appearance can not be duplicated or tested, because the first event influences all subsequent events. The initial event could be the result of chance, inherent creativity or a transcendent creative agency (Sheldrake, 1981).

If the formative causation or collective unconscious contains psychological inheritance (Jung, 1989; Mishkind, 1993; Rosan, et al. 1991; Sheldrake, 1981, 1987, 1987b), then what is known as past-life memories, could be the physical and psychological memories accumulated by the human race throughout time, universal past life memories.

Empirical studies by Agar, et al. (1942, 1954), Crew (1936), McDougall (1920/1972, 1927, 1930, 1938), Mishkind (1993), and Rosan, et al. (1991) indicate evidence of a morphic resonance supporting Sheldrake's theory of formative causation.

Starting in 1920 McDougall (1920/1979) tested the hypothesis of formative causation in a 32 generation empirical experiment with rats that lasted 15 years. The results showed a marked tendency for rats in successive generations to learn more quickly. This was indicated by the average number of errors made in first eight generations, over 56 errors, as compared to errors made in the fourth group of eight generations, 20 errors. Actual behavior also became more cautious and tentative in the later generations.

McDougall (1920/1979) tested rats in the untrained lines only occasionally. His notes indicated "the disturbing fact that the groups of controls derived from the stock in the years 1926, 1927, 1930 and 1932 shows a diminution in the average number of errors from 1927 to 1932" (Rine & McDougall, 1933, p. 223). He considered this result as probably fortuitous but "it

is just possible that the falling off in the average number of errors from 1927-1932 represents a real change of constitution of the whole stock, an improvement of it (with respect to this particular faculty) whose nature I am unable to suggest" (p. 223).

McDougall (1938) replicated his earlier experiment by dividing the rats into groups of fast learners and slow learners based on their learning scores (number of errors). The results indicated that the fast learners tended to learn relatively quickly and the slow learners learned relatively slowly. However, in the slow learners, the performance of the later generations improved very markedly in spite of repeated selection in favor of slow learning. There was a major problem in the experiment: the failure to test systematically the change in the rate of learning of rats whose parents had not been trained.

The purpose of the McDougall's studies was to test for transfer of learning or the predisposition to learn. In the 1920 experiment, he divided the rats into one group that was trained to perform a task and

an untrained control group. The trained group was tested repeatedly in each of the 15 generations and showed a decrease in the number of errors in succeeding generations. McDougall interpreted this as possible proof of formative causation. He was unable to explain the decrease in the number of errors over the 15 generations of untrained rats. When he repeated the experiment in 1938, he divided the trained rats into fast learners and slow learners in each succeeding generation. All three groups, fast, slow and control, had a decrease in the number of errors before mastering the task.

McDougall's studies demonstrated possible genetic transfer of memory within the successive generations, if there were no change in the rate of learning of the untrained line of rats. It must be noted that DNA was not discovered until 1953 by James D. Watson and Francis H.C. Clark which led to additional discoveries concerning genetic transfer of traits, including memory and learning. It was the untrained line, the untested control group, that seemed to demonstrate a non-local predisposition for learning the task. The same results were verified by Agar, Drummond, and Tiegs (1942, 1954).

In applying these findings to the possible source of past-life reports, it would seem that there could be a non-local component, formative causation, collective unconscious, or universal consciousness in memory that creates a predisposition for a certain set of actions, archetypes. When this is combined with a genetic component, there is a greater tendency for the action to be performed. So when presented with a task, for example: to report a previous event that was the cause of a symptom, the individual could retrieve a memory of an archetype or one of the events that contributed to the original formative causation.

Crew (1936) repeated the experiment including a parallel line of untrained rats. The results were deemed inconclusive due to the inbreeding of brothers and sisters. Many of the offspring developed extreme abnormalities and had to be discarded.

Agar, Drummond, and Tiegs (1942, 1954) duplicated Crew's experiment over 20 years, with 50 successive generations with a parallel line of untrained rats. The results showed a marked tendency for rats of the

trained line to learn more quickly in subsequent generations. The same tendency was also found in the untrained line.

In applying this information to humans, there are some additional considerations. Namely, human behavior is more flexible than other animals' and is more flexible in early stages of a behavior sequence, especially in the initial appetitive phase. In the final stage, the consummatory act is performed in a stereotyped manner as fixed action patterns. The varied patterns of human behavior are usually directed towards a limited number of goals given by motor field that are inherited from past members of the species by morphic resonance. They are most usually directed towards biological or social goals with a rare event when some actions are directed towards transcendent ends, such as with the lives of saints (Sheldrake, 1981).

Mishkind (1993) tested Sheldrake's theory of formative causation, based on the physical quantum field theory. The results showed that individuals would tend to repeat a behavior if the same behavior and been repeated in the past. The formative causation

theory posits that an organism's repetition of a particular behavior will increase the likelihood of a similar organism exhibiting the same behavior in the future (Sheldrake, 1981).

Morphic resonance. Sheldrake's (1981) morphic resonance is similar to energetic resonance in that the system or organism is acted on by an alternating force which coincides with its natural frequency such as the tuning of a radio to the frequency of radio waves given out by the transmitters. However, morphic resonance is not accounted for by any of the known types of resonance nor does it involve a transmission of energy. Sheldrake's hypothesis of formative causation states the consistency and repetition of forms can be explained by the repeated association of the same type of morphogenetic field within a given type of physical-chemical system. The chemical and biological forms are repeated because of a causal influence from previous similar forms.

Quantum field. Another explanation, similar to and supporting Jung's collective unconscious is ability to access the memories of others, i.e. the therapist, via extrasensory perception or the quantum field.

Einstein, while theorizing about time, developed the quantum theory. Einstein postulated that physical phenomena is a combination of the concepts of spatial field and of energy. Energy is the excitement of subatomic particles and is the cause of change. The ordering of change (shape) depends on the spatial structure of the fields. The quantum field theory, simplified, states that the actions generated by organisms affects other organisms' behaviors, assists learning in other organisms, and is affected by the thoughts of an observer (Sheldrake, 1981).

Finding Einstein's quantum theory incomplete, Bell (in Herbert, 1988) proposed the Interconnectedness Theorem, also known as Bell's Theorem. It states "a pair of particles, originally in a unitary state, retain their interconnectedness no matter how far they are separated in space and they are able to communicate with each other instantaneously" (Ritchey, 1993, p. 83) and that no local model of reality can underlie the quantum facts. For example, a local interaction is when subject A physically touches B or something that touches B. A non-local interaction is when subject A influences B without touching (Herbert, 1988). This

eliminates any distinction between past, present and future as well as between the observer and the observed. Within the atom we find that time, space, causality and separateness cease to have meaning (Ritchey, 1993).

In physics, the local interaction is often explained by gravitational fields, electric fields or quantum fields. In parapsychology, the non-local interaction is termed extrasensory perception. In biology, Sheldrake termed it morphic resonance field in his hypothesis of formative causation (Sheldrake, 1981). In psychology, Jung called it the collective unconscious.

Simultaneous time. Bell Theorem can be expanded to include the concept of simultaneous time or the concept of time as vertical or simultaneous. According to this concept, past lives is an erroneous term. The correct term would be other lives. In which case, past-life is another way of saying the past life event is not only related to the current but influences the current event as it is happening concurrently with the

current event (Goldberg, 1988; Snow, 1992; Sutphen, 1976). The information revealed in simultaneous time is a simultaneous lifetime.

Wolf (1981) drew conclusions from the Quantum Theory that may explain regressions, past and future; and, through a series of equations demonstrated a time-space continuum in which all time is simultaneous. Freyman (in Ritchey, 1993) proposed that a positron (a positively charged electron) could be an electron that moves backward in time. Also, as the positrons move faster than light, they have the ability to move backward or forward in time.

The concept of parallel universes dates to Everett's dissertation for a doctorate in quantum physics at Princeton University in 1957 in which he demonstrated there were an infinite number of parallel universes (Wolf & Toben, 1982). The human beings, who occupy these parallel universes, are the exact doubles of ourselves. In these universes, different choices are made at the same time we make our choices, making the outcomes different. As there are an indefinite number of choices, there are an indefinite number of universes. Through the mechanics of quantum theory it

is possible to communicate with the other universes (Wolf, 1988). As an illustration, Richard Bach's One (1988) describes a series of other, past and future, lives, presumably those of his and his wife, that are the result of various decisions being made during the life time. Another case is Thea Alexander's 2150 A.D. (1976), which explores the events of 1974 as they affect 2150 and visa versa using dreams as the vehicle to transfer time.

In an analysis of a therapy group that met over two years, Dick (1993) examined the structure, process and content with the hypothesis that they are a part of a holomovement, a quantum field. This would illustrate a connection between Freud's concepts of unconscious process, the collective unconscious of Jung, and the mystical experience that is common to the East and West. Dick found that her interests and concerns while forming the group were manifested and experienced by various group members during the life of the group. The shared experience was a group matrix, both pre-existing as well as dynamically evolving during that time.

In Einstein's Quantum Theory and Bell's Theorem, the universe is arranged holographically. In a hologram, one cell in a hologram contains the entire picture, regardless where in the hologram it was located. So, location becomes an illusion, non-locality being the rule for all things, including consciousness. Our consciousness seems to be localized within our bodies. However, under hypnosis or another altered state, it can become localized in another room, another country or another planet. In applying the holographic universe model to Past-Life Therapy, it is "possible to experience all possible 'alternate realities', also to change all possible realities, including our own objective physical reality" (Ritchey, 1993, p. 83)

A possible location for Jung's collective unconscious could be the cavity that surrounds the earth, and is located between the earth's surface and the bottom of the ionosphere. In this cavity, energy in the Schumann Resonance Frequency of 7.8 cycles per second is able to travel vast distances without diminishing (Ritchey, 1993). This frequency is the alpha/theta brain wave pattern that is active

during deep altered states such as used for deep meditation (Lucas, 1993). Could this be the location of the collective unconscious and a source of past-life memories?

Metaphors

One of the ways the unconscious or the collective unconscious can be accessed is with metaphors. Metaphors are used as a means of communicating relative abstract concepts in terms of that which is more concrete (Lakoff, 1993). A conceptual metaphor assumes a connection between two or more unrelated events, or objects, for example, the metaphor of love and journey. In describing a love relationship with words such as at crossroads, a dead-end street, how far we've come, smooth sailing are often used. This metaphor helps us to understand one domain of experience (current life), in the terms of a very different experience (past life).

Past-life recall, as a metaphor, could be used by the unconscious to present information to the conscious in an acceptable form to minimize rejection of the previously inaccessible material (Lakoff, 1993). There is the possibility that the past-life memories are

coming from the same source as dreams and for the same purpose which could be to serve as a metaphor to bring attention and clarity to a specific situation in the client's current life (Miller, 1990).

In case studies Landers (1986), Miller (1990), and Porter-Steele (1990), determined that in using PLT as a metaphor rather than as a factual reality, PLT becomes an effective therapeutic tool. Material that the unconscious wants to be uncovered is often presented in a disguise, as a defense, sometimes in the form of another lifetime, sometimes in a dream (Miller, 1990).

Dreams and analogies

Dreams are used in Jungian therapy as analogies for events in the current life of the dreamer (Jung, 1964). Often past life scenarios occur spontaneously during dreamtime. By interpreting not only the symbology of the various elements but also the theme and action within the dream, different aspects of the dreamer's life can be explored, perhaps both in context of universal experience (archetype), personal experience (past life), metaphorical or as an analogy.

ProLucid dreaming. Ahsen (1988, 1992) developed an experiential procedure he called proLucid dreaming. Ordinary dream material is used by the client with directions giving by the therapist to create a story, which is used to start a waking dream. This waking dream can then be interpreted. Jung (1960) had his clients take a fragment of a dream, or vision and allow that fragment to grow on its own into a story. This procedure also seems similar to past-life therapists' instructions using a bridge (a dream image in this case) to bring up to conscious awareness a past-life memory which is then interpreted and analyzed in context of the recaller's current life.

As dreams are known to consist of unconscious or subconscious memories from prior experiences and past lives are thought to be memories of prior experiences, is it not possible to interpret material presented as past-lives in a similar manner as information in dreams? Because the past-life memories could come from the same source as dreams, it could be possible that the client had the dream previously and didn't consciously recall or retain it. Therefore, the message was recalled as either a past-life memory if the

opportunity permits, a deja vu experience during waking activities, or an active daydream, a proluclid dream. Clearly, more research needs to be done on the similarities of dreams and past-life memory recall.

Cryptomnesia

The last of the sources of past-life memories is involved with false memories. This includes (a) cryptomnesia, memories of forgotten information; (b) implanted memories, suggestions, post-hypnotic suggestions that we assume are our own but really belong to someone else; and (c) spirit possession, where the memories belong to someone or something that is other than the client. This is information that is originally recalled as if it were a personal memory.

The explanation most discussed is the phenomena of cryptomnesia. The term Cryptomnesia literally means hidden or unconscious memory. It is used to describe ideas, images, feelings, memories or thoughts that the individual does not consciously recall (Reber, 1985). Later it is recalled as a real event. This could be as

obvious as a movie or as subtle as a magazine the client has leafed through in a doctor's office waiting room (Marriott, 1984).

In the case of Bridey Murphy, investigators located old books, that Ruth would have has access to that described life in 19th century Ireland to prove the past life recalled was a fantasy (Bernstein with Baker, 1965). Investigators located old books, that Ruth would have had access to that described life in 19th century Ireland to prove that the past life recalled was a fantasy (Bernstein with Baker, 1965).

Bernstein hired independent investigators to find material to authenticate or invalidate the information Ruth described as Bridey. When the information gathered was insufficient, Baker, a writer for the Denver Post, went to Ireland to continue research. Although some of the material could have come from books and magazines on Ireland in Ruth's local libraries, many details of daily life were only verified with interviews with people in Belfast and their local records. Some of the descriptive words were Americanisms. As Ruth was regressed to infancy, she was asked what she was drinking and replied she

couldn't say the word but described it in adult language. As the information was coming from Bridey, through the current language system of Ruth, when a word was not easily available, a more readily accessible word would likely be used.

In most cases, by deepening the hypnotic level, and asking for the source of information, the client will oblige, telling of stories heard as children, books and events that were sources of their information. Often, in the case of cryptomnesia, the client will give a name and the location of the article or book.

In the case study of Matthew (Venn, 1986), Matthew was a 26-year old optometrist's assistant living with a pregnant wife and a five-year old son in a moderate sized town in Oklahoma. He had graduated from high school with mediocre grades and had no exposure to the French language nor had he consciously remembered knowing anyone of french background. After a visit to the emergency room, he was referred to a clinical psychologist for persistent hypochondriacal chest pains. Another complaint was that he was unable to

cry. One childhood memory that surfaced was his father hitting him for crying and threatening to hit him again if he did not stop.

During the 18-month therapy, Matthew relived five life times as a man, one as a woman and one as an animal. In 60 hypnotic sessions, 58 were audio taped. One of these lives was as a French pilot, Jacques Gionne Trecaultes, who described being machine-gunned through the chest by a German pilot over Belgium in August 1914. During this particular session, Matthew/Jacques yelled, sweated, cried, moaned and clutched his chest in a dramatic abreaction. As the Jacques sessions progressed, Matthew began to speak in a French accent that grew heavier. A native speaker of French was brought in to verify the language and to engage Jacques in French conversation. His French was deemed to be poor, and the pronunciation not authentic. The vocabulary seemed based on stock phrases and French cognates of English words. During this time Matthew's hypochondriacal symptoms disappeared and family relationships improved.

When Venn (1986) researched the life of Jacques Gionne Trecaultes, information was reported accurately as found in archives in this country. But when extending research to the archives in France, the information as described in the past-life recall proved to be false. For a true past life, the client's information must be verifiable not only in easily obtained sources but in more difficult, such as those in a foreign country.

Of the 30 items he produced that were traceable in local public libraries, 16 were true and 14 were false. Of the recondite data available by correspondence with French military archives and visiting areas in France, 17 items were traced, all were disproved. No records of Jacques were found in the city register, the marriage record or in the military archives.

A chi square test of significance was used to rule out paranormal knowledge, such as extrasensory perception and past lives. The hypnotically produced data was presented in a 2 x 2 table: truth (true or false) by accessibility of historical records (common or recondite). Common knowledge is knowledge within easy reach of the subject, such as in public libraries

and available books. Recondite records are removed and separated from the subject by a normal barrier, as distance, language or confidentiality of information. The null hypothesis was that the information produced by Matthew was from paranormal sources or reincarnation. If the past-life report was due to reincarnation, then distances and foreign language should make no difference in verticality of information. If the subject scores true on all the information that can be readily verifiable and false on all the recondite data, then the null hypothesis can be rejected.

In this study, of the 30 common items, 16 were true and 14 false. All 17 of the recondite items were false. Cladder calculated chi-square as 11.47 with $p = .0007$, a rejection of the null hypothesis. The purpose of using a chi-squared statistic was to find interrelationships between common and recondite statements and their verification. The statistic shows there is a significant difference and shows that there is a probability that the information comes from someplace besides a past life.

There is a strong possibility that Matthew had access to some of the data via cryptomnesia. Venn explained that the removal of symptoms was probably due to being able to release the strong, taboo emotions in a safe male to male relationship.

Following Venn's formula, Tarazi (1990) recorded and researched the case study of Laurel. The initial cause of the visit was Laurel's obsession with 16th century Spain and finding her lost lover. In the lifetime, as Antonia, she was the only child of a sickly mother and a frequently absent father. She grew up with a thirst for knowledge. She was fluent in German, her mother's language, Spanish, her father's, and Latin. Although a fervent Catholic, her Uncle Karl taught her to consider all sides of a question. In England, she joined a rebellious band of students and served as a courier in a plot with Mary, Queen of Scots. When her father died, she returned to Spain to take over his business. The Inquisition had started. She continued a love-hate relationship with the Church. Her first love affair started in the torture chamber at

age of 29. The love was deeply spiritual and passionately erotic, sharing every faculty of mind, body and soul. Returning from Peru, she drowned, only realizing her death when she did not feel her lover's arms around her.

In an attempt to rid Laurel of the obsession with the 16th century life and her former lover, Tarazi spent hours and miles with trips to Spain with the intent of finding errors in the story to discount the reality of the past life. After verifying hundreds of detailed facts in texts and trips to Spain, the Caribbean and North Africa, no errors were found. Laurel's present life was adventurous and erotic and she refuses to let her real name be used and there is not much money in writing fiction or as a co-author of journal articles.

The concerns of cryptomnesia or role playing were discounted by the amount of recondite information Laurel divulged as Antonia. Role playing could account for the personality (Laurel was an actress in current life for awhile) but not the facts. Multiple personality was discredited as the personality of Laurel and Antonia were virtually identical with same traits, likes, dislikes, interest, skills and talents.

Antonia was not only an only child, but her two children died without offspring and both her parents' siblings were childless eliminating genetic memory.

There is a slim possibility that Laurel could have gotten the information from the collective unconscious via racial memory, clairvoyance, precognition, telepathy, or mediumship. Racial memory contains general, generic information specific to a place and time, but not necessarily applicable to an individual. Whereas, clairvoyance, precognition, telepathy, or mediumship require a level of expertise. Laurel was tested and found to have no such abilities. Tarazi concluded that reincarnation explained the case better than competing theories. A close runner up was that there was a type of telepathic communication with a non-physical personality, such as her former lover, and that there also was the possibility that the lover could still periodically possess her.

During the months of regression and research by Tarazi, evidence supported Laurel's beliefs in the reality of that lifetime. By using a fantasy reframing (a re-write of the ending), the obsession diminished and Laurel terminated the sessions.

Memory Implants

Most of the concern over memory implants is not past life implants, but childhood abuse memory implants. Legal ramifications and research dilemmas of memory recall versus memory implants has brought attention to the regression field. In Past-Life Therapy, it is generally accepted among practitioners and empirical evidence suggests that the reality or verity of the recollected event has no impact on the removal or lessening of symptoms. The debate over the verity of memories has centered around memories of childhood abuse recalled by adults. Most people, especially prior victims, would agree that child abuse and sexual abuse, is a hideous crime against a very vulnerable child. This has resulted in two extreme view points: (a) Memories are true, regardless of when or how they surface. (b) Memories are unreliable, being a confabulation of fact and fantasy.

The implanting of memories, better known as false memory syndrome, has become a legal issue. As such, the truth in regression work, in general, has been questioned by the court system. For example, in 1993,

Gary Ramona was accused by his 20 year-old daughter, Holly, of molesting her as a child. As a countersuit, he sued her therapist and psychiatrist for planting and reinforcing memories that were false. During the malpractice trial, it was revealed that the drug Sodium Amytal, a truth serum, was administered intravenously on at least one occasion. Sodium Amytal had been proven ineffective in 1952 as a truth serum and further scientific studies demonstrated that false memories can be easily implanted in those under its influence. Ramona's countersuit against the therapist and psychiatrist was successful. As a consequence, the daughter's suit against her father was dropped (Fischer, 1994; Gorman, 1995). Another man, George Franklin was convicted in 1990 in California of murdering an eight year old playmate of his daughter. His daughter had dreams and flashbacks when her daughter reached the age of her former playmate (Gorman, 1995). Subsequently, the conviction was overturned on a technicality and remanded to the lower court.

In reviewing the empirical studies on memory implants and false memories, there was a study showing the truthfulness of reporting past life incidents under

hypnotic trance, (Raikov, 1982), participants were hypnotized and regressed to a neonatal period and were compared to professional actors acting as a neonatal. The hypnotized participants showed neonatal responses of 90% as compared to 15% for the professional actors. When Nash (1987) reviewed the empirical literature on memory retrieval, he found no evidence for literal memories of childhood events, although there could be the ability to access related emotional material.

One view point, expressed by Bass and Davis (1988), is that trauma memories are often repressed, not surfacing until years, even decades later. The memory of the trauma recalled is to be considered an exact replica of the original event that was encoded and stored decades earlier. Bass and Davis (1988) state, "if you are unable to remember any specific instances... but still have a feeling that something abusive happened to you, it probably did" (p. 21); "Many women don't get memories, and some never get memories. That doesn't mean that they weren't abused" (p. 81). This often results in therapists treating all failures to recover abusive memories as evidence the person is in denial.

In the popular book, The Courage to Heal: Women Healing From Sexual Abuse (Bass & Davis, 1988), many partial case studies were given with very few complete dialogues between therapist and client. The long term results, the longitudinal studies were lacking and no empirical studies were discussed in the book.

The other extreme stresses the malleability of memory (Loftus, 1991, 1993; Loftus & Ketcham, 1994; Spanos, Menary, Gabora, DuBreuil & Dewhirst, 1991). Spanos, et al. (1991) hypothesized that as reports of newly remembered child abuse emerge during the therapy of MPD patients, and these reports may reflect therapist-induced confabulations rather than accurate recall, as could be the case with some past-life hypnotic regressions. Twenty-nine undergraduate student participants were given the same pre-test and questionnaires and given the same background instructions in reincarnation and told the purpose of the past-life regression was to find out how children in other time periods were raised. They were divided into two groups. One group, neutral expectancy, had no further instructions. The other, expectancy of child abuse, were told that people who lived in past times

had more difficulties and traumas than our current time and additional information about the types of abuse the children suffered.

Past-life reporters in the abuse expectancy group reported significantly higher levels of abuse than past-life responders in the neutral condition. The study supported the hypothesis that reporters integrate contextual information acquired pre-hypnotically from the hypnotist into their secondary identity fantasies (Spanos, Menary, Gabora, DuBreuil & Dewhirst 1991).

In a series of experiments by Loftus and Ketcham (1994), the memory of being lost in a large department store or a shopping mall was successfully implanted by family or close friends in nine participants with ages ranging from 8 to 42. The methods used were conversational and questioning. All were surprised to find the memories were, indeed false. Loftus and Ketcham concluded that memory was malleable and is changeable depending on subsequent information received and that memory was a creative mechanism in which fact and fantasy were interwoven. Repeated retrieval effort can enhance memory as much as hypnosis (Erdelyi, 1994).

As Byrd (1994) pointed out, the hippocampus, associated with the temporal and spatial context of memory may be inhibited by cortisol secretions during traumatic experiences and that as the hippocampus does not mature until the third or fourth year in humans, trauma in young children may be especially distorted. An experiment by Nash, et al. (1986) asking adults to recall their transition object as young children under hypnosis versus a waking control group, found that hypnotized group at 23% correct recall and the control group rated 70% accuracy.

Of all the criticisms about Loftus' 1993 article, the most common was her lack of appreciation of the experience of the survivor and the trauma of having one's credibility about the event challenged (Byrd, 1994; Gold, Hughes & Hohnacker, 1994; Olio, 1994). Another viewpoint is as most survivors are primed to question their own judgments and perceptions (Gold, Hughes & Hohnacker, 1994), they prefer to believe that the event is unreal. So many survivors may be more eager to accept a suggestion that their memories are false (Gleaves, 1994).

Hidden Observer

According to Hilgard (1977), there is a part within the individual that can tell reality from suggestions called the hidden observer. The hidden observer is that part that exists within the self that directs scripts as being a part of divided consciousness. The hidden observer is still a part of self, thus having many similar characteristics and personality profile. It is considered to be a metaphor of an aspect of consciousness and can be used to indicate that some information is processed and has consequences without being in the focus of consciousness at the time, but is recoverable through hypnosis (Hilgard, 1992). Empirical studies by Laurence, Nadon, Nogrady and Perry (1986), Laurence and Perry (1981), Mare, et al. (1994), and Spanos and McLean (1986) confirmed Hilgard's findings of a hidden observer phenomenon.

In an empirical study by Spanos and McLean (1986), similar to the study by Laurence and Perry (1983), 33 highly hypnotizable participants who reported sleeping all night, each night the previous week, were given

pseudomemories under hypnosis during age regression. While hypnotically age regressed they were asked if they heard a loud noise one night. The 11 who responded "yes" continued in the experiment. Post hypnotically, 9 of the 11 said the stated event actually occurred. Those 11 were given a hidden observer instruction with hypnosis. After "hidden observer" instructions, nine reported the noises had not actually occurred. The 11 were hypnotized again and the hidden observer instructions cancelled and during the following interview all 11 reported hearing the noises. At a pre-arranged signal allowing them to remember their hidden part, four remembered the noise, while seven said it was only imagined.

Two explanations were given for these results. One is that the highly hypnotizable participants who already proved they were susceptible to suggestion, wanted to be good subjects by taking the suggestions as given by the hypnotist to be made fact. The other explanation is that participants do possess a hidden observer that accurately stores information. When it was important, they could distinguish what really happened from any suggestions given. The hidden

observer manipulation defined this discriminative ability and allowed the participants to make the distinction without discrediting their earlier statements (Spanos & McLean, 1986b).

Zamansky (1986) observed that Spanos in 1982 (Spanos, McNeil & Stam, 1982) had challenged reports of the hidden observer manipulation. Then, in 1986 Spanos used it as an explanation. It may be that the hidden observer instructions actually allow a person to access a deeper level of awareness in which it is possible to distinguish between actual and suggested events (Zamansky, 1986, p. 160). Zamansky (1986) also warns that caution needs to be exercised with the testimony of witnesses who have been previously interrogated under hypnosis.

In comparing the two studies between Laurence and Perry (1983) and Spanos and McLean (1986), McConkey and Kinoshita (1986) noted differences in selection procedures, induction instructions, and when certain instructions were given (before or during hypnosis). In both studies, the criteria were to choose highly hypnotizable and suggestible participants. Clearly, if there is a way to ascertain the verity of a questioned event, then additional research is needed.

In considering both sides, the question of symptom relief to the client is of paramount importance. In case studies by Lynn and Nash (1994) it appears that historical truth may not be all that important to provide symptom relief. If the meaning of the report is properly managed therapeutically, the patient will get better. It is for forensic purposes that it does matter whether the event happened or not.

If the hidden observer can be accessed and discern what is really happening to the physical body versus what is thought to be happening, then couldn't the hidden observer be asked to verify or confirm the true events? If physical abuse, sexual or otherwise, took place, would not the hidden observe know when and where? Also could not the hidden observer be the part that knows if someone/something else is around?

Spirit Possession/Attachment

The last source of memories to be considered is the memory of another being attached to the client. This is a relatively new field in regression therapy. It is one of the most controversial, rejected in the

1800's when the scientific method entered the psychological field. At that time it was considered the cause of many psychological problems.

Currently, most of the current literature concerning spirit releasement or possession is about native religions, and third world cultures. Of the 22 journal articles cited in the Social Sciences Index database on spirit possession, only 2 were of Western European psychological topics. In the SilverPlatter Psychlit data base the research articles listed were of native religions in rural areas. It is included in this paper because many Past-Life Therapy practioners, while regressing clients have met personalities, that were NOT those of the clients or their recalled past or future lives (Baldwin, 1992; Fiore, 1987; Hickman, 1983, 1993; Ireland-Frey, 1972, 1986; Lucas, 1993; Snow, 1992; Wickland, 1974).

There is yet to be a standardization of terminology. For clarity, an attachment implies the visitor is not always fully present. Whereas in a possession the alien spirit is a full time resident enforcing control over mind and body at all times (Ireland-Frey in Lucas, 1993). A depossession is

connected with religious ritual, usually entails a forceful, expelling of an alien presence within the patient, similar to the book The Exorcist (Blatty, 1971). It assumes, rightly or wrongly, that the alien is demonic and has malintent toward the host having invaded the host without invitation. A releasement is giving the alien presence gentle, loving directions, which might include psychotherapy, to leave the host and continue on its journey. Releasement assumes the alien is a lost, misguided, confused being that is living off or through the host. Releasement acknowledges that there is often a mutual benefit to both the host and the attached which needs to be resolved.

These non-physical beings are, usually, people who have died and have not finished the death experience remaining attached, attacked, or addicted to the physical earth or died with fearing Hell, or the unknown (Lucas, 1993; Hickman, 1983, 1994). The research into after death experiences show consistent scenarios of events that happen after death. One is the entering into a beam, tunnel, column of light and being met by familiar friends, family who have already

died (Monroe, 1993; Moody & Perry, 1991). The other, the deceased usually just floats up from their body and continues up (Wickland, 1974). Rarely, is such a being demonic (Fiore, 1987; Hickman, 1993; Lucas, 1993). Although both the Catholic and the Hasidic Jewish communities have rituals for demonic possession.

The first indication of having another spirit attached may be during the intake. The client might report that "at times I don't feel like myself" or "I can't seem to control myself" or "I find myself doing things I don't want to do" or "I fight with myself". They might start talking about themselves in the third person. There can also be a history of sudden personality changes. When asked to close their eyes and describe themselves, the description given has little to do with the body of the person in the therapist's office. Once the hiding being is located, there is a dialogue between the therapist, the being and the client to reach an agreement between the client and the being to release the being (Baldwin, 1992; Fiore, 1987; Hickman, 1993).

In the Hasidic Jewish community, Dybbuck-possession (possession by spirits of the dead) is recognized within the framework of Jewish mysticism. Besides actual possession, according to Bilu (1985) there could be two other explanations for the phenomena exhibited by an individual. The first could be as a form of female protest to allow a woman to borrow a potent masculine identity in order to act out in a socially acceptable way. The other is as a convenient metaphor for articulating experiences related to female sexuality as well as an outlet for other urges and desires (Bilu, 1985).

Another explanation is noticing if the acting out is through multiple personality manifestation and noticing the similarities of past-life and multiple personality where the past-life memories could be those of a multiple personality (Marriott, 1984). There is a difference between attached beings and true multiple personality disorder. When asked, the attached being can identify the point in time and cause of attachment. They are able to remember the last time in their own physical body and what happened to that physical body at death, to cause death. Occasionally, the attached

has not had a physical body, but can remember time when they were not the host. When the attached being says "I have always been with (the client)", that can be an indication that attachment happened when the client was very young, at birth or in another life time. Once the being is released, the true multiple personalities are left behind for traditional psychotherapy (Ireland-Frey in Lucas, 1993). More research is needed to ascertain the difference between true multiple personalities in a client and attachment of other beings.

The problem with having an attachment, is that the past life accessed may be of the attached being and not the client. In this case the attached is being benefited, and the client may or may not have indirect benefit with the experience seeming distant or non-related to the client's current life situation. Issues that are raised might be: "Who is paying for the therapy?" "Is the client willing to spend time and money on the treatment of a hitchhiker?" "Is the therapist treating another at the client's expense?"

"How do you bill the insurance company?" Attachments are being reported more frequently by therapists, but are not usually an everyday occurrence.

Albertson, Baldwin and Ward (1988) worked with Colorado State University in setting up an empirical study to treat Vietnam veterans in a veteran hospital with unresolved Post Traumatic Stress Disorder with entity releasement therapy. The hypothesis was that with the suddenness of death of the soldiers killed in the field, the deceased soldiers did not make their transition but attached to other living soldiers. The major weakness of the study was the length of treatment of one session with some follow-up sessions. The study did not get funded.

This area is the most controversial to date in regression therapy. Perhaps because it forces the therapist and, perhaps, the client to directly confront their own beliefs in survival of death. It is also complicated by the media's treatment of ghosts and exorcists as well lack of empirical studies or validated case studies. This is an area that is in need of additional research.

Multiple Personality

The last source of memories is through the memory of a multiple personality manifestation. There are similarities of past-life recall, attachment and multiple personalities where the past-life memories could be those of a multiple personality (Marriott, 1984). With a multiple personality disorder, the sub-personality will not be able to remember a time when they weren't the host. And, they will not be able to exist outside the main personality. The treatment is usually traditional psychotherapy sometimes including hypnosis. More research is needed to ascertain the difference between true multiple personalities in a client and attachment of alien spirits and true past lives (Baldwin, 1992).

It is suggested that therapists can meet their clients at their model of the world. For example, a client with religious beliefs that do not include life after death, or a client with a firm belief in an afterlife survival, or a client with a belief in reincarnation, all could have their reports validated by a compatible explanation. Those that have no belief in an after (or before) life would probably be more

comfortable with an explanation of the origin of the information as a metaphor, genetic memory, or collective unconscious.

Often a client comes into a therapist's office with a problem that suggests some form of regression to the source of the problem, or to obtain additional information. The client describes events in a historically distant past. The fact of the reality of the historical data is usually immaterial to the therapeutic benefits that arise after recalling the memories. Since any reported memories are the subjective experience of the client, they are perceived as actual, personal and meaningful and have the same impact as if they were a proven fact. By treating the recalled memories as if they are true, then, the therapist can access and process the precipitating event wherever it is in space and time.

Perhaps, we need to realize that uncovering a memory is like remembering a dream. There is still more work to be done, such as interpreting the meaning behind and the purpose of recalling that experience at

that particular time. Then helping the client to integrate what is learned into their current life to improve their future possibilities.

Case Study Method

A case study is a description of a particular entity to understand the entity or to delineate a problem requiring practical action. They are usually focused on a limited number of issues and the circumstances pertaining to the entity and are organized around the critical examination of evidence and arguments related to these issues (Runyan, 1982). Case studies fall in a spectrum ranging from a simple case study, what could be called an apt illustration, to the other end being an extended case study or a case study comparisons.

Criticism

The case study method has been criticized for researcher biases in interpretation of data, for lack of controls for replicability or generalization, and for inadequate measurement of independent and dependent variables (Campbell & Stanley, 1963; Runyan, 1982). The scientific method places value on the quantitative

with emphasis on probability, and predictions based of falsifiability criteria, reliability and validity. The case study method has been criticized for researcher biases in interpretation of data, for lack of controls for replicability or generalization, for inadequate measurement of independent and dependent variables (Campbell & Stanley, 1963; Runyan, 1982). The scientific method places value on the quantitative with emphasis on probability, and predictions based of falsifiability criteria, reliability and validity.

This has resulted in the criticisms of the case study method. All are critiques of the N = 1. The first is that there is only one case. Therefore, objectivity is difficult to maintain because of the possibility the researcher might have a bias towards the subject. Since there are no controls, there is no provision to correct against researcher bias. Because most reports are retrospective and interpretations are arbitrary, the falsifiability criteria are difficult to meet (Campbell & Stanley, 1963; Stoeker, 1991). A second critique is that generalization is impossible to other situations. Only probability samples can meet the criterion of representativeness. Case studies have

also been considered relatively more expensive and time consuming, so the resultant value of the research needs to be considered (Stoeker, 1991).

Irrelevant techniques

The other response to critiques of the case study method is evaluating the standards set by the quantitative advocates. One critique of the standards is that traditional statistical techniques are irrelevant to case study comparisons. In case comparisons there are the accumulation of numerous variables, greater in number than the number of cases being studied (Yin, 1982).

Quantitative Science

Another critique of the quantitative standards is in three parts. First, the probability samples and significance tests show the logical and plausible relationship between two characteristics. They do not account for historical causal processes that can allow us to choose which of the theoretical perspectives provide the best explanations. Case studies can effectively analyze causation and study process, which is at the center of the explanatory method (Yin, 1984).

Researcher Bias

The second part is that the scientific method does not control for researcher bias. It is thought that with a higher N, a formalized, standardized interview would control bias (Yin, 1984). However, the same questions can have vastly different significance to different respondents. In a more flexible interactive interviewing procedure, different issues can be seen to hold different significance for different people (Keller, 1983).

The last part is that the cross-sectional survey research is not useful for applying interventions in unique situations (Yin, 1984). In the clinical setting it is the unique idiosyncracies that determine the intervention used (Stoecker, 1991).

Lee (1989) suggested a framework for case studies. The first part would be for the researcher to make controlled observations of events as they unfold. These can be controlled statistically through a multiple regression analysis. Numerical data is collected through observation and statistical controls imposed in a post hoc analysis. However, as Yin (1984) pointed

out, it is common for the number of variables to exceed the number of data points rendering statistical inference infeasible.

The second part would allow for replicability. As the researcher allows the events to unfold in their unique and probably non-recurrent manner, it naturally limits attempts by the independent researcher to verify findings of a particular case study. If the induction and directions to the participant were standardized, perhaps similarities in findings could be ascertained.

A third concern is qualitative analysis. Analysis can be performed through the mathematical system, so rules of formal logic may be applied. This would provide the means to relate the proposition of a theory to one another and to deduce new ones, similar to the rules of algebra (Lee, 1989). There are many possibilities in single case studies for both qualitative and quantitative analysis (Baldwin, 1992).

A case study collects data through a combination of retrospective methods, letters, diaries, observations by contemporaries, systematic longitudinal studies, as well as series of assessments before,

during and after treatment. The purpose of a case study is mainly to describe the experience of a single person, then develop interpretations or explanations of that experience or to develop courses of action and to make decisions appropriate for this particular individual (Runyan, 1982).

SUMMARY

Review of Case Studies

Eight case studies conducted by different therapists, from differing traditions were reviewed as follows:

(1) Netherton's Harrison, using Gestalt-like bridging technique relieved Harrison of repeated debilitating headaches (Netherton & Shiffrin, 1978).

(2) Rieder's 18 clients in California recalling lifetimes from Millboro, Virginia during the Civil War, Mission to Millboro (Rieder, 1993).

(3) Cunningham's clients reporting a lifetime in the same Ogala tribe in the Dakotas describing the same massacre, A Tribe Returns (Cunningham, 1994).

(4) Mordes' Lee reported 16 previous life times, including a verifiable past life as Rudolph Valentino (McGill, 1988).

(5) Weiss, a prominent non-believing psychiatrist with a non-believing patient, Catherine, reporting past life memories that relieved her symptoms (Weiss, 1988).

(6) Bernstein, an amateur hypnotist, experimented with a non-believing neighbor recalling a life as Bridey Murphey. The purpose was to see how far back memory can extend (Bernstein with Baker, 1965).

(7) Venn's Matthew reported a life as a French pilot during World War II with symptom relief in spite of probable cryptomnesia (Venn, 1986).

(8) Tarazi's Laurel was a client with an obsession with a past life in 16th century Spain and her lover (Tarazi, 1990).

All but one (Neatherton's Harrison) used a hypnotic induction. In four of the eight case studies, the clients came to the therapist with a set of symptoms, ranging from a headache (Neatherton's Harrison), to phobias and depression (Weiss' Catherine), to persistent hypochondriacal chest pains (Venn's Matthew), to an obsession with an historical period (Tarazi's Laurel). Members of both Cunningham's and Rieder's group cases started with clients that had

symptoms they wanted resolved. In Weiss' Catherine, neither the patient nor the therapist believed in reincarnation or had read much about it. In two of the cases, the client had no belief in reincarnation (Weiss' Catherine and Bernstein's Murphy). Only one life of 60 was of a still known historical personality (Mordes' Lee). Of the eight, one past life was thought to be due to cryptomnesia (Venn's Matthew), five definitely not (Tarazi's Laurel and Mordes' Lee and the two groups), two have not been checked (Weiss' Catherine and Netherton's Harrison). None of the eight showed signs of attachments or possession.

In the four cases, Catherine, Harrison, Matthew, and Laurel, there was a total relief from the symptoms. Members in both the group cases, even those later members who had regressions for the specific purpose of ascertaining their lives and roles in the respective time-places, evidenced improvements and positive changes in their personal relationships.

There are two ways of viewing the above case studies with corresponding conclusions. One way is that even with the criticisms, case studies can be a means of acquiring new information on the human

condition. Case studies provide a means of comparison between cause and effect in the human experience. However, they do not show a conclusive relationship between cause and effect. As such, some general conclusions that can be made from these cases are: (a) Not all past lives are of major historical personalities, although it is possible. (b) There is no one way to access other lives. (c) Multiple life times are possible. (d) Belief in past life or reincarnation on the part of either the therapist or the client is not necessary for the client to report a past life. In making generalizations, caution is necessary. As each individual is unique, there still might be another explanation that has not yet been recognized.

The other way of considering case studies concerns the inherent problems in case studies. Case studies are studies of unique individuals with unique experiences. Thus, there are many uncontrollable variables that are not consistent even when the methodology is standardized. Data presented in cases is not necessarily fact. There is still much to learn, and therefore, need for additional in depth case

studies and empirical studies. Case studies can be used to explore causes for the effect, to formulate the hypothesis. Empirical studies can be used to prove the cause for the effect, the hypothesis.

Review of Empirical Studies

Of the ten completed empirical studies, three studied memory formation and retrieval (Nash, 1987; Spanos & McLean, 1986; Williamsen, Johnson, & Eriksen, 1965), three researched Past-Life Therapy (Baker, 1992; Cladder 1983, 1986; Denning 1993; Spanos, et al. 1991, Study 4), three studied genetic transference of memory, causative formation, morphic resonance (Agar, Drummond & Tiegs 1942, 1954; Crew, 1936; McDougall 1920/1979, 1930, 1938). The empirical studies started with Wolpe's systematic desensitization (Wolpe, 1958) being one of the supports for recalling a past life.

McDougall (1920/1979, 1930, 1938) completed a series of experiments to test the hypothesis of formative causation, which Crew (1936) repeated and Agar, Drummond and Tiegs (1942, 1954) duplicated. Over 50 years and 114 generations of rats later, they found that (a) with each succeeding generation, the learning time decreased. Memory or learning curve could have been affected by genetic memory. (b) The control

generations also had their learning time decreased without any contact with the "taught" group, demonstrating evidence of causative formation, a morphic field, the collective unconscious.

Spanos and McLean (1986), replicated a study by Laurence and Perry (1983). They found that although memories can be implanted by suggestion, both in full conscious awareness and in hypnosis, there is a part in most individuals that remains aware of the real condition called the hidden observer. If the hidden observer is asked about the situation, the hidden observer is usually able to tell truth from fantasy. Nash (1987) reviewed 80 empirical studies on memory retrieval in age regression. He concluded that there was no evidence of literal memory retrieval, however beneficial the experience may have been for the client.

Empirical research on Past-Life Therapy had started by 1980s. Baker (1982) concluded it does not make much difference to the past life recall, if the therapist was an enthusiastic believer in past lives or neutral to Past-Life Therapy. Cladder (1983, 1986) conducted an experiment combining Past-Life Therapy with behavioral hypnotherapy on difficult phobics. His results indicated that behavioral hypnotherapy with

regression is a quick (eleven sessions) and effective (80%) therapy for the difficult phobics who do not have compulsions. Cladder also demonstrated the feasibility of empirical studies on the effectiveness of Past-Life Therapy. Spanos, et al. (1991) found that the belief and attitudes of the hypnotist predicted the degree of credibility of the experience the participant had. Unfortunately no records were kept as to the percentage of participants recalling past life experiences. Denning (1993) demonstrated that hypnotic techniques, including past life recall, resulted in a remission or a cure in 83% of her participants.

One phenomena that has been observed in hypnotism experiments is that the first time a hypothesis is tested, positive results are achieved. Then with subsequent testings, it is disproved. On reviewing the statistical data on the experiments, very little raw data was available. In the memory experiments, hypnotism was frequently used, but there was no standardization, or cross studies for the induction or instructions. This might explain some of the varieties

of results. Another reason is observer or researcher bias. People like to do what is expected. While hypnotized, the person is more susceptible to expectations (Spanos & McLean, 1986).

Conclusion

If the foregoing has raised more questions, it would not be surprising. Past-Life Therapy is only beginning to be explored, researched, and studied. A few statements can be made: (a) Belief in past life or reincarnation is not necessary on the part of the client or the therapist for therapeutic benefit for the client. (b) The therapeutic benefits derived from recalling a past life are not dependent on the verification of the facts of the report. (c) The information that is reported as a past life may be due to cryptomnesia, genetic memory, collective unconscious or personal past life experiences, as explained by reincarnation. (d) Because of the suggestibility of clients involved in memory retrieval, it is important for the therapist to be cautious of implanting of suggestions of origin of the client's problem.

Many of the traditional therapeutic traditions have a component that allows for and in some instances encourages the remembering of previous life experiences. As many therapists have found on their initial experience with past-life recall, there can be therapeutic benefits of Past-Life Therapy without belief in or acceptance of the theory of reincarnation (Fiore, 1987; Goldberg, 1988, 1990; Lucas, 1993; Moody & Perry, 1991; Weiss, 1988, 1992; Woolger, 1988). Past-Life Therapy includes future lives, as well (Goldberg, 1988; Snow, 1988; Lucas, 1993). Past-life recall is a phenomena that just happens.

Some psychoanalytically oriented and behaviorially oriented therapists direct clients to their childhood, to the earliest time or the precipitating incident. Sometimes a scene from another time-place evolves. Others, more Jungian oriented, will use a fragment of a dream, thought or vision to have the client elaborate and expand. As the client concentrates on developing the scene, a different time-place develops. In Gestalt-like settings, a focus on a symptom or phrase is sufficient to trigger a past-life memory.

As age regression has evolved through various traditions, it has developed a mixed reputation. Although, in Past-Life Therapy, age regression is often used as a bridge into other time-spaces, it is not necessary. It is a natural transition to go from the current age to childhood to infancy then to a prior time-place. This would be a simple demonstration of either reincarnation, or genetic memory.

Therapists, other than those using age regression, started accessing past lives. The techniques of visualizing and bridging are used to lead the client into another time-space, a past life, were being used. As Jung searched for a common link in the psychological make up of various cultures, Sheldrake developed formative causation and morphic resonance theories to understand common actions in the biology field. Bell, on expanding Einstein's quantum theory, found the Interconnectedness Theorem that states no matter how separate particles are in space, they can communicate instantaneously.

According to the physicists, biologists, psychiatrists and psychologists, there is a common source of knowledge, information that can be accessed

when there is a corresponding situation or need. What one entity knows, then others can also acquire that information. If there is a need to be shown, to have a scene or demonstration in order to reach the level of knowledge necessary to decrease physical, mental, spiritual symptoms, then something within the client can reach into that body of information, in order to construct the necessary program for the education and healing of the individual. The language used could be very similar to the content in dreams that is revealed through manifest content, metaphors and analogies.

Maybe the symbols and story lines, entire scenes from books, movies, articles may be lifted and used by the unconscious to demonstrate a principle or idea. The relevance to the present life of the client needs to be the important question. Could it be possible, that the theories around linear age regression combined with the theories of a universal body of knowledge are precursors to simultaneous time where past and future memories can be as attainable as the present?

Perhaps, by acknowledging the existence of the phenomena and labeling it "past-life" with a hyphen, and by defining it as "any information recalled in a

different historical period", the psychotherapeutic community can get past the conflicting theories of sources and their attendant debates. When this can be done, or perhaps to encourage it, more research is needed to test and analyze the results from Past-Life Therapy. There is need for additional empirical research on the limits of PLT, the diagnosis it is better suited, what symptoms it is best suited or counterindicated.

Lastly, the literature on Past-Life Therapy is lacking in data for supporting its effectiveness. Of particular interest might be the design of an experiment to ascertain effectiveness of past life recall on phobic clients. Phobias are relatively easy to measure as are the effects of any intervention. Past-Life Therapy, at this point, is not meant to take the place of any currently used modalities, only as a supplement. Perhaps with additional testing, it could be accepted as an extension of traditional therapies.

Altered state work has resulted in a paradigm shift in the way we look at memory. As Chamberlain concludes in The Expanding Boundaries of Memory (1990), The ability to regress "back to birth, to intrauterine

life, and to preuterine life .. might demand a transformation .. a complete change in how we see ourselves and the world" (p. 186). Past-Life Therapy is just another step in the evolution of human thinking.

(Writer"s note: The section on Abreaction was revised to include additional material after the Thesis was approved and accepted. The added informatin did not change the conclusions.)

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