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## Buddhist Psychology's View on Past Life Regression Therapy

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### Introduction

Buddhist Psychology Regression Therapy (BPRT) consists of guiding a client, through the use of hypnosis and counseling, to recall stories and life experiences from various previous life-times and to apply this learning to improve one's life quality and relationship with others. Not only is BPRT to cure immediate illness but also to improve psychology well-being, wisdom of living as a wiser man, and life quality. Advocates of the procedure maintain that it is an effective means of facilitating self-development (Thawatchai, 2015) or of resolving various psychological difficulties such as phobias, problems with relationships, and addictions (Freedman, 2002). However, the use of Past Life Therapy is uncommon to use for improving life quality and wisdom of living as a wise man. Two basic questions are raised by the use of this therapy: whether or not the abreaction of past life negative energy will improve the course of present life, whether or not improvement of psychology well-being can improve quality of present life, and whether or not past life bad karma can be altered by matching karma between the good and the bad ones.

Some believe that the negative residuals of unfinished business in one's past life have energy to attract negative similar incidents to one's present life. The residuals are buried deep in unconscious level of mind, in which individuals would not be aware of them. The abreaction of the negative residuals would therefore reduce bad incidents to occur one's present life. BPRT also introduces the practices which are suggested by law of karma. One's karma is unique to the individual, and he or her who can recall the memories and relook at them with wiser mind would know how their present life better than anyone else.

The author was the hypnotherapist who conducted the same therapy procedure to all volunteers, and customized counseling advices to the individual cases. To improve the accuracy of hypnosis, all volunteers were asked to put-on the brain-wave equipment (EEG) during the hypnosis period. By using this equipment, the hypnotherapist started the hypnosis procedure when the brain wave dropped and relaxed to the point of near unconscious stage. At this stage, past life stories could be recalled from their memories with less intervention from cognitive thinking. ???

All participants had been asked to complete quality of life and psychological well-being scales, once preceding the therapy and two more preceding the following two treatments. Fifteen participants reported past-life experiences during hypnosis, whereas two participants did not respond adequately to hypnosis and did not receive any deliberate treatment. For those who did receive it, the treatment consisted of 3 sessions (each session lasting around 2 hours) in which participants were asked to recall the root cause of each of their problematic situation during the hypnosis period. This study showed that all fifteen participants revealed the improvement in their psychology and life well-being.

The purpose of this study was to determine whether experiencing past-life regression can finally lead to enhanced life quality. The idea was to evoke a past-life experiences in all 3 consecutive sessions (2 weeks time interval) for each participant using a guided regression technique and to see whether there would be any differences in life quality of each participant. All participants revealed that the abreaction of negative vibrant from their unconscious memories would itself reduce bad luck incidents in their present life. This study also measures relationship between the hypnotherapy and the improvement in psychological well being at the unconscious level. With the improvement in psychological well-being, participants revealed that they see new opportunities in lives. This study uses the statistical quantitative method called repeated ANOVA to measure significance improvement in psychological well being, before, during and after the treatment. In addition to changes in psychological well being, improvement in fundamental beliefs about law of karma is a matter of this study, measured by Hirirotappa (shame of badness), Saddha (faith in goodness), and Avidya (ignorance, or in this research, subjectivity own view on relationship between consciousness and past

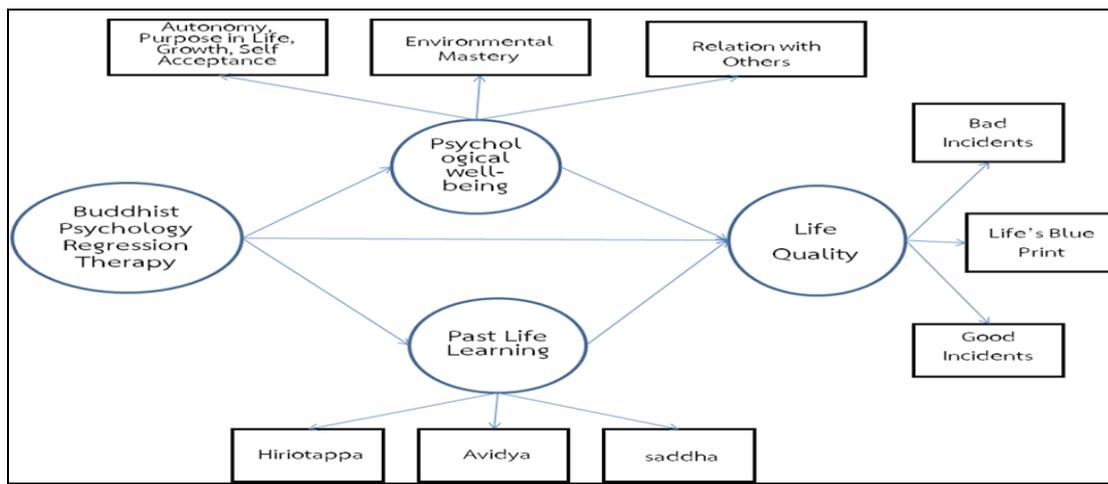
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life stories). An in-depth interview was conducted with the assessment questionnaire to measure changes in Hiriotappa, Saddha and Avidya.

Because any effects of past-life experiences could be transient, the treatment was designed to have 3 repeated sessions (the repetition happens 14 days following the previous session) with law of karma counseling. This procedure is believed to be intense enough to instill lasting changes in the cognitive and behavioral levels. It was hypothesized that participants who had past-life experiences would have greater increases in psychological well-being, and both transcendent beliefs and improved psychological welling have improved their life quality. All participants confirmed that improvement changes at unconscious level have better outcomes than those with present-life experiences.

### Research Design



The research methodology is the Mixed Method Research between qualitative and quantitative approaches. Both approaches are treated equally important and are applied in parallel (Equal and Parallel Qualitative and Quantitative Method), where the same population members were treated by the same treatment and both qualitative and quantitative were measured with equal weights.

This research is a Single Group - Time Series Design because the author wanted to observe and measure progression of each member in the group once they were treated each time, for three times, in their development of life quality, psychological well-being and quality of past life learning.

The independent variable in this research is Buddhist Psychological Regression Therapy. The dependent variables are Psychological-well being, Past Life Learning and Life Quality. The measurement variables of Psychological-well being are (1) Autonomy, Purpose in Life, Growth, Self Acceptance (2) Environmental Mastery and (3) Relation with Others. The measurement variables of Past Life Learning are Hiriotappa, Avidya, and saddha. Finally, the measurement variables of Life Quality are Bad Incidents, Good Incidents and Life's Blue Print.

### Participants

Twenty-five working people aged between 25-55 years old are designed to be participants. They are volunteers, who have strong determination to improve their life quality. At this preliminary stage, 17 volunteers already participated. It was made clear that those with a history of traumatic emotional, physical, or sexual abuse or those experiencing problems with concentration, memory, or thinking should not participate in the study. Ten of the participants were men and seven were women; 14 indicated that they were Buddhists with the rest having their own or other religious beliefs; and the average age was 35 years.

### **Instruments**

In addition to a General Information Questionnaire (GIQ) that was used for gathering demographic information, four other instruments were used. The questionnaire used for measuring psychological well-being was the Scales of Psychological Well-Being (SPWB) (tailored from Ryff, 1989; 1995) which consists of 36 six-point Likert-type items with which respondents can agree or disagree. The questionnaire items, six scales of 6 items each: Positive Relations with Others, Autonomy, Environmental Mastery, Personal Growth, Purpose in Life, and Self-Acceptance.

Past Life Learning (PLL) consists of seven-point Likert-type items that make up three scales: 6 items on hiriotappa (shame on misconduct), 6 items on saddha (faith in right conduct), and 6 items on Avidya (ignorance of noble truth) are specially designed to measure their level of shame for sinful conducts, their faith to conduct good deeds and their ignorance for truth of life. All 42 items together make up a Global Scale that is an indication of a person's position along the material transcendent dimension of beliefs about consciousness and reality. All 18 items together make up a Global Scale that is an indication of a person's position along the learning of past life experiences.

Finally, Quality of Life Questionnaire (QOLQ) was created to assess a participant's evaluation of his or her both perception and actual evidences of desired incidents and undesired incidents (both numbers and intensity) happened during the experimental period of 1 month. The special designed life blue print is to measure the degree to which the individual has made a new blue print for life in terms of career, personal life, and spiritual life. This questionnaire consists of 5 seven-point Likert-type items about the extent to which it has opened participant's desired incidents and reduced participant's undesired incidents with the open spaces for filling in actual incidents. As well as, the individual's confidence in their future living in the way they design their own destiny.

### **Apparatus**

A reclining chair was used during the guided imaginary sessions to enable volunteers to lie back with their feet up from the floor. This study used both guided imagery techniques and hypnosis to attempt to induce past-life experiences (Lucas, 1993). Guided imagery techniques as such have been widely used in counseling and psychotherapeutic settings.

A participant lies back in a reclining chair with her feet up and is told to close his or her eyes and relax. Then, in a series of nine stages, he or she is told to imagine his or herself expanding beyond the boundaries of his or her physical body. Having become expanded, he or she is asked to imagine and describe in detail the front door of the place where he or she lives. Following that, the participant is told to go up in the air to progressively greater heights above his or her living place and to describe what he or she sees. At one point he or she is asked to change the scene from day to night and back again and asked who is creating these changes. Eventually he or she is told to imagine going up so far in the air that she can no longer see the earth. Then the following statements are made:

### **Procedure**

Participants came individually to sessions and were required to sign a research consent form. Then participants were left at a table in a laboratory room to complete the GIQ, and the SPWB. Once they were finished, they sat back in the reclining chair and the researcher led them through a guided imagery exercise using the modified imagery technique, giving them either an open suggestion or past-life suggestion. The researcher noted which suggestion had been given and whether any past-life, present-life, or future-life imagery was present. The guided imagery experience lasted for about an hour. Afterwards, participants completed the PLL, the QOLO, and again, the SPWB. They were also given an opportunity to make any written comments. Fourteen days following a session, participants were sent the PLL, QOLO, and SPWB. Upon receipt of their completed questionnaires, participants were sent a debriefing form.

### **Experimental Results**

The purpose of the study was to determine whether BPRT can cause benefits to psychology well-being, past-life learning and life quality.

Clients	Sex	Age	Psychological Well-Being	Life Reality Consciousness			Quality of Life		
				Hiriottappa (Shame on Mis-conduct)	Saddha (Faith in Right Conduct)	Avida (Ignorance of Nobel Truth)	Good Incedents Increased	Bad Incedents Reduced	Life Blue Print
C1	M	28	+	+	+	+	0	+	0
C2	M	29	+	+	0	0	+	+	+
C3	M	34	+	+	+	+	0	+	0
C4	M	36	+	+	0	+	+	+	0
C5	M	41	+	+	+	+	+	+	+
C6	M	44	+	+	0	0	0	+	0
C7	M	46	+	+	+	+	+	+	+
C8	M	47	+	+	0	0	+	+	0
C9	M	48	+	+	+	+	+	+	+
C10	M	50	+	+	+	+	0	+	0
C11	F	25	+	+	0	0	0	+	0
C12	F	27	+	+	+	+	+	+	+
C13	F	34	+	+	+	+	+	+	+
C14	F	37	+	+	0	+	0	+	0
C15	F	40	+	+	+	0	+	+	+
C16	M	46							
C17	F	50							

Of the 15 participants who received both past-life regression and the counseling, only 5 cases including case numbers 5, 7, 9, 12 and 13 achieved full benefits of having insights in past life learning, improvement psychological well-being and improvement in life quality. That is their both conscious and unconscious minds have been reshaped to be more concentrate in their present life than before the treatment. Yet 5 other cases including case number 1, 3, 4, 10 and 15 sited that they were very pleased with the treatment and outcomes. Finally all 15 cases were satisfied with the treatment since their psychology well being and their shame of misconduct has increased.

The participants who received the least benefits are cases of 6, 8, 11 and 14. Although, their present lives have improved to the extent to which they are much happier, however, their measurement of morality has lower scores than the rest of participants. There were difficulties in the step of abreaction (Ahosi Karma or to end the effects of Karma, or defunct, karma), detachment (Ubeka or equanimity), confession (Bplong A-bat or telling one' life stories about the failings or wrong doings). Though Ahosi Karma, Ubeka and Bplong A-bat are the most common Buddhist words that Thais pronounce almost each day, it was found from this study that they were actually the most difficult things that Thai Buddhists could actually do.

The changes in psychological well-being that were found were in the predicted direction, which is to say that participants after receiving a past-life regression and counseling had higher well-being scores than the time before the treatment. And the scores have improved from one session to the next sessions. However, there were cases where there was a deterioration in scores at the 14-day follow-up (but not immediately afterwards) for those who had received treatment.

### Confession Difficulty

One possibility for the failure to find any substantial effects of the treatment could be that the state of consciousness of participants was not sufficiently altered for the past-life imagery to be effective. A sufficiently deep level of trance is necessary in order to evoke what it was considered to be a genuine past life. Freedman (2002) has claimed that the reports of such past lives are different from those obtained from lighter levels of trance, in that a person in a deeper state of trance has difficulty speaking, does not know factual information about herself in the previous life such as her name, and does not know what will occur next in the past lifetime. Those in a lighter trance tend to produce a great deal of information and do so without much emotional investment or relevance to their current life.

### Conclusions

The hypotheses of this study, in general, were satisfactory borne out. There were substantial psychological benefits or changes in beliefs associated with the presence of past-life imagery. Any benefits associated with regression procedures may not pertain to the time periods actually imagined but to other factors such as their appropriateness at that time for a particular person.

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It may also be that the depth of trance was insufficient for psychological benefits to occur. The fact that those with past-life imagery were more likely to have higher scores on a measure of altered experience suggests at least the relevance of depth of trance to past-life regression procedures. It may be that past-life regression used in isolation, as it was in this experiment, is not effective, and that other factors, such as a counseling or psychotherapeutic environment, must be present in order to release any potential benefits.

It may also be that the presence of past-life imagery is more effective when targeted toward the treatment of specific psychological disorders rather than simply used in order to try to achieve greater psychological well-being. Studies are needed to ascertain whether the presence of past-life imagery can contribute to the alleviation of psychological problems such as phobias, undesirable addictions, and compulsive behaviors. In addition, whereas analogue studies such as this one can identify the contributing factors to successful counseling techniques when such factors are implicated, analogue studies cannot rule out contributing factors because of the complexities of the actual counseling and therapeutic dynamics that can be only partially reproduced in a laboratory. The overall shift toward more transcendent beliefs is not surprising given the social cognitive features of the experimental sessions, such as the expectations of participants that they could experience past-life imagery. It may also be that the sessions provided participants with an opportunity to explore their own experiences and hence to sensitize or reintroduce them to the potential value of such inner exploration. This study had a number of limitations that could perhaps be addressed in future research. First, we were unable to reliably induce past-life experiences. It would be helpful to know what variables actually contribute to the evocation of such experiences.

Buddhism's doctrine may be applied in the diagnosis step which can be extended to enhance an understanding of the clients' symptoms. Clients of Past Life Regression Therapy tend to believe that reincarnation is real, and they already assumed that their sickness come from unresolved issues in their past live. The presumption is deteriorating the past life stories and quality of treatments. Frankly, Buddha emphasized the wisdom and karma of past lives than past lives themselves. This concept should be emphasized to the clients before the hypnosis process. Secondly, the inaccuracy lies in the use of suggestive questions by therapists to ask the clients recall their past life's stories. In the West, clients are not asked to meditate before hypnosis; therefore, the clients may not even get the unconscious level when they are recalling their past life memories. The Buddhist way of breathing concentration can directly help the clients to the unconscious memory recall process.

When the therapists ask the clients' learning points, the clients will formulate their life improvement by their free wheel. The problems are when the clients do not detach their feeling from past life recalls. Buddhism's teaching on good deeds is an important contribution to this process, where the clients will focus on their present live more than what already had happened. The fourth step is the follow through so that the clients would develop good karma so that its energy will be stronger than bad karma the clients had committed in their past.

There are more scientific evidences to reveal successful cases of past life regression therapy than to whether or not past lives really existed. The experiment of past life regression shows that it is likely that negative perception of the world may have caused us the mysterious sickness and a series of bad lucks. Buddhism views that the wrong doing in the past may have caused certain sickness today; and this relationship can directly be described by the law of karma. Whether or not the past life stories are real or not, the past life karma is more real.

Most past life regression therapy cases reveal that the therapy could withdraw negative vibrations caused by both the recurring thoughts after the actions and the past life actions themselves. Since there are two layers of past life negative vibrations, multiple therapy sessions could be needed in some cases. Yet, bad past life karma cannot be alimented by the therapy. By developing good thoughts and good actions, new good karma will be building up. The new good karma is developed by the wisdom from past life lesions will directly off-set bad past life karma.

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