

Bilateral Stimulation and Afterlife Connections

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Bilateral stimulation alternately stimulates the left and right sides of the body, resulting in alternating stimulation of the left and right sides of the brain. This bilateral stimulation causes the person to reprocess memories and patterns of thinking that are disturbing, reducing or eliminating their negative impact on the experiencer.

The most common method of bilateral stimulation is through eye movements, used today in a variety of procedures: Eye Movement Desensitization and Reprocessing (EMDR), [1] Rapid-Eye Technology (RET)[2], Eye-Movement Technique (EMT)[3], Eye Movement Integration Therapy (EMIT), [4] Eye Movement Therapy,[5] and NLP Eye Movement, [6] among others.

In these eye-movement bilateral stimulation techniques, the psychotherapist has the client focus on a disturbing thought and the images that accompany it. She then has the client move his eyes to the left and right, rhythmically. The client continues thinking of the disturbing thought or image and closes his eyes. In a few seconds or minutes, he opens his eyes and describes what came to him in thoughts, images, sensations, or other impressions. The psychotherapist tells the client to focus on whatever it was that came up and guides the client through another set of eye movements. She leads the client through many of these sets of eye movements with new focuses each time based on what the client just experienced.

The client's level of disturbance when thinking of the traumatic thought and accompanying images gradually decreases. The bilateral stimulation has caused the client to reprocess the traumatic thought or image.

Bilateral stimulation seems to disrupt the structures of habitual thinking and memories that span the right brain (which processes overall impressions, creativity, intuition, and random or non-sequential activity), left brain (which processes details, facts, concrete reality, and sequential operations), and limbic system (which processes memory and emotion). The rational, decision-making pre-frontal cortex area of the brain functions weakly when these disturbing memories are accessed, showing that the person isn't viewing them objectively and rationally. He continues to re-experience them in the left brain, right brain, and limbic system as he experienced them at the time of the trauma. He is "stuck."

It seems that receiving bilateral stimulation while the person is thinking of the disturbing thought or image disrupts the thought and memory pattern in the left brain, right brain, and limbic system so the person "reprocesses" the thought and accompanying images. After a period of eye-movement bilateral stimulation, negative emotions from traumatic thoughts and images diminish in intensity, and at times are replaced by more rational thoughts and images. The limbic system becomes less involved and the pre-frontal cortex shows more activity. Eye-movement bilateral stimulation is now used to alleviate anxiety, fears, nightmares, dysfunctional life patterns, and the traumas connected with combat and with

sexual, physical, and emotional abuse.

In the mid-1990s, some unusual occurrences began in the offices of psychotherapists using this method. Laurel Parnell, Ph.D., wrote about a client she called Momi, who was terrified of flying because her best friend, Claudine, had been killed in a plane crash in 1974. Dr. Parnell went through the normal eye-movement bilateral stimulation procedure to help Momi reprocess her irrational feelings about flying. After one set of eye movements, Momi closed her eyes and when she opened them, she said that she heard the deceased Claudine speaking. Claudine told her,

It's only awful fighting it—that was terrifying. The actual BANG was not awful. And after that it was slightly disorienting—as a spirit—but the worst part of the whole thing was those fearful minutes fighting what was so. What was so awful was confusion and unknowingness. We all were terrified, and we were screaming. We all were very afraid and that was hell.[7]

Dr. Parnell explained, “There’s something about what she said. The other side was fine. . . . Claudine, who’s on the other side, is coming over from the other side . . .”

The message had profound effects on Momi’s view of life, death, and flying. That was Dr. Parnell’s goal for the session, so she didn’t explore the apparent afterlife connection further. In her psychotherapy using eye-movement bilateral stimulation, she apparently doesn’t intentionally encourage such afterlife connections.

Another psychotherapist whose clients had similar experiences while he used eye-movement bilateral stimulation did pursue using the method to facilitate afterlife connections. Allan Botkin, Psy.D., a psychotherapist at a V.A. hospital in the Chicago area trained in the EMDR procedure, had been using eye-movement bilateral stimulation with his combat veterans suffering from post-traumatic stress disorder for some time. He was surprised one day in 1995 when a combat veteran sitting in his office having a normal eye-movement bilateral stimulation session described experiencing a mental conversation with the deceased woman for whom he was grieving. The experience dramatically reduced the combat veteran’s post-traumatic stress disorder. The client was certain he had had an actual conversation with the woman. In the next weeks, other clients described similar experiences.

Dr. Botkin determined that his use of eye-movement bilateral stimulation with his suggestion that clients be open to anything that would happen resulted in the experience. He named the procedure induced after-death communication, or IADC™. Today, over four dozen psychotherapists worldwide are using the technique. The method is strictly limited for use by state-licensed psychotherapists who have been trained in only one of the eye-movement procedures: EMDR.

Dr. Botkin reports that around 70 percent of people having an IADC™ procedure sense any form of connection with the deceased, and around 75 percent of those experiences involve only seeing a smiling face or sensing that everything is OK.[8] Thus, only 17.5 percent of the experiencers experience messages from the deceased. The IADC™ experience itself normally lasts only 5 to 20 seconds, but may extend to 10 or 15 minutes or longer. The sessions are confined to the normal hour or hour and a half psychotherapy period. They may

continue over two or three sessions on different days.^[9]

Concerning whether they originate in the client's imagination or in an actual afterlife connection, Dr. Botkin writes, "IADCs™ must either be spiritual experiences or subjective hallucinations generated solely by our mind/brain or inner representation of the deceased that have no relationship to any world that exists separate from us. I believe that if there is an afterlife, then IADCs™ are true spiritual experiences. "He continues later, ". . . although the information provided in this book is very suggestive, it does not in any way constitute proof of an afterlife."

In 2009, a certified EMDR psychotherapist from Washington State named Rochelle Wright received training from Dr. Botkin in the IADC™ method. She had great success in using it with her clients. She soon discovered, however, that while afterlife connections can result from the eye-movement bilateral stimulation, a new procedure must be used to make the afterlife connections more consistently successful, with fuller connections and messages from the deceased.

The procedure she developed holds in common with the IADC™ method only the facts that it focuses on the deceased and has eye-movement bilateral stimulation as one component. Other than those two commonalities, the two methods are quite different. She called the new method Guided Afterlife Connections.

The first difference is that the Guided Afterlife Connections are grounded in the conviction that they are connections with people living on the next plane of life. They are sacred experiences. The loved ones living on the next plane of life are in charge of the connection. They unfold it in ways that will benefit the experiencer, that are most often totally unexpected.

Another difference is in the names of the procedures. The name "induced after-death communication" uses the term "induced," which isn't descriptive of what happens. It suggests that the psychotherapist "causes" the experience, rather like a physician inducing labor in a pregnant woman to hasten birth. In the bilateral stimulation procedures, the psychotherapist only helps the experiencer come into a state of mind that allows those on the other side of life to unfold the afterlife connection in ways neither the experiencer nor the psychotherapist could predict. "Afterlife connection" is a more accurate description of what happens.

Guided Afterlife Connections also use audio bilateral stimulation along with the eye movements. Throughout the session, the experiencer listens to meditation music playing through earphones, with the volume alternating between the left and right ears to provide bilateral stimulation. Then, during the session, the psychotherapist adds episodes of the eye-movement bilateral stimulation.

Another difference is that the IADC™ procedure is limited to two hour-and-a-half sessions, interrupting the continuity of any connection that occurs during a session. The Guided Afterlife Connections sessions normally start at 10 a.m. and continue into the afternoon, for as long as required. They may last four or five hours. The psychotherapist and experiencer usually do not stop the procedure; they allow the loved ones on the other side of

life to determine when to stop. There is always a clear ending that they signal.

Also, during the Guided Afterlife Connections session, the connection unfolds by itself, aided by those on the next plane of life. The psychotherapist does not disturb the progression. There is no discussion or judgment about what the experiencer describes, and the psychotherapist rarely tells the experiencer to move on to a memory or image other than the one the experiencer is receiving herself.

In the Guided Afterlife Connections procedure, after a set of eye movements, the experiencer closes her eyes. When she feels she has processed the image she was focusing on, she opens them and describes what she experienced, without judgment or comment by the psychotherapist. That becomes the focus for the next set of eye movements. This procedure of staying with whatever the experiencer describes continues through the entire session. Those on the next plane of life who are guiding the process give the experiencer images and guide the experience along into making the connection. One image or feeling leads to another they give until the connection occurs. The IADC™ method is more clinical, focusing on the sadness the person is experiencing. The psychotherapist interrupts the flow of guidance from the other side as the psychotherapist moves the experiencer from one disturbing memory to another, disrupting the natural unfolding that occurs in a Guided Afterlife Connection when those on the next plane of life guide the experiencer through a sequence of images and thoughts neither the psychotherapist nor the experiencer could anticipate.

The result of these differences between the IADC™ and Guided Afterlife Connections procedures is that to date nearly 95 percent of the Guided Afterlife Connections have been successful, compared with only 70 percent of IADCs™. While only 17.5 percent of IADC™ experiencers have some message from the deceased, nearly all of the Guided Afterlife Connections experiencers receive insightful, life-changing messages, often accompanied by seeing the deceased and sometimes hugging and even kissing. While IADCs™ last only five seconds to 10 or 15 minutes, communications with the deceased in Guided Afterlife Connections often continue for hours.

This dramatic progress in refining the use of bilateral stimulation in afterlife connections over the short period of a few years suggests that the use of bilateral stimulation to facilitate afterlife connections will continue to become more successful as it is further modified and refined. Rochelle Wright plans to train state-licensed psychotherapists who are not EMDR trained to use the method. I am working to develop a variation that can be used by professionals who are not psychotherapists, such as clergy, hospice administrators, and healthcare providers.

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- [3] Freidberg, F. and McKay, M. (2001). *Do-It-Yourself Eye Movement Techniques for Emotional Healing*. New Harbinger.
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- [6] O'Connor, J. and Seymour, J. (1990). *Introducing Neuro-Linguistic Programming*. Mandala [Harper-Collins].
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- [8] Botkin, A., with Hogan, R. (2005). *Induced After-Death Communication: A New Therapy for Grief and Trauma*. Charlottesville, VA: Hampton Roads, p. 46.
- [9] Botkin with Hogan, 2005, p. 46.