

BRIEF REPORT

Psychotherapeutic Outcomes Reported by Therapists Trained in Induced After-Death Communication

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ABSTRACT: Induced after-death communication (IADC) is a new psychotherapeutic procedure based on a variation of eye-movement desensitization and reprocessing (EMDR). Psychologist Allan Botkin discovered it accidentally in 1995 while he was conducting therapy with combat veterans suffering from grief and post-traumatic stress disorder. During the course of IADC treatment, Botkin's patients reported experiencing what they believed to be communications from a deceased person. The psychological healing associated with these experiences seemed remarkable. The following report presents the results of a survey Botkin conducted with other therapists he personally trained to conduct IADC. The results indicate that other IADC therapists achieved successful results nearly identical to those of Botkin and that the results were consistent across trained therapists.

KEY WORDS: induced after-death communication, IADC, EMDR, grief, PTSD

After death communication (ADC) is generally recognized as a spontaneous experience in which a living person has a feeling or sense of direct contact with a deceased person (Streit-Horn, 2011). ADC is quite common. Jenny Streit-Horn (2011) estimated that as many as one third

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of the population have such an experience at least once in their lifetimes. It also seems clear that ADC experiences do much to accelerate the grieving process (Arcangel, 2005; Devers, 1997). Although some ADC researchers have contended that ADCs occur only randomly and spontaneously (Guggenheim & Guggenheim, 1995), Raymond Moody (1993) reported a technique that facilitates the experience. Psychologist Allan Botkin (2000) reported a different technique, induced after-death communication (IADC), based on a variation of eye-movement desensitization and reprocessing (EMDR). He discovered it accidentally in 1995 while conducting therapy with combat veterans suffering from grief and post-traumatic stress disorder. The psychological healing associated with these experiences seemed remarkable. Both Moody's (1993) and Botkin's (2005) procedures seemed to induce a state of mind or consciousness that made these naturally occurring experiences much more likely to occur. In particular, IADC appears to be a very reliable and rapid way to further increase the likelihood of an ADC experience for those who are grieving.

Though Botkin's (2000) original report of preliminary findings on the effectiveness of IADC was encouraging, it was based on his own clinical experiences with patients. The ultimate psychotherapeutic value of IADC relies in part on whether other therapists trained in Botkin's procedure are able to witness the same results. Although similar positive therapeutic outcomes were found by other IADC therapists whom Botkin had trained at the Veterans Administration hospital where he worked as a psychologist, more systematic analysis of the procedure was warranted.

Method

Participants were psychotherapists trained in IADC therapy by Botkin after he had left the Veterans Administration hospital and entered into private practice in 2003. All were listed on Botkin's website as of March 2007 and, prior to being training in IADC, had met Botkin's criteria: They were licensed by their respective states to practice psychotherapy and had completed the first level of training in Eye Movement Desensitization and Reprocessing (EMDR).

Results

Out of the 16 IADC therapists who were contacted, 15 responded. The average number of years that the respondents had been doing psycho-

therapy was 21 years. The total number of times these therapists used the IADC procedure was 211, with the number of cases per therapists being approximately evenly distributed. The total number of successful ADC inductions—in which clients reported subjective experiences of communication with deceased loved ones they were grieving—was 159, or 75% of the 211 cases.

The therapists were asked two questions to which they responded using a seven-point Likert scale: 1 = dramatically worse, 2 = much worse, 3 = a little worse, 4 = about the same, 5 = a little better, 6 = much better, and 7 = dramatically better. The first question was, “For your clients who experienced an IADC, how would you rate their overall psychotherapeutic outcomes compared to other traditional approaches you have used?” The average response to this questions on the seven-point Likert scale was 6.7. The second question was, “For your clients who underwent IADC therapy but did not experience an IADC, how would you rate their overall psychotherapeutic outcomes compared to other traditional approaches you have used?” The average response to this item was 5.6.

In response to the question, “Have any of your clients experienced unexpected negative side effects of IADC therapy?”, only one therapist reported a negative side effect: One of her clients experienced a flashback after an IADC session. However, the issue that triggered the flashback was successfully processed with EMDR during the next session. The incidence of negative side effects, therefore, is 1/211 (less than 1%).

Discussion

A few conclusions can be drawn from these results. IADC trained therapists who participated in this survey are, on average, highly experienced psychotherapists averaging over 20 years of clinical experience. Their reported success rate, in terms of inducing the ADC experience, suggests that IADC is a teachable and reliable therapeutic approach.

The fact that these experienced therapists rate the outcome of IADC therapy as being between “much better” and “dramatically better” than the other therapies they have used to treat grief and trauma supports the psychotherapeutic value of IADC therapy. In addition, even in those cases in which an IADC experience did not occur, reported outcomes were between “a little better” and “much better” than other treatment approaches. This latter result is consistent with clini-

cal observations and is likely due to the value of the “core-focused” component of IADC therapy in which the therapist directly addresses the core sadness. In addition, the observation that less than 1% of IADC clients experienced a negative side effect, and that even in that case the distressing emotions were quickly resolved, suggests that IADC therapy is a very safe method of treatment.

Although the results of this survey are extremely encouraging, interpretation is limited by the fact that these results are based solely on clinical observations of a small number of therapists who might be biased to report positive results on a technique in which they had invested time and money to be trained—and report those results to the therapist who had trained them and knew their identities. It is our hope that independent research groups will conduct scientifically controlled studies in the near future. In such studies, clients would be assigned randomly to either IADC therapy or conventional therapy, and objective measures would be used to evaluate outcomes. The results of this survey provide a clear justification for doing additional and more formal scientific research.

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