THE PSYCHOLOGICAL IMPACT OF SPIRITUAL TRANSCENDENCE: A STUDY OF AFTERLIFE CONSCIOUSNESS VIA LIFE BETWEEN LIVES HYPNOTHERAPY

A dissertation submitted to
The Wright Institute Graduate School of Psychology, in partial fulfillment
of the requirements for the degree of Doctor of Psychology

by
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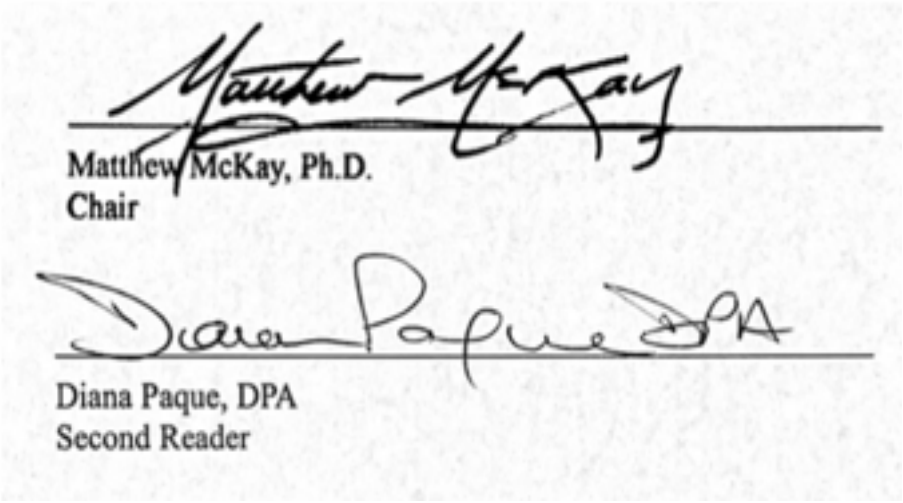
CERTIFICATION OF APPROVAL

I certify that I have read THE PSYCHOLOGICAL IMPACT OF SPIRITUAL TRANSCENDENCE: A STUDY OF AFTERLIFE CONSCIOUSNESS VIA LIFE BETWEEN LIVES HYPNOTHERAPY by Sarina Volari, and that in my opinion this work meets the criteria for approval of a dissertation submitted in partial fulfillment of requirements for the degree of Doctor of Psychology at the Wright Institute Graduate School of Psychology.



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Though interest in the afterlife is a global and pancultural phenomenon, the psychological impact of experiencing afterlife consciousness via spiritual transcendence has not yet been formally studied. To fill this gap, this study examined the psychological impact of experiencing afterlife consciousness through Life Between Lives Hypnotherapy (LBL Hypnotherapy), a standardized method of phenomenologically experiencing afterlife consciousness. The sample was comprised of 31 adults from five countries who sought LBL Hypnotherapy from LBL Facilitators certified by the Michael Newton Institute. Participants of this study experienced LBL Hypnotherapy and completed pre- and post-session measures of psychological wellbeing. This study primarily hypothesized that LBL Hypnotherapy would correlate with decreased depression, anxiety, fear of death, psychological inflexibility, and the search for meaning in life, and increased spirituality, resilience, and the presence of meaning in life. The entirety of these hypotheses were supported and statistically significant. LBL Hypnotherapy was significantly correlated with increased wellbeing as it relates to changes in depression as measured by the PHQ-9 ($p < .001$, Cohen's $d = 0.52$), anxiety as measured by the GAD-7 ($p < .001$, Cohen's $d = 0.43$), fear of death as measured by R-FOD ($p < .0001$, Cohen's $d = 0.73$), psychological inflexibility as measured by the AAQ-II ($p < .01$, Cohen's $d = 0.52$), search for meaning of life as measured by the MLQ-S ($p < .001$, Cohen's $d = 0.86$), spiritual wellbeing as measured by DSES

($p < .02$, Cohen's $d = 0.53$), resilience as measured by RS-14 ($p < .01$, Cohen's $d = 0.50$), and presence of meaning of life as measured by the MLQ-P ($p < .0001$, Cohen's $d = 0.73$). Secondary and exploratory hypotheses and their outcomes are also reported here. Findings from this investigation show that experiencing LBL Hypnotherapy is significantly correlated with improved psychological wellbeing overall, and that it is a reliable and safe method to induce afterlife consciousness. This study also expands upon the literature of afterlife consciousness as it relates to near-death experiences (NDEs) and psychedelic experiences with spiritual impact.

Dedication

To everyone who has encouraged this work, here and beyond.

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Chapter 1: Introduction

Statement of the Problem

To be conscious of existence is to be aware of death. Evidence for the awareness of death dates back to over 200,000 years ago—far prior to the evolution of *Homo sapiens*—when *Homo naledi* were burying their dead (Madison, 2018). As consciousness evolved and humanity developed, the awareness of death turned into a pressing existential curiosity. What happens when we die? Ancient texts that are most impactful today, including the Bible, the Vedas, and the Quran, to name a few, center more on the premise of afterlife experience than what happens as we live. Humans are fascinated by questions of death and what comes after, yet a fundamental property of being alive is that there are limitations to what we can know about the universal experience of death.

While there are many ways to intellectually engage with conceptions of the afterlife, like the study of religious texts or contemplation of atheism, there are not as many ways to phenomenologically engage with afterlife consciousness. In other words, people can think about afterlife consciousness, but actually first-hand experiencing such consciousness while still alive (for example, via a near-death experience) is often beyond one's control. The simplest way to phenomenologically experience afterlife consciousness—if it exists at all—is to die. Of course, the obvious problem when it comes to scientific study of afterlife consciousness is that researchers cannot assign participants to die and report back. What is available to study, however, is the phenomenological experience of afterlife consciousness as reported by individuals who remain alive.

A primary way to explain afterlife consciousness is that one's present-day consciousness (i.e. a soul) continues after the body's death. Therefore, a basic premise of phenomenologically

experiencing afterlife consciousness is the phenomenological awareness of having or being a soul in the present day. To self-conceptualize as a soul means to be aware that one's consciousness as a human is not limited to the experience of life in a given human body. There are various pathways to engage in phenomenological soul awareness, ranging from seated meditation to the consumption of psychedelics. Though there are likely infinite unique subjective ways in which one can self-conceptualize as a soul, there are few standardized methods to undergo spiritual self-conceptualization. The subjective nature of soul awareness, both within a human lifetime and beyond, makes it difficult to scientifically study.

However, a standardized method of inducing soul awareness and, specifically, afterlife consciousness, exists. Life Between Lives Hypnotherapy (LBL Hypnotherapy) is a hypnotic process that guides participants into a superconscious trance state so they may experience themselves as an eternal soul beyond life on earth and learn about their soul's journey and purpose (Newton, 2004). The LBL Hypnotherapy process is standardized by the Michael Newton Institute, which trains and certifies LBL Hypnotherapy facilitators. As such, LBL Hypnotherapy can be considered a standardized means through which individuals may be able to explore their afterlife consciousness.

Though no study at present can prove the veracity of soul existence, what can be studied is the impact of self-conceptualizing as a soul in the afterlife. Therefore, a primary aim of this study is to understand the impact of experiencing afterlife consciousness via a standardized method of inducing such consciousness.

The Treatment Intervention

In this study, LBL Hypnotherapy is used as the treatment intervention to induce the variable of interest: phenomenological spiritual experience of afterlife consciousness. To learn

the full LBL Hypnotherapy process, one would likely have to experience it or become certified in it via the Michael Newton Institute. However, the core components of LBL Hypnotherapy are outlined in *Life Between Lives: Hypnotherapy for Spiritual Regression* (Newton, 2004).

In LBL Hypnotherapy, a certified facilitator begins with hypnotic induction. Then, the facilitator guides a participant's consciousness to go to back through time. The participant phenomenologically experiences consciousness within their mother's womb, and then the time before that: their most recent past life. Traditional regression therapists focus on the content of the uncovered past life. In LBL Hypnotherapy, however, the focus is on what comes *after* the most recent past life, and *before* this one: the "life between lives" space. To get here, the facilitator guides the participant through the death of their most recent past life, and the participant first-hand experiences consciousness as a soul in the afterlife. In this state of afterlife consciousness (or before-*this*-life-consciousness), the facilitator and participant can uncover answers to questions relevant to the participant's current life, such as their purpose in choosing this life on Earth. To conclude the session, the facilitator brings the participant out of the hypnotic state.

According to the Michael Newton Institute's 2021 Annual Report to the Membership, there are over 200 certified facilitators of LBL Hypnotherapy practicing in 48 countries, with services being offered in 25 languages (Paque, 2021). Approximately 5,000 LBL Hypnotherapy sessions were completed in 2020 across the globe. The number is expected to increase in the years to come, given that 2020 was a year of global pandemic shutdowns that limited access to LBL Hypnotherapy.

Context of the Study

Humans have walked on the moon and explored quantum mechanics, yet we are no closer to understanding what happens when we die. The lack of new information on death or the afterlife, despite widespread and rapid scientific advancement, has not deterred belief in these concepts. Gallup data compiled by The Roper Center shows that the percentage of Americans who believe in the afterlife has hovered around 75 percent between 1944 and 2014, with fluctuations of only a few percentage points in the years between (Roper Center for Public Opinion Research, 2021). Global data from Ipsos has shown that among a sample of over 18,000 adults across 23 countries, over half believe in some kind of afterlife, while a quarter believe we 'cease to exist' and another quarter reported not knowing (Ipsos, 2011). Interest in the afterlife is so heightened, in fact, that some have referred to the past few decades as an "afterlife movement" (Kinsella, 2017). With an estimated half or more of the global population believing in some version of an afterlife, and many craving to know more, the time is ripe for further study on the impacts of exploring afterlife consciousness.

Significance of the Study

While there are abundant studies of afterlife theories, there are no studies to date that examine the before and after effects of the phenomenological spiritual experience of the afterlife. This could be because of the subjective nature of experiencing afterlife consciousness, and the simple fact that the veracity of such consciousness can never be proved. That said, the impact of subjective phenomenological experience can still be studied, especially given that many people are already seeking out such experiences.

Evidence for belief in the afterlife can be found in all known ancient cultures, but across cultures both past and present, subgroups of people have gone beyond belief and attempted to

make contact with afterlife consciousness (Baker, 2007). Methods of phenomenologically accessing afterlife consciousness include engaging in mediumship, Induced After-Death Communication (IADC) and psychomanteum set-ups (Hogan, 2009). A primary issue with these methods, of course, is that there cannot be any proof of legitimacy. As such, phenomenological experience of afterlife consciousness has been understudied or relegated to the field of parapsychology. What that means, however, is that to this day many people continue to engage in attempts to connect to the afterlife without any available understanding of the psychological impacts of such attempts. Furthermore, it is often people in the most acute psychological pain—people grieving, in existential crisis, depressed, terrified of death—who embark on attempts to access afterlife consciousness. It is important to understand how such forays into afterlife consciousness affect these individuals, many of whom are often highly vulnerable.

Here is what we do know. First, the use of spirituality to promote psychological wellbeing has been on the rise (Watts, 2017). The field of psychology has been moving towards spiritual inclusivity, and psychotherapy integrated with spirituality has demonstrated improved therapeutic outcome (Miller, 2015; T. B. Smith et al., 2007). Options for integrating spirituality into psychotherapy range from the formal, like using the Relational Spiritualty Model of Psychotherapy, to the flexible, like tailoring a pre-existing treatment plan to a patient's spiritual values (Captari et al., 2018; Sandage et al., 2020). Increased spirituality has been found to correlate with improvement in many domains of mental wellbeing, ranging from drug addiction recovery to reductions in stress and depression (Gonçalves et al., 2015; Kadri et al., 2020; McGee, 2020). Connecting to spirituality can even provide a treatment breakthrough for individuals resistant to recovery from mental disorders (Saiz et al., 2021). In short, spiritual engagement correlates with improved mental wellbeing.

Second, we know that engaging with the concept of death is correlated with varying psychological outcome. In some cases, thinking about death can lead to improved life choices and mental wellbeing. Patients struggling with poor sense of self or meaninglessness can try a Tombstone Exercise, which involves writing versions of one's tombstone to help identify one's core life purpose (McKay & Wood, 2019). Additionally, increased salience of the concept of death has been correlated with a greater valuation of one's future (Kelley & Schmeichel, 2015). At the other end of the spectrum, the fear of death can be crippling. One study found death anxiety to be a strong predictor of psychopathology (Menzies et al., 2019). One way of interpreting these results is to suggest that engaging with the idea of death can lead to psychological benefit, but fearing death can lead to psychological decline.

Third, we know that many people spiritually experience awareness of the afterlife in some form. Most commonly, this occurs with bereavement. An estimated 30 to 60 percent of individuals have sensory experience with the presence of a deceased loved one (Castelnovo et al., 2015). However, sense of contact with souls in the afterlife is not true phenomenological experience of afterlife awareness, because the awareness is of another's soul, not one's own.

True phenomenological experience of afterlife consciousness is the awareness of one's own eternal soul beyond the realms of one's present-day lifetime. Irrespective of race, religion, ethnicity, socioeconomic class, sexual orientation, disability, age, and other differences, an estimated one-third of the world's population has a phenomenological spiritual experience (Hood Jr. et al., 2009). However, the impact of such awareness can vary. Mystical experiences can be associated with enhanced wellbeing; across cultures, mystical experiences are associated with gratitude, faith, compassion, and inner freedom (Hunt, 2006). However, doubt and preoccupation regarding spontaneous mystical experience can cause psychological distress if one cannot

integrate such phenomenological experience into a larger ontological framework (Tempel & Moodley, 2020). Thus, embracing spiritual phenomenological awareness can lead to increased psychological wellbeing, while denying or fearing a soul experience can lead to psychological distress.

The most common phenomenological pathway to experience afterlife consciousness of one's own soul is via near-death experience (NDE). Though the academic community has yet to agree on the prevalence rate of NDEs, research has generally shown that they are surprisingly common. One prevalence study of NDEs across 35 countries found that approximately 10 percent of people have experienced a NDE, which would suggest that globally today over 700 million people have experienced one (Kondziella et al., 2019).

NDEs are reported to correlate with increased psychological wellbeing. Psychological benefits from NDEs range from increased gratitude for life, to complete removal of the fear of death, to the favoring of cooperation over competition (Ring & Valarino, 2006). By their very nature, NDEs cannot be ethically induced, which means that we cannot study the effects of afterlife consciousness via NDE with a pre-post design. However, there are some practices that can mimic the effects of NDEs. For example, reports of past-life regressions have demonstrated that the experience can be similar to that of NDEs (Wade, 1998). The before-and-after psychological effects of NDEs can only be studied by retrospective self-report, but a protocol that generates phenomenological experience similar to NDEs—like LBL Hypnotherapy—can be studied with a pre-post design to more definitively hone in on the psychological effects of afterlife consciousness.

In sum, we know that spiritual experiences correlate with increased therapeutic outcome, that thinking about death (but not fearing it) can lead to improved wellbeing, and that many

people have reported benefits of phenomenological afterlife consciousness. The major gap in the literature is that we do not know how electing to phenomenologically experience afterlife consciousness impacts one's psychological wellbeing. By studying the impact of LBL Hypnotherapy, we can address this gap in the literature.

Research Question

What is the psychological impact of phenomenological spiritual transcendence, specifically through the form of afterlife consciousness? That is the primary question of this study. The data gathered will allow for exploration of how a standardized process to first-hand experience afterlife consciousness (LBL Hypnotherapy) may predict psychological change.

With regards to examining psychological change, this study will measure participants' spiritual wellbeing, sense of meaning of life, psychological inflexibility, fear of death, resilience, depression, and anxiety. How do these factors, specifically, change after the completion of LBL Hypnotherapy? Overall, this study hypothesizes that participants who have completed LBL Hypnotherapy will demonstrate increased spiritual and psychological wellbeing, and the secondary questions of the study regard how the hypothesized improvement looks like across the constructs listed above.

Study Design Rationale

Studying the impact of spiritual phenomenological experience in general, and afterlife consciousness specifically, can come across as an unscientific endeavor, largely because of the difficulty to study such concepts outside the realms of philosophy or religion. The design of this study attempts to address this difficulty by using a quantitative approach to measure spiritual and psychological variables before and after a standardized treatment intervention that is designed to induce perceived afterlife consciousness.

This study will utilize a pre-post design to examine how engaging in LBL Hypnotherapy changes—or does not change—one's psychological experiences. Before and one month after LBL Hypnotherapy, participants will complete a survey with well-established measures of spiritual experience, sense of meaning in life, psychological inflexibility, depression, anxiety, fear of death, and resilience. By using these quantitative measures, stereotypically vague concepts such as one's meaning in life can take on an objectively measurable quality. Thus, the psychological impact of experiencing induced afterlife consciousness can be studied in measurable, concrete terms. With this design, exploration of phenomenological spiritual experience of afterlife consciousness can be shifted out of the realm of parapsychology and into the realm of scientific inquiry.

Delimitations and Scope

This is not a study of whether humans have souls, or whether afterlife consciousness truly exists. Given that the pre-post design is not randomized or controlled, the participants will be self-selected and therefore likely biased towards a belief in concepts such as the soul and afterlife consciousness. Therefore, this study will not be generalizable to the global population; rather, it should be generalizable to individuals who would consider undergoing a foray into afterlife consciousness. Furthermore, without a control group, and with potential interference of the placebo effect, results of this study could be vulnerable to a Type I testing error.

Ethical Considerations

There is resistance within the scientific community towards studying metaphysical concepts such as the soul and afterlife consciousness, particularly via hypnosis. It is important to address this resistance given that the proposed study on spiritual experience of afterlife consciousness involves examining the impact of hypnotic self-experience of one's soul.

Throughout the history of hypnosis, core questions have emerged regarding the free will of participants and whether the subjective experience of hypnosis can truly be studied with the scientific method (Laurence & Perry, 1988). In response, some researchers have established ethical guidelines and defenses for the study of hypnosis, noting that uncertainty can be more of a reason, not less, to attempt to understand phenomena (McConkey, 1995)

Of particular relevance to the proposed study, there has been ethical pushback regarding hypnosis-induced past life regression (PLR), which is a core component of LBL Hypnotherapy. One primary ethical complaint is that PLR relies on the unproven theory of reincarnation; a second is that PLR can cause harm to patients through the implantation of false memories (Andrade, 2017).

Regarding the first concern, it is true that the theory of reincarnation cannot, with current available methods, be proven (Marriott, 1984). However, the theory of reincarnation cannot be completely thrown out, either. One researcher studying children who spoke in detail of previous incarnations found that it was possible to track down the deceased individuals the children spoke of—sometimes across the world—and confirm what the children claimed about them to be true (Stevenson, 2000). With no other reasonable way for the children to know such specific things about the deceased people they claimed to have previously been, it is possible that such confirmations of these details serve as confirmation of reincarnation. Interestingly, some children report experiences of an intermission state between incarnations—in other words, a life between lives—that are consistent with what is experienced in many NDEs (Sharma & Tucker, 2004). Regardless of the proof or lack thereof for reincarnation, the proposed study does not intend to provide an evidence base for reincarnation; rather, it intends to yield evidence for what happens when individuals phenomenologically experience reincarnation via hypnosis.

This leads to the second ethical question—what if these experiences of reincarnation are false memories? Again, the proposed study is not designed to determine the veracity of regressive experiences; rather, it is meant to determine what happens when individuals phenomenologically experience such memories regardless of their objective truth. It is important to note, however, that false memory implantation has historically occurred when an agenda is present, and precautions can be taken to reduce the potential for false memory implantation (Patihis & Younes Burton, 2015). While one could say that with LBL Hypnotherapy there is an "agenda" for participants to phenomenologically experience the soul-self, the LBL Hypnotherapy process involves facilitators taking a non-directive stance. In fact, LBL Hypnotherapy facilitators have frequently noted that participants undergoing hypnosis are quick to dispute or clarify experiences as they see them—in contrast to how the facilitators think they might see them (Newton, 1994).

It is of course possible that, false or not, some regressed memories could be distressing or upsetting. For example, participants undergoing PLR in LBL Hypnotherapy may see themselves dying in painful ways, or watch painful life experiences happen to their past selves. If participants were to experience distress, LBL Hypnotherapy facilitators are trained in affect regulation techniques that can help counter distress with experiences of calm and safety (Stevens, 2019). Additionally, within the context of spiritual phenomenological ontology, pain and distress can be re-understood to have a purpose, which can help participants feel peace even when they encounter difficult memories.

Perhaps the most important ethical defense of this work is that across the world, many individuals are already seeking out experiences of afterlife consciousness, and it is the duty of the scientific community to study the phenomena of today's world—regardless of however many

in the scientific community do not believe in the veracity of such reported phenomena. Again, this study is not meant to prove veracity of afterlife consciousness; rather, it is meant to study the impact such consciousness has on often vulnerable individuals seeking such experience.

Definitions of Major Constructs

This study explores the psychological impact of a specific form of phenomenological spiritual experience—afterlife consciousness—via the standardized hypnotic process of Life Between Lives Hypnotherapy. Definitions of "phenomenological spiritual experience," "afterlife consciousness," and "Life Between Lives Hypnotherapy" are provided below.

Phenomenological Spiritual Experience

Given that there are many unique ways to engage with spirituality, existing studies on its relationship with psychological wellbeing have had difficulty defining or narrowing spirituality (Watts, 2017). However, the dictionary definition of spirituality may suffice as a starting point: spirituality is "the quality of being concerned with the human spirit or soul as opposed to material or physical things" (Simpson & Weiner, 1989). The proposed study is unique in that it will examine the effects of phenomenological spiritual experience, which is spirituality that is first-hand experienced rather than cognitively believed. In this way, phenomenological spiritual experience is distinct from spiritual beliefs, spiritual ideals, spiritual lifestyle, etc. Phenomenological spiritual experience is a lived and felt experience of the human spirit or soul. It is an experience of transcendence.

Afterlife Consciousness

Afterlife consciousness is the awareness of being conscious past corporal death. Afterlife consciousness is a concept that is often limited to belief, as opposed to experience. For example, many religions uphold the belief that human souls are immortal, implying that consciousness

continues past death. Followers of many religions are asked to believe in afterlife consciousness without being able to experience it in their lifetimes. However, afterlife consciousness can also present in the form of phenomenological spiritual experience. Afterlife consciousness that is phenomenologically experienced can manifest, for example, via a near-death experience (Cassol, 2020). Phenomenological afterlife consciousness can also be induced via LBL Hypnotherapy.

Life Between Lives Hypnotherapy

LBL Hypnotherapy is a standardized process through which an individual phenomenologically experiences soul identity and afterlife consciousness. LBL Hypnotherapy is a regimented treatment process that is standardized by the Michael Newton Institute. Through LBL Hypnotherapy, facilitators certified by the Michael Newton Institute guide participants to experience their immortal soul selves in past lives and the realm between incarnations. This process gives rise to the phenomenological spiritual experience of afterlife consciousness.

Hypotheses

The general hypothesis of the study is that psychological wellbeing will increase for participants after they experience LBL Hypnotherapy. Specifically, this study hypothesizes that participants will experience an increase in the presence of meaning of life, spiritual experience, and resilience, and a decrease in fear of death, depression, anxiety, the search for meaning of life, and psychological inflexibility. Regarding the potential mechanisms of change, this study also hypothesizes that following LBL Hypnotherapy, an increased sense of meaning of life will correlate with decreased depression, anxiety, psychological inflexibility, and fear of death, and increased resilience. Furthermore, increased spiritual experience is hypothesized to correlate with decreased depression, anxiety, distress, and fear of death, and increased resilience. Lastly, given

that this will be the first known of study of LBL Hypnotherapy, the study will include an exploratory component of the spiritual and psychological variables.

Chapter 2: Literature Review

There is no known study on LBL Hypnotherapy. However, there are studies on phenomenological experiences of afterlife consciousness, which will therefore be the focus of this literature review. This chapter will begin with theoretical underpinnings of why afterlife consciousness would support psychological growth. Then, it will detail studies on afterlife consciousness and evidence to support why such phenomenological experience would likely increase psychological wellbeing. Finally, this chapter will review what is currently known about LBL Hypnotherapy and support for this study's hypotheses.

Clinical Context for Afterlife Consciousness

The phenomenological experience of afterlife consciousness is inherently a psychological process—after all, all experiences of consciousness are. While at present there is no formal psychological theory that involves afterlife consciousness as a key component to mental wellbeing, there are some theories that could be well-suited to the inclusion of afterlife consciousness in treatment. Two such theories that will be explored here are logotherapy and relational frame theory (RFT).

Logotherapy

Developed by Viktor Frankl, logotherapy is an existential theory that posits human nature to be motivated by pursuit of meaning in life (Frankl, 1953). According to logotherapy, psychological wellbeing increases as one's pursuit of meaning in life increases. Logotherapy can be considered to be inherently spiritual, as outlined in Frankl's 1959 paper, "The Spiritual Dimension in Existential Analysis and Logotherapy." In this work, Frankl explains that humans are inherently transcendent, and the experience of transcendence comes from understanding and living out one's meaning (Frankl, 1959).

By inducing afterlife consciousness, LBL Hypnotherapy specifically aims to help participants answer "Who am I?" "Why am I here," and "Where do I come from?" (Newton, 2004). These are the essential questions to build a sense of meaning in life. As such, it comes as little surprise that phenomenological experience of afterlife consciousness can facilitate one's sense of present-day life meaning (Crumbaugh, 1997; San Filippo, 2006a). In short, logotherapy can provide a clinical context for why phenomenological experience of afterlife consciousness can improve wellbeing: such experiences generate meaning in life, which in turn improves wellbeing.

Relational Frame Theory (RFT)

Another way to conceptualize why phenomenological experience of afterlife consciousness would increase wellbeing is through the lens of RFT. This behavioral theory posits that human experience is comprised of the brain's linguistic ability to relate concepts to each other (Hughes & Barnes-Holmes, 2016). Humans make meaning of concepts through relational networking: for example, if A is part of B, then we know B includes A (Barnes-Holmes et al., 2004). Learning something new about B will change one's understanding of A.

Let's consider the implications of this theory in the context of developing afterlife awareness. If a human becomes aware that their lifetime (Concept A) is part of a larger narrative of their soul's journey (Concept B), then knowledge of Concept B will change one's understanding of Concept A. In other words, an experience of afterlife consciousness would not just expand one's understanding of the afterlife, but also one's understanding of their current life. This logic can be a theoretical basis for why LBL Hypnotherapy would impact present-day psychological experience: knowledge of what's beyond this lifetime can inform attitudes towards this lifetime.

While RFT provides a theoretical basis for why afterlife consciousness would impact present-day consciousness, it does not provide context for what this impact would look like. For example, it's possible that learning about afterlife consciousness could worsen one's present-day psychological wellbeing. However, as will be discussed in the coming sections, research has found that phenomenological experiences of afterlife consciousness have had overwhelmingly positive effects on psychological wellbeing. In sum, RFT explains why afterlife consciousness would impact psychological wellbeing, and the research on afterlife consciousness outlined below explains why this impact would be positive.

Research on Afterlife Consciousness

Though soul existence has yet to be proved—and it may never be—modern society remains enamored with the concept of the soul despite the rise of atheism (Cottingham, 2020). In part, this could be due to ongoing phenomenological soul experiences among individuals worldwide, which often involve a lived experience of afterlife consciousness. However, experiences of the soul and afterlife consciousness have rarely, if ever, been operationalized as a variable in a pre-post study, despite growing global interest in spirituality research over time (Ribaudo & Takahashi, 2008).

Though there is scant research on the pre-post effects of experiencing soul awareness through afterlife consciousness, there are studies of common pathways via which one can experience such awareness, and self-reports of the experience of such awareness. That said, the following sections will first consider common methods through which afterlife consciousness is phenomenologically experienced, and then review findings on the psychological impact of such consciousness.

Methods to Experience Afterlife Consciousness

In general, pathways that sometimes—but not always—induce phenomenological afterlife consciousness are near-death experience (NDE), virtual death experience, spiritual practice, psychedelic consumption, and spontaneous mystical experience. There are likely other pathways to afterlife consciousness that are not known in academic literature, but this section will be limited to the above known and studied pathways. For the purpose of this study, these methods are considered phenomenologically similar to LBL Hypnotherapy, given that they all involve forays into afterlife consciousness while staying corporally alive.

Near-Death Experiences (NDEs).

The most common and well-studied pathway to first-hand experience afterlife consciousness is via a NDE. Though the academic community has yet to agree on a definition, one simple way of understanding a NDE is that it is a unique experience of consciousness at a time when someone could easily die or be killed (Blanke et al., 2016). A core component of NDEs is the phenomenological awareness of soul continuation after death (Lindsay & Tassell-Matamua, 2020). This awareness in turn profoundly impacts one's ontological framework of existence (van Lommel, 2011). This section will review the prevalence, history, phenomenology, and cultural considerations of NDEs.

Without a standardized definition of NDE, it can be hard to determine incidence rates of the phenomenon. Some studies use an either-or approach to defining whether a NDE occurred. For example, one study of cardiac arrest patients found that 11 percent of survivors reported NDEs; the others did not (Parnia et al., 2001). Meanwhile, another study of near-death survivors categorized NDEs according to depth of experience: about half did not experience a NDE, a quarter were "moderate experiencers" and another quarter were "deep experiencers" (Osis,

1981). With such variation in determining what qualifies as a NDE, it comes as no surprise that some studies have found NDEs to occur in upwards of 40 percent of people who have almost died, while others have estimated an incidence rate as low as 6.3 percent (Blanke et al., 2016; Greyson, 2003; Long, 2014). When examining NDE rates among all people—not just from a sample of those who have had brushes with death—one study across 35 countries found that approximately 10 percent of people have had a NDE in their lifetime (Kondziella et al., 2019). Though the jury is out on approximately how many people close to death experience a NDE, it can be estimated that of the global population, perhaps upwards of 700 million people have phenomenologically experienced afterlife consciousness via NDE.

Afterlife consciousness via NDE is not a modern phenomenon. Accounts of NDEs date back to medieval times across nearly every religious heritage (Zaleski, 1988). Ancient Greek philosophers, including Plato and Heraclitus, developed theories about "revenants," people who had died and returned to life (Moody, 2013). Ancient Egyptians may have intentionally induced NDEs to learn about the afterlife (Ring, 1985a). Ancient Yorubas seemed to believe that those who experienced NDEs were not simply near death—they actually died and came back (Agai, 2015). These pancultural reports of NDEs among ancient civilizations suggest that NDEs are fundamental and universal human experiences.

Though NDEs were historically relegated to the realm of philosophy and mystical curiosity, the scientific community began demonstrating strong interest in NDEs in the 20th century. In 1975, psychiatrist Raymond Moody published a book, *Life after Life,* detailing what he learned from interviews with over 100 people who had experienced NDEs (Moody, 1975). Moody's account brought such recognition to the phenomenon of NDEs that researchers even set out to determine whether the mass-cultural knowledge of NDEs as brought about by Moody's

book would influence reports of NDEs. Interestingly, the study found that NDE reports remained fairly consistent before and after Moody's publication, suggesting that the phenomenological experience of a NDE is not strongly influenced by prior knowledge of what one would expect during a NDE (Athappilly et al., 2006).

In 1978, the International Association of Near-Death Studies (IANDS) was founded by Moody and other research-oriented psychiatrists, and in 1982 IANDS began publishing the *Journal of Near-Death Studies*, a scholarly peer-reviewed journal devoted to the field of near-death studies (*History and Founders*, 2017). Since then, the journal has published over 900 articles. Alongside many books, documentaries, word-of-mouth tales, and more, there is now a wealth of information regarding NDEs.

Like all phenomenological experiences, no two NDEs are identical. That said, there are common factors among NDE reports, with many ways to categorize these factors. Public perception of NDEs often includes the phrase, "life flashed before my eyes," yet research has shown that NDEs often involve more episodic than flashbulb memory, and they involve aspects of afterlife consciousness rather than just an autobiographical review (Cassol et al., 2020). How this episodic experience unfolds, however, can vary. Leading NDE researcher Kenneth Ring proposed a five-stage sequential model of a NDE: 1) peace at time of perceived death, 2) sensation of separating from the body, 3) entering into darkness, 4) seeing a bright light, and 5) sense of entering the light (Ring, 1980; San Filippo, 2006b). Moody proposed a similar sequential model, but with nine stages that included encounters with ethereal entities, an encounter with a Being of Light, and a reluctance to return to the corporal body (Moody, 1975). Another sequential model proposes a three-stage experience: resistance, life review, and transcendence (Noyes, 1972).

There are also non-sequential models of NDEs. For example, NDEs can be categorized into three types: out-of-body experience, transcendent experience, and combined out-of-body and transcendent experience (Sabom, 1982). NDEs can also be categorized according to their components. For example, the 1983 Greyson NDE Scale identified NDEs as a function of four components: a cognitive component, an affective component, a paranormal component, and a transcendental component (Greyson, 1983). Meanwhile, the updated NDE-C scale conceptualizes NDEs with a five-factor model involving beyond-the-usual, harmony, insight, border between current life and beyond, and a gateway (Martial et al., 2020).

It is possible that the scientific community may never agree on an identifying model of NDEs given that new information is constantly shifting the paradigm of the experience. The field of NDE research is growing rapidly, as evidenced by the variety in the latest studies continuing to identify new aspects of the phenomenon. One recent paper noted that ego dissolution is a common feature of NDEs (Martial et al., 2021). Another noted that the out-of-body component of NDEs involve a "vertical and upward" sensation, and that those lacking this experience may not be reporting a true NDE (Shakeri et al., 2021). A recent theoretical study identified an evolutionary origin for NDEs: thanatosis, or "death-feigning," for protection from predators (Peinkhofer et al., 2021). The volume of new information on NDEs can create the impression that it at present remains an unknowable phenomenon. That said, there is a baseline component to all NDEs: some aspect of soul awareness is experienced beyond the body, which, "real" or not, can also be considered as beyond-life or afterlife consciousness.

Given that phenomenological experiences can be socially determined, it is important to review NDE literature across cultural frameworks. One study found that NDEs across cultures were phenomenologically experienced with similar themes; the authors noted that descriptive

differences of NDEs across cultures were likely attributable to filters of language and cultural context rather than a fundamental difference in the phenomenological experience itself (Belanti et al., 2008). Some authors have noted that NDE themes have a "universal" element, suggesting their pancultural impact (Anghel & Munteanu, 2017). In fact, if a NDE experience contrasts with an individual's expected afterlife beliefs, individuals are more likely to feel confused by the NDE, rather than interpret it according to their cultural expectations (Abramovitch, 1988). These findings suggest that NDEs offer a universally similar glimpse into afterlife consciousness.

Given the universality of NDEs and the wealth of continued research on the phenomenon, other pathways to afterlife awareness are often justified via their similarity to NDE phenomenology. The following sections will review these other pathways and the research that connects them to NDEs. LBL Hypnotherapy, too, will be explained in part via its overlap with NDE ideology and phenomenology.

Virtual Reality.

A primary issue with studying NDEs is that they are unpredictable and cannot be ethically induced, so researchers can only study the phenomenon after the fact. Perhaps there is a workaround: virtual reality. One novel study on mortality involved placing participants in an immersive virtual reality setting with three fundamental illusions of place, plausibility, and body ownership (Barberia et al., 2018). Within the virtual reality set up, participants were on an island with two others, and they were given bodies that began as children and then aged into older adults through six sessions. Participants witnessed the death of their comrades and then their own death, with factors included in NDE narratives: out-of-body experience, a life review, and a tunnel leading to white light. Then, participants watched the virtual reality scene continue on without ownership over their virtual body.

Compared to a control group, participants who witnessed and underwent mortality reported greater gains in meaning of life, self-acceptance, and concern for others. However, the virtual reality NDE did not lead to as many positive changes as organic NDEs. For example, the study hypothesized a reduced fear of death following the experiment, given previous findings that virtual reality out-of-body experiences led to reduced fear of death (Bourdin et al., 2017). The data from the virtual mortality study, however, did not support the hypothesis that fear of death would reduce in the experimental condition. The researchers suggested this could be because fear of death was only assessed one day after the virtual death, but it could also be because virtual death, even with realistic NDE factors, cannot yet recreate the kind of organic afterlife consciousness that leads to strongly positive present-day psychological changes.

By contrast with virtual reality mortality, it can be argued that LBL Hypnotherapy is an organic rather than artificial process of experiencing afterlife consciousness. In the virtual reality study, markers of afterlife consciousness (out-of-body experience, tunnel of light, being welcomed by other beings) were cued by the coders. In LBL Hypnotherapy, however, facilitators take a non-directive stance; participants are encouraged to report exactly what they organically experience, rather than what they *think* they should be reporting (Newton, 1994). This distinction—the allowance for participants to have their own unique phenomenological experience of afterlife consciousness—better mimics an organic NDE than an artificial creation of a NDE.

Deep Meditation.

Perhaps at this time NDE phenomenology cannot be truly recreated with virtual reality cues, but there are still ways for the body and mind to organically experience afterlife consciousness. One such way of accessing afterlife consciousness is via deep meditation. The

available studies on self-induced afterlife consciousness via meditation focus on its similarity to NDEs. Already, this suggests a unifying element to experiences of afterlife consciousness, regardless of how such consciousness is attained.

The paper to claim itself as the first—and perhaps only—study of meditation-induced near-death experience (MI-NDE) noted that the practice of MI-NDE is ancient and documented through Buddhist texts thousands of years old (Van Gordon et al., 2018). Among a select few highly advanced Buddhist meditators, the practice is alive today. Over a three-year period, researchers studied modern advanced Buddhist meditators who engaged in MI-NDE, compared to meditators engaged in non-NDE meditation styles. The study found that the MI-NDE practitioners reported phenomena and outcomes comparable to standard NDEs, including non-worldly encounters with recently deceased beings, and increased profundity of experience as represented by higher scores on a NDE scale. Meanwhile, the "regular" meditators in the control group did not experience phenomena related to NDEs.

Beyond this study, information on MI-NDE remains scant. In what remains to be reviewed, the field of neuroimaging seems to dominate. One study involved asking NDE experiencers to meditate on the "being of light" they encountered during their NDE, while their brain activity was measured via fMRI. A control group looked at a bright white light. The results showed that those engaged in a meditative recalling of the NDE demonstrated marked hemodynamic and neuroelectric changes in brain regions associated with positive emotions, visual mental imagery, attention, and spiritual experiences compared to the control condition (Beauregard et al., 2009).

The above mentioned MI-NDE and fMRI studies suggest that it is possible to mentally cultivate afterlife awareness in a meditative state, which is similar to what LBL Hypnotherapy

aims to do. The added benefit of LBL Hypnotherapy is that one does not need to be an advanced meditator or have already experienced a NDE to phenomenologically access afterlife consciousness.

Psychedelics.

In the 1962 Good Friday Experiment, also known as the Marsh Chapel Experiment, theology student Walter Pahnke passed out capsules of either psilocybin or a placebo to a group of volunteers prior to a religious service. In this double-blind study, almost all members receiving the psilocybin reported a profound mystical experience, compared to the placebo-receiving group members who did not report transcendence to a similar extent (Doblin, 1991; Pahnke, 1963). This study paved the way for modern re-engagement with an ancient practice: using psychedelics to facilitate phenomenological spiritual awareness (Godlaski, 2011; Nichols, 2004). Huston Smith, a volunteer participant who received psilocybin, and who would later become a renown religious scholar, referred to the experience as a "cosmic homecoming" (Smith, 2000). Smith's wording of the experience underscores the connection between transcendent psychedelic experience and afterlife consciousness.

Beyond psilocybin, common psychedelics that correlate with spiritual phenomenological awareness include ayahuasca, ketamine, methylenedioxyphenyl-methamphetamine (MDMA), psilocybin (mushrooms), lysergic acid diethylamide (LSD), and dimethyltryptamine (DMT) (Griffiths et al., 2018; Liechti et al., 2017; Liester, 2013; Roberts, 2020; Saboowala, 2010). As with MI-NDE, phenomenological parallels between NDEs and psychedelic-induced spiritual awakening suggest there are core underlying themes that unite spiritual phenomenological experiences regardless of how those experiences are achieved (Liester, 2013; Nielsen, 2019; Strubelt & Maas, 2008). Some studies have even directly identified the commonalities between

hallucinogens and NDEs. One study found that the phenomenological experience of taking DMT, also known as "The God Molecule," modeled the experience of a NDE (Timmermann et al., 2018).

While the connection between certain psychedelic experiences and NDEs is clear, it is difficult for studies to isolate the variable that leads to such experience. Psychedelic consumption has been found to have long-term positive effects, including reduced depression and anxiety, reduced fear of death, and increased prosocial behavior (Forstmann & Sagioglou, 2017; Gasser et al., 2015; Reiche et al., 2018). However, it is possible that the afterlife awareness that comes from psychedelic consumption is the driver of the positive changes associated with psychedelic use, rather than the hallucinogen itself. The proposed study on LBL Hypnotherapy can help answer the question of whether afterlife awareness is a driver of change, even without a hallucinogenic substance in the mix.

Spontaneous Mystical Experience.

NDEs, virtual death, deep meditation, and psychedelics all provide a context for afterlife awareness; however, sometimes such awareness can present itself spontaneously, even to atheists (Tempel & Moodley, 2020). Such spontaneous mystical experiences pique scientific interest because they counter the neurological and psychological hypotheses that underpin most non-spiritual explanations of afterlife consciousness. One case report of a non-religious electrician who experienced afterlife consciousness, including bright light, a sense of oneness with the universe, and an embodiment of love and joy—all while safe and sober in a room on summer vacation while divorcing his wife—suggests that afterlife awareness may not be a byproduct of other circumstances, but rather a phenomenon in its own right (Facco & Agrillo, 2012).

One interpretation offered by the authors of the case report is that NDE phenomenology is part of a broader category of transcendent experience; this individual on summer vacation had a transcendent experience of soul awareness, which in turn was said to resemble a NDE because the academic community knows more about NDEs specifically than transcendence generally (Facco & Agrillo, 2012). This interpretation gives further support to the notion that afterlife consciousness need not be a function of death awareness; rather, afterlife consciousness may be a function of transcendence. With regards to the present study, this understanding could mean that LBL Hypnotherapy is designed to induce spiritual transcendence via afterlife consciousness.

Psychological Effects of Afterlife Consciousness

It comes as little surprise that a phenomenological experience of afterlife consciousness will likely shift one's present-day psychological wellbeing. Explanations for why are provided with the context of logotherapy and relational frame theory, and also a simple truth: profound experiences leave psychological marks. In general—but not always—phenomenological experiences of afterlife consciousness have been found to correlate with increased wellbeing across a host of factors: decreased depression, anxiety, fear of death, and avoidance, and increased resilience. This section will review what is known about the interaction between afterlife consciousness and these five psychological factors.

Given that afterlife consciousness is most frequently studied via NDEs, the resulting literature on the psychological effects of afterlife consciousness is mostly in relation to post-NDE psychological experience. That said, information on the psychological effects of other methods that induce afterlife consciousness (spontaneous mystical experience, psychedelics, etc.) will be reviewed when information is available.

The Interpretation of Afterlife Consciousness.

Regardless of how one interprets an experience of afterlife consciousness, the event often serves as a self-defining memory that can shift one's ontological framework through the expansion of spiritual awareness (Cassol, 2020). But what influences how someone will interpret such a profound experience? A primary determining factor seems to be the way in which an individual makes meaning of the experience. From this perspective, perhaps afterlife consciousness is a neutral experience, and the interpretation of the experience is what gives it its emotional charge.

A text mining study on NDEs determined that, "despite their circumstances of occurrence, NDEs are generally experienced as extremely pleasant and can induce life-changing consequences on the experiencers' set of values and attitudes towards death" (Charland-Verville et al., 2020). In fact, positive psychological experience post-NDE is so common that the Life Changes Inventory scale was created to better study such changes (Greyson & Ring, 2004). However, some individuals experience distress related to their NDEs (Cassol et al., 2019). Interestingly, these distressed individuals describe their NDEs in ways that are phenomenologically similar to those who have experienced peaceful NDEs; what makes the NDE distressing is the interpretation of the phenomenological experience as a terrifying event (Greyson & Evans Bush, 1992).

A similar pattern holds with spontaneous mystical experience. Such events can be associated with enhanced wellbeing; across cultures, mystical experiences are associated with gratitude, faith, compassion, and inner freedom (Hunt, 2006). However, doubt and preoccupation regarding spontaneous mystical experiences can cause psychological distress if one cannot integrate such phenomenological experience into a larger ontological framework (Tempel & Moodley, 2020). Integration seems key in reducing distress and maximizing positive impact.

The impact of afterlife consciousness via psychedelics, too, can depend on the interpretation of the experience. The dreaded “bad shrooms trip” is a common parable, yet just as prevailing are stories of psychedelics such LSD, psilocybin, and MDMA leading to profoundly positive transcendence (Roberts, 2020). What determines the difference? Perhaps it is more than luck: integration of hallucinogenic experience after the fact is vital in the creation of favorable psychological impact (dos Santos et al., 2021).

Overall, there is evidence suggesting that the integration of an afterlife consciousness experience is a driver of the psychological impact the experience will have (Melo, 2016). Perhaps this idea could also explain why just hearing about other people’s NDEs can lead to positive psychological outcome (Ring & Valarino, 2006). The psychological impact of afterlife consciousness has to do more with the meaning one derives from its significance, rather than the experience itself. That said, though there are infinite ways to interpret an experience of afterlife consciousness, there are core patterns of psychological change as a result of spiritual phenomenological awareness that have been noted in the literature. These changes will be reviewed below.

Depression and Anxiety.

Thinking about death is not necessarily an uplifting experience. One study found that thoughts of death predict increased depression for those who have low self-worth (Fairlamb & Juhl, 2020). Another found death anxiety to be a transdiagnostic component of multiple mental disorders, ranging from hypochondriasis to severe depression (Iverach et al., 2014). In fact, death anxiety has been identified as a strong predictor of the severity of mental illness (Menzies et al., 2019). How then do we reconcile this information with the understanding that experiencing afterlife consciousness could be hypothesized to *reduce* depression and anxiety?

First, phenomenological experience of afterlife consciousness is not merely thinking about death; it is a transcendental experience of spirituality. Second, across diverse populations, spiritual experience is a protective factor that correlates with reduced depression (Doolittle & Farrell, 2004; Sorajjakool et al., 2008; White, 2016). Putting these two points together, one interpretation is that thinking about death can lead to anxiety and depression, but phenomenologically experiencing what comes after death can be a profoundly spiritual experience that may also correlate with reduced depression and anxiety.

One study of dialysis patients found that those who experienced NDEs also had reduced levels of depression, though the relationship was not statistically significant (Lai et al., 2007). Another study found psychedelics to be a strong driver in reduced depression and anxiety among cancer patients as spirituality increased (Griffiths et al., 2016). However, it is possible that transcendence, rather than the drug itself, is the underlying reason for the change—another study of cancer patients who took psilocybin found that its therapeutic effect on depression and anxiety was mediated by extent of the mystical experience induced by the drug (Johnson et al., 2019; Ross et al., 2016). One way of explaining the mediation effect is that afterlife consciousness could be the driver of reduced depression, though this has yet to be confirmed. The proposed study on LBL Hypnotherapy could clarify the relationship between afterlife consciousness, depression, and anxiety.

Fear of Death.

While similar to anxiety, one phobia that warrants its own category for the purpose of this study is the fear of death. The fear of death is normative across all cultures (Moore & Williamson, 2003). However, the global prevalence of this phobia does not render it benign. In fact, some existential theories posit that maladaptive efforts to cope with the fear of the death are

the driving force of psychopathology (Menzies et al., 2018). Given that an understanding of the afterlife is so closely related to an understanding of death, it is worth exploring the relationship between these two concepts.

Even just knowledge of afterlife consciousness—without phenomenological experience—can reduce the fear of death (Assante, 2012; Ring & Valarino, 2006). One possible interpretation behind this finding is that the concept of afterlife consciousness negates what is most feared about death: annihilation (Garfield, 1975). Therefore, experiencing afterlife consciousness, rather than just learning about it, may perhaps be one of the strongest antidotes to the fear of death.

Indeed, phenomenological afterlife consciousness may not just reduce one's fear of death or improve one's ability to cope with the concept—rather, some studies have found that experiences of afterlife consciousness completely eliminate the fear of death (Noyes Jr. et al., 2009; Tassell-Matamua & Lindsay, 2016). In particular, four elements of NDEs have been found to correlate with the reduction or elimination of fear of death: sense of disembodiment, positive emotional content, meeting deceased others, and being exposed to bright otherworldly light (Tassell-Matamua & Lindsay, 2016). These four components are also present in the standard phenomenological experience of afterlife consciousness as induced by LBL Hypnotherapy (Newton, 1994). That said, there is reason to believe that LBL Hypnotherapy could reduce or eliminate one's fear of death.

Resilience.

Commonly known as the ability to "bounce back," resilience is a core underlying component of mental wellbeing (Davydov et al., 2010). Resilience is a primary protective factor that can prevent harmful external events from developing into psychopathology (Meng et al.,

2018). Among those who have experienced trauma, higher rates of resilience correlate positively with acceptance, and inversely with fear of death and psychopathology (Arredondo & Caparrós, 2021). Resilience can be increased by strengthening one's internal resources (Pooley & Cohen, 2010). Here we will explore the theory of whether phenomenological experience of afterlife consciousness could strengthen one's internal resources such that their resilience increases.

One way of understanding why resilience would increase with exposure to afterlife consciousness is theoretical. Consider this line of logic: if one were aware that the ultimate ending—death—is actually a continuation into peace, then setbacks and traumas in life may have less of an impact with this context. In other words, after experiencing afterlife consciousness, one would likely have greater resilience in the face of life's difficulties.

One study on life-threatening events (not NDEs) found that when confronted with death, participants developed coping mechanisms including an existential attitude that allowed for them to develop resilience against death anxiety (Hoelterhoff & Chung, 2017). Regardless of what resilience may defend against, its very development and presence after an experience of afterlife consciousness would be a finding in itself. The proposed study will therefore examine the impact of LBL Hypnotherapy on resilience, given its importance in psychological wellbeing.

Psychological Inflexibility.

Psychological inflexibility is a process by which maladaptive avoidance reactions, rather than values-based intentions, drive behavior (Bond et al., 2011). Strongly correlated with psychopathology, psychological inflexibility is a transdiagnostic mechanism that manifests in disorders ranging from depression to substance abuse (Kato, 2016; Levin et al., 2014). Its inverse, psychological flexibility, is marked by an ability to accept painful emotions, reduce avoidance, and act on values. Just as psychological inflexibility is a marker of poor mental

health, psychological flexibility is considered to be a fundamental aspect of wellbeing (Kashdan & Rottenberg, 2010).

Within the context of relational frame theory, the phenomenon of afterlife consciousness may correlate with increased psychological flexibility because death awareness tends to emphasize the unique opportunity and time-boundedness of this lifetime (Newton, 2009). Additionally, many individuals post-NDE report a development of spiritual values (Greyson, 1997). With increased salience of values, individuals are more likely to act on their values even in the face of pain or a desire to avoid, thus making them more psychologically flexible.

Following a NDE, between 80 to 90 percent of individuals report being "more open and accepting of the new and different," and 50 to 79 percent of individuals report a "rejection of previous limitations/norms" (Atwater, 2009, p. 72). These phrases are markers of increased psychological flexibility, which suggests that a NDE could be a tool to increase acceptance and reduce avoidance. By similar logic, it is possible that by inducing afterlife consciousness, LBL Hypnotherapy may also increase psychological flexibility.

LBL Hypnotherapy

This section will briefly review hypnosis in general, and then LBL Hypnotherapy specifically. Though LBL Hypnotherapy has never been written about in peer-reviewed journals, there are many books by the Michael Newton Institute, and Michael Newton himself, that detail the process. A brief overview of these books will be provided. Lastly, this section will cover reasoning for why LBL Hypnotherapy would increase spirituality and meaning in life, and how these factors in turn can increase psychological wellbeing. This line of thinking forms the basis of the study's hypotheses.

Given this is a study of a specific form of hypnotherapy, it is important to note that hypnotherapy is globally well-studied and a generally accepted practice to reduce physical and psychological impairment. Hypnotherapy is a modern practice with ancient origins dating back to witchcraft rituals and tribal rites (Mekori-Domachevsky & Ben-Horin, 2021). The diverse application of modern hypnotherapy is expansive: studies have shown that targets for hypnotherapy can range from skin disorders including warts and rosacea to pain from sickle cell disease (Manusov, 1990; Shenefelt, 2018). With regards to psychological wellbeing, hypnosis has been used widely from reducing suffering in palliative care settings, to limiting burnout in demanding professions, to treating depression, and more (Boselli et al., 2021; Facco et al., 2018; Yapko, 2001). Treatment protocols and handbooks exist to pair certain hypnotherapy protocols with specific treatment outcomes (Brann et al., 2015).

Of note, the effectiveness of hypnotherapy may be related to its specialization; for example, two RCTs studying hypnotherapy for irritable bowel syndrome (IBS) found that the effectiveness of hypnotherapy is lower when given outside of regimented parameters (Lindfors et al., 2012). This finding could suggest that LBL Hypnotherapy may be a particularly effective protocol to establish spiritual phenomenological ontology given the standardized regiment involved in the LBL Hypnotherapy process.

LBL Hypnotherapy is a multi-phased protocol through which an individual phenomenologically experiences afterlife consciousness between incarnations. During LBL Hypnotherapy, facilitators take a non-directive approach rooted in Jungian trancework theory: participants' phenomenological experience guides the session, and facilitators are trained to not lead clients towards certain identifications or understandings (Jung, 1969; Sedgwick, 2003). The facilitator process and attitude was refined by Michael Newton, who completed thousands of

these sessions and then formed The Michael Newton Institute to train others to facilitate such sessions, too. Newton compiled his case studies to write a series of books on LBL Hypnotherapy and commonalities his participants experienced in the interlife realm.

Beginning with *Journey of Souls*, Newton set out to answer existential questions by examining the reported experiences of those who had phenomenologically engaged in soul ontology (Newton, 1994). Newton reported consistencies among afterlife experiences, including key features of death and departure, the gateway to the spiritual world, a homecoming and orientation to the afterlife, and transition and placement into a new incarnation. It is within this context—consciousness between incarnations—that questions of life purpose are answered, especially when it comes to understanding reasons for choosing the individual's current lifetime and placement. Newton also identified a taxonomy of souls, noting that beginner souls have had fewer incarnations, and intermediate and advanced souls demonstrate greater wisdom and have had more incarnations.

In *Destiny of Souls*, Newton expounded on topics from *Journey of Souls* with information from new case studies (Newton, 2000). In particular, Newton reviewed elements of afterlife consciousness including soul group systems and community dynamics, the Council of Elders (a group that guides soul growth and prepares souls for upcoming incarnations), and the Ring of Destiny (a viewing room in which a soul can review potential future incarnations). Within LBL Hypnotherapy sessions, participants often experience and report these commonalities in their experience, even without priming to report such details.

Newton next provided an outline of the process of LBL Hypnotherapy in *Life Between Lives* (Newton, 2004). Compared to Newton's prior books, this one is more oriented towards LBL Hypnotherapists than average consumers looking to learn about afterlife consciousness. The

book breaks down the LBL Hypnotherapy process into six parts: participant intake and identifying prior belief systems, preparation for spiritual regression, hypnosis induction and traveling back in time through the womb and into a past life, experiencing death in the past life (phenomenologically similar to NDE), navigating the realm of life between lives, and finally closing the session. Troubleshooting advice is also provided for individuals who may be unresponsive to hypnotic cues, or whose spiritual guides may be limiting the knowledge made available to the participant during the session.

Newton's next book, *Memories of the Afterlife*, features more case studies, this time by a broad range of LBL Hypnotherapists certified by the Michael Newton Institute (Newton, 2009). With this publication, Newton demonstrated that commonalities of LBL Hypnotherapy were not limited to his own practice. Rather, LBL Hypnotherapy could be practiced by facilitators across the world, and the profundity of the experience still holds.

Following Newton's passing in 2016, the Michael Newton Institute published another book of case studies that uses a spiritual framework developed by LBL Hypnotherapy findings to contextualize present-life psychological experiences including anxiety and depression (Clark et al., 2019). This book, *Wisdom of Souls*, implies a connection between LBL Hypnotherapy and psychological wellbeing. However, this study is the first to test this connection.

Effects of LBL Hypnotherapy

This study hypothesizes that LBL Hypnotherapy will positively impact psychological wellbeing. But why? One explanation is that the experience of afterlife consciousness offered via LBL Hypnotherapy will increase one's spirituality and meaning in life, which in turn would drive increased psychological wellbeing. This section will review how LBL Hypnotherapy would

increase spiritual experience and meaning in life, and why these two factors would then enhance wellbeing.

Spiritual Experience.

An experience of afterlife consciousness is inherently and profoundly spiritual, and there is research to suggest that the effects of such spiritual experience are long-lasting. Studies of NDEs have found that such experiences lead to universal changes in spiritual orientation (Ring, 1985b; San Filippo, 2006b). Though there is no relationship between NDEs and religious belief prior to an experience of afterlife consciousness, the depth of the experience correlates with an increase in spiritual values (Greyson, 2006). Memories of such experiences are also detailed and long-lasting, which could mean that the spiritual experience remains salient in one's consciousness (Martial et al., 2017). Taken together, this information suggests that it is likely LBL Hypnotherapy, which is phenomenologically similar to NDEs, would correlate with increased spirituality.

Increased spirituality correlates with increased psychological wellbeing, which is why this study hypothesizes a correlation between these two factors following LBL Hypnotherapy. This study conceptualizes psychological wellbeing as a product of reduced depression, anxiety, fear of death, and psychological inflexibility, and increased resilience. It is expected that increased spirituality correlates with all these factors.

Positive experiences of spirituality can serve as a protective factor against depression and anxiety (Dein, 2013). This finding holds particularly true for terminally ill individuals, which suggests that death awareness combined with spirituality can be particularly helpful in fostering psychological wellbeing (Kandasamy et al., 2011). Spirituality can also buffer against a fear of death (Daaleman & Dobbs, 2010). As spirituality increases, psychological inflexibility decreases

(Scalora et al., 2020). Furthermore, spirituality may play an important role in resilience from trauma (Peres et al., 2007).

Lastly, higher ratings of daily spiritual experience have been found to correlate not only with reduced psychopathology, but also joy (Underwood, 2020). In fact, some researchers consider joy to be a critical component highlighting the presence of spirituality (Ozaki, 2005). By providing a profoundly spiritual experience, it is hypothesized that LBL Hypnotherapy can decrease psychopathology and increase wellbeing.

Meaning in Life.

In addition to being a spiritual experience, LBL Hypnotherapy is also a technique used to identify and understand life purpose. Sessions aim to help individuals answer "Who am I?" "Why am I here," and "Where do I come from?" (Newton, 2004). Thus, it is hypothesized that LBL Hypnotherapy will reduce the search for meaning in life and increase the presence of meaning in life.

It is not a given that an experience of afterlife consciousness will lead to psychological benefit (Cassol et al., 2019). One explanatory factor that could distinguish between distressing and non-distressing experiences of afterlife consciousness is the presence of meaning in the experience and a subsequent understanding of meaning in life. For example, mortality salience has been found to increase death anxiety for individuals who lack meaning in life (Routledge & Juhl, 2010). However, mortality salience can also increase prosocial behavior and values-based actions when in the context of understanding life's meaning (Gailliot et al., 2008; Zaleskiewicz et al., 2015). These findings suggest that it is neither death nor afterlife awareness itself, but rather this awareness coupled with a sense of meaning, that leads to positive psychological benefit.

Evidence for increased meaning driving increased psychological benefit can be found across multiple dimensions of psychological wellbeing. Across diverse cultures and populations, a sense of meaning in life is a protective factor against anxiety and depression (Q. Chen et al., 2021; Steger et al., 2009; Tahereh et al., 2013; Testoni et al., 2018). For individuals with past life awareness, which is a core component of LBL Hypnotherapy, a sense of meaning in life increases as fear of death decreases (Meyersburg & McNally, 2011). Presence of meaning in life is also correlated with approach acceptance, which can be understood as psychological flexibility (Powell, 2010). Lastly, meaning in life has been found to correlate with resilience among diverse populations, including those with suicidal ideation and PTSD (Kleiman & Beaver, 2013). Given that meaning in life correlates with the five factors of psychological wellbeing considered in this study, it is hypothesized that LBL Hypnotherapy will increase psychological wellbeing by increasing the presence of meaning in life.

Chapter 3: Methods

The purpose of this study is to determine the psychological impact of spiritual transcendence via the experience of afterlife consciousness from Life Between Lives (LBL) Hypnotherapy. This chapter will discuss how the study meets this objective. The chapter begins with the study design, followed by operational definitions and measures. The procedure, including permissions and recruitment, will then be outlined, followed by the study's hypotheses and data analysis plan. The chapter concludes with steps taken regarding ethical compliance.

Study Design

This study utilized a pre-post design to answer the question of how psychological wellbeing changes with LBL Hypnotherapy. Though the gold standard of interventional study design is the randomized controlled trial, a pre-post design is considered as a favored alternative when the treatment condition (in this case, LBL Hypnotherapy) cannot be randomly assigned (Thiese, 2014).

Operational Definitions

In this study, the independent variable of afterlife consciousness is operationalized as pre-post LBL Hypnotherapy, in which afterlife consciousness is induced. Components of LBL Hypnotherapy can take place over multiple sessions. For example, a LBL facilitator may use the first session to familiarize the participant with hypnosis, a second session for past life regression (PLR), and a third session to explore the interrealm. In this example, all three sessions would comprise one complete experience of LBL Hypnotherapy. By contrast, some LBL facilitators complete all tasks in one session: hypnosis, PLR, and life between lives exploration. In this case, this single session would count as the independent variable of LBL Hypnotherapy. In sum what

is considered to be LBL Hypnotherapy for the purpose of this study is the session(s) in which all standardized components of the therapy (including hypnosis preparation and PLR) are achieved.

The dependent variables of this study are participants' psychological wellbeing, spirituality, and life purpose. Psychological wellbeing was assessed by participants' levels of depression, anxiety, fear of death, resilience, and psychological inflexibility. Depression was measured with the Patient Health Questionnaire-9 (PHQ-9). Anxiety was measured with the Generalized Anxiety Disorder-7 (GAD-7). Fear of Death was measured by the Revised Collett-Lester Fear of Death Scale (R-FOD). Resilience was measured by the Resilience Scale (RS-14). Psychological inflexibility and wellbeing in general were measured by the Acceptance and Action Questionnaire-II (AAQ-II). Participants' levels of spirituality were measured by The Daily Spiritual Experiences Scale (DSES). The Meaning in Life Questionnaire (MLQ) was used to determine participants' sense of life purpose. Please see Table 1 for a review.

Table 1

Operationalizing Dependent Variables

Category	Dependent Variable	Operationalizing Measure
Psychological Wellbeing	Depression	PHQ-9
Psychological Wellbeing	Anxiety	GAD-7
Psychological Wellbeing	Fear of Death	R-FOD
Psychological Wellbeing	Resilience	RS-14
Psychological Wellbeing	Psychological Inflexibility	AAQ-II
Spiritual Wellbeing	Spiritual Connectivity	DSES
Life Purpose	Presence of Meaning in Life	MLQ-P
Life Purpose	Search for Meaning in Life	MLQ-S

Measures

This section will review the seven measures to be used in this study. While all seven measures are used to measure psychological wellbeing (PHQ-9, GAD-7, R-FOD, RS-14, AAQ-II, DSES, MLQ), the DSES additionally and specifically measures the construct of spirituality, and the MLQ-P additionally and specifically measures the construct of life purpose. Specifics on the measures and their subscales, if relevant, will be covered. Given that the study recruited participants from multiple countries, an emphasis on the multicultural and global application of each measure is included.

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 is a common depression screener in the public domain that assesses for the presence and severity of the nine symptoms of depression as listed in the DSM-IV (Kroenke et al., 2001). Participants endorse each symptom on a scale from "0" (not at all) to "3" nearly every day for their experience in the past two weeks. Scores of 5, 10, 15, and 20 represent mild, moderate, moderately severe, and severe depression, respectively. In general, the PHQ-9 yields a 61 percent sensitivity and 94 percent specificity in adults (Maurer, 2012). Specifically, scores of 10 or greater, representing moderate to severe depression, had a sensitivity of 88 percent and a specificity of 88 percent for identifying major depression (Kroenke et al., 2001). The PHQ-9 has excellent internal reliability, with a Cronbach's α of 0.89 and 0.86 across a primary care study and women's health study, respectively (Kroenke et al., 2001).

The PHQ-9 has been validated and considered reliable across diverse populations. In the general population, which more accurately captures the present study's participants compared to a medical population, the PHQ-9 was found to have strong construct validity and be useful in

identifying subthreshold depressive disorder (Martin et al., 2006). At the time of writing, the PHQ-9 is formally available for use in 54 languages and 55 countries (*Screener Overview*, 2021). Though the present study will only be administering the PHQ-9 in English, there are no country restrictions so long as the participant is English speaking. The PHQ-9 has been globally and multiculturally validated across multiple meta-analyses (Manea et al., 2012; Maurer, 2012; Wittkampf et al., 2007). The PHQ-9 can also be used in cross-cultural comparisons of depression (Zhou et al., 2020). Given that the PHQ-9 has been validated across diverse cultures and populations, it is prudent to use it to measure depression in the present study.

Generalized Anxiety Disorder-7 (GAD-7)

Similar to the PHQ-9, the GAD-7 is a common anxiety screener in the public domain that assesses for the presence and severity of the seven symptoms of anxiety as listed in the DSM-IV (Spitzer et al., 2006). The 7-item questionnaire asks participants to rate the presence of each symptom of anxiety on a scale of 0 to 3, yielding a score range of 0 to 21. Scores of 5, 10, and 15 represent mild, moderate, and severe anxiety, respectively. Though originally intended for clinical use, the GAD-7 has also been normed, validated, and deemed reliable for measuring anxiety levels in the general population (Löwe et al., 2008). Across varying age and genders within the general population, the GAD-7 yields a Cronbach's α of 0.89; among an international sample of over 5,000 general population participants, approximately 5 percent had scores of 10 or greater (moderate anxiety) and 1 percent had scores of 15 or greater (severe anxiety) (Löwe et al., 2008).

The GAD-7 has been used across diverse populations, and it has been validated as a tool for cross-cultural comparison of anxiety prevalence (Zhou et al., 2020). At present, there are over 70 language versions of the GAD-7 approved for measuring anxiety levels across the globe

(*Screener Overview*, 2021). Pertinent to the proposed research, recent studies of spirituality in Brazil, China, Jordan, and Canada, among many other countries, have established precedence for the use of the GAD-7 in global studies of spirituality (Adams et al., 2020; Alshraifeen et al., 2020; Vitorino et al., 2018; Wang et al., 2021).

Revised Collett-Lester Fear of Death Scale (R-FOD)

The R-FOD measures one's fear of death across four subscales: Death of Self, Dying of Self, Death of Others, and Dying of Others (Collett & Lester, 1969; Lester, 1990; Lester & Abdel-Khalek, 2003). In the most recent R-FOD (Version 3), each subscale has seven questions, and participants rank their fear of the seven items on each subscale from a scale of 1 (not anxious) to 5 (very anxious). The Cronbach alphas for the third and current version are Death of Self, 0.91; Dying of Self, 0.92; Death of Others, 0.88; and Dying of Others, 0.92 (Lester & Abdel-Khalek, 2003). Though a critique of the scale suggested that non-questionnaire techniques should be used in assessing death attitudes, the authors of the R-FOD defended the scale's factorial structure by demonstrating how the face content matched each subscale among a sample of 144 college students (Lester, 2004; Neimeyer et al., 2003).

Responses to death are socially and culturally informed (Parkes et al., 2015). However, the fear of death can be regarded as universal (Menzies et al., 2018).That said, R-FOD has been validated and shown to be reliable across diverse cultures and many countries, including Nigeria, Serbia, and Mexico (Kolawole & Olusegun, 2008; Mondragón Sánchez et al., 2020; Petrović et al., 2020).

Resilience Scale (RS-14)

Resilience in this study is measured by the RS-14, a 14-item measure that has been well-studied and validated across many contexts (Wagnild, 2016; Wagnild & Young, 1993). The

questionnaire asks participants to respond to statements of resilience on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). Totals range from 14 to 98, yielding resilience in categories of Very Low (14-56), Low (57-64), On the Low End (65-73), Moderate (74-81), Moderately High (82-90), and High (91-98) (Wagnild, 2016). Each statement on the RS-14 corresponds to one of five core components of resilience: Self-Reliance, Purpose, Equanimity, Perseverance, and Authenticity. However, these categories are not formal subscales on the RS-14.

The RS-14 yields strong construct validity, internal consistency and test-retest reliability across diverse populations (Wagnild, 2009). Studied across the world in samples of nursing students in Italy, Polish young adults, Japanese college students, Chinese college students and more, the RS-14 demonstrated a Cronbach's α ranging from 0.87 to 0.97 (Callegari et al., 2016; Chen et al., 2020; Nishi et al., 2010; Surzykiewicz et al., 2019; Wagnild, 2016).

Acceptance and Action Questionnaire-II (AAQ-II)

The AAQ-II measures psychological inflexibility (also understood as emotional avoidance and non-acceptance) via a 7-item scale (Bond et al., 2011). Lower scores on the AAQ-II indicate greater psychological flexibility; higher scores indicate greater psychological inflexibility. The scale may also be used as a measure of psychological distress indicative of general psychological wellbeing (Allen, 2021).

There has been some pushback on the scale, with researchers noting that the AAQ-II may measure distress, negative affect, and neuroticism, more than psychological flexibility, acceptance, and non-avoidance (Rochefort et al., 2018; Tyndall et al., 2019; Wolgast, 2014). Additionally, the items may not be culturally universal (Borgogna et al., 2020).

However, recent studies have also shown that the AAQ-II is favorable for use across diverse populations ranging from the Michoacán population in Mexico to ethnically diverse individuals in Hawaii (Sánchez & Blázquez, 2021; Spencer et al., 2020). A study of Malay cancer patients found that the AAQ-II yielded a Cronbach's α of 0.91 (Shari et al., 2019). One way of reconciling diverging views of the AAQ-II is to note that it generally measures psychological distress (Allen, 2021). As such, this study will use the AAQ-II as a measure of psychological inflexibility and general psychological distress.

Daily Spiritual Experiences Scale (DSES)

The DSES measures spiritual wellbeing via 16 statements meant to assess daily spiritual experiences (Underwood, 2011; Underwood & Teresi, 2002). Sample items include "I feel God's love for me, directly" and "I feel deep inner peace or harmony." Participants respond to each statement on a Likert scale from Never (1) to Many Times a Day (6). The directions of the assessment note that while the word "God" is used in the statements, participants can substitute another word "that calls to mind the divine or holy for you" (Underwood, 2006).

The DSES has demonstrated strong validity and reliability across diverse populations, including black South African students, African Americans, Koreans, and elderly Slovakians (Kim et al., 2021; Loustalot et al., 2011; Shube, 2020; Soósová & Mauer, 2021). The DSES is also applicable across religions; a study of Malaysian students noted that the measure was applicable across individuals with religious backgrounds in Islam, Buddhism, Taoism, Hinduism, and Christianity (Yee, 2021).

Of note, the DSES demonstrates stronger consistency internationally than alternatives. For example, a study of the DSES compared to the Duke University Religion Index (DUREL) noted that when both were translated into Korean, Cronbach's α for the DSES was 0.96

compared to 0.67 for the DUREL (Kim et al., 2021). At present, the DSES has been translated into over 40 languages. These findings suggest that the DSES is an optimal choice for a multicultural study.

Meaning in Life Questionnaire (MLQ)

The MLQ is a 10-item questionnaire that measures participants' experience of their meaning of life across two subscales: search for meaning of life (MLQ-S), and presence of meaning of life (MLQ-P) (Steger, 2012; Steger et al., 2006). A sample item for MLQ-P is "I understand my life's meaning," and a sample item for MLQ-S is "I am always looking to find my life's purpose." Participants respond to each statement on a Likert scale from 1 (Absolutely Untrue) to 7 (Absolutely True). Compared to other measures of meaning in life, the MLQ has no item overlap with distress measures, a stable factor structure, better discriminant validity, a briefer format, and the ability to measure the search for meaning (Steger et al., 2006).

The MLQ-P is associated with mental health, life satisfaction, and spiritual wellbeing, whereas the MLQ-S is associated with depression (Temane et al., 2014). Overall, the MLQ is reliable in research and therapeutic settings, which is important for the present research that is studying a psychotherapeutic practice (Steger & Shin, 2010). Internationally, the MLQ has been found to be a reliable measure in Chile and South Africa, among other locations (Steger & Samman, 2012; Temane et al., 2014).

Procedure

Permissions and Recruitment

This study began after acquiring approval from the Institutional Review Board (IRB) from The Wright Institute. The Executive Director of the Michael Newton Institute, Diana Paque, supported participant recruitment by contacting all certified LBL Hypnotherapists on the

Michael Newton Institute listserv to inform them of the study and provided a survey link to share with potential participants. Facilitators were instructed to share the survey link with potential participants during the intake phase, prior to the first session.

Participants who consented to take the pre-survey answered demographic information and completed the seven measures outlined in the study (PHQ-9, GAD-7, R-FOD, RS-14, AAQ-II, DSES, MLQ). Participants also indicated the name of their LBL facilitator and the expected date of their first session. Following that expected date, the researcher reached out to the facilitator to determine whether the session happened, and if the LBL process was complete. If complete, the researcher sent the post-survey with the same seven measures to the participant one month after LBL Hypnotherapy completion. If the LBL facilitator indicated that the participant did not complete the LBL process on the date indicated, the researcher asked the facilitator about scheduled follow-up sessions and repeated the process outlined above until the facilitator indicated the date the LBL process for a participant was complete. Then, the researcher sent the participant the link to the post-survey one month after that date. Further information on recruitment and consent is provided in the Appendices.

Sample

Eligible participants were individuals who reached out to a LBL Hypnotherapist certified through the Michael Newton Institute, who underwent LBL Hypnotherapy, and who agreed to complete the pre and post measures. Participants could be from any country. Participants were required to be English-speaking, but the therapy itself did not need to be in English. The LBL Hypnotherapy could be completed in-person or online, via Zoom or Doxy, for example. Only adults 18 years of age or older were eligible for this study.

Sample size was determined using tests of power. G*Power sample size calculation software revealed that, assuming a 95% confidence interval and effect size of .80 standard deviations, statistically significant results would be realized on 80% of opportunities (power =0.80) with as few as 26 participants in the pre-post design (version 3.19, Faul et al., 2007). Therefore, to ensure adequate power, this study aimed for a minimum of 30 participants (N = 30).

Research Questions and Hypotheses

Primary

The first question of this study is, "Does LBL Hypnotherapy improve wellbeing?" The primary hypothesis of the study is that it does. Given that there are seven measures of wellbeing included in the study (PHQ-9, GAD-7, R-FOD, RS-14, AAQ-II, DSES, MLQ), and that the MLQ has two subscales (MLQ-P and MLQ-S) contributing to the construct of well-being, there are eight sub-hypotheses related to each of these measures that will be used to answer the primary research question. Of note, though DSES and MLQ-P were used to measure the constructs of spiritual wellbeing and life purpose respectively, these measures are also reflective of psychological wellbeing, which is why they were included in the primary hypotheses.

Please see Table 2 for a review of the primary hypotheses.

PH1a: PHQ-9 scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients. PH1o: PHQ-9 scores will not significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients.

PH2a: GAD-7 scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients. PH2o: GAD-7 scores will not significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients.

PH3a: R-FOD scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients. PH3o: R-FOD scores will not significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients.

PH4a: RS-14 scores will significantly increase from baseline to one-month post treatment for LBL hypnotherapy clients. PH4o: RS-14 scores will not significantly increase from baseline to one-month post treatment for LBL hypnotherapy clients.

PH5a: AAQ-II scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients. PH5o: AAQ-II scores will not significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients.

PH6a: DSES scores will significantly increase from baseline to one-month post treatment for LBL hypnotherapy clients. PH6o: DSES scores will not significantly increase from baseline to one-month post treatment for LBL hypnotherapy clients.

PH7a: MLQ-P scores will significantly increase from baseline to one-month post treatment for LBL hypnotherapy clients. PH7o: MLQ-P scores will not significantly increase from baseline to one-month post treatment for LBL hypnotherapy clients.

PH8a: MLQ-S scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients. PH8o: MLQ-S scores will not significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients.

Table 2

Primary Hypotheses

Research Question	Hypothesis	Independent Variable	Dependent Variable	Statistic	Hypothesized Change
Primary	PH1	Pre-post LBL	PHQ-9	t-test	Decrease
Primary	PH2	Pre-post LBL	GAD-7	t-test	Decrease

Research Question	Hypothesis	Independent Variable	Dependent Variable	Statistic	Hypothesized Change
Primary	PH3	Pre-post LBL	R-FOD	t-test	Decrease
Primary	PH4	Pre-post LBL	RS-14	t-test	Increase
Primary	PH5	Pre-post LBL	AAQ-II	t-test	Decrease
Primary	PH6	Pre-post LBL	DSES	t-test	Increase
Primary	PH7	Pre-post LBL	MLQ-P	t-test	Increase
Primary	PH8	Pre-post LBL	MLQ-S	t-test	Decrease

Secondary

The secondary question of this study is, "What correlations are common among the pre-post changes from LBL Hypnotherapy?" The secondary hypotheses are that increased meaning in life (MLQ-P) and spiritual experience (DSES) will correlate with increased psychological wellbeing (PHQ-9, GAD-7, R-FOD, RS-14, AAQ-II). As such, there are ten sub-hypotheses related to the secondary study question. Please see Table 3 for a review of the secondary hypotheses.

Meaning in Life and Psychological Change.

S1a: **Δ**MLQ-P will significantly negatively correlate with **Δ**PHQ-9. S1o: **Δ**MLQ-P will not significantly negatively correlate with **Δ**PHQ-9.

S2a: **Δ**MLQ-P will significantly negatively correlate with **Δ**GAD-7. S2o: **Δ**MLQ-P will not significantly negatively correlate with **Δ**GAD-7.

S3a: **Δ**MLQ-P will significantly negatively correlate with **Δ**R-FOD. S3o: **Δ**MLQ-P will not significantly negatively correlate with **Δ**R-FOD.

S4a: **Δ**MLQ-P will significantly positively correlate with **Δ**RS-14. S4o: **Δ**MLQ-P will not significantly positively correlate with **Δ**RS-14.

S5a: ΔMLQ-P will significantly negatively correlate with ΔAAQ-II. S5o: ΔMLQ-P will not significantly negatively correlate with ΔAAQ-II.

Spiritual Experience and Psychological Change.

S6a: ΔDSES will significantly negatively correlate with ΔPHQ-9. S6o: ΔDSES will not significantly negatively correlate with ΔPHQ-9.

S7a: ΔDSES will significantly negatively correlate with ΔGAD-7. S7o: ΔDSES will not significantly negatively correlate with ΔGAD-7.

S8a: ΔDSES will significantly negatively correlate with ΔR-FOD. S8o: ΔDSES will not significantly negatively correlate with ΔR-FOD.

S9a: ΔDSES will significantly positively correlate with ΔRS-14. S9o: ΔDSES will not significantly positively correlate with ΔRS-14.

S10a: ΔDSES will significantly negatively correlate with ΔAAQ-II. S10o: ΔDSES will not significantly negatively correlate with ΔAAQ-II.

Table 3

Secondary Hypotheses

Research Question	Hypothesis	Pre-Post Changes	Statistic	Hypothesized Relationship
Secondary: MLQ-P	S1	MLQ-P and PHQ-9	Correlation	Negative
Secondary: MLQ-P	S2	MLQ-P and GAD-7	Correlation	Negative
Secondary: MLQ-P	S3	MLQ-P and R-FOD	Correlation	Negative
Secondary: MLQ-P	S4	MLQ-P and RS-14	Correlation	Positive
Secondary: MLQ-P	S5	MLQ-P and AAQ-II	Correlation	Negative
Secondary: DSES	S6	DSES and PHQ-9	Correlation	Negative
Secondary: DSES	S7	DSES and GAD-7	Correlation	Negative
Secondary: DSES	S8	DSES and R-FOD	Correlation	Negative

Research Question	Hypothesis	Pre-Post Changes	Statistic	Hypothesized Relationship
Secondary: DSES	S9	DSES and RS-14	Correlation	Positive
Secondary: DSES	S10	DSES and AAQ-II	Correlation	Negative

Exploratory

Given that this study is the first known of its kind to examine LBL Hypnotherapy, exploratory hypotheses will be included. The exploratory hypotheses are that baseline, post-treatment, and pre-post change values will correlate with each other.

EH1a: Baseline values for study variables will significantly correlate with each other. EH1o: Baseline values for study variables will not significantly correlate with each other.

EH2a: Post-treatment values for study variables will significantly correlate with each other. EH2o: Post-treatment values for study variables will not significantly correlate with each other.

EH3a: Pre-post treatment value changes in study variables will significantly correlate with each other. EH3o: Pre-post treatment value changes in study variables will not significantly correlate with each other.

Data Analysis Plan

The primary hypotheses were tested using paired t-tests. The secondary hypotheses and the exploratory hypotheses were tested using correlation statistics. Differences and relationships were considered to be statistically significant at the $p < .05$ threshold. All analyses were conducted using SPSS statistical software (IBM Corp., 2015). Please see Table 4 for a review.

Table 4

Data Analysis Plan

Hypothesis	IV	DV	Stat
Primary			
H1	Pre-post LBL	PHQ-9	Paired t-test
H2	Pre-post LBL	GAD-7	Paired t-test
H3	Pre-post LBL	R-FOD	Paired t-test
H4	Pre-post LBL	RS-14	Paired t-test
H5	Pre-post LBL	AAQ-II	Paired t-test
H6	Pre-post LBL	DSES	Paired t-test
H7	Pre-post LBL	MLQ-P	Paired t-test
H8	Pre-post LBL	MLQ-S	Paired t-test
Secondary			
S1	**Δ**MLQ-P	**Δ**PHQ-9	Correlation
S2	**Δ**MLQ-P	**Δ**GAD-7	Correlation
S3	**Δ**MLQ-P	**Δ**R-FOD	Correlation
S4	**Δ**MLQ-P	**Δ**RS-14	Correlation
S5	**Δ**MLQ-P	**Δ**AAQ-II	Correlation
S6	**Δ**DSES	**Δ**PHQ-9	Correlation
S7	**Δ**DSES	**Δ**GAD-7	Correlation
S8	**Δ**DSES	**Δ**R-FOD	Correlation
S9	**Δ**DSES	**Δ**RS-14	Correlation
S10	**Δ**DSES	**Δ**AAQ-II	Correlation
Exploratory			
EH1	Baseline, all variables	Baseline, all variables	Correlation
EH2	Post-treatment, all variables	Post-treatment, all variables	Correlation
EH3	Pre-post change, all variables	Pre-post change, all variables	Correlation

Compliance with Ethical Guidelines

This study complied with the ethical guidelines of The Wright Institute and the American Psychological Association Ethical Principles and Code of Conduct including IRB approval,

informed consent, and fostering participant rights to anonymity, privacy, and confidentiality (American Psychological Association, 2017). Participants were informed that participation is voluntary and they can withdraw from the study at any time without penalty. Participant email addresses were used to align pre and post treatment surveys, but this identifying information was deleted and replaced with alphanumeric codes (1a, 1b, 2a, 2b…) prior to data analysis to secure participant anonymity. Participant rights to privacy and confidentiality were fostered in that identifying data was not and will not be shared with anyone outside of the researcher, meaning that the committee and supporting statistician are also blind to participant identities. Study data was kept on a password-protected laptop computer. Study data will be destroyed five years after the completion of the study. This research was supervised by Matthew McKay, Ph.D, who has extensive experience overseeing dissertation research.

Chapter 4: Results

The primary purpose of this study was to use a pre-post quantitative study design to determine whether Life Between Lives (LBL) Hypnotherapy might improve wellbeing as measured by increased spiritual wellbeing, presence of meaning in life, and resilience, and decreased depression, anxiety, psychological inflexibility, fear of death, and the search for meaning in life. The secondary purpose was to determine whether spirituality and meaning in life were primary correlates with other factors of wellbeing. Lastly, given that this is the first known study on LBL Hypnotherapy, data from this study was used for exploratory purposes.

This chapter begins with an outline of data collection and characteristics of the sample. Next, the results from hypothesis testing are detailed. This chapter ends with a summary of findings.

Data Collection

Ten Certified LBL Hypnotherapists repeatedly sent out the survey link to their clients who engaged with this study. 73 participants complete the pre-LBL survey. Of these 73, 18 participants were disqualified from taking the post-LBL survey, due to reasons including not attending their LBL Hypnotherapy appointment, completing a past-life regression (PLR) and deciding to not continue on with LBL, or not entering a hypnotic state sufficient to allow for a phenomenological experience of afterlife consciousness according to their LBL Hypnotherapist. 22 participants completed the pre-LBL survey but did not complete the post-LBL survey after an initial request and two reminder emails. One participant completed the post-LBL survey a few weeks after the final reminder email, and after the data had been analyzed, so their results were not included in analysis. One participant who completed pre-LBL and post-LBL measures was not included in the analysis because they indicated on the post-LBL survey that they were only

partially hypnotized, and as such did not have a phenomenological experience of afterlife consciousness. Three other participants stated “No” in response to the post-LBL survey question, “Through LBL Hypnotherapy™, were you able to have some awareness or contact with life between lives?” However, their data was still included in this study because their facilitators indicated they had experienced LBL Hypnotherapy, and clarification responses from these participants suggested that though they were able to have an experience of afterlife consciousness, it may not have been what they were expecting. In total, 31 participants qualified for this study.

Of note, about half (15 of 31, 48%) of these participants underwent LBL Hypnotherapy with one facilitator based in Poland during the development of the 2021 Russo-Ukrainian War; the rest of the participants underwent LBL Hypnotherapy across a roughly even spread of the remaining facilitators.

Sample Characteristics

Of 31 study participants, the majority were female (21 of 31, 68%). Participants averaged 46 years of age (SD = 12, range: 28-76). Table 5 shows that roughly half (48%) of participants held a graduate degree, followed by AA degree or some college (29%), bachelorette degree (16%), and high school or less (6%). The majority resided in the USA (14 of 31, 45%) or Poland (13 of 31, 42%). Of the remaining, 2 (6%) resided in Lithuania, 1 resided in the Netherlands (3%), and 1 resided in England (3%). All study participants indicated that they were of European decent (e.g., Polish, Lithuanian, Slavic, European, White), save 1 who indicated they were South African but did not specify their race.

More than a third of the sample indicated having had an experience directly involving the afterlife prior to completing LBL Hypnotherapy (12 of 31, 39%). About one-fifth of the sample

had experienced past life regression (PLR) before engaging in LBL Hypnotherapy, of which a component is also PLR (6 of 31, 19%). Another one-fifth of the sample endorsed experiencing enhanced spiritual awareness via psychedelics before engaging in LBL Hypnotherapy (6 of 31, 19%). A small portion of the sample indicated that they were seeking LBL Hypnotherapy primarily because of grief or loss (3 of 31, 10%). One participant endorsed having a near-death experience prior to LBL Hypnotherapy.

Table 5

Education Level

Education	Frequency	Percent
High School or Less	2	6
AA degree of Some College	9	29
Bachelorette Degree	5	16
Graduate Degree	15	48
Total	31	100

Primary Hypotheses

The primary hypotheses addressed the question, "Does LBL Hypnotherapy improve wellbeing?" These hypotheses were assessed using paired t-tests, contrasting pre-LBL and post-LBL scores, at the $p < .05$ threshold for statistical significance.

Primary H1: PHQ-9

Depression was measured using the Patient Health Questionnaire-9 (PHQ-9). Primary Hypothesis 1 stated, "PHQ-9 scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients."

Primary Hypothesis 1 was supported. PHQ-9 scores significantly decreased from baseline ($M = 6.7$, $SD = 5.3$) to post LBL ($M = 3.9$, $SD = 3.9$), $p < .001$. Table 6 shows that this decrease of 2.7 points ($SD = 4.6$) was a medium-size effect (Cohen's $d = 0.52$).

Table 6

PHQ-9 and GAD-7: Pre-LBL, Post-LBL, and Pre-Post LBL Change

Timeframe	Stat	PHQ-9	GAD-7
Pre LBL	Mean	6.7	4.9
	SD	5.3	4.3
	Min	0	0
	Max	19	16
Post LBL	Mean	3.9	3.0
	SD	3.9	3.3
	Min	0	0
	Max	17	11
Pre-Post Change	Mean	-2.7†	-1.9†
	SD	4.6	4.1
	Min	-17	-15
	Max	5	4
	Cohen's d	0.52	0.43

† $p < .001$

Primary H2: GAD-7

Anxiety was measured using the Generalized Anxiety Disorder-7 (GAD-7). Primary Hypothesis 2 stated, "GAD-7 scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients."

Primary Hypothesis 2 was supported. GAD-7 scores significantly decreased from baseline ($M = 4.9$, $SD = 4.3$) to post LBL ($M = 3.0$, $SD = 3.3$), $p < .001$. Table 6 shows that this decrease of 1.9 points ($SD = 4.1$) was a medium-size effect (Cohen's $d = 0.43$).

Primary H3: R-FOD

Fear of death overall was measured using the Revised Collett-Lester Fear of Death Scale (R-FOD Total), which includes four subscales measuring fear of one's own death (RFOD 1), fear of one's own dying (R-FOD 2), fear of others' death (R-FOD 3), and fear of others' dying (R-

FOD 4). Primary Hypothesis 3 stated, "R-FOD scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients."

Primary Hypothesis 3 was supported. R-FOD 1 (Fear of Your Own Death) scores significantly decreased from baseline (M = 14.4, SD = 6.3) to post LBL (M = 10.1, SD = 3.7), $p < .001$. Table 7 shows that this decrease of 4.4 points (SD = 5.9) was a medium-to-large size effect (Cohen's d = 0.70).

R-FOD 2 (Fear of Your Own Dying) scores significantly decreased from baseline (M = 19.7, SD = 6.9) to post LBL (M = 14.8, SD = 6.4), $p < .001$. Table 7 shows that this decrease of 4.9 points (SD = 7.8) was a medium-to-large size effect (Cohen's d = 0.71).

R-FOD 3 (Fear of Death of Others) scores significantly decreased from baseline (M = 19.2, SD = 6.3) to post LBL (M = 15.6, SD = 6.4), $p < .001$. Table 7 shows that this decrease of 3.5 points (SD = 4.4) was a medium-size effect (Cohen's d = 0.56).

R-FOD 4 (Fear of Dying of Others) scores significantly decreased from baseline (M = 18.8, SD = 6.2) to post LBL (M = 15.5, SD = 5.9), $p < .001$. Table 7 shows that this decrease of 3.3 points (SD = 4.5) was a medium-size effect (Cohen's d = 0.53).

Table 7

R-FOD: Pre-LBL, Post-LBL, and Pre-Post LBL Change

Timeframe	Stat	R-FOD1	R-FOD2	R-FOD3	R-FOD4	R-FOD Total
Pre LBL	Mean	14.4	19.7	19.2	18.8	18.0
	SD	6.3	6.9	6.3	6.2	5.5
	Min	7	7	8	7	9.25
	Max	32	34	32	30	32.00
Post LBL	Mean	10.1	14.8	15.6	15.5	14.0
	SD	3.7	6.4	6.4	5.9	4.8
	Min	7	7	7	7	7.00
	Max	22	30	30	27	23.50

Pre-Post Change	Mean	-4.4†	-4.9†	-3.5†	-3.3†	-4.0‡
	SD	5.9	7.8	4.4	4.5	4.3
	Min	-19	-16	-12	-12	-12.75
	Max	5	16	4	8	8.00
	Cohen's d	0.70	0.71	0.56	0.53	0.73

† $p < .001$; ‡ $p < .0001$

R-FOD Total scores significantly decreased from baseline (M = 18.0, SD = 5.5) to post LBL (M = 14.0, SD = 4.8), $p < .0001$. Table 7 shows that this decrease of 4.0 points (SD = 4.3) was a medium-to-large size effect (Cohen's d = 0.73).

Primary H4: RS-14

Resilience was measured by the Resilience Scale (RS-14). Primary Hypothesis 4 stated, "RS-14 scores will significantly increase from baseline to one-month post treatment for LBL hypnotherapy clients."

Primary Hypothesis 4 was supported. RS-14 scores significantly increased from baseline (M = 77.3, SD = 14.2) to post LBL (M = 84.4, SD = 10.0), $p < .01$. Table 8 shows that this increase of 7.1 points (SD = 11.6) was a medium size effect (Cohen's d = 0.50).

Table 8

RS-14, AAQ-II, DSES Full, and DSES16: Pre-LBL, Post-LBL, and Pre-Post LBL Change

Timeframe	Stat	RS-14	AAQ-II	DSES Full	DSES 16
Pre LBL	Mean	77.3	21.0	57.0	1.3
	SD	14.2	9.3	14.2	0.8
	Min	44	8	35.0	0
	Max	97	43	88	3
Post LBL	Mean	84.4	16.2	64.6	1.6
	SD	10.0	9.6	14.3	0.8
	Min	56	7	30	0
	Max	98	45	86	3
	Mean	7.1**	-4.8**	7.6*	0.3**

	SD	11.6	9.6	15.5	0.5
Pre-Post Change	Min	-8	-19	-21	0
	Max	45	25	41	2
	Cohen's d	0.50	0.52	0.53	0.39

* p < .05; ** p < .01

Primary H5: AAQ-II

Psychological flexibility was measured by the Acceptance and Action Questionnaire-II (AAQ-II). Lower scores indicate greater psychological flexibility. Primary Hypothesis 5 stated, "AAQ-II scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients."

Hypothesis 5 was supported. AAQ-II scores significantly decreased from baseline (M = 21.0, SD = 9.3) to post LBL (M = 16.2, SD = 9.6), p < .01. Table 8 shows that this decrease of 4.8 points (SD = 9.6) was a medium size effect (Cohen's d = 0.52).

Primary H6: DSES

Spirituality was measured by the Daily Spiritual Experiences Scale (DSES), which is comprised of 15 questions that yield an overall score of spirituality (DSES Full), and a single item that is scored separately which asks, "In general, how close do you feel to God?" (DSES 16).

Primary Hypothesis 6 stated, "DSES scores will significantly increase from baseline to one-month post treatment for LBL hypnotherapy clients."

Primary Hypothesis 6 was supported. DSES Full scores significantly increased from baseline (M = 57.0, SD = 14.2) to post LBL (M = 64.6, SD = 14.3), p < .02. Table 8 shows that this increase of 7.6 points (SD = 15.5) was a medium size effect (Cohen's d = 0.53).

DSES-16 scores significantly increased from baseline (M = 1.3, SD = 0.8) to post LBL (M = 1.6, SD = 0.8), $p < .01$. Table 8 shows that this increase of 0.3 points (SD = 0.5) was a small-to-medium size effect (Cohen's d = 0.39).

Primary H7: MLQ-P

The presence of meaning in one's life was measured by the Meaning in Life Questionnaire-Presence (MLQ-P), a subscale of the overall Meaning in Life Questionnaire (MLQ). Primary Hypothesis 7 stated, "MLQ-P scores will significantly increase from baseline to one-month post treatment for LBL hypnotherapy clients."

Primary Hypothesis 7 was supported. MLQ-P scores significantly increased from baseline (M = 22.1, SD = 7.5) to post LBL (M = 27.6, SD = 5.5), $p < .0001$. Table 9 shows that this increase of 5.5 points (SD = 6.5) was a medium-to-large size effect (Cohen's d = 0.73).

Table 9

MLQ-P and MLQ-S: Pre-LBL, Post-LBL, and Pre-Post LBL Change

Timeframe	Stat	MLQ-P	MLQ-S
Pre LBL	Mean	22.1	28.0
	SD	7.5	6.4
	Min	5	6
	Max	33	35
Post LBL	Mean	27.6	22.5
	SD	5.5	9.6
	Min	15	5
	Max	35	35
Pre-Post Change	Mean	5.5‡	-5.5†
	SD	6.5	7.8
	Min	-10	-26
	Max	18	6
	Cohen's d	0.73	0.86

† $p < .001$; ‡ $p < .0001$

Primary H8: MLQ-S

The search for meaning in one's life was measured by the Meaning in Life Questionnaire-Search (MLQ-S), a subscale of the overall Meaning in Life Questionnaire (MLQ). Primary Hypothesis 8 stated, "MLQ-S scores will significantly decrease from baseline to one-month post treatment for LBL hypnotherapy clients."

Primary Hypothesis 8 was supported. MLQ-S scores significantly decreased from baseline ($M = 28.0$, $SD = 6.4$) to post LBL ($M = 22.5$, $SD = 9.6$), $p < .001$. Table 9 shows that this decrease of 5.5 points ($SD = 7.8$) was a large size effect (Cohen's $d = 0.86$).

Secondary Hypotheses

The Secondary Hypotheses addressed the question, "What correlations are common among the pre-post changes from LBL Hypnotherapy?" These hypotheses were focused on pre-post changes in the presence of meaning in life and psychological wellbeing (ΔMLQ-P x PHQ-9, GAD-7, R-FOD, RS-14, AAQ-II) and on pre-post changes in spirituality and psychological wellbeing (ΔDSES Full x PHQ-9, GAD-7, R-FOD, RS-14, AAQ-II). Secondary Hypotheses were assessed using correlation statistics at the $p < .05$ threshold for statistical significance.

Secondary H1: ΔMLQ-P and ΔPHQ-9

Secondary Hypothesis 1 stated, "ΔMLQ-P will significantly negatively correlate with ΔPHQ-9."

Secondary Hypothesis 1 was supported. Table 10 shows that ΔMLQ-P was significantly negatively correlated with ΔPHQ-9 ($r = -.52$, $p < .01$). ΔMLQ-P accounted for 27% of the variance in ΔPHQ-9 ($r^2 = .27$).

Table 10

Correlations: ΔMLQ-P and ΔPHQ-9, ΔGAD-7, ΔR-FOD, ΔRS14, and ΔAAQ-II

Stat	PHQ-9	GAD-7	R-FOD1	R-FOD2	R-FOD3	R-FOD4	R-FODtot	RS14	AAQ
r	-.52	-.59	-.30	-.06	-.32	-.35	-.30	.43	-.34
r^2	.27	.35	.09	.004	.10	.12	.09	.18	.12
p	.01	.001	.11	.74	.08	.051	.10	.01	.06

Secondary H2: ΔMLQ-P and ΔGAD-7

Secondary Hypothesis 1 stated, "ΔMLQ-P will significantly negatively correlate with ΔGAD-7."

Secondary Hypothesis 2 was supported. Table 10 shows that ΔMLQ-P was significantly negatively correlated with ΔGAD-7 ($r = -.59$, $p < .001$). ΔMLQ-P accounted for 35% of the variance in ΔGAD-7 ($r^2 = .35$).

Secondary H3: ΔMLQ-P and ΔR-FOD

Secondary Hypothesis 3 stated, "ΔMLQ-P will significantly negatively correlate with ΔR-FOD."

Secondary Hypothesis 3 was not supported. Table 10 shows that ΔMLQ-P was not significantly correlated with ΔR-FOD, whether ΔR-FOD1 ($r = -.30$, $p = .11$). ΔR-FOD2 ($r = -.06$, $p = .74$), ΔR-FOD3 ($r = -.32$, $p = .08$), ΔR-FOD4 ($r = -.35$, $p = .051$), or ΔR-FOD Total ($r = -.30$, $p = .10$).

Secondary H4: ΔMLQ-P and ΔRS-14

Secondary Hypothesis 4 stated, "ΔMLQ-P will significantly positively correlate with ΔRS-14."

Secondary Hypothesis 4 was supported. Table 10 shows that ΔMLQ-P was significantly positively correlated with ΔRS-14 ($r = .43$, $p < .01$). ΔMLQ-P accounted for 18% of the variance in ΔRS-14 ($r^2 = .18$).

Secondary H5: ΔMLQ-P and ΔAAQ-II

Secondary Hypothesis 5 stated, "ΔMLQ-P will significantly negatively correlate with ΔAAQ-II."

Secondary Hypothesis 5 was not supported. Table 10 shows that ΔMLQ-P was not significantly negatively correlated with ΔAAQ-II, but the relationship was a statistical trend (r = -.34, p = .06). ΔMLQ-P accounted for 12% of the variance in ΔAAQ-II (r^2 = .12).

Secondary H6: ΔDSES and ΔPHQ-9

Secondary Hypothesis 6 stated, "ΔDSES will significantly negatively correlate with ΔPHQ-9."

Secondary Hypothesis 6 was not supported. Table 11 shows that ΔDSES was not significantly negatively correlated with ΔPHQ-9 (r = -.28, p = .12). ΔDSES accounted for 8% of the variance in ΔPHQ-9 (r^2 = .08).

Table 11

Correlations: ΔDSES and ΔPHQ-9, ΔGAD-7, ΔR-FOD, ΔRS14, and ΔAAQ-II

Stat	PHQ-9	GAD-7	R-FOD1	R-FOD2	R-FOD3	R-FOD4	R-FODtot	RS14	AAQ
r	-.28	-.15	-.13	-.28	-.25	-.45	-.35	.44	<.01
r^2	.08	.02	.02	.08	.06	.21	.12	.20	<.01
p	.12	.43	.50	.13	.17	.01	.052	.01	.99

Secondary H7: ΔDSES and ΔGAD-7

Secondary Hypothesis 7 stated, "ΔDSES will significantly negatively correlate with ΔGAD-7."

Secondary Hypothesis 7 was not supported. Table 11 shows that ΔDSES was not significantly negatively correlated with ΔGAD-7 (r = -.15, p = .43). ΔDSES accounted for 2% of the variance in ΔGAD-7 (r^2 = .02).

Secondary H8: ΔDSES and ΔR-FOD

Secondary Hypothesis 8 stated, "ΔDSES will significantly negatively correlate with ΔR-FOD."

Secondary Hypothesis 3 was partially supported. Table 11 shows that ΔDSES was not significantly correlated with ΔR-FOD1 ($r = -.13$, $p = .50$). ΔR-FOD2 ($r = -.28$, $p = .13$), or ΔR-FOD3 ($r = -.25$, $p = .17$). However, ΔDSES was significantly negatively correlated with ΔR-FOD4 ($r = -.45$, $p < .01$), and trended towards statistical significance for ΔR-FOD Total ($r = -.35$, $p = .052$).

Secondary H9: ΔDSES and ΔRS-14

Secondary Hypothesis 9 stated, "ΔDSES will significantly positively correlate with ΔRS-14."

Secondary Hypothesis 4 was supported. Table 11 shows that ΔDSES was significantly positively correlated with ΔRS-14 ($r = .44$, $p < .01$). ΔDSES accounted for 20% of the variance in ΔRS-14 ($r^2 = .20$).

Secondary H10: ΔDSES and ΔAAQ-II

Secondary Hypothesis 10 stated, "ΔDSES will significantly negatively correlate with ΔAAQ-II."

Secondary Hypothesis 10 was not supported. Table 11 shows that ΔMLQ-P was not significantly negatively correlated with ΔAAQ-II ($r = <.01$, $p = .99$).

Exploratory Hypotheses

The Exploratory Hypotheses addressed the question, "Do study variables correlate with each other at pre-LBL, post-LBL, or in pre-post LBL changes?" Exploratory Hypotheses were assessed using correlation statistics at the $p < .05$ threshold for statistical significance.

Exploratory H1: Baseline Values

Exploratory Hypothesis 1 stated, "Baseline values for study variables will significantly correlate with each other."

Table 12 shows that, at baseline, 22 of 28 (79%) correlations between variables were statistically significant ($p < .05$ or less). Statistically significant correlations were equally divided between positive correlations (11 of 22, 50%) and negative correlations (11 of 22, 50%).

Table 12

Correlations Between Study Variables at Baseline

Variable	Stat	R-FOD	AAQ-II	MLQ-P	MLQ-S	DSES	RS-14	PHQ-9
AAQ-II	r	**.58**						
	p	**<.001**						
MLQ-P	r	**-.67**	**-.39**					
	p	**<.001**	**.03**					
MLQ-S	r	.35	**.57**	-.35				
	p	.06	**.001**	.05				
DSES	r	**-.54**	-.21	**.63**	-.01			
	p	**.002**	.27	**<.001**	.96			
RS-14	r	**-.41**	**-.42**	**.65**	-.12	**.56**		
	p	**.02**	**.02**	**<.001**	.52	**.001**		
PHQ-9	r	**.54**	**.55**	**-.52**	.26	**-.54**	**-.39**	
	p	**.002**	**.001**	**.003**	.16	**.002**	**.03**	
GAD-7	r	**.60**	**.55**	**-.60**	**.37**	**-.42**	**-.43**	**.82**
	P	**<.001**	**.001**	**<.001**	**.04**	**.02**	**.02**	**<.001**

Exploratory H2: Post-Treatment Values

Exploratory Hypothesis 2 stated, "post-LBL values for study variables will significantly correlate with each other."

Table 13 shows that, post-treatment, 15 of 28 (54%) correlations between variables were statistically significant ($p < .05$ or less). Statistically significant correlations were well divided between positive correlations (7 of 15, 47%) and negative correlations (8 of 15, 53%). Post-treatment, R-FOD was significantly correlated with all other study variables. RS-14 was significantly negatively correlated with AAQ-II, MLQ-S, and PHQ-9. GAD-7 was significantly positively correlated with AAQ-II and PHQ-9, which was significantly negatively correlated with MLQ-P.

Table 13

Correlations Between Study Variables Post Treatment

Variable	Stat	R-FOD	AAQ-II	MLQ-P	MLQ-S	DSES	RS-14	PHQ-9
AAQ-II	r	**.36**						
	p	**.049**						
MLQ-P	r	**-.43**	-.01					
	p	**.02**	.95					
MLQ-S	r	**.63**	.20	-.31				
	p	**<.001**	.27	.09				
DSES	r	**-.53**	-.06	**.59**	-.19			
	p	**.002**	.75	**<.001**	.30			
RS-14	r	**-.46**	**-.51**	.24	**-.41**	.34		
	p	**.01**	**.003**	.18	**.02**	.06		
PHQ-9	r	**.46**	**.39**	**-.39**	.22	-.26	**-.59**	
	p	**.01**	**.03**	**.03**	.23	.15	**.001**	
GAD-7	r	**.41**	**.36**	-.35	.21	-.07	-.33	**.62**
	p	**.02**	**.049**	.06	.26	.70	.07	**<.001**

Exploratory H3: Pre-Post Change Values

Exploratory Hypothesis 2 stated, “Pre-post-LBL change values for study variables will significantly correlate with each other.”

Table 14 shows that, in pre-post treatment change, 7 of 28 (25%) correlations between variables were statistically significant ($p < .05$ or less). In pre-post change, MLQ-P was significantly, negatively correlated with PHQ-9 and GAD-7, and significantly, positively correlated with DSES. AAQ-II was significantly, positively correlate with PHQ-9 and GAD-7, while GAD-7 was also significantly, positively correlated with PHQ-9 in pre-post change.

Table 14

Correlations Between Study Variables in Pre-Post Treatment Changes

Variable	Stat	R-FOD	AAQ-II	MLQ-P	MLQ-S	DSES	RS-14	PHQ-9
AAQ-II	r	.16						
	p	.40						
MLQ-P	r	-.30	-.34					
	p	.10	.06					
MLQ-S	r	.10	-.002	.14				
	p	.57	.99	.45				
DSES	r	-.35	.00	**.43**	.09			
	p	.052	.99	**.02**	.62			
RS-14	r	.02	-.05	.11	.13	**.44**		
	p	.92	.79	.57	.48	**.01**		
PHQ-9	r	.19	**.43**	**-.52**	-.07	-.28	-.06	
	p	.30	**.02**	**.003**	.72	.12	.74	
GAD-7	r	.07	**.43**	**-.59**	-.20	-.15	.03	**.69**
	p	.72	**.02**	**<.001**	.29	.43	.89	**<.001**

Summary of Findings

Table 15 shows that all primary hypotheses were supported, with statistically significant changes in Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), Revised Collett-Lester Fear of Death Scale (R-FOD), Resilience Scale (RS-14), Acceptance and

Action Questionnaire-II (AAQ-II), the Daily Spiritual Experiences Scale (DSES), Meaning in Life Questionnaire – Presence (MLQ-P), and Meaning in Life Questionnaire – Search (MLQ-S).

Table 15

Results from Primary Hypotheses

Research Question	Hypothesis	Independent Variable	Dependent Variable	Hypothesized Change	Hypothesis Supported?
Primary	PH1	Pre-post	PHQ-9	Decrease	Yes
Primary	PH2	Pre-post	GAD-7	Decrease	Yes
Primary	PH3	Pre-post	R-FOD	Decrease	Yes
Primary	PH4	Pre-post	RS-14	Increase	Yes
Primary	PH5	Pre-post	AAQ-II	Decrease	Yes
Primary	PH6	Pre-post	DSES	Increase	Yes
Primary	PH7	Pre-post	MLQ-P	Increase	Yes
Primary	PH8	Pre-post	MLQ-S	Decrease	Yes

Table 16 shows that results from the secondary hypotheses were mixed. ΔMLQ-P was significantly correlated in the direction of prediction with ΔPHQ-9, ΔGAD-7, and ΔRS-14, but not with ΔR-FOD or ΔAAQ-II. Further, ΔDSES was significantly correlated in the direction of prediction with ΔRS-14 and ΔR-FOD4, but not with ΔPHQ-9, Δ GAD-7, ΔAAQ-II, or ΔR-FOD1, ΔR-FOD2, or ΔR-FOD3. ΔDSES was on the cusp of significance for ΔR-FODtot ($p = 0.52$).

Table 16

Results from Secondary Hypotheses

Research Question	Hypothesis	Pre-Post Changes	Hypothesized Relationship	Hypothesis Supported?
Secondary: MLQ-P	S1	MLQ-P and PHQ-9	Negative	Yes
Secondary: MLQ-P	S2	MLQ-P and GAD-7	Negative	Yes
Secondary: MLQ-P	S3	MLQ-P and R-FOD	Negative	No
Secondary: MLQ-P	S4	MLQ-P and RS-14	Positive	Yes

Research Question	Hypothesis	Pre-Post Changes	Hypothesized Relationship	Hypothesis Supported?
Secondary: MLQ-P	S5	MLQ-P and AAQ-II	Negative	No
Secondary: DSES	S6	DSES and PHQ-9	Negative	No
Secondary: DSES	S7	DSES and GAD-7	Negative	No
Secondary: DSES	S8	DSES and R-FOD	Negative	Partially
Secondary: DSES	S9	DSES and RS-14	Positive	Yes
Secondary: DSES	S10	DSES and AAQ-II	Negative	No

Testing of the exploratory hypotheses revealed that of the 28 correlations among study variables, 79% were statistically significant at baseline, 50% were statistically significant post treatment, and 25% were statistically significant in pre-post treatment change.

These findings are discussed in the following chapter.

Chapter 5: Discussion

Primary Findings

The results from this study show that LBL Hypnotherapy significantly correlates with improved psychological wellbeing across all constructs selected for this research. On average, individuals who underwent LBL Hypnotherapy for this study experienced significantly reduced levels of depression, anxiety, fear of death, and search for meaning in life. They also experienced increased resilience, psychological flexibility, spirituality, and presence of meaning in life.

A standard p value of .05 was used to determine statistical significance in this study. That said, many hypotheses were supported at $p < .001$ and even $p < .0001$ with medium to large effect sizes. In particular, the overall fear of death reduced, and the understanding of the meaning in life increased following LBL Hypnotherapy at a significance level of $p < .0001$. Meanwhile, the search for meaning in life significantly reduced following LBL Hypnotherapy with a large effect size ($p < .001$, Cohen's $d = 0.86$), suggesting that the intervention could supply one with enough understanding of life's meaning that the need to search for it significantly lessens. Additional findings at the $p < .001$ level include a reduction in depression and anxiety following LBL Hypnotherapy.

One primary takeaway from these results is that the phenomenological experience of afterlife consciousness, rather than the belief in it alone, is a driver of positive psychological change. Individuals who choose to undergo LBL Hypnotherapy likely already believe in afterlife consciousness, otherwise there is little reason to pay money for a personal experience that one would discredit. That said, it seems there is something inherent to the lived experience of spiritual transcendence, rather than just a belief in it, that produces robust, positive psychological change.

Secondary Findings

While the primary conclusion of this study is that LBL Hypnotherapy correlates with improved wellbeing, the secondary and exploratory findings are meant to gather potential insight as to why. The secondary hypotheses for this study posited that an increase in spirituality and meaning in life, arguably the two constructs of wellbeing that seem most likely to be influenced by the experience of LBL Hypnotherapy, would correlate with the other measures of wellbeing. Support for these hypotheses could suggest that spirituality and meaning in life are the primary byproducts of LBL Hypnotherapy, and that an increase in spirituality and meaning in life could be driving improvement in other constructs of wellbeing. However, the results were mixed.

As hypothesized, an increase in meaning in life following LBL Hypnotherapy was significantly correlated with a decrease in depression ($r = -.52$, $p < .01$) and anxiety ($r = -.59$, $p < .001$), and an increase in resilience ($r = .43$, $p < .01$). However, an increase in the meaning in life was not significantly correlated with a decrease in overall fear of death ($r = -.30$, $p = .10$), or a decrease in psychological inflexibility ($r = -.34$, $p = .06$).

Also as hypothesized, an increase in spirituality following LBL Hypnotherapy was significantly correlated with an increase in resilience ($r = .44$, $p < .01$) and a reduced fear of others dying ($r = -.45$, $p < .01$). However, an increase in spirituality was not significantly correlated with a decrease in depression ($r = -.28$, $p = .12$), anxiety ($r = -.15$, $p = .43$), fear of one's own death ($r = -.13$, $p = .50$) fear of one's own dying ($r = -28$, $p = .13$), fear of others' death ($r = -.25$, $p = .17$), or a decrease in psychological inflexibility ($r = <.01$, $p = .99$). An increase in spirituality correlated with a reduction of overall fear of death at the cusp of significance ($r = -.35$, $p = .052$).

Together, these secondary findings suggest that while an increase in meaning in life and spirituality following LBL Hypnotherapy could explain some of the positive changes in wellbeing that people experience from the intervention, increased meaning in life and spirituality are likely not the definitive mechanisms of change. That said, if either of these two variables are potentially driving an increase in psychological wellbeing following LBL Hypnotherapy, it is more likely that an increase in meaning in life, rather than an increase in spirituality, is at cause.

Exploratory Findings

This study included exploratory hypotheses with the intent to discover potential mechanisms of change and correlations that could provide direction for future study of LBL Hypnotherapy. As such, the exploratory hypotheses were broad and stated that baseline variables would correlate with each other, post-treatment variables would correlate with each other, and pre-post variables would correlate with each other.

Testing of the exploratory hypotheses revealed that the highest number of statistically significant correlations among study variables occurred at baseline (79%). Statistical significance in correlations of variables decreased at post-treatment (50%), and furthermore pre-post treatment change variables were least correlated at the level of statistical significance (25%). One way of interpreting this trend is that as people begin LBL Hypnotherapy, their wellbeing is relatively uniform across constructs of wellbeing; for example, participants' resilience and anxiety scores at baseline were likely to be negatively correlated ($r = -.42$, $p < .05$). After LBL Hypnotherapy, participants on average reported improvement across all constructs of wellbeing, but the number of significant correlations and the strength of those correlations across the constructs mostly decreased. For example, while resilience and anxiety were still negatively correlated at post-treatment, the correlation was not significant ($r = -.33$, $p = .07$). Meanwhile,

some constructs that were correlated at baseline, for example psychological inflexibility and meaning in life ($r = -.39$, $p < .05$), were not correlated at all post-treatment ($r = -.01$, $p = .95$). The number of significant correlations and the strength of those correlations further decreased when evaluating correlations in pre-post changes. For example, the change in resilience following LBL Hypnotherapy and the change in anxiety following LBL Hypnotherapy were not significantly correlated ($r = .03$, $p = .89$).

Of note, the overall fear of death significantly correlated with all other measures of wellbeing at the post-treatment timepoint, and all but one measure on the cusp of significance at the pre-treatment timepoint. However, when looking at pre-post change in fear of death and the pre-post change in other measures of wellbeing, none of the correlations were statistically significant. These findings could suggest that the extent of one's fear of death may be an underlying driver of one's overall wellbeing at a given timepoint, but that a reduction in the fear of death is likely not the mechanism of change driving positive psychological wellbeing via LBL Hypnotherapy. What this means is that at present, no singular construct of wellbeing can be said to be driving the positive changes participants see after LBL Hypnotherapy. That said, perhaps it is the intervention of LBL Hypnotherapy itself, rather than a byproduct of the intervention, that is responsible for the positive changes in wellbeing.

Notes on the Sample

The sample for this study was generated from the population of individuals who self-seek LBL Hypnotherapy. As such, demographic characteristics of the sample at baseline could reflect general trends of the type of clients who organically engage with LBL Hypnotherapy or similar types of psychospiritual pursuit.

Almost half the sample held a graduate degree, and all but two of the 31 participants had attended some college. Additionally, it is likely the entire sample was Caucasian (one participant from South Africa did not disclose their race), and more than two-thirds of the sample identified as female. Additionally, participants were largely middle-aged. Together, these findings suggest that the people who seek LBL Hypnotherapy are often white, highly-educated middle-aged females.

However, one caveat for the generalization of this study's sample to the overall population of individuals seeking LBL Hypnotherapy is that the LBL Facilitators whose clients completed both the pre-LBL and post-LBL surveys were all from Europe or North America. It is likely that if this study had involved more facilitators from South American, African, or Asian countries, the sample would be more mixed at least racially, if not also educationally and with regards to gender and age.

Another caveat with regards to generalization of the sample is that 13 of the 31 participants indicated they were from Poland, and this study overlapped with the outbreak of the 2021 Russo-Ukrainian War. Given that such an event was not anticipated at the start of this study, no relevant questions were asked of participants, though one certified LBL Facilitator commented that many of her clients in Poland, though not directly involved in the war, were emotionally and logistically impacted by it between their pre-LBL and post-LBL survey timepoints. It is unclear how the war, and these participants' experiences of it, impacted the data.

Limitations

While experiencing LBL Hypnotherapy correlates with significantly improved psychological wellbeing, this study does not prove causation. A randomized controlled trial (RCT) would be the next step to determine causality.

That said, it is possible that what drives psychological change following LBL Hypnotherapy has more to do with how participants react to their takeaways from the experience, rather than from the experience itself. For example, it is possible that LBL Hypnotherapy encourages participants to make positive life changes following their experience. In this case, the positive changes in psychological wellbeing may have more to do with one's choices following LBL Hypnotherapy than the experience itself. Further study on LBL Hypnotherapy could incorporate a qualitative follow-up, in which participants are asked how they have responded to or changed because of the experience, if at all.

It is also likely that this study does not capture the full range of benefits from LBL Hypnotherapy. This study selected seven variables of wellbeing that seemed most likely to be impacted by LBL Hypnotherapy according to a literature review. However, LBL Hypnotherapy may also have benefits that the chosen psychological measures of wellbeing do not capture. For example, improved interpersonal connection, increased connection to nature, greater self-understanding, and beyond, may be potential beneficial outcomes of LBL Hypnotherapy that would not necessarily be reflected in the measures chosen for this study. Further research on the potential positive impact of LBL Hypnotherapy should expand beyond the variables selected for this study.

The timing of when participants take their post-LBL survey could also impact the outcome measures. It is possible that the full impact of LBL Hypnotherapy presents itself more than one month after the experience of afterlife consciousness, or that the benefits wane over time. A longitudinal study could address this potential factor.

Lastly, LBL Hypnotherapy is a process that includes many components. This study defines LBL Hypnotherapy as a phenomenological experience of afterlife consciousness via the

life between lives realm. However, to get to such phenomenological consciousness requires multiple steps. For example, before entering the realm of life between lives, participants must first be hypnotized and phenomenologically experience past life regression (PLR). Some facilitators familiarize participants with hypnosis, guide them through a PLR, and then complete a LBL Hypnotherapy session all in one day. Other facilitators have multiple LBL Hypnotherapy preparation sessions to help participants gain comfort with hypnosis and explore multiple past lives before completing a LBL Hypnotherapy session as defined by this study.

Such variability means that confounding variables could be at play in the study. For example, participants who complete their PLR and LBL Hypnotherapy in one combined session may demonstrate psychological outcomes that differ from those who experience multiple sessions over time. Future studies may consider separating out PLR sessions from LBL Hypnotherapy and comparing outcome data from the two experiences. For the purpose of maximizing study recruitment, and with the understanding that PLR is a critical component of LBL Hypnotherapy regardless of whether it is completed same-day or not, this study did not distinguish between participants who received their LBL Hypnotherapy session with or without their first PLR on the same day.

Future Directions

Given the novelty of this study, any additional research that expands upon these findings regarding induced afterlife consciousness generally, and LBL Hypnotherapy specifically, would be a boon to the field. Of note, special care should be taken in future studies to recruit participants from beyond North American and European countries to ensure cultural, racial, and ethnic diversity in the sample. One particularly interesting line of study may be to assess the outcomes of individuals who do not self-seek LBL Hypnotherapy, but rather are randomly

assigned to the treatment. For example, could an atheist who would not self-seek this treatment, and whose fundamental beliefs deny afterlife consciousness, still hypnotically experience and even benefit from LBL Hypnotherapy? Another approach may be to compare LBL Hypnotherapy with psychedelic therapy in a RCT. Other avenues for further study include testing hypotheses around any potential adverse effects of LBL Hypnotherapy, or conducting qualitative analysis on participants' interpretation of their LBL Hypnotherapy as it impacts their wellbeing. In sum, any additional research on LBL Hypnotherapy would likely lead to important and novel discovery.

Contributions to the Field

The findings from this study have key implications for the field of clinical psychology. First, this study shows that LBL Hypnotherapy is a viable, short-term psychotherapeutic intervention to increase psychological wellbeing via a hypnotic process to access afterlife consciousness. Practicing mental health professionals may be interested in pursuing LBL Hypnotherapy certification from the Michael Newton Institute to add to their repertoire of clinical interventions. Additionally, this research can provide information to those interested in undergoing LBL Hypnotherapy about what to expect with regards to psychological outcome from the experience.

This study also shifts the landscape of literature on afterlife consciousness. The results show that a hypnotically induced experience of afterlife consciousness has similar benefits to other methods of accessing afterlife consciousness, including near-death experiences (NDEs) or psychedelic trips. This similarity in outcome suggests that it is the experience of afterlife consciousness itself that produces positive psychological change in individuals who have experienced a NDE or had a positive spiritual experience with psychedelics, rather than other potentially confounding variables (i.e. finding meaning in the recovery process following a

NDE). Additionally, LBL Hypnotherapy is a safer and more reliable alternative to other methods of accessing afterlife consciousness, as it does not involve drugs or the threat of death, or rely on the randomness of spontaneous mystical experience. Given that LBL Hypnotherapy has been shown to create phenomenological experiences and outcomes similar to NDEs or psychedelic trips involving afterlife consciousness, it may be the safest and preferred choice of intervention for further study on the impact of afterlife consciousness.

Conclusion

This study is the first known of its kind to determine pre-post changes in wellbeing following an induced experience of afterlife consciousness. It is also the first known quantitative study of LBL Hypnotherapy to be included in scientific literature. The results of this study show that afterlife consciousness can be accessed via a Certified LBL Hypnosis Protocol, and that the overall outcome of such an experience is an improvement in psychological wellbeing. Spiritually curious individuals open to an experience of induced afterlife consciousness may turn to LBL Hypnotherapy with the likely benefits of reduced depression, anxiety, and fear of death, and increased resilience, meaning in life, psychological flexibility, and spirituality. In particular, LBL Hypnotherapy may be considered as a drug-free alternative to the kind of experience some may seek with psychedelics, or a non-life-threatening alternative to the positive changes following a near-death experience. It is especially important for clinical psychologists to know that LBL Hypnotherapy may be a viable, short-term, one-off treatment that can target improvement across many constructs of psychological wellbeing for those open to it.

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Tables

Table 1

Operationalizing Dependent Variables

Category	Dependent Variable	Operationalizing Measure
Psychological Wellbeing	Depression	PHQ-9
Psychological Wellbeing	Anxiety	GAD-7
Psychological Wellbeing	Fear of Death	R-FOD
Psychological Wellbeing	Resilience	RS-14
Psychological Wellbeing	Psychological Inflexibility	AAQ-II
Spiritual Wellbeing	Spiritual Connectivity	DSES
Life Purpose	Presence of Meaning in Life	MLQ-P
Life Purpose	Search for Meaning in Life	MLQ-S

Table 2

Primary Hypotheses

Research Question	Hypothesis	Independent Variable	Dependent Variable	Statistic	Hypothesized Change
Primary	PH1	Pre-post LBL	PHQ-9	t-test	Decrease
Primary	PH2	Pre-post LBL	GAD-7	t-test	Decrease
Primary	PH3	Pre-post LBL	R-FOD	t-test	Decrease
Primary	PH4	Pre-post LBL	RS-14	t-test	Increase
Primary	PH5	Pre-post LBL	AAQ-II	t-test	Decrease
Primary	PH6	Pre-post LBL	DSES	t-test	Increase
Primary	PH7	Pre-post LBL	MLQ-P	t-test	Increase
Primary	PH8	Pre-post LBL	MLQ-S	t-test	Decrease

Table 3

Secondary Hypotheses

Research Question	Hypothesis	Pre-Post Changes	Statistic	Hypothesized Relationship
Secondary: MLQ-P	S1	MLQ-P and PHQ-9	Correlation	Negative
Secondary: MLQ-P	S2	MLQ-P and GAD-7	Correlation	Negative
Secondary: MLQ-P	S3	MLQ-P and R-FOD	Correlation	Negative
Secondary: MLQ-P	S4	MLQ-P and RS-14	Correlation	Positive
Secondary: MLQ-P	S5	MLQ-P and AAQ-II	Correlation	Negative
Secondary: DSES	S6	DSES and PHQ-9	Correlation	Negative
Secondary: DSES	S7	DSES and GAD-7	Correlation	Negative
Secondary: DSES	S8	DSES and R-FOD	Correlation	Negative
Secondary: DSES	S9	DSES and RS-14	Correlation	Positive
Secondary: DSES	S10	DSES and AAQ-II	Correlation	Negative

Table 4

Data Analysis Plan

Hypothesis	IV	DV	Stat
Primary			
H1	Pre-post LBL	PHQ-9	Paired t-test
H2	Pre-post LBL	GAD-7	Paired t-test
H3	Pre-post LBL	R-FOD	Paired t-test
H4	Pre-post LBL	RS-14	Paired t-test
H5	Pre-post LBL	AAQ-II	Paired t-test
H6	Pre-post LBL	DSES	Paired t-test
H7	Pre-post LBL	MLQ-P	Paired t-test
H8	Pre-post LBL	MLQ-S	Paired t-test
Secondary			
S1	**Δ**MLQ-P	**Δ**PHQ-9	Correlation
S2	**Δ**MLQ-P	**Δ**GAD-7	Correlation
S3	**Δ**MLQ-P	**Δ**R-FOD	Correlation
S4	**Δ**MLQ-P	**Δ**RS-14	Correlation
S5	**Δ**MLQ-P	**Δ**AAQ-II	Correlation
S6	**Δ**DSES	**Δ**PHQ-9	Correlation
S7	**Δ**DSES	**Δ**GAD-7	Correlation
S8	**Δ**DSES	**Δ**R-FOD	Correlation
S9	**Δ**DSES	**Δ**RS-14	Correlation
S10	**Δ**DSES	**Δ**AAQ-II	Correlation
Exploratory			
EH1	Baseline, all variables	Baseline, all variables	Correlation
EH2	Post-treatment, all variables	Post-treatment, all variables	Correlation
EH3	Pre-post change, all variables	Pre-post change, all variables	Correlation

Table 5

Education Level

Education	Frequency	Percent
High School or Less	2	6
AA degree of Some College	9	29
Bachelorette Degree	5	16
Graduate Degree	15	48
Total	31	100

Table 6

PHQ-9 and GAD-7: Pre-LBL, Post-LBL, and Pre-Post LBL Change

Timeframe	Stat	PHQ-9	GAD-7
Pre LBL	Mean	6.7	4.9
	SD	5.3	4.3
	Min	0	0
	Max	19	16
Post LBL	Mean	3.9	3.0
	SD	3.9	3.3
	Min	0	0
	Max	17	11
Pre-Post Change	Mean	-2.7†	-1.9†
	SD	4.6	4.1
	Min	-17	-15
	Max	5	4
	Cohen's d	0.52	0.43

† $p < .001$

Table 7

R-FOD: Pre-LBL, Post-LBL, and Pre-Post LBL Change

Timeframe	Stat	R-FOD1	R-FOD2	R-FOD3	R-FOD4	R-FOD Total
Pre LBL	Mean	14.4	19.7	19.2	18.8	18.0
	SD	6.3	6.9	6.3	6.2	5.5
	Min	7	7	8	7	9.25
	Max	32	34	32	30	32.00
Post LBL	Mean	10.1	14.8	15.6	15.5	14.0
	SD	3.7	6.4	6.4	5.9	4.8
	Min	7	7	7	7	7.00
	Max	22	30	30	27	23.50
Pre-Post Change	Mean	-4.4†	-4.9†	-3.5†	-3.3†	-4.0‡
	SD	5.9	7.8	4.4	4.5	4.3
	Min	-19	-16	-12	-12	-12.75
	Max	5	16	4	8	8.00
	Cohen's d	0.70	0.71	0.56	0.53	0.73

† $p < .001$; ‡ $p < .0001$

Table 8

RS-14, AAQ-II, DSES Full, and DSES16: Pre-LBL, Post-LBL, and Pre-Post LBL Change

Timeframe	Stat	RS-14	AAQ-II	DSES Full	DSES 16
Pre LBL	Mean	77.3	21.0	57.0	1.3
	SD	14.2	9.3	14.2	0.8
	Min	44	8	35.0	0
	Max	97	43	88	3
Post LBL	Mean	84.4	16.2	64.6	1.6
	SD	10.0	9.6	14.3	0.8
	Min	56	7	30	0
	Max	98	45	86	3
Pre-Post Change	Mean	7.1**	-4.8**	7.6*	0.3**
	SD	11.6	9.6	15.5	0.5
	Min	-8	-19	-21	0
	Max	45	25	41	2
	Cohen's d	0.50	0.52	0.53	0.39

* $p < .05$; ** $p < .01$

Table 9

MLQ-P and MLQ-S: Pre-LBL, Post-LBL, and Pre-Post LBL Change

Timeframe	Stat	MLQ-P	MLQ-S
Pre LBL	Mean	22.1	28.0
	SD	7.5	6.4
	Min	5	6
	Max	33	35
Post LBL	Mean	27.6	22.5
	SD	5.5	9.6
	Min	15	5
	Max	35	35
Pre-Post Change	Mean	5.5‡	-5.5†
	SD	6.5	7.8
	Min	-10	-26
	Max	18	6
	Cohen's d	0.73	0.86

† $p < .001$; ‡ $p < .0001$

Table 10

Correlations: ΔMLQ-P and ΔPHQ-9, ΔGAD-7, ΔR-FOD, ΔRS14, and ΔAAQ-II

Stat	PHQ-9	GAD-7	R-FOD1	R-FOD2	R-FOD3	R-FOD4	R-FODtot	RS14	AAQ
r	-.52	-.59	-.30	-.06	-.32	-.35	-.30	.43	-.34
r^2	.27	.35	.09	.004	.10	.12	.09	.18	.12
p	.01	.001	.11	.74	.08	.051	.10	.01	.06

Table 11

Correlations: ΔDSES and ΔPHQ-9, ΔGAD-7, ΔR-FOD, ΔRS14, and ΔAAQ-II

Stat	PHQ-9	GAD-7	R-FOD1	R-FOD2	R-FOD3	R-FOD4	R-FODtot	RS14	AAQ
r	-.28	-.15	-.13	-.28	-.25	-.45	-.35	.44	<.01
r^2	.08	.02	.02	.08	.06	.21	.12	.20	<.01
p	.12	.43	.50	.13	.17	.01	.052	.01	.99

Table 12

Correlations Between Study Variables at Baseline

Variable	Stat	R-FOD	AAQ-II	MLQ-P	MLQ-S	DSES	RS-14	PHQ-9
AAQ-II	r	**.58**						
	p	**<.001**						
MLQ-P	r	**-.67**	**-.39**					
	p	**<.001**	**.03**					
MLQ-S	r	.35	**.57**	-.35				
	p	.06	**.001**	.05				
DSES	r	**-.54**	-.21	**.63**	-.01			
	p	**.002**	.27	**<.001**	.96			
RS-14	r	**-.41**	**-.42**	**.65**	-.12	**.56**		
	p	**.02**	**.02**	**<.001**	.52	**.001**		
PHQ-9	r	**.54**	**.55**	**-.52**	.26	**-.54**	**-.39**	
	p	**.002**	**.001**	**.003**	.16	**.002**	**.03**	
GAD-7	r	**.60**	**.55**	**-.60**	**.37**	**-.42**	**-.43**	**.82**
	P	**<.001**	**.001**	**<.001**	**.04**	**.02**	**.02**	**<.001**

Table 13

Correlations Between Study Variables Post Treatment

Variable	Stat	R-FOD	AAQ-II	MLQ-P	MLQ-S	DSES	RS-14	PHQ-9
AAQ-II	r	**.36**						
	p	**.049**						
MLQ-P	r	**-.43**	-.01					
	p	**.02**	.95					
MLQ-S	r	**.63**	.20	-.31				
	p	**<.001**	.27	.09				
DSES	r	**-.53**	-.06	**.59**	-.19			
	p	**.002**	.75	**<.001**	.30			
RS-14	r	**-.46**	**-.51**	.24	**-.41**	.34		
	p	**.01**	**.003**	.18	**.02**	.06		
PHQ-9	r	**.46**	**.39**	**-.39**	.22	-.26	**-.59**	
	p	**.01**	**.03**	**.03**	.23	.15	**.001**	
GAD-7	r	**.41**	**.36**	-.35	.21	-.07	-.33	**.62**
	p	**.02**	**.049**	.06	.26	.70	.07	**<.001**

Table 14

Correlations Between Study Variables in Pre-Post Treatment Changes

Variable	Stat	R-FOD	AAQ-II	MLQ-P	MLQ-S	DSES	RS-14	PHQ-9
AAQ-II	r	.16						
	p	.40						
MLQ-P	r	-.30	-.34					
	p	.10	.06					
MLQ-S	r	.10	-.002	.14				
	p	.57	.99	.45				
DSES	r	-.35	.00	**.43**	.09			
	p	.052	.99	**.02**	.62			
RS-14	r	.02	-.05	.11	.13	**.44**		
	p	.92	.79	.57	.48	**.01**		
PHQ-9	r	.19	**.43**	**-.52**	-.07	-.28	-.06	
	p	.30	**.02**	**.003**	.72	.12	.74	
GAD-7	r	.07	**.43**	**-.59**	-.20	-.15	.03	**.69**
	p	.72	**.02**	**<.001**	.29	.43	.89	**<.001**

Table 15

Results from Primary Hypotheses

Research Question	Hypothesis	Independent Variable	Dependent Variable	Hypothesized Change	Hypothesis Supported?
Primary	PH1	Pre-post	PHQ-9	Decrease	Yes
Primary	PH2	Pre-post	GAD-7	Decrease	Yes
Primary	PH3	Pre-post	R-FOD	Decrease	Yes
Primary	PH4	Pre-post	RS-14	Increase	Yes
Primary	PH5	Pre-post	AAQ-II	Decrease	Yes
Primary	PH6	Pre-post	DSES	Increase	Yes
Primary	PH7	Pre-post	MLQ-P	Increase	Yes
Primary	PH8	Pre-post	MLQ-S	Decrease	Yes

Table 16

Results from Secondary Hypotheses

Research Question	Hypothesis	Pre-Post Changes	Hypothesized Relationship	Hypothesis Supported?
Secondary: MLQ-P	S1	MLQ-P and PHQ-9	Negative	Yes
Secondary: MLQ-P	S2	MLQ-P and GAD-7	Negative	Yes
Secondary: MLQ-P	S3	MLQ-P and R-FOD	Negative	No
Secondary: MLQ-P	S4	MLQ-P and RS-14	Positive	Yes
Secondary: MLQ-P	S5	MLQ-P and AAQ-II	Negative	No
Secondary: DSES	S6	DSES and PHQ-9	Negative	No
Secondary: DSES	S7	DSES and GAD-7	Negative	No
Secondary: DSES	S8	DSES and R-FOD	Negative	Partially
Secondary: DSES	S9	DSES and RS-14	Positive	Yes
Secondary: DSES	S10	DSES and AAQ-II	Negative	No

Appendices

Appendix A: Certified LBL Facilitator Recruitment

To initiate data collection, the following email was sent from the Michael Newton Institute's (MNI) administrative email to all certified LBL Hypnotherapists on their listserv:

Upcoming Research Project

Dear [Name of Certified LBL Facilitator],

We have exciting news. We are partnering with doctoral student researcher, Sarina Bhandari from the Wright Institute in California to study the impacts of LBL Hypnotherapy on client well-being. Our Research Committee has been involved in the development of this study as it has evolved, and we are now at the point of collecting client data. We are asking you to participate in this project with your LBL clients. This is a very simple process for you and for your clients. There are a few very simple steps to help.

1. Identify your interest to be a participant. Send an email message to Sarina Bhandari (sbhandari@wi.edu) with a cc to Research@NewtonInstitute.Org identifying your willingness to participate.
2. Encourage clients to take part in the study. Provide them with this survey link at the time you book your first appointment with the client: [link]
3. Clients need to take the survey BEFORE their FIRST hypnotherapy session with you, even if it just a PLR that does not involve LBL. We want them to not have been exposed to sessions with you that can influence their initial responses.
4. 4. Client will take the survey and identify you as the facilitator. The researcher will reach out to you periodically to determine when your client has completed their LBL sequence. All you need to do is respond to the email letting her know whether you've finished working with the client, or if you have more sessions scheduled.

That's it! So for now, all you need to do is send out the survey link to your new clients.

What is being collected is data describing their sense of well-being. No questions identify the client, their issues that brought them to doing LBL work, or any conversations or confidential information shared between you and the client. When the client has completed their work with you, they will be asked to complete the same survey again to compare before and after changes.

Data collection for this study will likely continue through July 2022 to allow for collecting both pre and post session input from clients. The researcher is wanting to collect at least 30 completed (pre and post) survey results, but more would be highly desirable.

This study is intended at a minimum to be published both as a dissertation as well as a research article in a mainstream psychological journal.

If you have questions about the study, about participating or about MNI research activities, please feel free to contact Ilse Ambrose, Acting Research Director, or Diana Paque, Executive Director.

This study is being conducted by Sarina Bhandari, a doctoral student at the Wright Institute in Berkeley, CA. She can be reached at sbhandari@wi.edu. The study is chaired by Dr. Matthew McKay, who can be contacted at mmckay@wi.edu.

Thank you for your participation.

The data collection window was extended from 7 months to 12 months to meet minimum complete data sets (30 pre-post sets). To announce the extension, the following email was sent from the MNI administrative email to all certified LBL Hypnotherapists on their listserv:

MNI Research Project –
Final Call
Please Participate

Dear [Name of Certified LBL Facilitator],

In January, we announced that we are partnering with doctoral student researcher, Sarina Bhandari from the Wright Institute in California to study the impacts of LBL Hypnotherapy on client well-being. Our Research Committee has been involved in the development of this study as it has evolved, and we are now at the point of collecting client data. We are asking you to participate in this project with your LBL clients. This is a very simple process for you and for your clients.

We are now asking for your help to support this project. Even if you are new to facilitating clients with their LBL journeys, you can help gather data about the impact of sessions on client wellbeing. To date, we have had about 10 clients fully complete the surveys, and we need more participation for the data to be statistically significant.

Participating is simple: Send a notice with your intake information to new clients asking them to participate in the study. Then, when prompted by the researcher, advise her of the status of your client's work and their completion information. That's it! Please help us get our data studied. The more clients we have participating, the more we are able to assess the impact of our work and have it presented to the world.

1. Identify your interest to be a participant. Send an email message to Sarina Bhandari (sbhandari@wi.edu) with a cc to Research@NewtonInstitute.Org identifying your willingness to participate.
2. Encourage clients to take part in the study. Provide them with this survey link at the time you book your first appointment with the client: [link]
3. Clients need to take the survey BEFORE their FIRST hypnotherapy session with you, even if it just a PLR that does not involve LBL. We want them to not have been exposed to sessions with you that can influence their initial responses.
4. 4. Client will take the survey and identify you as the facilitator. The researcher will reach out to you periodically to determine when your client has completed their LBL sequence. All you need to do is respond to the email letting her know whether you've finished working with the client, or if you have more sessions scheduled.

That's it! So for now, all you need to do is send out the survey link to your new clients.

What is being collected is data describing their sense of well-being. No questions identify the client, their issues that brought them to doing LBL work, or any conversations or confidential information shared between you and the client. When the client has completed their work with you, they will be asked to complete the same survey again to compare before and after changes.

Data collection for this study will likely continue through July 2022 to allow for collecting both pre and post session input from clients. The researcher is wanting to collect at least 30 completed (pre and post) survey results, but more would be highly desirable.

This study is intended at a minimum to be published both as a dissertation as well as a research article in a mainstream psychological journal.

If you have questions about the study, about participating or about MNI research activities, please feel free to contact Ilse Ambrose, Acting Research Director, or Diana Paque, Executive Director.

This study is being conducted by Sarina Bhandari, a doctoral student at the Wright Institute in Berkeley, CA. She can be reached at sbhandari@wi.edu. The study is chaired by Dr. Matthew McKay, who can be contacted at mmckay@wi.edu.

Thank you for your participation.

A third and final recruitment email was sent from the MNI administrative email to all certified LBL Hypnotherapists on their listserv:

Dear [Name of Certified LBL Facilitator],

Thanks so much for supporting Sarina in what is turning out to be a year-long data collection process. What an adventure it's been. We're nearing the finish line!

Right now we have 22 complete data sets with before and after responses. We just need 8 more to hit the minimum for statistical analysis!

In the pipeline, we have 12 clients who have completed LBL and are in the 1-month waiting period before they receive the "after" survey. We also have 8 clients who have completed the "before" survey, and Sarina is waiting to confirm with their facilitators whether they experienced LBL once their session date has passed.

We are setting a Dec 31 deadline for "before" surveys—any client whose initial appointment with a facilitator is prior to Dec 31 can still take the survey. After that, the "before" survey will be closed, and Sarina will send out the 1-month follow up surveys until all are sent out (latest would likely be end of Jan, or perhaps a little into February, supposing a client does only a PLR in late December 2022 followed by a LBL session scheduled shortly thereafter).

There is still time to participate! It is very simple as the steps below show.

1. Identify your interest to be a participant. Send an email message to Sarina Bhandari (sbhandari@wi.edu) with a cc to Research@NewtonInstitute.Org identifying your willingness to participate.
2. Encourage clients to take part in the study. Provide them with this survey link at the time you book your first appointment with the client: [link]
3. Clients need to take the survey BEFORE their FIRST hypnotherapy session with you, even if it just a PLR that does not involve LBL. We want them to not have been exposed to sessions with you that can influence their initial responses.
4. 4. Client will take the survey and identify you as the facilitator. The researcher will reach out to you periodically to determine when your client has completed their LBL sequence. All you need to do is respond to the email letting her know whether you've finished working with the client, or if you have more sessions scheduled.

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What is being collected is data describing their sense of well-being. No questions identify the client, their issues that brought them to doing LBL work, or any conversations or confidential information shared between you and the client. When the client has completed their work with you, they will be asked to complete the same survey again to compare before and after changes.

Data collection for this study will likely continue through July 2022 to allow for collecting both pre and post session input from clients. The researcher is wanting to collect at least 30 completed (pre and post) survey results, but more would be highly desirable.

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This study is being conducted by Sarina Bhandari, a doctoral student at the Wright Institute in Berkeley, CA. She can be reached at sbhandari@wi.edu. The study is chaired by Dr. Matthew McKay, who can be contacted at mmckay@wi.edu.

Thank you for your participation.

Appendix B: Human Subjects Protocol Approval

Project Summary

This study will examine the psychological impact of experiencing after-life consciousness through Life Between Lives Hypnotherapy (LBL Hypnotherapy), a standardized method of phenomenologically experiencing after-life consciousness. The sample will be individuals who seek LBL Hypnotherapy from providers certified by the Michael Newton Institute. Potential participants will only be included if they experience LBL Hypnotherapy and complete pre- and post-session measures of depression (PHQ-9), anxiety (GAD-7), fear of death (R-FOD), resilience (RS), psychological inflexibility (AAQ-II), spiritual wellbeing (DSES), search for meaning of life (MLQ-S), and presence of meaning of life (MLQ-P). It is hypothesized that LBL Hypnotherapy will increase spiritual wellbeing, presence of meaning in life, and resilience, and decrease depression, anxiety, psychological inflexibility, fear of death, and the search for meaning in life.

Human Subjects

The Executive Director of the Michael Newton Institute, Diana Paque, has agreed to help with participant recruitment. At the launch of the study, Dr. Paque will contact all certified LBL Hypnotherapists to inform them of the study, and provide a survey link to share with potential participants. Participants will be individuals who have reached out to a LBL Hypnotherapist certified through the Michael Newton Institute, who undergo LBL Hypnotherapy, and who agree to complete the pre and post measures. Participants can be from any country. Participants must be English-speaking, but the therapy itself need not be in English. The LBL Hypnotherapy can be completed in-person or online, via Zoom or Doxy, for example. Only adults 18 years of age or older will be eligible for this study. For a sample size of 30 participants, at least 45 participants will be recruited to account for attrition in the pre-post design.

Procedure

Study data will be collected via Google Forms. Participants will click on an internet link, which will take them to the Informed Consent page of the survey. The Informed Consent page will inform the participants of the task demands of the survey, as well as their rights to privacy, anonymity, confidentiality, and to withdraw from the study at any time. If a potential participant indicates consent on the form, they will begin the survey on the following page. If a potential

participant declines to consent, they will be taken to the "Thank You" page at the end of the survey and no data will be collected from them. On the page immediately following the Informed Consent page, the participant will provide demographic data and indicate the date of their scheduled LBL Hypnotherapy session. The following pages will include the study measures. The survey ends with a Thank You page with a reminder that the researcher will contact them to provide a link to the post-treatment survey one month following their LBL Hypnotherapy session.

The post-treatment survey will be identical to the pre-treatment survey, except that the demographics page will not be included, and participants will be asked to free-write a response to their "brief outcomes of LBL Hypnotherapy." If the participant does not complete the follow-up survey within one week of receiving the link, the researcher will email up to two additional reminders. It is estimated that completion of the surveys will take roughly 15 to 25 minutes to complete.

Of note, a complete experience of LBL Hypnotherapy can range in its number of sessions required, and often LBL Hypnotherapists cannot tell whether one session will be sufficient to allow for the complete experience until the day-of. That said, the researcher will reach out to each participant's LBL Hypnotherapist one day after the participant's indicated first session date to determine whether the therapy was completed or more sessions are expected. If the LBL Hypnotherapist indicates that the experience was completed, the researcher will email the post-survey to the participant one month after the session date. If the LBL Hypnotherapist indicates that more sessions are needed, the researcher will follow up with the hypnotherapist after the next scheduled date to determine if the participant's LBL Hypnotherapy is now complete. If complete, the researcher will email the participant the post-survey one month after the second session. If not, the process will reiterate until the researcher has determined when the participant's final session was, and then send the follow-up measures one month after that date.

In sum, the researcher will be in communication with participants' LBL Hypnotherapists to ensure participants are offered the follow-up measures one month after they complete LBL Hypnotherapy, regardless of how many sessions are required for each participant to have a complete LBL Hypnotherapy experience. The Informed Consent page will clarify that the researcher will communicate with participants' LBL Hypnotherapists about session timelines, but that the researcher will not share the participants' responses with their hypnotherapists.

Potential Benefits

Participants may benefit from knowing they contributed to research. Participants have the option to contact the researcher to learn more about the study, which may benefit them. In answering the questions, participants may be able to further integrate the impact of their LBL Hypnotherapy session.

Potential Risks

Risks could include being made aware of one's emotional pain by completing the survey measures. If this were to happen, participants are encouraged to contact the researcher for mental health resources. Given that this is study is open internationally, the following list will be provided: https://checkpointorg.com/global/. All participation is completely voluntary, and participants can agree to stop taking the survey at any point, which can help mitigate potential risk.

Confidentiality

Confidentiality will be protected to the full extent of the law. Participant data, including demographic responses, informed consent, and measures will be downloaded from Google Forms and then deleted from Google. Once downloaded, the data will be stored in a locked file on a locked computer. Codes will be assigned to each participant to match their pre and post data. Codes and their matching participant email address will be stored on a locked file separate from where the data is stored.

Informed Consent

The Informed Consent will be presented at the beginning of the pre and post online survey and must be agreed to before the participant can complete the study.

Debriefing

Participants will be given the researcher's email address in the Informed Consent and Thank You page of both the pre and post survey. Participants can request more information or ask questions of the researcher via email.

Appendix C: Informed Consent

Life Between Lives (LBL) Hypnotherapy™ Survey: Please Take Prior to/After Your LBL Experience

Dear Participant,

The following questionnaire is part of a study I am conducting as a graduate student in clinical psychology at the Wright Institute in Berkeley, California. I am studying the impact of Life Between Lives (LBL) hypnotherapy™. To participate, please complete this survey before and after your Life Between Lives experience. Completion of the materials should take about 15 minutes. I recommend you use a computer or large tablet - not a phone.

Before participating, please consider the following:

1. Your answers are confidential. Your LBL facilitator may see compiled survey data, but they will not know your specific answers to the measures.

2. Survey participation involves completing this questionnaire twice. Once before you start your LBL, and once after you've finished your session(s). To determine when your last session is, I will be in contact with your LBL facilitator. Again, they will not have access to your responses, and your facilitator is only asked to disclose the date of your final session.

3. This survey asks for your email address so that I (Sarina Bhandari) can compare your before-LBL responses with your after-LBL responses. Your email will never be shared, and I will delete your email address from my data once I have both of your responses to further protect your confidentiality and anonymity.

4. Participation results in no direct benefits to you beyond what might be gained by the

experience of participating in a research study, and contributing to a better understanding of the topic.

5. If you have any questions or problems as a result of participating in the study, you may contact the researcher, Sarina Bhandari, at sbhandari@wi.edu or the dissertation chair, Dr. Matthew McKay, at mmckay@wi.edu.

6. Your participation is completely voluntary. Refusal to participate involves no penalty or loss of benefits and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

7. You may receive further information regarding the purpose and/or results of the study following participation by contacting Sarina Bhandari at sbhandari@wi.edu.

I appreciate your considering participation in the study and welcome any questions or comments that you may have concerning your participation in the study. Thank you for your time.

Sincerely,

Sarina Bhandari, M.A.
Doctoral Candidate
The Wright Institute

Note: Your regular email is required to participate. Please see #3 above for an explanation.

Appendix D: Measures

Due to confidentiality of some of the measures purchased by the researcher, this section will include the name and directions of each measure.

Patient Health Questionnaire-9 (PHQ-9)

Directions: Over the last two weeks, how often have you been bothered by any of the following problems?

Generalized Anxiety Disorder-7 (GAD-7)

Directions: Over the last two weeks, how often have you been bothered by any of the following problems?

Revised Collett-Lester Fear of Death Scale (RFOD)

Directions for Section 1: For this section answer about your own death. How disturbed or made anxious are you by the following? Read and answer quickly - give your first impression.

Directions for Section 2: For this section, answer about your own dying. How disturbed or made anxious are you by the following? Read and answer quickly - give your first impression.

Directions for Section 3: For this section, answer about the death of others. How disturbed or made anxious are you by the following? Read and answer quickly - give your first impression.

Directions for Section 4: For this section, answer about the dying of others. How disturbed or made anxious are you by the following? Read and answer quickly - give your first impression.

Resilience Scale (RS-14)

Directions: Please choose the number that best represents how you feel on the scale from Strongly Disagree to Strongly Agree.

Acceptance and Action Questionnaire-II (AAQ-II)

Directions: Please rate how true each statement is for you.

Daily Spiritual Experiences Scale (DSES)

Directions: Please answer according to how often you have these experiences, not how often you feel you *should* have them. Some items use the word God. If this word is not a comfortable one for you, please substitute another idea which calls to mind the divine or holy for you. Alternative terms include spirit guide, a religious figure, the divine, etc.

Meaning in Life Questionnaire (MLQ)

Directions: Please think about what makes your life feel important to you, and then respond the best you can.

Appendix E: Pre-Survey Information and Demographics Data Collection

Session Info

What is the name of your LBL facilitator?
What email and/or phone number do you use to communicate with your LBL facilitator?
What is the expected date of your first LBL hypnotherapy appointment?

Demographics

Age
Country
Gender
Highest Level of Education
Ethnicity
Are you seeking this experience primarily because of grief/loss?
Have you ever had a near-death experience?
In your current lifetime so far, have you ever had an experience directly involving the afterlife?
Have you had past-life regression therapy before, or an experience of being in a past life?
Have you experienced enhanced spiritual awareness via psychedelics before?
Brief reason(s) for seeking LBL

Appendix F: Post-Survey Session Information Data Collection

Session Info

What was the name of your LBL Facilitator?
Through LBL Hypnotherapy, were you able to have some awareness or contact with life between lives?
Brief outcome(s) of your experience:

Appendix G: Thank You Page

Thank You!
I sincerely appreciate that you took this second survey. If you have any questions or comments, or if you are having any reactions to your participation, please email me at sbhandari@wi.edu, or call/text [Researcher's Cell Phone].
Kindly,
Sarina

Some additional information:
The DSES scale is copyrighted by Lynn Underwood and used in this study with permission. Visit www.dsescale.org for permission to copy or publish.
The RS scale is copyrighted by Gail Wagnild and used in this study with permission. Contact gwagnild@resiliencecenter.com for permission to copy or publish.
The other scales used in this study are open domain.