

# INDUCED AFTER-DEATH COMMUNICATION

*An information  
processing  
technique  
developed by US  
clinical psychologist  
Dr Allan Botkin  
allows people to  
access and  
overcome grief and  
to communicate  
telepathically with  
departed souls on  
"the other side".*

by Michael E. Tymn © 2006

Email: METGAT@aol.com

## A revolutionary new therapy for treating grief

**B**asically, there are two explanations for a revolutionary new form of grief therapy discovered by Dr Allan Botkin, a clinical psychologist practising in Libertyville, Illinois. Either the grieving patients are hallucinating or they are in touch with "the dead".

The therapy, called Induced After-Death Communication (IADC), results in patients seeing and communicating with deceased loved ones and occasionally with deceased enemies. IADC is an offshoot of EMDR (Eye Movement Desensitization and Reprocessing) therapy, which was discovered in 1987 by Dr Francine Shapiro of California. As explained on her website, Shapiro was walking in the park one day when she realised that eye movements seemed to decrease the negative emotions associated with her own distressing memories. Some experimentation resulted in the development of the procedure she initially called Eye Movement Desensitization (EMD).

After the patient's emotional issues are fully analysed and a treatment plan developed, the patient and therapist focus on distressing events that apparently have led to the emotional disturbance. The patient is instructed to focus on a particular image or negative thought while simultaneously moving his or her eyes back and forth following the therapist's fingers, which are moved about in the client's field of vision for 20 to 30 seconds or longer. The patient is told to let the mind go blank and take note of whatever thought, image or memory develops. The patient is then asked to focus on a positive belief identified at the beginning of the session and to focus further on the emotionally disturbing event. After several sets of eye movements, patients generally report increased confidence in the positive belief and elimination of the emotional disturbance.

In IADC therapy, the person who is grieving the death of someone is asked to focus directly on the sadness during the eye movements. The typical IADC involves the patient seeing a deceased person, and that deceased person telling him or her that everything is okay and not to grieve. In a number of cases, the deceased has related information previously unknown to the patient. The therapy works with people of all beliefs, including atheists and sceptics. The end result is that the majority of patients overcome their grief.

Botkin is reasonably certain that the many patients who have benefited from the therapy are not dreaming, imagining, fantasising or otherwise hallucinating, but he prefers not to speculate as to whether patients are actually in touch with the spirit world. Whatever the explanation, according to Botkin it works at least 70 per cent of the time.

"As a psychologist who is primarily interested in healing people who suffer so profoundly, I have taken the strategy not to engage in arguments about beliefs," he says in explaining his position. "Believers and sceptics have been waging this battle for some time. I believe that if I take a side, and get placed in one camp, it will be more difficult for me to get help to those who need it."

Moreover, Botkin points out that his neutral position allows the patient to interpret the experience without being influenced by the therapist's beliefs.

Even though Botkin discovered IADC in 1995, his employment as a staff psychologist with the Department of Veteran Affairs until three years ago prevented him from actively promoting it among his professional peers and bringing it to the attention of the public. The accepted grief therapy for many years has been to extinguish emotional ties with deceased loved ones—i.e., they are dead and gone, and so forget them. IADC therapy, however, complements a slowly emerging approach with an opposite view: one of developing healthy continuing bonds with the deceased. As that approach flies in the face

of materialistic science—which has indoctrinated us with the belief that life is simply a march toward annihilation and nothingness—it is being ignored or resisted by many therapists.

"It's still very new, but it's starting to explode now," says Botkin of IADC therapy.

He mentions that his book *Induced After-Death Communication*, co-authored with R. Craig Hogan, PhD, was released in 2005 and is in its second printing now, along with the fact that television is beginning to show an interest. He had just completed an HBO documentary at the time of his interview for this *NEXUS* article and will be appearing on *Good Morning America* sometime soon.

After receiving his Doctor of Psychology degree from Baylor University in 1983, Botkin went to work at a veterans' hospital in the Chicago area. Over the next 20 years, he specialised in treating combat veterans from World War II, the Korean War, Vietnam and *Desert Storm* who were suffering from post-traumatic stress disorder (PTSD), a condition known until the late 1970s as "shell shock" or "combat fatigue". The condition arises from experiencing or witnessing the terrors and horrors of war. In many cases, the effects are long-lasting. Sometimes the memories are buried in the subconscious and detrimentally affect the personality years later in ways that are not always clearly linked to the battlefield experiences.

For the first dozen or so years of his practice, Botkin was often frustrated by limited results from "exposure therapy", which was then the prevailing method of treatment. As Botkin explains it, the patients were repeatedly exposed to reminders of their traumatic experiences in a safe, supportive environment, in the hope that as a result their emotional responses would decrease in intensity.

More positive results came after Botkin was trained in EMDR during the early 1990s. Whereas it often took years to see changes in patients under conventional psychotherapy, Botkin began to see dramatic changes in a single session with EMDR. He found it especially effective in healing grief.

According to Botkin, most grieving patients experience three basic emotions: guilt, anger and sadness. He discovered that the guilt and anger served only to protect the patient from the deep sadness, and so he began encouraging patients to go directly to the core sadness, thereby bypassing the guilt and anger. He also found that patients responded better when they closed their eyes briefly after a set of eye movements. By addressing the sadness, the guilt and anger disappeared.

### Experiences with IADC therapy

Botkin accidentally discovered IADC during a session with a patient to whom, for privacy purposes, he gives the pseudonym "Sam". While a combat soldier in Vietnam, Sam had befriended a 10-year-old orphaned Vietnamese girl named Le. In fact, he had decided to adopt Le and bring her home. One day, while Sam and other soldiers were helping Le and other orphaned children board a truck to take them to an orphanage, they came under enemy attack. When Sam discovered Le's lifeless body in the mud behind the

truck, he was devastated and the grief remained with him right up to that 1995 session with Botkin.

During the EMDR, Sam saw Le as a beautiful woman with long black hair in a white gown, surrounded in a radiant light. Le spoke to him and thanked him for taking care of her before her death. Sam was ecstatic. He was convinced that he had just communicated with Le and that he had felt her arms around him.

Initially, Botkin assumed that Sam had hallucinated; he was concerned that Sam had compromised his ability to distinguish between reality and fantasy. But after similar experiences reported by several other patients, Botkin decided to experiment.

His first intentionally induced ADC was with a patient named Gary, whose daughter, Julie, had died at age thirteen. Because she had been severely oxygen deprived at birth, Julie had never developed mental abilities beyond those of a six-month-old child. After suffering a heart attack and being rushed to hospital, she was placed on life support. As she later showed some signs of being able to breathe on her own, she was taken off the respirator. She struggled to breathe, and died in Gary's arms.

"Tears rolled down Gary's cheeks as he told me his story," Botkin recalls. "I explained my new procedure to him and asked him if he wanted to give it a try. He said he was willing if I thought it might help, but he was convinced it wouldn't work for him because he was an atheist and didn't believe in such things."

After Botkin took him through the entire procedure, Gary closed his eyes. "When he opened his eyes, he had a look of amazement," Botkin continues the story. "He then said, 'I saw my daughter. She was playing happily in a garden alive with rich and radiant bright colours. She looked healthy and seemed to move around without the physical problems she had when alive. She looked at me and I could feel her love for me.' We then talked about his experience. Gary was convinced that his daughter was still alive, although in

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a very different place."

But Gary's look of amazement then shifted to one of sadness. When Botkin asked him what was wrong, Gary replied that he still felt sad because he missed his daughter. Botkin then administered another set of eye movements and asked him to keep that thought in mind. Gary closed his eyes and sat quietly for a few moments. "When Gary opened his eyes, he was smiling," Botkin recounts. "He said, 'I was in the garden again and I could see Julie looking at me. She said to me, 'I'm still with you, Daddy'.'" Gary told Botkin that Julie couldn't talk when she was alive. He left the session feeling happy and reconnected to his daughter.

A year later, Botkin contacted Gary, who informed him that he still felt reconnected with his daughter. Gary's new belief was that "people don't really die; they just take on a different form and live in a different place, which is very beautiful".

A Vietnam veteran volunteered to tell of his experience with IADC for this article, although he prefers to remain anonymous. We'll call him "Mark". As a helicopter gunship pilot, Mark killed many people during his 18 months in Vietnam, but the confrontation that bothered him the most involved four boats filled

with Vietnamese soldiers. Unmarked and without flags, the boats had trespassed into a military canal. Mark and the four other gunships under his command attacked the boats and "blew them out of the water". He recalls seeing bodies flying through the air. Two weeks later, he was informed that they were friendly troops. "It stays in your mind and really weighs on you," Mark laments, adding that he was shot down seven times and wounded twice.

In 2002, Mark sought treatment for PTSD at a veterans' hospital. When the therapist explained the IADC procedure to him and asked him if he'd like to try it, he was more than willing. After the eye movements were administered, Mark focused on the boat mishap.

"What happened then is that I saw a formation of Vietnamese coming at me," Mark relates, the memory still very vivid in his mind. "What was interesting is that they were in a Russian formation, not a US formation. Two of the commanders stepped forward and began talking to me in Vietnamese." Mark didn't understand them until another eye movement was administered. They continued speaking in Vietnamese, but Mark somehow telepathically knew what they were saying. "They said that they understood that I did what I had to do and they had no grudge against me, that they are in a better place, and not to worry about it. Then they marched off. It was really cool and a big load off my shoulders."

At another IADC session, Mark saw a woman holding his first son, who had died as an infant in 1978. As his focus was on the boy, he didn't immediately recognise the woman as his deceased mother.

In that session the child did not speak, but in subsequent sessions the boy appeared again, first as a teenager and then as a young adult. "My son says to me, 'Don't worry, Dad, I'm okay. I'm going to see you soon.' I didn't know what to make of that, if I'm going to die soon or what, but it was very soothing."

Mark also reviewed one of his helicopter crashes, including the pain and the intensity of the pain. He struggles to explain the images. "The quality and clarity of the images are much greater than in dreams. They are absolutely three-dimensional and they stay with you."

You have to experience it to know what it's like. It's not like hypnosis. It'll spook you, but it is really something. The main thing is that it gives you closure, and life has more meaning after you have experienced these things. There is a sense of continuity. It's very comforting."

## SLOW ACCEPTANCE OF IADC THERAPY

You'd think that something with such profound implications as Induced After-Death Communication would receive widespread attention from the mental health field as well as from the mainstream media and the public in general. Even if it falls a little short of absolute proof, the evidence strongly suggests that grieving patients are in touch with the deceased during IADCs. What could possibly be more earthshaking and newsworthy than that?

But acceptance has been slow, no doubt because communication with the dead is a phenomenon that exceeds the "boggle threshold" of most people, especially those who have been programmed to believe that everything must meet strict scientific criteria before it is seriously considered as truth. The term *boggle threshold* was coined by Renée Haynes, a British psychical researcher and author, to define the point at which we are unwilling to accept something as fact and allow scepticism to take over.

During the late 19th and early 20th centuries, some distinguished scientists thoroughly investigated the phenomenon of mediumship. They uncovered some fraud, but eventually came to the conclusion that "the dead" were speaking through the true mediums. In spite of their high standings in the scientific community, these researchers came under attack by their colleagues, who believed they had all been duped. Sir William Crookes, a distinguished British chemist and physicist, was one of those lambasted by his colleagues. Crookes responded by saying, "I never said it was possible; I only said it was true."

Any open-minded person taking the time to examine closely the research done by Crookes, Sir William Barrett, Dr Richard Hodgson, Sir Oliver Lodge, Dr James H. Hyslop and others will realise that there is a preponderance of evidence—if not evidence beyond reasonable doubt—for the survival of consciousness at death and, concomitantly, for a spirit world in which spirits dwell at various levels of advancement. Dr Alfred Russel Wallace, co-originator with Charles Darwin of the theory of evolution by natural selection, said that the evidence for spirit communication is as great as the evidence supporting other areas of science—including, apparently, evolution.

More recently, mainstream science has ignored evidence which strongly suggests that the near-death experience and electronic voice phenomena relate to an afterlife. The sceptics often point out that these phenomena can't be replicated, and therefore they conclude that they are unworthy of scientific examination.

"What it comes down to is that so much of it cannot be controlled or measured in a scientific way," says R. Craig Hogan, PhD, co-author with Allan L. Botkin, PsyD, of *Induced After-Death Communication* (Hampton Roads, 2005). "As a result, it [IADC] hasn't been given much attention."

As Hogan sees it, the people who resist it the most are stuck in a mechanistic paradigm in which the physical world is fundamental. He traces it back to the early 19th century and the "Age of Reason", when scientists proclaimed that the only knowledge of value came from control and measurement, which only scientists could understand. "People simply accepted that," Hogan states. "After all, the common folk had believed up to that point that knowledge belonged only to the Church, so they really had no ownership of it anyway. The inner person, the Church taught, was sinful, depraved, naïve and given to influence by the Devil. When science told people that the inner person was also prone to misperception, superstition and childlike ignorance of the facts of the universe, they just nodded in agreement."

The media have contributed to the problem, Hogan believes. "They're always looking for confrontation, the medium against the sceptic," he says. "And so there is no resolution."

While apparently convinced that the IADC involves actual contact with the spirit world, Hogan explains that the therapist must take a neutral position, leaving the interpretation up to the patient. "The therapist's role isn't to judge the source of the experience, or any part of the patient's belief system for that matter," he offers. "I think any therapist frames the discussion in terms with which the patient is comfortable."

But Hogan feels that at some point in time, truth-seekers must forget about the scientific fundamentalists. "We need to stop trying to fit our methods and study into the narrow paradigm of things that can be controlled and measured," he asserts. "We shouldn't bow to the demands of those people who insist on control and measurement. After all, the vast majority of reality is not in that realm."

The focus of IADC therapy is on overcoming grief, but Hogan sees something much bigger coming from it. "The therapy is valuable because it alleviates grief, but that is much less important than what it will lead to," he suggests. "AI [Botkin] has discovered sparks of electricity, but lighting up whole cities will be the important result."

— Michael E. Tynn

Ivan Rupert, another veteran, was bothered for many years by a memory of carnage in Vietnam. As a combat photographer, he was called upon early one morning to take photos of a Vietnamese bus that had been blown up. "There were bodies and body parts all over the place," he recalls, "but the one that really stuck in my mind was that of a young pregnant woman. You could see the baby and umbilical cord connecting them."

The scene came back to Rupert over and over again in his dreams for many years until undergoing IADC therapy with Botkin. What especially bothered him was that at the time he was more intent on getting some good photos than feeling bad about what he was witnessing. During the IADC, the Vietnamese woman communicated with him. "She told me she was in a much better place and helped me understand that I was not the monster I thought I was. She said she didn't blame me for any of it." Rupert can't say for sure whether the woman spoke in Vietnamese or in English. "It was sort of mind to mind, heart to heart," he explains, adding that he no longer has awful dreams relating to that scene.

There is no doubt in Rupert's mind that he was actually communicating with the Vietnamese woman. "I was very sceptical when it was initially explained to me," he says. "It sounded like a lot of mumbo-jumbo, hocus-pocus, but it was the real thing. I'm certain that I was not hallucinating and I was not hypnotised. I wish the VA [Veterans Administration] would get on board with this and offer it. It would give a lot of peace to many veterans."

#### Testimony from other IADC therapists

Since entering private practice, Botkin has been teaching the IADC technique to other therapists. One of them, Laura Winds, from Bellingham, Washington, says she has seen dramatic changes in patients undergoing IADC. "What's really affirming to me is the sense of peace they leave with," she offers. Recalling an IADC in which a client saw her deceased husband, who had committed suicide by shooting himself, she recounts the client's reaction: "Weird! Weird! Jim is standing there, standing in the doorway." Jim went on to tell his widow that she should not grieve.

Another patient, whose two-year-old son had been murdered by her boyfriend, saw her son during the IADC and was able to overcome much of her grief. Prior to the IADC session, the woman was very sceptical about an afterlife, but she is now certain that there *is* one and that some day she will see her son again.

Winds estimates that she has used IADC therapy with 20 to 25 clients, and all but three have experienced full or partial healing. "You can really feel the sense of love and peace that comes with the healing," she says.

Dr Kathy Parker, a therapist from Roselle, Illinois, estimates she has used IADC therapy on 50 to 60 patients, with about an 80 per cent success rate. One of the most dramatic sessions involved a woman who had been a government official in an African country and had witnessed her aunt step on a land mine, with body parts flying in all directions. The aunt appeared in the IADC, smiling

and telling her niece that she will always be with her. "It's absolutely amazing the level of healing that comes with it," says Parker. "There's a real mystery about it, but it seems very real to me and it seems real to my patients."

Hania Stromberg, a therapist from Albuquerque, New Mexico, has conducted around 30 IADC sessions, and only three of these she would consider as failures. "They didn't really want to apply themselves," she explains. "I guess their fears got in the way, even though they made the initial decision to give it a try."

Stromberg laments the fact that many grieving people are not availing themselves of this dynamic therapy. "There are many people I know for whom it would be so appropriate, and I would imagine they would jump at it, but they don't. Mainstream thought is just not really open to it. In general, people do not believe that the dead are still around and have an impact on us. I have attempted to interest some of my therapist friends, but I get only silence from them when I bring it up. The scientific mind is very closed when it comes to this type of thing."

Stromberg apparently has clairvoyant and clairaudient abilities, and so she has been able to share in some of the experiences. In one such shared experience, a client was grieving the death of her mother and felt much guilt about not having fulfilled certain obligations. As she was administering the eye movement, Stromberg felt a "presence" entering the room and then saw a woman in colourful dress and high heels. The woman, the client's deceased mother, addressed the client by a special name of endearment and began discussing problems the client was having. After the session, Stromberg compared her notes with what the client related and all the details matched: the colourful dress, the high heels, the special term of endearment, the subject of the conversation.

Stromberg has never thought of herself as having any mediumistic gifts and had never been particularly interested in such things prior to these shared experiences. "I am very sensitive in that way, but I have always shied away from people who have such

experiences," she says. "It never really appealed to me."

When there is very personal information coming through to the client, Stromberg does not hear it. "I am not privy to that and I do not pick up on it." Like Botkin, Stromberg takes a neutral position relative to what is happening, leaving it up to the client's interpretation.

#### IADCs are not hallucinations

Botkin states that the EMDR/IADC process does not involve hypnosis. "Hypnosis induces the patient into a relaxed and focused state of mind," he explains. "EMDR, on the other hand, increases information processing in the brain." He likens it to a movie projector, with the projector slowing down during hypnosis and speeding up during EMDR.

He also discounts the claim that IADCs are hallucinations. "The most compelling evidence is that all people who have had IADCs

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**Continued on page 78**

Continued from page 44

report them to be very different from all other experiences," he explains. "Technically, hallucinations are perceptions without corresponding sensory input, which means that hallucinations are all in one's head and have nothing to do with any reality that exists separate from us. Hallucinations generally have a very negative content, vary considerably in content from person to person, and are thought to be a symptom of a severe psychological disorder.

It is clear, however, that IADC content is uniformly positive, very consistent in content from person to person, and very healing psychologically."

In addition, having shared experiences—as Stromberg has had with her patient—works against the hallucination theory, Botkin adds.

He also mentions that scientifically controlled studies of IADC are underway at the University of North Texas, and he is optimistic that they will confirm the several thousand clinical observations made by himself and other IADC-trained therapists.

"I feel I have a moral duty to bring it to the world," Botkin says. "My primary job at this point is to get help to those people who need it, such as combat veterans returning from Iraq and Afghanistan and survivors of disasters."

If the IADC is what most patients and therapists believe it to be, Botkin may very well have made the greatest discovery of the past century, perhaps the millennium.

### **About the Author:**

A 1958 graduate of the San Jose State University School of Journalism (BA Public Relations), Mike Tymn has contributed more than 1,400 articles to some 35 newspapers, magazines, journals and books over the past 50 years. While most of his articles have dealt with subjects from the sports arena, Mike has done business, travel, metaphysical and human interest features. He won the 1999 Robert H. Ashby Memorial Award given by The Academy of Religion and Psychical Research for his essay on "Dying, Death, and After Death". Writing assignments have taken him to such diverse places as Bangkok, Panama, Glastonbury, Jerusalem, Hollywood, St Paul and

Tombstone.

Mike Tymn currently serves as vice-president of the Academy of Spirituality and Paranormal Studies, Inc., and is editor of the Academy's quarterly publication *The Searchlight*. He is also senior writer for *Running Times* magazine and contributing editor for *National Masters News*, a monthly publication for senior athletes. His book *The Articulate Dead: Bringing the Spirit World Alive* is being published by Galde Press (*FATE Magazine*) later this year or early next year.

A native of the San Francisco Bay Area, Mike retired from his primary job as an insurance company claims manager in 2002. He is a resident of Honolulu, Hawaii, and can be contacted at METGAT@aol.com.

### **References**

- For additional information on IADCs, visit Dr Allan Botkin's website <http://induced-adc.com>.
- For further information on IADCs as well as forum discussions, see Dr Craig Hogan's website <http://mindstudies.com>.
- For information on EMDR, see Dr Francine Shapiro's website <http://www.emdr.com>.