

BREAKING THE KARMIC COMPLEX

**The role of transpersonal phenomena in psychotherapy
with an adult survivor of child abuse.**

A clinical case study.

Thesis

**submitted in fulfilment of the
Requirements for the Degree of
DOCTOR OF PHILOSOPHY
in Psychology**

**Rhodes University
Grahamstown**

by

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December 1996

ABSTRACT

This longitudinal study addresses the interface between the emerging paradigm of Transpersonal Psychology, which recognizes the transbiographical domain of consciousness, and the clinical area of child abuse.

By using the transpersonal concept of the karmic complex, which was developed in the discourse of Roger Woolger, it explores the clinical value of past-life regressions and other transpersonal phenomena in the therapeutic process.

The study provides an in-depth phenomenological description and a theoretical-heuristic explication of the experience of a single subject who was an adult survivor of physical and sexual abuse as well as early emotional deprivation in childhood, and who, over a four-year period of intensive psychotherapy, experienced a wide spectrum of transpersonal phenomena which included 123 past-life regressions.

The therapeutic process could be clearly delineated into a biographical phase, which was dominated by biographical traumas, and a subsequent transpersonal phase, during which the focus was almost exclusively on transpersonal material. This provided the opportunity to explore the therapeutic impact of transpersonal mechanisms of healing on an interlocking constellation of complexes in terms of achieving an integration of archetypal opposites in the psyche.

The study provides strong support for transpersonal concepts about the nature of consciousness, as developed by Grof and Woolger. It affirms spirituality as an intrinsic property of the psyche, and verifies that the healing of psychological trauma is on a continuum with the process of spiritual purification and growth. The study establishes support for the clinical value of the karmic complex as a conceptual tool and provides a systematic, extended analysis of the multilevelled processes involved in the breaking of the complex.

ACKNOWLEDGEMENTS

I would like to express my gratitude and appreciation to those who contributed to my understanding of Transpersonal Psychology and who helped to make this study possible.

- Jeram Bhana, for introducing me to the existential perspective of Eastern spiritual disciplines;
- Rob Nairn, for his guidance into the wisdom of Tibetan Buddhism;
- Anna (pseudonym), for allowing access to her inner world;
- Aqua, Erme and Daryn, for arising from the *mundus imaginalis* to enrich my life with their deeply moving stories;
- Jim (pseudonym), for his courageous commitment to a challenging journey into unfamiliar realms of the psyche;
- Professor David Edwards, for his inspiration and encouragement in the supervision of this thesis;
- Charlotte Jefferay, for proof-reading;
- Cherry Charteris, for typing, processing and printing the thesis.

*Sweet God, give me wisdom, that strength
To face the barred way of my life,
Where each square of wire gives a sombre picture.
Send me the key, the answer that would release me
Like a thousand faultless white doves.*

Anna *

* *I am a prisoner* (Poem 10) written by the subject of this case study at the age of 16 (see Appendix 3)

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CHAPTER ONE

Introduction

This chapter presents a brief introduction to the area of investigation, the need for the research, the aim of the study and the method that is used.

1.1 Area of investigation

The research explores the interface between the emerging paradigm of Transpersonal Psychology and the clinical area of child abuse, with emphasis on the therapeutic impact of transpersonal phenomena on complexes that typically manifest in the psychological functioning of adult survivors. By conceptualizing the clinical material in terms of the transpersonal concept of a karmic complex developed by Roger Woolger (1990), it explores the use of the past-life regression as a therapeutic tool, in extension of the therapeutic approach of biographical age-regression which is traditionally used in working with adult survivors of child abuse.

1.1.1 Transpersonal Psychology

Transpersonal Psychology is an emerging paradigm that recognizes the transbiographical domain of consciousness and accepts spirituality as an intrinsic property of the deeper dynamics of the psyche (Grof, 1988; Walsh & Vaughan, 1994; Woolger, 1990; Grof & Grof, 1989).

Explorations in human consciousness via Eastern spiritual practices, psychedelic drugs, and different forms of experiential psychotherapy escalated since the 1960s. This led to a recognition of the parallels between the transpersonal experiences that emerge during non-ordinary states of consciousness and the profound mystical experiences described in the holy scriptures of ancient religions (Grof, 1988; Shapiro & Walsh, 1984; Grof & Grof, 1990; White, 1984; Woolger, 1990; Henderson, 1975), as well as the convergence of revolutionary developments in modern science with the world-view of Eastern spiritual disciplines (Bohm, 1980; Pribram, 1986; Goswami, 1995; Capra, 1975).

This recognition, together with observations of the remarkable healing and transformative potential of transpersonal states, and their therapeutic impact on a wide spectrum of psychological as well as physical symptoms, led Stanislav Grof and other researchers to believe that transpersonal experiences were in fact manifestations of deep recesses of the human psyche which are not ordinarily accessible (Grof & Grof, 1989; Bragdon, 1990; Pelletier, 1978; Henderson, 1975). They came to the conclusion that transpersonal experiences constitute important and necessary components of a profound healing process (Grof & Grof, 1990; Perry, 1974; Bragdon, 1990), and that, rather than being labelled as psychoses and treated with suppressive medication, these experiences with their important healing mechanisms, should be

incorporated into the current psychotherapeutic armamentarium (Grof, 1988; Dean, 1985). Because traditional psychiatry and psychology, embedded in the Newtonian-Cartesian model of the universe, do not accommodate spirituality of any form as a relevant aspect of existence (Grof, 1988) and equate mystical experiences with psychosis (Grof & Grof, 1989), transpersonal psychologists set out in search of a new paradigm and a unifying theory of consciousness.

Grof, drawing on his detailed and systematic observations during LSD-assisted psychotherapy in the late 1950s, provided a wide-ranging cartography of the unusual human experiences that occur in non-ordinary states of consciousness (Grof, 1988; Grof & Grof, 1990). He concluded that the structures of reality people experience during non-ordinary states of consciousness can be divided into three major categories. These are the recollective-biographical level, related to infancy, childhood and later biographical experiences, the perinatal level, which revolves around the issues of birth and death, and the transpersonal level, in which subjects no longer identify with the skin-encapsulated ego of their normal mind-state, but have the sense that their consciousness expands to transcend the limitations of time and space (Grof, 1985; Grof & Grof, 1990). The third category includes the phenomenon of the past-life regression.

1.1.2 The past-life regression

The past-life regression is characterized by a convinced sense of remembering an event that happened before to the same person or unit of consciousness. The subject typically maintains a sense of individuality and personal identity, but experiences him/herself in another form, at another place and time, and in another context. Past-life experiences are usually dramatic, associated with an intense positive or negative emotional charge (Grof, 1988), and invariably relate to psychological conflicts in the present life of the individual (Grof, 1988; Woolger, 1990; Lucas, 1993a).

1.1.3 The karmic complex

The term "complex" is widely used in psychology to refer to a defensive pattern of ideation, behaviour and emotional response that is compulsively repeated in structuring egoic reality, and which is based on self-defeating beliefs in a person's life. It refers to the life script that underlies the person's psychological experience, e.g. 'I deserve to suffer' or 'I am unworthy'.

The term was originally coined by Jung in 1902 to refer to a psychic structure or energy centre, around which are clustered psychic elements such as thoughts, feelings, images, reminiscences, urges and interests that belong together due to a common feeling-tone content and a coherent set of values and objectives (Jung, 1953; Cohen, 1976). Whether a complex functions as a neurosis is not determined by its content, but by whether or not it has become distorted and negatively affects the person's functioning, well-being, and interpersonal relationships, or inhibits his/her psychological development (Brooke, 1991). According to Jung's conceptualization, a distorted complex arises where a person experiences a defeat in life, but

within the transpersonal paradigm, this maxim is expanded to state that a complex arises from having experienced a defeat in any life (Woolger, 1990). Both Grof and Woolger restated and refined Jung's conceptualization of the complex to include the perinatal and transpersonal realms of the psyche. Although their definitions of the complex were developed independently and formulated in different terminology, Grof's system of condensed experience (COEX-system) and Woolger's karmic complex are conceptually similar.

Woolger based his transpersonal concept of the karmic complex on the observation of a symbolic resonance among the different levels of experience, i.e. a "symbolic or metaphysical association made by the unconscious mind that links together the different thoughts, images, feelings and sensations" (Woolger, 1990, p.355). According to him every complex can have six aspects, namely the existential, biographical, somatic, perinatal, past-life and archetypal aspect, which are interconnected by a similar emotional quality or feeling core. The core of the complex can be accessed via any of these aspects (Woolger, 1990).

He proposes that complexes have their origins in past lives and are inherited at birth as part of a person's psychological make-up. Adopting the ancient yogic concept of the human body as an energy field, he uses the concept of the "samskara" (psychic scar tissue) for the storage and transmission of experiences from one life to the next (Woolger, 1990, 1993a).

1.1.4 The clinical area of child abuse

Violence within the family has occurred throughout recorded history (Radbill, 1980), but its escalation to epidemic proportions has only come to the attention of the social sciences since 1962 when C.H. Kempe published an article on the battered child syndrome (Moraff, 1982; Blumberg, 1974; Kempe, 1962). Since the mid-1970s concern about the sexual abuse of children had also greatly increased (Walker, Bonner & Kaufman, 1988).

The vast amount of research that has since been done in the field of family violence indicates that child abuse does not only have a detrimental impact on physical and emotional development in childhood, but also has a profound impact on psychological development and functioning in adult life (Kinard, 1982; Martin & Beezley, 1976; Walker *et al.*, 1988). In the case of child sexual abuse, symptoms of prevailing complexes in adult survivors include sexual dysfunction, suicidal tendencies, depression, anxiety, guilt and disturbed interpersonal relationships (Walker *et al.*, 1988; Coleman, Butcher & Carson, 1984).

One therapeutic approach widely used by clinicians to heal the psychological damage of child abuse and break complexes underlying these clinical symptoms, is age-regression, which enables the client to directly re-experience the original trauma in his/her biographical history (Janov, 1973, 1990; Lucas, 1993b). Therapists working within the transpersonal perspective have now added the past-life regression as an additional tool to their psychotherapeutic armamentarium. They claim that the past-life regression constitutes a powerful mechanism to dislodge the defensive and self-defeating patterns of ideation, behaviour

and emotional response that govern the client's life, because it facilitates access to buried aspects of deeply entrenched complexes which do not lie in the biographical history (Woolger, 1990, 1993a; Grof, 1985, 1988, 1990; Lucas, 1993a).

1.2 Need for the research

Child abuse, and particularly child sexual abuse, is currently an area of great concern. Research findings in the field of family violence not only reflect the detrimental effect these childhood traumas have on psychological functioning in adulthood, but also emphasize how the abusive behaviour is perpetuated from one generation to the next, with the victims of today becoming the violators of tomorrow.

Developing effective psychotherapeutic interventions for breaking the complexes that underlie these vicious cycles of violence, abuse and aggression is not only important in terms of the psychological health of individuals, but has implications for global consciousness, and therefore for the future of the human species and the entire planet (Grof, 1985; Walsh, 1984; Stavely & McNamara, 1992; Harman, 1988).

Transpersonal psychology has introduced important new avenues for the accessing and breaking of complexes, and since the Association of Transpersonal Psychology launched its mouthpiece, the *Journal of Transpersonal Psychology*, in 1969, contributors to the field have built up a considerable body of literature in terms of case material and psychotherapeutic theory. Although the existing literature include the general principles for using past-life regressions in working with adult survivors of child abuse, reports of therapeutic techniques using non-ordinary states of consciousness are few. Most of the available data focus on the link between a specific symptom and a single or a few past-life regressions. As yet there are not much data available in terms of in-depth longitudinal studies. More research is required to gain a thorough theoretical understanding of the dimensions of deeply entrenched complexes, as well as the impact of a large number of past-life regressions and other transpersonal phenomena on the therapeutic process, in order to confirm and extend existing concepts and to develop innovative techniques of psychotherapy (Lucas, 1993a).

1.3 Aim and method

The aim of the research is to provide an in-depth phenomenological description and a theoretical-heuristic explication of the experience of a single subject who was an adult survivor of physical, emotional and sexual abuse in childhood, and who over a four-year period of intensive psychotherapy experienced a wide spectrum of transpersonal phenomena, including 123 past-life regressions.

The clinical material in this study not only provides the opportunity for an in-depth longitudinal study, but has the added advantage that the therapeutic process could be clearly delineated into a Biographical, Transpersonal and Termination Phase. Biographical material dominated the therapeutic process during the first 19 months but then disappeared from the

scene. This made it possible to study the therapeutic impact which working almost exclusively with transpersonal material had on the subject's prevailing complex.

A review of the literature on Transpersonal Psychology is presented in Chapter Two and a review of the literature on the clinical area of child abuse in Chapter Three.

Chapter Four presents a detailed account of the methodology that is used. The theoretical-heuristic case study aims to give an accurate description of the emergence, sequence and frequency of past-life regressions related to the prevailing complexes, to hermeneutically explore the process of the integration and transcendence of past-life personalities and their unfinished business, to evaluate the impact of past-life regressions and other transpersonal phenomena, and to contribute to the theoretical understanding of breaking complexes in the clinical area of child abuse.

The case material will be presented as follows:

- Chapter Five situates the clinical data by presenting an overview of the subject's biographical history, a discussion of the therapeutic approach and the delineation of the therapeutic process into different phases.
- Chapter Six presents an analysis of the Biographical Phase in order to identify the prevailing complexes at the onset of the Transpersonal Phase.
- Chapter Seven presents a documentation of the full range of transpersonal phenomena experienced by the subject and situates these phenomena within Grof's cartography of human consciousness.
- Chapter Eight develops the concept of the karmic complex as a conceptual tool for the present case study and offers a conceptualization of the clinical data within the transpersonal perspective of Woolger's theory.
- Chapter Nine investigates the process of breaking the complex by working therapeutically with transpersonal material and facilitating the integration of archetypal opposites.
- Chapter Ten presents the subject's psychological functioning at termination.
- Chapter Eleven presents concluding remarks on the theoretical and clinical implications of the case study.

A complete list of the 123 past-life regressions which were documented during the therapeutic process is presented in Appendix 1, a complete list of the 197 documented dreams in Appendix 2, and 16 poems written by the subject between the ages of 15 and 18 in Appendix 3.

CHAPTER TWO

The cosmos: A vale of soulmaking¹

2.1 Introduction

This chapter presents a review of the literature on Transpersonal Psychology, an emerging paradigm which recognizes the transbiographical domain of consciousness (Grof, 1988; Walsh & Vaughan, 1994; Woolger, 1990) and strives to bridge science and the spiritual traditions (Grof & Grof, 1989; Capra, 1975; Wilber, 1990).

It reviews the historical development of the transpersonal paradigm, which in 1968 established itself as the fourth major psychological approach to the study of humanity (Maslow, 1968, 1971; Sutich, 1976; White, 1985). The chapter highlights the difference between this paradigm and the mechanistic world-view of the Newtonian-Cartesian model of the universe, which governs traditional psychiatry and psychology, and the present convergence between Western science and Eastern spirituality (Goswami, 1995; Grof & Grof, 1990; Capra, 1975). The review also presents the therapeutic value of non-ordinary states of consciousness, maps the conceptual development of the karmic complex in Transpersonal Psychology (Woolger, 1990), and discusses the potential role of the past-life regression in the breaking of a complex.

2.2 Historical background

2.2.1 The Newtonian-Cartesian paradigm

The Newtonian-Cartesian model of the universe, with its mechanistic dualism of mind and body, cause and effect, solid space and linear time (Pribram, 1986; Goswami, 1995; Harman, 1988; Wolf, 1981) has dominated Western thinking for several centuries (Bohm, 1980; Pribram, 1971; Talbot, 1991; Romanyshyn, 1989). Based on the assumptions of material realism, namely:

- strong objectivity (i.e that there is an objective material universe out there, independent of humanity, which can be explored by the external probes of scientific enquiry and which can be approximated by analytical models),
- the positivist assumption (i.e that what is scientifically "real" must take as its basic data only that which is physically observable),
- the reductionist assumption (i.e that complex phenomena can be explained scientifically in terms of more elemental events, e.g. gas temperature in terms of the motions of the molecules; human behaviour in terms of stimulus and response),
- causal determinism (i.e that the world is fundamentally deterministic),
- locality (i.e that all interactions between material objects are mediated via local signals, and that objects exist essentially independent and separate from one another), and
- materialism and epiphenomenalism (i.e that subjective mental phenomena are but epiphenomena of matter),

1. "Call the world, if you please, the vale of soul-making. Then you will find out the use of the world." This passage from a letter by John Keats is used by Hillman (1989) as a psychological motto.

this model views the cosmos as a gigantic supermachine which is completely deterministic in its operation (Goswami, 1995; Harman, 1988). Life, consciousness and creative intelligence are seen as accidental by-products of matter, and human beings as highly developed animals or thinking biological machines (Goswami, 1995; Skinner, 1953; 1976; Cotterill, 1989; Grof & Grof, 1990). Within this world-view, the human organism is considered to be absolutely encapsulated by the boundaries of the skin, and the human psyche to be a product of neurophysiological processes in the brain, contained within the skull (Nelson, 1990; Skinner, 1953, 1976; Cotterill, 1989). Mental activity is considered to be solely based on information amassed by the sensory organs, and it is inconceivable that information could be accessed without the mediation of the senses (Grof & Grof, 1990).

Although all ancient and pre-industrial cultures throughout the ages used to place high value on visionary experiences and non-ordinary states of consciousness as an important means of connecting with spiritual dimensions, rationality became the ultimate measure of all things, and everything related to mysticism is disqualified as left over from the Dark Ages (Grof & Grof, 1989). In a recent affirmation of this reductionistic model of the mind, Cotterill (1989) stated that the idea of the individual soul is humanity's greatest self-delusion.

Governed by the Newtonian-Cartesian paradigm, traditional psychiatry and psychology do not accommodate spirituality of any form as a relevant and meaningful aspect of existence (Bohm, 1993; Grof, 1988; Harman, 1988) and make no distinction between psychosis and mysticism (Nelson, 1990; Grof & Grof, 1989). This attitude was reinforced by two developments in medical research. Some disorders with psychological manifestations were found to have organic bases, such as infections, tumours, vitamin deficiencies and vascular or degenerative diseases of the brain, and, in addition, medically oriented psychiatry found means of controlling those conditions for which no biological causes were found:

These results were sufficient to establish psychiatry as a sub-speciality of medicine, although no organic basis has yet been found for the majority of problems psychiatrists treat. As a result of this historical development, people who have various emotional and psychosomatic disorders are automatically referred to as patients, and the difficulties they are having are referred to as diseases of unknown origin, even if clinical and laboratory findings in no way substantiate such labels (Grof & Grof, 1989, p.xi).

Within this context, experiences in non-ordinary states of consciousness, due to their mystical nature, are automatically put into the category of pathology, labelled as psychoses, attributed to physical or physiological conditions, and treated with suppressive medication (Grof & Grof, 1989, 1990; Nelson, 1990).

Although profoundly sceptical writers such as Sigmund Freud, Karl Mannheim and Bertrand Russell did acknowledge the occurrence of "oceanic feelings", the mainstream of psychoanalytic writing contends that a mystical experience is a form of regression which, like schizophrenia, offers an escape from reality (Greeley & McCready, 1979). The generally accepted view of mysticism is summarized as follows:

Stimulated by a severe 'life crisis', an unacceptable external reality, one retreats to the world of infancy where one can deal with (or bypass) frustration and disappointment through an intense sensate experience. The mystic is a neurotic, an incipient psychotic; he cannot cope with the real world, so he flees to one of make-believe (Greeley and McCready, 1979, p.179).

Traditional psychologies also support the biographical model of psychosis, according to which all mental content or mind-states have their sources within observable aspects of the client's biographical history (Grof & Grof, 1989; Nelson, 1990). Before recent research findings began to suggest that non-ordinary states of consciousness may originate in the transpersonal realm, outside of both medical pathology and the personal life-history (Grof, 1988; Grof & Grof, 1989), recognition of spirituality in Western psychology was largely limited to William James (1842-1910), whose early investigations into non-ordinary states of consciousness, paranormal phenomena, and mystical states, have recently been reprinted (James, 1958, 1969); Roberto Assagioli (1888-1974), founder of the psychotherapeutic system called psychosynthesis (Assagioli, 1976, 1989); and Carl Gustav Jung (1875-1961), who vastly expanded the biographical model by introducing the concept of the collective unconscious and accepted numinosity as an intrinsic property of the psyche (Jung, 1953, 1960). Jung's concepts of the collective unconscious, the archetypes and the complex will be presented later (see 2.2.5; 2.3.4; 2.3.6).

2.2.2 Explorations of human consciousness

The 1950s and 1960s were marked by an escalating interest in exploring the human psyche via Eastern spiritual practices (Shapiro & Walsh, 1984; Goleman, 1975; Welwood, 1983), shamanism (Ingerman, 1991; Eliade, 1958, 1987; Halifax, 1990; Kalweit, 1989), mysticism (Shapiro & Walsh, 1984), the study of death and dying, (Moody, 1975, 1977; Kübler-Ross, 1985; Grof & Halifax, 1977; Crookall, 1961, 1965), the research of extrasensory perception (ESP) (Ostrander & Schroeder, 1970; Currie, 1978), and laboratory experimentation with mind-altering techniques such as sensory deprivation (Lilly, 1974), biofeedback (Green & Green, 1977) and psychedelic drugs (Grof, 1976, 1980, 1990; Masters & Houston, 1967; Stafford, 1992; Henderson, 1975). Of all substances that excite the visionary powers of the mind, the most potent was found to be LSD, a chemical derivative of the fungus ergot and members of the woodrose and morning glory families, which was synthesized in 1943 by the Swiss chemist Albert Hofman (Stafford, 1992). The effects of this psychedelic agent was widely studied by researchers in many different centres, and by the end of the 1950s it had already been established that LSD seemed to affirm the concepts of most of the existing psychological schools:

The Freudians were using LSD to abreact their patients and to explore Oedipal and other notions. The Jungians found that this drug manifested mandalas and rebirth experiences in their patients (Stafford, 1992, p.79).

A major contribution was made by the Czechoslovakian psychiatrist, Stanislav Grof, who did 17 years of research with LSD and, after observing more than 3500 sessions with human subjects, introduced views about the LSD experience quite different from those appearing in the early

literature (Grof, 1976, 1985, 1988; Grof & Grof, 1990; Grof & Halifax, 1977; Stafford, 1992). Grof carefully documented the structures of reality people experienced during non-ordinary states of consciousness and found an experiential spectrum that could be divided into three major categories.

Some experiences belong to the recollective-biographical level, related to infancy, childhood and various postnatal traumatic events. A second category, the perinatal level, revolves primarily around the issues of dying and being born. On this level people relive elements of their intrauterine life and biological birth in all its complexity of emotions, physical feelings and symbolic images. The third category includes experiences referred to as transpersonal, in that they reach far beyond the limits of ordinary human experience. Subjects no longer identify with the skin-encapsulated ego of their normal mind-state, but have the sense that their consciousness expands beyond the usual ego boundaries to transcend the limitations of time and space.

These experiences involve conscious identification with persons, animals or other entities that in the usual state of consciousness would clearly be considered outside the framework of the individual (Grof, 1985, p.30).

The transcendence of temporal barriers includes phenomena like identification with various animals on the evolutionary ladder and reliving experiences of previous incarnations, whereas the transcendence of spatial barriers includes the subjective experience of tuning in to the consciousness of animals, plants, inanimate objects, the consciousness of a group of people or even of all mankind, and to the consciousness of the planet or the entire material universe. Transpersonal phenomena also involve direct spiritual experiences such as feelings of cosmic unity, encounters with the spirits of dead persons, archetypal entities or suprahuman spiritual entities, visions of light or supernatural beauty, an intuitive understanding of universal symbols, the arousal of inner cosmic energy (kundalini), the activation of the centres of the subtle body (chakras), and identification with cosmic consciousness.

The ultimate of all experiences appears to be the Void, the mysterious primordial emptiness and nothingness that contains all existence in a germinal form (Grof & Halifax, 1977, p.56).

(For the complete list of transpersonal experiences classified by Grof, see 2.2.4.)

2.2.3 Parallels with ancient knowledge

In the 1970s, as research continued and other leading psychologists conducted various forms of experiential psychotherapy, three important discoveries were made.

Firstly, it became clear that the entire spectrum of experiences observed in psychedelic sessions could also be induced by various forms of non-drug methods, such as exploratory hypnosis, meditation, primal therapy, neo-Reichian work, bioenergetics, rolfing, Gestalt practice and different forms of re-birthing (Grof, 1988; Grof & Grof, 1990; Ferguson, 1973). Grof himself developed an experiential approach he called "Holotropic Breathwork", which combines deep, rapid breathing, evocative music, as well as other forms of sound and body work, and which

proved to have a potential for facilitating access to all levels of consciousness previously accessed via psychedelic drugs (Grof, 1988; Grof & Bennett, 1990; Grof & Grof, 1990). It seemed that the holotropic breathing induced non-ordinary mind-states by bringing about biochemical changes in the brain, which made it possible for the contents of the unconscious to surface and be consciously experienced (Stafford, 1992; Grof & Grof, 1990).

Secondly, this same spectrum of experiences had also been described by anthropologists, historians and students of comparative religion in the context of healing ceremonies, shamanism, aboriginal rites of passage and trance dancing in ecstatic religions (Grof, 1988; Eliade, 1986; Kalweit, 1989). It seemed that people of all times, geographical locations and cultures had known the intricacies of consciousness, although that knowledge was expressed in different metaphors (Pelletier, 1978).

Thirdly, it emerged that significant elements of transpersonal experiences showed convergence with the worldview of Eastern spiritual disciplines and relevance to basic ontological and cosmological questions (Grof, 1988; Grof & Grof, 1989; Grof & Grof, 1990; Masters & Houston, 1967; Stafford, 1992; White, 1984; Woolger, 1990; Roth 1989; Walsh & Vaughan, 1994; Henderson, 1975). Some transpersonal sessions had the form of profound religious and mystical experiences, quite similar to those described in the holy scriptures of the great religions of the world and reported by saints, prophets and religious teachers of all ages. It seemed that all the religious movements that have shaped human history were inspired and repeatedly revitalized by visionary experiences of transpersonal realities (Grof & Grof, 1990). The occurrence of a vastly expanded level of consciousness has since ancient times been known under a variety of terms, eg the "nirvana" of Buddhism (see 2.3.4), "satori" of Zen, "samadhi" of Yoga, "unio mystica" of Catholicism, "schema" of Cabbalism and "kairos" in Existentialism (Dean, 1985; Glueck & Stroebel, 1984). Descriptions of this experience can also be found in classical literature of the Middle Ages such as "The Divine Comedy" (Dante, 1980), written by Alighieri Dante (1265-1321).

An important contribution toward integration was made by Ken Wilber (1977), one of the foremost theoretical psychologists in the field of transpersonal and spiritual studies. In "The Spectrum of Consciousness" he provides a unifying model for understanding the process of consciousness development by integrating the different systems of psychology and psychotherapy from East and West, and the views of some of the world's most respected scientists, philosophers and religionists (Wilber, 1977). "Philosophia perennis," a term coined by Leibnitz, was defined by Aldous Huxley, five decades ago, as

the metaphysic that recognizes a divine Reality substantial to the world of things and lives and minds; the psychology that finds in the soul something similar to, or even identical with, divine Reality; the ethic that places man's final end in the knowledge of the immanent and transcendental Ground of all being (Huxley, 1946, p.1).

Wilber now formulated a perspective which he called "psychologia perennis", a universal and integrated view of human consciousness which expresses the same insights as the perennial philosophy, i.e. that human nature is ultimately identical with the One-in-all (Wilber, 1977).

Several other theorists have contributed to a creative rapprochement between psychology and traditional spiritual disciplines (Walsh & Vaughan, 1994; Woolger, 1990; Ingerman, 1991; Houston, 1987; Henderson, 1975; Pelletier, 1978). Representative anthologies from this field were compiled by Tart (1975), Shapiro and Walsh (1984) and Walsh & Vaughan (1994), and accounts of personal experience were published by Moss (1981, 1986).

From this integrated perspective, mysticism is viewed as a profound science of mind and spirit (Grof, 1985; Shapiro & Walsh, 1984; Henderson, 1975), and transpersonal experiences, instead of being psychotic episodes, are considered to be manifestations of the deep recesses of the human psyche which are not ordinarily accessible (Grof & Grof, 1989; Kalweit, 1989; Grof & Grof, 1986; Stafford, 1992; Bragdon, 1988, 1990; Pelletier, 1978). Transpersonal experiences seemed to constitute important and necessary components of a profound healing process (Grof & Grof, 1990; Perry, 1974; Stafford, 1992; Lukoff & Everest, 1985).

In his proposed integration of spiritual psychologies with modern medical science Nelson (1990) called for a radical new theory of "madness" that would take into account the whole of our being:

A transpersonal approach to psychotic experiences invites us to rethink the entrenched fallacy that human beings are purely physical objects, spiritless and mechanical, isolated by their skin from the environment, helpless pawns of genetic endowment, biological drives, and the indecipherable complexity of the brain (Nelson, 1990, p.xix).

Along with the deepening interest in the interface between spiritual development and psychological health (Grof, 1990; Nelson, 1990; Henderson, 1975; Stafford, 1992) many mental health professionals now became increasingly aware of the abysmal ideological gap between contemporary psychiatry and psychology, and the wealth of profound knowledge of the human psyche which had accumulated over centuries in great spiritual traditions like Tibetan Vajrayana, Taoism, Zen Buddhism and Sufism, but had not been acknowledged, explored by and integrated into Western science (Nelson, 1990; Grof, 1985). An increasing number of writers came to the conclusion that no dichotomous perspective - inner versus outer, material versus psychological, mind versus body - could provide an adequate description of the present state of knowledge (Nelson, 1990; Chopra, 1989; Pelletier, 1978).

It is impossible to create a well-working society on a knowledge base that is fundamentally inadequate, seriously incomplete, and mistaken in basic assumptions. Yet that is precisely what the modern world has been trying to do (Harman, 1988, p.20).

A drastic revision of the current understanding of human nature and even the nature of reality was called for, and a comprehensive paradigm for the study of human consciousness that would reconcile and integrate all opposites (Grof 1985; Wilber, 1990; Pelletier, 1978; Goswami, 1995; Capra, 1975, 1982).

2.2.4 Grof's cartography of human consciousness

In search of a new paradigm and a unifying theory of consciousness, Grof integrated his own detailed and systematic observations and the contributions of other researchers of transpersonal

phenomena to document a wide-ranging cartography of the unusual human experiences that occur in non-ordinary states of consciousness (Grof, 1976, 1980, 1988; Grof & Grof, 1990). Although the main classes of Grof's cartography were already briefly mentioned in section 2.2.2, the complete list of categories is included here because a large number of them will be referred to in the case-material.

The following classification represents the complete range of transpersonal experiences Grof has witnessed in psychedelic research, in sessions of holotropic breathing, and in his work with individuals who experienced spontaneous episodes of non-ordinary states of consciousness. It also includes transpersonal phenomena of the psychoid type which have been described repeatedly in ancient mystical literature as well as recently by some modern researchers other than Grof:

(a) Experiential extension within consensus reality and space-time

1. Transcendence of spatial boundaries

- (i) Experience of dual unity
- (ii) Identification with other persons
- (iii) Group identification and group consciousness
- (iv) Identification with animals
- (v) Identification with plants and botanical processes
- (vi) Oneness with life and all creation
- (vii) Experience of inanimate matter and inorganic processes
- (viii) Planetary consciousness
- (ix) Extraterrestrial experiences
- (x) Identification with the entire physical universe
- (xi) Psychic phenomena involving transcendence of space

2. Transcendence of the boundaries of linear time

- (i) Embryonal and foetal experiences
- (ii) Ancestral experiences
- (iii) Racial and collective experiences
- (iv) Past incarnation experiences
- (v) Phylogenetic experiences
- (vi) Experiences of planetary evolution
- (vii) Cosmogenetic experiences
- (viii) Psychic phenomena involving transcendence of time

3. Physical introversion and narrowing of consciousness

(b) Experiential extension beyond consensus reality and space-time

- (i) Spiritistic and mediumistic experiences
- (ii) Energetic phenomena of the subtle body
- (iii) Experiences of animal spirits
- (iv) Encounters with spirit guides and suprahuman beings
- (v) Visits to other universes and meetings with their inhabitants
- (vi) Experiences of mythological and fairy-tale sequences
- (vii) Experiences of specific blissful and wrathful deities
- (viii) Experiences of universal archetypes
- (ix) Intuitive understanding of universal symbols
- (x) Creative inspiration and the Promethean impulse
- (xi) Experience of the Demiurg and insights into cosmic creation
- (xii) Experience of cosmic consciousness

(xiii) The supracosmic and metacosmic void

(c) Transpersonal experiences of psychoid nature

- 1. Synchronistic links between consciousness and matter**
- 2. Spontaneous psychoid events**
 - (i) Supernormal physical feats
 - (ii) Spiritistic phenomena and physical mediumship
 - (iii) Recurrent spontaneous psychokinesis (poltergeist)
 - (iv) Unidentified flying objects (UFO phenomena)
- 3. Intentional psychokinesis**
 - (i) Ceremonial magic
 - (ii) Healing and hexing
 - (iii) Siddhis
 - (iv) Laboratory psychokinesis

(Grof, 1988, pp.42-3)

Because of the deep similarity that is observed among experiences during psychedelic sessions, holotropic breathwork, and the non-ordinary mind-states that spontaneously arise during spiritual emergence (see 2.3.2), this cartography of the psyche is a useful guide for all of them (Grof & Grof, 1990).

2.2.5 Convergence with revolutionary developments in science

Although the emerging paradigm is fundamentally incompatible with pre-Einsteinian physics (Bohm, 1980; Pribram, 1986; Goswami, 1995; Grof & Grof, 1990), it can be integrated with revolutionary developments in various scientific disciplines that are presently bringing about a drastic change in the scientific world-view (Grof, 1988; Wilber, 1990). These disciplines include cybernetics and systems theory (Bateson, 1972), neuroscience (Pribram, 1971, 1986), psychobiology (Sheldrake, 1981; Brown 1975), the healing of human bioenergy fields (Brennan, 1993), and quantum-relativistic physics (Bohm, 1980, 1993; Talbot, 1991; Capra, 1975, 1982; Goswami, 1995). The principles of quantum theory made it possible to discard the assumptions of material realism as unwarranted (see 2.2.1):

Cartesian dualism of mind and body violates the laws of conservation of energy and momentum that physics has established beyond doubt (Goswami, 1995, p.151).

The world-views of advanced physics, chemistry and astronomy also increasingly parallel great spiritual traditions such as Buddhism (Rothberg, 1986; Tart, 1975), in which Absolute mind is believed to be the sole reality (Sangharakshita, 1957; Nyanaponika, 1962; Trungpa, 1973), and Jung's ontological interpretation of the collective unconscious (2.3.4; 2.3.6), as he expressed it in one of his letters:

The collective unconscious, it's not for you, or me, it's the invisible world, it's the great spirit. It makes little difference what I call it: God, Tao, the Great Voice, the Great Spirit (Jung, 1977, p.375).

An observation by Sir James Jeans in 1937 that the stream of scientific knowledge was heading toward a nonmechanical reality, and his conclusion that the universe was beginning to look more like a great thought than a great machine, is gaining increasing support in the scientific arena:

The centrepiece of this new paradigm is the recognition that modern science

validates an ancient idea - the idea that consciousness, not matter, is the ground of all being (Goswami, 1995, p.2).

In another perspective the same belief is expressed by the dance therapist Gabrielle Roth:

We find that the deeper we probe the matter of creation, the more we bump up against the mystery of nonmatter, uncreated energy, infinity. In a word, spirit (Roth, 1989, p.174).

Two developments in science that are particularly important in providing conceptual tools for understanding and working with transpersonal states, are the accumulating evidence for the concept of the human body as an energy field (Brennan, 1993; Ostrander & Schroeder, 1979), and the theory of holography, based on a mathematical invention by Dennis Gabor (Pribram, 1986).

(a) The human body as energy field

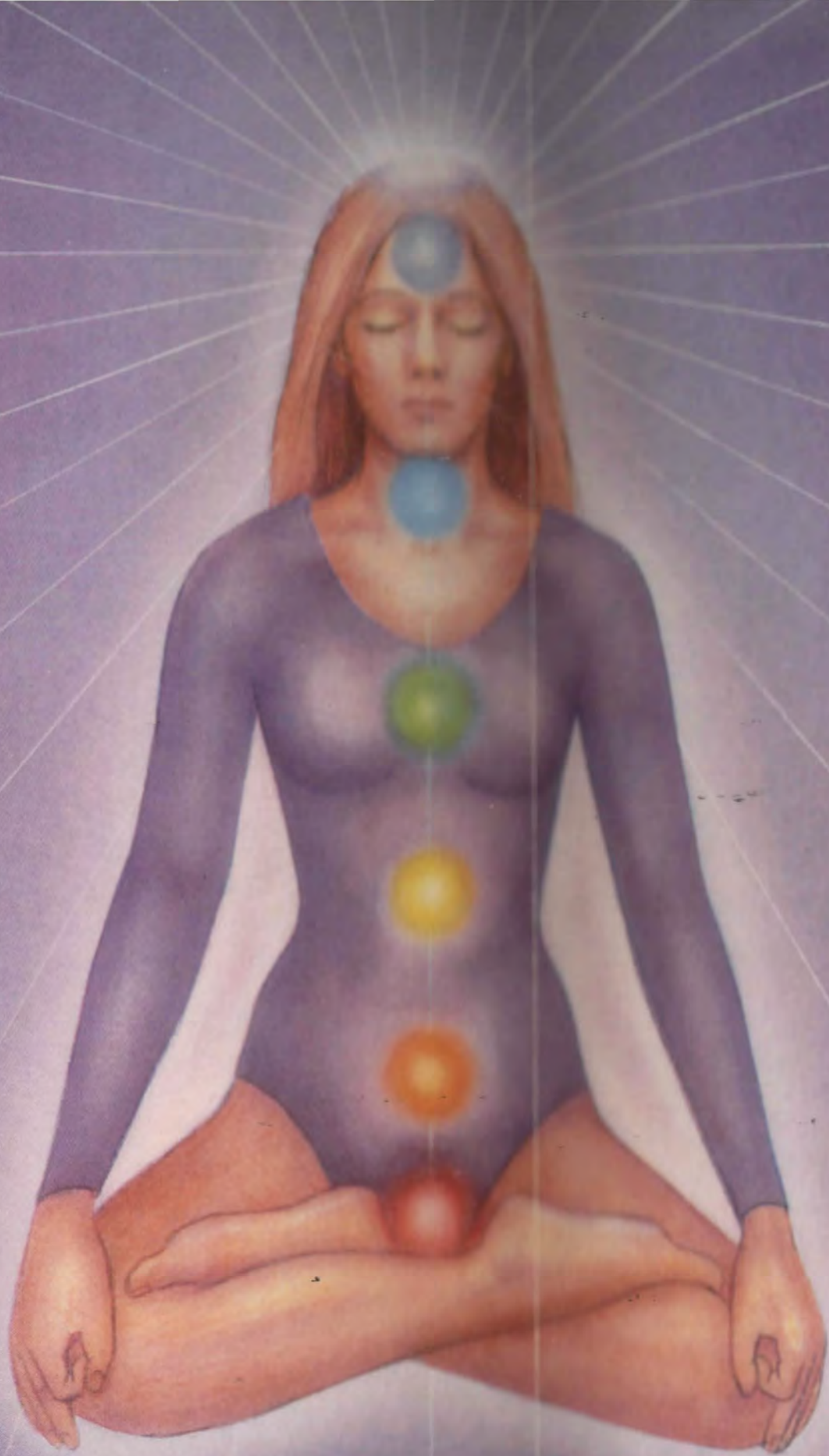
Among the transpersonal experiences documented by Grof (1985, 1988) were phenomena which resemble the arousal of inner cosmic energy (kundalini) and the activation of the centres of the psychic body (chakras), that had been described in ancient Vedantic science such as the Yoga Sutras of Patanjali (Prabhavananda, 1964).

Kundalini was conceptualized by Indian yogis as a form of subtle energy which, in the human body, resides in its latent form at the base of the spine (Sanella, 1987; Selby, 1992). They claimed that, when activated, kundalini changes into its fiery form, "shakti", which then rises up the spine and flows through the conduits and seven psychic energy centres (chakras) of the subtle body, a non-physical energy-field that infuses and surrounds the physical body. As it ascends, it opens the centres of psychic energy or chakras.

Chakras are conceptualized as energy vortices which interpenetrate the physical body at certain points and are located along an axis corresponding to the spine. This is illustrated by Figure 1 (MacLaine, 1989) on p.15. Each chakra is related to a specific gland and each chakra is believed to control certain life functions:

- The first chakra (in the groin area) is related to all aspects of physical survival,
- the second (below the navel) to sexuality,
- the third (at the solar plexus) to aggression and personal power,
- the fourth (at the heart) to universal love,
- the fifth (at the throat) to spirituality and creativity,
- the sixth (in the centre of the forehead) to psychic perception and inner visualization,
- and the seventh (at the top/crown of the head) to a cosmic connection (Grof & Grof, 1990; Sanella, 1987; Schwimmer, 1992; Selby, 1992).

The degree to which each chakra is opened or obstructed is believed to determine the way a person experiences the world and relates to it (Grof & Grof, 1990).



Modern physics and psychobiology are now providing increasing evidence of the existence of collective energy fields among living beings (Sheldrake, 1981) as well as an individual energy system within each physical body (Brown, 1975; Brennan, 1993; Ostrander & Schroeder, 1970, 1979). In 1981, Sheldrake published a theory of "morphogenetic fields" which is based on research findings that members of a species automatically acquire certain organismic properties or specific forms of behaviour developed by other members of the same species, even if there had been no conventional forms of contact between them. According to him the form, development, and behaviour of these organisms are shaped by "morphogenetic fields" which exist amongst members of the same species, fields which had been moulded by the form and behaviour of previous organisms of their species. This concept of morphic resonance thus suggests the existence of invisible organizing energy fields (Sheldrake, 1981).

This theory may relate to Jung's hypothetical construct of the collective unconscious. In terms of Jung's theory, the human psyche, in addition to its individual unconscious, shares in a collective unconscious which allows access to a vast warehouse of memories encompassing all of human experience from the beginning of time (Jung, 1953). This includes the archetypes, i.e. the universal potentialities or urges to experience specific traits, principles or behavioural possibilities that characterize the human species. If Sheldrake's hypothesis of morphogenetic fields among members of the same species applied to the human species, and was scientifically validated, it would provide a scientific basis for Jung's hypothetical construct (Singer, 1991; Bolen, 1979) (see 2.3.4).

Sheldrake's theory encompasses the individual energy fields which have been investigated by other researchers. Harold Burr, a researcher of Yale, has established several decades ago that all living things are surrounded by electrodynamic fields he could measure with a voltmeter, and in 1968 six Soviet scientists used the process of ultra-high-frequency electrical photography, invented in 1939 by the Russian team Semyou and Valentina Kirlian, to photograph energy moving through the human body. Their photographs indicated that this energy follows the same pathways described in Oriental acupuncture, which have been used in Chinese medicine for over four thousand years (Ostrander & Schroeder, 1979). They also announced their discovery that all living beings have a counterbody of energy, which they called the biological plasma body. When a living being had lost part of its body (such as an amputated leg or a partly torn leaf) the entire bioplasmic body was still clearly visible on the photograph (Ostrander & Schroeder, 1979).

In 1974, the Japanese scientist Motoyama was able to demonstrate instrumentally the nature of the body's energy fields as well as shifts in the energy centres (Motoyama, 1978).

(b) Holography

Reality, according to quantum physics, is non-local, undifferentiated, and holographic in nature (Bohm, 1980; Pribram, 1971; Talbot, 1991; Ritchey, 1993). The main proponents of this theory are quantum physicist David Bohm and neurophysiologist Karl Pribram. Holography is essentially a kind of lensless photography based on the principles of interference patterns - the patterns created when two or more wavelike phenomena (e.g. water, light, electromagnetic waves) ripple through each other (Talbot, 1991). To create a hologram, an interference pattern is generated by

splitting a single laser light into two separate beams and allowing them to collide after one beam was bounced back from the object to be photographed. When this pattern is recorded on film, and the film then re-illuminated by a laser light, a hologram or three-dimensional image of the original object appears (see Figure 2 and 3).

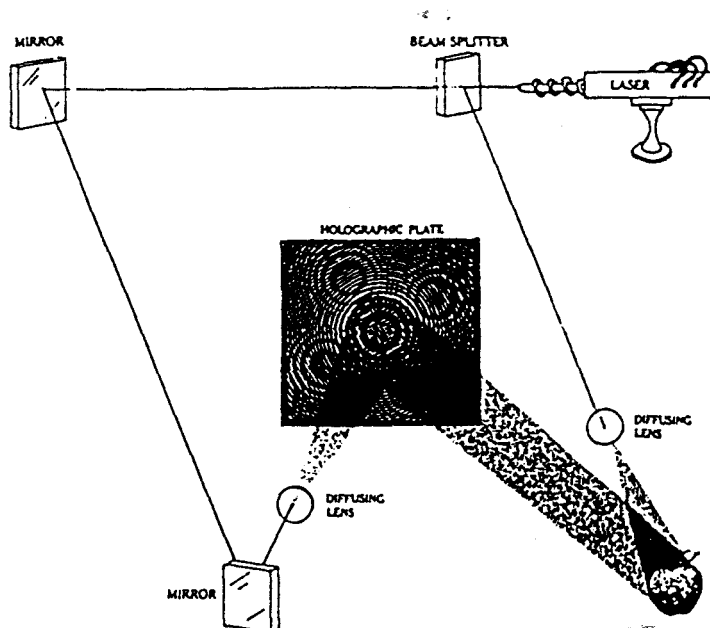


Figure 2: A hologram is produced when a single laser light is split into two separate beams. The first beam is bounced off the object to be photographed, in this case an apple. Then the second beam is allowed to collide with the reflected light of the first, and the resulting interference pattern is recorded on film (Talbot, 1991, p.15).

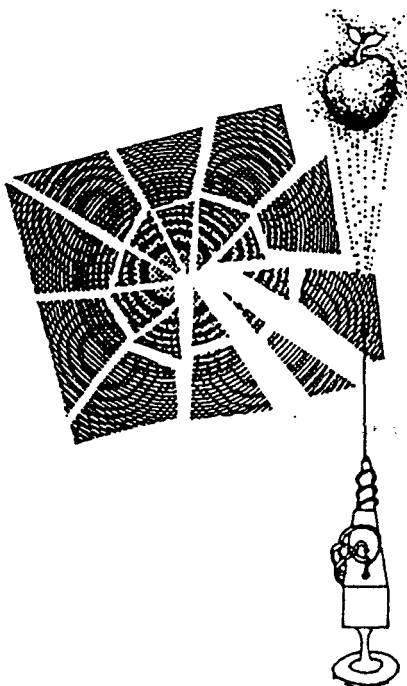


Figure 3: Unlike normal photographs, every portion of a piece of holographic film contains all the information of the whole. Thus if a holographic plate is broken into fragments, each piece can still be used to reconstruct the entire image (Talbot, 1991, p.18).

Two remarkable features of holography are the "realistic" appearance of the three-dimensional holographic projection and the fact that - if cut into pieces - each small portion of the holographic film is found to contain the entire image of the original object (Bohm, 1980; Pribram, 1971; Talbot, 1991; Ritchey, 1993). The implications of Gabor's mathematical invention of the hologram provided quantum physics with a valuable conceptual tool:

Holography has become a window through which we are able to conceptualize a universe totally different from that which characterizes the world of appearances (Pribram, 1986, p.517).

Drawing an analogy between the functioning of the human brain and our perception of objective reality, and the laser illumination of a piece of holographic film, Bohm and Pribram came to the following conclusion:

Our brains mathematically construct objective reality by interpreting frequencies that are ultimately projections from another dimension, a deeper order of existence that is beyond both space and time: The brain is a hologram enfolded in a holographic universe (Talbot, 1991, p.54).

This concept from quantum physics, and in particular the fact that information in holographic systems is distributed in such a way that all of it is contained and available in each of its parts, provided Grof with an important conceptual tool in understanding transpersonal phenomena. Having concluded that existing neurophysiological models of the brain were inadequate, he recognised that the concept of 'distributed information' opened up entirely new perspectives in the understanding of how transpersonal experiences can mediate direct access to information about various aspects of the universe that lie outside the conventionally defined boundaries of the individual (Grof & Grof, 1990; Grof, 1985; Grof & Bennett, 1990; Talbot, 1991).

Grof argues that if the individual and the brain are not isolated entities but integral parts of a universe with holographic properties, it is then conceivable that they can have direct and immediate access to information outside themselves (Grof & Grof, 1990). He interprets the implications of transpersonal experiences as follows:

- These experiences clearly suggest that, in a yet unexplained way, each of us contains the information about the entire universe or all of existence, has potential experiential access to all its parts, and in a sense is the whole cosmic network, as much as he or she is just an infinitesimal part of it, a separate and insignificant biological entity (Grof, 1985, pp.44-45).
- I see consciousness and the human psyche as expressions and reflections of a cosmic intelligence that permeates the entire universe and all of existence. We are not just highly evolved animals with biological computers embedded inside our skulls; we are also fields of consciousness without limits, transcending time, space, matter, and linear causality (Grof & Bennett, 1990, p.18).

2.2.6 The spiritual task of psychology

Psychologists who accept spirituality as an intrinsic property of the psyche see this concept as having important implications for the life of the individual:

More and more people seem to be realizing that true spirituality is based on personal experience and is an extremely important and vital dimension of life. We might be paying a great price for having rejected and discarded a force that nourishes, empowers, and gives meaning to human life. On the individual level, the result seems to be an impoverished, unhappy, and unfulfilling way of life, as well as an increased number of emotional and psychosomatic problems (Grof & Grof, 1989, p.xiii).

The importance of a transpersonal approach to psychology was verbalized as follows by the dance therapist Gabrielle Roth:

... the spark of the infinite that energizes each of us derives from the same ultimate source. We needn't interpret this source theistically, but it is easy to think of it as a universal energy in which everything participates to some degree. Hence, freeing the spirit means fanning that spark of infinity into a consuming fire, channelling the ultimate into the now, embodying the infinite in our finite lives (Roth, 1989, p.174).

Houston (1987), who was involved in early research into non-ordinary states of consciousness, sees processes like the emergence of a new science, a global spiritual sensibility, and the ecology of consciousness, as well as the rise of the feminine and the new understanding of the potential for extending human capacities, as manifestations of the world changing on a deep ontological level. She calls for a sacred psychology which will meet the deepest yearning in every human soul, "to return to its spiritual source" (Houston, 1987, p.xi), and which will involve "processes that enhance the connection between the historical self and the ultimate reality" (Houston, 1987, p.xi).

Gina Cerminara (1981), who did extensive research on the transpersonal data provided by the well-known psychic Edgar Cayce (see 2.3.4), states that this world-view provides a philosophy of cosmic purposiveness, rather than of cosmic meaninglessness.

It can, therefore, liberate energy and lead to self-transformation in a manner that insight obtained in the gloomy, materialistic, spirit-negating and atheistic Freudian system cannot (Cerminara, 1981, p.97).

On the collective scale, the acceptance of spirituality as an intrinsic property of all existence also has implications for the future of the human species and the planet. As the economic, sociopolitical and ecological situation in the world deteriorates, there is a growing interest in the evolution of consciousness as a possible alternative to global destruction (Grof, 1985; Walsh, 1984; Grof & Valier, 1988; Stavely & McNamara, 1992). According to Harman (1988), the implications of Transpersonal Psychology reverberate not just through science but through all of the institutions of all the societies on the globe:

In the past, humanists and religionists and transpersonal psychologists have tended to tiptoe around some of these heretical issues, duly respectful of the power of established science and wary lest they incur its wrath. But the stakes are very high. It begins to look as though all of the global dilemmas of which we have so recently become aware - the inadequacy of military strength to bring national and global security, the inappropriateness of world economic activities to living together on a small planet, the seemingly built-in disparities between the consuming North and the poverty-stricken South - in the end stem from our modern Western picture

of reality, which we have equated with the "reality" of reductionistic science. Perhaps the time has come to tiptoe no longer, but to quietly, firmly, self-confidently insist on the need for a restructuring of science to accommodate all, rather than just part, of human experience (Harman, 1988, p.21).

2.2.7 The Association of Transpersonal Psychology

Committed to exploring spirituality as an intrinsic property of the deeper dynamics of the psyche and developing a unified science of consciousness, transpersonal theorists established the Association of Transpersonal Psychology in 1968 (Sutich, 1976; White, 1985) and launched its mouthpiece, the *Journal of Transpersonal Psychology* in 1969. They acknowledged that the first three major psychological approaches - Behaviourism, Classical Psychoanalysis and Humanistic Psychology - were too limited in their basic postulates and fundamental metaphysical assumptions about human consciousness and reality to accommodate the new paradigm, and officially declared Transpersonal Psychology as a "fourth force" (Sutich, 1976; White, 1985).

Maslow (1968), who played an important role in this development, commented as follows:

I consider Humanistic, Third Force Psychology, to be transitional, a preparation for a still "higher" Fourth Psychology, transpersonal, transhuman, centred in the cosmos rather than in human needs and interest, going beyond humanness, identity, self-actualization and the like ... We need something "bigger than we are" to be awed by and to commit ourselves to in a new, naturalistic, empirical, non-churchy sense, perhaps as Thoreau and Whitman, William James and John Dewey did (Maslow, 1968, pp.iii-iv).

Wilber (1990) applauded the integrated approach:

The result is a comprehensive or full-spectrum view of human psychology that includes matter, body, mind, soul, and spirit, in both their normal and pathological manifestations (Wilber, 1990, pp.x-xi).

The transpersonal approach is supported by Phenomenological Psychology (inspired by the work of Edmund Husserl), which moved beyond the encapsulated view of the human being in Humanistic Psychology to an open-ended stance, in which no human experience is disqualified and the door to the spiritual and transpersonal is kept firmly open (Kruger, 1988).

Phenomenological Psychology is already a transpersonal psychology in the sense that the world is not restricted to tangibilities and mere facts but can only be conceptualized as a system of infinite possibilities and meanings ... L. Binswanger could argue that Heidegger's being-in-the-world does not exclude being-beyond-the-world (Kruger, 1988, p.216).

In the formulation of its goals, Transpersonal Psychology extended its scope beyond striving for a mere return from unhealthiness to normality, to that of facilitating humanity's ultimate development, as individuals as well as a species (Sutich, 1976; White, 1985). With emphasis on phenomenological principles, holism and the primacy of consciousness, Transpersonal Psychology is concerned with the empirical, scientific study of and responsible implementation of the findings of a wide range of phenomena. These phenomena include cosmic consciousness, transcendence of the self, ecstasy, peak experiences, self-actualization, universal values, maximal

sensory awareness and interpersonal encounters, the sacralization of every day life and spiritual disciplines (Sutich, 1976; White, 1985). The study is done from a stance of unbiased openness to the ideologies of different religions or philosophical traditions, and without allegiance to any specific doctrinal position (Edwards, 1991).

2.3 The Transpersonal perspective on psychotherapy

2.3.1 The therapeutic potential of non-ordinary states of consciousness

After the first LSD clinic open to the public was established in England in 1953, additional centres sprang up in Germany, Italy, France, Holland, Czechoslovakia, several Scandinavian countries, Canada and the USA. By the time research with LSD was curbed in 1966, more than 40 000 mental patients had received it (Stafford, 1992). The results of this work led Grof and other researchers to the conclusion that transpersonal states have a remarkable healing and transformative potential (Grof & Grof, 1990; Stafford, 1992; Bache, 1994; Henderson, 1975).

Transpersonal experiences associated with positive emotions, such as feelings of oneness with humanity and nature, states of cosmic unity, encounters with blissful deities, and union with God, have a special role in the healing and transformative process. While various painful and difficult experiences cleanse the psyche and open the way to more pleasant ones, the ecstatic and unitive states represent the very essence of true healing (Grof & Grof, 1990, p.154).

Non-ordinary states of consciousness set in motion the following spontaneous healing processes that seem to be governed by a deep organismic wisdom:

(a) Bringing unconscious material to consciousness

Grof found that working therapeutically in non-ordinary mind-states was the most direct and powerful way to make the unconscious conscious. He claims that in non-ordinary states of consciousness a person's biographical traumas, instead of being reconstructed from fragments of memories or dreams, can be fully and vividly relived, thus allowing access to all the sensory, emotional and physical features of the imprints they left on the psyche, and releasing the energy that had been blocked as a result. Repressed memories of significant biographical material, which in psychoanalysis and related approaches may take months or even years to emerge, frequently start coming to the surface within the first few sessions (Grof & Grof, 1990).

(b) An automatic selection by the psyche of the most relevant and emotionally charged material

An additional advantage to exploring the psyche in non-ordinary states of consciousness, rather than in ordinary states, is that there seems to be an automatic selection of the most relevant and emotionally charged material from the person's unconscious:

It is as if an 'inner radar' system scans the psyche and the body for the most important issues and makes them available to our conscious minds (Grof, 1990, p.23). When such unconscious contents emerge fully into consciousness ... they lose their disruptive influence on every day life; this can result in dramatic healing

of various emotional and even physical problems (Grof & Grof, 1990, p.153).

(c) Indicating the role of physical traumas in symptom formation

This "inner radar system" alerted Grof to an important aspect of the biographical realm which escaped notice in previous explorations of human consciousness, namely the impact of early physical trauma on emotional development:

We found that the radar system brings to the surface not only memories of emotional traumas, but also memories of events where the survival or integrity of the physical body was threatened. The release of emotions and patterns of tension that were still being stored in the body as a result of these early traumas proved to be one of the most immediate and valuable benefits derived from this work (Grof & Bennett, 1990, p.24).

Grof found that memories of physical traumas are often the source of serious emotional and psychological problems, such as depression, phobias or muscular pains, and that these problems can be dramatically alleviated or resolved when the underlying memories are brought to consciousness (Grof & Grof, 1990). Being able to bring their deepest psychic spaces to awareness seems to act as a powerful psychic purgative on disturbed persons (Henderson, 1975).

(d) Erasing negative imprints and emotional charges

Another therapeutic potential of non-ordinary states of consciousness is its apparent ability to erase negative images or emotional charges (Grof & Grof, 1990). (See 2.2.5) These mind-states seem to have the effect of not only releasing emotional, but also physical symptoms:

When the process moved beyond the biographical material from infancy and childhood and the experiences began to reveal the greater depths of the human psyche, with all its mystical overtones, the therapeutic results exceeded anything I had previously known. Symptoms that had resisted months or even years of other treatment often vanished after patients had experiences such as psychological death and rebirth, feelings of cosmic unity, archetypal visions, and sequences of what clients described as past-life memories (Grof & Bennett, 1990, p.17).

(e) Evolution to higher consciousness

The process of bringing unconscious material to consciousness and clearing the effects of old traumas seems to mediate spiritual opening and raise the person to a higher level of consciousness (Grof & Grof, 1990; Schwimmer, 1992).

When an individual whose only concern in the past has been to get rid of emotional and physical distress and to achieve success in this world is suddenly confronted with the realms of perinatal and transpersonal phenomena, he or she will discover the critical importance of the basic ontological and cosmological questions (Grof, 1988, p.265).

This broader process of transformation is called "spiritual emergence".

2.3.2 Spiritual emergence

Spiritual emergence can be defined as a process of deep psychological transformation which involves an unfolding of the spiritual dimensions of personal awareness, and which may bring about a shift from identification with the personal ego to an identity of a transpersonal nature (Grof, 1988; Bragdon, 1988; Grof & Grof, 1986, 1990).

Evidence of the healing and transformative effects of non-ordinary mind-states induced by psychedelic drugs and Holotropic Breathwork, and the fact that the same types of experiences occur during various forms of spontaneous psychospiritual crises, brought transpersonal psychologists to the conclusion that many mind-states which were previously considered to be manifestations of mental disease were actually incidents of spiritual emergence and expressions of a self-healing process in the psyche and in the body (Bragdon, 1988, 1990; Grof, 1988; Grof & Grof, 1989). This conclusion is supported by findings from many other disciplines, including modern consciousness research, anthropological field studies, parapsychology, thanatology, comparative religion, and mythology (Grof & Grof, 1989).

In many instances, the emergence of these elements into consciousness may be the organism's effort to free itself from the bonds of various traumatic imprints and limitations, heal itself, and reach a more harmonious way of functioning (Grof & Bennett, 1990, pp.18-19).

Grof stated that the manifestations of evolutionary crisis are highly individual and that no two spiritual emergencies are alike:

Within the individual human psyche there are no distinct boundaries; all its contents form one indivisible continuum ... One should not, therefore, expect that different types of spiritual emergence will fall into clean diagnostic pigeonholes that can be easily distinguished from one another (Grof & Grof, 1989, p.13).

Amongst the diversity of individual experience, he identified the following phenomena as the most important varieties of spiritual emergence:

- (a) The awakening of kundalini
- (b) Episodes of unitive consciousness ("peak experiences")
- (c) The crisis of psychic opening
- (d) Past-life experiences
- (e) Communication with spirit guides and "channelling"
- (f) Possession states
- (g) Near-death-experiences
- (h) The shamanic crisis²
- (i) Experiences of close encounters with UFOs
- (j) Psychological renewal through return to the centre (Grof & Grof, 1989).

2. "Shaman" is a term used by anthropologists for a special kind of medicine man/woman, who regularly enters non-ordinary states of consciousness to heal, conduct rituals to influence specific events, or obtain information by extrasensory means (Kalweit, 1989). The career of a shaman typically begins with a dramatic involuntary visionary episode that anthropologists call a shamanic illness or crisis. During this time the future shaman typically loses contact with the environment and has powerful inner experiences which involve death and dismemberment, rebirth, ascent to astral regions, connections with animals, plants, and the elemental forces of nature, as well as performing shamanic rituals (Grof & Grof, 1989; Eliade, 1958, 1987).

The unfolding of the spiritual dimensions of personal awareness can happen in a non-problematic and healthy way, but in cases where the powerful emergence of unconscious elements disturbs the former balance of the ordinary personality to produce various reactions, over-excitement or a sense of disorientation, it may present as a psychotic state. Although in such cases a spiritual emergence may become a psychospiritual crises or "spiritual emergency", it is also considered to be an opportunity for rising to a new level of awareness (Bragdon, 1988, 1990; Grof & Grof, 1989, 1990; Grof & Bennett, 1990).

Grof documented that these experiences are often terrifying.

The experience of extraordinary perception can be associated with deep metaphysical fear, since it challenges and undermines the worldview that the Western culture subscribes to and associates with sanity (Grof, 1988, p.72).

He emphasizes the need to differentiate between instances of spiritual emergence and conditions of a clearly psychotic nature, such as characterized by paranoid delusions and hallucinations, lack of insight and extravagant forms of behaviour:

For some of the disorders in the category of psychosis, modern science has found underlying anatomical, physiological, or biochemical changes in the brain or in other parts of the organism. This subgroup is referred to as organic psychoses and belongs unquestionably in the domain of medicine. However, for many other psychotic states, no medical explanation has been found in spite of the focused efforts of generations of researchers from various fields. In spite of the general lack of results in the search for specific medical causes, these so-called functional psychoses are usually put into the category of mental diseases whose cause is unknown. It is this subgroup of psychoses that interests us here (Grof & Grof, 1989, p.4).

Grof maintains that if these states are properly understood as difficult stages in a natural developmental process and treated supportively, rather than suppressed by standard psychiatric routines, they can result in the spontaneous healing of various emotional and psychosomatic disorders, personality transformation, a radical shift in values, solutions to important life-problems and evolution towards a higher consciousness (Grof & Grof, 1989; Grof, 1988).

A widespread interest in the conscious pursuit of spiritual growth has emerged in Western countries over the last three decades and an increasing number of people are having experiences of spiritual emergence - either spontaneously or precipitated by physical or emotional trauma, psychedelic drugs, intensive experiential psychotherapy, or deep involvement in meditation and spiritual practice (Grof & Grof, 1989; Stafford, 1992).

This has provided transpersonal psychologists with the opportunity to explore the therapeutic potential of non-ordinary states of consciousness and to implement the healing mechanisms into the current psychotherapeutic armamentarium (Grof, 1988, 1989; Dean, 1985; Lucas, 1993a; Lucas, 1993b).

The understanding of the therapeutic potential of non-ordinary states of consciousness, thus gained via the transpersonal perspective, now makes it possible for psychologists to work

with these mind-states in a healing way and to allow the process of spiritual emergence to move forward, instead of resorting to suppressive medication.

2.3.3 The past-life regression as transpersonal phenomenon

Within the range of transpersonal experiences classified in Grof's cartography (see 2.2.4), those that appear to be regressions to past incarnations (and which will henceforth be referred to as "past-life regressions") have been found to play a particularly important role in psychological and psychosomatic healing.

The past-life regression, which regularly occurs in deep experiential psychotherapy and the process of spiritual emergence, has the essential characteristic that a subject experiences him/herself in a different form, at another place and time, and in a different context, but with a convinced sense of remembering something that happened to him/herself before. While maintaining a sense of individuality and personal identity, the subject at the same time experiences a compelling identification with the apparent memory as belonging to the same unit of consciousness (Grof, 1988; Lucas, 1993a; Moss & Keeton, 1979).

Hall (1990) describes a personal experience during a therapy session:

I quite suddenly experienced my body changing its nature. I felt myself, I knew myself, as having brown flesh. I was male and about 60 years old and lying in a gutter in India. I knew that I was dying and that it would soon be over. And then, inexplicably, I seemed to have left my body altogether - both my brown body in India and my white one in the therapy room (Hall, 1990, p.269).

Transpersonal psychologists claim that past-life regressions typically manifest the following characteristics:

- The subject often is aware of observing and experiencing simultaneously:
The conscious watches, listens, reasons, and often experiences its own emotions, very different from those of the unconscious acting through the new character (Moss & Keeton, 1979, p.34).
- Past-life regressions have a subjective quality of authenticity and reality, and can be as clearly distinguished from dreams, fantasies and day-dreams as memories of events that actually happened (Grof, 1988).
- Some subjects experience the whole episode as if they were actually inside the body of the new personality and feeling everything through his/her sense organs, while others throughout their regressions stay outside their 'body', and watch the events unfold as if on some inner screen. Although the latter group are detached from the action, they know precisely which characters they are in the pictures, and feel all the pains, pleasures and traumas (Moss & Keeton, 1979). When questioned about details during the course of the regression, information would sometimes appear in the mind as a concept, and sometimes as a picture:
Some people say that the reply flashes in as an abstract thought which immediately transforms itself into an image, while others have a visual impression first which then becomes thought or speech

(Moss & Keeton, 1979, p.34).

- Past-life regressions seem to take on varying degrees of completeness. TenDam (1990) differentiates among "fragmentary memories" as feelings associated with a name or a landscape, "episodic memories" which resemble a few clear snapshots without information about the circumstances or context, "film memories" in which episodes from a past life are strung together into a cohesive story of the most important situations in that life, and "total memories", which seem to contain every detail of a particular life.

- Persons who experience past-life regressions often seem to gain accurate intuitive insights into the time and culture involved (Grof, 1988; Woolger, 1990, 1993a; Lucas 1993a; Sutphen, 1976; Denning, 1993; Fiore, 1993a; Berger & Berger, 1991).

In both therapy and workshop sessions, we have seen people assume complex postures (asanas) and gestures (mudras) from ancient Yogic traditions even though they have had no prior knowledge or experience with this spiritual practice. In many instances, people experience themselves participating in practices belonging to cultures that were, in their ordinary states of consciousness, completely unknown to them. With no previous knowledge or training they engaged in movements characteristic of the !Kung Bushman trance dance, the whirling of the dervishes from the Sufi tradition, ritual dances performed in Java or Bali, and symbolic gestures of the Indian Kathakali that express themes from Hindu mythology, as they are performed along the Malabar coast (Grof & Bennett, 1990, p.125).

Berger and Berger (1991), in referring to regressions done in the Soviet Union during the 1970s (when it was an atheistic state and virtually no citizens had access to world literature concerning reincarnation), noted the surprised comment of an ordinary salesgirl, who obviously knew nothing about hoopskirts (crinolines):

I have on a very wide puffed skirt, my hands seem to be on my lap, but I do not understand why they are quite high, as if on hoops.

They also refer to the puzzled question of a Russian lady, after a regression in which she saw herself in Spain, participating in the "corrida de toros" (bullfight):

What does 'toro' mean? Everybody shouted 'toro' all the time I was there (Berger & Berger 1991, p.33).

- Persons who experience past-life regressions often identify protagonists in the past-life scenes as specific people in their present lives, eg. parents, spouses, children, or other important persons (Grof, 1988; Moss & Keeton, 1979; Woolger, 1990, 1993a; Lucas, 1993a; Jue, 1993a; Findeisen, 1993a; Reynolds, 1993a).

- A pronounced characteristic of the past-life regression is that it is usually dramatic and charged with intense emotion which is thematically connected to current emotional, psychosomatic and interpersonal problems of the individual (Grof, 1988; Woolger, 1990, 1993a; Bontenbal & Noordegraaf, 1993a; TenDam, 1990; Bache, 1994; Whitton & Fisher, 1986; Fiore, 1993a; Kelsey & Grant, 1967).

Reynolds (1993a) refers to a client who had a lifelong antagonism towards her mother and had never felt able to trust her. She regressed to a lifetime in Connecticut in 1870, when her ill widowed mother died, while she, as a five-year old child, was fetching her a cup of tea:

C: (In the tone of a small child) Here's your tea Momma! ... She's so still. (Screams) Drink your tea, Momma! ... She's dead. (Deep sobbing) I made it just right! (Continuous crying) ... She left me all alone! (Beginning to be angry) I made it just the way she liked it! (Reynolds, 1993a, p.421).

Recognizing the dead mother as her mother in the current life, and perceiving the anguish of the child's feeling of abandonment at the time of the mother's death from an adult perspective, resolved the client's antagonism and a loving relationship with her mother subsequently emerged (Reynolds, 1993a).

Another example described by Woolger (1993a) refers to the case of a dancer in her late twenties, who suffered from an increasing stiffening of all her joints. During a past-life workshop she regressed to her death as a Russian anarchist who was killed in a bomb explosion:

I'm with a group of young men. I'm about 19, a man. It's Russia.

We're going to kill them. We hate them. They killed my father! ...

Several of our group has been killed but we go on fighting. No more of this tyranny. It's time to fight back (Woolger, 1993a, pp.239-240).

After the explosion, which blew his body apart, the past-life personality was asked about his last words as he was dying, and responded:

My arms and legs will never work again. Oh no! (Woolger, 1993a, p.240).

There was a clear connection between the past-life cognition in the death agony and the dancer's current arthritis-like symptoms in her joints, which cleared up after the regression (Woolger, 1993a).

2.3.4 Theoretical perspectives on the past-life regression

Five major theoretical interpretations have been widely evoked in attempts to explain the phenomena just described, namely

- metaphorical representation
- cryptomnesia
- the collective unconscious or universal memory bank
- reincarnation
- spirit possession.

(a) Metaphorical representations

An interpretation of past-life regressions that is widely accepted by psychotherapists is that they are metaphorical representations of the psyche's actual conflicts, similar to dream phenomena (Woolger, 1990; Glaskin, 1978). It is hypothesized that material which is unacceptable to the ego, such as feeling unloveable or a failure, could be expressed via a past-life story without constituting a threat to the ego. Similar to slips of the tongue or forgetting undesirable duties, it is believed to reflect unconscious attitudes and emotions. In psychotherapy it often happens that, long before they reach consciousness, certain unconscious tendencies betray their presence by symbols, occurring mostly in dreams but also in waking fantasies and symbolic actions (Jung, 1953).

Depth psychology has shown us how the unconscious will usually clad what it has

to say about the person in symbols, to avoid the message being censored by the conscious ego which doesn't want to be hurt. Perhaps through using the reincarnation motif the unconscious can project secondary, repressed personalities, or 'complexes', into the field of consciousness in such a way as to be acceptable to the ego, which thinks there is no harm in a dream about ostensible former incarnations (Glaskin, 1978, p.234).

According to this explanation, the powerful affective or emotional element that is typically manifested in regressions is considered to be resulting from the metaphorical reenactment of a repressed real-life trauma (Glaskin, 1978).

Interpreting past-life regressions as metaphorical representations of the actual conflicts in the psyche is the only perspective that does not evoke controversy, and is compatible with all the other theories that will be reviewed below. However, it is a weak theory which does not address the origin of the content at all. Adherents of this viewpoint also fail to explain why the conflict would be expressed in a past-life regression rather than a dream, mythic fantasy or other psychological phenomenon. The remaining theories attempt to account for the origin of the content of the past-life regression.

(b) Cryptomnesia

The first of these theories is cryptomnesia or pseudo-recall, which is consistent with the reductionist model of mental functioning, and does not call for any of the perspectives of the transpersonal paradigm.

Cryptomnesia refers to the phenomenon where a person thinks that he/she is remembering a personal experience, and identifies with it, but in fact has read or heard the story elsewhere, or has seen illustrations of it (TenDam, 1990).

Within this perspective, past-life memories are viewed as imaginings and confabulations derived from long-forgotten information (TenDam, 1990; Keeton & Petherick, 1989; Tarazi, 1990; Wilson, 1981; Venn, 1986). The subject is believed to have been exposed to the information or story through reading, movies, television, or conversations with other people, subsequently to have forgotten it, and many years later to construct it as a past-life experience (Tarazi, 1990).

This theoretical explanation for the phenomenon of the past-life regression is based on the following arguments: -

- Evidence that the human brain has an apparent capacity to store with photographic detail every bit of information that was ever heard, read, seen or experienced (Wilson, 1981).
- Unequivocal evidence that cryptomnesia is a real phenomenon (Wilson, 1981; TenDam, 1990).

In his book, "Mind out of Time", Wilson (1981) gives over a dozen cases in which past-life memories proved to be incidents of cryptomnesia. One of the first enquiries into the relevance of cryptomnesia to hypnotic past-life cases dates back to 1906 with the work of G. Lowes Dickenson. He published a case in which a woman produced remarkably detailed past-life material seeming to date from the reign of King Richard II in the 14th century. It was later

established that the source of the memories was a novel the woman had read in childhood (Wilson, 1981).

Another example quoted by Wilson (1981) refers to a woman who in a state of delirium could speak fluent Hindustani, although she had no knowledge of it in normal circumstances. It emerged that she had spent her first three years in India, where her nursemaids spoke this language. During her delirium, her memory of this time, irretrievable to normal consciousness, seems somehow to have been reactivated. Wilson also refers to a case documented by Kampman in which a Finnish girl regressed to nine past-lives. Kampman traced the sources of three of these lives to written material the girl had seen/read in childhood.

With regard to biographical memories, both anecdotal accounts and the outcome of experimental studies have shown that it is possible for people to believe that they had experienced something that had never happened (Loftus & Ketcham, 1994; Ofshe & Watters, 1994). In their book "The myth of the repressed memory", Loftus and Ketcham (1994) refer to an anecdotal account of a false memory that was related by the child psychologist Jean Piaget:

One of my first memories would date, if it were true, from my second year. I can still see, most clearly, the following scene, in which I believed until I was about fifteen. I was sitting in my pram, which my nurse was pushing in the Champs Elysées, when a man tried to kidnap me. I was held in by the strap fastened round me while my nurse bravely tried to stand between me and the thief. She received various scratches, and I can still see vaguely those on her face ... When I was about fifteen, my parents received a letter from my former nurse ... she wanted to confess her past faults, and in particular to return the watch she had been given as a reward ... She had made up the whole story. I, therefore, must have heard, as a child, the account of this story, which my parents believed, and projected into the past in the form of a visual memory (Loftus & Ketcham, 1994, pp.76-77).

Cryptomnesia or pseudo-recall is related to the "False memory syndrome" which is currently one of the most controversial concerns of clinical and cognitive psychology (Loftus & Ketcham, 1994). In 1993, the American Psychological Association deputized a panel to examine this issue, and in 1994, the American Medical Association passed a resolution warning of the danger of creating false memories that is inherent in the techniques used by recovered memory therapists (Ofshe & Watters, 1994).

Proponents of cryptomnesia maintain that clients confabulate autobiographical fantasies or false past-life memories for the following reasons:

- To meet the demand characteristics of the therapy situation, eg. the suggestion of a possible past-life (or biographical) trauma by the therapist, and a desire to please the therapist (Venn, 1986; Spanos, Menary, Gabora, DuBreuil & Dewhurst, 1991; Baker, 1982).
- To make sense of a puzzling "picture" or "story" in the mind. Venn (1986) states that when a memory is retrieved but the source forgotten, the memory may appear mysterious and isolated in the subject's experience. Without conscious awareness of the process, subjects may then be inclined to confabulate around such memories in order to make sense of them in some way.

- To shield real memories. A person may identify with a particular situation because he forgot or refuses to remember a similar real experience. In that case the repressed emotions may be projected in a sham memory (TenDam, 1990).
- To role-play a scenario that provides an outlet for similar emotions (Venn, 1986). In this case the client also projects his real emotions onto a metaphorical story (see 2.3.4), but believes it to be a personal memory.

Proponents of cryptomnesia as a theoretical explanation for past-life regressions attribute the therapeutic effect of this phenomenon to the discharge of strong emotion and the placebo effect of being offered an explanation for their behaviour (Venn, 1986).

Although there is abundant evidence that cryptomnesia is the explanation for many cases of apparent past-life recall, it remains an improbable explanation in cases where sufficient obscure historical data and previous personalities have been historically verified, and where earlier exposure to that information seems extremely unlikely.

(c) Collective unconscious

A more controversial explanation for the past-life experience is based on the theory that the person, during a regression, has access to a vast collective or universal memory bank of humanity which holds the cultural heritage of all human beings throughout all ages - referred to as the collective unconscious in Jungian terms, or the Akashic records in Eastern tradition (Woolger, 1990; Keeton & Petherick, 1989; Moss & Keeton, 1979; TenDam, 1990).

Jung, through the analysis of his own dream life, the dreams of his clients, and the delusions, fantasies and hallucinations of psychotics, came to the conclusion that the human psyche has access to universal images and motifs which throughout the history of humanity appeared in the mythology, folklore and art of cultures across the globe. These archetypes, as he called them, appeared with such regularity - even in individuals who had no direct exposure to their various cultural and historical manifestations - that he came to the conclusion that there is, in addition to an individual unconscious, also a collective unconscious which is shared by all humanity, and which allows access to a vast warehouse of memories encompassing all of human experience from the beginning of time (Jung, 1953).

According to his theory, the collective unconscious is that part of the psyche which is inherited at birth. He hypothesized that it is the product of human evolution, and contains humanity's entire spiritual heritage, born anew in the brain structure of every individual. This includes the archetypes, the universal potentialities or urges to experience specific traits, principles or behavioural possibilities that characterize the human species (Jung, 1953).

In a paper titled "Conscious, unconscious and individuation", first published in 1939, Jung (1983) referred to cases of past-life recall where he was able to rule out with certainty any possibility of cryptomnesia ("literary influence"), and interpreted them in terms of the collective unconscious. According to him an examination of the content of the regressions "i.e. the fantasy material constituting their phenomenology", revealed countless archaic and "historical"

associations and images of an archetypal nature:

They form a species of singular beings whom one would like to endow with ego-consciousness; indeed, they almost seem capable of it. And yet this idea is not borne out by the facts ... They show, on the contrary, all the marks of fragmentary personalities ... They evidently live and function in the deepest layers of the unconscious, especially in that phylogenetic substratum which I have called the collective unconscious ... They bring into our ephemeral consciousness an unknown psychic life belonging to a remote past. It is the mind of our unknown ancestors, their way of thinking and feeling; their way of experiencing life and the world, gods and men. The existence of these archaic strata is presumably the source of man's belief in reincarnation and in memories of "previous existences" (Jung, 1983, pp.222-23).

The ancient Hindu concept of the Akashic records has a lot in common with Jung's construct of a collective unconscious. According to this concept everything which occurs in the world is registered in the "memory of nature". It is conceptualized as a database in which all the experiences of each living being are recorded. Memories are believed to be retained in a supersensory, all encompassing etheric field, the Akasha (TenDam, 1990). Adherents of this hypothesis explain apparent past-life recall as impressions from the Akashic records, rather than as personal memories.

The theory is that experiences and actions of all time are stored away in some incredible psychic computer from which knowledge of the past can be drawn if only the right programming can be found (Moss & Keeton, 1979, p.17).

Every thought, every experience that was ever recorded, continues to exist somewhere; perhaps, rather like short-wave radio broadcasts, they are to be found on some 'wavelength' in the ether (Keeton & Petherick, 1989, p.47).

It is hypothesized that the mind, in a non-ordinary state of consciousness, is tuned into these metaphysical circuits and can abstract material from them. The fact that subjects often regress to past-lives that overlap in time is attributed to a process of drawing on memories from the collective memory bank of humanity and not to personal memories (Moss & Keeton, 1979).

Supporters of this theory find a scientific base in the laws of the conservation of energy and momentum which physics has established beyond a doubt (Goswami, 1995). They argue that brainwaves constitute a form of energy, and therefore must continue to exist in some form beyond their immediate conception (Keeton & Petherick, 1989).

Sheldrake's hypothesis of morphogenetic fields (see 2.2.5) offers a theoretical mechanism for Jung's concept of a collective unconscious (Sheldrake, 1981). Whereas Jung's claim that the entire spiritual heritage of humanity is born anew in the brain structure of every individual raises questions about the vast differences in the levels of development and consciousness that exist among individuals, groups and nations on the planet, Sheldrake's theory implies a potential explanation for these differences. The metaphor of "tuning in" to morphogenetic fields that exist among members of the same species, is implicit in his concept of morphic resonance. His theory implies that invisible organizing energy fields exist, and that different individuals, groups or nations are "tuned in" to it to different degrees.

If Sheldrake's hypothesis of morphogenetic fields among members of the same species applied to the human species, and was scientifically validated, it would provide a scientific basis for Jung's theory, but at present it remains a hypothetical construct.

(d) Reincarnation

The ancient theory of reincarnation which dates back at least 5000 years, is widely linked to the phenomenon of apparent past-life recall. In terms of its basic tenets:

- Our existence is not limited to one lifetime but consists of a long chain of successive incarnations (Grof & Grof, 1990; Cerminara, 1957, 1967, 1981; Sutphen, 1978; Woolger, 1990; Stevenson, 1974; Bragdon, 1990; TenDam, 1990; Wambach, 1978, 1979; Williston & Johnstone, 1988),
- The experiences in this continuous cycle of life, death, and rebirth, are determined by the inexorable effects of karma, a Sanskrit term referring to a spiritual law of moral cause and effect, in that each life is shaped by the accumulated merits and karmic debts of the previous ones, and in turn determines the destiny of future incarnations (Cerminara, 1967; Grof & Grof, 1989; Agee, 1969; Fisher, 1986; Hughes, 1979; Puryear, 1982; Carter, 1991), and
- Karma has two aspects: continuative and retributive. According to the continuative aspect, any action that does not go counter to cosmic law tends to continue in its effects. Therefore the talents and abilities, traits of character, interests and attitudes cultivated in one life, tend to persist in succeeding lives. According to the retributive aspect, any action that is harmful to the well-being of any other unit of life, is exactly "punished" in a way proportionate to and appropriate to the original harm done. All human beings are personally responsible for their actions, in that whatever happens in one life are the inescapable consequences of what has gone before, and that people create their own circumstances on earth (Cerminara, 1957, 1981; Currie, 1978; Whitton & Fisher, 1986; Langley, 1967; Smith, 1989; Leek, 1974, MacKenzie, 1989).

Reincarnationists extend the theory of evolution to one of consciousness as well as form, and claim that each life-unit's existence contributes not only to the ongoing evolution of a species, but also to its own evolution. Reincarnation thus signifies not only a structural advance, but also a psychological and spiritual one. Acting as a vehicle for spiritual evolution, this process enables each entity to encounter growth opportunities in the progression towards total emotional maturity/enlightenment (Cerminara, 1981).

(i) Psychic imprints

A significant feature of the theory of reincarnation, which is also central to Woolger's concept of the karmic complex (see 2.3.7), is the concept of psychic imprints on a non-physical element of human consciousness which survives biological death. This non-physical element is believed to link one incarnation to the next, and to act as a vehicle for karma by carrying forward psychological experiences and inclinations in the form of psychic imprints (Goleman, 1984;

Fadiman & Frager, 1976).

This perspective has been central to the general socio-religious belief system in India (Cerminara, 1973). Both Hinduism, which originated in the fourth millennium BC as the first great religion to codify a belief in reincarnation, and the related psychophysical discipline, Yoga, hold that every living being possesses an inner subtle body which continues from birth to birth as the vehicle for the reincarnated personality.

Within the gross body which suffers dissolution after death, every living being possesses an inner subtle body, which is formed of sense faculties, vital breaths, and inner organs. This is the body that goes on and on, from birth to birth, as the basis and vehicle for the reincarnated personality. It departs from the sheath of the gross body at the time of death, and then determines the nature of the new existence; for within it are left the traces - like the furrows and scars of all the perceptions, acts, desires, and movements of will of the past, all the propensities and trends, the heritages of habits and inclinations, and the particular readiness to react this way or that, or not at all (Zimmer, 1951, p.324).

The Yogic perspective holds that whatever a person does or experiences creates impressions within the mental stuff ("citta") in such a way that it lays down a disposition or tendency to repeat or reexperience the action (Goleman, 1984). This disposition is seen as karmic residue ("karmaskaya") which is carried forward from one life to the next (Potter, 1980; Goleman, 1984).

This karmic residue has or is accompanied by dispositional tendencies (samskara) of more than one sort, including at least two kinds of traces (vasana), one kind of which, if and when it is activated, produces a memory of the originating act, the other which, if and when it is activated, produces certain afflictions (klesa). These klesas are erroneous conceptions which characterize the thinking of those engaged in purposive activity and it is they which are responsible for the person being in bondage, that is, continually creating karmic residues" (Potter, 1980, p.243).

The "vasanas" - (memory traces and psychic injuries) cause the "samskaras" - (dispositional tendencies) which are compulsively continued from one incarnation to the next (Zimmer, 1951), and which determine the kind of personality and experiences a person will have in the next life (Hodgkinson, 1989). These impressions are the results of all previous incarnations, with the most recent one leaving the deepest imprint.

Buddhism, another great Eastern religion which accepts reincarnation as a fundamental tenet, also conceptualizes the continuation of psychological tendencies as qualities of consciousness, but in contrast to Hinduism it does not include the idea of an immortal, ever-incarnating soul (Sangharakshita, 1957; Goleman, 1984; Hodgkinson, 1989). Within this perspective, all that is left at physical death, is a germ of consciousness. The collection of thought processes contained within this consciousness continues to exist after earthly death and this is what will be reincarnated. General characteristics are maintained from one life to the next, similar to the way a river maintains its course, and the nature of the new individual depends on the quality of the aspects contained in the germ of consciousness (Hodgkinson, 1989). A person's last thoughts as a sentient being are considered to be of great importance in determining the nature of the rebirth. If, for example, a person should die with thoughts of anger

or revenge, the germ of consciousness would retain this negative energy and act as a vehicle to carry it forward into the next incarnation (Williston & Johnstone, 1988; Hodgkinson, 1989). According to this theory, when conception occurs with the next incarnation, it is not a question of a "soul" entering the embryo, but of the fetus being moulded by the energy of thought processes from some previous life (Hodgkinson, 1989).

(ii) The spiritual goal

A corollary of the concept of psychic imprints, in both Hinduism and Buddhism, is the spiritual goal of purifying consciousness. Both these theories are on a continuum with the goal of psychotherapy in that they strive towards the healing and the release of negative psychological experiences and tendencies, or complexes.

The goal of Yoga practice is Self-realization, i.e. the union of the individual self with cosmic spirit or pure consciousness. Self is conceptualized as infinite and unchanging, essentially the same as Spirit.

All yoga practices are designed to control and still the mind so that Self-realization can become possible. Because the control of consciousness is only possible when the subconscious tendencies are eliminated, followers of this discipline strive to transmute old habits and thought patterns and reform consciousness (Fadiman & Frager, 1976).

In Buddhism the spiritual goal is to achieve an unconditional mind-state ("nirvana") in which the psyche is cleansed of the defilements of ego-centred impulses and desires. The deeper the development of insight, the higher the level of attainment, and the more pervasive the consequent personality changes (Goleman, 1984). Within this theory it is believed that the cycle of reincarnation is eventually broken down when all fetters of ego are overcome and there is nothing left to serve as ego-residuum (Goleman, 1984; Suzuki, 1958). At that stage the individual is absolutely free from suffering and from the generation of new karma:

There remains not a single unabandoned internal state from one's past owing to which thoughts of greed, hatred, etc could come to mind. All past deeds are erased, as is all future becoming; only pure being remains (Goleman, 1984, p.342).

(iii) Universality

The belief in reincarnation and karma is widespread and universal, with these concepts appearing in ancient scriptures since the beginning of recorded time, five thousand years ago. Apart from Buddhism and Hinduism, it also represents the cornerstone of Jainism, Sikhism, Zoroastrianism, Taoism, Tibetan Vajrayana Buddhism, the Theosophical Society and Scientology (Grof, 1988; Hodgkinson, 1989; Grof & Grof, 1990). The broad spectrum of other cultures that have believed in past lives includes the ancient Egyptians, American Indians, the Parsees, the Polynesian cultures, and the Orphic cult of ancient Greece (Grof & Grof, 1990; Whitton & Fisher, 1986). Reincarnation was also part of Christian belief until AD553, when the Council of Constantinople, under the Emperor Justinian, declared it a heretical doctrine (Hodgkinson, 1989; Grof, 1988; Grof

& Grof, 1990). Although most Westerners had, until recently, considered reincarnation a primitive superstitious idea (Hodgkinson, 1989), famous proponents of the theory include the philosophers Pythagoras and Plato, the poets Goethe and Emerson, the authors Balzac and Tolstoy, the composer Beethoven, and the statesmen Alexander the Great and Benjamin Franklin (Williston & Johnstone, 1988; Hodgkinson, 1989; Woolger, 1990).

Now, for the first time in history, the question of reincarnation is being investigated scientifically, and since the 1960s the number of Westerners who feel that they can no longer dismiss the concept has escalated (Cerminara, 1957, 1973, 1981; TenDam, 1990; Woolger, 1990, Hodgkinson, 1989; Currie, 1978). Data that seem evidential for the theory of reincarnation are largely of two types, namely apparent past-life memories that spontaneously come to awareness and those that are evoked by consciousness-expanding techniques.

In 1990, TenDam, referring to cases of spontaneous past-life recall documented by Stevenson, Muller and Cannon and induced regressions documented by Bloxham, Bjørkhem and Wambach, estimated that at that time at least 2000 people had been reported to have regressed to 10000 past-lives.

The foremost investigator of spontaneous memories amongst children is Ian Stevenson, professor of psychiatry at the University of Virginia medical school, whose painstaking and meticulous research constitutes the strongest evidence gathered for reincarnation to date (Bache, 1994). The numerous publications in which Stevenson documented the most convincing cases included *Twenty Cases Suggestive of Reincarnation* (1974); *Cases of the Reincarnation Type, Vols. I-IV* (1975, 1977, 1980, 1983); *Unlearned Languages* (1984); and *Children who remember previous lives* (1987), and *Three new cases of the reincarnation type in Sri Lanka with written records made before verification* (Stevenson & Samaratne, 1988).

In a review of the evidence for reincarnation, Bache (1994) says that the persuasive power of the cases documented by Stevenson lies in the cumulative effect of the hundreds of details that go into each one. Although Stevenson reported that he had collected more than 3000 such cases, he only published a small percentage of them which met his high criteria of credibility, namely those involving no gain, no evidence of ulterior motive, no previous connection between families, generous recall of detail that could be confirmed by associates of the former personality, and ideally the opportunity to bring together the second personality with persons known by the first.

Stevenson's cautious scepticism and critical methods earned him the respect and recognition of two conservative professional journals, the *Journal of the American Medical Association* and the *Journal of Nervous and Mental Disease*, which both published data about his research.

The second category, namely evoked memories, is considered to have less evidential value for reincarnation. One source of criticism is the use of hypnotic regression, which was first brought to Western attention in 1956 by Bernstein's *The Search for Bridey Murphy*, and which has

since become the most common method employed to uncover past-life memories. Because the hypnotic state is highly suggestible, it is argued that there is too much danger of the therapist contaminating the data by consciously or unconsciously suggesting the desired outcome. Another difficulty is that, although past-life memories emerge in the context of a wide variety of therapeutic techniques, other than hypnosis, they often reflect lives from a distant past, which makes the verification of historical details impossible. Nevertheless, it is argued that the evidential value of these evoked memories lies primarily in their "internal verifiability" (Bache, 1994), i.e. in how they behave as psychological events:

- They are elicited by not just one, but many different therapeutic techniques, which suggests that past-life memories may emerge whenever particularly deep levels of the psyche are accessed.
- They often emerge unexpectedly and unbidden by either therapist or client.
- They emerge in the context of memories from the person's present life which are charged with the same emotion.
- Their therapeutic impact on the subject parallels the impact of biographical memories, but is typically deeper (Bache, 1994).

Another source of data that supports the theory of reincarnation, is the 2500 life readings that was done between 1923 and 1945 by the well-known psychic Edgar Cayce (1877-1945), whose clairvoyant powers on medical matters have been validated by all those who have investigated them (Cerninara, 1967; Currie, 1978). Contained in the life readings, which have all been carefully documented and preserved by the Edgar Cayce Foundation, is very definite information on how attitudes, personality traits and experiences from previous lives are carried on to intimately affect the present one. According to the documented readings, a large number of behavioural, physical and psychological problems which had proved resistant to treatment were caused by the influence of past lives on the present incarnation (Hodgkinson, 1989; Cerninara, 1967). In addition to the accuracy of Cayce's medical diagnoses, Cerninara (1957) identified seven principal facts about his 2500 life-readings which constitute strong inferential evidence or reincarnation:

- Character analysis and descriptions of life circumstances were correct, on total strangers, at distances of hundreds of miles and in thousands of instances.
- Predictions of vocational abilities and other traits proved accurate in later years both for new-born children and for adults.
- Psychological traits were plausibly accounted for by presumed past-life experiences.
- The material was self-consistent over a period of twenty-two years: that is, it agreed with itself, both in basic principles and in minute details, in hundreds of separate readings taken at different times.
- Obscure historical details given in the readings were later verified by consulting recorded history; the names of obscure former personalities were found in the locality where the readings said they could be found.
- The readings had a helpful, transforming influence on the lives of the persons who received and followed them.
- The philosophical and psychological system which is implicit in and

deducible from the readings, is coherent, consistent, sufficient to all known facts about mental life, and conducive to the discovery of new explanations for unexplained aspects of mental life. It also agrees with the ancient philosophical doctrine that has been taught in India for centuries (Cerminara, 1957, pp.28-29).

Although the case for reincarnation now rests on an immense and ever-increasing body of research, and although the data of Edgar Cayce and other clairvoyants, the data of hypnotic age-regression, the data of spontaneous past-life recall, the visionary experiences of LSD, and the ancient traditions of Oriental spiritual beliefs all seem to confirm and substantiate each other as to the general principles under which reincarnation operates (Cerminara, 1963; Stevenson, 1974; TenDam, 1990; Wambach, 1978), it continues to be a controversial issue.

The current scientific status of reincarnation as a theory is determined by the following factors:

- Spirituality, and therefore the continued existence and reincarnation of spirit, cannot be accommodated in the mechanistic world-view of the Newtonian-Cartesian paradigm (see 2.2.1).
- Most contemporary theories of personality were formulated within a worldview that allowed for one life, so that an acceptance of past-life memories as legitimate would demand a major revision of psychology's basic philosophical tenets and the premise of metaphysical naturalism.
- Past-life memories, regressions, and even verified historical data about an earlier life-time, cannot be considered as absolute proof that anyone has lived before.

Although the clinical phenomena of the past-life regression appears to relate to reincarnation, therapists like Grof (1988), TenDam (1990), Woolger (1990), and the founder of the Institute for Past-life Awareness, Morris Netherton (Netherton & Shiffrin, 1978), acknowledge that past-life regressions do not constitute unambiguous evidence for the continuity of separate individual existence through lifetimes, or the law of karma, and that other theoretical explanations are plausible.

Grof points out, though, that "it is hardly possible for an unbiased and informed scientist to discard this possibility on the basis of metaphysical adherence to a mechanistic world-view" (Grof, 1988, p.92), and that a philosophical disbelief in reincarnation and karma, based on insufficient knowledge of the facts, is the major hindrance preventing more therapists from using the past-life regression in their clinical work (Grof, 1988).

(e) Spirit possession

An even more controversial explanation for the phenomenon of the past-life regression is the theory of spirit possession. This perspective is based on the following assumptions:

- Consciousness survives biological death.
- The surviving consciousness of a deceased human being with an obsessive attachment to living persons or places, a misguided sense of unfinished business, strong negative emotions or an addiction to drugs, alcohol, etc, remain tied to the physical plane.

- A discarnate spirit entity can attach itself to a living person and influence the mental functioning, emotions, behaviour and physical condition of that person.
- The afflicted person is usually unaware of the parasitic presence and experience the thoughts, desires and behaviours of the attached entity as his/her own.
- What appears to be past-life memories are in fact the memories of the attached entity, so that the afflicted person is in effect acting as medium for the discarnate entity (Fiore, 1993b; Ireland-Frey, 1993b; Krippner, 1994; Moss & Keeton, 1979; Baldwin, 1992).

Supporters of this viewpoint are mainly people who are convinced of the truth of parapsychological phenomena and the soul's existence after death, but at the same time reject reincarnation (TenDam, 1990). Although many people find the concept of spirit possession even more controversial than the theory of reincarnation, this phenomenon has been recognized in every culture throughout history (Baldwin, 1992).

In his cartography of the human psyche, Grof (1988) identified apparent spirit possession as one of the phenomena people experience during non-ordinary states of consciousness (see 2.2.4) and also documented spiritualistic and mediumistic experiences in the work of psychics, as well as by people who had near-death-experiences. He noted spirit possession as a possible driving force behind serious psychopathology, criminal behaviour, murderous aggression or deviant sexual impulses (Grof & Grof, 1990), but pointed out that these experiences offer no definite proof of the existence of astral realms or discarnate beings (Grof & Bennett, 1990).

Some clinicians in various countries claim that spirit possession is widely prevalent at the present time (Baldwin, 1992) and they have developed and incorporated techniques for spirit releasement in their psychotherapeutic armamentarium (Fiore, 1993b; Krippner, 1994; Baldwin, 1992; Ireland-Frey, 1993b). These clinicians working with spirit releasement differentiate among several degrees of attachment, three of which may present like a past-life regression. During "obsession" the entity seems to invade the physical body of the client, with all its own personality traits and habits. During "possession" the entity seems to completely push out the host's psyche and takes over the physical body, through which it exhibits its own behaviours and speaks its own words (Ireland-Frey, 1993b). During "possession trance" the host seems to experience spirit-induced alterations of consciousness without subsequent recall (Krippner, 1994). Although Fiore (1993b) and Ireland-Frey (1993b) documented several cases where symptoms such as compulsion, phobias, suicidal urges, insomnia, or emotional excesses like sudden rages, have been traced to entity attachment and resolved by spirit releasement, and Lucas (1993b) documented the releasement of entities resulting in physical healing, they do not equate their clinical experiences of spirit possession with past-life regressions. Documented case studies often involve healing on two levels: first the release and healing of the attached entity, and second, the healing of a past-life experience (Snow, 1993).

2.3.5 The past-life regression as therapeutic tool

It is obvious from the above-mentioned data that no theoretical perspective offers a clearcut explanation that can be validated in every instance of apparent past-life recall, and that different theoretical explanations may be relevant in different cases. From a clinical point of view, when a past-life regression is used in therapy, the only important distinction to be made seems to be whether it involves spirit possession, in which case the psychological content of a foreign discarnate entity is supposed to be imposed upon the client's psyche. In every other case of the past-life regression - whether it be a manifestation of cryptomnesia, reincarnation or data from the collective unconscious - the data is experientially found to be thematically connected to the subject's current emotional, psychosomatic and interpersonal problems (Grof, 1988; Woolger, 1990; TenDam, 1990; Lucas, 1993a; Kelsey & Grant, 1967). (See 2.3.3)

Unlike the psychic approach to past lives, which aims to channel past life information from a paranormal source, the parapsychological approach which is concerned with proving or disproving the truth of past life memory claims, and the religious approach, which is occupied with expounding reincarnation as a doctrine received through a religious tradition, the only concern of the psychotherapeutic approach is to use the past life regression as a practical technique for the purposes of psychological healing (Woolger, 1990).

From a clinical point of view, when it is used in therapy, the question of historical authenticity or doctrinal orthodoxy is considered to be irrelevant, and primary value is placed on the subjective experience of the client (Woolger, 1990; Grof & Grof, 1989; Spence, 1982; Williston & Johnstone, 1988). For the therapist there is another kind of truth, the psychic truth which is real for the client (Woolger, 1990). Consciousness and inner experience are the same (Silver, 1993), and beyond biographical experience, psychic truth also prevails in the realm of symbols, guiding archetypes and myths:

This culture of the depths, sometimes referred to as the mundus imaginalis, the imaginal world, or in the Arab mystical tradition as the alam-al-mithal, is as real as everyday, objective life - perhaps even more real, since it is the place where the forms and creations of your existential life are conceived (Houston, 1987, p.25).

The subconscious makes no distinction between reality and imagined reality in the creation of inner patterns of the mind and the outer reality of an individual (Schwimmer, 1992). Similarly, past-life regressions do not depend on one's belief in the validity of reincarnation. These regressions often occur in experiential sessions despite the disbelief of both the therapist and the client, and seem to contribute to the therapeutic process of healing and transformation (Grof, 1988; Bragdon, 1990; Williston & Johnstone, 1988; Woolger, 1990).

It is widely accepted that all psychotherapeutic procedures share certain healing components which account for a considerable proportion of their effectiveness:

All psychotherapeutic methods are elaborations and variations of age-old procedures of psychological healing. These include confession, atonement and absolution, encouragement, positive and negative reinforcements, modelling, and promulgation of a particular set of values (Frank, 1985, pp.49-50).

Due to these healing components mobilized by all forms of psychotherapy, and other non-specific factors such as life-events impacting on the client in between therapy sessions, it therefore largely is impossible to draw a firm conclusion about which factors caused healing in any specific case. Nevertheless, an increasing number of therapists working with past-life

regressions and doing therapy in non-ordinary states of consciousness are considering the hypothesis that with these techniques healing mechanisms are mobilized which are intrinsically different from those involved in other forms of therapy (Grof, 1988; Williston & Johnstone, 1988; Grof & Grof, 1989; Woolger, 1990; Jue, 1993a; Denning, 1993; Fiore, 1978, 1993a; Woolger, 1993a; Bontenbal & Noordegraaf, 1993a; Hickman, 1993a; Reynolds, 1993a; Findeisen, 1993a; Lucas, 1993a; Grof & Grof, 1990).

In terms of psychotherapy outcome research, the present body of case-material is still largely in the form of qualitative single case descriptions. Both Grof and Woolger made use of implicit case study methodology to first document a great number of case studies and then, from this material, to identify central concepts, distinctions and principles. Despite the longitudinal nature of the present study, it is also subject to the above-mentioned limitations to outcome research. Limited conclusions about outcome can be reached from a single case study and the main aim of the present study is to explore process in a longitudinal context. More complex methodologies, in which the first step of rather informal case studies is followed by a second level of well-controlled and methodologically tight case studies, and a third level of group comparison designs, still have to be developed to evaluate psychotherapy outcome.

According to the present psychotherapy outcome research, documented in the literature, past-life regressions are linked to the following healing processes:

- Relief of physical and emotional symptoms
- Karmic release in problematic relationships
- Spiritual growth
- The release of the complex

(a) Relief of physical and emotional symptoms

Therapeutic work has shown that many emotional disorders seem to have their roots in past life experiences, rather than in the present life, and that therapeutic healing occurred after the subject had the opportunity to release the old trauma underlying the symptoms (Grof, 1990; Woolger, 1990; Lucas, 1993a; Weiss, 1988; Williston & Johnstone, 1988; Hodgkinson, 1989; Glaskin, 1978; Kelsey & Grant, 1967).

Recalling and re-experiencing the dramas of past lives have been observed to reduce stress, control or eliminate guilt, anxiety and unsubstantiated fears. Woolger (1990) gives an example of Elizabeth, a woman who suffered so much anxiety about what disaster might befall her cats in her absence that she was virtually unable to go away on vacations. She manifested two related convictions whenever she spoke about the animals she had taken care of in her life: "I can't leave them, because something will happen to them" and "It's all my fault, I didn't do enough for them". In therapy she recalled a past-life in which she had an argument with her husband and locked him and their children out of the house during a storm. The next morning she found her children dead outside the door.

This, then, was the appalling story that lay behind her fear of leaving her cats. The catharsis and insight gained brought her enormous relief. Most encouraging of all was that shortly after the session Elizabeth took a two-week vacation, leaving a friend to feed her cats. She sent me a card afterward. 'I had a wonderful time', she wrote. 'I never thought once about the cats' (Woolger, 1990, p.97).

Emotional and physical symptoms such as chronic depression, psychogenic asthma, a variety of phobias, severe migraine headaches and psychosomatic pains that had previously resisted a variety of conventional treatments, often disappear after someone has had a powerful past-life

regression (Grof & Grof, 1990; Woolger, 1990; Williston & Johnstone, 1988). In a case study documented by Denning (1993b), a woman, Laura, had suffered pain in her hands most of her life. They often hurt so intensely that she had to get up in the night to put them in hot and cold water, but no doctor could find anything wrong. Recovering the memory of a childhood trauma in which her hands were burnt by hot oil from a broken lamp did not take away the symptom. Even after she regressed to a past-life in which she was labelled as a witch and burnt to death, the pain continued. The therapist suspected an underlying sense of guilt, but Laura denied it until three months later, when she exclaimed in surprise:

- L: I see it all now. I am guilty! When I was burning, I pointed my finger at that woman and vowed I would get even with her, no matter how many centuries it took. I knew I would come back again, and I was determined to come back with her so I could get even.
- T: Is that the reason you are holding the pain in your hands - because of your curse?
- L: Yes. I hated her and I wanted to get even. But I knew it was wrong so I had to punish myself.

Within a few days the pain had left her hands. A follow-up 15 years later found this symptom still in remission. Laura's experience suggests that it is not only the belief of the individual that produces healing. Though belief plays a significant role, many cases, such as that of Laura, suggest that the subconscious (or soul) knows the facts, and until they are recalled and dealt with, the individual may continue to feel a need for punishment (Denning, 1993b, p.185).

One detailed case study of dramatic transformation through past-life regression, after 18 months of conventional therapy had had no impact on the subject's anxiety, panic attacks and phobias, was documented by Brian Weiss (1988) in his book *Many lives, many masters*:

When nothing seemed to work, I tried hypnosis. In a series of trance states, Catherine recalled "past-life" memories that proved to be the causative factors of her symptoms. She also was able to act as a conduit for information from highly evolved "spirit entities", and through them she revealed many of the secrets of life and death. In just a few short months, her symptoms disappeared, and she resumed her life, happier and more at peace than ever before (Weiss, 1988, p.10).

Successful past-life therapy in eliminating depression and unsubstantiated fears in children have also been documented during the last decade (Bowman, 1993).

(b) Karmic release in problematic relationships

Problematic personal relationships, which are often directly or indirectly related to psychological difficulties, constitute an area of particular importance where past-life regressions facilitate profound healing (Grof, 1988; Hodgkinson, 1989). When the content of a karmic experience fully emerges into consciousness, incomprehensible aspects of one's daily life, such as strange difficulties with certain people or peculiar dislikes and attractions, can suddenly make sense as karmic carry-overs from previous life-times (Grof & Grof, 1990). These are often found to disappear when the experiences are relived and completed. Subjects often identify the protagonist in a past-life as a specific person with whom they have a significant relationship in

their present life (Grof & Bennett, 1990; Woolger, 1990). A phenomenon which is not in line with the theoretical explanations of past-life regression suggested by cryptomnesia, universal memory bank, spirit possession or metaphorical interpretations, is that life-long difficulties with such a relationship are found to be resolved when an ancient conflict can be brought to the surface (Grof, 1988; Woolger, 1990; Hickman, 1993a; Lucas, 1993a; Hodgkinson, 1989).

Hickman (1993a) gives the example of a hypochondriac client who had difficulty in keeping a job because of frequent absences and low productivity. Therapy made little progress until the therapist suspected an underlying problem in his marriage and did a past-life regression with his wife. She readily regressed to a series of five former lives, each time with the same husband, and each time with herself as the stronger partner and her husband the weaker. Afterwards the woman commented:

Oh, I am so glad we did this. I didn't know until just now that this was my fault ...
I know now what has tied me to this man. I've resented him! I know that as long as I continue to resent, I will continue to be tied. I'm going to get over it this time, because I couldn't take it again (Hickman, 1993a, p.393).

The woman treated her husband with more appreciation, and he found it possible to grow in strength. The symptoms vanished and his personality brightened (Hickman, 1993a). Grof documented these karmic experiences as falling into two distinct categories, characterized by the quality of the emotions involved (Grof, 1988). Some reflect highly positive connections with the other person, such as passionate love, deep friendship, a blood-bond or spiritual partnership, but the majority involve dramatic negative emotions. Past-life regressions in the second category typically involve situations characterized by agonizing physical pain, murderous aggression, inhuman terror, prolonged anguish, bitterness and hatred, insane jealousy, insatiable vengefulness, uncontrollable lust, or morbid greed and avarice (Grof, 1988; Cerminara, 1967; Woolger, 1990; Lucas, 1993a).

Although Grof emphasizes the irrelevance of historical validity for past-life regressions to have a therapeutic impact, he does offer an hypothesis of the literal process that takes place when karmic bonds became imprinted on the psyche:

There seems to exist a state of high biological and emotional arousal in which all the extreme affective qualities converge and attain metaphysical dimensions. When two or more individuals reach this universal 'melting pot' of passions and instincts, they get imprinted on the situation that caused them, irrespective of the role which they played. In situations of extreme experiential intensity, the sadistic arousal of the torturer and the inhuman pain of the victim increasingly resemble each other, and the rage of the murderer merges at a certain point with the anguish and suffering of the dying victim. It seems that it is this emotional fusion that is instrumental in karmic imprinting, rather than a specific role in the experiential sequence. Whenever two individuals get involved in a situation where their emotions reach the state described above, they will have to repeat in subsequent lives in alternating roles the same pattern until they reach the level of awareness which is necessary for the resolution of the karmic bond (Grof, 1988, pp.85-86).

From his observations of case material, Grof found that problems related to a karmic pattern

disappear when the traumatic memories of the destructive past incarnation scene are fully re-experienced, and the subject succeeds to transcend the event emotionally, philosophically and spiritually to reach a sense of forgiving and being forgiven (Grof, 1988).

Such a full liberation from a karmic pattern and the bondage involved is typically associated with a sense of paramount accomplishment and triumph that is beyond any rational comprehension (Grof, 1988, p.86).

The healing of karmic connections is frequently associated with remarkable independent and synchronistic changes in the lives and attitudes of the people the subject denoted as protagonists in the karmic episode (Grof, 1988, 1990).

Grof documented numerous incidents where, at the same time that a subject experienced a dramatic change in attitude during a past-life regression, the karmic partner would simultaneously but independently undergo a similar personal experience that would transform him/her in the same healing way.

These changes of attitude occurred within minutes of each other, even though the people involved were often separated by thousands of miles and had no direct communication between them (Grof & Bennett, 1990, p.131).

(c) Spiritual growth

The experience of past-life regressions is found to have a major impact on personality development and spiritual growth. It has been observed to unlock personal potentials and trigger the development of latent talents, ignite a sense of responsibility, and facilitate the development of power, control, choice and confidence. Subjects gain greater self-knowledge, a release from the fear of death, a stronger sense of kinship with all human beings, and insight into the spiritual meaning and purpose of life (Grof, 1988; Grof & Grof, 1990; Woolger, 1990; Williston & Johnstone, 1988; Henderson, 1975; Lucas, 1993a).

Based on data from psychedelic research, Henderson (1975) summarized it as follows:

... What are humans once their innermost nature becomes dominant? For one thing, psychotic symptoms are reduced. Anxiety, guilt, tension and depression may virtually disappear. Increased relaxation, serenity and inner peace are the rule. People feel purified; they are more in tune with nature and have a better self-image; they feel more zest for life; they exhibit improved health and enjoy a freer and more potent sexuality. It's like having a film removed from all their senses. Also these people are more tolerant, more understanding, more loving than before. Art, nature, the simple things in life become meaningful. The same occurs with religion, philosophy and mysticism. Above all, these people accept themselves as they really are (Henderson, 1975, p.50).

(d) The release of the complex

Therapists working within the transpersonal perspective believe that the relief of symptoms, the karmic release of difficult interpersonal relationships, and the unlocking of personal potential and spiritual qualities, are all made possible because there is a release in the neurotic complex.

The neurotic complex refers to the defensive and self-defeating pattern of ideation,

behaviour and emotional response that governs the neurotic's life, and which is compulsively repeated in structuring the person's egoic reality. It typically revolves around a basic self-defeating belief or life script (see 2.3.6) that seems to underlie the person's psychological experience, such as "I deserve to suffer", "Everybody is out to get me", or "It's no use trying".

When the concept of the complex was first introduced to psychology by Jung (see 2.3.6), it was believed to originate from a defeat in the person's biographical history. Within the transpersonal paradigm this maxim is expanded to state that a complex may originate from a defeat in any life (Woolger, 1990).

Transpersonal psychotherapists claim that the past-life regression constitutes a powerful mechanism to dislodge self-defeating patterns, because it facilitates access to buried aspects of deeply entrenched complexes which do not lie in the biographical history (Woolger, 1990; 1993a; Grof, 1985, 1988, 1990; Lucas, 1993a). According to them, the major value of the past-life regression as therapeutic tool lies in its potential to serve as a vehicle for the abreaction and release of the complex (Woolger, 1990; Grof, 1988; Grof & Grof, 1989; Weiss, 1988).

2.3.6 The concept of the complex

The concept of the complex is of central importance in the understanding of the healing processes that have been observed in non-ordinary states of consciousness, and particularly in the experience of the past-life regression.

The conceptualizations of Jung, who introduced the term "complex" to psychology in 1902, and the later disciplines of Transactional Analysis and Cognitive Therapy paved the way for the present conceptualization of the complex in Transpersonal Psychology.

(a) Jung

Jung coined the term "complex" to refer to a psychic structure or energy centre, around which are clustered psychic elements such as thoughts, feelings, images, reminiscences, urges and interests that belong together due to a common feeling-tone content and a coherent set of values and objects (Jung, 1953). Theoretically, not every complex constitutes a neurosis. Whether such a psychic structure functions as a neurosis is not determined by its content, but by whether or not it has become distorted and negatively affects the person's functioning, well-being and interpersonal relationships, or inhibits psychological development.

Jung based his concept of the development of the neurotic complex on the following theoretical hypotheses:

- The collective unconscious or matrix of consciousness, which contains the whole spiritual heritage of humanity's evolution, is born anew in the brain structure of every individual.
- This heritage includes the archetypes, which are the universal potentialities or urges to experience a specific trait or principle, and the sources of those typical patterns of reaction, behaviour, and experience that characterize the human species.
- An archetype constitutes the potential of the complex or energy centre that develops in a person's psyche, and the nature of this psychic structure depends on the interaction between the archetype (or unconscious

awareness of a potential experience), elements of the internal psyche, and the person's life-experiences in the material world.

- If a person does not experience an accurate matching or healthy balance between an archetypal urge (such as the need for a loving mother) and the external reality (eg if his/her real mother is abusive and uncaring), the complex becomes distorted by negative thoughts, feelings and images that cluster around the energy centre.
- Each complex has a basic nucleus of psychic energy at its core, which integrates data into familiar patterns.
- Once a distorted complex is established, it henceforth exerts a dynamic effect by structuring all experience that enters consciousness in accordance with those patterns that have previously developed.
- As a result the person with distorted complexes feels emotions and displays behaviour that will regularly be in conflict with the environment. The distorted complex directs behaviour from both a conscious and unconscious level to determine the person's personality and his/her way of functioning in the world (Jung, 1953).

The following features of Jung's model have important implications for therapy (see 2.3.8):

- A complex which is prominent enough to include a significant share of the personality's energy may take on a personality of its own, and possibly even its own consciousness (Cohen, 1976).
When a person is particularly complex-ridden, the energy available to the ego-personality is reduced. A neurotic person's symptoms can be better understood as the manifestations of complexes (splinter personalities) competing with the ego-personality for control (Cohen, 1976, p.9).
- If such a complex is too incompatible with the conscious attitude of the ego-personality, it withdraws and becomes dissociated (Cohen, 1976).
Thus, in Jung's model, dissociation (of psychic contents from the ego-personality) is the fundamental pathological mechanism, and repression (voluntarily, or by a censoring mechanism such as Freud's superego), a special case of it, which takes place when the incompatibility of the conscious attitude and the complex are particularly acute (Cohen, 1976, p.10).
- The archetypes, as well as the complexes through which they are realised, are not isolated entities, but tend to be related to each other in polarity, for example mother and child, victor and victim, trickster and wise old man (Brooke, 1991).
In direct opposition to the conscious personality a person presents to others stands what Jung calls the shadow self. In the subconscious of the ardent pacifist may be a violent sadist, and in that of the shy introvert, a brawling extrovert. A bipolarity - positive and negative - also exists within each archetype, for example, "the great mother, whose nurturing embrace also suffocates ... and the shadow, whose darkness lends depth, perspective, and humility to the individual (Brooke, 1991, p.17).

The therapeutic goal in Jung's model, i.e. the individuation of the self, requires that the ego-personality differentiates itself from the unconscious effects of the complex, not through dissociation and neurotic denial, but by seeing through it to the archetypal nucleus of meaning

at its core (Brooke, 1991), and that the opposites and tensions within the psyche are harmoniously reconciled (see 2.3.8).

- Jung maintained that complexes were established during the process of childhood development and never admitted that they may have their roots in past-life experiences. A year before his death in 1961 he wrote in the psychological commentary in *Tibetan Book of the Dead*:

According to the Eastern view, karma implies a sort of psychic theory of heredity based on the hypothesis of reincarnation, which in the last resort is an hypothesis of the supratemporality of the soul. Neither our scientific knowledge nor our reason can keep in step with this idea. There are too many if's and but's ... Moreover, we know only too well, on epistemological grounds, that such a proof would be just as impossible as the proof of God. Hence we may cautiously accept the idea of karma only if we understand it as psychic heredity in the very widest sense of the word (Jung, 1960, p.xliii).

So far as I know, there is no inheritance of individual prenatal, or pre-uterine, memories, but there are undoubtedly inherited archetypes which are, however, devoid of content, because, to begin with, they contain no personal experiences. They only emerge into consciousness when personal experiences have rendered them visible (Jung, 1960, p.xlv).

Nevertheless, he did analyze the death-rebirth phenomena (that emerged in therapy) with his followers (Grof, 1985) and, in referring to the instructions of the Bardo Thödol (which accepts reincarnation as a self-evident fact), he made the following comments:

Every serious-minded reader must ask himself whether these wise old lamas might not, after all, have caught a glimpse of the fourth dimension and twitched the veil from the greatest of life's secrets (Jung, 1960, p.i)

The world of gods and spirits is truly 'nothing but' the collective unconscious inside me. To turn this sentence round so that it reads: The collective unconscious is the world of gods and spirits outside me, no intellectual acrobatics are needed, but a whole human lifetime, perhaps even many lifetimes of increasing completeness (Jung, 1960, p.ii).

(b) Transactional Analysis and Cognitive Therapy

In 1905, three years after his initial conceptualization of complexes as unconscious personalities, Jung published his 'studies in word association', in which he understood complexes in terms of language, cognitions, and affects (Brooke, 1991). This insight was developed further by Eric Berne, founder of Transactional Analysis - a therapeutic discipline which emphasizes the importance of cognition in the structure of emotions. Transactional Analysis differentiates distorted patterns of emotional responding in terms of "script beliefs" and "script decisions" (Erskine & Zalcman, 1975; Erskine & Moursund, 1988). Individuals who experience the frustration of deep emotional needs, are considered to develop a system of negative beliefs about self, others, the world and life, eg. "I am worthless" or "No-one cares" (script beliefs), and then adopt defensive strategies in order to survive psychologically, eg. "It's no use trying" or "It's better not to rely on anyone" (script decisions).

The internalized scripts determine how the person will henceforth handle life situations and respond to other people, as if compelling him/her to repeatedly enact the same role in different scenarios. Although a script may initially help the person to cope with overwhelming emotional pain, it is fundamentally self-defeating because it serves as a permanent obstacle to emotional fulfilment or personal growth (Edwards, 1993). In addition, the internalized script serves as a lens through which all new situations are viewed and distorted. Due to this distorted perception and the automatic self-defeating response, new information is continuously assimilated into the script, rendering it self-reinforcing and self-perpetuating (Edwards, 1993).

In Cognitive Therapy this organised structure of representation which distorts reality and sets up self-defeating behaviour patterns is referred to as an "early maladaptive schema" (Young, 1990). Early maladaptive schemas develop out of dysfunctional emotional experiences in the first few years of life, to become enduring structures that serve as templates for the processing of later experience, and are elaborated upon throughout the person's life (Edwards, 1993).

2.3.7 The complex in Transpersonal Psychology

Having gone beyond traditional models of the universe and the human psyche, Transpersonal Psychology presents a transformational perspective on the origin and influential scope of the complexes that govern human psychological functioning. Grof and Woolger both restated and refined Jung's conceptualization of the complex to include the perinatal and transpersonal realms of the psyche. Based on the assumption that reincarnation is a fact, both propose that self-defeating belief systems are actually inherited as part of a person's psychic make-up at birth (Grof, 1988; Woolger, 1990, 1993a). Although their re-definitions of the complex were developed independently and they make use of different terminology, Grof's "COEX system" and Woolger's "karmic complex" are conceptually similar.

(a) The COEX system

Based on observations during his extensive work with psychedelic drugs and experiential psychotherapy, Grof came to the conclusion that memories and physical experiences were not stored in the psyche or coming to consciousness as isolated bits and pieces, but in the form of distinct complex-constellations or systems of condensed experience (COEX systems) (Grof, 1988).

(i) Definition

The COEX system, conceptually similar to the complex, script belief and early maladaptive schema, is defined by Grof as

a dynamic constellation of memories (and associated fantasy material) from different periods of the individual's life, whose common denominator is a strong emotional charge of the same quality, intense physical sensation of a particular kind or shared additional important elements (Grof, 1988, pp.4-5).

As his work progressed, Grof realized that COEX systems were not only operating as principles governing the dynamics of the individual unconscious, but that they represent general organizing principles operating on all levels of the psyche (Grof, 1988). Psychedelic states reflected the

condensed or composite content of a particular COEX system:

The linear temporal distance that dominates everyday experience is disregarded, and events from different historical contexts appear in clusters when they share the same strong emotion or an intense physical sensation of a similar kind ... In a similar way, the linearity of temporal sequences is transcended in unusual states of consciousness. Scenes from different historical contexts can occur simultaneously and appear to be meaningfully connected by their experiential characteristics. Thus a traumatic experience from childhood, a painful sequence of biological birth, and what seems to be the memory of a tragic event from a previous incarnation can all appear simultaneously as part of one complex experiential pattern (Grof, 1985, p.33).

Whereas the formation and operation of the complex, script and early maladaptive schema are conceptually limited to experiences in an individual's biographical history, Grof realized that each COEX may have many layers - biographical, perinatal and transpersonal (Grof, 1988, 1990). During observation of emerging material during the perinatal phase of an LSD-experience, he became aware that experiences of birth - in its wide range and complexity of physical sensations and emotions - contained the elementary themes for every conceivable COEX system (Grof & Bennett, 1990), and that most biographical COEX constellations were dynamically connected with specific facets of the birth process (Grof, 1988).

(ii) Basic perinatal matrices

Grof (1988) documented that the embryonal and fetal experiences which occur in non-ordinary mind-states portray in a concrete, realistic, and detailed way various perinatal situations, usually those that are dramatic and associated with a strong emotional charge. It emerged that the birth process and interuterine life are organized into four distinct experiential constellations which Grof calls basic perinatal matrices. Each matrix relates to one of the four consecutive periods of biological delivery, and at each stage the baby undergoes experiences that are characterized by specific emotions and physical feelings. Each stage also seems to be associated with specific symbolic images. BPM I, called the "Amniotic Universe", is the prebirth period which is potentially an experience of peace and tranquillity. BPM II, or "Cosmic Engulfment and No Exit", constitutes the onset of uterine contractions before the cervix opens, and may be experienced as either a desired progress to the next stage of existence or a frightening shock. BPM III, the "Death and Rebirth Struggle", is the movement through the birth canal, which may be experienced as a terrifying struggle or even a confrontation with death. BPM IV, or "Death and Rebirth", is the separation from the mother's body, which can be experienced as a joyful encounter with a loving, nurturant mother, or terrifying isolation in a cold, clinical environment (Grof, 1990; Edwards, 1993). These perinatal themes manifest specific associations with related experiential material from the transpersonal realm (Grof, 1988).

Deep perinatal memories can also provide us with a doorway into what Jung called the collective unconscious. While reliving the ordeal of passing through the birth canal we may identify with those same events experienced by people of other times and other cultures, or even identify with the birth process experienced by animals

or mythological figures. We can also feel a deep link with all those who have been abused, imprisoned, tortured, or victimized in some other way. It is as if our own connection with the universal experience of the fetus struggling to be born provides us with an intimate, almost mystical connection with all beings who are now or ever have been in similar circumstances (Grof & Grof, 1990, p.29).

It became clear that a COEX system does not necessarily originate in the biographical experience of an individual, but that it could have even deeper roots, reaching farther back into prenatal life, past-life experiences or identification with other life forms (Grof & Bennett, 1990).

In his cartography of the psyche, Grof conceptualized that the COEX systems organize important emotional material on the biographical level, while the basic perinatal matrices, or BPMs, have a similar function in relation to experiential repositories on the perinatal level. Similarly, a rich spectrum of dynamic matrices is associated with different kinds of transpersonal experiences (Grof, 1988).

(iii) Thematic link

What serves as a connecting link between the different layers of a COEX system is a similarity of the emotions or physical sensations involved. Each COEX is characterized by a central theme (Grof & Bennett, 1990). If, for example, the theme is rejection, the COEX constellation may contain memories of failed relationships in biographical adulthood, parental rejection in childhood, a mother's abortion attempt during pregnancy, and experiences of rejection in past lives.

Similar to the role Jung attributed to the complex, COEX systems are seen to affect every area of an individual's emotional life. They influence the way people perceive themselves, other people and the world, and are the dynamic forces behind emotional and psychosomatic symptoms:

An individual who is under the influence of a particular COEX system and, more specifically, under the influence of its specific layer, will experience himself and the world in terms of its leading theme and behave in a way that tends to reproduce the original traumatic elements in the present situation (Grof, 1988, p.229).

In a more subtle way, it also influences his future experience of himself, his perception of the environment, emotional reactions, values, attitudes and various psychosomatic functions (Grof, 1988).

Not all COEX systems contain painful material. Some also contain constellations of positive experiences like peace, bliss or ecstasy, that have contributed to moulding an individual's psyche. The dynamic governing COEX system in a person's psyche determines the content of his emotional experience and his level of functioning in the world. Grof distinguishes between negative and positive governing systems:

Individuals who are tuned into various levels of negative matrices perceive themselves and the world in a pessimistic way and experience various forms and degrees of emotional and psychosomatic distress. Those persons who are under the influence of positive dynamic systems are in a state of emotional well-being and optimal psychosomatic functioning (Grof, 1988, p.229).

(iv) Transmodulation

Changes in the governing influence of dynamic constellations - referred to as transmodulation - can occur as a result of various biochemical and physiological processes, or due to external influences of a psychological or physical nature. Such transmodulation does not necessarily indicate that all unconscious material underlying a particular psychopathological state has been worked through (Grof, 1988).

Depending on the emotional quality of the governing systems involved and of the resulting clinical change, Grof differentiates among positive, negative and substitutive transmodulation. The therapeutic task is conceptualized as a reduction of the emotional charge of the negative systems, conscious integration of the painful material that emerges, and facilitation of experiential access to positive dynamic constellations.

Instances of clinical improvement are considered indicative of inner dynamic shifts from one governing system to another. Similar to the strong emotion that is observed in transactional analysis and cognitive therapy when the origin of a script or early maladaptive schema is accessed in therapy, a catharsis or abreaction of intense emotions is typically experienced when therapy reaches the core of a negative COEX system (Grof, 1988). This abreaction is generally accepted as an important mechanism in releasing the complex (Jungian), breaking the script (Transactional analysis), or in Grof's conceptualization, bringing about an inner dynamic shift.

Because previous theories limited their scope to the biographical history of an individual, deeply buried aspects of a complex or script would have remained inaccessible in those cases where a negative constellation originated in the perinatal or transpersonal realm. Grof's conceptualization of the COEX system and its interconnected layers opens up new avenues to access the origin of the maladaptive script and constitutes a major contribution to the therapeutic armamentarium.

(b) The karmic complex

Jungian analyst, Roger Woolger, came to a similar conceptualization by expanding Jung's understanding of a complex as deriving from memory traces in the current life to the transpersonal concept of a karmic complex (Woolger, 1990).

Research findings that past-life regressions invariably relate to psychological conflicts in the present life of an individual (Grof, 1988; Woolger, 1990), that the birth experience potentially has a high emotional impact on the psyche (Grof, 1988), and that, at the interface between the birth trauma and the past-life regression, the one is consistently mirrored in the other (Woolger, 1990; Grof, 1988), led Woolger to discard Jung's theory that the archetype underlying the development of a complex is devoid of experiential content. He accepted the ancient yogic concept of the human body as energy field, which is presently being recognized by scientific research (see 2.2.5), and adopted the concept of the "samskara" (psychic scar tissue) as the proposed vehicle for the storage and transmission of experiences from one life to the next (see 2.3.7).

I believe that the samskara, which I propose to translate as a past life or karmic complex, offers the missing keystone in the overarching bridge between Eastern and Western psychologies. Conceptually a karmic complex can be seen to lie midway between an archetype, which has no personal memory traces, and a complex, which derives directly from personal experience in this life. (Woolger, 1990, p.150).

He proposes the following extension of Jung's original terms:

	ARCHETYPE	SAMSKARA (Karmic complex)	COMPLEX (Jungian)
Content:	Mythological images; universal forms	Past-life memory traces (vasanas, klesas)	Current life memory traces

The karmic complex is manifested in projections - involving others in neurotic dramas and acting out, somatizations, and personifications - dream and fantasy figures and sub-personalities (Woolger, 1993a).

Based on his observation of a "symbolic resonance" among the different levels of experience, i.e. a "symbolic or metaphysical association made by the unconscious mind that links together the different thoughts, images, feelings and sensations" (Woolger, 1990, p.355), he came to the conclusion that there are in fact six different aspects to every complex:

The existential aspect refers to the current reality situation, the biographical to childhood and later memories of the present life, the somatic to bodily symptoms, the perinatal to features of the birth experience, the past-life to the emotional content of a past-life memory, and the archetypal to the universality of the experience that is collectively shared by all human beings (Woolger, 1990).

In accordance with the holographic model of psychic processes (see 2.2.5), Woolger concludes that everything in the psyche mirrors everything else. He uses the image of a six-petalled lotus wheel to conceptualize the karmic complex as consisting of six convergent circles dynamically radiating from a central nucleus (the feeling core) and moving in and out of each other. These different aspects are interconnected by a symbolic resonance, in that they all share the same emotional quality. Because this model does not indicate any particular order of priority on the lotus wheel, the feeling core of the complex can be accessed via any of these aspects (Woolger, 1990).

Woolger identified 14 major neurotic complexes that are typically triggered by trauma suffered in these areas. The theme or feeling core of each complex is now presented in Table 1, with the characteristic symptoms of each complex as well as typical script beliefs and script decisions associated with it.

TABLE 1: Major neurotic complexes identified by Woolger (1995)

THEMES	CHARACTERISTICS	PHRASES
1. Fear Anxiety Terror Shock	Frozen breathing Shallow Breathing Isolate Loner Addictive Behaviours Phobic Behaviours Hypersensitive to Touch Out-of-body Tendencies Stays in Head ... Hard to Trust Others	It's not safe. They're gonna get me-us. I've got to get away. Don't touch me. Get away from me.
2. Rage Anger Resentment	Rigid Body Patterns (Fists, Arms, Pelvis, Jaw) Sadomasochism <u>Dry</u> Depression Vindictiveness Stubbornness Murderous Fantasies	Why? It's not fair. They'll never do that again. I'll get them. You can't make me. Get off me. I hate them-you.
3. Grief Loss Sadness Abandonment	Heavy Breathing Nasal-Chest Problems Blocked Weeping Loneliness <u>Wet</u> Depression Hopelessness	I'll never see <them> again. It's all over. I'm all alone. Don't leave me. What's the use. I've got to do it alone.
4. Guilt Self-blame	Victimization Scapegoat Depression Fear of Punishment Perfectionism Undeserving Martyred Slave, Enslavement Scripts	I've done something awful. I can never do enough. It's all my fault. I'm to blame. I'm unworthy. I'm no good.
5. Shame Humiliation	Feeling Exposed Feeling Vulnerable Wanting to Hide Withdrawal Feeling Isolated Rejected by Group Feeling Ostracized Feeling Exiled	I can't face them. I want to hide. They are all looking at me. I feel awful.
6. Failure Low Self-Esteem	Guilt as in #4 Self-Directed Recrimination Feeling Unlovable Undeserving of Respect Narcissistic Wounding	I'm not good enough. I've done it wrong. I've failed them. I'll never get it right. I didn't do enough. I was too late. I let them down.

THEMES	CHARACTERISTICS	PHRASES
7. Disgust Obsessive/ Compulsive	Normal Body Functions Rejected by Self Self Rejection Need or Urge to Vomit, Eject Need to be Rid of Dirt, Contamination Phobic (cf #1) Skin Sensitive Boundaries Invaded	I can't get rid of it. Ugh. It's disgusting. It makes me sick. Get <it> off of me. Get <it> out of me.
8. Emotional Deadness (A) Like #1 But with No Affect Exploded Outward away from self Schizoid Dissociated outward	Out of Body Stays in Head Compliant, Introverted In Denial Wears a Pleasing Mask Flat Affect Always in Control Shallow Breathing Chronic Fatigue Can be Masking #1's Fears of #2's Rage	There's nothing wrong. It's not really happening. I don't want to hear <->. I don't want to see <->. I don't want to feel <->. I don't want to know <->.
9: Emotional Deadness (B) Heavy Effort Imploded - Held in Dissociated inward	Stuck in Body Heavy and Lethargic Hopelessness Negativity Chronic Fatigue Masochistic Behaviour May have Inverted #1's Fears or #2's Rage	It's hopeless. I'll never make it. There's nothing I can do. It's all over. I want to die.
10. Histrionic	Hysteria: Disassociated Feelings Dramatics, Soap Opera Life Acts Out, Attention Getting Extroverted Manipulative	I never get what I want. They'll never see me. I won't let them see me. They all hate me. I'm confused. I don't know what's going on. When asked ... "Why don't you ...?" replies: "Yes, but ..."
11. Betrayal	Hypervigilance Fear of Trusting	They can't be trusted.
12. Time	Insomnia	There's never enough time. I can't slow down. I'm not gonna make it.
13. Rigid Emotional Control "Initiation" ³	Inability to cry and/or express emotions	I must be brave. I mustn't show fear. I've got to bear this. I won't feel this.

3. The term "initiation" refers to past-life regressions where young men have failed or died during some initiation into manhood. The youth is driven to suppress all pain or emotions in the interest of becoming a "real man" and killing all his childish mother dependency. The lingering samskara is the driving thought that "I must never fail, give in, show pain or feelings, if I am to be seen as a man" (Woolger, 1995).

THEMES	CHARACTERISTICS	PHRASES
14. Responsibility	Neck Tension Shoulder Pain Fear in Chest	I have to do it all. I have to do it alone. There is no one strong enough to help me. I can't depend on anyone to help me.

2.3.8 The therapeutic use of the karmic complex

The theoretical perspective of Woolger is not entirely unique. The theoretical principles of past-life therapy developed by him enjoy wide support among other transpersonal psychotherapists (Lucas, 1993a).

(a) The working definition of the karmic complex

The working definition of the karmic complex, as drawn from the conceptualizations of Jung, Transactional Analysis, Cognitive Therapy, Grof and Woolger, is the following:

The karmic complex is a dynamic constellation of psychic elements (such as thoughts, feelings, images, fantasies, urges, interests and memories from biographical, perinatal or past-life experiences), whose common denominator is a strong emotional charge of the same quality and a symbolic or metaphysical resonance amongst the different levels of experience. Each complex is characterized by a central theme, and the internalized cluster of experiences around that theme serve as a template which dynamically integrate new experiences into familiar patterns, thus rendering the complex self-reinforcing and self-perpetuating.

A complex can either be a constellation of positive experiences that contributes to an individual's well-being or it can become distorted as the result of a traumatic experience. A distorted complex negatively affects the person's perceptions of and responses to experience, and constitutes an obstacle to his psychological functioning and well-being. The distorted complex can originate in the biographical experience of the individual or have deeper roots in prenatal life or a past-life experience.

Every karmic complex has six aspects, i.e. an existential, biographical, somatic, perinatal, past-life and archetypal aspect, which are all interconnected by a symbolic resonance in that they all share the same emotional quality. Every aspect allows access to the feeling core of the complex, which manifests itself in terms of script beliefs and script decisions. For example, if the core experience in the complex had been one of failure, it may be expressed in the script belief "I'm not good enough" and the script decision "It's no use trying". The content of a person's emotional experience and level of functioning is determined by the dynamic governing complex in the psyche.

(b) The holographic approach

Lucas, in her comprehensive two-volume publication on regression therapy published in 1993, points out that Woolger's holographic approach provides a theoretical grounding for the existence of soul patterns that repeat themselves on many levels, a phenomenon that most past-

life therapists consider to be of much importance in the accessing and breaking of complexes.

Another past-life therapist of 20 years experience, summarized it as follows:

The past-life experiences generated by the client have remarkable connection and congruency with the client's life concerns. It's as if each past-life experience accessed is a miniature holograph of the client's current life core issue ...

... The past-life experience contains the "whole picture" though it may be unclear, until you assemble more of the pieces. Exploring more of the pieces will help the core issue become clearer. The more fully they are explored, the better the client will understand their meaning (Hansen, 1992, p.7).

A leading Dutch therapist, Hans TenDam, links the holographic approach to the spiritual goal of Transpersonal Psychotherapy:

The holographic view on personality is a very powerful one. First the relationship between our personality and our subpersonalities is holographic: we are each of our subpersonalities, and each of our subpersonalities represents our main personality. The same relationship holds between our over-all personality or soul that incarnates in many different personalities. All our previous personalities, like our present, are fractals of the over-all personality. I would go one step further. I suggest that the relationship with our source is a holographic one: we are full representations of whoever or whatever created us (TenDam, 1994, p.48).

(c) Accessing the feeling core of the complex

This holographic conceptualisation of the karmic complex facilitates a radically new and fresh way to practice psychotherapy, in that it is no longer limited to any one point of entry into the complex (Woolger, 1990).

It no longer matters whether I start with childhood, or the body, or the reality situation, or the birth trauma, or past lives; each or any of these aspects can take us into the feeling core of the complex when properly pursued (Woolger, 1990, p.109).

Woolger illustrates the different levels of the complex by referring to a case study of a woman who experienced a guilt-ridden compulsion to take care of her mother and manifested prominent tension in her neck and shoulders. She regressed to a past-life as an impoverished painter who felt responsible for his baby's death and hung himself. She also regressed to the traumatic birth of her present life, in which she was almost suffocated by the umbilical cord that was wrapped around her neck. In the birth experience she recognized her present mother as the baby that died, and realized that she had been trying to make it up to her all her life. In this case, Woolger identifies the following aspects:

<u>The existential aspect:</u>	The current reality situation with her mother.
<u>The biographical aspect:</u>	Childhood and later memories: "always worrying about mother since I was small".
<u>The somatic aspect:</u>	Chronic postural rigidity in the neck and shoulders.
<u>The perinatal aspect:</u>	The birth trauma of the cord wrapped around the neck: "Do I deserve to live?"
<u>The past-life aspect:</u>	Suicidal guilt for neglecting a dying child: "It's all my fault, I deserve to die".

The Dutch therapists Bontenbal and Noordegraaf have developed a similar approach to Woolger, and feel that work on any particular level is indicated when it can amplify awareness of patterns

and demonstrate continuity and repetition (Bontenbal & Noordegraaf, 1993a).

(d) The unconscious influence of past-life compulsions

Based on the memories of past-life trauma that emerged during his clinical work, Woolger came to the conclusion that a "samskara" or past-life complex arises where there was an area of hurt, loss, grief, anger, or bitterness in a past incarnation (Woolger, 1990).

More often than not all kinds of emotions have been buried. We build huge defensive walls, rationalizations, whole life-styles to avoid ever repeating such a situation and, it seems, lifetime after lifetime the same defensive pattern persists in structuring egoic reality (Woolger, 1990, p.320).

He proposes that Freud's concept of repetition compulsion (the urge to repeat an experience) and Fritz Perls' notion of unfinished business can be seen as dynamics across lives as well as within them (Woolger, 1990). Past-life regressions consistently demonstrate how people act out under the unconscious influence of past-life compulsions. People with animal phobias often recall lives of being killed by wild beasts, people who fear heights remember death by falling, and people with eating disorders access ancient memories of starvation. In other cases, people who in their present lives experience a compulsive commitment to a specific individual or cause, often recognize their behaviour as an effort to compensate when they recall past-lives in which they had behaved abusively.

In some instances, the individual can see a rapid replay of his or her karmic history and have clear insights as to how this pattern repeated itself in different variations through ages and has contaminated lifetime after lifetime (Grof, 1988, p.87).

Past-life stories thus clearly reveal the unconscious belief that had been governing a person's life. By accessing the origin of a complex via the past-life regression and facilitating the abreaction of the ancient trauma, the source of latent compulsions is brought to consciousness (Woolger, 1990).

It is no exaggeration to say that there are among my clients those whose whole life orientation has been changed by only one or two past-life sessions. The opportunity to confront one's true self, naked and unadorned, to see the essence of one's "stuckness" in even a single story, is unparalleled in any other psychological discipline that I know (Woolger, 1990, p.13).

(e) Expanded consciousness

Gina Cerminara, who researched the past-life readings of the psychic Edgar Cayce and the psychological impact it had on people who consulted him (see 2.3.4), commented as follows on the development of past-life therapy:

It is a basic premise of psychoanalytical approaches that the discovery of the contents of the unconscious can lead to insight, and the insight can in turn make it possible to handle the problems of the present in a more mature and a more integrated way. Reincarnationist psychoanalysis would postulate the existence of a far deeper unconscious, stretching through centuries and centuries of time; and it would therefore make an effort to plumb these greater depths. The purpose would be similar, namely, the achievement of insight (Cerminara, 1981, p.88)

Most past-life therapists share Woolger's hypothesis that in non-ordinary states of consciousness

a person has access to a source that is all-knowing and possessed of deep wisdom, often referred to as the Higher Self (Lucas, 1993a). They find experientially that in transpersonal states there emerges a transcendent function within the psychological make-up of a person that seems to know the origin of problems as well as their resolution (Jue, 1993a).

Subjects are also found to have a greatly expanded consciousness in the so-called "interlife", a term which refers to the mind-state after a past-life death experience before rebirth. It has been documented in transpersonal literature that clients in this state can access spiritual insight into their karmic debts and the tasks of purification awaiting the soul, and can recall key decisions about the life ahead of them, before the next incarnation takes place (Whitton & Fisher, 1986; Lucas, 1993a). This interim phase, called "metaconsciousness" by Whitton and Fisher (1986) is ostensibly a period between lives, but according to Lucas (1993a) it is actually a state of expanded consciousness which is always available. It can be contacted in various ways, such as near-death experiences, profound states of meditation, and holotropic breathing.

(f) Archetypal opposites

As therapy progresses, opposite types of past-life memories frequently occur sequentially, such as master-slave, parent-child, persecutor-victim, profligate-ascetic. Woolger uses these dynamic relationships among the lifetimes themselves for a second, important level of the therapeutic work.

When the psyche is given permission to flow with these tides of ever-reversing past-life stories and personalities and then to contemplate them in all their obtusely contradictory elements, a huge psychic tension is set up in the consciousness of the experiencing person (Woolger, 1990, p.219).

These polarized personalities not only give the client a keen perspective on the fundamental multiplicity of human nature, but presents a profound opportunity to break limiting complexes by integrating the archetypal opposites in the psyche (Woolger, 1990).

Following Jung, Woolger believes that the integration of the opposites, or wholeness, is preferred to a goal of "overcoming" or exorcising the negativity and shadow sides of the personality (Woolger, 1993a). Adopting the principles of "Advaita Vedanta", "Mahayana Buddhism" and "Tantrism", Woolger believes that ultimately all opposites are to be united within the psyche, leading to a state of non-duality or oneness of being:

Until a person can acquire a witness point outside patterns of opposites on all levels of the complex, he or she may experience a continuing spiral of lives of action, reaction, and counter-reaction that elude any resolution. The aim, therefore, is non-attachment to the complex (Woolger, 1993a, p.223).

(g) The death experience

The death experience in a past-life regression provides a valuable opportunity to achieve this goal (Woolger, 1993b).

Undergoing a visionary death in all its terror and sublimity creates a psychic event of such intensity that it allows an individual to detach consciously from the highly charged programs or samskaras that have accumulated in that or many lifetimes. We undergo a kind of cathartic ego death by virtue of our separation from an

intense identification with the second personality or other self that has unconsciously been dominating our thoughts and behaviour (Woolger, 1993b, p.430).

Taking a patient to the point of death and beyond has an additional potential for breaking a complex. In accordance with ancient insights the heightened consciousness that occurs at death imprints with exaggerated intensity the thoughts, feelings and sensations that are experienced, so that powerful karma may either be created or relinquished at the moment of death (Woolger, 1993b). Taking the patient back to this moment, which is also frequently the point of accumulation of all the negative thoughts, feelings and sensations of that particular life, it provides the opportunity to express and release the psychic residues and to accomplish a redecision about an ancient issue than underlies a present complex (Woolger, 1990; 1993b). Cayce, when consulted by a woman about a problem she saw as the result of a decision she made on January 1, 1944, responded: "These are decisions which were made first in December, 1020" (Cerminara, 1967).

Past-life therapists unanimously agree with Woolger that the past-life death experience itself provides a valuable ritual for psychodramatic healing, by virtue of its archetypal structure (Lucas, 1993a), and that the polar opposites presented by past-lives challenge clients to de-literalize the conflict, in the terminology of Hillman (1985).

They recognise that it calls for a move towards the sense of one's ultimate responsibility, which Hall (1990) emphasizes as the prerequisite for true healing, and provides the perspective that is necessary to transcend traumatic experiences emotionally, ethically, philosophically and spiritually, in order to rise above it entirely, forgive, and be forgiven (Grof, 1988). This process represents what Houston calls "the harvesting and orchestration of the polyphrenic self" that is called for in sacred psychology (Houston, 1987, p.30).

This means the gaining of access to your inner crew. If schizophrenia is the disease of the human condition, then polyphrenia, the orchestration and integration of our many selves, may be the health (Houston, 1987, p.30).

It makes possible a tapping into what Houston (1987) calls the "Entelechy Self", the supreme orchestrator and ground of all one's other selves that serves "as the protector and provider of balance and mental health amid the complex and polyphrenic structure of one's inner life" (Houston, 1987, p.31).

The Jungian sandplay therapist, Weinrib (1983), describes this resolution of complexes through a union of the opposites as a numinous experience:

The patient has a sense of having touched 'home', of having been guided by suprapersonal power and change occurs. The patient's consciousness (ego), having experienced the greater Self, gives up its autonomy, and paradoxically, at the same moment, experiences itself as stronger because of a feeling of being supported by that same transpersonal power to which it has surrendered (Weinrib, 1983, p.77).

2.4 Conclusion

This chapter presented the theoretical basis of the transpersonal paradigm and its recognition of the spiritual dimension of human consciousness. It established that transpersonal phenomena

occur widely during non-ordinary states of consciousness. The chapter discussed claims in the literature that these mind-states seem to have a healing and transformative potential, and that transpersonal experiences are not psychotic episodes but vivid manifestations of the deep recesses of the human psyche which are not ordinarily accessible.

There is accumulating evidence that working therapeutically in non-ordinary mind-states is a useful mechanism to make the unconscious conscious, and that these mind-states seem to involve an automatic selection of the most relevant and emotionally charged material. Within the range of transpersonal experiences that regularly occur in non-ordinary mind-states, the past-life regression is considered to be a valuable mechanism of psychological and psychosomatic healing and personality transformation, and is now widely used as a therapeutic tool. As a psychological event, this phenomenon is found to be elicited by not just one, but many different therapeutic techniques, which suggests that past-life memories may emerge whenever particularly deep levels of the psyche are accessed.

These regressions typically emerge in the context of memories from the person's present life which are charged with the same emotion, and manifest a thematic connection and congruence with the person's current emotional, psychosomatic and interpersonal problems. There is accumulating evidence that a past-life experience typically presents a miniature holograph of the person's current life's core issues and thus portrays the fundamental emotional impasses that are at the roots of the complex governing the person's psychological functioning. As such, the most important clinical value of the past-life regression is considered to be its apparent potential to access the unconscious material at the root of a complex and to serve as a vehicle for its abreaction and release - which seem to contribute to the relief of physical and emotional problems, the resolution of problematic relationships, as well as psychological and spiritual growth.

In terms of psychotherapy outcome research, the present body of case-material is still largely in the form of qualitative single case descriptions (see 2.3.5). Although a great number of case-studies which have been documented by Grof, Woolger and other transpersonal psychotherapists seem to support these claims, descriptive case-studies do not in themselves make it possible to conclusively identify the mechanisms crucial to healing because these methods also share many of the therapeutic components common to other forms of psychotherapy.

A major obstacle that prevents many clinicians to experiment with this therapeutic tool is a philosophical disbelief in the concepts of reincarnation and karma and a metaphysical adherence to the mechanistic world-view of the Newtonian-Cartesian paradigm. Despite the fact that the theory of reincarnation is now supported by an increasing body of research findings that seem evidential, most contemporary theories of personality have been formulated within a world-view that allowed for one life only, so that an acceptance of past-life memories as legitimate would demand a major revision of psychology's basic tenets and the premise of metaphysical naturalism. Nevertheless, it is found that regardless of whether the therapist or the client accepts or rejects the concept of reincarnation, the past-life regression is a very common phenomenon in non-ordinary states of consciousness and, when worked with on its own terms, seems to contribute to psychological healing.

It poses a problem to the researcher to be dealing with a level of the psyche which

manifests psychologically as experiences of past-lives. This material has phenomenological validity in that it has the character of past-life memories in the subjective experience of the subject and the therapist, and implies that reincarnation is a reality. Yet, from a scientific perspective, the hypothesis of reincarnation poses many questions that remain unanswered.

In presenting his systems approach to consciousness, Tart (1993) attributes the dilemma to the limitations of a uni-state science, i.e. that the fixed reference point for understanding phenomena is an ordinary state of consciousness.

Insofar as a "normal" d-SoC (discrete state of consciousness) is a semi-arbitrary way of structuring consciousness, a way that loses some human potentials while developing others, the sciences we have developed are one-state sciences. They are limited in important ways. Our ordinary sciences have been very successful in dealing with the physical world, but not very successful in dealing with particular human psychological problems (Tart, 1993, p.37).

He states the need to develop state-specific sciences:

If we apply scientific method to developing sciences within various d-ASCs (discrete altered states of consciousness), we can evolve sciences based on radically different perceptions, logics, and communications, and so gain new views complementary to our current ones (Tart, 1993, p.37).

The research presented in this thesis aims to explore the transpersonal perspective, which regards a multi-state science as relevant. The research is not based on an uncritical acceptance of the theory of reincarnation and does not purport to prove or disprove the historical validity of past-life "stories". It is not intended to expand reincarnation as a doctrine, but to explore the use of non-ordinary mind-states, transpersonal phenomena and past-life regressions as clinical tools for the purposes of psychological healing.

It is a basic tenet of psychoanalytic approaches that accessing unconscious material leads to insight, and that gaining insight, in turn, makes it possible to handle the problems of the present in a more mature and integrated way. Working in non-ordinary mind-states with the data of past-life regressions constitutes an extension of these psychotherapeutic approaches in that it makes it possible to plumb greater depths of the unconscious, but pursues a similar goal, i.e. to gain insight.

If non-ordinary mind-states and the transpersonal paradigm are taken seriously, then the past-life regression, whether or not it is a literal memory, emphasizes the way in which an individual's life is embedded within the psychological, spiritual and archetypal history of the human race. A clinician aligned with the collective unconscious position of Jung may work with the data as archetypes, whereas a past-life therapist like Woolger may work psychodramatically with the past-life regression as a personal story. Regardless of the theoretical emphasis, the fact remains that the clinician is working transpersonally with the historic and archetypal factors of human history.

Grof's cartography of human consciousness and the conceptual frameworks of the transpersonal paradigm have developed in order to provide a language and a set of principles which can guide and inform clinicians to work with past-life regressions and other transpersonal phenomena in a healing way - regardless of whether they theoretically accept the existence of a transbiographical domain of consciousness.

CHAPTER THREE

A Black hole in the cosmos: The perpetuation of violence

3.1 Introduction

This chapter presents a review of the literature on child abuse that has been published since the 1960s, when this aspect of family violence finally gained recognition as a major social problem.

After summarizing the historical background of the clinical area and identifying the present conceptualizations of physical, sexual and emotional abuse, research findings of the psychological damage caused by it are presented as follows:

- It is illustrated how numerous features of the effects of child abuse maps onto the major neurotic complexes identified by Woolger (see Table 1, section 2.3.7). The same framework will later be employed as an analytic tool in order to identify the subject's constellation of complexes in the case material (see 6.3).
- It is illustrated how early emotional deprivation has an exacerbating impact on the effect of child abuse.

This chapter also reviews the traditional psychotherapeutic approaches which are regularly used in working with adult survivors of child abuse, and then presents the transpersonal perspective on clinical work in this area.

3.2 Historical background

Violence, defined as an act carried out with the intention of physically hurting another person (Gelles & Straus, 1979) or the compulsive repetition of attempts to exercise power by the use of physical or emotional force (Bagley and King, 1990), has occurred within the family throughout recorded history (Radbill, 1980). From the dawn of the human race, the dynamics of power and control had been closely associated with violence (Bagley & King, 1990), resulting in implicit cultural norms that tolerate or approve of violence as a means of social control on all levels, including childrearing practices within the family (Gelles & Straus, 1979; Blumberg, 1974; Bagley & King, 1990). Historical evidence suggests that the family has always been one of society's most violent institutions (Radbill, 1974; Newberger, Reed, Daniel, Hyde & Kotlichuck, 1977; Gelles & Straus, 1979), and frequent accounts of severe child abuse are to be found in even the most ancient writings (Walker *et al.*, 1988). These accounts reflect how many societies have abused, neglected or tortured children, and often killed them by ritual, accident or malicious intent (Blumberg, 1974).

Numerous societies have practised infanticide for population control or the elimination of children with birth defects, offered children as sacrifices to the gods, or mutilated their bodies as a standard part of the child-rearing process. Well-known examples are the binding of the feet of female children in China, piercing and exaggerating parts of the body amongst African tribes, and the ceremonial mutilation of genitals in various societies (Walker *et al.*, 1988). Regarded as the

property of their parents, similar to livestock or personal possessions, children were commonly treated as slaves by the adults in their family, exploited in the labour market, and even sold into slavery. Due to large families in the centuries of inadequate birth control, children were often seen as liabilities in terms of their economic drain on the parents. In addition, the fact that large families were frequently decimated by disease greatly diminished the parents' bond of affection and concern for their children (Walker *et al.*, 1988).

Throughout history, until very recently, the abusive acts against children were condoned by public opinion as well as by religious and legal systems, which supported the view of children as parental property (Blumberg, 1974; Walker *et al.*, 1988). This condonation is even reflected by children's literature (Doyle, 1990; Rogers, Hevey & Ash, 1989). A study of fairy-tales and nursery rhymes world-wide reflects the assumption that when a child is mistreated, it is generally by a stranger or step-parent (e.g. Cinderella), but that, when they suffer at the hands of their parents (e.g. Jack and Jill or Little Polly Flanders), it is either because they deserve punishment or because the parents are acting in their best interests (Doyle, 1990). Rogers *et al.*, (1989) point out that Tom Sawyer's childhood, in its historical period, was portrayed as an adventure, but that the severe conditions in which he was brought up and the treatment he received from his strict aunt, was, from a contemporary perspective, an example of socio-economic deprivation and abusive childrearing.

3.3 The emergence of public and professional awareness

3.3.1 Physical child abuse

The development of the current awareness of child abuse started in 1874 when Henry Bergh, who had earlier founded the Society for the Prevention of Cruelty to Animals, appealed to court to protect an eight-year old child, Mary Ellen, from the cruel beatings she received from her guardians. In the absence of any laws to protect children, it was as a mistreated animal that she was presented to court (Rogers *et al.*, 1989; Walker *et al.*, 1988). Eight months later the Society for the Prevention of Cruelty to Children was established in New York, and in 1883, a similar body was set up in England. Members of these societies were instrumental in introducing laws to protect children in the United States in 1876, and in England in 1889 (Rogers *et al.*, 1989).

Nevertheless, the severity and epidemic proportions of child abuse remained masked by a public and professional perceptual blackout until 1962, when an American paediatrician, C.H. Kempe, published an article on the battered child syndrome. This article dispelled faith in "the myth of the maternal instinct" and "the widespread notion that everyone loves and protects little children" (Blumberg, 1974, p.21). It captured the attention of professionals in medicine and the social sciences and the following three decades have produced a proliferation of books and articles on family violence (Moraff, 1982; Gelles & Straus, 1979; Blumberg, 1974; Walker *et al.*, 1988; Rogers *et al.*, 1989).

Major research funds have been provided by governmental as well as private foundations

to investigate the recognition, treatment and prevention of child abuse, and research findings have informed the legal protection of children (Walker *et al.*, 1988; Gelles & Straus, 1979; Doyle, 1990). In Western societies three main kinds of legislation are now used to protect children, namely criminal law, wardship (when it is in the child's interest to be removed from the parents), and care proceedings (Doyle, 1990). Children are no longer at the mercy of their parents, who now, in terms of legislation, can be prosecuted for a full range of criminal offenses against their children, from murder to assault (Doyle, 1990). Similar laws are included in the South African legislation for the protection of children and the prosecution of offenders.

3.3.2 Child sexual abuse

Similar to physical abuse, the sexual exploitation of children is not a new phenomenon, but one with a long and ancient history, that has been manifest in many different ways in all cultures (Bagley & King, 1990; Walker *et al.*, 1988). Although anthropologists who study the sexuality of different cultures agree that some restrictions, such as the incest taboo, exist to a certain degree in all societies throughout the world (Kelly, 1984), many religious ceremonies and initiation rites in ancient civilizations involved children in sexual activities with adults (Walker *et al.*, 1988).

It is now well documented that incest is potentially an experience of catastrophic proportions which shatters a victim's sense of invulnerability to harm (Courtois, 1988), but during the 1960s, when physical abuse came into focus, the problem of sexual abuse was still largely ignored (De Francis, 1969; Walker *et al.*, 1988). Although studies on the prevalence of child molestation had been done as far back as 1929 (Hamilton, 1929; Landis *et al.*, 1940), these statistics had never been given wide public notice (Finkelhor, 1986), and tended to be marginalized or dismissed (Rogers *et al.*, 1989). Juvenile sex victims continued to be society's least protected children, with most communities closing their eyes to their needs (De Francis, 1969).

Three major factors contributed to this professional neglect of the area of child sexual abuse:

- The typical secrecy of the victim
- The reluctance amongst family members to intervene or seek professional help
- The scepticism of psychoanalysts

(a) Secrecy of the victim

Due to the typical secrecy that the child sexual abuser enforces on the victim (Rush, 1980), only a small proportion of the prevailing abuse is actually revealed (Salter, 1988; Tsai & Wagner, 1978). Bagley and King (1990) agree with Rush (1980) that child sexual abuse is the world's best kept secret:

The large majority of victims are never able to reveal the abuse: they have been trained, coerced, or cajoled by their abuser into deceiving the world. They must never reveal the abuse to anyone, and they must lie if abuse is suspected. The

penalties for telling the truth are awesome, and involve considerable psychological costs for the child (Bagley & King, 1990, p.92).

When the abuse is happening within the family, secrecy is demanded to protect the basic underpinnings upon which the victim's life is based - physical, emotional and financial. As a result, data about the incidence of child sexual abuse is largely derived from surveys of adults who are questioned about sexual experiences in childhood.

(b) The reluctance to intervene

Child sexual abuse is an intensely controversial and deeply divisive subject, with the potential to split children from parents and mothers from fathers. Due to the stigmatization associated with the incest taboo, it also has the potential to isolate families from relatives, friends, and communities. As a result of the threat the exposure of child sexual abuse poses to every traditional or potential alliance, family members who are aware of the fact that it is happening often choose to remain silent, rather than to intervene or seek professional help (Hall & Lloyd, 1993).

(c) Scepticism

Scepticism about the validity of childhood memories of abuse, which prevailed for most of this century, has been largely influenced by Freud's repudiation of his original seduction theory, and has now re-emerged with the current debate about the "False Memory Syndrome".

Freud's seduction theory, formulated in 1896 on the notion that all neuroses could be traced to forgotten infantile sexual abuse, evoked a great deal of opposition from his colleagues and Victorian society (Masson, 1984; Bass & Davis, 1988; Ofshe & Watters, 1994). He soon repudiated this hypothesis with the conclusion that incestuous fantasies - rather than overt incestuous acts - lay at the root of neurosis. He then stated that the accounts of abuse from his patients could not be true, and that it did not come from repressed memories, but from repressed fantasies (Freud, 1938, 1958).

Freud's new theory was obviously more palatable to society and to the patriarchal profession in which he worked ... he substituted Oedipal theory, thus turning the reality of abuse into a child's fantasy (Bass & Davis, 1988, p.347).

The Pulitzer prize winning social psychologist Ofshe stated that by lumping all accounts of sexual abuse together and labelling them fantasy, Freud gave psychoanalysts an excuse to ignore the reality of child sexual abuse for much of the twentieth century (Ofshe & Watters, 1994).

The firm establishment of the fantasy mode led Freud and other clinicians to discount their patients' reports of sexual abuse during childhood. This perspective has continued, resulting in significant scepticism in accepting the validity of reports of incestuous relations by patients (Selby, Calhoun, Jones & Matthews, 1980, p.7).

This led to the twisting of thousands of honest reports of sexual abuse in that patients who told of sexual molestation they had known of all their lives were often informed that they had only fantasized the experience (Loftus & Ketcham, 1994). Even Kempe and Kempe, who focussed attention on the battered child syndrome, only briefly mentioned sexual exploitation in their first book on child abuse in 1978 (Bagley & King, 1990).

Since the mid-1970s sensitivity to the problem of sexual abuse greatly increased (Walker *et al.*, 1988). This was largely due to the consciousness-raising movement of feminists who exposed the violence suffered by women and children within their homes (Bagley & King, 1990; Dominelli & McLeod, 1989; Rogers *et al.*, 1989). In an influential paper, published in 1987, two paediatricians, Christopher Hobbs and Jane Wynne, presented alarming evidence that the victims of child abuse not only included girls, but also boys, and not only teenagers but even toddlers and babies (Rogers *et al.*, 1989).

By the mid-1980s, professionals had reached virtually unanimous agreement that sexual abuse was the fastest-growing form of reported child abuse (Finkelhor, 1983). Numerous studies have since been published on the estimated prevalence of child sexual abuse (Finkelhor & Hotaling, 1984; Finkelhor, 1979a, 1979b; Baker & Duncan, 1985; Finkelhor, 1986; Long, 1986; Russell, 1983; Birchall, 1989; Bagley & King, 1990). A survey of these prevalence studies indicated that since 1980, the number of cases reported to British and American authorities has increased by about 50 per cent a year, and that up to one in four females and one in ten males are estimated to have experienced part, at least, of the continuum of sexual abuse (Bagley & King, 1990). Recent prevalence studies done in South Africa suggest that 40 to 50% of women in Western societies have experienced child sexual abuse (Leyett, 1989).

With the emergence of the heated debate around recovered memory therapy and evidence of a "False Memory Syndrome" (see 2.3.4), the validity of many of these claims of child sexual abuse - in cases where adult victims had no conscious recollection of the trauma before entering therapy - is now being questioned. Claims that recovered memory therapy can create false memories of abuse, leading to unjustified allegations, civil suits, and even criminal charges against the supposed child molesters, have pushed the issues evoked by the notion of repression into prominence and made the "False Memory Syndrome" into one of the most controversial concerns of clinical and cognitive psychology at the present time (Loftus & Ketcham, 1994; Ofshe & Watters, 1994).

Although this important and valid concern is substantiated by numerous case studies documented in the literature (Loftus & Ketcham, 1994; Ofshe & Watters, 1994), the current debate poses the potential danger that the clinical area of sexual abuse may once more be pushed into the shadows, and that authentic victims remain silent for fear that their traumas may be labelled as neurotic fantasies and lies.

3.4 Definitions of child abuse

In the early 1980s, professionals were still vague in their conceptualizations of the exact parameters of child abuse, as reflected by Moraff's definition of the field:

Child abuse and neglect means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's health or welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby (Moraff, 1982, p.41).

At present, there are more clear conceptualizations. Professionals differentiate amongst the dimensions of child abuse as follows (Walker *et al.*, 1988):

- Emotional abuse refers to excessive verbal threats, ridicule, personally demeaning comments, derogatory statements and threats, to the extent that the child's emotional and mental well-being is jeopardized.
- Physical neglect involves acts of omission in which the child is not properly cared for physically with regard to nutrition, safety, education, medical care.
- Physical abuse is generally defined as inflicting injury such as bruises, burns, head injuries, fractures, internal injuries, lacerations, or any other form of physical damage. This category also includes excessive corporal punishment and close confinement such as tying or binding the child and locking him or her in a closet.

Child sexual abuse is basically defined as the involvement of dependant, developmentally immature children and adolescents in sexual activities which they do not fully comprehend and to which they are unable to give informed consent, or which violate the social taboos of family roles (Walker *et al.*, 1988; Bagley & King, 1990; Schecter & Roberge, 1976; Salter, 1988).

The abuse is characterized by the following central features:

- **The betrayal of trust and responsibility.**

A definition agreed on by adult survivors themselves, and which has been accepted by campaigning groups, focuses on the sexual molestation of a child by an older person perceived as a figure of trust - including a parent, relative, family friend, youth leader or teacher (Incest Survivors Campaign, quoted in Nelson, 1987).

- **The abuse of power**

The victim is lured into a sexual relationship due to the all-powerful and dominant position of the adult or older perpetrator, which is in sharp contrast to the child's dependence, subordinate position, and lack of emotional, maturational and cognitive development. Power and authority, directly or implicitly, enable the perpetrator to coerce the child into sexual compliance (Sgroi, 1982).

- **The use of force and/or threats by the abuser**

The use of force and/or threats by the abuser, or the child's perception of a threat even if the abuser is non-coercive, non-threatening or non-violent (Sgroi, 1982; Bagley, 1969; Summit & Kryso, 1978; Salter, 1988; Hall & Lloyd, 1993), are central features in the child's compliance with and secrecy about the abuse.

Child sexual abuse is always an aggressive act by the perpetrator, even when there is no force or violence employed. Aggressive rather than benevolent use of power by the strong against the weak becomes the *modus operandi* for all family interactions in parental incest families (Sgroi, 1982, p.251).

- **The wide spectrum of sexual activity involved in the abuse**

This ranges from exhibitionism to molestation, from oral and anal contact to sexual intercourse, and from rape to sadistic torture (Bagley, 1969; Summit & Kryso, 1978; Kempe & Kempe, 1984; Salter, 1988; Hall & Lloyd, 1993). Rape is attributed to those offenders who are motivated by hostility, dominance and violence (Groth, 1978), and three types of rapists are identified:

Anger rapists act out their aggression and hostility in a sexual way. Power rapists act out their need for control and acceptance. Sadistic rapists are those for whom either anger or power have become eroticized and are part of the sexual excitement (Bagley & King, 1990, p.201).

3.5 The perpetrators of abuse

Research findings indicate that, even in modern times, children, within their families, are exposed to more potential violence than in most other social settings (Gelles & Straus, 1979; Bohannon, 1960; Curtis, 1974).

With the exception of the police and the military, the family is perhaps the most violent social group, and the home the most violent social setting, in our society. A person is more likely to be hit or killed in his or her home by another family member than anywhere else or by anyone else. Nearly one out of every four murder victims in the United States is a family member. Similarly, in Africa, Great Britain, and Denmark, the greatest proportion of murders are intrafamilial (Gelles & Straus, 1979, pp.15-16).

More than 70 per cent of all cases of serious physical abuse happens in the child's home (Blumberg, 1974) and 75-80 per cent of sexual abuse occurs within affinity systems like families, extended families, neighbourhoods and circles of friends (Finkelhor, 1979a; Dietz & Craft, 1980; Walker *et al.*, 1988; Tsai & Wagner, 1978).

Although a number of studies have indicated that child victims are often sexually abused by various persons and at different times - presumably due to an increased vulnerability brought about by their victim status and damaged self-esteem (Finkelhor, 1979c; Russell, 1983; Bagley & Ramsay, 1986; Bagley and King, 1990) - only a small percentage of their violators are strangers:

The majority of assailants are known to their victims, and the majority of assaults involve the misuse of authority inherent in age differences and family relationships (Bagley & King, 1990, p.75).

Patriarchal, male-dominated family structures are widely blamed for physical child abuse, but statistical studies show that in fact less than 30 per cent of all cases of serious physical abuse could be attributed to the fathers of the victims (Blumberg, 1974). Amongst cases of sexual abuse, on the other hand, some 90 per cent are found to be perpetrated by males (Russell, 1984). Although sexual abuse can take place in 'normal' families (Pelton, 1978) - where the abusing father appears to be a normal upstanding god-fearing man and a pillar of his community - it is more likely to occur in family settings in which the biological father is replaced by a stepfather/cohabitee, has a drinking or mental problem, or where the child is subjected to either

vacillating emotional support, authoritarian control or rejection (Bagley & King, 1990).

More than 70 per cent of all cases of serious physical abuse are perpetrated by the mothers of the victims (Blumberg, 1974), but statistical studies indicate that older females are only responsible for about five per cent of all sexual abuse of girls and about 20 per cent of the sexual abuse of boys (Russell, 1986). The rarest and least discussed form of sexual abuse is found to be that by a mother imposed on her daughter (see 5.3.3).

Women who abuse their children physically are characterized by punitiveness, emotional over-involvement, neuroticism and hostility (Smith & Hanson, 1975), but in the rare incidents where females are the perpetrators of sexual abuse, they are believed to be more severely disturbed or even psychotic (Bagley & King, 1990). The mother of Sybil, as described by Schreiber (1973) in her famous case study of a dissociative identity disorder, is one well-known example that fits this profile (Bagley & King, 1990).

Child sexual abuse by a woman is more likely to occur in a family setting where the marital relationship is emotionally empty or absent, where the mother exhibits an extremely possessive or overprotective attitude towards the child victim, and where she tends to use alcohol as a crutch or a means to overcome sexual inhibitions. Amongst women the sexual abuse seems to have both a masturbatory and a masochistic quality (James & Nasjleti, 1983; Bagley & King, 1990).

It is clear from the literature that the victims of violence and abuse become the perpetrators of violence and abuse, and that this vicious cycle is perpetuated from one generation to the next. Studies in the field have identified the following most prominent features amongst the perpetrators of abuse:

- In the area of physical child abuse, almost without exception, the perpetrators of abuse were themselves in childhood abused, neglected and deprived of love and mothering (Blumberg, 1974; Steele, 1980; Spinetta & Rigler, 1972; Hancock, 1982; Miller, 1983; Bagley & King, 1990; Groth, 1982; Li, West & Woodhouse, 1990; Avery-Clark, O'Neil & Laws, 1981; Merrill, 1962; Berger, 1985; Galdston, 1965; Kennell, Voos & Klaus, 1976; Melnick & Hurley, 1969; Steele & Pollack, 1974).
- In the case of child sexual abuse, as many as 85 per cent of the perpetrators had been sexually abused in childhood (Groth, 1982). About 30 per cent of the males who molest children are juveniles, and most of them have themselves been sexually abused. These adolescents often incorporate the abuse experiences into their own sexuality and continue this pattern in adulthood to become fixated paedophiles (Bagley & King, 1990; Doyle, 1990).

Factors that contribute to this ongoing manifestation of abuse are believed to include the following:

- Parents who had been emotionally crippled in childhood did not develop a capacity for love, empathy or compassion, but recreate a pattern of child-rearing that is in keeping with their own experiential history of abuse (Blumberg, 1974; Spinetta & Rigler, 1972; Miller, 1983; Hancock, 1982; Bagley & King, 1990).

- The psychological functioning of an abusive parent is governed by the heritage of a negative childhood self-image and defense mechanisms like denial, projection, role reversal, and identification with the harsh, rejecting care-giver of their own childhood (Green, Gaines & Sandgrund, 1974; Miller, 1983).

Almost everywhere we find the effort marked by varying degrees of intensity and by the use of various coercive measures, to rid ourselves as quickly as possible of the child within us - i.e the weak, helpless, dependent creature - in order to become an independent, competent adult deserving of respect. When we re-encounter this creature in our children, we persecute it with the same measures once used on ourselves (Miller, 1983, p.58).

- During their own socialization process in childhood these parents did not have parental role models with regard to adequate self-control and appropriate behaviour or levels of physical punishment in the disciplining of children (Gelles, 1973; Wolfgang & Ferracuti, 1967; Corby, 1989).

Parents who themselves were treated harshly as children may well not have learned how to control their children in socially acceptable ways and resort to punitive/abusive methods (Corby, 1989, p.34).

- These parents view child abuse as an adaptation to stress, modelled on their own experience of childhood socialization (Gelles, 1973).

3.6 The effects of child abuse

Empirical evidence accumulated in the field of family violence receives wide coverage in leading journals such as *Journal of Child Psychiatry*, *Psychological Bulletin*, *Family Therapy*, *Journal of the American Medical Association*, *Child Abuse and Neglect*, *American Journal of Psychiatry*, and *Journal of Interpersonal Violence*. Contemporary reviews in these journals reflect the serious detrimental impact of child abuse, particularly of child sexual abuse. Ideas of inevitable emotional damage or scarring following such experience have become widely accepted in the past 15 years (Levett, 1989; Adams-Tucker, 1982; Browne & Finkelhor, 1986; Kinard, 1982; Martin & Beezley, 1976; Freud, 1981; Walker *et al.*, 1988; Finkelhor, 1986; Bagley & Ramsay, 1986; Figley, 1985; Steele & Alexander, 1981), and the research findings presented in this chapter are now well established.

Prominent areas in which psychological damage has been documented, include the self-concept, the sense of self, interpersonal relationships, sexuality and aggression. More seriously, there is growing evidence that child abuse is associated with psychiatric disorders.

A review of the effects of child abuse is now presented by:

- Illustrating how research findings support and relate to the list of main distorted (neurotic) complexes identified by Woolger (see Table 1, section 2.3.7).
- Discussing the exacerbating impact of early emotional deprivation on the impact of child abuse.

3.6.1 The effects of child abuse in terms of Woolger's distorted complexes

Theme 1: Fear (Anxiety, terror, shock)

Characteristics according to Woolger:

Frozen breathing; shallow breathing; isolate loner; addictive behaviours; phobic behaviours; hypersensitive to touch; out-of-body tendencies; stays in head; hard to trust others.

Phrases according to Woolger:

It's not safe; They're gonna get me-us; I've got to get away; Don't touch me; Get away from me.

Research findings indicate the presence of characteristics which will be discussed below.

(a) Self-concept of being a helpless victim in a dangerous world

It has been widely documented that the self-concept of children and adolescents who have been physically or sexually abused often reflects a "helpless victim" mentality, learned helplessness, sense of powerlessness, and perceived lack of control (Jiles, 1981; Summit, 1983; Bagley & King, 1990; Walker *et al.*, 1988).

When children are operating from positions of passivity and helplessness, their subjective perception becomes a reality and their behaviours are determined by this belief. Feelings of helplessness are also carried from one abusive situation to another, so that the child's task becomes survival rather than escape (Bagley & King, 1990, p.107)

The abused child's self-perception of being defenceless, at risk, and threatened from all sides, especially from the parents, often continues into adulthood with an overwhelming sense of helplessness and hopelessness (Finkelhor, 1986).

Incest, in particular, shatters a victim's sense of invulnerability to harm (Courtois, 1988). In an analysis of the dynamics of child abuse, Finkelhor and Browne (1985) postulated betrayal (see Theme 11), traumatic sexualization and stigmatization (see Theme 5) to be the four factors most related to the traumatic impact. The conjunction of these four dynamics in one set of circumstances makes the trauma of sexual abuse unique, different from traumas such as parental divorce or even being the victim of physical abuse:

These dynamics alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view, and affective capacities (Courtois, 1988, pp.530-531).

(b) Pervasive fear and anxiety

The clinical symptoms of adult survivors of child abuse, especially child sexual abuse, often reflect a pervasive fear and anxiety which meet the criteria for a diagnosis of post-traumatic stress disorder (Walker *et al.*, 1988; Bagley & King, 1990; Coleman *et al.*, 1984; Quina & Carlson, 1989), as defined in the Diagnostic and Statistical Manual of Mental Disorders - IV (American Psychiatric Association, 1994). Although acute symptoms experienced directly after the childhood abuse may dissipate after a few months, Lindberg and Distad (1985) found that when repressed memories

re-emerge, adult victims may present with this disorder, even as late as 17 years after the experience.

The acute phase of crisis is frequently followed by an avoidance phase, during which the survivor regains stability by denying or evading the emotional impact of the abuse, but a second crisis often marks the transition from the avoidance phase to a time of readiness for long-term resolution. Survivors commonly experience this reemergence crisis in adulthood when the evidence of the childhood trauma breaks through in quite frightening ways (Hall & Lloyd, 1993). This phenomenon is referred to as the time bomb effect (Quina & Carlson, 1989). Survivors may experience flashbacks of the abusive incidents, with vivid recollection of the intense fear, shock, anxiety and physical pain experienced at the time. At times, these flashbacks may be so intense that the victim can feel as if the abuse is reexperienced, and may experience physical symptoms like bleeding from the genital area (Hall & Lloyd, 1993). At this stage the survivor is experiencing a post-traumatic stress disorder, even though time has elapsed since the traumatic event (Quina & Carlson, 1989). Nightmares and bad dreams can be very realistic and appear to be exact replications of various abusive incidents (Hall & Lloyd, 1993).

(c) Fear of close relationships and fear of being touched

Many adult survivors cannot even imagine that love is possible without suffering and sacrifice, without fear of being abused, without being humiliated (see Theme 5) and hurt (Hall & Lloyd, 1993). Close relationships are also impaired by the fact that many survivors find it extremely difficult to tolerate being touched physically (Courtois, 1988; Hall & Lloyd, 1993) (see Theme 11).

(d) Compulsion to repeat victimized behaviour

Either as a reflection of learned helplessness, chronic feelings of worthlessness (see Theme 7), or in order to relive the conflicts of the abuse, survivors continue to expose themselves to events that are reminiscent of the original trauma (Freud, 1958; Van der Kolk, 1989). They also seem to unconsciously search for marital partners who are likely to be physically and sexually abusive to them or their children (Rogers *et al.*, 1989). They remain particularly vulnerable to be sexually assaulted or raped as adults (Fromuth, 1986; Russell, 1986).

According to Shapiro and Dominiak (1992) many victimized adults appear to be addicted to a lifestyle of abuse. They attribute the psychological component of this addiction and the compulsion to repeat victimized behaviour to an internalized perception of the self as a victim and the internalized identification with the original aggressor.

When a child is being severely abused sexually, or physically tortured, the abusive adult is perceived as powerful. In an attempt to gain mastery over previous experiences of learned helplessness or vulnerability, the identification in some cases is linked to the aggressor and to the experience of being a victim (Shapiro & Dominiak, 1992, p.39).

Theme 2: Rage (Anger, resentment)

Characteristics according to Woolger:

Rigid body patterns - fists, arms, pelvis, jaw; sadomasochism; dry depression; vindictiveness; stubbornness; murderous fantasies.

Phrases according to Woolger:

Why?; It's not fair; They'll never do that again; I'll get them; You can't make me; Get off me; I hate them-you.

Because sexual abuse sometimes occurs in the context of violence and sometimes not, it is hard to separate out the effects of physical and sexual child abuse. Nevertheless, research findings indicate that abuse experiences seem to have more impact on measures of aggression than on any other area of emotional development, regardless of whether it involved explicit violence (Kinard, 1982). Characteristics of this theme, as reflected by research findings, are now discussed.

(a) Repressed anger and hostility

Sgroi (1982) found that, although they may appear outwardly passive and compliant (see Theme 1), most victims of child sexual abuse are inwardly seething with anger and hostility:

First, victims are angry at the perpetrators who abused and exploited them. They are also angry with parents or family members who failed to protect them from the sexual abuse or, in some cases, may have set them up to be abused. The rage and hostility felt by victims may extend to neighbours, friends, school personnel, classmates, and others in the community, depending on their responses to the disclosure of sexual abuse. Most often, the victims' anger is repressed rather than expressed or acted out. Sometimes the repressed rage is manifested by depression or withdrawal, sometimes by physical symptomatology ("feeling bad"), sometimes by aggressive fantasies or behaviour, and occasionally as psychotic symptomatology (Sgroi, 1982, p.120).

(b) Conflicting feelings of love and hatred

Hall and Lloyd (1993) documented that the relationships of adult survivors of child sexual abuse are often characterized by conflicting feelings of love and hatred. Because anger towards the loved person cannot be expressed for fear of losing that person, ambivalence and the linking of love and hate remains an important characteristic of later relationships.

(c) Self-directed violence

Research findings suggest that because children who are angry cannot take it out on powerful adult abusers, they frequently take it out on themselves, on their environment or on other children (Rogers *et al.*, 1989). The self-hate felt by many of these victims is often translated into self-punishment in a variety of ways (Summit, 1983), which include homicidal ideas and fantasies (Mrazek & Mrazek, 1981), suicide attempts (see Theme 9) (Sgroi, 1982; Adams-Tucker, 1982; Herman & Hirschman, 1981), self-mutilation (Bagley & King, 1990; Adams-Tucker, 1981; Green,

1978) or a pervasive masochistic orientation to life (Brooks, 1982).

(d) Violence directed at others

Ongoing manifestations of this seething rage in adulthood is widely documented. When Avery-Clerk *et al.*, (1981) made a detailed comparison of intrafamilial physical child abuse and intrafamilial sexual child abuse to establish whether the two phenomena could be integrated within the same conceptual framework, they found that the most common characteristics amongst physically abusive and sexually abusive families included a history of abuse in the parents' own childhood and the presence of aggression - which they consider to be the underlying construct unifying the two phenomena. Merrill (1962) found abusive parents to be beset with a pervasive, continual, and uncontrolled aggressiveness and hostility, either directed at the world in general or focussed on a specific recipient. This anger is found to be constantly present, needing no more stimulation than normal daily difficulties to be triggered to overt expression.

The emotional scars of both physical and sexual abuse in childhood are widely linked to criminal behaviour (Lewis, Shanok, Pincus & Glaser, 1979; Meiselman, 1978; Walker *et al.*, 1988), including a link between childhood abuse and committing murder as an adult (Lewis, Moy *et al.*, 1985; Doyle, 1990). Many survivors manifest pervasive hostility towards the world in general, and family and friends in particular. Their behaviour is often characterized by a cruel punitiveness, low frustration tolerance and an inability to control anger (Heins, 1969; Merrill, 1962; Spinetta, 1978). This leads to frequent outbursts of anger and aggression, ranging from a tendency to produce conflict in many situations (Finkelhor, 1986; Simari & Baskin, 1982) to interpersonal violence (Mrazek & Mrazek, 1981).

Aggression is manifested in peer relationships in childhood and adolescence (Walker *et al.*; George & Main, 1979; Reid, Taplin & Lambert, 1981; Reidy, 1977; Wolfe, 1987; Browning & Boatman, 1977), and Doyle (1990) described the way in which childhood suffering can continue to motivate behaviour in adulthood:

Some people abused as children become so trapped in their situation that they literally have to blast their way out. Often quiet, introverted people, they collect guns and other weapons as a means of giving them the power and control they had so desperately needed as vulnerable, mistreated children (see Theme 1). Then comes the day when they use the weapons to make their bid for freedom, turning them against their family, any innocent passers-by and finally themselves (Doyle, 1990; p.112).

Referring to the example of Hitler, whose father was a drunkard and a tyrant, Erikson (1965) stated that

... in Hitler's case the love for his young mother and the hate for his old father assumed morbid proportions ... which drove him to love and to hate and compelled him to save or destroy people and peoples who really "stand for" his mother and father (Erikson, 1965, pp.319-20).

Theme 3: Grief (Loss, sadness, abandonment)

Characteristics according to Woolger:

Heavy breathing; nasal-chest problems; blocked weeping; loneliness; wet depression; hopelessness.

Phrases according to Woolger:

I'll never see <them> again; It's all over; I'm all alone; Don't leave me; What's the use; I've got to do it alone.

Research findings indicate that the survivors of child abuse frequently suffer from severe depression (Steele & Alexander, 1981; Bagley and King, 1990; Browne & Finkelhor, 1986; Levett, 1989).

Many survivors experience periods of extreme sadness which they are unable to understand. They rarely appreciate the extent of the losses in their lives which are due to being sexually abused (for example, loss of normal relationships with parents, of normal childhood and adult opportunities, of normal emotional development). This sadness can have all the signs of an unresolved grief reaction (Finkelhor, 1986, p.69).

Their fear of relationships (see Themes 1 and 11), sense of worthlessness (see Theme 6), guilt (see Theme 4) and shame (see Theme 5) contribute to intense feelings of loneliness and abandonment (Rothenberg, 1990) and they often display a desperate search for nurturing (Bagley, 1985). Victims also manifest intense anxiety in response to separation (Adams-Tucker, 1981; Mrazek & Mrazek, 1981; Brant & Tisza, 1977).

Experiencing repetitive abuse was likely to interfere with the successful resolution of the task of separating from the mother figure (Kinard, 1982, p.87).

Suicidal ideation and attempts (see Theme 9) are common occurrences (Finkelhor, 1986; Mrazek & Mrazek, 1981; Briere, 1992; Adams-Tucker, 1982; Herman & Hirschman, 1981).

Theme 4: Guilt (Self-blame)

Characteristics according to Woolger:

Victimization; scapegoat; depression; fear of punishment; perfectionism; undeserving; martyred; slave; enslavement scripts.

Phrases according to Woolger:

I've done something awful; I can never do enough; It's all my fault; I'm to blame; I'm unworthy; I'm no good.

Although child sexual abuse constitutes the involvement of dependant, developmentally immature children and adolescents in sexual activities which they do not fully understand and to which they are unable to give informed consent (Walker *et al.*, 1988; Bagley & King, 1990), victims are often plagued by a profound sense of guilt and self-blame (Hall & Lloyd, 1993).

In order to preserve the image of the abusive parent on whose love and protection he/she relies as "good", the child victim typically sees him/herself as "bad" and blames him/herself for

the abuse (Bass & Davis, 1988). This self-perception is often re-enforced by the abusive parent who justifies his/her behaviour by blaming the victim for having been "seductive" and therefore responsible for the onset of the abuse (Hall & Lloyd, 1993).

The abusive parent also often coerces the victim into secrecy by implying that if the child should expose the abuse, he/she would be to blame for the possible break-up of the parent's marriage and the division of the family (Hall & Lloyd, 1993; Sgroi, 1982).

The sense of guilt and self-blame intensifies with time as victims gain a clearer understanding of cultural norms and taboos (Rogers *et al.*, 1989; Rosenfeld, Nadelson & Krieger, 1979).

Adult survivors of child sexual abuse often suffer pervasive problems in the area of sexual adjustment (Finkelhor, 1986). Guilt feelings arise in situations of sexual contact and combine with fear (see Theme 1), disgust (see Theme 7) and rigid emotional control defenses (see Theme 13) to result in sexual disorders of desire, arousal and orgasm, as well as the avoidance of sexual activity (Finkelhor, 1986; Mrazek & Mrazek, 1981).

Theme 5: Shame (Humiliation)

Characteristics according to Woolger:

Feeling exposed; feeling vulnerable; wanting to hide; withdrawal; feeling isolated; rejected by group; feeling ostracized; feeling exiled.

Phrases according to Woolger:

I can't face them; I want to hide; They are all looking at me; I feel awful.

As the victims of child sexual abuse mature and become aware of cultural norms about sexual behaviour, especially the stigmatisation associated with the incest taboo (Kelly, 1984), their extremely negative self-concept (see Theme 6) is exacerbated by a deep sense of shame (Finkelhor, 1986; Hall & Lloyd, 1993; Courtois, 1988).

The stigma associated with being the victim of sexual abuse is one of the four factors believed to contribute most to the traumatic impact of the experience (Finkelhor & Browne, 1985) (see Theme 1). Victims experience a deep sense of degradation and humiliation and frequently think of themselves as "damaged goods" (Hall & Lloyd, 1993).

The experience of incest with its predominant message that love equals abuse has great potential to undermine a positive identity ... Incestuously abused children come to believe that something about them, something inherently wrong with them, caused the incest to occur. These beliefs, coupled with guilt and anxiety, result in a shamed sense of self (Courtois, 1988, p.217).

Theme 6: Failure (Low self-esteem)

Characteristics according to Woolger:

Guilt as in #4; self-directed recrimination; feeling unlovable; undeserving of respect; narcissistic wounding.

Phrases according to Woolger:

I'm not good enough; I've done it wrong; I've failed them; I'll never get it right; I didn't do enough, I was too late; I let them down.

Victims of both physical and sexual child abuse are characterized by a lack of self-confidence (Lynch & Roberts, 1982; Doyle, 1990) and a low self-esteem (Bagley & King, 1990; Herman & Hirschman, 1977; Katan, 1973; Sgroi, 1982; Mrazek & Mrazek, 1981; Tsai & Wagner, 1978). Due to the violation of the victim's body, rights and privacy, and the previous message from the perpetrator that he/she has no rights, is entitled to no privacy, and exists merely to be used by a more powerful person, they frequently fail to complete age-appropriate developmental tasks of childhood and adolescence and achieve a sense of self-mastery and control (Sgroi, 1982; Martin & Beezley, 1977).

Experience of abuse, as well as the emotional abandonment it involves, contributes to a profound sense of rejection and unworthiness (Rothenberg, 1990; Martin & Beezley, 1977; Kinard, 1982; Oppenheimer, 1985; Rogers *et al.*, 1989).

Maternal warmth gives one a sense of worth at a primary level. When that love is taken away, one feels rejected, that one has done something wrong or has been found totally unacceptable (Rothenberg, 1990).

Their interpersonal relationships are often characterized by poor social skills ((Sgroi, 1982; Wolfe & Mosk, 1983; Walker *et al.*, 1988), and a sense of being unloveable (Rogers *et al.*, 1989), and specific feelings that nobody likes them (Kinard, 1982). In childhood, victims display increased affection-seeking from adults (Mrazek & Mrazek, 1981) or offer indiscriminate affection to any adult who takes an interest (Martin & Beezley, 1977). As a result of the blurring of role boundaries (Sgroi, 1982) they confuse sex with closeness and behave in a sexual way with adults (other than the abuser) to have needs for affection, love and closeness met (Hall & Lloyd, 1993).

Due to pervasive problems in the area of sexual adjustment (see Theme 4), they also frequently display an impaired sexual self-esteem (Finkelhor, 1986).

In order to compensate for their low self-esteem, the victims of child abuse often manifest a compensatory need to be powerful. They have been socialized to consider power as all-important in human relationships, and develop an exaggerated need to feel powerful and in control. According to Sgroi (1982), the dynamics of child sexual abuse involve a sexual expression of nonsexual issues, and she claims that it is in fact a power problem:

Power is generally exercised by physical force or by intimidation. Children learn that power is all-important in human relationships and that powerful people can make their own rules and change them without warning. Instead of observing the legitimate use of power in conjunction with responsibility and the benevolent exercise of power for the common good, children in incestuous families tend to see power exercised irresponsibly and solely to meet the needs of the person who is

in power (Sgroi, 1982, p.32).

According to Sgroi (1982), power is not only exercised by sexual or physical abuse, but also by withdrawal (emotional abandonment), e.g. when the powerful individual ignores or refuses to speak to one or all family members.

Theme 7: Disgust (Obsessive compulsive)

Characteristics according to Woolger:

Normal body functions rejected by self; self-rejection; need or urge to vomit, eject; need to be rid of dirt, contamination; phobic (cf #1); skin sensitive; boundaries invaded.

Phrases according to Woolger:

I can't get rid of it; Ugh, it's disgusting; It makes me sick; Get <it> off of me; Get <it> out of me.

Adult survivors of child sexual abuse frequently manifest an aversion to sexual activity which is linked in the literature to the contamination they associate with sexuality (Finkelhor, 1986; Hall & Lloyd, 1993). This theme does not feature very clearly in the literature.

Theme 8: Emotional deadness (A) (Like #1 but with no affect, exploded outward-away from self, schizoid)

Characteristics according to Woolger:

Out of body; stays in head; compliant, introverted; in denial; wears a pleasing mask; flat affect; always in control; shallow breathing; chronic fatigue; can be masking #1's fears or #2's rage.

Phrases according to Woolger:

There's nothing wrong; It's not really happening; I don't want to hear <->; I don't want to see <->; I don't want to feel <->; I don't want to know <->.

When there is no way to physically escape the pain, terror and despair of abuse, the victims of child abuse sometimes survive the trauma by escaping mentally (Bass & Davis, 1988). They learn to deal with the trauma of sexual abuse by denying its reality, by dissociating themselves from it, or by repressing it partially or completely (Hall & Lloyd, 1993; Herman & Schatzow, 1987). These survival strategies result in memory loss of the trauma (Bagley & King, 1990), withdrawal into fantasy (Riggs, 1982), and dissociative disorders (Hall & Lloyd, 1993). This response is partly a reflection of the developmental stage of the child in that he/she has fewer alternative survival strategies available, but is also a normal reaction to overwhelming trauma.

It seems likely that if the abuse started at a very young age, involved severe sexual abuse and violence, even if it was of short duration, the child is more likely to spontaneously dissociate from it and repress the memories completely (Hall & Lloyd, 1993, p.94).

Researchers identified a number of ways that a sexually abused child uses to cope with, dissociate from, and survive the experience:

- pretending that the abuse was not happening to her/him;

- believing that the abuse was being done to another child;
- forgetting each incident so that each time seemed to be the first time;
- thinking of other things, such as a dream world, chores, homework, a favourite book during the abuse;
- focusing all his/her attention on some feature of the room, such as a spot on the ceiling, the curtains, the pattern of the wallpaper during the abuse;
- thinking about how bad he/she was or how much he/she deserved what was happening and so not paying any attention to the abuse and/or its pain;
- over-breathing/breath-holding during the abuse;
- pretending to be asleep;
- 'coming out of his/her body', and looking down on him/herself during the abuse but not feeling the pain, fear or hurt until later;
- shutting off so completely mentally that there is no conscious awareness of the abuse (Hall & Lloyd, 1993).

One long-term effect of the survival strategy of dissociation is that adult survivors often experience feelings of being "out of the body" and floating (Briere & Runtz, 1986). The survivor may feel that situations and experiences are unreal, that she is watching herself go through life as though she were another person, and can often trace this dissociative process back to the abusive situation, where she learned to survive by believing that the abuse was not really happening to her but to someone else (Hall & Lloyd, 1993). Victims may also experience perceptual disturbances:

Visual - e.g. shadowy figures, perceived as dark, evil and dangerous

Auditory - e.g. persecutory, hostile or threatening sounds

Tactile - e.g. being touched by a human hand

Sensations of pain - e.g. internal or external genital pain, pain in the chest and ribs (due to experience of a heavy weight on the victim's body), or in other parts of the body

Smells and tastes - e.g. sexual secretions

Recurring illusions - e.g. a sensation that there is a threatening evil entity in the room (Hall & Lloyd, 1993; Bagley & King, 1990).

In cases of extreme and repeated abuse, a child who habitually resorts to the survival strategy of dissociation may develop a dissociative identity disorder¹ (former multiple personality disorder). This disorder sets in when a child suppresses or rigidly compartmentalizes deeply negative emotional experiences, and develops an internal system of distinct selves which solidify into separate personalities with separate memories, experiences and identities, who may or may not be aware of each other (Bagley & King, 1990; Bass & Davis, 1988; Shapiro & Dominiak, 1992; Jones, 1986; Hall & Lloyd, 1993). These distinct identities or personality states recurrently take control of the individual's behaviour. This condition sets in early in life, but is usually only diagnosed in adulthood. The dissociative identity disorder constitutes a highly successful adaptation to otherwise intolerable pain (Bass & Davis, 1988) and is linked to the following features of the abuse experience:

- if it began before the survivor was four or five years old;
- if it was very severe sexual abuse;

1. Well-known case-histories of the dissociative identity disorder are documented in *Sybil* (Schreiber, 1973), *The Three Faces of Eve* (Thigpen & Cleckley, 1957) and *When Rabbit Howls* (Chase, 1988).

- if the sexual abuse was accompanied by high levels of physical and emotional abuse;
- and if it was perpetrated by a number of adults (Hall & Lloyd, 1993).

According to Klimo (1991), research indicates that an estimated 97 per cent of all known cases of dissociative identity disorder have a history of childhood trauma, usually a combination of emotional, physical and sexual abuse.

Theme 9: Emotional Deadness (B) (Heavy effort, depressive, imploded-held in, dissociated inward)

Characteristics according to Woolger:

Stuck in body; heavy and lethargic; hopelessness; negativity; chronic fatigue; masochistic behaviour; may have inverted #1's fears or #2's rage

Phrases according to Woolger:

It's hopeless; I'll never make it; There's nothing I can do; It's all over; I want to die.

Adult survivors of child abuse often manifest a pervasive depression and feelings of hopelessness (see Theme 1) and frequently try to commit suicide (Sgroi, 1982; Adams-Tucker, 1982; Herman & Hirschman, 1981).

Theme 11: Betrayal

Characteristics according to Woolger:

Hypervigilance; fear of trusting.

Phrases according to Woolger:

They can't be trusted.

Research findings indicate that incest and other forms of chronic child abuse interfere with the completion of the developmental tasks associated with each life stage (Erikson, 1980), beginning with the most basic task, trust versus mistrust (Courtois, 1988). As a result victims have difficulties in developing trust relationships for fear of another betrayal (Kinard, 1982; Bagley & King, 1990; Johnston, 1979; Sgroi, 1982; Hall & Lloyd, 1993; Briere, 1992; Courtois, 1988), and an inability to pick up normal cues about the levels of trustworthiness in others (Hall & Lloyd, 1993).

The impairment of interpersonal relationships tend to continue into adulthood (Walker *et al.*, 1988; Finkelhor, 1986; Mrazek & Mrazek, 1981), and these interpersonal problems are considered to be rooted in a continued lack of trust.

Their experience has usually involved a betrayal of trust and a misuse of power so they may find it difficult to trust anyone or to let anyone get emotionally close to them (Rogers *et al.*, 1989, p.217) (see Theme 1).

Theme 13: Rigid emotional control ("Initiation")

Characteristics according to Woolger:
Inability to cry and/or express emotion.

Phrases according to Woolger:
I must be brave; I mustn't show fear; I've got to bear this; I won't feel this.

Research findings which manifest this theme have been identified under various other themes, such as the repression of anger (Theme 2), disorders of desire, arousal and orgasm in sexuality (see Themes 4, 5 7) and dissociative strategies (Theme 8).

3.6.2 The exacerbating effect of early emotional deprivation on the impact of child abuse

Recent research findings have indicated a high correlation between child abuse and borderline personality disorder (Tutek & Linehan, 1993; Bryer, Nelson, Miller & Krol, 1987; Herman, Perry & Van der Kolk, 1989; Courtois, 1988; Stern, 1985; Briere, 1992).

Several recent studies reflected that the rates of reported physical and sexual abuse in childhood among borderline patients are significantly higher than among non-borderline patients (Bryer *et al.*, 1987; Herman *et al.*, 1989).

Research into the developmental history of the disorder also established that the disruptive parenting variables that predicted a BPD diagnoses included an early and recurrent history of disrupted attachments, maternal neglect, maternal rejection, grossly inappropriate parental behaviour, a high number of parental surrogates, and physical and/or sexual abuse (Ludolph *et al.*, 1990).

Borderline pathology, which is characterized by pervasive patterns of instability in various areas of psychosocial functioning, including difficulties with affect regulation, interpersonal problem-solving and relationships, and control of self-destructive and impulsive behaviour (Tutek & Linehan, 1993; American Psychiatric Association, 1994), is attributed to developmental disruption during the first three years of life:

Although any chronic extreme form of early child abuse is probably sufficient to produce borderline symptoms in some individuals, the most powerful sequence of events contributing to borderline personality characteristics may be (a) attachment difficulties in the first few years of life typically arising from parental abandonment, psychological abuse, or emotional neglect ..., followed by (b) severe and sustained childhood maltreatment in early childhood, especially sexual abuse (Briere, 1992, p.76).

According to Balint (1979), the core factor underlying this disorder is the deficiency in the two-person relationship with a child's primary caregiver at the primitive pre-Oedipal level of mental development. He refers to this psychological damage as a "basic fault", i.e. something distorted or lacking in the mind:

It is felt to be a fault, not a complex, not a conflict, not a situation. There is a feeling that the cause of this fault is that someone has either failed the patient or defaulted him (Balint, 1979, p.21).

The origin of the basic fault may be traced back to a considerable discrepancy in the early formative phases of the individual between his bio-psychological needs and the material and psychological care, attention and affection available during the relevant times. This creates a state of deficiency whose consequences and after-effects appear to be only partly reversible (Balint, 1979, p.22).

Balint states that this basic fault influences the whole psychobiological structure of the individual, involving in varying degrees both his/her mind and body, and links the various neuroses (perhaps also psychoses), character disorders, psychosomatic illnesses and other disorders as symptoms of the same etiological entity.

In the child who suffered a basic fault as the result of emotional deprivation and abandonment in his or her first three years, the effects of physical and sexual abuse is greatly exacerbated. Apart from the neurotic complexes identified earlier in this section, this victim is also found to have an impaired sense of self - i.e. the ability to refer to and operate from an internal awareness of personal existence that is stable across contexts, experiences and affects (Briere, 1992; Stern, 1985; Courtois, 1988; Kernberg, 1984), and severe difficulties in the area of separation-individuation (Masterson, 1981; Rinsley, 1982; Briere, 1992).

While no one can agree on exactly what the self is, as adults we still have a very real sense of self that permeates daily social experience. It arises in many forms. There is the sense of a self that is a single, distinct, integrated body; there is the agent of actions, the experiencer of feelings, the maker of intentions, the architect of plans (Stern, 1985, pp.5-6).

Lacking an adequate sense of self, the survivor is found to be prone to identity confusion, feelings of personal emptiness, and an inability to soothe or comfort him/herself at times of stress. Because the important tasks of separation and individuation from the principal caretaker were not accomplished, he/she often suffers from attachment difficulties, a lack of autonomy, and blurred boundaries (Courtois, 1988; Shapiro & Dominiak, 1992; Briere, 1992).

The developmental task of separation-individuation enables a child to part from the caregiver without fear of loss or abandonment (Mahler & Furer, 1968; Hutt, 1993) but those suffering from a basic fault due to deficient attachment manifest a hungry overreliance on others to define self, with associated fears of personal annihilation in the presence of abandonment (Balint, 1979; Briere, 1992). Whereas in normal development he/she would have learnt to separate from important objects with sadness and anger, this child responds with despair and rage. He/she cannot tolerate negative affects related to separation and carries the pre-Oedipal child's clinging into adulthood, experiencing important others as desperately-needed parts rather than separate persons (Briere, 1992). He/she has an immense fear of being abandoned and having lost the connection to the original source of life-giving sustenance, the survivor clings to the person who offers him/her the longed for security as if his/her very survival depended on it (Rothenberg, 1990). These emotional responses lead to extreme displays of behaviour, including unbridled dependency behaviour, frantic efforts to avoid real or imagined abandonment and recurrent suicidal behaviour or threats (Tutek & Linehan, 1993; Rothenberg, 1990).

3.7 Psychotherapy with adult survivors of child abuse

A variety of techniques drawn from diverse theories of personality and psychotherapy are traditionally applied in working with adult survivors of child abuse. In order to heal the injury, allow the arrested process of development to be resumed, and restore a sense of personal power, the task at hand is to validate the reality of the original injury, identify the survival skills that allowed the victim to cope with the trauma and to dismantle those coping mechanisms that have become maladaptive and self-defeating (Courtois, 1988; Shapiro & Dominiak, 1992).

The healing of the trauma of child abuse is not a random process. Whatever the theoretical approach of the therapist, what needs to happen for the client includes the following:

- Establishing a therapeutic alliance and a good trusting relationship with the therapist
- Gaining access to repressed memories and emotions about the trauma
- Recovering more and more repressed material
- Believing in the validity of the memories and emotional pain
- Breaking the silence of disclosing the memories and thus dispelling the shame of victimhood
- Understanding that the blame belongs to the abuser, and not the victim
- Making contact with the "inner child", i.e. getting in touch with one's own vulnerability, and feeling compassion for oneself
- Trusting one's own perceptions, feelings and intuitions
- Grieving and mourning one's losses and emotional pain
- Accessing the powerful and liberating force of anger
- Forgiveness of the abuser and oneself
- Gaining insight and perspective
- Resolution and integration, resulting in deep and lasting changes in one's life (Bass & Davis, 1988).

With these general goals in mind, different therapeutic modalities accentuate different strategies.

3.7.1 Traditional therapeutic approaches

The therapeutic modalities which are traditionally used in working with adult survivors of child abuse vary from cognitive-behavioural techniques to restructure distorted beliefs, stress-coping techniques to enhance self-determination and exploratory-psychodynamic techniques to bring about insight, to experiential-expressive methods intended to access and facilitate the expression of repressed emotion.

(a) Cognitive-behavioural therapy

The cognitive-behavioural treatment programmes for survivors of child abuse are largely based on the strategies of stress-inoculation training, exposure treatment, and the modification of maladaptive cognitions (Beck & Freeman, 1990; Turner, 1992; Heflin & Deblinger, 1996). Stress-inoculation focuses on the development of coping skills to manage anxiety and fear, while exposure treatment involves prolonged confrontation with the fear stimuli in order to facilitate the diminishment of anxiety and modify cognitive appraisal of the feared situation (Turner, 1992;

Heflin & Deblinger, 1996). Survivors are made aware of the connections between thoughts, emotions and behaviours, taught to identify the thoughts underlying emotions, and guided to analyse these thoughts for accuracy and effectiveness (Beck & Freeman, 1990; Seligman, 1991). This approach views the survivor's underlying assumptions which generate their thoughts and thus motivate their behaviour, as targets of interventions in therapy (Turner, 1992).

These techniques are found to be appropriate in working with clients who have access to feelings, thoughts and images with brief training, who have identifiable problems on which to focus, and whose cognitions and self-defeating behaviour patterns are not resistant to modification (Young, 1990). They are less effective in working with clients who exhibit a profile of ego defenses that prevent adequate adjustment to their external environment such as conversion, denial, repression or dissociation (Quina & Carlson, 1989). Because of the dissociative survival techniques that had been used by many of these survivors at the time of the trauma, their memories of the abuse are often repressed and inaccessible.

Most abuse has become pushed underground, where it has remained anything but quiescent, emerging through the surface of consciousness as fantasies, compulsions, obsessions, fears, phobias, intractable anger, depression, or a variety of other expressions (Lucas, 1993b, p.145).

(b) The psychodynamic approach

An alternative technique for working with survivors who resorted to dissociative survival techniques and do not have access to the traumatic memories and repressed emotions, is an exploratory psychodynamic approach which gradually allows the repressed material to come to the surface.

By making use of techniques like free association, dream analysis and the analysis of the transference, therapists help clients to uncover repressed memories, thoughts, fears and conflicts, and to come to terms with the abuse in the light of adult reality (Coleman *et al.*, 1984). An important component of psychodynamic therapy is a therapeutic relationship which provides the survivor with a safe and consistent environment and the necessary support to address and work through the trauma, while modelling a healthy, non-exploitative relationship (Courtois, 1988). Conceptualized from the object relations perspective, which many see as the main focus of contemporary psychoanalysis, therapy has to provide a space where the victim's emotional deprivation can be confronted within a new relationship and healed by a corrective experience (Winnicott, 1986; Balint, 1979).

This therapeutic approach requires a long-term commitment, because the healing process is found not to be a linear process, but analogous to a spiral:

You go through the same stages again and again; but travelling up the spiral, you pass through them at a different level, with a different perspective. You might spend a year or two dealing intensely with your abuse. Then you might take a break and focus more on the present. A year or so later, changes in your life ... may stir up more unresolved memories and feelings, and you may focus in on it again, embarking on a second or a third or a fourth round of discovery. With each new

cycle, your capacity to feel, to remember, to make lasting changes, is strengthened (Bass & Davis, 1988, p.59).

For this reason, the psychodynamic approach is commonly criticized for being relatively time-consuming and expensive.

(c) Regression therapy

A third strategy used to bring adult survivors to a point of remembering and assimilating through abreaction the once-dissociated emotions, is regression therapy. The 1960s marked the development of regressive and cathartic techniques like Janov's Primal Therapy (Janov, 1973, 1990), neo-Reichian work, rolfing, Gestalt practice and different forms of re-birthing.

Intensive abreactive work has always been a controversial approach from the perspective of mainstream psychology, but nevertheless there are a great number of therapists using it.

Regression therapy is based on the theory that, for healing to occur, survivors need to regress and re-experience the blocked emotions as they first occurred (Bradshaw, 1990).

Material thus trapped in the unconscious portion of the mind is harmful ... because the more primitive component of the mind lacks needed capabilities for working through this material and placing it in context. It is as if the person facing this material is perpetually limited to confronting it as a powerless, very young child with no consciousness that good events also occur, that he or she is not bad or to blame for what has occurred, or that the trauma will come to an end (Shapiro & Dominiak, 1992, p.61).

Some of the main features of relational work from psychodynamic therapy are also relevant in regression therapy, such as a relationship of trust and a non-judgemental attitude of acceptance on the part of the therapist.

... The therapist must first have built up a situation of trust and security where the patient has no doubt at all that whatever he says will be accepted and never, never be judged. The unconscious will not open up and disclose its pain unless this condition is met. If the trust and a feeling of security are deep enough, either bridging through feelings or a step-by-step scan of childhood can expose abuse that up to that time has not been remembered (Lucas, 1993b, p.147-8).

The regression techniques are often conceptualized as working with the "inner child", a traumatized being whom the survivor would rather not acknowledge and who had been wounded by experiences he/she would rather not remember (Hillman, 1990):

The part of our psyche that experiences distress and suffering is the part containing the inner child. Unless we make ourselves aware of this child within, we will sometimes behave unconsciously from that part of ourselves. Many of us have repressed or ignored childhood experiences in our inner child (Short, 1990, p.203).

Regression therapists claim that trauma can only be worked through by accessing the level of consciousness where the perception and memory of the trauma is experienced and stored.

This requires engaging in a hypnotic-like process that allows shifting back and forth between the various levels of consciousness. Only in the end stage of the process, when the experiences are fully integrated, can therapy proceed in a trance-free mode, with mature logic and perception brought fully to bear (Shapiro & Dominiak,

1992, p.71).

Clinicians find that adult survivors frequently enter a spontaneous trance while working with past trauma in therapy. Many therapists also employ hypnosis to help clients re-enter the altered, regressed state in which the trauma occurred and use age regression - the process of moving backward chronologically under hypnosis - to tap early childhood memories.

Adequate catharsis of previously dissociated trauma seems to complete an emotional gestalt; the human organism may require repeated emotional discharge, without significant dissociation, in order to recover completely from traumatic experiences (Briere, 1992, p.137).

Regression therapists also maintain that the recall of painful memories which occurs solely in an intellectual mode - in the absence of concomitant emotional experience and expression - is not enough to bring about a complete working through of the trauma. They claim that abuse-focussed therapy is more effective in working with adult survivors than purely cognitive or traditional psychodynamic approaches, and employ techniques to facilitate emotional involvement and discharge.

This aspect of post-traumatic therapy breaks the previously conditioned association between traumatic memory and anxiety or revulsion by, instead, pairing such memories with contemporary therapeutic support and the relief associated with safe emotional discharge. As a result, the client slowly becomes emotionally desensitized to abuse-related memories and is more able to discuss, explore, and integrate them into awareness without resorting to distress-reducing defenses (Briere, 1992, p.139).

Although the regressive and cathartic techniques are effective in bringing dissociated material to consciousness, the validity of this material is at the centre of the current debate about the "False Memory Syndrome" (see 3.3). The controversy centres around the claim that memories of child abuse which are accessed via these techniques are often invalid and no more than confabulations or fantasies (Ofshe & Watters, 1994; Loftus & Ketcham, 1994). Although it is cause for concern that recovered memory therapy can create false memories of abuse and may lead to unjustified allegations, civil suits or criminal charges against innocent persons, it is important to differentiate between the context of psychotherapy and that of law. When working in therapy with alleged experiences of child abuse it is the psychological validity it has for the client which is important, and not whether it really happened in terms of being able to prove it in a court of law.

3.7.2 The transpersonal therapeutic approach

The explorations of human consciousness in Transpersonal Psychology (see 2.2.2) and the discovering of the healing potential of non-ordinary mind-states have now opened up a new avenue to work therapeutically with childhood traumas of abuse. Working with these mind-states differs considerably from the mainstream approaches in their basic scientific and philosophical premises and has to be judged in the context of its own conceptual framework (see 2.3).

Traditional psychotherapy uses techniques of self-exploration, such as free

associations or face-to-face interviews, that are relatively weak and ineffective means of penetrating into the unconscious. However, since their conceptual framework is limited to biography, their focus is very narrow - to work on the postnatal traumatic material from the life of the individual. Similarly, their goal is very modest - to alleviate symptoms and to improve adjustment of the individual to the existing conditions of life (Grof, 1988, p.258).

Transpersonal psychologists consider working in non-ordinary mind-states incomparably more effective ways of gaining access into the unconscious psyche. Grof (1990) found that the non-ordinary mind-states induced by psychedelic drugs, meditation, holotropic breathing and other experiential methods, provided the most direct and powerful way to access repressed material.

Instead of simply remembering early events in our lives, or reconstructing them from bits and pieces of dreams and memories, in non-ordinary states of consciousness we can literally relive early events from our lives ... once again experiencing all the sensory, emotional, and physical qualities as we first knew them. We experience our bodies as infants, and our perceptions of the circumstances are primitive, naive, and childlike. We see it all with unusual vividness and clarity (Grof, 1990, pp.22-23).

It was found that regressed memories of significant biographical material, which in psychoanalysis and related approaches may take months or even years to emerge, frequently started to come to the surface within the first few sessions (Grof & Grof, 1990).

In addition, these biographical memories did not emerge in isolation, but within the context of identified COEX-systems which contained thematically related material from the perinatal and transpersonal levels (see 2.3.7).

Experiential therapies bring overwhelming evidence that childhood traumas do not represent the primary pathogenic causes but create conditions for the manifestation of energies and contents from deeper levels of the psyche. The typical symptoms of emotional disorders have a complex multilevel and multidimensional dynamic structure. The biographical layers represent only one component of this complex network; important roots of the problems involved can almost be found on the perinatal and transpersonal levels (Grof, 1985, p.155).

According to Woolger's theory of the karmic complex, which is conceptually similar to Grof's COEX-system, there is a symbolic resonance amongst the biographical somatic, perinatal, past-life and archetypal aspects (see 2.3.7). Any of these aspects can allow access to the feeling core of the complex. The implication is that repressed emotions such as grief, fear or rage related to the biographical experience of child abuse can be accessed via perinatal or past-life material. Woolger claims that past-life regressions have been used effectively in work with the adult survivors of current life child sexual abuse, because it displaces the trauma into a totally different psychological frame in the imagined or remembered past (Woolger, 1993b).

Where many patients may have difficulty recalling and releasing fears about an incident with a living parent or known abuser, past-life regression seems to free up the unconscious to release both physical details and emotional aspects of the abuse that have become blocked (Woolger, 1993b, p.175).

Because of the magnetic power of the complex, dormant memories emerge to become either imaginarily or physically replayed when the subject attracts related situations:

The effect of re-living the 'past-life' abuse is that the patient - often in the same session - slips into the current life abuse scenario to find himself spontaneously saying the very same words or manifesting similar emotional and bodily reactions, such as disgust, terror, and physical writhing (Woolger, 1993b, p.175).

Other regression therapists who share his views include Barbara Findeisen, Alice Givens, Afton Blake, Ernest Pecci, Irene Hickman, Hazel Denning and Winifred Lucas (Lucas, 1993b).

According to Lucas (1993b), the uncovering of pattern repetition in past lives and in the prenatal state and birth, as well as the experience of the reversal of roles (when the current abused experiences himself as the abuser), reduces the impact of the abuse experience. The altered state also provides the opportunity for the abuse to be reframed and positive affirmations can be put in to replace the old, hurtful one. She states that with a conventional one-life framework patients can be helped to accept the abuse as a vicissitude of life and go on without feeling permanently sullied, once it has been remembered and worked through:

... But from the extended perspective of past lives, the experience is found to be appropriate and can be integrated as an experience chosen by the soul for its growth or for balancing karma (Lucas, 1993b, p.147).

From the transpersonal perspective, the goal of therapy is not just to return the symptom-free individual to the old world-view, lifestyle and value systems.

At a certain point this form of therapy automatically changes into a serious philosophical and spiritual quest addressing itself to the most fundamental questions of existence (Grof, 1988, p.258).

Grof (1988) considers the use of supportive physical contact as an important aspect of therapy with the survivors of child abuse who also suffered serious emotional deprivation. According to him these traumatic experiences fall into two different categories, i.e. those that happen by commission and those that happen by omission, and require different therapeutic measures. In the first category are memories of situations that inflicted severe physical pain or evoked strong negative emotions, such as physical abuse, sexual abuse or threatening events. Traumatic memories of this kind can be released through expressive emotional work and abreaction.

The second category involves situations in which the child's legitimate needs for security, especially the so-called anacletic needs (from the Greek *anaklinein* = to lean onto) were not met by the caregiver:

Here belong the need for nourishing symbiotic contact with the mother, satisfactory nursing, cuddling, rocking, caressing. When these needs have not been satisfied, they leave a vacuum in the psyche (Grof, 1988, p.197).

According to Grof, the client can express anger and frustration about having been deprived, but that does not fill the empty space. The only possibility here is to offer satisfaction of these needs when the client is regressed to the level of the original trauma.

Although there is as yet only a limited body of research available on working with adult survivors of child abuse from the transpersonal perspective, therapists have documented several

case studies in which this approach has been used successfully.

3.8 Conclusion

This chapter presented a review of the destructive impact of physical, sexual and emotional abuse on the human psyche, and indicated how the cycle of violence relentlessly repeats itself from one generation to the next, not only affecting the descendants of abuse victims, but society at large.

It briefly reviewed the therapeutic approaches which are traditionally used in the treatment of the survivors of child abuse and presented the therapeutic potential of Transpersonal Psychology for clinical work in this area.

CHAPTER FOUR

Methodology

4.1. Introduction

This study presents an in-depth phenomenological description and a theoretical-heuristic explication of the experience of a single subject who was an adult survivor of physical, emotional and sexual child abuse, and who over a four-year period of intensive psychotherapy experienced a wide range of transpersonal phenomena, including 123 past-life regressions.

The longitudinal nature of the therapy, and the fact that the therapeutic process could be delineated into a Biographical, Transpersonal and Termination Phase, presented a unique opportunity for a systematic extended study of the therapeutic impact of transpersonal experiences on the breaking of complexes related to child abuse.

Although the existing literature on the therapeutic use of transpersonal material includes work with the adult survivors of child abuse (see Lucas, 1993b), all the documented case studies have been brief and no systematic longitudinal study has yet been done in this area. This case study presents the opportunity to gain a thorough theoretical understanding of the dimension of deeply entrenched complexes. It makes it possible to explore the impact of a large number of past-life regressions and other transpersonal phenomena on the therapeutic process, in order to confirm and extend existing concepts and to evaluate innovative techniques of psychotherapy.

The aim of the research was to accurately document the transpersonal phenomena experienced by the subject during the course of therapy, and to explore the role of these phenomena, in particular the resolution of conflicts embodied in past-life personalities, in the release of her prevailing constellation of complexes.

To achieve this aim, the methodology of choice was the theoretical-heuristic case study, as described by Bromley (1986), Strauss and Corbin (1990), and Edwards (1995). The case study method provides a suitable discipline in which to give an account of the subject in a therapeutic situation, as well as a scientific reconstruction and interpretation, based on the evidence of the therapeutic data, of the relevant set of related episodes in the subject's life (Bromley, 1986).

The theoretical-heuristic case study differs from the exploratory-descriptive method used in the phenomenological case study (Giorgi, 1975); in that it not only provides an accurate, detailed description of the phenomena and an in-depth understanding of a particular case, but contributes to the development of grounded theory or case law (Edwards, 1995). In the theoretical-heuristic case study each new case that can be conceptualized within the existing theory provides the opportunity to explore the generality and practical validity of the theory, to become aware of the limitations of its application, to identify criteria that distinguish between cases in which the principle holds and others in which it does not (Bromley, 1986; Strauss & Corbin, 1990), and thus to contribute to the extension and refinement of the theory (Edwards, 1995).

This chapter presents an overview of all the different steps of data collection, reduction and explication. More specific details of the methodology of each step are presented in the body of the research.

4.2 Research questions

The clinical material was analyzed from the perspective of Woolger's concept of the karmic complex, with emphasis on his theory that archetypal opposites (such as victim/violator) are constellated within the same complex, and that the integration of opposites leads to a transcendence and resolution of the complex.

The fact that the subject during the course of the therapeutic process experienced a wide spectrum of transpersonal phenomena, including 123 past-life regressions, and that the therapy was for a period of two years almost exclusively dominated by transpersonal material, provided the opportunity to explore the following research questions in relation to Woolger's theory about the karmic complex:

- (a) Is therapeutic work with the emotional and ideational content of past-life regressions relevant for breaking complexes related to traumatic experience in the subject's biographical history?
- (b) Which psychological processes underlie and contribute to the integration and transcendence of the archetypal opposites in the psyche?

4.3 The subject

The subject of this research was a young white woman who started therapy at the age of 26. The researcher became acquainted with her at a conference and discovered a mutual interest in spirituality and transpersonal phenomena. At a later stage, a few months before the subject was about to terminate therapy, she expressed a willingness to make her therapy material available for study purposes and agreed to co-operate in this research. The researcher also obtained the support and co-operation of the subject's therapist and established a trusting relationship with both of them.

4.4 The contract

A contractual relationship was formed between the researcher and the subject, in which they agreed on the following terms with regard to ethical issues, confidentiality, and the researcher's access to research data:

- **The subject**

The subject agreed to give the researcher access to

- The therapist's written records of the therapy.
- All available taped recordings of therapy sessions.
- Letters written by the subject to the therapist in the course of therapy.
- Drawings made by the subject during the course of therapy.

- Her personal diary and dream journal.
- Poetry written by the subject in adolescence.

The subject agreed to discuss her personal history and transpersonal experiences with the researcher and gave the researcher permission to discuss the therapy material with her therapist. She also signed a written statement that she would not make her therapy material available for any other research project until the researcher had completed the present study.

• **The researcher**

The researcher agreed to protect the subject's confidentiality as follows:

- Using the pseudonym "Anna" to protect the subject's identity.
- Referring to the time-span in which therapy took place as Year A, B, C, D and E - with A being the first year of therapy and E the fifth. (For example, the 10th of June in the first year of therapy would be coded as 10.6.A.)
- Changing other identifying data in the thesis.
- Allowing the subject control over alterations of material to protect her identity.
- Making the thesis available to be read by both the subject and the therapist before being submitted.

4.5 Collection of the data

4.5.1 Interviews

(a) The researcher had 12 formal interviews with the subject, which lasted about 1½ hours each. The interviews were conducted between 15.10.D and 25.8.E, and were structured around specific questions related to the following:

- The subject's biographical history.
- The subject's transpersonal experiences.
- Clarifying details of past-life regressions.
- Clarifying details of dreams.
- The protection of her confidentiality.

The researcher also had a number of shorter conversations with the subject in which structured questions were asked. Some of these conversations were telephonic.

(b) The researcher had five formal interviews with the therapist, which lasted about 1 hour each. The interviews were also conducted between 15.10.D and 25.8.E, and were structured around specific questions related to the following:

- The therapeutic approach and conceptual framework.
- The therapist's experience of the transpersonal phenomena that emerged in therapy.
- Ethical issues and confidentiality.
- Clarifying details in the therapy notes.

4.5.2 Raw data base

When the collection of data was completed, the raw data base consisted of the following:

(a) The therapist's written records of the 255 therapy sessions conducted over a period of four years (20.4.A - 3.6.E).

- (b) Tape-recordings of 60 of the 96 therapy sessions conducted between 28.2.C and 4.12.D, when therapy was mainly centred around transpersonal material, as well as tape-recordings of the first two of the 33 sessions of the termination phase (14.1.E - 3.6.E). The recorded material consisted of 111 tapes, of which 79 had a running time of 60 minutes and 32 a running time of 90 minutes. The tape-recorded material contained a total of 127 hours of therapy.
- (c) Information about the subject's biographical history and transpersonal experiences, provided by her during the formal interviews.
- (d) Information about the therapeutic approach and conceptual framework, as well as his experience of the transpersonal phenomena, obtained from the therapist during the formal interviews.
- (e) Letters the subject wrote to the therapist during the course of therapy.
- (f) The subject's personal diary and dream journal. This dated from 20.4.A until 4.6.E (the day after termination).
- (g) A collection of 16 poems written by the subject between the ages of 15 and 18 (included as Appendix 3).
- (h) Drawings done by the subject during the course of therapy (see Drawings 1-5, pp.191-195).

4.6 Method of explication

4.6.1 Phase 1: Processing the data

In order to survey and process this vast amount of data, the researcher used the following methods:

(a) Obtaining a preview of the transpersonal material

In order to become familiarized with the nature of the transpersonal material and gain a sense of the therapy, the researcher first listened to the tape-recordings of 20 sessions in an open-minded way.

(b) Obtaining an overview of the therapeutic process

An overview of the entire therapeutic process was then obtained by reading, in chronological order, all the written records of the 255 therapy sessions. This included 44 sessions in year A, 82 in year B, 50 in year C, 46 in year D, and 33 in year E. In the process of working through the written records, the researcher made a synoptic summary of the main features of each session.

(c) Documentation of dreams

A complete list of the 197 dreams recorded by the subject between 27.4.A and 4.6.E was compiled by extracting dream material from the subject's diary and dream journal and verifying details with her. This is presented in Appendix 2.

The purpose of compiling this list was to be able to refer to it during the analysis of the clinical material as a secondary source of insight, in addition to the past-life regressions, into the subject's unconscious processes and the status of the complex.

(d) Documentation of poetry

The subject's collection of 16 poems written in adolescence was documented in Appendix 3, because it reflected the subject's emotions, script beliefs and script decisions at an early stage of her life and added additional depth/scope to the longitudinal study. (For a definition of the terms "script belief" and "script decision" from Transactional Analysis, which will be used in this study, see section 2.3.6.)

(e) Assembling the case history

Although, from a clinical point of view, the question of historical authenticity is considered to be irrelevant, and primary value is placed on the subjective experience of the subject (see 2.3.5), a post hoc case history was constructed to contextualize and situate the actual material of the therapy. This case history, which reflects the subjective experience of the subject, is presented in Chapter Five. It was assembled from information obtained from formal interviews with the subject, conducted between 15.10.D and 25.8.E, as well as data in the therapist's written records. The contractual relationship between the researcher and the subject did not include permission to interview the subject's parents or sister. The alleged abuse had never been brought to the attention of a social worker during the subject's childhood, and in adulthood she had never taken legal action against her mother. Due to this lack of collateral information, it cannot be accepted with absolute certainty that all the memories were valid. Nevertheless, several features of the case-study indicated that it was reasonable to accept the data as genuine memories. The memories of traumatic events, which were vividly and consistently experienced in the course of therapy, first emerged during the subject's participation in a general non-directive group-oriented workshop aimed at personal growth (see 5.3). These memories seemed to be convincingly situated in the historical context of her life, as known from material about events and interrelationships in her family which had never been repressed. For example, after the subject's mother became a reborn Christian she was tormented by guilt about the way she had treated her children, asked them for forgiveness and used to pray over their sleeping bodies at night (see 5.4.1). The subject's older sister at that time refused to forgive her mother for the way she had been treated in childhood and left home as soon as she had finished high school (see 5.4.3).

Based on these considerations it seems highly probable that the data were genuine memories, and valid to be included in the case history. Relevant extracts from the collection of poems (see Appendix 3) were used to illustrate the subject's comments about her emotional status in adolescence, and comments in her diary, written by the subject just before starting therapy were included to reflect her prevailing mind-state at the time.

(f) Delineation of the phases of therapy

The overview indicated that traumatic experiences from the subject's biographical history disappeared from the therapeutic scene after the first 19 months of therapy, and that therapy for the next two years was almost exclusively focussed on working with transpersonal material. During the last six months therapy was centred around termination. Based on this observation, the therapeutic process was delineated into a Biographical, Transpersonal, and Termination Phase of therapy. The Biographical Phase lasted from 20.4.A until 15.11.B, the Transpersonal Phase from 28.2.C until 4.12.D, and the Termination Phase from 14.1.E until 3.6.E. The Biographical Phase was further delineated into two sub-sections: Biographical Phase I (20.4.A - 19.8.A) refers to the period in which therapy dealt exclusively with biographical traumas and issues of concern in her current life. Biographical Phase II (20.8.A - 15.11.B) refers to the period in which traumatic material from the subject's biographical history continued to be the focus of the therapeutic process, but therapy gradually acquired a transpersonal dimension with the emergence of 27 past-life regressions. For the purpose of analysis, Biographical Phases I and II are combined and are referred to as the Biographical Phase of the therapeutic process.

(g) Analysis of the Biographical Phase

In order to identify the central themes which emerged during the Biographical Phase and to establish the prevailing script beliefs and script decisions, the clinical material was analysed in Chapter Six by executing the following steps:

- Reading through all the written therapy material in this phase to draw up a list of

the emotionally charged themes which occurred regularly and to distil these into phenomenologically distinct categories.

- Doing a detailed content analysis of the 126 therapy sessions in the Biographical Phase to explore the frequency of the central themes.
- Presenting the detailed analysis in Table 2 (see 6.3). The sessions were analysed in terms of the content of the therapy material which emerged in each session, differentiating among biographical traumas involving explicit violence or emotional traumatization and current issues (i.e. concerns in her current life).

Table 2 reflects the frequency with which the identified themes featured in the subject's emotional and ideational responses to the biographical traumas and current issues, as well as in the subject's emotional/ideational responses in the transference.

Although the table includes a column for past-life regressions, in order to situate the emergence of transpersonal phenomena alongside biographical material, the thematic content of these regressions is not included in this analysis. (The analysis of the past-life regression is presented in Table 3, Chapter Eight).

(h) Establishing the constellation of complexes reflected by the biographical material

Having identified the themes which emerged from the analysis of the biographical material (see Table 2), the next step was to compare these themes to the core themes and characteristics of the major distorted complexes identified by Woolger (see Table 1, section 2.3.7). It was established that the clinical material mapped onto eight of the major complexes or themes.

Each theme was then explored by referring to the content of therapy sessions, dream material documented during the Biographical Phase (see Appendix 2), and poetry written by the subject in adolescence (see Appendix 3). The subject's script beliefs and script decisions were identified from this material.

Due to the interwoven and mutually reinforcing relationship of the script beliefs and script decisions, it was argued that the eight themes did not constitute eight discrete complexes, but were components of an interlocking constellation. The interrelationship among the traumas, emotional and cognitive responses, complex-themes, script beliefs and script decisions is illustrated in a process diagram (see Figure 5). A definition of the complex, based on biographical data, was then formulated, and by referring to the analysis columns of Table 2 and the discussion in section 6.3, it was established that almost all of the subject's self-defeating script beliefs and script decisions were still evident in her psychological functioning at the end of the Biographical Phase.

(i) Transcribing tape-recorded therapy sessions

The researcher then listened, in chronological order, to all the available tape-recordings of therapy sessions. Out of the total of 96 sessions in the Transpersonal Phase, 60 sessions had been tape-recorded. The recorded material of this phase consisted of 109 tapes, which contained 124 hours of therapy. Another three hours of therapy were available on two tapes of the first two

sessions of the Termination Phase. It took the researcher about 550 hours to listen to the total of 127 hours of taped material and transcribe relevant sections of the therapy sessions. Working between ten and 12 hours per day, it took two months to complete the task.

In working through the taped material, the researcher was now no longer listening in an open-minded way, but with specific research goals in mind:

- To make notes, in addition to the synopsis that was already compiled from the therapist's notes, with regard to the chronological order in which the therapeutic process was unfolding.
- To make verbatim transcriptions of certain sections of the tape-recorded data that were related to specific research questions, e.g.
 - (i) Which transpersonal phenomena emerged?
 - (ii) What therapeutic techniques were used?
 - (iii) Which themes were addressed in specific regressions and discussions?
 - (iv) In what sequence did these themes emerge?
 - (v) Did the Transpersonal Phase introduce any new themes that were not present in the Biographical Phase?
 - (vi) Was there evidence of archetypal opposites in the content of the past-life regressions (such as victim/violator, loyalty/betrayal)?
 - (vii) Was there a deepening of the process?
 - (viii) How did regressions and other transpersonal phenomena impact on the subject's self-defeating script beliefs and script decisions?

In order to extricate relevant data from the vast body of material, the researcher - in the process of listening to the tapes - generated a total of 107 headings under which each reference to a specific feature was documented with the date of the particular session in which it occurred. The headings included categories of transpersonal phenomena (e.g. kundalini, out-of-body consciousness, chanting or entering the metacosmic void), aspects of the therapeutic technique (e.g. facilitating a re-decision, entering into a psychodrama, desensitization, or nurturing a past-life personality), working at different levels of the karmic complex (e.g. releasing the dissociative response to physical pain on the somatic level or accessing intrauterine emotions on the perinatal level), past-life regressions dealing with specific issues (e.g. helpless resignation, justified resistance, murderous rage or forgiveness), and the subject's manifestations of psychological experiences related to the constellation of complexes (e.g. a fear of sexual penetration, or her response to perceived abandonment).

These headings were generated so that, in the final analysis of the therapeutic process, the researcher would have immediate access to all data in a specific category, and would be able to establish the process development in different areas of psychological functioning, such as sexuality or suicidal ideation. The cumbersome list of headings served as a working tool and is not presented in the thesis.

(j) Documentation of the transpersonal phenomena

The full spectrum of transpersonal phenomena was assembled from the written records of the therapy sessions, clarifying interviews with the subject and the therapist, and relevant sections

of the tape-recorded sessions, which had been transcribed verbatim by the researcher. Details were also obtained from entries in the subject's diary and letters she wrote to the therapist. Brief summaries of all past-life regressions were documented in Appendix 1 after details about the thematic content, emotional and behavioural response during each regression, and the current identity of past-life acquaintances (where recognised) were verified with the subject. In a few cases, such as P/L 26 and 97, neither the theme nor the subject's responses could be clearly identified from the data nor clarified by the subject. (The term past-life regression is abbreviated to P/L and regressions are identified by the chronological order in which they first emerged in the therapeutic process.)

After compiling a synopsis of the transpersonal phenomena in terms of the subject's lived experience, as a working tool, the phenomena were reviewed to see whether they matched the categories Grof identified in his cartography of human consciousness. This review established that, although some of the subject's individual experiences differed from the examples described by Grof, most of the documented data could be accommodated in Grof's cartography, and that they largely matched 14 of his categories. No additional categories were required. The transpersonal experiences also corresponded with several of the phenomena Grof identified as varieties of spiritual emergence, including the kundalini awakening and the shamanic crisis. This analysis is presented in Chapter Seven.

The documentation and categorization of the transpersonal phenomena were done because of their central role in the subject's psychological functioning. If these phenomena were found to be typical of the range of transpersonal phenomena subjects encounter in non-ordinary mind-states and could be accommodated within the conceptual framework of Transpersonal Psychology, the concepts developed in this paradigm could be employed to gain a theoretical understanding of how the breaking of the complex was accomplished.

(k) Analysis of the past-life regressions

In order to explore whether the clinical data met the criterion of a symbolic resonance among the biographical and transpersonal material, which is a core principle of Woolger's theory, a detailed analysis of the 123 past-life regressions was done in Chapter Eight by constructing Table 3.

The analysis columns of Table 3 reflect in each case the subject's past-life identity (including gender and level of maturity), past-life personalities identified as present acquaintances, the category of trauma experienced in the past-life scenario, and the subject's role (victim, violator, etc) in past-life regressions involving violence or the abuse of power. The table also presents the subject's emotions and ideation (where it could be clearly established from the therapy records or the subject's memory) in every regression.

The identifying data of each past-life personality and the subject's emotional and ideational responses in each regression were documented in order to identify the implicit script beliefs and script decisions, and the manifestation of the major complex-themes identified by Woolger (see

Table 1, section 2.3.7).

The subject's role in each past-life regression involving violence and/or the abuse of power was identified to explore the presence of archetypal opposites (such as victim/violator) in the content of these regressions.

4.6.2 Phase 2: Validating the karmic complex as conceptual tool

The first research question, i.e. whether therapeutic work with the emotional and ideational content of past-life regressions was relevant for the breaking of complexes related to experiences of violence in the biographical history, was then addressed in Chapter Eight. This was done by analysing the clinical data in terms of two core principles in Woolger's model of the karmic complex, i.e.:

- (a) a symbolic resonance among the different levels of experience
- (b) evidence of archetypal opposites constellated within the same complex.

The manifestation of these principles in the clinical data was established by executing the following steps:

- Comparing the themes reflected by the first 27 past-life regressions to the constellation of complex-themes identified from the biographical material (see 6.3).
- Comparing the themes reflected by the 27 past-life regressions in the Biographical Phase to the themes of the 96 past-life regressions in the Transpersonal Phase.
- Identifying new themes which emerged from past-life regressions, which had not been present or prominent in the biographical material.
- Establishing whether any of the new themes constituted archetypal opposite(s) to the subject's central traumas, i.e. being the victim of violence and/or abandonment.

It was found that the clinical data met Woolger's criterion of a symbolic resonance among the constellation of complex-themes identified in the biographical material and the themes reflected by the past-life regressions, and that the material also contained evidence of archetypal opposites in the psyche in the areas of both violence and abandonment (see 8.2.2). It was concluded that therapeutic work with past-life regressions was relevant for the breaking of complexes related to biographical traumas and that Woolger's model of the karmic complex was an appropriate conceptual tool for the analysis of the present case study.

4.6.3 Phase 3: Identifying the karmic complex

The researcher then proceeded to analyse the therapeutic material in the Transpersonal Phase in terms of Woolger's theory by reviewing the totality of the clinical data (see 8.3). The existential, biographical and perinatal aspects were identified from the subject's case history and presenting problem, and the somatic aspect from data documented in the Biographical Phase (see 5.6) as well as the written therapy records and transcribed tape-recorded material from the Transpersonal Phase. The past-life aspects of the karmic complex were identified from Table 3. It was found that the archetypal aspect was not prominent in the present case study.

4.6.4 Phase 4: Compiling a data synopsis of the central themes

In preparation for the analysis of the therapeutic process in the Transpersonal Phase the researcher now compiled a final and focussed data synopsis from all the relevant aforementioned sources.

An overview of the clinical data indicated that the large majority of the past-life regressions involved a victim-violator polarity in that one person was made to suffer physically and/or emotionally as a result of another person's behaviour. In conclusion, it was observed that there were two major processes unfolding throughout the Transpersonal Phase. One dealt with the accessing and working through of different aspects of the constellation of complexes related to violence, and the second one to aspects related to abandonment. In the area of violence the preliminary overview reflected the emergence and unfolding of three dimensions of power:

- Psychological phenomena in which the subject identified with being a victim.
- Psychological phenomena in which the subject identified with being a violator.
- Psychological experiences of empowerment, in which the subject identified with empowering qualities such as courage and loyalty, which stood in juxtaposition to the self-concept of being a helpless victim.

Based on these observations and the fact that power is by definition the thematic link between the archetypal opposites of victim and violator, the issue of power was selected as a focal theme in order to map the unfolding of the process related to violence.

It was also observed that this process frequently overlapped with the unfolding and deepening of the theme of abandonment, e.g. in past-life regressions which involved both violation and abandonment, and that the two processes seemed to mutually potentiate each other. In the light of these conclusions it was decided to focus on (a) the unfolding of the dimensions of power and (b) the unfolding of the therapeutic process related to abandonment.

A selective thematically focussed data synopsis which chronologically mapped the unfolding of the two processes was then compiled from the vast body of clinical material. The synopsis consisted of 260 pages.

4.6.5 Phase 5: Explication of the therapeutic process

The second research question is addressed in Chapter Nine: Which psychological processes underlie and contribute to the integration and transcendence of the archetypal opposites in the psyche?

In order to provide an accurate reflection of the thematic development of the two major processes amidst the interlocking constellation of complexes and at the same time to track the chronological sequence in which these processes unfolded, the following methodology was adopted for the presentation of the data:

- The tracking of the two major processes is presented as a single body of analysis, in order to maintain the chronological unfolding of the therapeutic process in its totality.
- Due to the natural break in therapy brought about by the summer vacation, the analysis of the Transpersonal Phase is divided into two phases, i.e. Year C (28.2.C -

28.11.C) and Year D (7.2.D - 4.12.D).

- Within each phase the material is divided into several units of analysis, each of which presented a specific thrust and/or milestone in the therapeutic process.
- The name of a significant past-life personality in each unit is employed as a brief heading.
- The units of analysis are presented in their chronological order of emergence in the therapeutic process.
- The discourse of the transpersonal paradigm (presented in Chapter Two), with emphasis on the conceptualizations of Woolger, is adopted for the analysis of the data.
- Each unit is introduced by a brief synopsis of the thematic content and its contribution to the therapeutic process before situating the material and discussing the phenomenological experience of the subject.
- Footnotes are used to link the subject's phenomenological experiences to specific details of the transpersonal paradigm.

In order to give the reader an overview of the long and complex therapeutic process, separate summaries of the unfolding of Process 1 (related to violence) and Process 2 (related to abandonment) are presented in Tables 6 and 7 respectively. The tables identify healing mechanisms which are not present in regular therapy but which were made available to the therapeutic process by means of the subject's transpersonal experiences, the ways in which the therapist worked with transpersonal phenomena as therapeutic tools, and the ways in which these events are perceived to have contributed to the therapeutic process.

4.6.6 Phase 6: Evaluation of psychological functioning at termination

Observed changes in the subject's psychological functioning during the Termination Phase of therapy are documented in Chapter Ten. This is done by drawing some links between the subject's script beliefs and script decisions identified during the Biographical Phase (see 6.3.2) and her psychological functioning at the end of the therapeutic process, as manifested by her existential situation, verbalized thoughts and feelings, and the content of dream material during the Termination Phase.

Concluding remarks about the theoretical and clinical implications of the study are presented in Chapter Eleven.

CHAPTER FIVE

Anna: A keyhole perspective on the psyche

5.1 Introduction

Chapters Five to Eleven present a longitudinal, clinical case study of the psychological processes of a single subject who was physically, sexually and emotionally abused in childhood, and who over a four-year period of intensive psychotherapy spontaneously experienced a wide spectrum of transpersonal phenomena.

The therapeutic process was initially focussed on the recovery and working through of explicit memories of violence, abuse and abandonment in the subject's biographical history, but after 19 months biographical material disappeared from the therapeutic scene. Transpersonal experiences, which gradually emerged after the first 12 months, then intensified, and for the next two years the therapeutic process was centred around these phenomena, which included 123 past-life regressions.

This development made it possible to investigate the therapeutic impact of working almost exclusively with transpersonal phenomena on the subject's prevailing complex(es).

Chapter Five introduces the clinical material by presenting the following:

- Highlights from the subject's biographical history, which was assembled post hoc from interviews with the subject and data in the therapist's written records.
- A delineation of the therapeutic process into a Biographical,¹ Transpersonal and Termination Phase, based on the central issues which in each phase constitute the focus of the therapeutic work.
- A discussion of the therapeutic approach, the development of the transference, and other features of the initial process as repressed biographical traumas gradually emerged into consciousness.

5.2 Identifying data

The subject was a young white woman, Anna (pseudonym), who began therapy at the age of 26. At that time she was a full-time university student, doing an Honours degree in Commerce. Prior to this she had completed a three-year diploma at a teacher's training college and obtained a B.Com degree. Since leaving high school she had largely supported herself and financed her studies by working as a sports coach and being employed as a hostel-warden. She lived in a hostel at the time, was unmarried, and was not involved in a sexual relationship.

1. This phase is inclusive of Biographical Phase I, which contained only biographical material, and Biographical Phase II, which introduced the transpersonal dimension with the emergence of the first 27 past-life regressions, while biographical material still dominated the therapeutic process (see 5.8).

5.3 Presenting problem

5.3.1 Symptoms

The presenting problem that brought Anna into therapy manifested as uncharacteristic surges of anxiety, depression, and a sense of disorientation. She was referred by a medical doctor after she consulted him about symptoms of tension, a sense of drivenness, and unprecedented bouts of crying.

5.3.2 Precipitating factor

The presenting problem was precipitated by her participation in a personal growth workshop. Anna sought help because she no longer had a clear sense of self and feared that the painful emotions and memories which had emerged during the workshop (and which on one occasion became so overwhelming that she tried to physically flee from a group-session) was disintegrating her existing identity structure. Before taking part in the workshop she had not experienced any of these symptoms and had considered herself to be emotionally "pretty stable".

5.3.3 Traumatic experiences in her biographical history

During the workshop the emotional trauma of some of the events of violence and abuse Anna had experienced in her biographical history emerged into consciousness, whereas other traumatic memories were so deeply repressed that they were only accessed during the second year of therapy. This material throughout the course of therapy constituted Anna's subjective experience. Although no collateral data was available, several features of the case-study indicated that it was reasonable to accept the data as genuine memories (see 4.6.1). The traumatic memories include:

(a) Birth and perinatal trauma

Anna almost suffocated during birth, due to the umbilical cord being wrapped around her neck, and had to be delivered by emergency caesarean section after failing to get through the birth canal. After birth her mother was seriously ill and unable to breastfeed or take care of her. When Anna was first handed to her mother after eight days, the latter was so weak that she dropped her.

(b) Being physically abused by her mother

Between the ages of three and seven Anna daily received harsh beatings from her mother, and she was severely assaulted on several occasions:

- On one occasion she was thrown to the ground and repeatedly kicked, with the result that she had bruises all over her body.
- In another incident she fractured her arm when her mother threw her across the room. At the hospital she had to say that she had fallen from a tree.
- Her mother on separate occasions throttled her, choked her with a cord, and held her head under water.
- It happened several times that Anna was beaten so badly that she had a bleeding nose. On one occasion the injury was so severe that she had to be treated in hospital.
- She was once locked into a small garage, and on several occasions her

mother tied her to a chair, where she was left alone for hours. On her return the mother would be furious if Anna had managed to escape, or if she had wet herself because she could not reach the toilet, and punish her.

(c) Being sexually abused by her mother

Between the ages of three and six Anna was sporadically sexually assaulted by her mother. On several occasions her mother would undress Anna, whip her across the back and buttocks, and then lie naked on top of her, using Anna's whole body as a phallic object against which to rub her own genitals. She would insert her fingers and other objects into Anna's vagina, force Anna to masturbate her, and threaten to hurt her if she should refuse to do so or tell anyone about it.

(d) Being emotionally abandoned by her mother

The abuse stopped when Anna started school, but so did any form of physical or emotional contact. Her mother became distant, cold and aloof, and Anna felt utterly abandoned and unloved. Her mother had moved from being a person who would hurt and abuse her, but sometimes show kindness, to someone who ignored her and provided no emotional support. She felt that her mother never listened to her and was indifferent to her feelings. To Anna, the emotional abandonment was even more traumatic than the abuse had been.

(e) Being sexually assaulted by a female friend of her mother

At the age of four, Anna was sexually assaulted by Mina, a woman in whose care she was left on three occasions. The woman undressed Anna, forced Anna to touch her sexually, and put her fingers into Anna's vagina. Although the woman did not physically hurt or threaten her, Anna was revolted and terrified by what was happening. The woman also used to undress her own child, a two-year old boy, and cruelly tried to force his penis into Anna. (In adulthood this boy was admitted to a mental hospital.) After each abusive incident the woman would give Anna sweets and ask her not to tell anyone.

(f) Being the victim of attempted rape

When Anna was 11, two black men attempted to rape her at a golf course. They dragged her out of sight, tore off her dress, and tried to force her legs apart while she was fighting back in utter terror and repeatedly cried: "Don't kill me!" She was sure that she was about to die when one man suddenly came to his senses, stopped the other one, and the men both ran away. It took a while before she had the courage to go for help, because she was afraid that her mother would be angry with her. When she walked into the club-house, shocked and trembling, with her torn dress wrapped around her, the manager phoned the police, but her parents did not come forward to support her. Neither did they attend the subsequent enquiry and court case.

(g) Being involved in a war

Throughout most of Anna's childhood her country of origin was involved in a war and the ongoing violence escalated when she was between the ages of 14 and 18. On several occasions during this time there were rocket-attacks on her home and one terrifying attack occurred while she was alone in the house.

(h) Witnessing a war atrocity

At the age of 17, while walking alone on a relative's farm, she came upon a group of guerillas interrogating some villagers. Although they were not aware of her presence, she was too scared to leave, in case she should be heard and captured. While hiding in the bush for several hours, she witnessed in horror how one of the villagers was mutilated and two were shot.

5.4 Highlights of the history

5.4.1 Mother

(a) Personal background

Anna's mother had an unhappy childhood, marked by emotional neglect, ongoing marital conflict between her parents, and harsh treatment from her six siblings. She had a sense of inferiority and her behaviour was characterized by a pervasive anger. At the age of 35 she had married a man four years younger than herself, had her first child, Marlene, within a year, and gave birth to Anna when she was 41. She was frustrated with her role as housewife, did not want a second child, and never bonded with either of her children.

(b) Relationship to Anna

Emotionally, Anna's mother oscillated between violent outbursts of anger and a cold aloofness. Displays of affection were rare and inconsistent. Anna could not recall as a child ever hearing her mother say "I love you", and had very few memories of being held by her. In her outbursts of anger, the mother would lose her self-control and beat her children so mercilessly that both were terrified of her. They, in turn, were never allowed to show any anger or they would be severely punished. During the period of physical and sexual abuse (see 5.3.3) Anna hated her mother. She feared her rage and adult strength, and often wondered in despair: "Why doesn't she kill me?" At the age of five Anna experienced a murderous rage towards her mother and wanted to kill her. At that time she experienced a flood of images of violent scenes, all marked by sadistic pleasure in the suffering of others. These images included the killing of young people, sadistic sexual acts, the smearing of blood and the worshipping of sexual organs. She remembered the images when similar material erupted in therapy on 21.3.C (see P/L 30, Appendix 1).

She did not want to rely on her mother and even as a little girl attempted to cope independently. She struggled to master tasks with which other children would need help, like getting dressed, buttering her bread, cutting her meat or making her bed. When she hurt herself, she climbed on a chair to reach the medicine cabinet and put a plaster on her wound, rather

than ask for help. Emotionally, too, she withdrew to cry alone, rather than approach her mother for comfort. Ever since starting school at the age of seven she had to walk the distance of 1,5km, and not even on the first day did her mother accompany her.

After school their mother would often punish her daughters for returning late by refusing to feed them. Although their mother used to make them beautiful clothes, Anna felt that this was done to impress her mother's friends, and it made her feel used, like an object. Her mother was very intrusive. She constantly wanted to know what her children were doing, and became enraged at not having total control over their lives, but never provided sincere interest or support. She never attended Anna's school functions and did not provide any sexual education.

When Anna was 11, her mother became a reborn Christian and was tormented with guilt and remorse about the way she had treated her children. She asked them for forgiveness and used to pray over their sleeping bodies at night. Anna was uncertain whether this new attitude could be trusted to last. Her mother remained critical, negative and unsupportive, and continued to undermine Anna's self-confidence, with expectations of failure and statements like "You're stupid", "You're clueless", "You just have an average brain and will never amount to anything". This attitude still prevailed when Anna first went to university at the age of 23. After struggling with her guilt in church for 14 years, the mother eventually consulted a psychotherapist to work through her own emotional problems. When Anna wanted to start therapy, her mother encouraged it, saying: "Your healing will be my healing".

5.4.2 Father

(a) Personal background

Anna's father had also been brought up in a cold, uncaring family. He was unable to demonstrate affection, but was a calm, even-tempered man with a gentle, accepting nature. He provided the family with stable financial security, but did not assert any authority in relation to either his wife or daughters. Anna experienced him as rather hen-pecked and uninvolved in the family to the point of being aloof and distant. In his presence her mother's rage was more controlled, and he seemed unaware of her violent mood-swings and destructive behaviour. He never questioned his wife's explanations for Anna's numerous injuries and Anna was too scared to tell him the truth. Not only was she terrified of what her mother would do, but she also feared that her father would not believe her and that it would damage their relationship.

(b) Relationship to Anna

Although she generally experienced her father as a "shelter" and a source of security, he did not protect her in confrontations with her mother. Having to hide her mother's abuse from her father, she did not confide in him about other personal issues either. Anna never heard him say "I love you", but he did spend time with his children. He used to play games with them and encouraged them to read and take part in creative activities, rather than sit in front of the television.

Anna loved her father and resented the way her mother used to intrude upon activities she

shared with him, like playing Ludo or flying a kite. She felt that her mother was "insanely jealous" and impinged on her relationship with her father. As an adult she was accused by her mother of loving her father more. After leaving home Anna's telephone-contact with her father was always cut short by her mother butting in and taking over the conversation.

Although her father used to give her severe hidings, Anna never felt that his punishment was unjustified or uncontrolled. She enjoyed being tickled by him when she was little, but after she turned eight he stopped all physical contact with her. She felt that he withdrew from her when she reached puberty.

5.4.3 Sister

(a) Personal background

Anna's only sibling, Marlene, was five years older. Unlike Anna, who experienced herself as a serious, conventional and cautious child, given to daydreams and fantasies, Marlene was a deviant rebel. She started smoking and drinking as a teenager, at times used drugs, and became sexually active at the age of 14. At the time of their mother's conversion to Christianity, Marlene refused to forgive her for the way she had been treated in childhood. She left home as soon as she had finished high school. In adulthood she developed an eating disorder and became obese. She got married when Anna was 24 and has two children.

(b) Relationship to Anna

In early childhood Anna had a good relationship with Marlene, who to some degree fulfilled the role of "mother" for her. Although Marlene often bullied her and displayed sibling rivalry, she was the only family member to whom Anna could turn when she was sad, or who would reassure and guide her, e.g. when she first started menstruating at the age of 13. Anna used to idealize Marlene and initially made her into a role-model. Nevertheless, she was aware that Marlene was not really "there" for her, and did not feel true affection for her. Their personalities and the ways in which they responded to their circumstances were very different. In adulthood Marlene used to mock Anna for being a virgin and called her "a real nerd" for, even in her 20's, still being sexually inexperienced. The two sisters drifted apart after Marlene left home. Although they do have contact, they have never had a close relationship since.

5.4.4 Extended family

The only member of her extended family to show interest and affection during Anna's childhood was her aunt Mona, who listened to her creative writing and encouraged her.

5.4.5 Interpersonal relationships

From the age of four onward Anna never felt loved by anyone, had no trust in any display of love or affection, and did not feel worthy of being loved. In a dream she had at the age of ten she saw herself as a little girl in an ancient civilization, who was handed over by her mother to be

sacrificed on the village altar. There she was abandoned to die alone after being raped and cut open by the head priest. Anna recalled this dream when the same material emerged in a past-life regression (P/L 5) on 19.7.B (see 8.2.1; Drawings 1-5).

Up to the age of eight Anna had no friends. She described herself as a sombre, obedient, austere little girl, who did not know how to relate to other children or have fun. She used to hate school because she was always alone. From eight onwards she started to learn how to play and became a tomboy who especially enjoyed swimming and running. Taking part in sport helped her to make friends more easily, but until the end of primary school she did not relate well to teachers. Anna realized later that it was probably due to her tendency to show off in order to get attention. None of the teachers at primary school responded to her with warmth or caring. By the time her parents moved to another town in her 12th year Anna no longer had any difficulty in making friends, but poems she wrote as a teenager reflected the loneliness and yearning for emotional nurturance that she experienced in her formative years (see Appendix 3). The following are extracts from poems written when she was 16:

- Poem 5: *Did you ever wonder if anyone cared?
Did you ever feel forgotten and insignificant?
Yes God, I see you there. You do watch.
I believe growing up and feeling bad
is all part of your vast scheme for me.*
- Poem 4: *They left her alone again
In that cold empty house
The sound of silence grows
She sits there lost, cold, unmoved.
... Beyond fear her eyes move again across the road.
Their T.V.'s on, loud, audience laughing,
Blaring radio, chaotic, yet homely, natural.
There's a smell of cooked steak, chips and tomatoes. ...
... There's something she needs,
Something she can't grasp.
There's a reason but no understanding.
Why do you look at the unsmiling reflection
It's only you and you alone.*

In Poem 15, written at the age of 17, she expressed a sense of emotional deadness:

- Poem 15: *Frozen tears, unformed smiles,
Dullness and worthlessness
A deadened vacuum within
His atmosphere ...*

At the onset of therapy Anna described herself in her diary as a loving, caring person:

I have so much to give, so much to share, so much goodness inside me, ready to flow out to others.

She acknowledged, though, that her own emotional needs were not met:

I am the mother in most relationships, never allowing myself to be the child. But oh! so wanting to be the weak one, to fall apart and collapse in the arms of a care-giver.

5.4.6 Psycho-sexual development

Anna had received no sexual education from her parents, and as a young child never took part in the sexual exploration of her peers. When, at the age of 14, she did allow a 16-year old boy to touch her genitals, it was motivated by curiosity. Her sense that he was examining her body "like a rat" made her feel disgusted and used, and she did not enjoy the experience. She had occasionally experimented with masturbation from the age of 15 but it never involved any sexual images or fantasies about men and intercourse. She described the experience as "just feeling, no fantasy". Physical contact often evoked a fear-response. She wrote in her diary:

I realized that I easily go towards people and touch them, but if someone should turn to me, I will feel threatened and need to flee away. However, paradoxically, I long to be touched and held, but my own fears leave me isolated, and this brings a sadness to me ...

Although she had several boyfriends from the age of 16, the relationships were largely based on affection and friendship, with physical contact limited to kissing. Two men wanted to marry her, but she refused. Until the age of 23, when she consented to masturbate a male friend whose body she admired, she had never seen an adult male's penis. She would not allow this man to touch her genitals and was not sexually aroused by the experience. Several subsequent boyfriends attempted to seduce her, but she felt no sexual desire for them and expressed an aversion to the act of intercourse. She did feel an "emotional connection" with Pierre, a fellow-student whom she was dating at the onset of therapy, but did not feel sexually attracted to him and was not aroused by their physical contact. At the age of 26, when she started therapy, Anna had never felt sexually attracted to anyone, male or female. She had an aversion to sex, experienced no sexual longings or fantasies, and felt adamant that she never wanted to have sexual intercourse.

5.4.7 Education

Anna was tiny and underdeveloped as a child and due to fear that she might have been intellectually impaired as a result of her mother's advanced age during pregnancy, her parents only sent her to school at the age of seven. Academically she was initially very slow, and in primary school she used to be petrified when she had to show her homework to her mother. Even in high school her academic performance remained average, and school-reports repeatedly said that she had a lot of potential, but did not put enough effort into her work.

She did excel in creative writing and teachers used to comment on the vivid imagination reflected by her essays. One teacher remarked that her serious, introspective poetry did not seem to be the work of a teenager, but rather that of someone who had lived many life-times. Anna also did very well in art and physical education. She majored in these two subjects at a teachers' training college, but lost all interest in art due to the stressful demands of her perfectionist art lecturer. He used to lose his temper and physically destroy her paintings when they did not meet his standards of excellence. She had a pervasive fear of failure and of not being "good enough".

After completing her training at the teacher's college Anna not only obtained a BCom degree at university, but achieved the high standard that was required for acceptance into an Honours program.

5.5 Anna's subjective experience at the onset of therapy

After the workshop experience Anna wrote in her diary that she had previously considered herself to be a "survivor" with "incredible resources of coping" and "super-strong defense mechanisms", but that she had been aware of issues in her psyche that needed to be confronted:

I am afraid that something in this workshop will cause my fragile psychic structures to break down ...

She wrote that her past had never affected her before, because she had not allowed it to happen, and that she used to believe that she had dealt with most issues that had caused her emotional upheaval.

Now I can state that I had merely pushed them aside, ignored them for years and tucked them into a small bottom drawer of my mind. I had done this so well with one of the issues that, when it was uncovered and the cobwebs of my unconscious brushed away, it shocked me, frightened me ...

What emerged most intensely, was profound sorrow and pain at the lack of emotional nurturance from her mother. She was also embarrassed by her own tears, which she saw as a display of "weakness", and the rage she had projected onto the group leader. She wrote:

It occurred to me then that the sadness and grief I had just experienced, with its contradictions, had opened up another drawer of my mind. This drawer contained a darkness which frightened me and made me push it shut quickly before anything escaped.

Her decision to start therapy was accompanied by a great fear of the consequences. She wrote in her diary:

My dark shadow is there behind a new wall of defenses. It moves about with the slowness of a giant. I know I must face this animal inside me. I am afraid of it It takes a certain courage to be led into one-self, to see those areas always covered by mists of the unconscious. He (the therapist) might show me those areas where too much fear lurks, ready to engulf, devour and destroy me. Where too much anger, like a greedy dog, scratches at the door of my consciousness, wanting to come in and gobble me up. Where too much pain waits for the low tides of my inner world to recede and reveal. These fears and angers could come flooding out, pouring, rushing, crashing and thundering into my world, disintegrating and dismantling any personality structures that stand, and have stood for 26 years.

5.6 The therapeutic approach

The personal growth workshop that preceded Anna's therapy had included training and participation in different forms of psychodramatic enactment and role-play (such as used in Gestalt therapy), as well as supporting the intense expression of emotion. The modality of the therapy was a continuation of the work that had been done in the group.

During the initial phase, therapeutic techniques like psychodrama, flooding, age-

regression, and conversing with Anna's inner child (see 3.7), were implemented to evoke repressed infantile memories and facilitate emotional catharsis. By validating her authentic emotions, reframing unrealistic views, facilitating understanding and an acceptance of the parental pathology, and differentiating current reality from the negative self-concept she had internalized via maternal mirroring, the therapist attempted to help free her psyche from the constraints of self-defeating beliefs and to reclaim and re-integrate her authentic self.

After Anna's fear of physical touch was largely conquered by building a relationship of trust, breathing techniques and body-work were also included to address the pronounced somatic component, which presented itself as repressed traumatic material emerged into consciousness. Not only did Anna re-experience the cognitive and emotional impact of previous traumas, sometimes with vivid images, but often also a bodily memory of the physical pain that was suffered during the early experiences, such as the pre-natal trauma of a near-fatal Caesarian birth (26.2.B), the sexual molestation by Mina (9.4.B), and being kicked (20.8.B) and beaten (19.3.B) by her mother. Dark bruises, swollen limbs and intense pain manifested without apparent cause as the memories of physical abuse flooded her consciousness. So intense was this bodily experience that a swollen ankle caused her to limp, and what felt like a broken wrist made it temporarily impossible to use her hand. Bruises would remain for several days before fading. (After her initial confusion about these phenomena, Anna related them to the injuries of more than 20 years before.) There seemed to be a strong link between psyche and soma in Anna's experience, in that the emergence of repressed psychic material was accompanied by the re-emergence of the physical imprints on the body.

Bodywork included nurturing interventions when she accessed overwhelming fear or grief, psychodramatic enactment, massaging rigid muscles, or facilitating the release of repressed memories by placing a hand on the area where the emotion was blocked, e.g. on her neck during work with memories of being throttled.

During the second year of therapy (from 27.4.B onwards) the therapeutic process developed a transpersonal dimension and moved from biographical regression work with infantile traumas to the arena of a spiritual emergence (see 2.3.2). This development occurred spontaneously without the use of drugs, suggestion by the therapist, or participation in mind-altering activities such as holotropic breathing or trance dancing. As Anna started to access transpersonal mind-states and experienced an escalating number of past-life regressions, the therapist consulted the frameworks and conceptual tools provided by Transpersonal Psychology (Grof, 1988; Woolger, 1990), and incorporated these into his therapeutic approach.

Anna would often spontaneously enter non-ordinary states of consciousness by lying down, relaxing, focussing on her breath and, under guidance of the therapist, following the flow of imagery and emotion that naturally emerged. The therapist facilitated this by suggesting that she focused her attention on those parts of her body which became active, for example the tensing up of a specific muscle group, sensations of pain or trembling. He would suggest that she breathe into that part of the body and used bodywork interventions similar to those

mentioned earlier to release the blocked emotion, such as placing a hand on the trembling area, or massaging rigid muscles. She would soon begin to experience intense emotion, often accompanied by diffuse pain, which was followed by the gradual unfolding of a traumatic experience from a past-life. Following Grof's principle that the psyche, in a non-ordinary state of consciousness, is able to guide itself through a healing process and reach a natural conclusion (if it is not interrupted), longer sessions were scheduled. Initially the sessions lasted an hour, but from the middle of year A onwards they often required 1½ to 2 hours, and from 8.4.B onwards sessions regularly required 2¾ to 3 hours in order to reach completion.

The format which developed towards the end of year B was that Anna would first talk about her current emotional state and experiences, then lie down to activate the process (which usually came to a conclusion in 1½ to 2 hours) and afterwards rest for a period of 30 minutes. She would either discuss and integrate the transpersonal material with the therapist after the rest period or during the first part of the next session. This format was continued in the second and third year, when bodywork/regression sessions became the backbone of the psychotherapy.

A detailed summary of the healing mechanisms which are not present in regular therapy but which were made available to the therapeutic process by means of the subject's transpersonal experiences is presented in Tables 6 and 7-(see 9.1). These tables also indicate how the transpersonal phenomena were used as therapeutic tools and the way(s) in which they are perceived to have contributed to the therapeutic process.

5.7 The therapeutic relationship

During the first months of therapy a trust relationship was established in which Anna for the first time felt safe enough to let go some of her defences and allow herself to become vulnerable. After re-experiencing traumatic material from her childhood, she was often trembling with fear and overcome with grief (8.6.A; 27.7.A). The therapist would hold her, reassure and take care of the little child to which she regressed, and work with her fear of physical touch: "It's safe - I won't hurt you" (27.7.A).

In the fourth month of therapy Anna had overcome her fear of physical touch to the degree that she would ask to be held (24.8.A) and as therapy continued she allowed herself an increasing level of non-defensiveness, wanting to cry with him and receive caring (2.9.A). She expressed a need to regress to being a baby (6.11.A) and on 19.3.B, after she had re-experienced the trauma of being held under water by her mother at the age of two, the therapist commented in his notes: "Felt like the broken little girl was reaching out to someone for the first time." On 10.5.B, shortly after re-living the experience of being throttled by her mother, and again on 17.5.B, she became so regressed that she had a floppy neck, no strength, and just needed to be held while she was shaking with fear, crying.

Parallel to this dimension of therapy and her need for re-mothering (see 3.7), Anna experienced an emergence of loving and sexual energy focussed on the therapist. On 24.8.A she told him that she loved him, and on 5.10.A she said that her love had become sexualized, that

for the first time in her life she was sexually attracted to a man. She told him of her fantasies of having a relationship with him outside of therapy (5.10.A), and was fearful that knowing about it would cause him to withdraw and to no longer want to hold her. Her unfulfilled longing to be loved by the therapist caused her deep emotional pain (16.10.A; 4.3.B). She said that (on that level) being hugged by him accentuated her aloneness (19.2.B). The therapist made it clear that he was not sexually attracted to her and did not want a relationship with her outside therapy. He was concerned to keep a balance between not withdrawing from her and maintaining the therapeutic boundaries.

Her romantic and sexual feelings towards the therapist also came into conflict with the unfulfilled emotional needs of her childhood. She sometimes asked for "the child in me that is very vulnerable" to be held (26.3.B), and at other times expressed her desire to make love to the therapist (12.4.B). On 6.11.A she expressed a need to regress in the way referred to by Winnicott (1986) and Janov (1973), and being held like a baby, but feared that the therapist would think that she was manipulating him for sexual reasons. On 4.3.B she even considered leaving therapy because her love for him was causing her so much pain that she felt unable to deal with the childhood material.

At this point it might have been appropriate for her to be referred to another therapist or rather to do some of the regression work in workshops run by other people. Unfortunately it was not an option in the town where this took place because the therapist was the only person working in this modality. An alternative option for referral would have been a psychoanalytic therapist, but it was felt that, having gone so far with this modality, it would have been counter-therapeutic to suddenly change the therapist and the modality of the therapy.

5.8 The therapeutic process

During the first year, from 20.4.A until 26.4.B, therapy was largely focussed on the recovery and working through of biographical memories of violence and abandonment. At the onset of therapy, Anna had a conscious recollection of her traumatic experiences during the war (which had ended nine years before), the attempted rape, the excessive physical punishment she had received from her mother in early childhood, and the emotional abandonment afterwards, but the full extent of the physical abuse initially remained repressed. This only started to emerge into consciousness on 11.5.A, when Anna expressed a sense that breaking her arm as a pre-school child may have been caused by her mother, and not from falling out of a tree, as she had always believed.

This was followed by other memories of physical abuse, and from 20.7.A onward traumatic material flooded her consciousness to such a degree that she required more intensive therapy. In year A she had 44 therapy sessions, mostly lasting between 1½ to 2 hours each, but some nearly 3 hours. During year B she had a total of 82 sessions, many of which required 3 hours to accommodate the deepening regressions and her tendency to be disoriented at the end of a session.

On 20.8.A Anna was astounded by the painful bodily sensation she experienced during

a therapy session of being an adult male, dying from a spear wound in the back. The therapist immediately recognized that this could be a past-life memory, but she rejected the possibility of past-life experiences. As a result she questioned the validity of the biographical memories that emerged spontaneously. Her alarm and confusion was exacerbated when her mother (telephonically) denied that she had ever been subjected to physical abuse.

In order to investigate it further, a systematic non-directive age-regression was used. After the therapist induced a light hypnotic trance, Anna was guided back, in chronological order, to see what significant events emerged in every year of her life, from her current age to early childhood. The therapist took care to avoid demand characteristics that could trigger false memories (see 3.3) and conducted the regression in a non-directive way. During the 2½ hour age-regression (8.9.A) Anna systematically accessed traumatic biographical memories of being physically abused by her mother and sexually molested by Mina. Given that the material about physical abuse had already emerged in therapy, that during the regression each memory seemed to be linked to a particular age, and that there was no agenda on the part of the therapist to recover sexual abuse, the material was accepted as evidence that such events had occurred.

The repressed memory of the sexual abuse by Mina remained in consciousness until 25.9.A, and was briefly dealt with in therapy, before it receded into the background. It re-emerged on 26.11.A., but only on 8.4.B did she vividly recall the molestation in detail, and on 9.4.B experienced an abreaction in which she emotionally and somatically re-experienced the fear, disgust and physical pain. Not even during that age-regression did she access the deeply repressed memories of sexual abuse by her mother. These only emerged on 15.10.B., after 18 months of intensive therapy. Biographical traumas continued to be the central focus until the end of the second year of therapy, but on 27.4.B a second past-life regression occurred, followed by another 25 in the course of that year.

These past-life regressions initially occurred within the context of working with biographical material but a gradual shift took place. More and more transpersonal material emerged until, at the beginning of the third year of therapy, biographical traumas disappeared from the therapeutic scene and were hardly ever directly referred to again.

The transpersonal dimension dominated the third and fourth years of therapy, when the subject's psychological process was characterised by a wide spectrum of transpersonal phenomena which emerged both spontaneously and during intensive experiential work (see Chapter 7). During the last four months of therapy (14.1.E-3.6.E) therapy was focussed on termination and the resolution of the transference. Although the subject occasionally had a spontaneous transpersonal experience, no more regression or experiential work was done during this period.

The clear shift which occurred in terms of the central focus of therapy made it possible to delineate the therapeutic process into three phases, the Biographical Phase (20.4.A-15.11.B), the Transpersonal Phase (28.2.C-4.12.D), and the Termination Phase (14.1.E-3.6.E). The Biographical Phase was further delineated into two sub-sections: Biographical Phase I (20.4.A - 19.8.A) refers

to the period in which therapy dealt exclusively with explicit memories of violence and abandonment in the subject's biographical history and current issues of concern in her everyday life. Biographical Phase II (20.8.A - 15.11.B) refers to the period in which traumatic material from her biographical history continued to dominate the therapeutic process, but therapy gradually acquired a transpersonal dimension with the emergence of 27 past-life regressions. For the purpose of analysis, Biographical Phases I and II are combined and will henceforth be referred to as the Biographical Phase of the therapeutic process.

5.9 Conclusion

This chapter presented an introduction to the clinical material of a subject who was an adult survivor of physical, sexual and emotional abuse in childhood, and who over a four-year period of intensive psychotherapy spontaneously experienced a wide spectrum of transpersonal phenomena.

Due to the clear shift which occurred in terms of the central focus of the therapy, from working intensively with biographical material during the first 19 months to working predominantly with transpersonal material during the next two years, it was possible to delineate the therapeutic process into three phases, the Biographical, Transpersonal and Termination Phase.

The aim of this thesis is to study the therapeutic impact of working almost exclusively with transpersonal material on the subject's prevailing complex(es) during the Transpersonal Phase. Although the Biographical Phase is therefore not the focus of the thesis, the next chapter will present an overview of this period in order to identify the prevailing complex(es) and to situate the transpersonal material which will be discussed in the subsequent chapters.

CHAPTER SIX

Anna: The complex

6.1 Introduction

This chapter presents an analysis of the clinical material which emerged during the Biographical Phase (20.4.A - 15.11.B), in order to identify the prevailing complex(es) at the onset of the Transpersonal Phase (28.2.C - 4.12.D).

The working definition of the karmic complex which is used for the analysis of the clinical material in this thesis is drawn from the conceptualizations of Jung, Transactional Analysis, Cognitive Therapy, Grof and Woolger (see 2.3.6, 2.3.7).

In order to gain insight into the subject's prevailing complex(es) at the onset of the Transpersonal Phase, it was necessary to identify the central themes which emerged during the Biographical Phase and to establish the self-defeating script beliefs and script decisions which governed her psychological functioning.

This was done by executing the following steps:

- Reading through all the therapy material in the Biographical Phase to draw up a list of the emotionally charged themes which occurred repeatedly, and to distil these into phenomenologically distinct categories.
- Constructing a table (Table 2, presented in this chapter) to reflect a detailed analysis of the 126 sessions in the Biographical Phase in terms of the therapy material which emerged in each session, the frequency with which each of the identified themes occurred, and features of the transference.
- Comparing the themes, script beliefs and script decisions identified from the therapy material to the core themes and characteristics of the major distorted complexes identified by Woolger (see Table 1, section 2.3.7).
- Presenting material with similar themes from poetry written by the subject in adolescence (see Appendix 3) and dreams documented during the Biographical Phase (see Appendix 2) to illustrate how different levels of analysis mapped onto each other.
- Identifying the constellation of complexes from the subject's script beliefs and script decisions.
- Constructing a process diagram of the inter-relationship amongst the traumas, emotional and cognitive responses, complex-themes, script beliefs and script decisions (see Figure 5).
- Presenting clinical data which reflected the status of the constellation of complexes at the end of the Biographical Phase.

6.2 Analysis of the Biographical Phase (20.4.A - 15.11.B)

A preliminary overview of the therapy material in the Biographical Phase indicated the presence of the following emotionally charged themes, which largely corresponded with the typical psychodynamics and long-term effects among adult survivors of child sexual abuse identified in

the literature (see 3.6):

- Fear: Fear responses to biographical traumas or current issues.
- Sense of being a helpless victim: Verbalizations or manifestations of feeling too weak and helpless to protect or defend herself against perpetrators of abuse/violence.
- Preoccupation with power: Verbalizations of her urgent striving to be powerful in order to protect herself.
- Grief: Expressions of sadness and mourning in response to biographical traumas or current issues.
- Apathy, a death-wish or a suicidal urge: Manifestations of a passive sense of hopelessness and defeat (documented as "apathy" by the therapist), and verbalizations of a passive death-wish or an active suicidal urge.
- Doubts about her self-worth: Verbalizations of her sense of inadequacy, unworthiness or failure in several areas.
- Fear of separation, loss and abandonment: Verbalizations and manifestations of suffering in response to previous as well as anticipated experiences of separation, loss and abandonment.
In the transference: Verbalizations of the subject's fear of becoming emotionally dependent on the therapist and then being separated from him or being abandoned by him.
- Expecting love to involve abuse: Verbalizations of previous experiences and manifestations of defensive behaviour to avoid future experiences of this nature (such as avoiding physical touch).
- Fear and avoidance of sexual intimacy: Verbalizations of her fear of and disgust with sexual intimacy, as well as evidence of avoidant behaviour.
- Anger, hatred and murderous rage: Verbalizations and manifestations of anger; explicit expressions of hatred; and explicit expressions of the enraged desire to kill or destroy.
- Fear of expressing anger: Verbalizations of her fear that the expression of her anger will drive others away, destroy them, or lead to more abuse.
- Fear of trusting: Verbalizations of her fear of trusting the therapist, as well as of her anticipation and perceptions of being betrayed by him (i.e. that he would not remain steadfast in his allegiance to or support of her). The fear of trusting predominantly featured in the transference relationship.
- Love and sexual feelings: Verbalizations of the subject's love and sexual feelings toward the therapist.

In order to explore the intensity of these beliefs and emotions, the next step was to do a detailed content analysis of the 126 therapy sessions in the Biographical Phase. A table was constructed (Table 2) to reflect the nature of the therapy material which emerged in each session. The columns of Table 2 differentiate among biographical traumas in terms of events of explicit violence (physical abuse, sexual abuse, attempted rape or war) and experiences of emotional trauma (abandonment or destructive criticism). These columns also indicate the perpetrator of the trauma such as her mother, Mina or the art teacher. Therapy material which did not pertain to traumas in her biographical history but to concerns in her current life, such as conflicts with friends or anxiety about her studies, were listed as "current issues". The table also includes a

column for past-life regressions in order to situate the emergence of transpersonal phenomena alongside biographical material, but the thematic content of these regressions is not included in the analysis columns of Table 2. An analysis of the past-life regressions is presented in Chapter 8 (see Table 3, section 8.2). The frequency with which the above-mentioned themes featured in the subject's emotional and ideational responses to biographical traumas and current issues, is reflected in 11 columns, and the subject's emotional/ideational responses in the transference are indicated separately in the last four columns.

Because sessions in the Biographical Phase had not been tape-recorded and the therapist's notes contained very few verbatim quotations of the subject's statements during these sessions, the analysis of this material is based on the therapist's subjective (and often brief) observations documented in his written therapy notes. Entries into the columns were made in terms of (a) the subject's own verbalizations of her emotions and beliefs, as documented by the therapist, and (b) the therapist's subjective observations and interpretations of the emotions and beliefs manifested by her, documented in his subjectively chosen terminology. The criteria for drawing distinctions between closely related phenomena such as between a passive death-wish or an active suicidal urge, or between anger and murderous rage, is therefore based on the subjective evaluation of the therapist.

Due to the acknowledged limitation of this approach in establishing the subject's script beliefs and script decisions, the study presents a detailed discussion of the eight distorted complexes that were identified in terms of Woolger's criteria (see 6.3.1). This discussion includes material with similar themes from poetry written by the subject in adolescence (see Appendix 3) and dreams documented during the Biographical Phase (see Appendix 2) to indicate the congruence among the three levels of analysis with regard to the identified complex-themes.

The 126 therapy sessions in the Biographical Phase were analysed in chronological order, and this detailed analysis is presented in Table 2 (see pp.117-124).

6.3 Components of the complex

Table 1 (see 2.3.7) presented the 14 major distorted complexes identified by Woolger and indicated the core theme and characteristics of each complex. It also gave examples of the typical phrases with which persons express their script beliefs and script decisions when their emotional experience and level of functioning is determined by a specific dynamic governing complex in the psyche. The next step in the analysis was to review the material in terms of Woolger's complexes in order to identify the presence of one or more of these themes.

This section illustrates how the subject's emotional, ideational and behavioural responses during the Biographical Phase, as reflected by the analysis in Table 2, corresponded with eight of the distorted complexes identified by Woolger. It also refers to the thematically related poetry written by her in adolescence (see Appendix 3) and dream material documented during the Biographical Phase (see Appendix 2) to indicate how different levels of analysis mapped onto each other to reflect the same components of the complex.

TABLE 2

CONTENT ANALYSIS OF THERAPY SESSIONS IN THE BIOGRAPHICAL PHASE (20.4.A - 15.11.B)

DATE OF THERAPY SESSION	THERAPY MATERIAL			EMOTIONAL/IDEATIONAL RESPONSE TO BIOGRAPHICAL HISTORY/CURRENT ISSUES												EMOTIONAL/IDEATIONAL RESPONSE IN TRANSFERENCE			
	BIOGRAPHICAL HISTORY		CURRENT ISSUES	TRANS- PERSONAL DIMENSION: PAST-LIFE REGRESSION	FEAR (F)	SENSE OF BEING A HELP- LESS VICTIM (V)	PRE- OCCU- PATION WITH POWER (P)	GRIEF (G)	SUICIDAL URGE (S) APATHY (A) DEATH- WISH (D/W)	DOUBT ABOUT HER SELF- WORTH (S/W)	FEAR OF SEPARA- TION LOSS AND ABAND- ONMENT (S/L/A)	EXPECT- ING LOVE TO INVOLVE ABUSE (L/A)	FEAR AND AVOID- ANCE OF SEXUAL INTIMAC Y (F/S)	ANGER (A) HATRED (H) MURDE- ROUS RAGE (M)	FEAR OF EXPRESS- ING ANGER (F/A)	FEAR OF TRUST- ING (T)	FEAR OF SEPARA- TION, LOSS AND ABAN- DON- MENT (S/L/A) GRIEF ABOUT SEPARA- TION OR PERC- EIVED ABAND- ONMENT (G)	ANGER (A) HATRED (H) MURDER- OUS RAGE (M) FEAR OF EXPRESS- ING ANGER (F/A)	LOVE (L) SEXUAL FEELINGS (S)
	EXPLICIT VIOLENCE	EMOTIONAL VIOLENCE																	
	PHYSICAL (P) SEXUAL (S) ATTEMPTED RAPE (A/R) WAR (W)	ABANDONMENT (A) DESTRUCTIVE CRITICISM (C)																	
			(C/I)	(P/L)															
BIOGRAPHICAL PHASE I (20.4.A - 19.8.A)																			
20.4.A	W				F								F/S						
27.4.A	W, A/R, P (MOTHER)	A (MOTHER)			F	V						L/A							
4.5.A	P (MOTHER)	A (MOTHER)			F						S/L/A	L/A		A		T	S/L/A		
11.5.A	P (MOTHER)	A (MOTHER)			F	V								H					
18.5.A	A/R				F	V							F/S	A					
24.5.A	P (MOTHER)																		
1.8.A	A/R, P (MOTHER)	A (MOTHER)	C/I					G											
4.8.A	W				F	V													
8.8.A	W, P (MOTHER)	A (MOTHER)			F	V						L/A							
11.8.A	P (MOTHER)	A (MOTHER)			F	V		G				L/A							
15.8.A			C/I			V					S/L/A						S/L/A		
20.7.A	W	C (ART TEACHER)			F					S/W									

DATE OF THERAPY SESSION	THERAPY MATERIAL				EMOTIONAL/IDEATIONAL RESPONSE TO BIOGRAPHICAL HISTORY/CURRENT ISSUES											EMOTIONAL/IDEATIONAL RESPONSE IN TRANSFERENCE			
	BIOGRAPHICAL HISTORY		CURRENT ISSUES	TRANS- PERSONAL DIMENSION: PAST-LIFE REGRESSION	FEAR (F)	SENSE OF BEING A HELP- LESS VICTIM (V)	PRE- OCCU- PATION WITH POWER (P)	GRIEF (G)	SUICIDAL URGE (S) APATHY (A) DEATH- WISH (D/W)	DOUBT ABOUT HER SELF- WORTH (S/W)	FEAR OF SEPARA- TION LOSS AND ABAND- ONMENT (S/L/A)	EXPECT- ING LOVE TO INVOLVE ABUSE (L/A)	FEAR AND AVOID- ANCE OF SEXUAL INTIMAC Y (F/S)	ANGER (A) HATRED (H) MURDE- ROUS RAGE (M)	FEAR OF EXPRESS- ING ANGER (F/A)	FEAR OF TRUST- ING (T)	FEAR OF SEPARA- TION, LOSS AND ABAN- DON- MENT (S/L/A) GRIEF ABOUT SEPARA- TION OR PERC- EIVED ABAND- ONMENT (G)	ANGER (A) HATRED (H) MURDER- OUS RAGE (M) FEAR OF EXPRESS- ING ANGER (F/A)	LOVE (L) SEXUAL FEELINGS (S)
	EXPLICIT VIOLENCE	EMOTIONAL VIOLENCE																	
	PHYSICAL (P) SEXUAL (S) ATTEMPTED RAPE (A/R) WAR (W)	ABANDONMENT (A) DESTRUCTIVE CRITICISM (C)																	
(EXTRA) 20.7.A	P (MOTHER)				F	V				S/W				A, H					
27.7.A	P (MOTHER)				F											T			
3.8.A	P (MOTHER)	A (MOTHER)	C/I		F			G				L/A				T			
17.8.A	P (MOTHER)	A (MOTHER)						G											
BIOGRAPHICAL PHASE II (20.8.A - 15.11.B)																			
20.8.A	P (MOTHER)	A (MOTHER)		P/L 1	F			G		S/W	S/L/A					T	S/L/A		
24.8.A	P (MOTHER)																S/L/A		L
30.8.A	P (MOTHER)		C/I														S/L/A		L
2.9.A			C/I			V		G		S/W							S/L/A		
7.9.A		A (MOTHER)									S/L/A			A					
8.9.A	P (MOTHER); A/R; S (MINA)	A (MOTHER; FATHER) C (MOTHER)			F	V								A, H					
11.9.A	S (MINA)												F/S	A					
22.9.A			C/I								S/L/A		F/S				S/L/A	A	
25.9.A	A/R; S (MINA)															T	S/L/A		
28.9.A		A (MOTHER)	C/I													T	S/L/A		
2.10.A			C/I		F						S/L/A								

DATE OF THERAPY SESSION	THERAPY MATERIAL				EMOTIONAL/IDEATIONAL RESPONSE TO BIOGRAPHICAL HISTORY/CURRENT ISSUES											EMOTIONAL/IDEATIONAL RESPONSE IN TRANSFERENCE			
	BIOGRAPHICAL HISTORY		CURRENT ISSUES	TRANS- PERSONAL DIMENSION: PAST-LIFE REGRESSION	FEAR (F)	SENSE OF BEING A HELP- LESS VICTIM (V)	PRE- OCCU- PATION WITH POWER (P)	GRIEF (G)	SUICIDAL URGE (S) APATHY (A) DEATH- WISH (D/W)	DOUBT ABOUT HER SELF- WORTH (S/W)	FEAR OF SEPARA- TION LOSS AND ABAND- ONMENT (S/L/A)	EXPECT- ING LOVE TO INVOLVE ABUSE (L/A)	FEAR AND AVOID- ANCE OF SEXUAL INTIMAC Y (F/S)	ANGER (A) HATRED (H) MURDE- ROUS RAGE (M)	FEAR OF EXPRESS- ING ANGER (F/A)	FEAR OF TRUST- ING (T)	FEAR OF SEPARA- TION, LOSS AND ABAN- DON- MENT (S/L/A) GRIEF ABOUT SEPARA- TION OR PERC- EIVED ABAND- ONMENT (G)	ANGER (A) HATRED (H) MURDER- OUS RAGE (M) FEAR OF EXPRESS- ING ANGER (F/A)	LOVE (L) SEXUAL FEELINGS (S)
	EXPLICIT VIOLENCE	EMOTIONAL VIOLENCE																	
			(C/I)	(P/L)															
5.10.A			C/I											A			S/L/A		L: S
9.10.A	P (MOTHER)		C/I											A	F/A		S/L/A		L: S
12.10.A			C/I		F								F/S				S/L/A		L: S
16.10.A			C/I		F												G		L
19.10.A		A (MOTHER)					G			S/L/A				A: H					
22.10.A		A (MOTHER)	C/I			V	P		D/W					A: H: M					
26.10.A	P (MOTHER)	A (MOTHER)			F	V			D/W										
30.10.A			C/I							S/W				A					
2.11.A		C (MOTHER)				V		G		S/W									
6.11.A			C/I			V				S/W							S/L/A		S
9.11.A	P (MOTHER)				F	V	P	G						A			S/L/A		
13.11.A		A (MOTHER)			F		P				S/L/A			A	F/A		G		
14.11.A		A (MOTHER)						G		S/W									
16.11.A			C/I			V		G											
20.11.A			C/I					G			S/L/A						G		L
23.11.A			C/I					G		S/W							S/L/A	A	
26.11.A	S (MINA)		C/I		F	V	P				S/L/A			A					
2.2.B			C/I																

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	BIOGRAPHICAL HISTORY		CURRENT ISSUES	TRANS- PERSONAL DIMENSION: PAST-LIFE REGRESSION	FEAR (F)	SENSE OF BEING A HELP- LESS VICTIM (V)	PRE- OCCU- PATION WITH POWER (P)	GRIEF (G)	SUICIDAL URGE (S) APATHY (A) DEATH- WISH (D/W)	DOUBT ABOUT HER SELF- WORTH (S/W)	FEAR OF SEPARA- TION LOSS AND ABAND- -ONMENT (S/L/A)	EXPECT- ING LOVE TO INVOLVE ABUSE (L/A)	FEAR AND AVOID- ANCE OF SEXUAL INTIMAC Y (F/S)	ANGER (A) HATRED (H) MURDE- ROUS RAGE (M)	FEAR OF EXPRESS- -ING ANGER (F/A)	FEAR OF TRUST- ING (T)	FEAR OF SEPARA- TION, LOSS AND ABAND- ONMENT (S/L/A) GRIEF ABOUT SEPARA- TION OR PERCE- IVED ABAND- ONMENT (G)	ANGER (A) HATRED (H) MURDER- OUS RAGE (M) FEAR OF EXPRESS- ING ANGER (F/A)	LOVE (L) SEXUAL FEELINGS (S)
	EXPLICIT VIOLENCE	EMOTIONAL VIOLENCE																	
	PHYSICAL (P) SEXUAL (S) ATTEMPTED RAPE (A/R) WAR (W)	ABANDONMENT (A) DESTRUCTIVE CRITICISM (C)																	
5. 2.B		C (MOTHER)														T	S/L/A		
9. 2.B		C (MOTHER)				V	P	G						A, M					
12. 2.B		C (MOTHER)						G		S/W									
16. 2.B			C/I					G									S/L/A		S
19. 2.B			C/I							S/W							S/L/A	A	L
22. 2.B			C/I			V		G								T			
25. 2.B		A (FATHER); C (MOTHER)	C/I														S/L/A	H	L; S
26. 2.B	S (MINA); P (MOTHER)					V	P							A; H; M			S/L/A		
2. 3.B	S (MINA)		C/I		F			G									S/L/A		L
4. 3.B			C/I																L
5. 3.B			C/I		F									A					
8. 3.B			C/I					G	A; S		S/L/A			A					
12. 3.B			C/I						S									A	
16. 3.B	P (MOTHER)		C/I		F	V	P		A					A	F/A		A; F/A		L
19. 3.B	P (MOTHER)		C/I		F	V	P	G	A; S										
22. 3.B	P (MOTHER)		C/I			V											S/L/A		L; S
26. 3.B	A/R		C/I			V			A								S/L/A		S

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	BIOGRAPHICAL HISTORY		CURRENT ISSUES	TRANS- PERSONAL DIMENSION: PAST-LIFE REGRESSION	FEAR (F)	SENSE OF BEING A HELP- LESS VICTIM (V)	PRE- OCCU- PATION WITH POWER (P)	GRIEF (G)	SUICIDAL URGE (S) APATHY (A) DEATH- WISH (D/W)	DOUBT ABOUT HER SELF- WORTH (S/W)	FEAR OF SEPARA- TION LOSS AND ABAND- ONMENT (S/L/A)	EXPECT- ING LOVE TO INVOLVE ABUSE (L/A)	FEAR AND AVOID- ANCE OF SEXUAL INTIMAC Y (F/S)	ANGER (A) HATRED (H) MURDE- ROUS RAGE (M)	FEAR OF EXPRESS- ING ANGER (F/A)	FEAR OF TRUST- ING (T)	FEAR OF SEPARA- TION, LOSS AND ABAN- DON- MENT (S/L/A) GRIEF ABOUT SEPARA- TION OR PERC- EIVED ABAND- ONMENT (G)	ANGER (A) HATRED (H) MURDER- OUS RAGE (M) FEAR OF EXPRESS- ING ANGER (F/A)	LOVE (L) SEXUAL FEELINGS (S)
	EXPLICIT VIOLENCE	EMOTIONAL VIOLENCE																	
PHYSICAL (P) SEXUAL (S) ATTEMPTED RAPE (A/R) WAR (W)	ABANDONMENT (A) DESTRUCTIVE CRITICISM (C)																		
		(C/I)	(P/L)																
27. 3.B	P (MOTHER)				F	V		G	A					A; H			S/L/A		
29. 3.B	P (MOTHER)																		
4. 4.B			C/I											A			S/L/A		
8. 4.B	S (MINA)		C/I		F	V	P	G			S/L/A			A				A	
9. 4.B	S (MINA)				F														
12. 4.B	S (MINA)																S/L/A		L; S
16. 4.B			C/I																
19. 4.B	S (MINA)	A (MOTHER)				V		G						A			S/L/A	A	
23. 4.B	S (MINA)	A (MOTHER)						G		S/W									
26. 4.B			C/I			V										T	S/L/A		
27. 4.B	P (MOTHER) A (MOTHER) S (MINA)			P/L 2	F	V	P	G						A; H					
30. 4.B			C/I				P			S/W									
3. 5.B	P (MOTHER)				F		P	G	D/W		S/L/A						S/L/A	A	
4. 5.B			C/I	P/L 3, 4	F	V	P		D/W										
7. 5.B		A (MOTHER)				V		G									S/L/A		L
10. 5.B			C/I		F	V													S
14. 5.B		A (MOTHER)						G		S/W	S/L/A					T	S/L/A	A	

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	BIOGRAPHICAL HISTORY		CURRENT ISSUES	TRANS- PERSONAL DIMENSION: PAST-LIFE REGRESSION	FEAR (F)	SENSE OF BEING A HELP- LESS VICTIM (V)	PRE- OCCU- PATION WITH POWER (P)	GRIEF (G)	SUICIDAL URGE (S) APATHY (A) DEATH- WISH (D/W)	DOUBT ABOUT HER SELF- WORTH (S/W)	FEAR OF SEPARA- TION LOSS AND ABAND- ONMENT (S/L/A)	EXPECT- ING LOVE TO INVOLVE ABUSE (L/A)	FEAR AND AVOID- ANCE OF SEXUAL INTIMAC Y (F/S)	ANGER (A) HATRED (H) MURDE- ROUS RAGE (M)	FEAR OF EXPRESS- -ING ANGER (F/A)	FEAR OF TRUST- ING (T)	FEAR OF SEPARA- TION, LOSS AND ABAND- ONMENT (S/L/A) GRIEF ABOUT SEPARA- TION OR PERC- EIVED ABAND- ONMENT (G)	ANGER (A) HATRED (H) MURDER- OUS RAGE (M) FEAR OF EXPRESS- ING ANGER (F/A)	LOVE (L) SEXUAL FEELINGS (S)
	EXPLICIT VIOLENCE	EMOTIONAL VIOLENCE																	
17. 5.B	P (MOTHER)				F	V	P		A										
28. 5.B			C/I					G					F/S				G		L: S
31. 5.B	P (MOTHER)				F	V	P	G									S/L/A	A	
4. 6.B	P (MOTHER)	A (FATHER)	C/I			V	P							A					
8. 6.B	P (MOTHER)				F	V	P							A					L
11. 6.B			C/I				P	G											
14. 6.B	P (MOTHER)	A (FATHER)	C/I		F	V	P	G										A, H	L: S
16. 7.B			C/I			V	P		A	S/W									
19. 7.B		A (MOTHER)	C/I	P/L 5	F	V	P	G		S/W						T	S/L/A, G		
20. 7.B		A (MOTHER)						G			S/L/A								
22. 7.B			C/I			V	P												
23. 7.B			C/I			V	P												
26. 7.B	P (MOTHER)		C/I	P/L 6		V	P										S/L/A	A, F/A	
27. 7.B			C/I			V												H	L
29. 7.B			C/I							S/W									
30. 7.B			C/I															A	
2. 8.B	P (MOTHER)				F	V	P							H					
6. 8.B	A/R	A (FATHER)	C/I								S/L/A								L

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	BIOGRAPHICAL HISTORY		CURRENT ISSUES	TRANS- PERSONAL DIMENSION: PAST-LIFE REGRESSION	FEAR (F)	SENSE OF BEING A HELP- LESS VICTIM (V)	PRE- OCCU- PATION WITH POWER (P)	GRIEF (G)	SUICIDAL URGE (S) APATHY (A) DEATH- WISH (D/W)	DOUBT ABOUT HER SELF- WORTH (S/W)	FEAR OF SEPARA- TION LOSS AND ABAND- ONMENT (S/L/A)	EXPECT- ING LOVE TO INVOLVE ABUSE (L/A)	FEAR AND AVOID- ANCE OF SEXUAL INTIMAC Y (F/S)	ANGER (A) HATRED (H) MURDE- ROUS RAGE (M)	FEAR OF EXPRESS- ING ANGER (F/A)	FEAR OF TRUST- ING (T)	FEAR OF SEPARA- TION, LOSS AND ABAND- ONMENT (S/L/A) GRIEF ABOUT SEPARA- TION OR PERC- EIVED ABAND- ONMENT (G)	ANGER (A) HATRED (H) MURDER- OUS RAGE (M) FEAR OF EXPRESS- ING ANGER (F/A)	LOVE (L) SEXUAL FEELINGS (S)	
	EXPLICIT VIOLENCE	EMOTIONAL VIOLENCE																		
PHYSICAL (P) SEXUAL (S) ATTEMPTED RAPE (A/R) WAR (W)	ABANDONMENT (A) DESTRUCTIVE CRITICISM (C)	(C/I)	(P/L)																	
16. 8.B				P/L 7																L
27. 8.B			C/I										F/S							L; S
30. 8.B		A (MOTHER; FATHER)	C/I	P/L 8																
1. 9.B		A (SISTER)		P/L 9				G												L; S
3. 9.B				P/L 10							S/L/A									
6. 9.B				P/L 11	F															
10. 9.B			C/I								S/L/A						S/L/A			L
13. 9.B		A (MOTHER)	C/I	P/L 12													S/L/A			
17. 9.B			C/I											A						
18. 9.B			C/I							S/W				A		T		A		
20. 9.B			C/I	P/L 13														A; H; M		
24. 9.B			C/I	P/L 14		V	P	G		S/W								A		
29. 9.B			C/I	P/L 15						S/W										
1.10.B	P (MOTHER)		C/I	P/L 16		V		G	A	S/W				A						
8.10.B			C/I			V		G										A; H; M; F/A		
9.10.B			C/I	P/L 17, 18					S		S/L/A						S/L/A			
11.10.B			C/I	P/L 19																

DATE OF THERAPY SESSION	THERAPY MATERIAL				EMOTIONAL/IDEATIONAL RESPONSE TO BIOGRAPHICAL HISTORY/CURRENT ISSUES										EMOTIONAL/IDEATIONAL RESPONSE IN TRANSFERENCE					
	BIOGRAPHICAL HISTORY		CURRENT ISSUES	TRANS- PERSONAL DIMENSION: PAST-LIFE REGRESSION	FEAR (F)	SENSE OF BEING A HELP- LESS VICTIM (V)	PRE- OC- UPATION WITH POWER (P)	GRIEF (G)	SUICIDAL URGE (S) APATHY (A) DEATH- WISH (D/W)	DOUBT ABOUT HER SELF- WORTH (S/W)	FEAR OF SEPARA- TION LOSS AND ABAND- ONMENT (S/L/A)	EXPECT- ING LOVE TO INVOLVE ABUSE (L/A)	FEAR AND AVOID- ANCE OF SEXUAL INTIMAC Y (F/S)	ANGER (A) HATRED (H) MURDE- ROUS RAGE (M)	FEAR OF EXPRESS- -ING ANGER (F/A)	FEAR OF TRUST- ING (T)	FEAR OF SEPARA- TION. LOSS AND ABAND- ONMENT (S/L/A) GRIEF ABOUT SEPARA- TION OR PERC- EIVED ABAND- ONMENT (G)	ANGER (A) HATRED (H) MURDER- OUS RAGE (M) FEAR OF EXPRESS- ING ANGER (F/A)	LOVE (L) SEXUAL FEELINGS (S)	
																				EXPLICIT VIOLENCE
	PHYSICAL (P) SEXUAL (S) ATTEMPTED RAPE (A/R) WAR (W)	ABANDONMENT (A) DESTRUCTIVE CRITICISM (C)																		(C/I)
15.10.B	S (MOTHER)				F	V	P			S/W										
19.10.B	S (MOTHER)			P/L 19 (REPEAT)	F			G												
21.10.B	S (MOTHER)				F			G												
25.10.B	S (MOTHER)				F	V	P							A						
29.10.B	P; S (MOTHER)		C/I											A						L
1.11.B	S (MOTHER)	A (MOTHER)	C/I	P/L 20, 21 22, 23				G									G	A		L
4.11.B			C/I																	
5.11.B		A (MOTHER)		P/L 24		V		G			S/L/A	L/A								
6.11.B	P (MOTHER)		C/I	P/L 25, 26		V	P	G												
8.11.B			C/I																	
12.11.B	S (MOTHER)		C/I											A						L
15.11.B			C/I	P/L 27																

6.3.1 Central themes

Theme 1: Fear (Anxiety, terror, shock)

Characteristics according to Woolger:

Frozen breathing; shallow breathing; isolate loner; addictive behaviour; phobic behaviour; hypersensitive to touch; out-of-body tendencies; stays in head; hard to trust others.

Phrases according to Woolger:

It's not safe; They're gonna get me-us; I've got to get away; Don't touch me; Get away from me.

The presence of this complex in the present material is manifested by the subject's pronounced self-concept of being a helpless victim. During the Biographical Phase the recovery and abreaction of the traumatic memories of explicit violence was characterized by pervasive fear, a pronounced sense of vulnerability, and an intense awareness of her own weakness and helplessness to defend herself.

At the onset of therapy her sense of being a helpless victim of abusive power was most prominent as she worked through the fear, pain and helplessness she experienced when she was beaten and ill-treated by her mother. She vividly re-experienced the terror of abusive adult power, e.g. on 27.4.B, when she crawled under cushions in the therapy room, trying to hide away, crying: "I'm scared of you! I want to escape! Don't! Don't! I won't! I don't have to! I hate you, Mummy, stop it!"

She perceived adults as dangerous (3.8.A) and at times feared that her mother would kill her, e.g. at the age of two when her head was held under water (19.3.B). Physical contact often evoked a fear-response. At the onset of therapy she had written in her diary (see 5.4.6):

I realize that I easily go toward people and touch them, but if someone should turn to me, I will feel threatened and need to flee away.

A deeply ingrained belief that to be loved is to be hurt emerged in six therapy sessions and could also be observed in the therapeutic relationship. Characteristic of this complex, she manifested difficulty in trusting others. At the onset of therapy she responded with fear to physical touch (8.6.A; 27.7.A), and was afraid of receiving love:

I want to be loved and not to be afraid of being hit (11.6.A); Adults are dangerous. If people love me, they hurt me (3.8.A); I need to be loved but I'm afraid of it (2.9.A).

Although she overcame her distrust of physical touch during the first four months of therapy (see 5.7), the deeply ingrained fear that caring might become abusive was still present at the end of the second year of therapy. After accessing deep sorrow about her mother, "I never had a mummy", she wanted the therapist to hold her, but expressed fear that he might hurt her (5.11.B).

The beliefs that she was a helpless victim of abusive power and that sex was to be feared was linked to the sexual abuse perpetrated by her mother and Mina, and emerged once more in response to the attempted rape she experienced at the age of 11 (27.4.A; 18.5.A; 1.6.A), when she was completely powerless to defend herself and expected to be killed by her attackers.

In working with the terrifying memories of her war experiences, her belief that the world was not safe emerged. Her global sense of feeling helpless and unsafe in the world had already been reflected in Poems 3, 6, 11, 13 and 16, which had been written in adolescence between the ages of 15 and 18 (see Appendix 3).

Poem 3: *Because human hands, so savage, so cruel,
Hath sent her fearfully away ...
... So that form of infant flesh,
A small defenceless bird,
Topples now, here and there, feeble and dying,
Soundlessly protesting at fates face.
Hunger moans, heart beating slow,
Prey's delicious death ...*

Poem 6: *This earth, a planet that boils with disease,
A place of lies,
Brutality,
Corruption, unnecessary death ...
... Nuclear war, biological warfare,
New computer designed to make the rose buds
Of our world turn in lovely thorns.*

Poem 11: *What happens now, where do I turn?
What new dimensions do I follow?
For security has turned to destruction
Like a stream to a vicious river.
Many have been smothered by society
Am I another victim?*

Poem 13: *What have you got besides
Hunger, fear and crime?
Why should I join you when all
you do is smash my love
My music, my strangeness ...
... You sit there with rolling stomachs of greed,
Triple chins of proudness,
And a stone heart of spite ...*

Poem 16: *I look out upon the field of burning orange
And a fear slides down my face.
I must accept this strange new land ...
... I see the sky, the lonely bird,
The empty house, the dying dog and
I hear distant crying.
And then I see the bird,
I see him shivering, moaning
Trying to escape, to fly away
But it cannot, I cannot ...*

During the first year of therapy the belief that the world was not safe was also reflected in the thematic content of Dream 7 (2.10.A) and Dream 9 (30.10.A)

Dream 7: I'm running, terrified. I need a place of safety. It's war-time with gun-

shooting, fighting, people dying, shouting, and planes in the air. I run to a mountain where I crouch inside a cave, but I realize that the pilots have seen me. I'm no longer safe. I feel persecuted.

Dream 9: I'm the male leader of a gang in a violent starwar-type futuristic urban scene. There are rockets. I tell the gang where to position themselves in defense, but realize that there is nowhere to hide. I tell them to prepare for invasion, to defend.

At the end of that year she was very anxious about the approaching summer vacation and said that she felt unsafe in the world at the prospect of having to leave her friends and the therapist for two months (26.11.A). During the following year Dream 16 (27.4.B) and Dream 17 (3.5.B) reflected the same belief.

Dream 16: I witness violence in a war-situation and feel terrified that I would get hurt.

Dream 17: I'm alone in a house behind a transparent sliding-door, which doesn't close normally but is shut with press-studs. It is not very secure. Through the door I see a ring (circle) of fire in front of the house. I watch it with awe.

The following script beliefs related to Theme 1 can be identified in the case material:

- I am a helpless victim of abusive power
- To be loved is to be hurt
- Sex is to be feared
- The world is not safe.

The therapist's notes contained very few verbatim quotations of Anna's statements. Although it is therefore not known whether her beliefs were expressed in the exact phrases identified by Woolger, they reflected the same content. I am a helpless victim of abusive power expressed the same underlying sense of defenceless victimization as Woolger's They're gonna get me. Similarly, To be loved is to be hurt (not safe), Sex is to be feared (not safe), and The world is not safe were detailed expressions of Woolger's general phrase It's not safe.

Theme 2: Rage (Anger, resentment)

Characteristics according to Woolger:

Rigid body patterns (fists, arms, pelvis, jaw); sadomasochism; dry depression; vindictiveness; stubbornness; murderous fantasies.

Phrases according to Woolger:

Why?; It's not fair; They'll never do that again; I'll get them; You can't make me; Get off me; I hate them-you.

The theme of rage - largely suppressed - pervaded the clinical material. The abuse Anna suffered in childhood left her with a burden of intense anger which she had never before allowed herself to express, because alongside the cruelty there had been a constant prohibition against showing anger towards her mother (13.11.A). To do so was not only to suffer more physical punishment, but to risk the devastating threat of then being abandoned (13.11.A).

The discussion of Theme 3 (Grief) will reflect how Anna's pervasive fear of abandonment

triggered several script decisions with which she hoped to avoid experiences of abandonment. In response to her conviction that if she showed anger, she would be abandoned, she firmly decided not to express it.

This resolution to suppress her anger was already reflected in her adolescent poetry:

Poem 11: *I've kept my mouth shut, my feelings tied.
Now I am like an animal,
Behind hideous bars of self control
Trapped and ensnared, ugly and scarred.*

Although jealousy did not appear in the clinical material which emerged in the Biographical Phase, this manifestation of rage did feature in another poem titled "Jealousy" which she wrote at the age of 16:

Poem 9: *Monster of all ages,
Eater of mortals,
Eats away till we victims
Squirm in the
Slimy
Contagious control of this
Animal
Within ourselves*

Her use of the words "we victims" and "this animal within ourselves" indicates that she experienced intense feelings of jealousy in her childhood and was aware of its destructive nature. She then called it a disgusting and perverted sickness:

*... that we only realise
when it's too late
Sucked
Out love and plucked away tenderness.*

*... Parasitic, snapping at us from our depths,
Panting to
Annihilate and bringing endless
Pain, endless and as old as time.*

At the onset of therapy Anna had acknowledged in her diary that the sorrow and pain she experienced during the workshop had opened up the "drawer" in her mind where the suppressed anger lurked, and that she feared the consequences of facing that in therapy (see 5.5):

This drawer contained a darkness which frightened me and made me push it shut quickly before anything escaped ...

... My dark shadow is there behind a new wall of defenses. It moves about with the slowness of a giant. I know I must face this animal inside me. I am afraid of it. ...

He (the therapist) might show me those areas where too much fear lurks, ready to engulf, devour and destroy me. Where too much anger, like a greedy dog, scratches at the door of my consciousness, wanting to come in and gobble me up.

In therapy she finally acknowledged that as a pre-school child she had already been aware of mutual hatred between herself and her mother (11.5.A), but she manifested the forceful constriction of the script beliefs by initially suffering fearful guilt for having "betrayed" her mother to the therapist (24.5.A).

As therapy progressed, Anna's intense anger towards her abusers was expressed in 33 sessions, in nine of which it escalated to hatred and in three to murderous rage. She worked in therapy with her conflicting feelings towards her mother, such as "I need you/I hate you" and "I hate you/I love you" (19.10.A), while repeatedly accessing memories of murderous rage and a desire to kill her. The urge to take revenge was present, but only served to reinforce her sense of helplessness, because of her mother's superior strength:

- At the age of five she had fantasies of stabbing her mother in the heart and cutting it out (22.10.A): "She killed my heart, I wanted revenge, but I couldn't. She was bigger and laughed at my anger. I feel dead inside, I want to curl up and die."
- She compared the murderous rage she felt at the age of five to a "black steel ball, at chest level, moving" (9.2.B). Trying to work with this image in therapy, and "shrink" it, failed: "Far too big".
- During a deep bodily re-experiencing of being hurt and abused at the age of five, she screamed out her hatred and the intense frustration of wanting to kill, but being dependent and helpless (26.2.B).

At age five Anna experienced a flood of images of violent scenes, all marked by sadistic pleasure in the suffering of others. These images included the killing of young people, sadistic sexual acts, the smearing of blood and the worshipping of sexual organs. (She remembered the images when similar material erupted in therapy on 21.3.C). Her murderous rage also found indirect expression in Dreams 14 (25.2.B) and 15 (26.4.B).

Dream 14: I am murdering a man. I am screaming. It is as if I don't know what I'm doing.

Dream 15: I swim with someone in a lake and hold her under the water. She struggles and drowns. When I see people coming, I swim underneath them and feel a calculated satisfaction at outwitting them.

Nevertheless, she remained stuck in the helpless belief that the expression of her authentic feelings would end in abandonment. These self-defeating beliefs continued to operate in her relationships with her parents. On 20.7.A (following Dream 4 of the previous night, in which she broke a kitten's paw on purpose), she asked for an extra therapy session and catharted intense hatred for her mother. This made way for an attitude of forgiveness (27.7.A) and a telephone call to forgive her mother (17.8.A), followed by great sorrow and mourning for all that was lost between them. Her mother's denial of having physically abused her (when Anna called her on 20.8.A to validate memories) aborted both the process of mourning and the forgiving (30.8.A). Having thought that her mother really wanted to mend their relationship, Anna felt angry and betrayed by the lies, but she remained afraid to confront her mother (9.10.A; 26.11.A).

In relationship to her father the repressed anger and resentment was initially only reflected in dreams, e.g. defecating all over shirts and hankies she had given him (Dream 11) and reproaching him for marrying an unintegrated person (Dream 12). These feelings eventually emerged into consciousness (25.2.B), but she could not bring herself to discuss her mother's abuse with her father. To do so would be to jeopardize the parental relationship (5.10.A) and risk more abandonment.

Anna's belief that the expression of anger would lead to abandonment also manifested itself repeatedly in the therapeutic relationship (13.11.A; 25.2.B; 27.3.B; 26.7.B; 8.10.B; 16.3.B). From the second year of therapy onwards the subject felt that she both loved and hated the therapist (25.2.B; 14.6.B; 27.7.B). She hated him for the feeling of abandonment it evoked in her when he went away on vacation (19.7.B), and responded with cold anger and destructive rage when he was not able to give her an extra therapy session after she failed in an academic selection procedure (18.9.B; 20.9.B). So intense was her rage that she wanted to physically vomit, a symptom which was interpreted by the therapist as a somatic manifestation of her psychological desire to "vomit" him out of her psyche. She felt that he had betrayed and abandoned her, that he was unsupportive and uncaring (20.9.B), and could not be trusted (18.9.B).

This anger, which on five occasions escalated to expressions of hatred and on two occasions to murderous rage, emerged in 20 therapy sessions, but the subject was constantly afraid that it would drive the therapist away. She now admitted a second dimension to her compelling urge to suppress her anger, the belief that if she expressed the intensity of her anger, she would destroy (the care-giver). She told the therapist that she wanted him to hold her but also had an urge to destroy him (25.2.B; 8.10.B). She also wanted to "break his neck", but feared the force of her destructive power: "I am terrified that I might destroy you" (8.10.B). Even when she was wanting to break his neck, she would ask permission to get angry (8.10.B). Awareness of her emotional need of him, her fear of being abandoned if she should express anger and her fear of destroying him with her rage, made her feel helpless and defeated (16.3.B).

Anna manifested several of the characteristics of this theme, such as vindictiveness, stubbornness and murderous fantasies, and verbalized her feelings in similar phrases to the ones identified by Woolger, such as I hate you and I want revenge (Woolger: I will show you).

The following script beliefs related to Theme 2 can be identified in the case material:

- If I show anger, I will be abandoned
- If I express the intensity of my anger, I will destroy (the care-giver).

Linked to these script beliefs are the conflicting script decisions:

- I will not express anger
- I want revenge.

Theme 3: Grief (Loss, sadness, abandonment)

Characteristics according to Woolger:

Heavy breathing; nasal-chest problems; blocked weeping; loneliness; wet depression; hopelessness.

Phrases according to Woolger:

I'll never see <them> again; It's all over; I'm all alone; Don't leave me; What's the use; I've got to do it alone.

The subject's biographical history was pervaded by a profound sense of abandonment on many levels. She suffered grief for the fact that her mother had already abandoned her at birth (19.7.B) and ceased to give her any affection or attention after the abuse stopped (8.6.A). It was painful to own the fact that despite her hatred she also loved and needed her mother (19.10.A) and to face the fact that her mother did not love her (7.5.B). On 14.11.A the therapy session was intensely focussed on facing and mourning the fact that she did not have a mother, but a year later the abandonment still evoked deep sorrow. When the therapist prompted her to say: "Mum ... you weren't there when I needed you", she responded: "I never called her that ... I never had a mummy ..." (5.11.B).

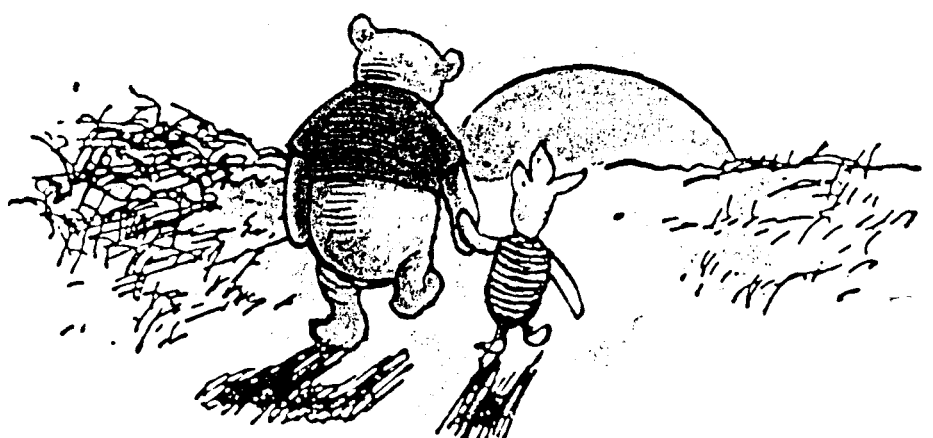
She felt abandoned by her father when he didn't protect her against her mother (4.6.B), didn't support her after the attempted rape (6.8.B), and withdrew from her when she entered puberty (6.8.B). She also felt that her sister was not really "there" for her, and didn't feel sincere affection for her (see 5.4.3).

Her deep sense of abandonment and emotional deprivation was already present in Poems 3 and 4.

Poem 3: *How young, how helpless, how weak and ugly,
With huge, grotesque, dirty blue bulbs of eyes, --
There sitting, waiting with pathetic hope,
For the mother who'll never come.*

Poem 4: *They left her alone again
In that cold empty house
The sound of silence grows
She sits there lost, cold, unmoved ...
... There's something she needs,
Something she can't grasp ...
... Why do you look at the unsmiling reflection
It's only you and you alone.*

Anna believed that she had to accept abuse to receive love. Regardless of the fear, pain and helplessness she had experienced at being beaten by her mother, she stated that it was preferable "because I got love. When she abandoned me when I went to school, it was worse" (8.6.A). While working deeply with the sorrow and loneliness she experienced when her mother stopped the abuse and the attention (11.6.A; 15.6.A), she manifested despair that her needs for nurturance, affection and caring would never be adequately met by others. That was poignantly portrayed by a photocopy (Figure 4) of the following little scene from one of the classic *Winnie-the-Pooh* stories which she brought to therapy on 23.7.B. (The original Winnie-the-Pooh character was created in the 1920s by Alexander Milne):



"Piglet sidled up to Pooh from behind.

'Pooh!' he whispered.

'Yes, Piglet?'

'Nothing,' said Piglet, taking Pooh's paw.

'I just wanted to be sure of you.'"

Figure 4

She expressed fear that she would lose significant others to be once more emotionally isolated and firmly believed that if people loved her, they would leave her (15.6.A). Linked to her intense fear of abandonment (20.8.A) was her conviction that she could not bear the emotional pain it involved and her desperate resolution to rather die than face it.

The experience of separation, loss and abandonment in her biographical material was the central focus of 20 of the therapy sessions, but her intense vulnerability in this area was even more pronounced in the transference. Her fear of trusting the therapist re-emerged in 12 sessions throughout the Biographical Phase, and, as reflected by the analysis columns of Table 2, her increasing emotional dependency on the therapeutic relationship was paralleled by a marked escalation in her fear of abandonment. These fears were expressed in 37 of the therapy sessions. She often felt that the therapist was not supporting her enough (26.10.A; 19.2.B), accused him of being distant and insensitive (23.11.A; 7.5.B), and expressed fear that he, like her mother, would also withdraw (14.5.B; 10.9.B).

The pervasive belief that she could not bear the pain of being abandoned was also observed in her current life. She found it intolerably painful to part from friends (22.9.A; 2.10.A; 19.10.A; 20.11.A), felt unsafe in the world at the prospect of leaving her therapist and friends for a summer vacation (26.11.A), and responded with despair at the sense of being abandoned (8.3.B; 8.4.B).

The subject manifested the typical loneliness, hopelessness and depression associated with Theme 3. She repeatedly verbalized Woolger's phrase I'm all alone and manifested the plea, Don't leave me, in her desperate attempts to avoid experiences of abandonment.

The following script beliefs related to Theme 3 can be identified from the case material:

- I have to accept abuse to receive love
- If people love me, they leave me
- I cannot bear the pain of separation, loss or abandonment

Linked to these beliefs is the script decision in Theme 9:

- I'd rather die than suffer the pain of separation, loss or abandonment.

Theme 6: Failure (Low self-esteem)

Characteristics according to Woolger:

Guilt (as in Theme 4); self-directed recrimination; feeling unloveable; undeserving of respect; narcissistic wounding.

Phrases according to Woolger:

I'm not good enough; I've done it wrong; I've failed them; I'll never get it right; I didn't do enough; I was too late; I let them down.

Throughout the Biographical Phase the subject manifested pervasive doubt about her self-worth, which were overtly expressed in 22 of the 126 therapy sessions. The belief that she was not worthy of being loved was repeatedly expressed in response to the abusive treatment she received from her mother. At the beginning of therapy she attempted to preserve the image of a good mother by initially blaming herself. She initially expressed the belief that she deserved to be abused (27.4.A), and was plagued by fearful guilt for having "betrayed" her mother to the therapist (24.5.A). Intensive therapeutic work with the childhood abuse enabled her to realize and accept that her mother had been "crazy" (27.3.B; 29.3.B), but her sense of being unloveable continued: "If my mother doesn't love me, I am not loveable or worthy of love" (30.4.B); "I'm not worthy of being loved" (14.5.B).

In response to her mother's emotional abandonment and neglect of her, she also repeatedly expressed the belief that she was insignificant (i.e. not special or worthy of attention). Alongside the trauma of being abused she worked through painful memories of showing off in front of visitors to get her mother's attention (27.4.A), being ignored (4.5.A) and feeling that she didn't "exist" because her mother never listened to her (7.9.A), never noticed her (14.11.A), and never took any interest in her (1.6.A). The sense of being insignificant was reinforced by the fact that none of her teachers at primary school responded to her with warmth or caring (see 5.4.5).

Anna grieved for the fact that she had been an unwanted child (4.5.A) and had always yearned to be "special" instead of "ordinary" (23.11.A). In adolescence she had already expressed these feelings in Poems 5, 7 and 8:

Poem 5: *Did you ever wonder if anyone cared?
Did you ever feel forgotten and insignificant?*

Poem 7: *... Because I am nothing
A nobody, the one among the trillions,
The plain square on the checker board.*

Poem 8: *You think and feel you are different
But how many more are there like you?*

She also expressed a fear of incompetence and failure in many areas of her life. The underlying belief that she was inadequate was expressed with regard to her artistic abilities (20.7.A), her creativity (29.7.B), her sexuality (22.9.A), and her academic potential (2.9.A; 24.9.B).

Her sister called her a "real nerd" for still being sexually inexperienced in her 20's (see 5.4.3) and when her current boyfriend, Pierre, called her "a failure as a woman" because she refused sexual intimacy (22.9.A), she experienced a deep sense of sexual inadequacy and being "abnormal". She also felt intensely inadequate as a student when she did not receive a bursary she applied for (19.3.B) and did not succeed in academic selection procedures (18.9.B; 20.9.B). This sense of inadequacy and fear of failure had already been expressed in Poem 2:

Poem 2: *... I try to squeeze out this feeling of failure,
If I stop now, they'll all call me weak, a coward ...*

Another poem written in adolescence linked the pain of unfulfilled dreams with a sense of worthlessness and personal failure:

Poem 14: *Everyone seemed far away, she had failed.
Shadows grew and dreams lingered, fragile.
While darkness came on,
Advancing
Without hesitation.*

*Would things have been different?
But voices became silent, hope seemed
Futile
Love vanished and the day ended.
Cars stopped moving, turning, rushing
And tears became a stream of
Darkness
And dreams became ashes.*

Anna manifested the typical characteristics of feeling unloveable, undeserving of respect and "not good enough" in several areas of her life. She was very critical of herself with regard to her progress in therapy and within a few months stated that she "should have come right by now" (20.8.A). She also felt inadequate to meet her mother's expectations (2.11.A), and was repeatedly discouraged by statements like "You are clueless" (see 5.4.1). Despite insight into her mother's undermining attitude, which still prevailed, she experienced a deep sense of worthlessness (12.2.B) and "not being good enough" (19.2.B). This belief of being inadequate was also expressed in Dream 8 (30.10.A):

Dream 8: I am taking part in a competition. I'm doing an "Arabspring" (a gymnastic movement ...) I stop because I can't do the "flick-flack" that should follow ... People are watching. I feel pathetic, embarrassed, inadequate and self-critical.

The following script beliefs related to Theme 6 can be identified from the case material:

- I am not worthy of being loved
- I deserve to be abused
- I am insignificant
- I am inadequate.

Theme 7: Disgust (Obsessive/compulsive)

Characteristics according to Woolger:

Normal body functions rejected by self; self-rejection; need or urge to vomit, eject; need to be rid of dirt, contamination; phobic; skin sensitive; boundaries invaded.

Phrases according to Woolger:

I can't get rid of it; Ugh, it's disgusting; It makes me sick; Get <it> off of me; Get <it> out of me.

The subject manifested an aversion to sex and expressed a sense of disgust and contamination about the sexual experiences she had in her childhood and adolescence.

At the age of four she had been sexually abused by Mina, a woman in whose care she was left on three occasions (see 5.3.3). When she accessed the memory of the woman's fingers probing into her vagina and being forced to touch Mina sexually, she responded with a sense of revulsion. (Because the biographical regressions had not been taped, there is limited material available on this.) In response to these experiences and the sexual abuse she was subjected to by her mother, she held the beliefs that sex was an invasion and that sex was degrading. These beliefs were reinforced by the degradation of the attempted rape she experienced at the age of 11 and the experience of a boy who explored her genitalia "like a rat" when she was 14 (see 5.4.6).

The script beliefs, in addition to the belief that sex was to be feared (see Theme 1), contributed to the script decision to avoid sex. At the onset of therapy she told the therapist that she felt an aversion to the act of intercourse (see 5.4.6) and her avoidance of sexual intimacy emerged in seven therapy sessions throughout the Biographical Phase. On 18.5.A she told the therapist how she always broke off relationships whenever they became too close, and on 11.9.A she still maintained that sexual intercourse was an invasion. Although she later became sexually attracted to the therapist (5.10.A) and had fantasies of making love to him (see 5.7), she still felt repulsed when her current boyfriend, Pierre, wanted them to be sexual on 27.8.B.

The following script beliefs related to Theme 7 can be identified from the case material:

- Sex is an invasion
- Sex is degrading.

Related to these beliefs is the script decision:

- I must avoid sex.

Theme 9: Emotional Deadness B (Heavy effort, depressive, imploded-held in, dissociated inward)

Characteristics according to Woolger:

Stuck in body; heavy and lethargic; hopelessness; negativity; chronic fatigue; masochistic behaviour; may have inverted Theme 1's fears or Theme 2's rage).

Phrases according to Woolger:

It's hopeless; I'll never make it; There's nothing I can do; It's all over; I want to die.

The sense of hopelessness, negativity and despair that is central to this complex occurred repeatedly in the subject's clinical material. As an abused child, Anna, on numerous occasions experienced a sense of defeat and a desire to give up and die (22.10.A; 26.10.A; 4.5.B). Suicidal ideation or a death-wish also appeared in poems she wrote in adolescence:

Poem 6: *I'll have to wait, of course, till my wish is granted,
My wish of death, of escape.
I'll wait for you, Mr Death, I am always ready
There's nothing left now ...
... I have heard enough, seen enough.
It is now my time to die and
Death will be the greatest thing this earth
Has left.*

Poem 7: *If I decide to take my life
Who's to care?
Who would bother?
Because I am nothing ..*

The following poems particularly reflect the heavy and lethargic sense of emotional deadness of this theme:

Poem 12: *The mountains have crumbled over me,
Crushing my illusions, eating my heart.
The sea has ceased to roar up upon the sands,
My spirit has gone beyond the corals of life.*

*Now the moon is turning to cold black stone,
And I hear my mind rushing backward and forward
In my small cavity of sanity.*

*There are no longer stars in the sky.
My body shrivels and wastes away
Like dying paper in a burning fire
Like the sun that has forever set.*

Poem 15: *Frozen tears, unformed smiles,
Dullness and worthlessness
A deadened vacuum within
His atmosphere.
Violent laughing, sniggering, swearing.
Crushing of eyelids upon unbelieving sights
Confusion.
Juggling with reality and falsehood.
Destroying the unachieved dreams ...*

During the Biographical Phase Theme 9 emerged in 14 therapy sessions. In four of these sessions her sense of defeated apathy escalated to a death-wish and in four to a suicidal urge. It was triggered when she felt defeated after not receiving a bursary (19.3.B) and on three occasions when current stress evoked a sense of abandoned loneliness: feeling that the

therapist, like her mother, did not support her (26.10.A); feeling alone and abandoned by friends (8.3.B); and facing separation from the therapist and friends for the summer vacation (9.10.B).

The implicit script belief related to Theme 9 is:

- If I am abandoned, there is nothing left to live for

and the script decision:

- I would rather die than suffer the pain of separation, loss or abandonment.

Theme 11: Betrayal

Characteristics according to Woolger:
Hypervigilance; fear of trusting

Phrases according to Woolger:
They can't be trusted.

Throughout the Biographical Phase Anna manifested a deep fear of being betrayed. The abuse and betrayal of trust she experienced by being physically and sexually abused as well as emotionally abandoned by her mother, triggered the interrelated beliefs that people on whom she relied would betray her, that relationships were dangerous, that even if she accepted abuse to receive love she would be abandoned, that to be loved was to be hurt, and that if people loved her, they would leave her.

At the age of four she had already lost her trust in any display of love and affection (see 5.4.5) and came to the decision that she did not dare trust anyone. The same constellation of script belief and script decision was expressed in her adolescent poetry.

Poem 1: *She'll never hurt you again
Never betray your friendship, your loyalty
Because you won't let her.*

*Remember to be aware of the false smile,
Watch out for that flick of her eyes
Which carries the hidden cruel message.
She'll laugh when you are down,
And she'll be silent when you win.*

*Don't blame yourself for not seeing before
Forget her,
Search for another friend or is it
Better to be alone?*

In Poem 13, titled "School Leaver", the subject not only expressed her view of the world as a place of hunger, fear, crime, greed, pride and spite (see Theme 1: Fear), but also one of betrayal:

Poem 13: *With your evil, I know grace,*

*With your betrayal, I know friendship.
Oh World!*

During the first months of therapy Anna once more felt betrayed by her mother. After encouraging Anna to have therapy with the statement "Your healing will be my healing", her mother later denied having physically abused her. Having believed that her mother really wanted to mend their relationship, Anna felt betrayed by the lies and her attitude of forgiveness gave way to renewed anger (30.8.A).

The analysis in Table 2 reflects the way in which Anna repeatedly expressed her fear of trusting the therapist. She was hypervigilant to any signs of abandonment and on several occasions accused him of having betrayed her or of being unsupportive and uncaring.

The following script beliefs related to Theme 11 can be identified from the case material:

- People on whom I rely will betray me
- Relationships are dangerous
- Even if I accept abuse to receive love, I am abandoned.

Based on these beliefs she held the script decision:

- I dare not trust anyone.

Theme 13: Rigid Emotional Control ("Initiation")

Characteristics according to Woolger:
Inability to cry and/or express emotion.

Phrases according to Woolger:
I must be brave; I mustn't show fear; I've got to bear this; I won't feel this.

The theme of rigid emotional control was central to the subject's psychological functioning before she started therapy. In defense against the emotional pain of her biographical history, and in order to avoid additional pain, she adopted the compensatory system of denying her own emotional needs and repressing her authentic emotions. At the onset of therapy she wrote in her diary that she had previously considered herself to be a "survivor" with "super-strong defense mechanisms" and expressed embarrassment at her own display of "weakness" by crying about the lack of emotional nurturance from her mother (see 5.5).

Her compensatory and self-sufficient stance, "I don't need anyone", was clearly present when as a little girl she would climb on a chair to reach the medicine cabinet and put a plaster on her wound, rather than ask for help (see 5.4.1). Although she admitted in her diary that she was yearning "to be weak, fall apart and collapse in the arms of a care-giver" (see 5.4.5), the decision not to need anyone was still reflected in Dream 3 (20.7.A).

Dream 3: I walk out of the house, look up and see the blue sky. I feel strong and confident, and say to myself "I don't need you", thinking of Jim.

As she accessed memories of her futile attempts to protect herself against her mother's cruelty, two dimensions of a script decision to be strong emerged. In order not to feel the pain (15.10.B) she used to hold her breath during abuse experiences - a dissociative strategy¹ she continued to manifest in therapy - and at the age of four she had made the vindictive decision not to give her mother the satisfaction of seeing her cry: "I will never scream" (31.5.B; 8.6.B). This dimension of the script decision to be brave and not show fear, "I will show her", was also expressed in Poems 2 and 11.

Poem 2: *I'll show them, I have to
My head will be lifted
My mind, body and spirit hardened to the unknown.
... I will fight against the tides of fear
I'll smash through the surf of confidence
and cry no more
I have found this thing called
Determination ...*

Poem 11: *... But weakness gives birth to an angry strength.
I pace the floors of the world,
No longer damning creation
But bearing life's bitter blows
And thus forming a new facet of me ...*

The rigid emotional control central to this theme related to the expression of anger, which was discussed under Theme 2, and also to the subject's preoccupation with power, which became one of the central themes in therapy and featured in 29 therapy sessions. She repeatedly stressed the urgent resolution to be strong (27.4.B; 30.4.B; 31.5.B; 23.7.B) and the belief that to be weak was unsafe: "If I'm weak anything can happen" (17.5.B).

Therapeutic work was repeatedly focussed on the issues of weakness and strength and the dimensions of power. The therapist introduced alternative values such as "the need for strength of a different kind, from inside oneself" (30.4.B), "the need to surrender identity vested in human strength and fighting to allow a higher power" (23.7.B), "the need to be responsible, because power can be abused" (23.7.B). After she re-experienced being throttled by her mother he suggested the re-decision: "Even if I'm strong, anything can happen. Strength doesn't protect me" (6.11.B).

The following script belief and script decisions related to Theme 13 can be identified from the case material:

- I have to be strong to protect myself, because to be weak is unsafe
- I will be strong and not feel the pain
- I will show her

1. Although the subject manifested dissociative responses, it was not to the degree to meet the criteria of Theme 8 (Emotional Deadness A).

- I don't need anyone.

Although this section indicated how the clinical material mapped onto eight of the major distorted complexes identified by Woolger, the discussion also reflected the close interrelationship among the different themes and among the script beliefs and script decisions that were identified. This interwoven and mutually reinforcing relationship, which made it impossible to separate the subject's clinical profile into eight discrete complexes, will be illustrated by means of a process diagram in the next section.

6.3.2 Script beliefs and script decisions

The subject's script decisions and script beliefs have been identified under each theme, but in order to give the reader the opportunity to review them all together, they are summarized as follows:

Theme 1 (Fear):

I am a helpless victim of abusive power
To be loved is to be hurt (linked to Theme 11)
Sex is to be feared
The world is not safe.

Theme 2 (Rage):

If I show anger, I will be abandoned (linked to Theme 3)
If I express the intensity of my anger, I will destroy (the care-giver).

Theme 3 (Grief):

I have to accept abuse to receive love
If people love me they leave me (linked to Theme 11)
I cannot bear the pain of separation, loss or abandonment.

Theme 6 (Failure):

I am not worthy of being loved
I deserve to be abused
I am insignificant
I am inadequate.

Theme 7 (Disgust):

Sex is an invasion
Sex is degrading.

Theme 9 (Emotional Deadness B):

If I am abandoned there is nothing left to live for (linked to Theme 3).

Theme 11 (Betrayal):

People on whom I rely will betray me
 Relationships are dangerous
 Even if I accept abuse to receive love, I am abandoned (linked to Theme 3).

Theme 13 (Rigid Emotional Control):

I have to be strong to protect myself, because to be weak is unsafe (linked to Themes 1, 3 and 11).

It is clear that several of the script beliefs were linked to more than one theme. Similarly, the identified script decisions were not related to specific, discrete themes, but interrelated in the subject's constellation of emotional defenses:

I will not express anger
 I must avoid sex
 I'd rather die than suffer the pain of separation, loss or abandonment
 I dare not trust anyone
 I will be strong and not feel the pain
 I want revenge
 I will show her
 I don't need anyone.

The interrelationship among the subject's traumatic experiences, her emotional and cognitive responses, the distorted complexes (themes) that developed, and the resulting script beliefs and script decisions, is illustrated in Figure 5 (see p.143).

6.4 Definition of the Complex

Figure 5 clearly illustrates that the eight themes with their network of script beliefs and script decisions did not constitute independent complexes, but in fact clustered together within an interlocking constellation.

The eight themes manifested as components of one complex, which can be summarized as follows:

Complex:

I am a helpless and powerless victim of abusive power, living in a dangerous world. I deserve to be abused because I am inadequate, insignificant and unworthy of being loved. Relationships are dangerous in that people on whom I rely will betray me, that sex constitutes a frightening invasion and degradation, and that those who love me will hurt me. I have to accept abuse to receive love, because I cannot bear the pain of separation, loss or abandonment, and if I express anger I will either destroy the caregiver or be abandoned. Yet, even if I accept the abuse and do not express anger, in order to let people love me, they abandon me.

This constellation was linked to the interrelated script decisions:

Because I would rather die than suffer the pain of separation, loss or abandonment, I have to protect myself and be strong. My need to be loved and touched makes me weak and vulnerable to abuse and abandonment. Therefore I cannot trust or rely on other people and I must avoid sex.

6.5 **Status of the complex at the end of the Biographical Phase**

The therapeutic work which was done in the Biographical Phase played an important role in the therapeutic process.

Since the age of four the subject had never been able to trust anybody on an emotional level (see 5.4.5), longed to be touched and held, but responded to physical contact with fear (see 5.4.6). As she developed a relationship of trust with the therapist, she was able - for the first time - to allow herself to become vulnerable and receive caring (see 5.7).

Within the safety of the therapeutic space, in contrast to her previous habitual self-concept of being a "survivor" with "incredible resources of coping" and "super-strong defense mechanisms" (see 5.5), she also for the first time allowed herself to experience the range of intensely painful emotions reflected by the analysis columns of Table 2.

The therapeutic techniques employed during the Biographical Phase included bodywork and age-regression to facilitate the accessing and release of repressed memories and emotions (see 5.6, 5.8), as well as interventions like conversing with her inner child, validating authentic emotions, reframing unrealistic views, and facilitating an understanding and acceptance of the parental pathology.

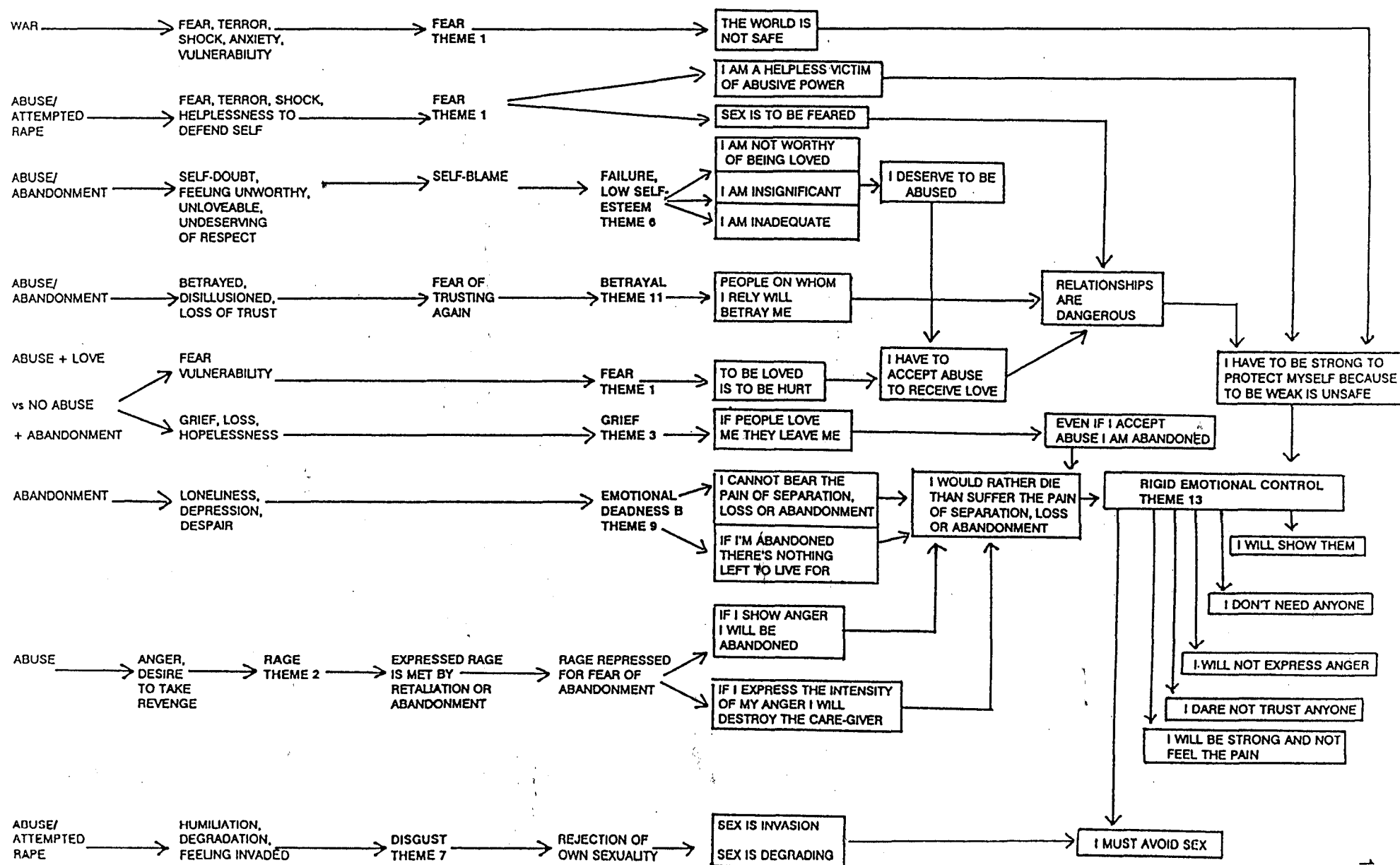
Although it is not possible to identify the specific role of any particular intervention, and no claim is being made that similar gains could not have been achieved by any other therapeutic modality, there is evidence that the clinical work in the Biographical Phase enabled the subject to access repressed biographical memories and to gain insight into the range of her dissociated feelings. She became aware of the rigid control of the compensatory structure with which she had until then protected herself against potential emotional pain (see Figure 5), and started to let go of her self-sufficient stance. Nevertheless, almost all of the self-defeating script beliefs and script decisions were still evident in her psychological functioning at the end of the Biographical Phase.

Theme 1 (Fear) was reflected by her continued expression of the underlying emotions of fear (25.10.B) and helplessness (6.11.B) until the last weeks of the Biographical Phase. Theme 2 (Rage) was still manifested in the last two months of this phase by expressions of anger at the therapist and murderous rage towards her mother, and Theme 13 (Rigid emotional control) by her preoccupation with power (6.11.B) and her verbalized fear that the expression of her anger would drive the therapist away (18.9.B). Theme 3 (Grief) could be observed when on 5.11.B the maternal abandonment still evoked profound sorrow and on 10.9.B when she once more expressed the expectation of being abandoned by the therapist. Theme 6 (Failure, Low Self-esteem) was still reflected by the doubts about her self-worth she expressed on 15.10.B. Despite her fantasies of making love to the therapist, Theme 7 (Disgust) continued to evoke repulsion when her boyfriend wanted them to be sexual on 27.8.B. Her suicidal response to a sense of abandonment on 9.10.B reflected the continued presence of Theme 9 (Emotional Deadness B), while her verbalized fear to trust the therapist (18.9.B) and expectation of love to involve abuse (5.11.B) manifested the ongoing influence of Theme 11 (Betrayal).

The only self-defeating script belief which was no longer evident at the end of the Biographical Phase was I deserve to be abused, and the only script decision she had by then relinquished was the self-sufficient stance I don't need anyone, which had previously governed most of her life. Despite her continued fear of betrayal and abandonment, the subject had given up this compensatory defense, no longer denied her own emotional needs and vulnerability, and had overcome her fear of physical contact.

FIGURE 5

PROCESS DIAGRAM OF THE INTER-RELATIONSHIP AMONGST THE SUBJECT'S TRAUMAS, EMOTIONAL AND COGNITIVE RESPONSES, COMPLEX-THEMES, SCRIPT BELIEFS AND SCRIPT DECISIONS



6.6 Conclusion

This chapter identified the complex as it emerged from the subject's emotional, cognitive and behavioural responses to biographical material, and illustrated how eight themes with an interlocking constellation of script beliefs and script decisions clustered together around a self-concept of being a helpless victim and an intense fear of abandonment. The process diagram of the inter-relationship amongst the subject's traumas, emotional and cognitive responses, complex themes, script beliefs and script decisions reflected how the repression of her authentic emotions culminated in a rigid network of emotional control.

Although the analysis of the clinical material indicated that after 19 months of intensive psychotherapy almost all of the subject's self-defeating script beliefs and script decisions were still intact, the Biographical Phase did have an important function in the therapeutic process. Due to the therapeutic work which was done during this phase (see 6.5) the subject was beginning to get in touch with repressed material and to re-associate with dissociated emotions such as the pain of abandonment underneath the rage, and gaining self-acceptance of her authentic feelings, and could start to let go of the rigid control of the compensatory structure.

The relevance of working almost exclusively with transpersonal material on the breaking of the complex will be explored in the following two chapters.

CHAPTER SEVEN

Anna: A panoramic view on the psyche

7.1 Introduction

It was established in the previous two chapters that the therapeutic process moved away from biographical material after 19 months and that transpersonal phenomena, including numerous past-life regressions, dominated the next two years of therapy. During the Transpersonal Phase therapy was almost exclusively focussed on working with these phenomena, which appeared to be thematically integrated and part of the total therapeutic process. Due to the integral role of the transpersonal dimension it became clear that it would not be possible to gain an understanding of the breaking of the complex without insight into these phenomena.

This chapter presents a documentation of the total range of transpersonal phenomena which was experienced by the subject, and which, in terms of Grof's definition of transpersonal experiences, involved the experiential extension of consciousness beyond the usual boundaries of the body-ego and beyond the limitations of time and space (see 2.2.4). These phenomena emerged spontaneously during the course of therapy, without suggestion by the therapist, the use of any drugs, or participation in mind-altering practices such as holotropic breathing or trance dancing.

Data on the transpersonal phenomena were obtained from the therapist's written records of the 96 therapy sessions that were conducted during the Transpersonal Phase (28.2.C - 4.12.D) and the available tape-recordings of 60 of these sessions. The recorded material of this phase consisted of 109 tapes, which contained 124 hours of therapy.

The complete range of the subject's transpersonal experiences was then identified from the data, phenomenologically described and listed, and reviewed in terms of Grof's cartography of the human psyche (see 2.2.4). By and large they matched Grof's categories, but there were cases that were problematic and these will be discussed. No additional categories were required.

It was also established that the subject's experiences corresponded with several of the phenomena Grof identified as varieties of spiritual emergence (see 2.3.2).

7.2 Documentation of the transpersonal phenomena

The material is now presented within the framework of Grof's cartography to illustrate how the subject's experiences matched the range of transpersonal phenomena that are typically observed in all work with non-ordinary mind-states. The data also reflected the progressive unfolding of the subject's spiritual emergence during the course of therapy, and showed how the transpersonal experiences were not discrete events but part of an encompassing longitudinal process.

7.2.1 Identified categories

The subject's transpersonal experiences matched 14 of the categories identified by Grof (see

2.2.4). Nine of these categories belonged to the section "Experiential extension within consensus reality and space-time", four to the section "Experiential extension beyond consensus reality and space-time", and one to "Transpersonal experiences of a psychoid nature".

(The complete list of categories in Grof's cartography is presented in section 2.2.4. To facilitate cross-references the same numbering is used in this chapter, eg. "a.1.iii" for "Group identification and group consciousness".)

(a) Experiential extension within consensus reality and space-time

Within this section, the subject's experiences matched six of the categories that involve the transcendence of spatial boundaries and three that involve the transcendence of the boundaries of time.

a.1: Transcendence of spatial boundaries

This section involves experiences which suggest that the spatial boundaries between the individual and the rest of the universe are not fixed and absolute.

Here belong the experiences of merging with another person into a state of dual unity or assuming another person's identity, of tuning into the consciousness of a specific group of people, or of expansion of one's consciousness to such an extent that it seems to encompass all of humanity. In a similar way, one can transcend the limits of the specifically human experience and identify with the consciousness of animals, plants, or even inorganic objects and processes (Grof, 1988, p.45).

In this section the subject's experiences fitted into the following categories:

a.1.iii: Group identification and group consciousness

Instead of identifying with individual persons, the subject has a sense of becoming an entire people who share some racial, cultural, national, ideological, political or professional characteristics. In some other instances, the common denominator is the quality of physical and emotional experience or the predicament and destiny that brought these people together ... The subject can have an overwhelming sense of tuning into the group consciousness of all the Jews who have been persecuted through centuries ... or of the prisoners of all ages suffering in dungeons or concentration camps (Grof, 1988, p.50).

Example

As therapy progressed, both Anna and the therapist felt that some of the material which emerged during her non-ordinary states of consciousness seemed to reach beyond the boundaries of individual past-life memories to tap into collective or archetypal areas. Matching her experiences with Grof's categories was problematic for two reasons:

- Grof identified a.1.iii: Group identification and group consciousness, as transcendence of spatial experiences and a.2.iii: Racial and collective experiences, as transcendence of the boundaries of linear time, but made no clear differentiation in his description of the two categories.
- Several of the subject's experiences transcend both space and time.

On 23.4.D, after she had regressed (see a.2.iv: Past incarnation experiences) to three sacrificial

deaths (P/L 107, 108 and 109) and enacted a series of different rituals and chants (see a.2.iii: Racial and collective experiences), "all to do with the bringing of water to the earth to make things grow again", the therapist commented on the collective nature of the experience and said that she seemed to have connected with a whole spiritual archetype or a range of archetypes:

- J: Today, it just felt enormous ... And it's not as if you're just dealing with a series of scenes with rape, or a series of scenes with victimization, but ... today, the spiritual canvass which you stretched over ...
- A: Thousands of years, Jim ... It wasn't just me and my personal past-life regressions. I was going beyond that in my regressions ...
- J: Yes. Definitely a collective or archetypal ... Yes, the fact that ... with the one memory the memories just kept floating in, almost at the same time, at times ...
- A: Yes, just packed it all in ...
- J: ... all connected with the same archetype ... as different scenes and perspectives on it.
- A: Ja, that's right.
- J: And even when you were chanting, it was like ... now it's this chant ... and now it's that chant ... It never was just one ...
- A: Ja, that was different people, different things. It was lots of different people ... You know, like a whole tribe in a whole time. And then going to another time, a thousand years later. There was like immense span! I've just never gone across such a huge landscape of times.
- J: It scared me, at one point. I thought, can you actually contain all this? (23.4.D).

This experience seemed to fit into this category, which constitutes a transcendence of spatial boundaries, but later it will be seen that it fitted equally well into category a.2.iii: Racial and collective experiences, which Grof identified as a transcendence of the boundaries of linear time.

a.1.iv: Identification with animals

This transpersonal experience involves a complete and realistic identification with members of various animal species ... It is possible to gain experiential insight into what it feels like when a cat is curious, an eagle frightened, a cobra hungry, a turtle sexually aroused ... Grof, 1988, pp.52-53).

Example

During three past-life regressions (see a.2.iv: Past incarnation experiences) the subject experienced a brief identification with animals. In P/L 7 (16.8.B) she was a king in an ancient civilization who had the power to transform his body. He used to turn into a female eagle and would fly high into the sky and circle above the land and the people.

In P/L 26 (6.11.B) she was a woman in pre-historic time, who lived in a psychic community. She could communicate telepathically, leave her body to transport herself to other places, and was able to change her form to become a bird or animal.

In P/L 121 (29.10.D) she was Shoshanna, the victim of a gang-rape. During this regression her consciousness changed from identifying with Shoshanna to identifying with the animals, plants, waters and soil of the earth:

- A: It's like I became the rivers and the rocks and the flowers and the trees and the small animals that live in the forest and are hunted every year ...

- (breathing fast).
- J: Did you become that as Shoshanna? Shoshanna connected with all that, then?
- A: Yes. Like I became the soil. I felt like the soil.
- J: Tell me about the soil and how you felt like the soil.
- A: While my people are planting, I watch them digging into the ground ...
- J: Hmm. Keep breathing.
- A: I became like that ... like the men who were digging into me ...
- J: Keep breathing ... and the rivers ...
- A: ... and the trees, I felt like when they've broken the trees down, it felt like they were breaking me down. And when they skinned the animals on the river-bank, the blood that went into the rivers was like the blood within me that is spilt ... and the water does not stay clean, it becomes red with blood ...

These above-mentioned examples differed from Grof's descriptions in the sense that she experienced the identification with animals in the course of past-life regressions, and fluctuated between identifying with a past-life personality and an animal.

a.1.v: Identification with plants and botanical processes

An individual tuned into this experiential realm has a convinced sense of identification with various plants, parts of plants, or even physiological and biochemical processes in them ... It is possible to identify experientially with a root system of a tree involved in the exchange of water and minerals ... with the germinating seed and the thrust of the seedling ... (Grof, 1988, p.58).

Example

See the example from P/L 121 in the previous category. In that regression she identified experientially with the damage and destruction suffered by trees when they were broken down.

a.1.vii: Experience of inanimate matter and inorganic processes

Subjects have repeatedly reported that they had experientially identified with the waters in rivers and oceans, with various forms of fire, with the earth and mountains, or with the forces unleashed in natural catastrophes, such as electric storms, earthquakes, tornadoes, and volcanic eruptions (Grof, 1988, p.62).

Example

See the example from P/L 121 in category a.1.iv, in which she identified with the invasion of the soil and the contamination of the water, and the following example in category a.1.viii, in which she identified with the life-giving water and the thirst of the dry earth.

a.1.viii: Planetary consciousness

The consciousness of the subject expands to such an extent that it seems to encompass all aspects of this planet; this includes its geological substance with the entire mineral kingdom, as well as the biosphere with all the life forms including humans. From this point of view, the entire earth seems to be one complex organism, a cosmic entity whose different aspects - geological, biological, psychological, cultural, and technological phenomena - can be seen as

manifestations of a sustained effort to reach a higher level of evolution, integration, and self-actualization (Grof, 1988, p.65).

Example

The subject often expressed a sense of planetary consciousness and identification with the earth:

A: I feel like I am the water and the dry earth, everything at once ... (sobbing)
... too beautiful (23.4.D).

On 7.5.D, after working with the violence that emerged in P/L 113 and 114, she experienced an upsurge of healing energy and said:

In the healing of my body and of myself it reaches out to the healing of the greater planet.

On 29.10.D, after regressing to P/L 121 as Shoshanna who was gang-raped, she felt that a karmic process was coming to an end and that it related to the healing of the planet:

J: Is this a sense of you turning into something that's happening on a planetary level, or the planet actually processing itself through you, or how?

A: I think it's both ... I felt I was tuning in, and at the same time it was like all the earth's energies were going through me, and were going into me ...
... What I am, was healing the planet ... What I did ... in just kind of opening up to all those forces, experiencing every level of it, was healing the planet, was changing consciousness ...

a.1.xi: **Psychic phenomena involving transcendence of space (out-of-body experiences, travelling clairvoyance and clairaudience, "space-travels", and telepathy)**

Classical descriptions of OOBES can be found in spiritual literature and philosophical texts of all ages, particularly in the Tibetan Book of the Dead (Bardo Thötröl or Thödöl) and other similar literature. These descriptions were not taken seriously by traditional science until recently, when modern research in experiential psychiatry and thanatology confirmed their authenticity (Grof, 1988, p.69)

Example

From the end of Year C onward Anna started to have numerous out-of-body experiences, e.g. on 7.5.D, when, after two intense past-life regressions (P/L 113 and 114), she chanted in a foreign language and said:

I'm just feeling, I cannot hear. I don't think I have a body or anything. I just feel like I'm up there ...

Grof documented his observation of the various forms and degrees of the experience of consciousness detaching from the body as follows:

During less extreme forms of OOBES, one has a sense of leaving the body, detaching from it, and seeing oneself from various distances as an object (héautoscopy). In more advanced forms of OOBES, the individual experiences himself or herself in other rooms of the building, in remote locations (astral projection), flying above the earth, or moving away from it (Grof, 1988, p.69).

Anna's out-of-body experience on 27.2.D, after she regressed to Daryn's death in P/L 99, constituted an advanced variation which had not been described by Grof. The experience had the following unusual features:

- (i) Her initial sense that her consciousness was repeatedly detaching from and

returning to the body. After the regression Anna described this experience by using the metaphor of a bird repeatedly dipping into water and then soaring up into the sky:

A: I kept feeling that I was leaving ... It was like a dipping, you know, like a bird, just kind of dipping into the water and then going up ... you know ... the water was the body, my body was the water ... and then I'd leave ... and go up into the sky again ... It was amazing ...

- (ii) She not only felt that her consciousness had detached from her body, but that her body no longer existed. During the regression she said:

A: (sound of astonishment) I can't feel I have a body! I just don't feel ... Just feel ... all over!

Afterwards she tried to explain:

A: At one point I felt that I really didn't have a body, that it actually wasn't existing as a body here ... I just felt so big! So big! (laughs) Like huge! (27.2.D).

- (iii) While experiencing the OOB she found her consciousness in an astral realm she called "Dombashaba, the Place of Light" where she had paradoxical sensations of

- not having a body, yet identifying with every individual body:
A: I feel so ... like I'm not here ... this body is not mine ... and yet it's mine ... and yet it's everybody's. Oh!
- not having a body, but having the sense of energy pouring through her subtle body (see b.ii: Energetic phenomena of the subtle body):
A: (foreign words) It's just streaming out of my body, streaming out ...
- not needing to breathe in her physical body, but breathing through her stomach in her subtle body:
A: ... my stomach, inside ... it's like I'm breathing through my stomach!

a.2: Transcendence of the boundaries of linear time

This section involves a wide range of transpersonal experiences which potentially includes any event in the history of the Universe:

In non-ordinary states of consciousness, many subjects experience concrete and realistic episodes which they describe as fetal and embryonal memories ... Sometimes the historical regression goes even further and the individual has a convinced feeling of reliving memories from the lives of his or her ancestors, or even drawing on the memory banks of the racial or collective unconscious. When such sequences are associated with a sense of personal memory from one's spiritual rather than biological history, we can refer to them as karmic or past incarnation experiences ... It is even possible to experience the history of the Universe before the origin of life on earth and witness dramatic sequences of the Big Bang, formation of galaxies, birth of the solar system, and the early geographical processes on this planet (Grof, 1988, p.74).

In this section the subject's experiences fitted the following categories:

a.2.i: Embryonal and fetal experiences

These experiences portray in a concrete, realistic, and detailed way various prenatal situations, usually those that are dramatic and associated with a strong emotional charge ... The fetus can experience not only gross disturbances of the intrauterine existence, such as imminent miscarriage and attempted abortion ..., but also share the mother's emotions ... During the reliving of episodes from intrauterine existence, subjects have repeatedly reported that they were keenly aware of being unwanted and resented, or, conversely, desired and loved (Grof, 1988, pp.74-75).

Example

On 29.8.C the subject became aware of the rage she experienced during her intrauterine existence, before being born into her current life:

- A: (sobs) I can see myself small ... Before I'm born, too, (gasping) I'm angry there ... I'm angry inside.
 J: Inside your mother?
 A: (gasping, extremely agitated) Yes!
 J: Born with all this anger?
 A: Yes. I'm small (tiny voice).
 J: Where did you get it from? From your mother, or did you bring it with you?
 A: Parts of it I've brought with me (cry of pain).
 J: Keep breathing and facing yourself as an unborn child with all the anger you brought with you ... You brought it for this, you brought it for a purpose.
 A: (crying) I'm small, I'm very small. It's sore ... There's so much anger there (panting). I keep seeing it all.

She also had two past-life regressions (see a.2.iv: Past incarnation experiences) in which she regressed to an intrauterine stage. In P/L 97 (20.2.D) she was a trapped foetus, struggling to be born. In P/L 111 (27.4.D) she was an unborn baby, Lexis, who - still in the womb - was terrified of his forthcoming birth. He was aware that his life would end in being hung, and he suffered terror in anticipation of his fate. He did not want to enter into the human condition of so much suffering and death.

a.2.iii Racial and collective experiences

Individuals ... participate in dramatic, usually brief, but occasionally complex and elaborate sequences that take place in more or less remote historical periods and in various countries and cultures. These scenes can be experienced from the position of the observer, but more frequently from experiential identification with the protagonists (Grof, 1988, p.81).

Sometimes the above experiences can be accompanied by complex gestures, postures, and movement sequences that correctly and accurately reflect certain specific aspects of the culture or tradition involved ... In several instances, subjects experientially tuned into a specific cultural context felt a strong need to dance (Grof, 1988, p.82).

Example

The subject's transpersonal experiences were often accompanied by the apparent recapitulation of ancient ritualistic arm movements, invocations and chants (glossolalia). On 27.9.C she

commented on these ritualistic phenomena, which seemed to relate to collective religious experiences in ancient cultures, and which occurred with particular intensity when she was in water:

I want to sing and chant and speak another language, and I have vague memories of past lives, particularly in terms of worshipping ... something unseen. It's not like we're worshipping an idol or created god, or something, but we're just worshipping whatever is there, the kind of elementals; the wind, the moon, the trees ... and it's just like an openness to everything.

Similar to the example in category a.1.iii: Group identification and group consciousness, this example fits equally well into either category.

a.2.iv: Past incarnation experiences

They are usually dramatic and are associated with an intense emotional charge of a negative or positive quality. Their essential experiential characteristic is a convinced sense of remembering something that happened once before to the same entity, to the same unit of consciousness. The subjects participating in these dramatic sequences maintain a sense of individuality and personal identity, but experience themselves in another form, at another place and time, and in another context (Grof, 1988, p.84).

Example

The subject experienced 123 past-life regressions during the four years of therapy. The first brief past-life memory emerged on 20.8.A, four months after she started therapy (see 5.8). Eight months later she experienced the second regression on 27.4.B, to be followed by another 25 in year B, 69 in year C, and 27 in year D.

Appendix 1 contains brief summaries of the 123 regressions and a detailed analysis of the thematic content is presented in Chapter Eight (see Table 3).

• Anna's subjective experience of the past-life regressions:

The subject differentiated amongst regressions in terms of her bodily experience. At times she experienced regressions objectively, without bodily involvement, eg. on 12.10.D, when she said:

I just feel that I'm talking and I'm not actually feeling anything. It's just telling a story.

At other times she sensed it vividly as a lived, bodily experience:

A lot of the time I know that I'm saying the very barest essentials ... but there is so much vividness in the regressions ... I can go into so much detail. It is far richer than what I'm actually giving to you. And I realize that you must be quite blind at times to what is going on here ... (31.10.C).

Many of the violent regressions involved the somatic component of intense pain, or physical sensations like the taste of blood in her mouth (15.10.C). Anna often suspended breathing in order to block pain, or to avoid the trauma of a regression. This was a constant cause of concern to the therapist, who repeatedly had to encourage Anna to return to the breath and breathe through an experience.

On 11.7.C Anna commented on her bodily experience of the numerous rape-regressions in therapy, although she had never been raped in her biographical history:

... And then, my body responding in that way ... Physically, you know. That's what I find disturbing ... sort of the same kind of thing as those bruises coming up, at that time when I was working ... with my mother's stuff and how she used to hit me, and then ... coming up with these marks all over my body. It's a similar thing (see 5.6).

Bruise marks, unaccountable for by any recent injuries, appeared several times during the course of therapy. On 5.3.D Anna referred to the emotional turmoil she had experienced during the previous days, and said:

The other thing is that I have started to get a return of the bruises on my body and on my legs. ... It is just like an externalisation for me of what's been going on.

On 22.4.C Anna requested an extra session after bleeding from the anus without any medical explanation. During this session she regressed to P/L 43 and 44, in which she was sodomized (22.4.C).

- **Anna's subjective interpretation of past-life regressions:**

The subject came from a Christian background, and her religious/existential frame of reference did not accommodate the concept of reincarnation. She was disconcerted by the emergence of the first past-life memory and initially rejected its validity. In the third year of therapy she went through a period of great confusion with regard to past-life regressions, and feared that she might be either breaking down or going mad. On 5.8.C she told the therapist:

- A: (crying) My mind is full of all these kinds of questions. I feel so shaky, I don't know ... It's scary, you know Jim. It feels like I don't know who I am ...
- J: If you say 'I don't know who I am', how close is that term?
- A: It's very close. It's actually scary (crying). There are so many things in me, people and things and past-lives ... (5.8.C).

On 12.11.C, after having experienced 84 regressions, she still rejected the theory of reincarnation. She maintained that a past-life regression was merely a vehicle for the psyche to recreate itself and interpreted the thematic content of regressions as symbolic.

She felt that regressions provided a way to "mediate or translate" her story across (7.2.D), and that it helped her to access emotions that remained split off in verbal cognitive expression. In explaining her need for regressive therapy, she said:

- A: That's what I needed, in which I could go into some sort of imaginary place where I can maybe see what is there, or maybe scream it, or make some sort of crying sound to it, whatever. I feel I need to work with it in a non-verbal, non-talking way. Like I need to cathart, if that's the old-fashioned word, like I stand on my head and scream. Because that is what I need to do ... not to sit like this. I sit and I feel controlled ... I'm not using my imagery, the power of my images. I'm just using my cognition the whole time. I'm not connecting here, at all ... It's like it's easy for me to ... split it off (30.11.D).

She considered her own behavioural responses in past-life scenarios as warnings of her own psychological tendencies, eg. when she committed suicide as Helene in P/L 78 (17.10.C) after

the loss of a lover (identified as the therapist). In commenting on her suicidal response to the news of the therapist's marriage, she said:

Whether I believe in reincarnation or not is irrelevant for me now. What's happening is that these things have emerged for me and that is important ... I feel like I'm in the midst of something that is repeating itself, and I need to break it. And my dying was an old pattern. That's the way I've dealt with it then ... (12.11.C).

(b) Experiential extension beyond consensus reality and space-time

In this section the extension of consciousness seems to go beyond the phenomenal world and the time-space continuum as it is perceived in everyday life:

Here belong certain astral-psychic phenomena, such as apparitions of and communications with deceased people or experiences of the chakras, auras, meridians, and other subtle energetic manifestations ... In its furthest reaches, individual consciousness can identify with the Creator and tap sources of cosmic creativity, or merge with the Universal Mind, with the Supracosmic and Metacosmic Void, or with the Absolute (Grof, 1988, pp.105-106).

In this section the subject's experiences fitted the following four categories:

b.ii: Energetic phenomena of the subtle body

In this category Grof documented phenomena referred to as "kundalini awakening" in Indian sacred scriptures.

In non-ordinary states of consciousness, it is possible to see and experience various energy fields and energy flows that have been described by the mystical traditions of ancient and non-Western cultures. These descriptions do not make sense in the context of the Western medical model, since they do not correspond to any known anatomical structures or physiological processes. However, the esoteric traditions never claimed that these were phenomena in the gross material realm; they have always described them as related to the subtle body (Grof, 1988, p.110).

The ascent of Kundalini Shakti, as described in the Indian literature, can be accompanied by dramatic physical and psychological manifestations called kriyas. The most striking among these are powerful sensations of heat and energy streaming up the spine associated with intense emotions of various kinds, tremors, spasms, violent shaking, and complex twisting movements. Quite common is also involuntary laughing or crying, chanting of mantras or songs, talking in tongues, emitting of vocal noises and animal sounds, and assuming spontaneous yogic gestures (mudras) and postures (asanas) (Grof, 1988, p.112)

In this category Anna had numerous experiences of the ascent of kundalini energy that matched Grof's description, as well as a distinctively different experience of sexual energy which had not been documented by him.

Example of kundalini energy

This phenomenon was first observed in the therapeutic process in the beginning of Year C. Anna

started to experience the sensation of intense energy currents coursing through her body from the bottom of her spine. This experience either preceded or followed past-life regressions. On 29.8.C she first described it as a disturbed mind-state that she could not identify on a conscious level, and which seemed to be expressing itself somatically:

This seems to be something that I can't quite hold ... I'm not fully conscious of it. It's just ... kind of heightened energy levels, that are kind of disruptive.
... Like I'm holding in something ... some anger ... some shouting ... I feel quite tense around my mouth ... like I'm holding back saying things as-well ...

The kundalini energy intensified during the following months and became a regular experience. It was accompanied by a great deal of pain which at times caused her to think that she was having a heart-attack. Anna described it as follows:

Usually it feels like the bottom of my spine is burning, and it just shoots up into my head (28.11.C). I just felt the energy shattering my brain to pieces, just breaking my head apart, and shaking ... (12.11.C).
I feel, physically, certain centres in my body exploding ... I never thought that the chakras were actual centres, as in centres, you know ... I thought it was more like a metaphysical thing, but I'm now convinced that it is not so (27.9.C). (See Figure 1).

On 14.11.C she described the kundalini-flow through her energy-centres as follows:

- A: What happens is that you have these centres, but they're not isolated. And when the kundalini occurs, I see like this channel that's just opened up, and it goes straight all the way through, from the head to the bottom and from the bottom up, and it goes out and beyond the body ... And that is the energy-centre. At that stage it moves beyond my physical body, so that it is here, and my connection with whatever it is, is here.
- J: So that's the centre out in front of you?
- A: Yes. It is beyond, because it has become one. ... It is not ... seven or eight centres. And then this centre, when I go into the channelling or transmission or chanting ... just grows and becomes big around ... and almost covers me, like I've got another skin ... Because these ... chakra-centres are open. It's like water going through a river bed and the islands, but when a kundalini comes through the water is so much that it rises over the islands and there is just one stream ... (14.11.C).

Initially Anna was afraid of the experience and concerned about the physical impact the kundalini could have on her body:

Sometimes it is so strong, and I don't know if I'm strong enough to cope with all this that goes through my body ... at such a fast rate (12.9.C).

With experience she learnt that she could slow down the energy-flow by going into water (eg. standing under a shower), and thus could ground herself and gain some control (14.11.C). This diminished her anxiety and made her aware of the therapeutic value¹ of the kundalini, i.e. that it seemed to accelerate the catharsis of intense and/or blocked emotion. She noticed a connection between psychological turmoil and the activation of the kundalini, eg. during an emotional crisis on 26.3.D:

1. The kundalini energy constituted one of the healing mechanisms that was made available to the therapeutic process by the subject's transpersonal experiences (see Table 6 and 7, section 9.1).

I have never experienced such force during a kundalini ... I know that I'm repressing everything at the moment, and it is coming through by body ... At one stage I thought I was having a heart attack.

On the one hand she felt that the kundalini was activated by strong emotion, and on the other hand that the energy-flow had a cleansing effect on her psyche:

When I was into a lot of anger on Tuesday I felt that the kundalini-energy almost needed that anger for it to be released ... to come through ... A part of me is feeling that ... the kundalini somehow washes things through, or if there is a stuckness, it kind of grabs it and pushes it out (14.11.C). It's cleansing the karmic pattern that I've had (12.11.C).

She also noticed a possible connection between her mental attitude and the kundalini-flow, eg. on 26.11.C, after she had regressed to P/L 92 as Lee, who had been sexually abused by her husband, Aeron.

A: (gasping) This feels like angry energy ... coming up through me ... this is connected to my anger. This is burning anger that I must let go of, that I've held on to ...

When the therapist encouraged her to verbalize her willingness to let go, she said:

A: I'm willing to let go of my anger towards Aeron. (cry of pain) Yes, when I say that, it moves the energies through me ... (26.11.C).

Example of sexual energy

Grof documented that various energetic phenomena of the subtle body are extremely frequent in the sessions of holotropic breathing as well as during episodes of rapid breathing that occur spontaneously as one of the manifestations of "shakti" (or activated kundalini energy). Referring to the typical predilection areas where physical tensions occur during spontaneous episodes or breathing sessions, and the physical sensations experienced when there is a release of the energetic block in a specific area, Grof commented as follows on blockages in the sexual centre:

The blockages in this area will lead during the breathing session to intense sexual arousal and various genital and pelvic spasms and pains ...

... The main issues associated with blockages in this area are sexual in nature. They involve traumatic psychosexual memories from the life of the individual that underlie such problems as an inability to develop or maintain an erection, orgasmic insufficiency or frigidity, satyriasis, nymphomania, sadomasochistic tendencies, and in women also painful menstrual cramps. There are, however, typical deeper links to biological birth (the sexual facet of BPM III) and often also to archetypal or past-life themes (Grof, 1988, p.182-3).

Grof quotes the comment of one participant in a holotropic workshop, whose experience bore close resemblance to the descriptions from Tantric literature:

As I continued to breathe, I started feeling an incredible upsurge of energy in my pelvis. In my sacral area was a powerful source of light and heat that was radiating in all directions. And then this energy started to stream upward along my spinal cord, following a clearly defined line. On the way, it was lighting up additional sources of energy in the places where the esoteric maps place the different chakras. As this was happening, I was experiencing very blissful orgasmic feelings (Grof, 1988, p.115).

Anna experienced a variation of this phenomenon which has not been described by Grof, namely the sensation of an external sexual energy force entering the vagina with the same physical impact as a penis. This did not happen in therapy sessions, but occurred on several occasions when she was alone at home. During the third year of therapy, Anna described the experience in a letter to the therapist:

Today, again, that male energy came, and went between my legs, thrusting its maleness into me, inside my vagina. I lay on the bed feeling as if a human male was pushing his hard erect penis into me ... When I felt the male force move upward, through me, it released much blocking, especially in my 2nd, 3rd and 4th chakras. Then I felt intense pain, kundalini pain, pushing and piercing my higher chakras - till eventually 'something' burst inside my head. The energy flooded my whole body, as if even my toes were as sexually sensitive as my clitoris (21.9.C). The force was demanding and urgent, as a man about to climax. I had no sexual fantasy of a man. My mind was focussed on what was happening to me, to my body (22.9.C).

The same phenomenon occurred in the fourth year of therapy. On 14.10.D she described it as follows:

- J: There is an energy feeling in the body?
 A: Ja. It's quite a ... you know, like ... at points it's almost like penetration through my vagina. It's like being made love to by forces. It is like this huge force that's in my body and changing, and moving ...
 I mean, it is strong enough to have an orgasm, you know. And it's so focussed and directed. It's like, when I made love with Gable, I knew ... at one level I knew what it was going to feel like ... from having experiences of this kind of spirit forces ... (14.10.D).

b.iv Encounters with spirit guides and suprahuman beings

Another area in which Grof's cartography is unclear and problematic, is his differentiation between the categories b.i: Spiritistic and mediumistic experiences, and b.iv: Encounters with spirit guides and suprahuman beings.

In his description of spiritistic and mediumistic experiences Grof stated that experiences belonging to this category have been the primary focus of interest of the participants of the spiritistic seances, researchers in the area of survival after death, and writers of occult literature:

They involve encounters and telepathic communications with deceased relatives and friends, contact with discarnate entities in general, and experiences of the astral realm. In the simplest form of this experience, subjects see apparitions of deceased people and receive from them various messages ... Sometimes the subject does not perceive an individual discarnate entity, but an entire astral realm with various ghostly apparitions. (Grof, 1988, p.106)

The delineation of this category is very global and undifferentiated, and overlaps with category b.iv: Encounters with spirit guides and suprahuman beings, in terms of contact with spirit beings, receiving messages, and channelling the content of these messages to others.

Although the subject had numerous experiences of an astral realm where she encountered spiritual beings, these beings never presented as specific deceased persons who could be

identified. The information Anna received from them, and channelled to the therapist, did not convey specific messages addressed to specific living persons, but spiritual guidance and general messages of cosmic wisdom.

Wilber (1979) differentiated between the ontological levels of the "low subtle" and the "high subtle" level and stated that from the sixth (brow) chakra upwards consciousness starts to become transpersonal and enters the subtle sphere:

The "low-subtle" is epitomized by ... the "third eye", which is said to include and dominate both astral and psychic events ... The astral level includes such phenomena as out-of-the-body experiences, some occult knowledge, the auras, and "astral travel". The psychic plane includes what we would call "psi" phenomena: ESP, precognition, clairvoyance, psychokinesis (Wilber, 1979, pp.6-7).

Experiences of spirit guides, according to Wilber, belong to the "high subtle" level:

The "high-subtle" ... extends into specified levels of high-order transcendence, differentiation, and integration. These include such phenomena as symbolic visions, higher presences and spirit guides, high archetypal forms and subtle nada sounds (Wilber, 1979, p.7).

For these reasons the subject's experiences were not categorized in b.i: Spiritistic and mediumistic experiences, but in b.iv: Encounters with spirit guides and suprahuman beings.

In this category Grof includes three distinctly different experiences, namely the encounter with spirit guides or suprahuman beings, receiving guidance or information from them, and channelling this information to others:

The encounter:

Experiences of encounters with guides, teachers, and protectors from the spiritual world belong to the most valuable and rewarding phenomena of the transpersonal domain. The subjects perceive these beings as suprahuman entities existing on higher planes of consciousness and higher energy levels ...

... Sometimes the spirit guides have a human form with a distinctly numinous quality. Other times they appear as a source of radiant light or a powerful energy field (Grof, 1988, p.121).

Typically, the ego identity of the subject is preserved, and he relates to these entities as separate from himself; it is possible, however, to experience various degrees of fusion or even full identification with them (Grof, 1976, p.196).

Receiving information:

... The most interesting aspect of the experiences involving guides from other planes is that they occasionally mediate access to information that the subject did not possess in the conventional sense before the event (Grof, 1988, p.122).

Channelling:

Channelling is the process where a person transmits through automatic writing, speaking in a trance, or mental dictation messages from a source external to his or her consciousness. The source often identifies itself as being from a nonphysical reality; the hierarchical rank of this entity can range from a deity or angel to a superhuman advanced being or a discarnate individual (Grof, 1988, p.122).

Example

The subject had numerous experiences of a mental realm to which she referred as "Dombashaba, the Place of Light, where we go without the physical". She first accessed this realm on 24.10.C when, during a past-life regression, she experienced the traumatic Near-Death-Experience of a spiritual initiate, Lester (P/L 81):

- A: (gasping) There ... there is light ... but I can't see ... anything there.
 J: Keep breathing
 A: Dombashaba ... I have ... I have returned (foreign words) I returned and there is light (24.10.C).

She told the therapist that Lester was amongst a group of initiates who were forcefully held under water to induce a NDE in order to enable them to separate their consciousness from their bodies and go into an intermediate state. She claimed that having relived the initiation re-established a connection that would enable her in future to go into that space without a NDE:

- A: I'm going there again, into Dombashaba ...
 J: Okay.
 (Thirty seconds of silence)
 A: Jim? I go into that funny place ... There's so much light, I can't see anything. And then the same thing happens here in my back. It's like that place is there, inside here ...
 J: Inside the base of the spine?
 A: Yes, and ... it's quite sore now. So it seems, as I come back here, I bring that Dombashaba-place and it goes in here ...
 J: At the base of the spine?
 A: Yes. It feels the same.
 J: So, you have your connection with that place?
 A: Yes, it's the same connection.
 J: Does that then mean that you can then get back into that space without having to be nearly drowned?
 A: Yes (24.10.C).

Anna often sensed the presence of spirit beings while she experienced transpersonal mind-states, and stated that they were guiding and encouraging her to continue with the demanding therapeutic process she had embarked on. The following example illustrates her experience of encountering these beings, her sense of dissolving and fusing with them, receiving cosmic guidance from them, and channelling this information to the therapist:

On 21.11.C, after re-experiencing Peter's death in P/L 91, she described the experience:

- A: (deep rhythmic breathing) It's the Place of Dombashaba. Place of Light and Rock. Place of Home-coming ... Spirit beings are with me. (foreign words) ... It takes me into it ... I see myself dissolving, returning to the first dimension ... They are here ... they move in every cell ... They are every cell ... They are everywhere that I move ... There is no name ... There is just movement ... Movement back into human form ... We are spirit ... We shall not forget, those that have chosen to move into the physical will be reminded of the non-physical which is everywhere ... within the human form and beyond ... the spirit says 'I am every breath that you are, you have returned again into this physical existence ... to move forward endlessly' (foreign words) ... We are of the spirit and we are of the human form ... We come into this time as the great planet moves forward ... (21.11.C).

On 27.2.D, after re-living through the death of Daryn (P/L 99), she spoke from the same mind-state:

- A: We are returning to the ancient times, the spirit beings are here. They speak with and through Daryn
 (with awe) A Being of Light is with us all ... I can see! I can see these people around us! They're with you, ... they're with me ... They're here ...

At times she referred to the presence of the "Great Spirit". On 18.4.C, after confronting the violent part within herself, she verbalized the sense of being upheld by him, allowing her to let go of her angry strength and become weak.

In a detailed examination of the phenomenon, Klimo defined channelling as follows:

Channelling is the communication of information to or through a physically embodied human being from a source that is said to exist on some other level or dimension of reality than the physical as we know it, and that is not from the normal mind (or self) of the channel (Klimo, 1991, p.2).

Typical features of Anna's channelling experiences, which differentiated from her communication in ordinary mind-states, were the use of glossolalia (utterances in foreign languages) and the content of the channelling. During these sessions Anna would typically alternate between speaking foreign words and explaining the content to the therapist in English. She explained the glossolalia as follows:

This is a language that is not formed by the lips of us human beings ... It is the language of the other world, which I am part of as well (5.12.C).

The messages from the spiritual realm were not of a personal nature or addressed to specific individuals, but words of guidance and ancient cosmic knowledge.

Commenting on this phenomenon during an interview in year E, the therapist stated:

I experienced the messages from the Great Spirit as having an authentic quality of wisdom and deep perspective. They were not specific clairvoyant predictions of people's lives but rather stating spiritual truths of what is going on on the planet (Interview, year E).

Anna did not have access to this wisdom and perspective during ordinary states of consciousness. She also commented on losing the insights and knowledge she gained in transpersonal states when she returned to the egoic mind state, eg. on 27.4.D when the therapist referred to her recent statements about evil:

- A: The actual fact is that you, Jim, you remembered what I had said about the accumulation of the evilness through those generations. Now, at one level, I realize that I'm forgetting that, because I've said it and knew about it in the session. But then, two weeks later, when you wanted me to talk about it, it wasn't so clear. I feel that I'm losing a lot of information ... (27.4.D).

See 7.2.2 for a detailed example of a mystical experience that will illustrate several of Grof's categories simultaneously.

b.viii: Experiences of universal archetypes

An important group of transpersonal experiences ... are phenomena for which C.G. Jung has used the terms primordial images, dominants of the collective

unconscious, or archetypes ... In its broadest sense, the term "archetype" can be used for all static patterns and configurations, as well as dynamic happenings within the psyche that are transindividual and have a universal quality ... Archetypal phenomena ... can reflect various levels of abstraction and different degrees of generalization ... Many highly universalized roles are felt as sacred, as exemplified by the archetypes of the Great Mother ... or Cosmic Man. Archetypes representing certain aspects of the subject's personality, such as the Shadow, Animus and Anima, or Persona, are also rather common ... (Grof, 1976, pp.198-199).

The demonic archetype is by its very nature transpersonal since it represents the negative mirror image of the divine. It also often appears to be a "gateway phenomenon", comparable to the terrifying guardians of the Oriental temples, since it hides access to a profound spiritual experience, which often follows after a possession state has been successfully resolved (Grof & Grof, 1989, p.25).

Example

While in non-ordinary states of consciousness Anna on several occasions sensed the presence of an evil energy or negative force that seemed potentially harmful. This is documented as an experience of a universal archetype on the basis of the following distinction:

Grof included possession states in category b.i.a: Spiritistic and mediumistic experiences, saying:

In a more complex form of this phenomenon, the subject actually enters a trance state and appears to be taken over by an alien entity or energy form (Grof, 1988, p.106).

This description is rather global and vague, but in another source he is more specific in his definition of possession states:

People in this type of transpersonal crisis have a distinct feeling that their psyche and body have been invaded and are being controlled by an entity or energy with personal characteristics, which they perceive as coming from outside their own personality and as hostile and disturbing. It can appear to be a confused discarnate entity, a demonic being, or an evil person invading them by means of black magic and hexing procedures (Grof & Grof, 1969, p.24).

Because Anna never experienced this evil energy as an individual discarnate entity with personal characteristics, but as a negative energy force, it is documented in this category and not under b.i.a: Spiritistic and mediumistic experiences, where Grof situated possession states.

On 14.11.C the subject first described the experience to the therapist:

Going into that space there is also a potential for kind of ... a negative force that is there, that kind of stands just on the side of entering that void ... And that negative force is always around when I'm dealing with states beyond my normal state ... That kind of force that, sometimes I feel, wants to harm me, in some way, or to harm whom I'm with. I'm aware that I'm saying some things in myself: 'Don't let us be harmed here', you know, 'Protect us here'. It is quite a harmful thing. Very, very harmful. And I know it's not just my own kind of inner shadow or darkness. It's something ... ja, it's just different.

She compared it to P/L 68 (11.10.C) which involved satanic worship, and said:

There was a lot of evil around that ... but ... this seems to be far more powerful, like its purpose is not just to destroy, but to make sure that nothing is created again.

When questioned about it again on 28.11.C, Anna told the therapist that she had a sense that

it was a force who would seek to abort the process of healing:

Abortion is a good word, because ... abort ... you stop the creation, you stop the birth ...

She told him that it felt very dangerous:

It can make me, in a sense, quite ill, or get totally psychotic and out of my tree ... (28.11.C).

At times she was terrified of being harmed by negative forces during an out-of-body experience, eg. on 2.4.D, when she once more sensed the presence of a powerful negative energy.

A: (chanting urgently in foreign words) It was ancient rituals we had to protect ourselves at the times that we went into the spirit. It was the spiritual world. At that time we could leave our bodies and we could disconnect and go ... (foreign words). This is happening to me! (panicking) I feel that I'm losing my body!

J: Stay connected with me, whatever you need to remember.

A: I must be I must lie down. (urgently) You must hold me down. Stay down

...

J: I must hold you down?

A: (urgently) My consciousness must not leave!

J: Okay

A: (urgently) If it is to leave, it would ... just evil come into my body (2.4.D).

During an interview in Year E, the therapist described his subjective observation of this phenomenon:

Whenever Anna encountered this evil energy, I could actually feel something happening in the therapy room. It is hard to describe, but a palpable thing, and a very scary experience. I had to deliberately keep myself clear, but sometimes I almost felt dizzy (Interview, Year E).

Anna's experience differs from the archetypal sequences described by Grof, in that she twice had the sense of transmuting the demonic energy within her own psyche.

In spite of her repeated terror of becoming overwhelmed by this negative force (eg. 11.10.C; 2.4.D; 12.10.D), she on two occasions stated that she was allowing it to enter her consciousness in an attempt to transmute it (4.6.D; 19.11.D). On 4.6.D, after reliving the destruction of an ancient city by water (P/L 118), she stated that the sick energy that had afflicted her ancient civilization before their land disappeared into the waters, was present again.

A: I have to take this in, dilute it, and take part of the sickness away (4.6.D).

She afterwards reported a subjective sense of the evil having been transformed within her psyche. During an interview in year E the therapist described his experience of this intense and frightening process as "the greatest spiritual struggle I was ever involved with" (Interview, year E).

- Anna had another terrifying experience of an archetypal nature when after a past-life regression involving suicide she found her consciousness in a "Place of Darkness".

On 12.11.C, while feeling suicidal in response to the news that the therapist had got married, she regressed for the second time to P/L 78 as Helene (first experienced on 17.10.C), who threw herself off a cliff after having been abandoned by her lover. After going through

Helene's death she stopped breathing and the therapist struggled for some time to get her to breathe:

J: Anna, the strong part of you is choosing to live, and choosing to stay breathing ...

Eventually she gasped for breath again, and whispered:

A: I've just been to a place I don't know. (whispers) I'm scared.

J: What sort of place was that?

A: I've just killed myself ... That is not the way of me ... That's not me! That's not me! I don't do that! I mustn't stop breathing!

Jim asked her to tell him about this place, but she refused and in a state of panic tried to block out the experience by suspending her breathing.

J: I want you to answer some questions. What it is or who was there. Stay breathing, stay connected, and listen to me.

A: (crying) No!

J: Keep breathing.

A: Oh, it hurts! It's crummy! (crying) I keep wanting to pass out. (stops breathing)

J: (prompting repeatedly) I, Anna, am using my courage and strength to take me through this pain. Even in great pain, I am choosing life.

Eventually she connected again, coughing and gasping for breath:

A: (panicking) Oh God! Oh Jim! (crying) Something keeps putting me into this darkness, and I'm not wanting to go there. And then I stop breathing ... (12.11.C)

She did not want to discuss the experience at the time, but later told the researcher that after committing suicide as Helene she suddenly found her consciousness in a place of primordial blackness and was overwhelmed by an intense metaphysical terror. She could not see anything in this blackness, but sensed the presence of an evil energy that was extremely threatening. She felt that it was dragging her down into the blackness and feared that it would possess and control her, and that she would remain trapped in this realm.

This type of experience has not been described by Grof, but resembles the typical description of the NDE of persons who survived suicide attempts, as presented in a documentary video on death entitled "Beyond and Back" (1985). This documentary, directed by J.L. Conway and produced by C.E. Sellier, Jr., investigates the possibility of life after death on the basis of contemporary scientific studies by parapsychologists and doctors, as well as the testimony of persons who had been pronounced dead but miraculously recovered.

Researchers who contributed to the documentary claim that the following (visually re-enacted) account of a 22-year old girl who had a NDE after a suicide attempt in April 1975 is typical of the terrifying experiences related by persons who had tried to kill themselves.

The young bride-to-be, after her fiance called off their marriage, jumped in a car and drove off a steep mountainside with the intention to kill herself:

B: I heard the crash, it was as if the whole world had exploded around me. And then there was only silence ... and darkness. I felt I was going through a long dark subway. The pain was excruciating. I tried

to scream but couldn't. It was so cold and terrifying ... and then something started to strike out at me ... Hands kept ripping at my skin (screams of terror) No, they weren't hands, they were snakes. I came out of the tunnel into some ... of people, all of them dead, but moaning and crying out ... Death was everywhere. (Crying in despair) Oh God! Pray for me! (screaming) And then they came at me (sound of terror) ... horrible people, they grabbed me, they tried to drag me away with them ... They made me look into an abyss (visually portrayed as a deep pit with boiling mud) Oh, it was hideous! ... Oh no! They forced me to watch the grief my suicide had caused my parents ...

b.xiii The Supracosmic and Metacosmic void

The experience of the Void is the most enigmatic and paradoxical of all the transpersonal experiences. It is experiential identification with the primordial Emptiness, Nothingness, and Silence, which seem to be the ultimate cradle of all existence ...

... The Void is beyond space and time, beyond form of any kind, and beyond polarities, such as light and darkness, good and evil, stability and motion, and ecstasy or agony. While nothing concrete exists in this state, nothing that is part of existence seems to be missing there either. This emptiness is thus, in a sense, pregnant with all of existence, since it contains everything in a potential form (Grof, 1988, p.147).

Example

From 30.7.C onwards Anna's out-of-body consciousness acquired an added dimension of going into what she described as a "void" or a "no-space, no-time, nothingness" (30.7.C).

Initially she was fearful of this experience:

A: It just seems to be kind of a demand that I remain in this place where I am nothing, where I am not Anna, really. There are other things within me and without me, and the spiritual ... And in my body, and the sexual side of me, you know, it's just ... all of that is actually nothing. It's kind of like it's like an illusion, in a sense, you know. Like when you meditate and a thought comes up and you let it go, not identify with that ... How can I let go ... of the idea of me, as physical me, with bones and flesh and blood. And yet, I am, and what's happening is that I'm letting go of me, but there isn't a me to let go of ... So, I'm kind of getting ... to a scary place ... where there isn't anything! (crying) There's nothing! (5.8.C).

She was at first concerned about her tendency to suspend her breathing when she entered this void, but she lost her fears as she became familiar with this mind-state:

A: This thing about breathing. The breath is connection to life. It has to continue ... except if I'm in the nothingness. Then I don't need to breathe, and somehow I need to let you know that, but sometimes it's difficult to say (31.10.C).
It takes me into a place where something happens, I'm not sure ... It's like a shift. And things become very still. And that's when I don't need to breathe, when my breathing is no longer necessary ... (14.11.C).

(c) Transpersonal experiences of a psychoid nature

In this section Grof categorized transpersonal phenomena which lie in the "twilight zone between consciousness and matter" (Grof, 1988).

On the one hand, they are clearly subjective intrapsychic events; on the other, they are meaningfully connected with specific physical changes in the world of consensus reality. The latter aspect can be observed, shared, and even measured by others (Grof, 1988, p.148).

In this section the subject's experience fitted the following category:

c.2.iii: Recurrent spontaneous psychokinesis (poltergeist)

In the second category are spontaneous psychoid events in which psychological processes seem to influence physical reality and change the laws that mechanistic science sees as mandatory. However, these events occur in an elemental fashion and not as a result of specific conscious intention (Grof, 1988, p.150).

Example

Anna occasionally observed that high energy levels in her body seemed to coincide with the unaccountable malfunctioning of electrical appliances in her environment (17.8.C; 18.8.C; 7.5.D; 11.5.D). She wrote in her diary:

Had a kundalini experience the other day ... electrical things in the house went odd.
- TV channel changed by itself, microwave went on alone, tape-recorder played without being plugged in, heater refused to work - worked the following day when energy dissipated, same for the light bulb. (Diary, 17.8.C)

I had also affected the computer - it malfunctioned all the time ... When I touched it or had any control over the commands, the computer would clearly disobey or change things on the screen ... Coming home tonight, as I passed the street lamp it went out. I used to do this regularly last year for about six months. (Diary, 18.8.C)

(d) Conclusion

It is observed that Grof's description of the categories are sometimes unclear and problematic, making it difficult to differentiate, for example, between categories like a.1.iii: Group identification and group consciousness, and a.2.iii: Racial and collective experiences, or between b.i: Spiritistic and mediumistic experiences, and b.iv: Encounters with spirit guides and suprahuman beings.

It is also found that the subject's individual experiences at times vary from the examples documented by him, e.g. her distinctly different experience of sexual energy documented under b.ii: Energetic phenomena of the subtle body.

Nevertheless, the subject's transpersonal experiences largely matched Grof's categories and no additional categories were required.

The classification into different categories may create the impression that the different transpersonal phenomena were discrete experiences, whereas they in fact interpenetrate one another. In order to illustrate this and to clearly convey the phenomenology of a non-ordinary state of consciousness during which several transpersonal phenomena occur simultaneously, a

detailed example is now presented.

7.2.2 Detailed example of a non-ordinary state of consciousness

The following transcript of part of the therapy session on 27.2.D reflects the interpenetrating and overlapping transpersonal phenomena experienced by the subject after regressing to P/L 99 as Daryn.

The extract illustrates how examples of the following five categories of transpersonal phenomena fuse into each other:

- a.1.xi: Psychic phenomena involving transcendence of space (out-of-body-experiences)
- a.2.iv: Past incarnation experience
- b.ii: Energetic phenomena of the subtle body
- b.iv: Encounters with spirit guides and suprahuman beings
- b.xiii: Supracosmic and metacosmic void.

(Referring to a past incarnation experience: a.2.iv)

After going through the death-experience of Daryn, who was tortured and killed when he remained loyal to a friend and refused to disclose his whereabouts to the enemies, Anna verbalized her experience as follows:

A: I just keep going into this other space ... It's really a good space ...

(Describing the void: b.xiii)

Where everything begins ... and everything ends ... (silence) ... It's very quiet and still there ... I have left all the bodies that I have been in ... and all the human lives ... and I move in this place and there is nothing more ... It is like a dying ... and yet this is the living, this is the place of the living ... It's a wonderful, peaceful place ... There's no need to do anything or be anything. ... In this place there's no need to breathe ... and yet you need to know of this place ... and to know of the change that will be coming ... and not to fear that ... (foreign words)

(Encountering spirit guides: b.iv)

We are returning to the ancient times, the spirit beings are here. They speak with and through Daryn ... We come into the being ... We give life onto the being (foreign words) We are everywhere ... and we are joyful in the process that is unfolding (foreign words). Jim?

J: Yes, I'm here. I'm listening to what you say.

(Becoming aware of the energetic phenomena of the subtle body: b.ii)

A: I feel like I'm spinning ...

J: You want to go into the spinning. Wherever you go, you stay connected with me.

A: This is a place I've been to before. I've been here before. (whispers) I'm going to go in there ... Don't be concerned ... (deep breathing). I feel connected with Daryn, but at the same time with something else that is moving through me. I'm seeing Daryn becoming ... clean again. Like he's no longer broken (deep breaths, foreign words). It's pouring with energy ...

- J: Let it in, let it in ...
 A: (foreign words, gasping for breath)
 J: Follow the words, follow the movements.
 A: Aah! This is a place of healing! This energy is moving. And I needed to go there, to Daryn, to know that nothing can be so broken and so fragmented that the Great One can't bring back again. (gasping for breath).
 J: Just follow your body. Your body knows what it needs to do.

(Experiencing an OOB: a.1.xi, while at the same time becoming intensely aware of the kundalini energy moving through her subtle body: b.ii)

- A: (sound of astonishment) I can't feel I have a body! I just don't feel ... Just feel ... all over!
 J: Just follow ...
 A: (foreign words, gasping) Place of Light! Place of Being! (speaking with difficulty) It's just going all the way up through me ...

(Channelling information from the spiritual realm: b.iv)

- A: (breathing fast) It's like going back to the beginning. When I was not of body ... Where I had nothing ... Where I was not in this physical being. I was in the physical plane, but not as body ... Like this is before we formed into beings that we are now. And we're moving forward into a time when we will go back again, and those two places will meet (breathing with difficulty) And they will meet as a human being as well as outside. There's a place of light and rock and ... Dombashaba ... I know this ... It's a returning home. My spirit is here, connecting. It's all over ... It's all over ... I feel funny all over ... this ...
 J: Let it in ...
 A: Like I need to arch my back (gasping) ... I feel so ... like I'm not here ... this body is not mine ... and yet it's mine ... and yet it's everybody. Oh!
 J: Just follow it ... just say the words. Just completely surrender.
 A: (foreign words) It's just streaming out of my body, just streaming out ...
 J: Let it flow quite freely ...
 A: ... my stomach, inside ... it's like I'm breathing through my stomach!
 J: Just follow that, breathe in through that space
 A: (with awe) A Being of Light is with us ... I can see! I can see these people around us all! They're with you, ... they're with me ... They're here ... (breathing very fast)
 J: Keep channelling the energy, let the energy flow.
 A: (gasping) There is no blocking! There is no stopping (foreign words) ... I've just got to speak through this language (gasping), my other words don't make ... words ...
 A: ... It's in the Place of Fire and the Place of Water and the Place of Air ... that which surrounds the earth and the planet ... We, the spirit beings, come back into this body to speak to those that are chosen and to those whose consciousness are breaking forward, moving out ... Ough!
 J: Stay with it. ...
 A: I feel like this is a start. It's starting ...
 J: You want to tell me about it?
 A: This is what I've returned for ... It's quite sore, though ...

She asked him to apply pressure to her back in order to facilitate the flow of energy through her body and release the pain. Then she experienced an urge to make hand movements.

- A: It feels like something old ... something very old here ...
 J: So just recover that old ... movement ...
 A: (gasping) It's like there's water here, as well, I'm in a place of water ... water and fire. And it's so bright. Ouch! My eyes!
 J: Okay. Don't let any harm happen ...
 A: Oh! Oh! It's too bright!
 J: Okay, don't see more than you're ready for now.
 A: It's ancient. Ancient words coming through. I'm seeing something there ...

(Channelling information from the spiritual realm: b.iv)

- J: Are you ready to see this?
 A: Yes, I can see this now. It's like people, there's people there ... ancient people ... (foreign words)
 J: Say the words.
 A: (foreign words) It's connecting here. It's like we're all connected. I'm connected with these people through this part of me.
 J: Just say the words as much as you need to. You know that ancient connection ...
 A: (with awe) It's just so ancient! (crying)
 J: It's okay ...
 A: (crying) How incredible! I'm seeing it all as it once was, and how we are as a humanity returning to that place. I can see it ...
 J: (softly) Ja ... Beautiful ...
 A: Incredible! There's so much light! (crying) And there's connections between people ...
 J: (softly) How long ago?
 A: In the first times ... when there was no time ... (foreign words) Time when the planet was still ... there was so much ... Everything was within us, within our bodies (foreign words) ... the richness was within us ... in our bodies ... the abundance was within us ... and together we formed the planet ... The planet was of people first ... (foreign words) Connections was through the light ... so pure ... we worshipped it (breathing with difficulty) We worshipped this ... I'm just there in that place ... (shivering) It's ... incredible! The spirit was free. It was not-bounded like it is now. There were those of us that were moving there out of our bounds ... into the open. The light ... It's so light! My eyes just feel burning. Oh!
 J: Just see as much as is safe right now.
 A: (with awe) It's so bright!
 J: Check what's safe for you to see.
 A: I see nothing but light! So light! (breathing fast) I'm also connected with the pain of Daryn. And with me, now. I let go of that pain of Daryn, as I let go of that pain that is me, as Anna now. The message is so strong, that I need to move forward ... to move, not to stay ... I need to go through this (panting) Jim, are you there? ...

(Returning to a normal state of consciousness)

- J: I'm here, it's okay.
 A: I'm coming back ...
 J: Yes, you come back ... Just very slowly, there's no hurry, plenty of time ... I'm going to be here, to bring you safely back ... There's no hurry at all ... Plenty of time ... If you need to lie down now it's fine.
 A: Just feel a bit shaky ...
 J: Ja, sure. Just really give yourself time, really give yourself a lot of time ...

- A: I feel like something is rushing through me. (cries softly) Are you there? I feel so strange now.
- J: It's okay. Take your time to reconnect and come back to familiar spaces
- A: (shivering)
- J: Just come back very slowly ...
- A: (whispers) Tickling ...
- J: You want to lie down now?
- A: No ... (still breathing fast) My eyes feel so funny!
- J: Ja ... just give it time. It's okay.
- A: I must just come back slowly ...
- J: That's right. And when you're ready to, you can lie down and you can lie for as long as you need to ... (27.2.D).

This example illustrated that the transpersonal phenomena were not discrete experiences but interpenetrating one another within a non-ordinary state of consciousness. The next section will show how the progressive unfolding of the transpersonal experiences also constituted an encompassing longitudinal process of what Grof refers to as a spiritual emergence.

7.3 The case study as a process of spiritual emergence

In section 2.3.2 the concept of spiritual emergence was defined as a process of deep psychological transformation which involves an unfolding of the spiritual dimensions of personal awareness, and which may bring about a shift from identification with the personal ego to an identity of a transpersonal nature (Grof, 1988; Bragdon, 1988, Grof & Grof, 1989, 1990).

Grof pointed out that the manifestations of evolutionary crises are highly individual and that no two spiritual emergencies are alike (see 2.3.2). Amongst the diversity of individual experience, he identified the following phenomena as the most important varieties of spiritual emergence:

- (a) The awakening of kundalini
- (b) Episodes of unitive consciousness ("peak experiences")
- (c) The crisis of psychic opening
- (d) Past-life experiences
- (e) Communication with spirit guides and "channelling"
- (f) Possession states
- (g) Near-death-experiences
- (h) The shamanic crisis
- (i) Experiences of close encounters with UFOs
- (j) Psychological renewal through return to the centre (Grof & Grof, 1989).

An overview of the therapeutic process indicates that the two general, longitudinal processes Grof refers to, namely the kundalini awakening and the shamanic crisis, were both present. These longitudinal processes included other prominent components of spiritual emergence present in the subject's experience, such as communication with spirit guides, channelling, having her psyche invaded by a powerful negative energy force, and past-life experiences.

The activation of kundalini energy occurred during the third year of therapy. During the previous two years Anna already had 27 past-life regressions, but the kundalini awakening introduced a wide range of other transpersonal experiences which at times constituted a crisis. On 12.9.C she feared for her sanity because the activation of the kundalini seemed to become

the prelude to experiencing non-ordinary states of consciousness she could not control:

A: It's like I need to actually let this kundalini happen again and I'm holding that. I'm actually holding it back in my muscles. I don't know if I want it to happen again ... And I also want it (crying). I don't know.

J: What are you scared of, Anna?

A: (crying) Of maybe just getting into something and being totally kind of spaced out for days and ending up in some kind of casualty ... the word that Grof uses. I don't want to get into that, you know. I'm scared of that. I'm sometimes really scared of this kundalini, of this energy ... And I also don't like the fact that I don't seem to have much control over this process. It's something that just comes. (crying) ... I'm scared it may take me to a place of no return ...

J: No return in what sense?

A: Of just going crazy in the conventional sense. Of just losing complete touch with reality (12.9.C).

When they discussed this again on 15.9.C the crisis had passed and she felt more reassured. She was no longer afraid of going mad or "coming apart". The therapist's comment reflected his sense that she was not going through a series of psychotic episodes, but experiencing a process of consolidation:

There's a very clear sense from my side that you're entering spaces which become increasingly familiar, so that you know what to do with them, I know what to do with them. It is not as if you are going from one crazy space to another one. I had a very clear sense of consolidation (15.9.C).

Viewed in totality as an integrated and longitudinal process, Anna's transpersonal experiences resembled the typical shamanic "crisis" and had many features of the initiation process as described in the literature (see 2.3.2). The career of the shaman or medicine man/woman normally begins with a dramatic involuntary visionary phase during which the person typically loses contact with the environment (i.e. enters non-ordinary states of consciousness) and has powerful inner experiences. These experiences include an inner sense of

- death and dismemberment
- rebirth
- ascent to astral regions
- experiences of connections with animals, plants and elemental forces of nature

Anna's transpersonal experiences included several features of the typical shamanic crisis or initiation process as described in the literature (see 2.3.2). These were experiences of spiritual realms, where she received guidance and comfort from spiritual beings, past-life regressions involving spiritual awareness, initiation practices, death and dismemberment, rebirth, as well as experiences of connections with animals, plants, and elemental forces of nature.

7.3.1 Spiritual realms

The kundalini experiences were often accompanied by experiences of an astral realm (see 7.2.b.iv) where Anna encountered spiritual beings who provided her with information of spiritual guidance and cosmic wisdom. On 18.4.C she commented on the comfort she derived from encounters with what she called the Great Spirit. On that occasion, after confronting the violent

part within herself, she had the subjective sense of being upheld by the Great Spirit, allowing her to let go of her angry strength and become weak.

7.3.2 Past-life regressions of spiritual awareness²

The subject had eight past-life regressions which reflected a dimension of spiritual awareness:

- P/L 7 (16.8.B) as a wise and compassionate king who was able to transform his body into a female eagle and fly above the people and the land.
- P/L 26 (6.11.B) as a psychic woman in prehistoric times who could communicate telepathically, change her body into that of a bird or animal, and separate her consciousness from her body.
- P/L 64 (27.9.C) as a priestess who participated in worship with a big circle of people and experienced a sense of devotional openness to the spirit.
- P/L 70 (11.10.C) as a woman in a primitive island-community who experienced a profound spiritual connection to the earth and the processes of birth and life.
- P/L 96 (28.11.C) as a spiritual healer.
- P/L 103 (2.4.D) as a priestess involved in tantric sexual practices.
- P/L 104 (2.4.D) as a member of a persecuted esoteric community, who felt a strong spiritual connectedness.
- P/L 118 (4.6.D) as one of a group of people who attempted to prevent the destruction of an ancient city by dancing and chanting to heal the negative energy.

7.3.3 Past-life regressions of spiritual initiation

Anna had four past-life experiences of spiritual initiation which all involved being submerged under water to induce a NDE.³

- In P/L 63 (12.9.C) she was a young boy who was submerged under water and put into fire as an initiation to obtain a spiritual understanding of "the fathers".
- In P/L 72 (15.10.C) she was Marisha (12), who was forcefully held under water as part of a spiritual ritual.
- In P/L 81 (24.10.C) she was a spiritual initiate, Lester, who was forcefully held under water in order to induce a NDE.
- In P/L 89 (21.11.C) she was Nicolas (14), who was held under water by a priest as part of a spiritual ritual.

Anna experienced these regressions as a resource for spiritual empowerment and had the sense that regressing to the terror and pain of the rituals was progressively enabling her to reclaim the spiritual knowledge that had been gained in these ancient practices.

Her regression to P/L 81 as Lester constituted an important milestone in the process of

2. In terms of the yogic concept of seven psychic energy centres (chakras) in the subtle body, therapy in these regressions was focussed on clearing imprints at the level of the sixth (crown) chakra, related to psychic perception and inner visualization (see 2.2.5).

3. Dramatic initiatory rituals involving ordeals and tortures have been practised in numerous cultures throughout the ages to signify symbolic death followed by resurrection: "The body's abandonment by the soul ... is equivalent to a temporary death. The shaman is, therefore, the man who can die, and then return to life, many times ... Through his initiation, the shaman learns not only the technique of dying and returning to life, but also what he must do when his soul abandons his body - and, first of all, how to orient himself in the unknown regions" (Eliade, 1958, p.95).

spiritual emergence in that it gave her the subjective sense of accessing a powerful source of healing. As a spiritual initiate, Lester was forcefully held under water. The purpose of this ritual was to induce a NDE, in order to separate his consciousness from his body and access an intermediate state.

Within the regression Anna re-lived the NDE and accessed for the first time a transpersonal mind-state to which she referred as "Dombashaba, the Place of Light", which she experienced as profoundly healing:⁴

- A: (gasping) There ... there is light ... but I can't see ... anything there.
 J: Keep breathing.
 A: Dombashaba ... I have ... I have returned (foreign words). I returned and there is light.

During the regression Anna related the sense that reliving Lester's ordeal had re-established a spiritual connection which would enable her in future to go into that space without a NDE:

- A: I'm going there again, into Dombashaba ... And then the same thing happens here in my back. It's like that place is there, inside here ...
 J: Inside the base of the spine?
 A: Yes ... So it seems, as I come back here, I bring that Dombashaba place and it goes in here ...
 J: So, you have your connection with that place?
 A: Yes, it's the same connection.
 J: Does that mean that you can then get back into that space without having to be nearly drowned?
 A: Yes.

7.3.4 Past-life experiences of death and dismemberment

Among the 123 past-life regressions which occurred during the course of therapy a total of 43 involved the agony of a death experience. In five of these regressions she was the victim of religious sacrifice and suffered torture and dismemberment in that her body was cut open, organs were removed or sharp objects were driven through her skull:

- In P/L 5 (19.7.B) she was a ten-year old girl who was tied on an altar and raped by the head priest before a curved knife was plunged into her solar plexus and pulled up into her heart. She was then left to die.
- In P/L 73 (15.10.C) she was a young body who was sacrificed in a spiritual ritual, after being tied at the wrists. He died in pain and fear.
- In P/L 107 (23.4.D) she was the male victim of a ritual murder, committed by people in robes. His skull was cut open with the sharpened edge of a rock.
- In P/L 108 (23.4.D) she was a boy who was held down on an ancient stone altar by people in brown robes, and killed in a ritual murder. He suffered immense pain when a sharp object was put through his head.
- In P/L 109 (23.4.D) she was the male victim of a ritual murder. Organs were cut out of his body while he was still alive.

4. The spiritual realm of Dombashaba constituted one of the healing mechanisms that was made available to the therapeutic process by the subject's transpersonal experiences (see Table 6 and 7, section 9.1).

7.3.5 Rebirth

Anna also had several rebirth experiences. On three occasions she regressed to past-lives in which she went through traumatic birth experiences, in a fourth regression she experienced herself as a trapped fetus, and in a fifth one as an unborn baby, Lexis, who - still in the womb - was terrified of the suffering awaiting him in his forthcoming life.

7.3.6 Connection with animals, plants and forces of nature

Anna's transpersonal experiences contained numerous examples of connections with animals, plants and elemental forces of nature, e.g. her regression to P/L 121, when her consciousness changed from identifying with Shoshanna to identifying with the animals, plants, waters and soil of the earth. (For other examples see a.1.iv; a.1.v; a.1.vii in section 7.2).

As part of his/her career the shaman regularly enters non-ordinary states of consciousness in order to heal or to obtain information by extraordinary means, and conducts rituals to influence specific events. Commenting on her experiences that resembled these tasks, Anna stated that from the middle of Year C onward she had an increasing sense that her transpersonal identity was growing:

- A: My transpersonal identity is larger than it has ever been, and yet I don't feel or fear losing my "I-ness". That is the earthing or grounding principle that is very much needed and essential in this kind of movement.
- J: To return to?
- A: Ja. To return to (30.7.C).

On 25.11.C she commented on the experience of dual consciousness and expressed the sense of gaining healing power and skills:

- J: What you said was that you needed to connect with you as Anna, and that you needed to stay connected with the Great Spirit, and that would keep you grounded and protected?
- A: Ja. Because I am now Anna, and all that is Anna is that which also connects me with Spirit, you know ... And it is the me-ness that is also important ... I don't totally disidentify from Anna and what Anna is.
- J: In fact, from what you said, it seemed to be really important that you didn't do that.
- A: Yes, yes. But I actually do ... I transcend into the higher consciousness and I connect with the Great Spirit, and I'm able to speak from that and to go right into the source, but I'm doing that also as Anna, because spirit has come and manifested in me as me and all that I am now ... and it needs that connection.
- J: Right.
- A: So, sometimes when you say to me 'Breathe, and go through this as Anna' when I'm resisting a process in a regression, that immediately starts me going again ... because it's ...
- J: Ja, I noticed that, and that's something I've started to do because I could see that as Anna you can see you're clearing the memory of the former person, and it gives you distance from it.
- A: Yes. And, me as Anna has come through and evolved and brought through those skills ... and that ... kind of resilience and power of healing with me, and that is what connects me. So I can go back, but I always need to return to who I am now. That's why it is important to know who I am now. ...

When I speak from that space, I'm hearing it as me okay. I'm not disconnected and I'm not out of my body (28.11.C).

During non-ordinary mind-states her transpersonal experiences were often accompanied by ritualistic arm movements, invocations and chants which seemed to relate to religious experiences in ancient cultures. Anna experienced the urge to enact these ritualistic phenomena with particular intensity when she was in water:

A: I want to sing and chant and speak another language, and I have vague memories of past lives, particularly in terms of worshipping ... (27.9.C).

On 23.4.D she enacted a series of different rituals and chants with a strong shamanic dimension, and after returning to a normal mind-state explained that all of that had "to do with the bringing of water to the earth to make things grow again" (see 7.2 a.1.iii).

During the fourth year of therapy both Anna and the therapist compared some of her transpersonal experiences to a shamanic initiation. On 2.4.D she commented:

A: I feel that I am going through my own kind of shamanic process (2.4.D).

She had a sense of urgency to recover ancient wisdom:

A: At one level I feel kind of driven to go into these places in order to bring back the ancient wisdom. And it is that wisdom, that is in me anyway, but I need to make it more of a part of me (27.4.D).

The therapist confirmed this impression (16.4.D; 23.4.D):

J: I have, for a long time, been aware of your therapy being an initiation... A lot of the experiences you've had, which have been very spiritual, and images of ancient rituals, and recovery of ancient spiritual forms ... (16.4.D)

7.4 **Conclusion**

This chapter presented a documentation of the full range of transpersonal phenomena which spontaneously emerged during the course of therapy, without the use of drugs or participation in mind-altering practices such as holotropic breathing or trance-dancing.

When reviewed in terms of Grof's cartography of the human psyche, it was found that the transpersonal phenomena by and large matched Grof's categories, and fitted into the total range typically experienced by subjects in non-ordinary mind-states.

Furthermore, it was illustrated that the transpersonal experiences were not discrete events but integrated elements of an encompassing longitudinal process. The subject's experiences correspond with several of the phenomena Grof identified as varieties of spiritual emergence, i.e. an unfolding of the spiritual dimensions of personal awareness which may bring about a shift from identification with the personal ego to an identity of a transpersonal nature. The subject's process closely matched two of the general, longitudinal processes he referred to, namely the kundalini awakening and the shamanic crisis or initiation process.

Based on these findings, it was concluded that the conceptual framework provided by the transpersonal paradigm was appropriate for the analysis of the therapeutic process in this case study, which will be presented in the following chapters.

CHAPTER EIGHT

Anna: The karmic complex

8.1 Introduction

Having concluded in the previous chapter that the conceptual framework provided by the transpersonal paradigm was appropriate for the analysis of the present case material, the aim of this chapter is two-fold:

- To validate the use of the concept of the karmic complex by addressing the first research question: Is therapeutic work with the emotional and ideational content of past-life regressions relevant for breaking complexes related to traumatic experiences in the subject's biographical history?
- To conceptualize the subject's constellation of complexes in terms of the extended parameters of the karmic complex.

Before the karmic complex could be adopted as a conceptual tool, it had to be established that the nature of the clinical material complied with the criteria implicit in Woolger's theory in terms of

- a symbolic resonance amongst the biographical and transpersonal material
- the presence of archetypal opposites, such as victim/violator, constellated within the same complex.

According to Woolger's conceptualization of the karmic complex (see 2.3.7) there can be six different aspects to every complex, namely an existential, biographical, somatic, perinatal, past-life and archetypal aspect. In accordance with the holographic model of psychic processes, Woolger holds that everything in the psyche mirrors everything else, and that the six aspects of the complex are interconnected by a symbolic resonance amongst the different levels of experience. He describes this symbolic resonance as a "symbolic or metaphysical association made by the unconscious mind that links together the different thoughts, images, feelings and sensations" (Woolger, 1990, p.355). According to him the feeling core of a complex, such as Theme 1: Fear or Theme 11: Betrayal (see Table 1), can be accessed via any of these aspects. For example, the feeling core of Theme 1 can be accessed via a subject's phobic behaviours (existential), childhood memories of being treated cruelly (biographical), heart palpitations or shallow breathing (somatic), a near-fatal birth experience (perinatal), or a terrifying past-life regression (past-life).

Woolger also maintains that archetypal opposites such as victim/violator are constellated within the same complex and that the breaking of the complex is achieved by bringing these opposites to consciousness, reaching a witness point outside the pattern, and integrating the material.

The first implication of Woolger's theory is that the same themes, script beliefs and script decisions which were identified from the biographical material would also be reflected by the 27 past-life regressions which emerged during the Biographical Phase. Based on the premise that the 96 past-life regressions in the Transpersonal Phase emerged in continuation of the 27 past-life

regressions in the Biographical Phase, it is inferred that they constitute similar manifestations of the subject's psychological material. His theory therefore also implies that the 27 past-life regressions in the Biographical Phase would thematically correspond with the 96 past-life regressions in the Transpersonal Phase.

Secondly, in terms of Woolger's theory it is expected that the clinical material would also contain data which indicate the presence of the archetypal opposites of being the victim of violence or abandonment.

The first research question will now be addressed by exploring whether the clinical data meet these conditions. This will be done by executing the following tasks:

- Constructing an analysis table of all past-life regressions in order to identify the central themes in terms of Woolger's criteria (see Table 1, section 2.3.7).
- Comparing the themes reflected by the first 27 past-life regressions to the constellation of complex-themes identified from the biographical material (see 6.3).
- Comparing the themes reflected by the 27 past-life regressions in the Biographical Phase to the themes of the 96 past-life regressions in the Transpersonal Phase.
- Identifying new themes which emerged from past-life regressions, which had not been present or prominent in the biographical material.
- Establishing whether any of the new themes constitute the archetypal opposite(s) of the subject's central traumas, i.e being the victim of violence and abandonment.

8.2 Analysis of the past-life regressions

The analysis of the 126 therapy sessions in the Biographical Phase illustrated how the subject's emotional, ideational and behavioural responses during this phase thematically corresponded with eight of the 14 major distorted complexes identified by Woolger (see Table 1, section 2.3.7), and identified the subject's script beliefs and script decisions related to these themes (see 6.3.2).

In order to establish whether the same themes, script beliefs and script decisions were reflected by the subject's past-life regressions, the next step was to do a detailed analysis of the 123 past-life regressions which emerged during the four years of therapy by constructing Table 3. Brief summaries of all the past-life regressions are presented in Appendix 1.

The analysis columns of Table 3 reflect in each case the subject's past-life identity (including gender and level of maturity), past-life protagonists identified as present acquaintances, the categories of trauma experienced in the past-life scenario, and the subject's role (victim, violator, etc) in past-life regressions involving violence or the abuse of power. In cases where the past-life personality's emotional and ideational responses (script beliefs and script decisions) could be clearly identified from the therapy material or interviews with the subject, it is indicated in the second last column. Where this information was not available, e.g in the experience of the pre-historic psychic woman (P/L 26) or the trapped foetus (P/L 97), the spaces remain blank. Similarly, the last column reflects the complex theme(s) (in terms of Woolger's criteria) which was/were present, only in cases where these themes could clearly be inferred. It will be observed that many past-life regressions constitute a combination of more than one complex-theme (see 8.2.1). The analysis is now presented in Table 3.

TABLE 3

ANALYSIS TABLE OF PAST-LIFE REGRESSIONS

					THEMATIC CONTENT								
PAST LIFE NO.	DATE	GENDER/ MATURITY	SUBJECT'S P/L IDENTITY	P/L PROTAGONIST IDENTIFIED	BIRTH: PERI-NATAL (P)	EMOTIONAL TRAUMA: ABANDONMENT (A) BETRAYAL (B) OPPRESSION (O) RIDICULE (R) BEREAVEMENT (BER) SEPARATION (S)	NON-VIOLENT PHYSICAL TRAUMA: CRUSHED (C) WATER (W) HUNGER (H) FIRE (F)	ABUSE OF POWER (A/P)	VIOLENCE: RITUAL (R) PHYSICAL (P) SEXUAL (S) DEATH (D)	SUBJECT'S ROLE IN VIOLENCE OR ABUSE OF POWER	EMOTIONAL RESPONSE	PROMINENT IDEATIONAL CONTENT (SCRIPT BELIEFS AND SCRIPT DECISIONS)	COMPLEX THEME IN TERMS OF WOOLGER'S CRITERIA:
		MALE (M) FEMALE (F) ADULT (A) CHILD (C)		THERAPIST (T) MOTHER (M) FATHER (F) SISTER (S) PIERRE (P) LIDA (L) GILL (G) KIM (K) GABLE (GA)						WITNESS (W) VICTIM (V) SUICIDE (S) VIOLATOR (VO)		THEME 1: FEAR THEME 2: RAGE THEME 3: GRIEF THEME 6: FAILURE THEME 7: DISGUST THEME 9: EMOTIONAL DEADNESS B THEME 11: BETRAYAL THEME 13: RIGID EMOTIONAL CONTROL	
BIOGRAPHICAL PHASE II (20.8. A - 15.11.B)													
1	20. 8.A	M A	DYING WARRIOR						P, D	V	HELPLESSNESS, DESPAIR FEAR	IT'S HOPELESS. I GIVE UP.	1
2	27. 4.B	M A	DYING WARRIOR						P, D	V	LOVE, LOYALTY, SELF-SACRIFICE	I'M WILLING TO DIE FOR LOVE	
3	4. 5.B	M A	DYING WARRIOR						P, D	V	ANGER, FRUSTRATION	I AM WEAK; I AM A FAILURE	6
4	4. 5.B	M A	FUGITIVE IN WAR						P	W	FEAR	I AM DETERMINED TO SURVIVE	1
5	19. 7.B	F C	VICTIM OF RELIGIOUS RITUAL			A, B		A/P	R, P, S, D	V	FEAR, BETRAYAL, HELPLESSNESS, ABANDONMENT	I AM HELPLESS, BETRAYED, ABANDONED	1, 3, 11
6	28. 7.B	M A	DYING WARRIOR						P, D	V	FEAR, HELPLESSNESS	I HAVE TO BE STRONG. TO LET GO OF STRENGTH IS TO BECOME VULNERABLE	1, 13
7	16. 8.B	M A	WISE KING								COMPASSION	MY STRENGTH IS COMPASSIONATE, NOT ARROGANT	
8	30. 8.B	M C	BOY, KILLED BY FATHER			A		A/P	P, D	V	TERROR, ABANDONMENT, ANGER	I WILL TAKE REVENGE	1, 2, 3
9	1. 9.B	M A	CRUEL LEADER OF DESERT TRIBE	S		BER		A/P	P, D	V, VIO	MURDEROUS RAGE	I WILL TAKE REVENGE; I RESENT MY OWN WEAKNESS	2, 6
10	3. 9.B	F A	ABANDONED WOMAN, SUICIDE			A			P, D	S	DESPAIR, GRIEF, SUICIDE	I PREFER TO DIE RATHER THAN LIVE WITHOUT LOVE	3, 9

					THEMATIC CONTENT								
PAST LIFE NO.	DATE	GENDER/MATURITY	SUBJECT'S P/L IDENTITY	P/L PROTAGONIST IDENTIFIED	BIRTH: PERI-NATAL (P) GIVING BIRTH (B)	EMOTIONAL TRAUMA: ABANDONMENT (A) BETRAYAL (B) OPPRESSION (O) RIDICULE (R) BEREAVEMENT (BER) SEPARATION (S)	NON-VIOLENT PHYSICAL TRAUMA: CRUSHED (C) WATER (W) HUNGER (H) FIRE (F)	ABUSE OF POWER (A/P)	VIOLENCE: RITUAL (R) PHYSICAL (P) SEXUAL (S) DEATH (D)	SUBJECT'S ROLE IN VIOLENCE OR ABUSE OF POWER	EMOTIONAL RESPONSE	PROMINENT IDEATIONAL CONTENT (SCRIPT BELIEFS AND SCRIPT DECISIONS)	COMPLEX THEME IN TERMS OF WOOLGER'S CRITERIA:
11	6.9.B	M A	WARRIOR, SACRIFICING HIS LIFE						P, D	V	LOVE, SELF-SACRIFICE	I AM WILLING TO DIE FOR LOVE	
12	13.9.B	F C	TODDLER, KILLED BY MOTHER			A, B		A/P	P, D	V	TERROR, ABANDONMENT, BETRAYAL	I AM NOT WORTHY OF BEING LOVED	1, 3, 6, 11
13	20.9.B	F A	PRIESTESS, MURDERED BY AQUA	T		O		A/P	P, D	W, V	ANGER, TERROR	I WILL NEVER FORGIVE. ABUSIVE POWER IS DANGEROUS	1, 2
14	24.9.B	M A	PRISONER, EATEN BY LION						P, D	V	FEAR, FAILURE	ONE MUST BE STRONG. I AM A FAILURE FOR BEING WEAK	1, 6, 13
15	29.9.B	F C	CLARISS, OPPRESSED CHILD, KILLED			O		A/P	P, D	V	ANGER	I AM DETERMINED TO RESIST OPPRESSION	2
16	1.10.B	F A	FUGITIVE WOMAN			O			P, D	W, V	TERROR, SUPPRESSED GRIEF	IT IS NOT SAFE TO CRY	1, 13
17	9.10.B	M A	VICTIM OF TORTURE					A/P	P, D	V	FEAR		1
18	9.10.B	F A	WIDOW, SARAH, SUICIDE	T		BER			P, D	S	DESPAIR, GRIEF, SUICIDE	I CANNOT BEAR TO CONTINUE ALONE	3, 9
19	11.10.B	F A	RAPE VICTIM, MURDERED	M				A/P	P, S, D	V	TERROR, DISGUST	MEN ARE DANGEROUS, SEX MUST BE FEARED	1, 7
20	1.11.B	F A	ABUSED WIFE			O		A/P	P, S	V	FEAR, HATRED, REVULSION	SEX IS REVOLTING	1, 2, 7
21	1.11.B	M A	DYING WARRIOR, ABANDONED			A			P, D	V	FEAR, ABANDONMENT, DESPAIR		1, 3
22	1.11.B	F A	BETRAYED MISTRESS, MURDERER	T		A, B			P, D	VIO	ABANDONMENT, BETRAYAL, MURDEROUS RAGE, REMORSE	I WILL TAKE REVENGE	2, 3, 11
23	1.11.B	M A	CRUEL NAZI COMMANDER	P		BER		A/P	P, D	VIO	SADISTIC BRUTALITY	I HATE THEM	2
24	5.11.B	M A	ABANDONED WOODCUTTER, PINNED UNDER TREE			A	C				ABANDONMENT, RAGE	IF I'M NOT STRONG, ANYTHING CAN HAPPEN. OTHERS ARE NOT THERE FOR ME WHEN I NEED THEM	2, 3, 13
25	6.11.B	F A	WOMAN KILLED BY THIEVES						P, D	V	FEAR, RAGE		1, 2

					THEMATIC CONTENT								
PAST LIFE NO.	DATE	GENDER/MATURITY	SUBJECT'S P/L IDENTITY	P/L PROTAGONIST IDENTIFIED	BIRTH: PERI-NATAL (P)	EMOTIONAL TRAUMA: ABANDONMENT (A) BETRAYAL (B) OPPRESSION (O) RIDICULE (R) BEREAVEMENT (BER) SEPARATION (S)	NON-VIOLENT PHYSICAL TRAUMA: CRUSHED (C) WATER (W) HUNGER (H) FIRE (F)	ABUSE OF POWER (A/P)	VIOLENCE: RITUAL (R) PHYSICAL (P) SEXUAL (S) DEATH (D)	SUBJECT'S ROLE IN VIOLENCE OR ABUSE OF POWER	EMOTIONAL RESPONSE	PROMINENT IDEATIONAL CONTENT (SCRIPT BELIEFS AND SCRIPT DECISIONS)	COMPLEX THEME IN TERMS OF WOOLGER'S CRITERIA:
		MALE (M) FEMALE (F) ADULT (A) CHILD (C)		THERAPIST (T) MOTHER (M) FATHER (F) SISTER (S) PIERRE (P) LIDA (L) GILL (G) KIM (K) GABLE (GA)					WITNESS (W) VICTIM (V) SUICIDE (S) VIOLATOR (VO)			THEME 1: FEAR THEME 2: RAGE THEME 3: GRIEF THEME 6: FAILURE THEME 7: DISGUST THEME 9: EMOTIONAL DEADNESS B THEME 11: BETRAYAL THEME 13: RIGID EMOTIONAL CONTROL	
26	6.11.B	F A	PRE-HISTORIC PSYCHIC WOMAN										
27	15.11.B	F A	WOMAN, WANTING TO KILL BABY AFTER GIVING BIRTH ALONE		B	A			P	VIO	ABANDONMENT, HATRED	I WANT TO KILL	2, 3
TRANSPERSONAL PHASE (28.2.C - 4.12.D)													
28	14. 3.C	F C	ABUSED CHILD, KILLED	M		A		A/P	P, S, D	V	FEAR, GRIEF, RAGE		1, 2, 3
29	14. 3.C	M A	SADISTIC MURDERER					A/P	P, D	VIO	SADISTIC PLEASURE	I ENJOY KILLING	2
30 SER- IES	21. 3.C	M A	SADISTIC MURDERER	T, M				A/P	R, P, S, D	V, VIO	SADISTIC PLEASURE	I ENJOY KILLING	2
31	28. 3.C	F A	WOMAN WHO LOST HER WAY, DIED			A					ABANDONMENT, DESPAIR	NOBODY CARES ABOUT ME	3
32	28. 3.C	F C	CHILD SEPARATED FROM MOTHER BY SOLDIERS			S, A	H		P, D	W, V	ABANDONMENT, SUICIDAL DESPAIR	I CAN'T BEAR TO LIVE WITHOUT MY MOTHER	3, 9
33	4. 4.C	F A	WOMAN SEEKING REVENGE, KILLED	T					P, D	W, V, VIO	RAGE	I WANT REVENGE	2
34	4. 4.C	M A	WITNESS OF MURDER	T					P	W	RAGE	I WANT REVENGE	2
35	4. 4.C	M A	HOMOSEXUAL, ABANDONED BY LOVER	T		A					ABANDONMENT, RAGE		2, 3
36	11. 4.C	F C	RAPE VICTIM, MAGGIE					A/P	S	V	FEAR, DISGUST	I AM HELPLESS. SEX IS DISGUSTING	1, 7
37	11. 4.C	F A	RAPE VICTIM, NINA					A/P	S	V	DISGUST	I AM HELPLESS. SEX IS DISGUSTING	1, 7
38	11. 4.C	M A	SADISTIC RAPIST					A/P	S	VIO	SADISTIC PLEASURE, ENJOYMENT OF POWER	I ENJOY MY POWER	
39	18. 4.C	F A	RAPE VICTIM, DEBORAH					A/P	S	V	FEAR, REVULSION	I AM HELPLESS. SEX IS REVOLTING	1, 7

					THEMATIC CONTENT								
PAST LIFE NO.	DATE	GENDER/MATURITY MALE (M) FEMALE (F) ADULT (A) CHILD (C)	SUBJECT'S P/L IDENTITY	P/L PROTAGONIST IDENTIFIED THERAPIST (T) MOTHER (M) FATHER (F) SISTER (S) PIERRE (P) LIDA (L) GILL (G) KIM (K) GABLE (GA)	BIRTH: PERI-NATAL (P) GIVING BIRTH (B)	EMOTIONAL TRAUMA: ABANDONMENT (A) BETRAYAL (B) OPPRESSION (O) RIDICULE (R) BEREAVEMENT (BER) SEPARATION (S)	NON-VIOLENT PHYSICAL TRAUMA: CRUSHED (C) WATER (W) HUNGER (H) FIRE (F)	ABUSE OF POWER (A/P)	VIOLENCE: RITUAL (R) PHYSICAL (P) SEXUAL (S) DEATH (D)	SUBJECT'S ROLE IN VIOLENCE OR ABUSE OF POWER WITNESS (W) VICTIM (V) SUICIDE (S) VIOLATOR (VO)	EMOTIONAL RESPONSE	PROMINENT IDEATIONAL CONTENT (SCRIPT BELIEFS AND SCRIPT DECISIONS)	COMPLEX THEME IN TERMS OF WOOLGER'S CRITERIA: THEME 1: FEAR THEME 2: RAGE THEME 3: GRIEF THEME 6: FAILURE THEME 7: DISGUST THEME 9: EMOTIONAL DEADNESS B THEME 11: BETRAYAL THEME 13: RIGID EMOTIONAL CONTROL
40	18. 4.C	F A	RAPE VICTIM, DAWN					A/P	S	V	FEAR, REVULSION	I AM HELPLESS. SEX IS REVOLTING	1, 7
41	18. 4.C	F A	RAPE VICTIM, CELIARICH, MURDERED					A/P	P, S, D	V	FEAR	I AM HELPLESS	1
42	18. 4.C	M A	SADISTIC RAPIST, MURDERER					A/P	P, S, D	VO	SADISTIC PLEASURE, ENJOYMENT OF POWER	I ENJOY MY POWER	
43	22. 4.C	F A	TORTURED, PRISONER, HELEN, KILLED	T				A/P	P, S, D	V	FEAR, LOYALTY	I WILL RATHER SUFFER THAN BETRAY MY FRIEND.	1, 13
44	22. 4.C	F C	CHILD-VICTIM OF SEXUAL SLAVERY			S		A/P	S	V	FEAR, DISGUST	I AM HELPLESS. SEX IS DISGUSTING	1, 7
45	25. 4.C	F C	ILL-TREATED CHILD					A/P	P	V	FEAR	I AM UNWORTHY	1, 6
46	25. 4.C	F A	BEREAVED MOTHER	T		BER					GRIEF	I'VE LOST HER	3
47	25. 4.C	F A	WOMAN WHO GAVE BIRTH	T	B						GRIEF	WE ARE SEPARATED	3
48	5. 6.C	F C	RIDICULED CHILD, MARY			R					HUMILIATION		
49	5. 6.C	M C	OPPRESSED CHILD, DANIEL			O					RAGE, FRUSTRATION, REBELLION	I AM NOT ALLOWED TO EXPRESS MY ANGER	2, 13
50	20. 6.C	F A	TEZAN, GIRL IN INCESTUOUS RELATIONSHIP, TORTURED, KILLED	T				A/P	P, S, D	W, V	FEAR, SHOCK	I AM HELPLESS	1
51	27. 6.C	F A	RAPE VICTIM, NEA					A/P	S	V	HELPLESSNESS, DISGUST	SEX IS DISGUSTING. I AM HELPLESS	1, 7
52	27. 6.C	F C	ABUSED CHILD, CLARISSA	T		O		A/P	S	V	FEAR, DISGUST	I AM NOT SUPPOSED TO FIGHT BACK	1, 7, 13
53	27. 6.C	F C	RAPE VICTIM, NEARE					A/P	S	V	FEAR	I AM HELPLESS	1
54	11. 7.C	F A	ABUSED WIFE, TALA	HIGH PRIEST IN P/L 5		A		A/P	S	V	ABANDONMENT, HATRED	I AM HELPLESS. I AM ABANDONED	1, 3
55	30. 7.C	F A	A WOMAN GIVING BIRTH		B								

					THEMATIC CONTENT								
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56	30. 7.C	M A	ACCIDENT VICTIM				C						
57	30. 7.C	F A	FUGITIVE, PREGNANT WOMAN, ROSARIA		B						MATERNAL LOVE, COURAGE	I WILL BE STRONG TO PROTECT MY CHILD	13
58	1. 8.C	F A	WOMAN GIVING BIRTH		B								
59	1. 8.C	F C	ABUSED CHILD, NATALIE			O		A/P	S	V	FEAR, DISGUST	I AM HELPLESS. SEX IS DISGUSTING	1, 7
60	15. 8.C	M C	ABUSIVE ARAB CHILD-KING					A/P		VO	ANGER, RESENTMENT, REBELLION	I RESENT THIS	2
61	29. 8.C	F C	ABUSED CHILD, JANET, KILLED			O		A/P	P, D	V	FEAR, ANGER, RESISTANCE	I WILL SURVIVE BY FIGHTING	1, 2
62	29. 8.C	M A	BRUTAL KILLER					A/P	P, D	VO	SADISTIC SATISFACTION	I ENJOY KILLING	2
63	12. 9.C	M C	INITIATE IN SPIRITUAL RITUAL					A/P	R, P	V	FEAR		1
64	27. 9.C	F A	PRIESTESS								SPIRITUAL DEVOTION		
65	27. 9.C	F C	HAPPY CHILD								HAPPINESS	I AM LOVED AND UNDERSTOOD	
66	30. 9.C	F C	DYING CHILD, MARY, ABANDONED			A	H				GRIEF	I AM UNWORTHY	3, 6
67	30. 9.C	F A	ABANDONED WOMAN, KATIA	T		A					BETRAYED, ABANDONED	I CAN'T RELY ON OTHERS	3, 11
68	11.10.C	M A	EVIL SORCERER, RANCHA					A/P		VO			
69	11.10.C	M C	TOSHUA, MURDERED BY FATHER			A		A/P	P, D	V	FEAR, GRIEF, REJECTION, BETRAYAL		1, 3, 11
70	11.10.C	F A	JOCELYN, GIVING BIRTH		B						SPIRITUAL AWARENESS		
71	15.10.C	F C	VICTIM OF FIRE				F				FEAR		1
72	15.10.C	F C	SPIRITUAL INITIATE, MARISHKA					A/P	R, P	V	FEAR	I AM HELPLESS	1
73	15.10.C	M C	RITUAL VICTIM, KILLED					A/P	R, P, D	V	FEAR	I AM HELPLESS	1

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74	15.10.C	M A	PRISONER, EATEN BY LIONS						P, D	V	TERROR	I AM HELPLESS	1
75	15.10.C	F C	BABY BEING BORN		P								
76	17.10.C	F A	RICE, WOMAN RESISTING IMPRISONMENT						P, D	W, V	ANGER, COURAGE	I WILL OPPOSE ABUSIVE POWER	2
77	17.10.C	F A	AMALIA, REJECTED BY LOVER	T		A						DESPAIR, GRIEF, ABANDONMENT	3
78	17.10.C	F A	HELENE, REJECTED BY LOVER, SUICIDE	T		A			P, D	S	DESPAIR, SUICIDE	I'D RATHER DIE THAN CONTINUE ALONE	3, 9
79	17.10.C	F A	NATALIE, REJECTED BY LOVER	T, G		A					DESPAIR, GRIEF, HOPELESSNESS		3
80	21.10.C	F A	WIDOW, KARINA			BER, O					GRIEF	I AM NOT ALLOWED TO EXPRESS MY GRIEF	3, 13
81	24.10.C	M A	SPIRITUAL INITIATE, LESTER					A/P	R, P	V	FEAR, RESISTANCE		1
82	24.10.C	F C	CHILD-BRIDE, PORSHNA					A/P	S	V	FEAR, DISGUST	SEX IS TO BE FEARED. SEX IS DISGUSTING	1, 7
83	31.10.C	F C	ABUSED CHILD, KERA, MURDERER					A/P	P, S, D	V, VIO	FEAR, ANGER, REVENGE	SHE'LL NEVER DO THAT AGAIN	1, 2
84	31.10.C	F C	ABUSED CHILD, JEANETTE					A/P	S	V	FEAR, ANGER		1, 2
85	14.11.C	F A	STARVING OLD WOMAN				H						
86	14.11.C	F C	ABUSED CHILD, CARIKA			O		A/P	P	V	FEAR	IT'S NOT SAFE TO CRY	1, 13
87	14.11.C	F C	RAPE VICTIM, HILARY			O		A/P	P, S	V	FEAR	IT'S NOT SAFE TO CRY	1, 13
88	21.11.C	M A	ACCIDENT VICTIM				C						
89	21.11.C	M C	RITUAL INITIATE, NICOLAS					A/P	R, P	V	FEAR		1
90	21.11.C	F C	BABY BEING BORN		P								
91	21.11.C	M A	MURDER VICTIM, PETER						P, D	V	ANGER	MY ANGER IS JUSTIFIED	2

				THEMATIC CONTENT									
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92	28.11.C	F A	ABUSED WIFE, LEE					A/P	P, S	V	RAGE	I AM HELPLESS	1, 2
93	28.11.C	M A	WOUNDED MAN, DIMITRI WHO ABANDONS DYING FRIEND	L					P	W, V	GUILT	I AM DETERMINED TO SURVIVE	
94	28.11.C	F A	CLARE, MOTHER OF DYING CHILD			BER					GRIEF		3
95	28.11.C	F C	BABY DYING AT BIRTH		P								
96	28.11.C	M A	SPIRITUAL HEALER										
97	20. 2.D	F C	TRAPPED FOETUS		P								
98	20. 2.D	F A	WOMAN GIVING BIRTH		B								
99	27. 2.D	M A	DARYN, VICTIM OF TORTURE, KILLED	F, K, T				A/P	P, D	V	ANGER, COURAGE, LOYALTY	I WILL TAKE REVENGE	2
100	5. 3.D	M A	AMBUSH VICTIM						P	V			
101	5. 3.D	F C	VICTIM OF GANG-RAPE					A/P	S	V	FEAR	I AM HELPLESS	1
102	5. 3.D	M A	EME, AMERICAN INDIAN CHIEF WHOSE TRIBE WAS KILLED			BER			P, D	W	GRIEF, RAGE, GUILT	I HAVE FAILED MY PEOPLE	2, 3, 6
103	2. 4.D	F A	PRIESTESS, PRACTISING TANTRIC SEX	T							REVERENCE	SEX IS SACRED AND TRANSFORMATIVE	
104	2. 4.D	F A	SPIRITUAL WOMAN, CLIVIA								SPIRITUAL POWER		
105	2. 4.D	F A	ABUSED WIFE, LILA	T				A/P	P, S	V	ANGER, GRIEF		1, 2
106	16. 4.D	F C	ORPHAN, MISHA			BER			P	W	FEAR, GRIEF	I STILL NEED MY MOTHER	1, 3
107	23. 4.D	M A	RITUAL VICTIM, KILLED					A/P	R, P, D	V	FEAR	I AM HELPLESS	1
108	23. 4.D	M C	RITUAL VICTIM, TIM, KILLED					A/P	R, P, D	V	FEAR	I AM HELPLESS	1

					THEMATIC CONTENT								
PAST LIFE NO.	DATE	GENDER/MATURITY MALE (M) FEMALE (F) ADULT (A) CHILD (C)	SUBJECT'S P/L IDENTITY	P/L PROTAGONIST IDENTIFIED THERAPIST (T) MOTHER (M) FATHER (F) SISTER (S) PIERRE (P) LIDA (L) GILL (G) KIM (K) GABLE (GA)	BIRTH: PERI-NATAL (P) GIVING BIRTH (B)	EMOTIONAL TRAUMA: ABANDONMENT (A) BETRAYAL (B) OPPRESSION (O) RIDICULE (R) BEREAVEMENT (BER) SEPARATION (S)	NON-VIOLENT PHYSICAL TRAUMA: CRUSHED (C) WATER (W) HUNGER (H) FIRE (F)	ABUSE OF POWER (A/P)	VIOLENCE: RITUAL (R) PHYSICAL (P) SEXUAL (S) DEATH (D)	SUBJECT'S ROLE IN VIOLENCE OR ABUSE OF POWER WITNESS (W) VICTIM (V) SUICIDE (S) VIOLATOR (VIO)	EMOTIONAL RESPONSE	PROMINENT IDEATIONAL CONTENT (SCRIPT BELIEFS AND SCRIPT DECISIONS)	COMPLEX THEME IN TERMS OF WOOLGER'S CRITERIA: THEME 1: FEAR THEME 2: RAGE THEME 3: GRIEF THEME 6: FAILURE THEME 7: DISGUST THEME 9: EMOTIONAL DEADNESS B THEME 11: BETRAYAL THEME 13: RIGID EMOTIONAL CONTROL
109	23. 4.D	M A	RITUAL VICTIM, MANIHOF, KILLED					A/P	R, P, D	V	TERROR	I AM HELPLESS	1
110	27. 4.D	M A	Yael, WOUNDED						P, D	V	FEAR	I AM HELPLESS	1
111	27. 4.D	M C	UNBORN BABY, LEXIS		P				P	V	TERROR	I DO NOT WANT TO SUFFER MY FATE	1
112	27. 4.D	F C	KIM, VICTIM OF GANG-RAPE					A/P	P, S	V	FEAR		1
113	7. 5.D	F A	RAPE VICTIM, TRISHIA					A/P	S	V	DISGUST	I WANT TO DIE	7, 9
114	7. 5.D	M A	RAPIST, DESIRÉ	T		BER		A/P	P, S, D	V, VIO	GRIEF, HATRED, SADISTIC SATISFACTION	I WANT REVENGE	2, 3
115	28. 5.D	F C	ABUSED CHILD, LILYANNA			O		A/P	P, S	V	DISGUST	SEX IS DISGUSTING	7
116	28. 5.D	F A	WOMAN WHO ENJOYS SEX, VEIA								PLEASURE	SEX IS FUN	
117	28. 5.D	F C	CHILD-BRIDE, REY	F				A/P	S	V	FEAR, DISGUST	SEX IS DISGUSTING	1, 7
118	4. 6.D	M A	INHABITANT OF CITY DESTROYED BY WATER				W					WE MUST TRANSFORM NEGATIVE ENERGY TO HEAL THE PLANET	
119	20. 8.D	F A	SEXUALLY LIBERATED WOMAN	T, P							PLEASURE	I AM WILD, FREE AND LUSTY. NO MAN WILL CAPTURE OR TAME ME	
120	23. 9.D	F C	ABUSED CHILD KEI, SUICIDE	T		BER, S		A/P	P, S, D	V, S	RAGE, GRIEF, SUICIDE, DESPAIR	I WANT TO DIE	1, 2, 3, 9
121	29.10.D	F A	RAPE VICTIM, SHOSHANNA					A/P	S	V			
122	19.11.D	M A	HESHNA, KING WHO BETRAYED HIS PEOPLE					A/P	P, D	V	FEAR, GUILT	I AM HELPLESS. I AM UNWORTHY	1, 6
123	19.11.D	M A	KENASH, MURDERED FOR FORBIDDEN LOVE	G				A/P	P, D	V	COURAGE	I WILL CONTINUE TO LOVE	



Figure 6, on the previous page, is a copy of the front page of *Everyday life through the ages* (Davison, 1992), which captures some of the vast majority of roles and life-styles of people throughout human history. In a similar way, Anna's series of past-life regressions included scenarios from pre-historic times to the middle of the present century.

8.2.1 Symbolic resonance

The analysis columns indicate that the thematic content of the past-life regressions largely mirrored the subject's biographical history in that experiences of violence, the abuse of power and experiences of separation, loss and abandonment dominated the scene. A total of 85 regressions involved violence, 60 the abuse of power, and 33 experiences of separation, bereavement (loss) or abandonment. Twelve of the regressions involved giving birth or being born, eight involved other non-violent physical trauma (such as starvation, being crushed or overcome by water or fire), 12 involved the emotional trauma of oppression, three of betrayal, and one of ridicule. Only ten of the 123 past-life regressions did not involve physical or emotional trauma.

In Chapter Six it was established that the clinical material in the Biographical Phase reflected the presence of Themes 1 (Fear), 2 (Rage), 3 (Grief), 6 (Failure), 7 (Disgust), 9 (Emotional Deadness B), 11 (Betrayal) and 13 (Rigid Emotional Control). Table 3 indicates that the same themes occurred in the majority of the past-life regressions. In addition, some past-life regressions reflected themes which have not been prominent in the biographical material (e.g. guilt and humiliation), some contained positive experiences, and some portrayed scenarios in which the subject did not find herself in the role of the victim but that of a violator.

This section will first explore the thematic correspondence among biographical material and past-life regressions in the Biographical Phase and then illustrate the thematic correspondence among past-life regressions in the Biographical and Transpersonal Phases.

(a) Thematic correspondence between biographical material and past-life regressions in the Biographical Phase

From the analysis columns of Table 3 it can be seen that every one of the above-mentioned eight themes featured repeatedly in the 27 past-life regressions in the Biographical Phase, and that some regressions involved a combination of several themes. This section will illustrate the manifestation of the eight themes and their respective script beliefs and script decisions in the first 27 past-life regressions, refer to some of the regressions which combined several themes, and present a detailed analysis of P/L 5 to explicate how facets of this regression relate to numerous script beliefs in the constellation of complexes.

(i) The manifestation of the eight themes in the first 27 past-life regressions

The eight themes identified from the subject's biographical material are manifested as follows in the content of the first 27 past-life regressions:

Theme 1 (Fear):

A total of 14 regressions involved terrifying scenarios in which the subject's past-life personality suffered a violent death at the hand of his/her protagonist(s) (P/L 1, 2, 3, 5, 6, 8, 11, 12, 13, 14, 15, 19, 21, 25) and another three depicted situations in which he/she experienced mortal fear (P/L 4, 16, 17). The scripts related to this theme are vividly portrayed in the content of numerous regressions:

I am a helpless victim of abusive power:

Although the subject's past-life personalities never formulated this belief, the typical emotional response of helplessness (e.g P/L 5), powerlessness (e.g P/L 6) and hopelessness (e.g P/L 1) occurred. The script belief was implicitly present in the scenario of at least 12 regressions, such as P/L 1, 3, 5, 8, 12, 13, 14, 16, 17, 19, 20 and 25.

The world is not safe:

This belief was never expressed, but can be inferred from the threatening and often fatal situations with which the past-life personalities were confronted, such as war (P/L 1, 2, 3, 4, 6, 11 and 21), imprisonment (P/L 14), torture (P/L 17) or natural disaster (P/L 24).

Sex is to be feared:

This belief follows logically from three regressions which involved sexual abuse and violence (P/L 5, 19 and 20). In two of these regressions the sexual violence resulted in death.

To be loved is to be hurt:

This script belief can be inferred from the content of P/L 20. In this regression the past-life personality was suffering sexual and physical abuse at the hand of her husband in the course of their marital relations, which is supposed to be an expression of love. The script belief is also portrayed by P/L 5 in which the experience of being "special" (loved) resulted in rape, torture and death (being hurt). (See discussion of P/L 5 on p.190.)

Theme 2 (Rage):

Ten of the regressions reflected emotions typically associated with this theme, namely anger (P/L 8, 13, 15, 24, 25), hatred (P/L 20, 27), murderous rage (P/L 9, 22) and sadistic brutality (P/L 23).

Some of the past-life personalities in these regressions overtly expressed rage in their determination to resist oppression (P/L 13, 15), the resolution never to forgive (P/L 13), gaining satisfaction from cruel brutality (P/L 23), and the desire to kill (P/L 27). The desire for revenge occurred in three regressions (P/L 8, 9 and 22).

In discussing the manifestation of rage in the transference (see 6.3.1) it was illustrated how the sense of being abandoned by the therapist triggered a response of cold anger, hatred and destructive rage in the subject. At times this escalated to a murderous rage and the urge to "break his neck". The same response occurred in P/L 22, where the past-life personality avenged her lover's betrayal and abandonment by killing him.

Theme 3 (Grief):

Nine of the regressions related to this theme. In eight of the regressions the past-life personality experienced a sense of abandonment and in one (P/L 18) she suffered an unbearable pain of bereavement and loss. The script beliefs related to this theme can be inferred from the following regressions:

If people love me, they leave me:

This conclusion follows from the experiences of the past-life personalities in P/L 5 (who was left to die alone by both her mother and the high priest who had chosen her as "special"), P/L 10 (who was abandoned by her lover) and P/L 22 (whose lover betrayed her).

I cannot bear the pain of separation, loss or abandonment:

This script belief was vividly portrayed in P/L 10 where the past-life personality committed suicide after her lover abandoned her, and in P/L 18, where the widow Sarah took poison after the death of her husband.

Theme 6 (Failure):

The ideational content of four regressions related to this theme (P/L 3, 9, 12 and 14). The following script beliefs were present:

I am not worthy of being loved

This belief was overtly expressed in the ideation of P/L 12, where the toddler suffered betrayal, abandonment and death at the hands of her own mother.

I am a failure

Three of the past-life personalities (P/L 3, 9 and 14) saw themselves as failures because they were not strong enough to survive. These regressions, by implication, link up with the script decision I must be strong.

Theme 7 (Disgust):

Two of the past-life personalities felt disgust at being sexually abused (P/L 19 and 20). The script belief Sex is degrading was implicitly present.

Theme 9 (Emotional Deadness B):

The despair, hopelessness and death-wish that characterize this theme appeared in two regressions (P/L 10 and 18). Both past-life personalities manifested the script belief I cannot bear the pain of separation, loss or abandonment and the script decision I would rather die than suffer the pain of separation, loss or abandonment by committing suicide.

Theme 11 (Betrayal):

The theme of betrayal occurred in three regressions, P/L 5 (where the mother handed her daughter over to be sacrificed), P/L 12 (where the mother broke her promise to keep the toddler safe and dropped her down a cliff) and P/L 22 (where the past-life personality was betrayed by her lover). The regressions portrayed the implicit script belief People on whom I rely will betray

me.

Theme 13 (Rigid Emotional Control):

Four regressions reflected beliefs related to this theme. Three of them (P/L 6, 14 and 24) overtly expressed the script belief I have to be strong and one (P/L 16) the script decision It is not safe to cry, which linked up with the subject's script decision I dare not express my anger.

Although every one of these themes were present in numerous past-life regressions, there was no clear one-on-one mapping of any regression onto a particular trauma in the subject's biographical history. Instead, the thematic content of the past-life regressions mirrored the complexity of the interlocking constellation of themes in the complex (see 6.3). It was found that some past-life regressions would resonate with one emotional dimension of a trauma, such as the helplessness of being sexually abused, while other past-life regressions would mirror other dimensions, e.g the rage it evoked.

It was also found that several themes would often be present within the same regression, as will be illustrated in the next section.

(ii) Combined themes

In the definition of the subject's prevailing constellation of complexes it was observed that not one but eight interlocking themes were involved (see 6.3). The following four examples illustrate how the past-life regressions often reflected the same combination of themes within a single scenario:

P/L 12:

Anna was a two-year old girl. When there was not enough food available, her mother took her up a slippery mountainside and held her over a cliff. Although the mother had promised not to drop her down, she did, and the child fell to her death. She felt terrified, abandoned and betrayed, and died with the belief that she was not worthy of love and support.

This regression combined the core features of four of the major complexes identified by Woolger, namely the helpless child's terror (Theme 1: Fear), her sense of abandonment by her mother (Theme 3: Grief), the betrayal when her mother broke the promise not to drop her (Theme 11: Betrayal), and the child's conclusion that she was killed because she was not worthy of love and support (Theme 6: Failure).

P/L 18:

Anna was Sarah, who was married to a loving husband, Geoffrey. She felt secure in his love and admiration. When he drowned, she couldn't bear the loss and killed herself by taking rat poison. She died slowly, with an intense sense of loneliness. She could not face the thought of continuing life without him.

In this regression the intense sorrow of separation and loss (Theme 3: Grief) combined with the widow's despair and hopelessness (Theme 9: Emotional Deadness B), which culminated in suicide.

P/L 20:

Anna was married to a drunkard who abused her. He forced himself on her, would not allow her to cry, and choked her to keep her quiet. She feared and hated him and felt intense revulsion of sex.

This regression combined the helpless fear of the victim (Theme 1: Fear) with the response of hatred (Theme 2: Rage), the revulsion at being sexually abused (Theme 7: Disgust), and the conviction that she did not dare express her emotions (Theme 13: Rigid Emotional Control).

P/L 24:

Anna was a woodcutter, who was pinned down helplessly by a fallen tree. He struggled painfully to free himself, but failed. He realized that if he was not strong enough, anything could happen to him. When it became dark and cold his hope that friends would come to look for him faded. He felt let down and disappointed, with a sense of others not being there for him when he needed them. This turned into a destructive rage against those who had abandoned him.

This regression reflected a combination of feeling abandoned by others (Theme 3: Grief) with the need to be strong and self-sufficient (Theme 13: Rigid Emotional Control) and the response of rage at being abandoned (Theme 2: Rage).

Similar to the above-mentioned examples, P/L 5 involved a combination of several of the identified themes in the complex. This regression, which reflected the same combination of physical and sexual violence and emotional abandonment as the subject's biographical history, will now be analyzed in detail to illustrate the principle of symbolic resonance.

(iii) P/L 5: A template for the constellation of complexes

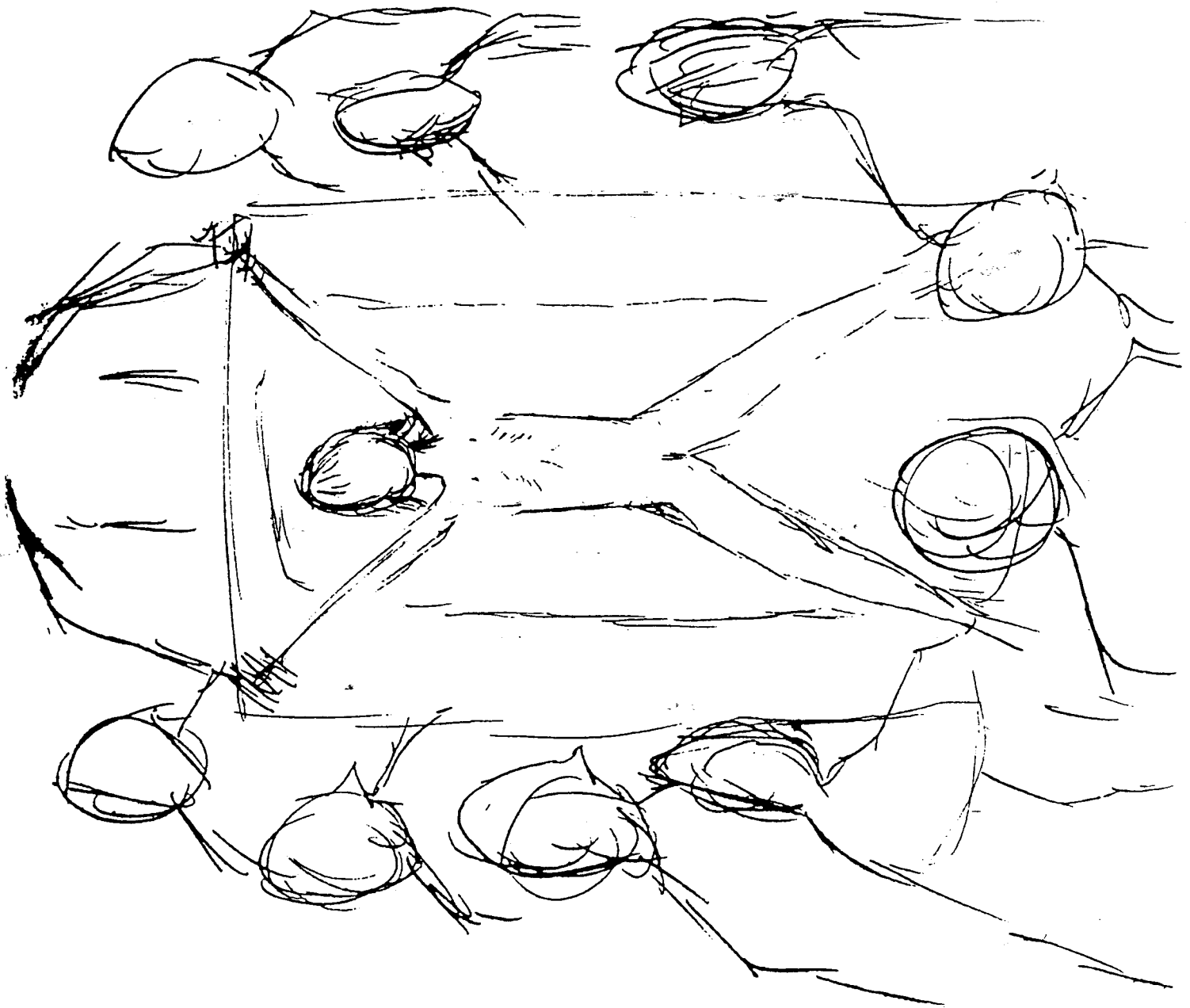
In this past-life scenario, which first appeared in a dream the subject had at the age of ten¹ (see 5.4.5), she was a ten-year old girl in an ancient civilization. Her mother took her to the altar in their village, saying that it was a special day for her, and that she had been "chosen" (without disclosing details). She was excited and innocently trusted her mother. There were many people at the altar. Her mother took her to the steps and a priest led her up. He touched her head and told her to lie down. She panicked when two other men tied her down. The head priest, in special robes, lifted her tunic and separated her legs. When he touched her genitals she became sexually aroused, but was afraid. Then he raped her. It hurt and she screamed. She was told to be quiet and something was put over her mouth. After she was blindfolded, a curved knife was plunged into her solar plexus and pulled up into her heart. She was left alone to die, feeling betrayed and abandoned. When she called out for her mother, there was no response.

After the subject experienced this regression on 19.7.B, she recalled the dream she had in childhood, and made five drawings to illustrate the past-life scenario (see pp.191-195). Drawings 1 and 2 capture the vulnerability of the little girl and Drawing 3 portrays the violation of her trust. Drawing 4 reflects the passive role of the mother, who abandoned her to be violated, and Drawing 5 illustrates her association between a penis and a knife as instruments of violence.

1. Woolger noted that latent past-lives can be reactivated by incidents in childhood and that such residues often constitute "the stuff of night terrors" (Woolger, 1993a).



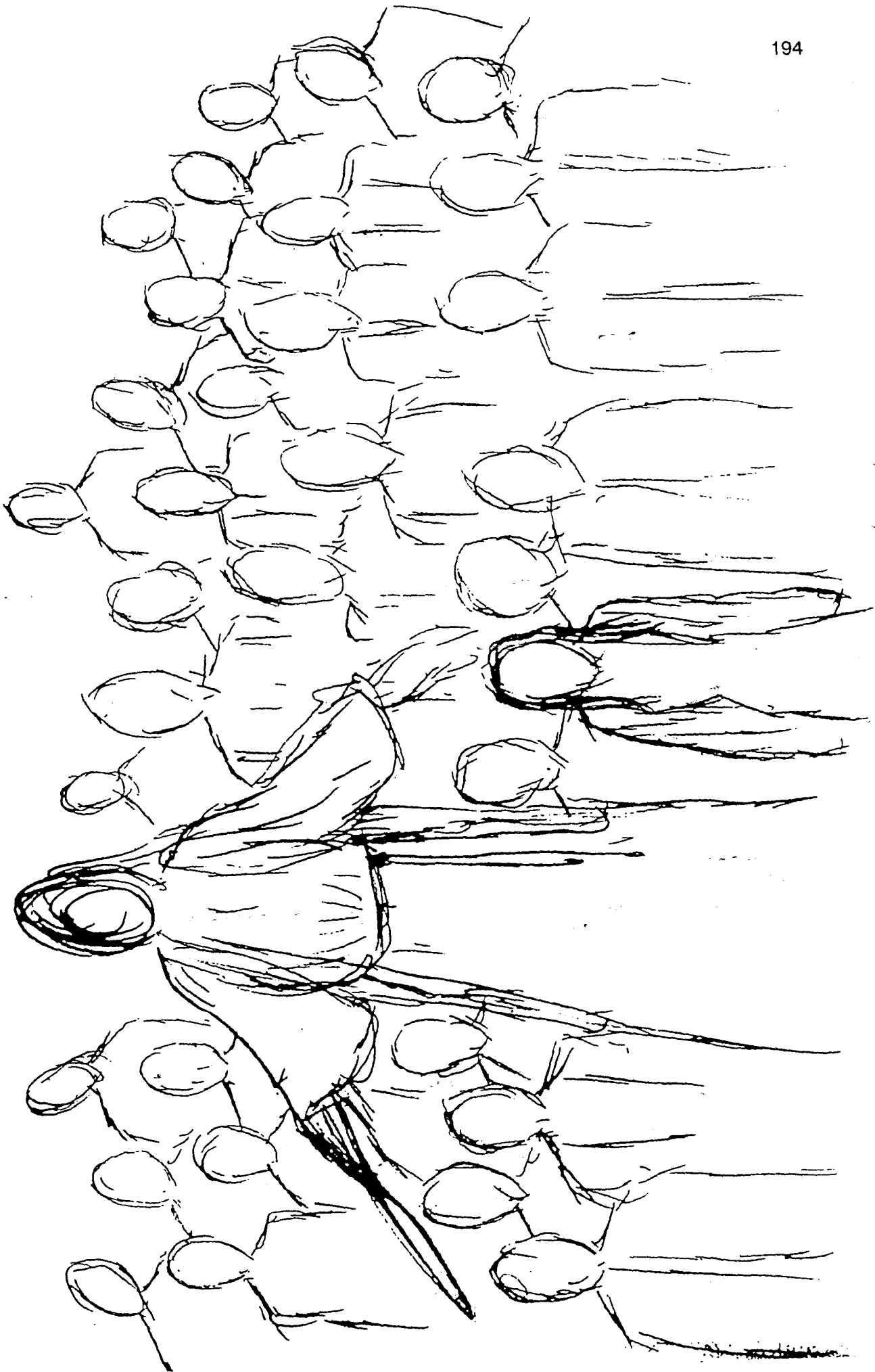
DRAWING 1



DRAWING 2



DRAWING 3



DRAWING 4



DRAWING 5

At first glance it is obvious that the regression represented a combination of three themes, i.e. the child's terrifying ordeal (Theme 1: Fear), the mother's betrayal of her (Theme 11: Betrayal) and her eventual abandonment when she was left to die alone (Theme 3: Grief). When the features of this regression are analysed in greater detail, numerous links to the subject's biographical experience with her mother (see 5.3.3) and to the constellation of script beliefs and script decisions identified in the Biographical Phase (see 6.3.2) emerge.

These links are illustrated in Table 4, presented in this section.

TABLE 4

ANALYSIS OF P/L 5 IN TERMS OF SYMBOLIC RESONANCE

FEATURES OF P/L 5	FEATURES OF ANNA'S BIOGRAPHICAL HISTORY (SEE 5.3.3)	THEMATICALLY, RELATED SCRIPT BELIEFS/DECISIONS
<ul style="list-style-type: none"> • A child, in a vulnerable position to the abusive authority and superior physical power of others (see Drawing 1). 	<ul style="list-style-type: none"> • A child, in a vulnerable position to the abusive authority and superior physical power of her mother. 	<ul style="list-style-type: none"> • The world is not safe.
<ul style="list-style-type: none"> • Her trust in parental love and protection was betrayed when her mother handed her over to be raped, tortured and killed (see Drawing 3, 4, 5). 	<ul style="list-style-type: none"> • Her trust in parental love and protection was betrayed when her mother physically and sexually abused her. 	<ul style="list-style-type: none"> • People on whom I rely will betray me. • I dare not trust anyone.
<ul style="list-style-type: none"> • She was tied down, blind-folded, and gagged, thus rendered totally helpless against the agents of violence (see Drawing 2). 	<ul style="list-style-type: none"> • Her mother on occasions tied her to a chair and left her like that for extended periods of time. 	<ul style="list-style-type: none"> • I am a helpless victim of abusive power.
<ul style="list-style-type: none"> • She was told to be quiet and forcefully prevented from expressing her feelings (terror and pain). 	<ul style="list-style-type: none"> • Her mother responded to her expression of anger with more abuse or abandonment. 	<ul style="list-style-type: none"> • If I show anger I will be abandoned. • I dare not express anger.
<ul style="list-style-type: none"> • Her experience of being "chosen" (loved, valued, special) led to physical suffering, emotional abandonment and death. • To be "chosen" demanded sacrifice. 	<ul style="list-style-type: none"> • She only received attention and some degree of affection from her mother during the years that she was abused. When the abuse stopped, she was emotionally abandoned. 	<ul style="list-style-type: none"> • To be loved is to be hurt. • I have to accept abuse to receive love. • Relationships are dangerous.
<ul style="list-style-type: none"> • The person who made her feel "special" (loved, valued), i.e. the head-priest, abandoned her too. 		<ul style="list-style-type: none"> • Even if I accept abuse to receive love, I am abandoned. • If people love me they leave me.
<ul style="list-style-type: none"> • Sexual arousal was followed by sexual violence (rape) and suffering (see Drawing 3, 5). 	<ul style="list-style-type: none"> • Sexual arousal by her mother was accompanied by physical abuse. 	<ul style="list-style-type: none"> • Sex is to be feared. • I must avoid sex.
<ul style="list-style-type: none"> • Her body was (invaded) penetrated by a penis and a knife, which were experienced as related instruments of violence (see Drawing 5). 	<ul style="list-style-type: none"> • Her mother inserted her fingers and other objects into Anna's vagina. 	<ul style="list-style-type: none"> • Sex is to be feared. • Sex is an invasion.

FEATURES OF P/L 5	FEATURES OF ANNA'S BIOGRAPHICAL HISTORY (SEE 5.3.3)	THEMATICALLY, RELATED SCRIPT BELIEFS/DECISIONS
<ul style="list-style-type: none"> • No-one came to her rescue (see Drawing 3, 4). 	<ul style="list-style-type: none"> • Her father ignored the signs of physical abuse, believed her mother's explanations (such as breaking her arm by falling out of a tree), and did not provide her with protection or support. • When she suffered an attempted rape, her parents did not come forward to console or support her, neither did they attend the court case. 	<ul style="list-style-type: none"> • I am a helpless victim of abusive power. • I am not worthy of love.
<ul style="list-style-type: none"> • Her mother abandoned her. • Her friends and family abandoned her. • The people of the village abandoned her. 	<ul style="list-style-type: none"> • Her mother abandoned her emotionally after the abuse stopped. 	<ul style="list-style-type: none"> • I am insignificant. • People on whom I rely will betray me.
<ul style="list-style-type: none"> • She died in utter isolation, separated from and abandoned by everybody. 	<ul style="list-style-type: none"> • She on several occasions wanted to give up and die. 	<ul style="list-style-type: none"> • I cannot bear the pain of separation, loss or abandonment. • If I'm abandoned there is nothing left to live for.

The data in Table 4 illustrate how the scenario in P/L 5 mirrored the subject's biographical history in numerous respects and largely served as a template for the constellation of complexes identified in section 6.3. With the exception of Theme 2 (Rage) every one of the subject's major complexes were thematically represented in the past-life history, and the majority of her script beliefs mapped onto the features of this regression.

The analysis of the thematic content of the 27 past-life regressions which emerged in the Biographical Phase indicated the presence of a symbolic resonance with the biographical data of this case-study.

The analysis of the thematic content of the 27 past-life regressions which emerged in the Biographical Phase provided unequivocal evidence of their symbolic resonance with the biographical data of this case study.

The next step was to establish whether the past-life regressions in the Biographical Phase thematically corresponded with the 96 past-life regressions in the Transpersonal Phase.

(b) Thematic correspondence among past-life regressions in the Biographical and Transpersonal Phase

An overview of the analysis columns in Table 3 reflects that the eight themes which featured in the constellation of complexes were repeated throughout the body of past-life regressions.

In order to illustrate this fact more clearly, the frequency and distribution of the range of traumas which were present in the past-life regressions, the subject's role in scenarios of violence/abuse of power, and the complex-themes which were present in each case, is now summarized and presented in Table 3.

TABLE 5

Frequency and distribution of traumas, the subject's alternating role in instances of violence or the abuse of power, and identified complex-themes in the body of past-life regressions

	BIOGRAPHICAL PHASE	TRANSPERSONAL PHASE	TOTAL
(a) Traumas			
<u>Birth:</u>	1	11	12
Giving birth	1	6	7
Being born	0	5	5
<u>Emotional trauma:</u>	18	31	49
Ridicule	0	1	1
Betrayal	3	0	3
Oppression	4	8	12
Abandonment	8	11	19
Bereavement (loss)	3	7	10
Separation	0	4	4
<u>Non-violent physical trauma:</u>	1	7	8
Crushed	1	2	3
Water	0	1	1
Hunger	0	3	3
Fire	0	1	1
<u>Abuse of power:</u>	10	50	60
Violence	24	61	85
Ritual	1	9	10
Physical	24	44	68
Sexual	3	31	34
Death (of past-life personality)	16	19	35
(b) The subject's role in violence/abuse of power			
Witness	3	8	11
Victim	18	53	71
Suicide	2	2	4
Violator	3	11	14
(Victim and violator)*	1	4	5
(c) Complex theme			
Theme 1 (Fear)	11	41	52
Theme 2 (Rage)	10	19	29
Theme 3 (Grief)	9	20	29
Theme 6 (Failure)	4	4	8
Theme 7 (Disgust)	2	12	14
Theme 9 (Emotional Deadness B)	3	4	7
Theme 11 (Betrayal)	3	1	4
Theme 13 (Rigid Emotional Control)	4	6	10

Table 5 illustrates the similarity among the traumatic experiences which occurred in the past-life regressions of the Biographical Phase and those which occurred in the Transpersonal Phase. It also reflects the presence of the same complex-themes in both phases of the therapeutic process.

The analysis indicates that the symbolic resonance which was found to exist among the biographical data and the past-life regressions in the Biographical Phase extends to the past-life regressions in the Transpersonal Phase. It is therefore concluded that the clinical data met Woolger's criterion for a symbolic resonance among the constellation of complex-themes identified in the biographical material (see 6.3) and most of the themes reflected by the past-life regressions (see Table 3).

It was also observed, though, that some past-life regressions did not correspond thematically to the biographical material. The next step was to analyse the new material that emerged from the past-life regressions, in order to situate it in the clinical data, and to explore the possible presence of archetypal opposites in the material.

8.2.2 Archetypal opposites

The analysis columns of Table 3 reflect three areas in which past-life regressions thematically varied from the biographical material and did not constitute a symbolic resonance with the karmic complex:

- Past-life regressions which introduced themes that were not prominent in the biographical material
- Past-life regressions which constituted positive experiences
- Past-life regressions in which the subject identified with the perpetrator of violence.

These areas will now be discussed.

(a) Themes which were not prominent in the biographical material

The theme of moral guilt did not feature in the biographical material, but emerged in three of the regressions in the Transpersonal Phase. In P/L 93 the warrior Dimitri struggled to justify the fact that he left his wounded friend behind to die alone (see 9.2.8), in P/L 102 the tribal chief Eme blamed himself for the massacre of his tribe (see 9.3.2), and in P/L 122 the king Heshna blamed himself for having betrayed his people by agreeing to give up the land.

In every one of these regressions the implicit script belief I have failed them can be inferred, which is one of the phrases Woolger identified as typical of Theme 6 (Failure). Although the theme of guilt was not prominent in the biographical material, it is related to the subject's sense of failure and low self-esteem which were present in the biographical data. These regressions also constituted the polar opposite to the subject's self-concept of being the victim of abandonment, which did not feature in the biographical material at all: Dimitri abandoned his friend to save his own life; Eme failed (abandoned) his people by going on a hunting expedition when he should have been there to protect them, and Heshna betrayed (abandoned) his people

for fear of his life.

A second theme which did not feature in the biographical material, but which emerged briefly in one past-life regression, is that of humiliation. In P/L 48 the subject regressed to a small girl, Mary, who hated going to school because of being yelled at, ridiculed and humiliated by the teacher. Shame (humiliation) is one of the major complexes identified by Woolger (see Table 1, section 2.3.7).

The script decision I am willing to die for love, which appeared in two regressions (P/Ls 2 and 11), was not present in the biographical material and does not reflect a clear link to the constellation of complexes. In both regressions the past-life personality willingly sacrificed his life on the battlefield to save the life of a fellow warrior whom he loved. Considering that

- in both regressions the person he loved would have been killed and he would have been left behind without the object of love
- it had been established in the identification of the constellation of complexes that the subject could not bear the pain of separation, loss or abandonment
- in three other regressions (P/L 10, 18 and 78) the past-life personality committed suicide because she could not bear the emotional pain of losing the person she loved

it can be hypothesized that the script decision I am willing to die for love is related to the identified one I would rather die than suffer the pain of separation, loss or abandonment.

(b) Past-life regressions which constituted positive experiences

It was observed that ten of the 123 past-life regressions did not reflect physical or emotional trauma (either as victim or violator), but constituted positive experiences.

One past-life regression involved a happy childhood experience (P/L 65), two involved experiences of sexual pleasure (P/L 116 and 119), and the following seven involved a spiritual dimension:

- | | |
|----------|--|
| P/L 7: | A wise, compassionate king |
| P/L 26: | A pre-historic psychic woman |
| P/L 64: | A priestess with spiritual devotion |
| P/L 70: | Jocelyn, giving birth, with spiritual awareness |
| P/L 96: | A spiritual healer |
| P/L 103: | A priestess, practising tantric sex as a sacred and transformative act |
| P/L 104: | Clivia, member of an esoteric community. |

The emergence of these regressions may be interpreted in terms of the theory that a complex (or constellation of condensed experience) does not necessarily constitute a neurosis but can also contain positive material (see 2.3.6). It was documented by Grof that a transmodulation may occur, i.e a temporary inner dynamic shift from one governing complex to another, even if the unconscious material underlying a competing neurotic complex has not been worked through (see 2.3.7). It would therefore be possible to experience a temporary inner shift from the governing constellation of neurotic complexes identified in section 6.3 to a positive constellation such as one of spiritual devotion.

(c) Past-life regressions in which the subject identified with being the perpetrator of violence

The subject's self-concept of being the helpless victim of abusive power had pervaded the biographical material, and largely eclipsed the isolated manifestations of her own inner violence (Theme 2: Rage) in the Biographical Phase:

- The subject, as a five-year old child, responded to her mother's violence with hatred, murderous rage, and fantasies of killing her mother
- At the age of five she experienced a flood of images of violent scenes, all marked by sadistic pleasure in the killing and suffering of others
- In the therapeutic relationship she responded with murderous rage and an urge to "destroy" the therapist when she felt abandoned by him
- She repeatedly expressed fear of the force of her own destructive power.

The content of the past-life regressions now provided an expanded insight into the actual extent and intensity of the subject's violent ideation, urges and tendencies. In polar opposite to the subject's self-concept of being the helpless victim of abusive power, which prevailed in 60 of the past-life regressions, the analysis columns of Table 3 indicate that she was also the perpetrator of violence in 14 cases. The acts of violence - aimed either at others or at herself - included

- indiscriminate cruelty and killing (P/L 9, 62)
- killing in revenge (P/L 22, 83)
- sadistic killing and bloodlust (P/L 23, 29, 30)
- rape (P/L 38, 42, 114)
- suicide (P/L 10, 18, 78, 120).

These past-life regressions reflected two levels of the subject's own inner violence, namely

- Three deeply entrenched response patterns which were repeatedly triggered by experiences of violence or abandonment.
- Bloodlust and a sadistic pleasure in abusing power to cause others pain and suffering.

(i) Three deeply entrenched response patterns

The subject's violent responses to past-life experiences of violence or abandonment reflected the following three patterns:

- Avoiding emotional pain by killing herself
- Responding to violence with counter-violence
- Responding to abandonment with murderous rage and/or violence.

The first pattern had already been identified from the biographical material, where it manifested itself with the script decision I would rather die than suffer the pain of separation, loss or abandonment. It was also vividly portrayed by the content of five past-life regressions:

- In P/L 10 she plunged a dagger into her own heart to escape the intolerable pain of lost love
- In P/L 18 she was a widow who killed herself with rat poison because she could not bear the emotional pain of her husband's death
- In P/L 78 she jumped off a cliff after her lover had abandoned her
- In P/L 120 she committed suicide by starving herself and wilfully suspending her breathing, because she could not tolerate the sense of abandonment evoked by her caregiver/violator's inconsistent attitude.

- In P/L 32 she intended to throw herself into the river after being separated from her mother, but became ill and died.

The second pattern, to respond to violence with counter-violence, emerged in the following regressions:

- In P/L 9 the cruel Arab leader of a brutal desert tribe acted with indiscriminate violence and executed his men when they betrayed him. Another tribe had killed his mother when he was 14, and he took revenge by burning their villages and killing the people
- In P/L 33 she attempted to avenge the murder of a friend by attacking the murderer, but was killed by him
- In P/L 83 she avenged the sexual abuse she had experienced for many years by killing her mother with a bread knife
- In P/L 120 she had the urge to avenge the sexual abuse and emotional abandonment she experienced from her care-giver by cutting off his genitals.

The third pattern, to respond to abandonment with murderous rage and/or violence, was manifested in four regressions:

- In P/L 22 she was enraged by her lover's unfaithfulness and killed him
- In P/L 23 she was a Nazi officer who had grown up in emotional isolation after losing his mother at birth and acted out his pervasive anger in the brutal execution of Jews
- In P/L 24 she responded with destructive rage when friends didn't come to her rescue where, as a woodcutter, she was pinned down helplessly under a tree
- In P/L 27 she had to give birth alone, in her husband's absence, and responded to the sense of abandonment by an initial urge to kill the baby.

These regressions illuminated the intensity of emotion behind the subject's outbursts of murderous rage in which she wanted to "destroy" the therapist, as well as her fear of her own destructive power, which she repeatedly expressed.

(ii) Bloodlust and sadistic pleasure in the suffering of others

This dimension of the subject's own inner violence was not present in the biographical material, but emerged repeatedly in the past-life regressions. It was first observed in P/L 23 where, as a Nazi officer, the subject not only scorned Jews, but enjoyed acting out her hatred by personally killing many of them by shooting them in the back of their heads.

This was followed, intermittent with past-life regressions of victimization, by six other regressions which reflected bloodlust and a sadistic relishing of the suffering of others:

- P/L 29: A cruel man who enjoyed hurting children and killing them by sword
- P/L 30: A sadistic murderer who achieved satisfaction from killing others, refused their pleas for mercy, delighted in seeing blood, and was excited by the helplessness of his victims
- P/L 38: A sadistic rapist whose victims included his own daughter
- P/L 42: A sadistic rapist and murderer, who enjoyed his power over other people
- P/L 62: A brutal murderer
- P/L 114: A sadistic rapist.

The patterns of violence and the sadistic tendency to relish the suffering of others were incongruent with the subject's self-concept of being a loving, caring person, as she described herself in her diary before starting therapy: "I have so much to give, so much to share, so much goodness inside me, ready to flow out to others" (see 5.4.5).

The fact that her own inner violence was largely unconscious and unacceptable was illustrated by her comments. She then stated that when she had a glimpse of "another drawer" of her mind, she blocked it off: "this drawer contained a darkness which frightened me and made me push it shut quickly before anything escaped." Within this darkness she perceived overwhelming fear, but also "too much anger" which, "like a greedy dog, scratches at the door of my consciousness, wanting to come in and gobble me up."

The emergence of past-life experiences which constituted the polar opposite of being the victim of abandonment or violence served to reveal the presence of archetypal opposites in the psyche in both areas of traumatization. The therapeutic importance of identifying these patterns and resolving the latent compulsion is stressed by Woolger:

Unless we bring to consciousness and detach ourselves from these latent compulsions, the past-life content of our complexes will continue to drive us to repeat the circumstances and scenarios of old defeats, betrayals, losses, humiliations, violations, deprivations, injustices, and so on (Woolger, 1990, p.142).

Within Woolger's model, the release of the complex is achieved by the following processes:

- the abreaction of the ancient traumas in which the complex is embedded
- bringing the archetypal opposites in the psyche to consciousness
- reaching a witness point outside the patterns of opposites
- achieving integration (see 2.3.8).

In terms of Woolger's conceptualization these past-life regressions facilitated the process of bringing the unconscious material to awareness and making it accessible for therapeutic intervention.

Having established that the clinical data meet Woolger's criterion of a symbolic resonance among the constellation of complex-themes identified in the biographical material (see 6.3) and the themes reflected by the past-life regressions (see Table 3), and that the material also contained evidence of archetypal opposites in the psyche in the areas of both violence and abandonment, it was concluded that Woolger's model of the karmic complex (see 2.3.7) was an appropriate conceptual tool for the analysis of the present case study. The next step was to review the data from the transpersonal perspective. Whereas the components of the complex were initially derived from biographical data only (see 6.3), the karmic complex is now employed as a conceptual tool for an analysis of the totality of the clinical material.

8.3 Definition of the karmic complex in terms of Woolger's model

When the components of the complex were initially identified in Chapter Six, it was based on biographical material only. At that stage the interlocking constellation of self-defeating beliefs was summarized as follows:

Complex:

I am a helpless and powerless victim of abusive power, living in a dangerous world. I deserve being abused because I am inadequate, insignificant and unworthy of being loved. Relationships are dangerous in that people on whom I rely will betray me, that sex constitutes a frightening invasion and degradation, and that those who love me will hurt me. I have to accept abuse to receive love, because I cannot bear the pain of being abandoned and if I express anger I will either destroy the caregiver or be abandoned. Yet, even if I accept abuse and do not express anger, in order to let people love me, they abandon me.

This constellation was linked to the interrelated script decisions:

Because I would rather die than be abandoned, I have to protect myself and be strong. My need to be loved and touched makes me weak and vulnerable to abuse and abandonment. Therefore I cannot trust or rely on other people and I must avoid sex.

Based on biographical data only, the complex was then considered to stem from the following traumatic experiences in her current life (see 5.3.3):

- Birth and perinatal trauma
- Being physically abused by her mother
- Being sexually abused by her mother
- Being emotionally abandoned by her mother
- Being sexually assaulted by a female friend of her mother
- Being the victim of attempted rape
- Being involved in a war
- Witnessing a war atrocity.

If the content of the past-life regressions is taken into consideration, the scale of traumatization is widely extended in the area of violence as well as that of abandonment:

(a) Being the victim of violence and the abuse of power in a wide spectrum of scenarios:

- Parental sexual abuse (P/L 28, 52, 59)
- Parental incest (P/L 84, 87, 115)
- Parental physical abuse (P/L 28, 86, 87)
- Parental murder (P/L 8, 12, 28, 69)
- Brutal crime involving murder (P/L 19, 25, 33, 41, 91)
- Torture (P/L 17, 43, 50, 99, 123)
- Cold-blooded murder (P/L 33, 61, 99, 122)
- Cruel abuse by authority figures (P/L 13, 15, 45)
- Forced child labour (P/L 61, 120)
- Terrifying religious rituals (P/L 63, 72, 81, 89)
- Religious sacrifice (P/L 5, 73, 107, 108, 109)
- Child sexual abuse involving rape (P/L 5, 36, 53, 120)
- Adult-rape (P/L 19, 37, 39, 40, 51, 113, 121)
- Gang-rape (P/L 41, 101, 112)
- Sodomy (P/L 19, 43, 44)
- Forced prostitution (P/L 83)
- Sexual slavery (P/L 44)
- Marital sexual abuse (P/L 20, 54, 82, 92, 105, 117)
- Marital physical abuse (P/L 20, 92, 105)
- Imprisonment, involving being devoured by wild animals (P/L 14, 74)

(b) Being the victim of abandonment, traumatic separation and loss on almost every level of close human relatedness:

- Maternal betrayal and abandonment (P/L 5, 12, 66, 83)
- Maternal death in childhood (P/L 23, 106, 115, 120)
- Enforced separation from mother in childhood (P/L 32, 44, 82)
- Parental rejection in childhood, resulting in death (P/L 8, 69)
- Enforced separation from own people in childhood (P/L 120)
- Death of entire village, including own family (P/L 102)
- Death of husband (P/L 18, 80)
- Death of child (P/L 46, 94)
- Abandonment by friends (P/L 21, 24, 67)
- Abandonment by lovers (P/L 10, 22, 31, 35, 67, 77, 78, 79)
- Emotional abandonment by sexually abusive husband (P/L 54)
- Emotional abandonment by sexually abusive caretaker (P/L 120)

The overview of the data indicates that these regressions constituted an internal scenario which encompassed a vast panorama of human suffering that extended far beyond the subject's biographical history. This fact does not constitute proof of historical past-lives, nor evidence for Woolger's claim that the genesis of a complex is rooted in a subject's karmic heritage. A clinician aligned with the collective unconscious position of Jung may interpret it as a manifestation of the archetypal dimension of human experience and work with the data as archetypes (see penultimate paragraph, section 2.4). Nevertheless, Woolger's model has heuristic value and provides a conceptual tool for working therapeutically with this material.

It has already been established in this chapter that the clinical material conformed to Woolger's concept of symbolic resonance, and that it reflected a tension between the archetypal opposites of victim and violator in the psyche.

The next step in the analysis was to review the totality of the clinical data in order to identify the six aspects of the karmic complex. The existential, biographical and perinatal aspects were identified from the subject's case history and presenting problem; the somatic aspect was established from data documented in the Biographical Phase, as well as the written therapy records and transcribed tape-recorded material from the Transpersonal Phase; and the past-life aspects were identified from Table 3. The archetypal aspect was not prominent in the present case study (see 9.3.6).

In terms of Woolger's model, the karmic complex which underlies the constellation of complex-themes identified in section 6.3 is now conceptualized as follows:

Existential aspect:

Anna's avoidance of a sexual intimacy and her pervasive fear of abandonment, which repeatedly triggered a suicidal urge.

Biographical aspect:

Childhood experiences of helpless fear, physical and sexual abuse, as well as emotional abandonment by her mother.

Somatic aspect:

Anna's dissociative response to pain, e.g. the rigidity of her pelvic area during rape regressions and the suspension of her breathing during violent regressions; the somatization of emotions, e.g. experiencing symptoms that resembled a heart-attack when she felt extremely anxious; her lack of sexual interest in men; bleeding from the anus

(without medical explanation) in the context of emerging past-life memories of being sodomized; swollen limbs and the appearance of unaccountable bruise marks on her body when she accessed violent memories that had previously been repressed; and the unaccountable smell of blood when she experienced intense feelings of emotional insecurity.

Perinatal aspect:

A near-fatal birth trauma, followed by a long separation from her ill mother, a lack of bonding, and being "dropped" when first handed to her mother.

Past-life aspect:

- (a) Being the victim of violence and the abuse of power in a wide spectrum of scenarios
- (b) Being the victim of abandonment, traumatic separation and loss on almost every level of human relatedness.

8.4 Conclusion

This chapter established that Woolger's model of the karmic complex has heuristic value as a conceptual tool for working with the clinical data in this study. The value of this model was illustrated by the way in which the thematic content of the past-life regressions supported the holographic principle adopted by Transpersonal Psychology. It mirrored the complex-themes in the biographical material and served to forge a link between the two phases of the therapeutic process. The thematic interconnectedness among Anna's biographical history (5.3.3), her self-defeating script beliefs and script decisions (see 6.3.2), past-life regressions in both the Biographical and the Transpersonal Phases, current emotional problems and features of the transference (see Table 3), meets the criteria of a symbolic resonance among the different levels of experience which holds a central position in Woolger's concept of the karmic complex (see 2.3.7). It is therefore accepted that although traumas from the biographical history were no longer in evidence during the Transpersonal Phase, the past-life regressions with their symbolic resonance in terms of thoughts, feelings, images and sensations, provided relevant material for entrance into and therapeutic work to break the constellation of complexes.

This chapter also illustrated how the transpersonal material facilitates an awareness of the archetypal opposites of being the victim of violence or abandonment, which remained largely in the background while psychotherapy was focussed on the victimization in her biographical history.

Within the conceptual framework provided by Woolger's theory, the process of attempting to break the constellation of complexes by working almost exclusively with transpersonal material will be explored in the next chapter.

CHAPTER NINE

Soulmaking: The breaking of the karmic complex

9.1 Introduction

The introduction to this longitudinal case study described the clear shift in the nature of the clinical material, which made it possible to delineate the therapeutic process into a Biographical, Transpersonal, and Termination Phase (see 5.8). Before analysing the impact of transpersonal phenomena on the constellation of complexes, the following preliminary work had been done:

Based on an analysis of the clinical material which emerged during the Biographical Phase (20.4.A - 15.11.B), the prevailing constellation of complexes was identified from the central themes, script beliefs and script decisions (see 6.3.2). It was established that the subject's transpersonal experiences by and large matched the categories contained in Grof's cartography of the human psyche and that the conceptual framework provided by the transpersonal paradigm was appropriate for the analysis of the therapeutic process (see 7.4).

This conclusion was supported by the fact that the content of the past-life regressions complied with Woolger's claim of a symbolic resonance among different aspects of the karmic complex (see 8.2.1), and indicated the presence of archetypal opposites in the psyche (see 8.2.2). In response to the first research question it was then concluded that working therapeutically with the emotional and ideational content of past-life regressions was relevant in order to break complexes related to traumatic experiences in the subject's biographical history. The initial conceptualization of the complex, based on biographical material alone, was extended to incorporate the therapeutic data in its totality and to identify aspects of the karmic complex (see 8.3).

The next task in this longitudinal study was to explore the therapeutic process in the Transpersonal Phase in terms of Woolger's theory.

9.1.1 Research question

Woolger maintains that archetypal opposites such as victim/violator are constellated within the same complex. In terms of his model the breaking of the complex is achieved by the following process:

- an abreaction of the traumas in which the complex is embedded
- bringing the archetypal opposites in the psyche to consciousness
- reaching a witness point outside the pattern of opposites, and
- the integration of this material.

Case material in the literature has illustrated this process, but most of the available data focus on the link between a specific symptom and a single or a few past-life regressions. The present case study provided the opportunity to investigate the relevance of this theory on an interlocking constellation of complexes constructed around the overlapping themes of violence and abandonment, and the therapeutic impact of a large number of past-life regressions and other

transpersonal experiences on the script beliefs and script decisions related to the eight interconnected themes (see Figure 5).

The next step in the analysis was to address the third research question: Which psychological processes underlie and contribute to the integration and transcendence of the archetypal opposites in the psyche?

9.1.2 Methodology

Faced with the vast amount of data of 96 therapy sessions in the Transpersonal Phase, which included 125 hours of tape-recorded material, the first task of the researcher was to select a focal theme which would accommodate all components of the identified constellation of complexes (see 6.3) and to compile a synopsis of relevant data.

An overview of the analysis columns in Table 3 (see 8.2) indicated that the large majority of the past-life regressions involved a victim-violator polarity in that one person was made to suffer physically and/or emotionally as a result of another person's behaviour. The table reflects the following frequencies amongst the thematic content of the regressions:

Violence:	85
Abuse of power:	60
Abandonment:	18
Oppression:	12
Betrayal:	3
Ridicule:	1
Bereavement due to violence:	4
Separation due to violence:	3

Only 20 regressions involved non-violent physical suffering (pertaining to birth, suffering, starvation and being the victim of accidents or natural disasters), four involved non-violent bereavement, and ten did not involve any trauma.

In conclusion, it was observed that in terms of the constellation of complexes there were two major processes unfolding throughout the Transpersonal Phase. One dealt with the accessing and working through of different aspects of the constellation of complexes related to violence, and the second one to those aspects related to abandonment. (The general, overlapping process of spiritual emergence has already been discussed in section 7.3 of the documentation of transpersonal phenomena.)

In the area of violence the preliminary overview reflected the emergence and unfolding of three dimensions of power:

- Psychological phenomena in which the subject identified with being a victim
- Psychological phenomena in which the subject identified with being a violator
- Psychological experiences of empowerment, in which the subject identified with empowering qualities such as courage and loyalty, which stand in juxtaposition to the self-concept of being a helpless victim.

Based on these observations and the fact that power is by definition the thematic link between the archetypal opposites of victim and violator (i.e the absence/lack of power versus the exertion/abuse of power), the issue of power was selected as the focal theme in order to map

the unfolding of the process related to violence.

It was also observed that this process frequently overlapped with the unfolding and deepening of the theme of abandonment, e.g. in past-life regressions which involved both violation and abandonment, and that the two processes seemed to mutually potentiate each other. In the light of these conclusions it was decided to focus on (a) the unfolding of the dimensions of power and (b) the unfolding of the therapeutic process related to abandonment.

The next task was to compile a selective chronological data synopsis to map the two processes as they emerged sequentially in the psychological experience of the subject during the Transpersonal Phase of therapy. This was done by listening systematically to all tape-recorded material, transcribing parts of therapy sessions that related to these dimensions and incorporating other relevant data from the therapist's notes and the subject's diary and dream-journal. The comprehensive thematically focussed synopsis that was compiled consisted of 320 pages.

A careful reading and re-reading of this synopsis preceded the next step, which was to identify the key psychological processes which took place during the Transpersonal Phase and to explore the impact of these processes on the constellation of complexes. It was observed that the therapeutic process - despite the complexity of the material - could be delineated into units of analysis which each constituted a coherent process. Each unit dealt with a specific theme from the constellation of complexes and constituted a specific thrust and/or milestone in the therapeutic process. It was also observed that some of these thematic units would overlap in time, for example, a series of regressions involving sexual violation would emerge intermittently with a series of regressions which constituted experiences of empowerment (such as manifesting courage or loyalty), and that certain themes would repeatedly come into focus.

It is the aim of this chapter to explore the psychological processes which unfolded during the Transpersonal Phase, to investigate the psychological structure, and to explore the therapeutic impact on the constellation of complexes. In order to provide an accurate reflection of the thematic development amidst the interlocking constellation of complexes and at the same time to track the chronological sequence in which the two major processes unfolded within the complex material, it was therefore decided to adopt the following methodology for the presentation of the data:

- The tracking of the two major processes is presented as a single body of analysis, in order to maintain the chronological unfolding of the therapeutic process in its totality.
- Due to the natural break in therapy brought about by the summer vacation, the analysis of the Transpersonal Phase is divided into two phases, i.e. Year C (28.2.C - 28.11.C) and Year D (7.2.D - 4.12.D).
- Within each phase the material is divided into several units of analysis, each of which presents a specific thrust and/or milestone in the therapeutic process.
- The name of a significant past-life personality in each unit is employed as a brief heading.
- The units of analysis are presented in their chronological order of emergence in the

therapeutic process.

- The discourse of the transpersonal paradigm (presented in Chapter 2) informed the therapeutic approach and interventions during the Transpersonal Phase. The same discourse, with emphasis on the conceptualizations of Woolger, is therefore adopted for the analysis of the data.
- Each unit of analysis is introduced by a brief synopsis of the thematic content and its perceived contribution to the therapeutic process before situating the material and discussing the experience of the subject.
- Footnotes are used to link the subject's experiences to specific details of the transpersonal paradigm.

In order to give the reader an overview of the long and complex therapeutic process, separate summaries of the unfolding of Process 1 (related to violence) and Process 2 (related to abandonment) are now presented in Tables 6 and 7 respectively. In order to explore the potential value of working with transpersonal material, this chapter will focus on those components of the therapeutic process which had not been present during the Biographical Phase. The tables therefore identify components which were made available to the therapeutic process by means of the subject's transpersonal experiences, the ways in which the therapist worked with transpersonal phenomena as therapeutic tools, and the way(s) in which these events are perceived to have contributed to the therapeutic process.

After the tables each of the summarized units will be presented in detail.

TABLE 6

Summary table of the unfolding of Process 1: Violence

Unit of analysis	Transpersonal healing mechanism	Therapeutic work with transpersonal phenomena	Contribution to the healing process
TALA: 14.3.C- 1.8.C (see 9.2.1)	Series of 13 past-life regressions involving being the victim of sexual violence (P/Ls 28, 36, 37, 39, 40, 41, 43, 44, 51, 52, 53, 54, 59); imagery-cascades of similar experiences during non-ordinary mind-states	Encouraging the full experience and catharsis of the traumas; facilitating insight into the self-defeating nature of defenses; encouraging re-decisions about defenses; questioning passive acceptance of abuse; bodywork to release dissociative responses to pain	<ul style="list-style-type: none"> • The abreaction and working through of several aspects of sexual violation such as fear, passive obedience and helplessness (Theme 1: Fear), anger (Theme 2: Rage), emotional abandonment (Theme 3: Grief) and degradation (Theme 7: Disgust) • Partial release of the dissociative response to pain, i.e. beginning to feel the pain during rape-regressions instead of tightening up against it (Theme 13: Rigid Emotional Control) • Tentative insight into self-defeating nature of script decisions such as <u>I have to be strong and not feel the pain</u>

Unit of analysis	Transpersonal healing mechanism	Therapeutic work with transpersonal phenomena	Contribution to the healing process
HU: 14.3.C- 29.8.C (see 9.2.2)	Series of eight past-life regressions involving being the perpetrator of violence, i.e. a sadistic rapist and/or murderer (P/Ls 29, 30, 33, 35, 38, 42, 60, 62); imagery-cascades of images of similar experiences; heightened consciousness of the interlife	Encouraging the subject to face and accept her own rage and violence; introducing the purifying value of forgiveness	<ul style="list-style-type: none"> • Becoming aware of her own violence, bloodlust and cruelty (Theme 2: Rage) • Recognizing the causal (karmic) link between her own suffering (experienced in one regression) and her own cruelty (experienced in another regression) • Recognizing the causal (karmic) origin of her own violence in an experience of abandonment • First insight (via the repetitive cycle of being the victim or perpetrator of violence in her karmic history) into the need to reconcile and integrate the archetypal opposites in the psyche
ROSARIA: 22.4.C- 30.7.C (see 9.2.3)	Two past-life regressions involving acts of courage and loyalty in the face of danger and death (P/Ls 43, 57)	Acknowledging the courage of the past-life personality	<ul style="list-style-type: none"> • Briefly identifying with the empowering qualities of courage and loyalty
JANET: 29.8.C (see 9.2.4)	Past-life regression (P/L 61) involving resistance against the abuse of power; heightened consciousness of the after-death and intrauterine states	Validating justified anger; encouraging the subject to reclaim her power	<ul style="list-style-type: none"> • Beginning to access and express her outrage at the violation of her rights • Beginning to confront and own her own inner rage (instead of putting all the blame on her mother)
KERA: 24.10.C- 26.11.C (see 9.2.6)	Five past-life regressions involving being the victim of sexual violence (P/Ls 82, 83, 84, 87, 92)	More body-work to release the dissociative response to pain; validating authentic emotions; linking the emotional experience to the subject's biographical history of abuse	<ul style="list-style-type: none"> • Progress in the release of the dissociative response to pain, i.e. the rigidity in her pelvic area (Theme 13: Rigid Emotional Control) • Abreaction of feelings of sexual inadequacy (Theme 6: Failure) • Intense catharsis of disgust (Theme 7), hatred (Theme 2: Rage) and outrage at the violation of her rights in her biographical history of abuse • Progress in the dismantling of the subject's disempowerment and the release of the script belief <u>I am a helpless victim of abusive power</u>

Unit of analysis	Transpersonal healing mechanism	Therapeutic work with transpersonal phenomena	Contribution to the healing process
DARYN: 27.2.D (see 9.3.1)	<p>Past-life regression involving courageous behaviour in the face of brutal violence and death (P/L 99); heightened consciousness of the after-death mind-state</p> <p>Re-accessing the transpersonal mind-state of healing (Dombashaba) and receiving messages of encouragement from spiritual beings</p>	Validating the experiences of the subject	<ul style="list-style-type: none"> • Abreacting more fear (Theme 1) and rage (Theme 2) • Consciously identifying with the empowering qualities of courage and loyalty and reclaiming them as her own • A subjective sense that the past-life regressions were enabling her to accumulate (reclaim) spiritual qualities of empowerment • The subjective sense of (temporarily) transcending her egoic identification with Anna or any past-life personality (i.e a temporary perspective of non-attachment to the complex) • The subjective sense of experiencing spiritual healing • The subjective sense of "homecoming" in the spiritual realm and reconnecting with her spiritual purpose
KEAAT: 5.3.D- 16.4.D (see 9.3.3)	<p>An archetypal experience of evil energy</p> <p>Recurring past-life regression involving being the victim of abusive power at the hands of a wicked priest (identified as the therapist) (P/L 13)</p>	Entering into a psychodrama as the protagonist and asking for her forgiveness	<ul style="list-style-type: none"> • A subjective sense of terror which reinforced her awareness of the need to let go of her rage (Theme 2) • Accessing her capacity to forgive others for harming her • Admitting her own share of moral guilt instead of projecting all blame onto others
DESIRÉ: 7.2.D- 7.5.D (see 9.3.4)	<p>Two past-life regressions of sexual violation in which the subject alternatively identified with the victim and the violator (P/Ls 113, 114)</p> <p>Returning to the transpersonal mind-state of healing (Dombashaba)</p>	Encouraging her to face and accept her own violence and sadism; guiding her to integrate the archetypal opposites; encouraging her to connect with the highest power of love known to her	<ul style="list-style-type: none"> • Confronting the core of her own sadistic nature • Accepting and integrating the archetypal opposites within her psyche • Gaining the (temporary) perspective of non-attachment to the complex • The subjective sense of sharing an experience of spiritual healing with all her victims and violators, of forgiving and being forgiven

Unit of analysis	Transpersonal healing mechanism	Therapeutic work with transpersonal phenomena	Contribution to the healing process
VEIA 2.4.D- 21.12.D (see 9.3.5)	Three past-life regressions involving positive sexual experiences (P/Ls 103, 116, 119)	Validating the experience of the subject; accepting the sadomasochistic dimension of her sexuality non-judgmentally	<ul style="list-style-type: none"> • Release of script beliefs <u>Sex is degrading</u>, <u>Sex is an invasion</u> (Theme 7: Disgust) and <u>Sex is dangerous</u> (Theme 1: Fear) and the script belief <u>I am inadequate</u> in area of sexuality (Theme 6: Failure) • Normal sexual functioning

TABLE 7

Summary table of the unfolding of Process 2: Abandonment

Unit of analysis	Transpersonal healing mechanism	Therapeutic work with transpersonal phenomena	Contribution to the healing process
AMALIA: 30.9.C- 17.10.C (see 9.2.5)	<p>Two past-life regressions involving experiences of abandonment as a child (P/Ls 66, 69)</p> <p>Four past-life regressions involving experiences of abandonment as an adult (P/Ls 67, 77, 78, 79)</p>	<p>Linking the emotional experiences to the subjects biographical history and script beliefs such as <u>If people love me, they leave me</u> and <u>I am not worthy of being loved</u></p> <p>Adapting the principles of cognitive re-evaluation and behavioural bereavement therapy to the transpersonal material; encouraging the subject to face the pain of the loss; introducing a re-decision to let go of the suicidal script decision; linking the emotional experiences to the transference</p>	<ul style="list-style-type: none"> • The abreaction and working through of several aspects of childhood abandonment namely fear (Theme 1), grief (Theme 3), betrayal (Theme 11) and unworthiness (Theme 6: Failure) • The abreaction of intense grief (Theme 3:), despair (Theme 9: Emotional Deadness B), and a sense of betrayal (Theme 11)
HELENE: 17.10.C - 12.11.C (see 9.2.7)	Past-life regression involving suicide (P/L 78); a terrifying archetypal experience of primordial darkness in the ensuing after-death mind-state	Continuation of the work in the previous section	<ul style="list-style-type: none"> • Insight into the compulsive nature of her suicidal urge (Theme 9: Emotional Deadness B) and the need to let go of the script decision <u>I would rather die than suffer the pain of separation, loss or abandonment</u> • A subjective sense of metaphysical terror which reinforced the motivation to overcome the suicidal urge • An abreaction of rage (Theme 2) at being abandoned by her biographical mother (Theme 3) and not being allowed to express her emotions (Theme 13)

Unit of analysis	Transpersonal healing mechanism	Therapeutic work with transpersonal phenomena	Contribution to the healing process
DIMITRI: 28.11.C (see 9.2.8)	Past-life regression involving the abandonment of a dying friend (P/L 93)	Encouraging her to face and accept her own capacity to abandon others; validating her self-justification; meeting her need for atonement	<ul style="list-style-type: none"> • Being confronted with the archetypal opposite of abandonment within herself: her own capacity to abandon others
EME: 5.3.D (see 9.3.2)	Past-life regression in which the subject blamed herself for the massacre of her people (P/L 102)	Encouraging her to face, accept and let go of the moral guilt, and to forgive herself	<ul style="list-style-type: none"> • The abreaction of intense grief (Theme 3), rage (Theme 2) and a sense of failure (Theme 6) • The first conscious experience of moral guilt for having abandoned (failed) others • Forgiving herself
KEI: 23. 9.D 30.11.D (see 9.3.6)	<p>Recurring past-life regression involving being the victim of abandonment and sexual abuse in childhood, ending in suicide (P/L 120); another archetypal experience of evil energy; past-life regression which accessed the archetypal aspect of the karmic complex (P/L 121)</p> <p>Returning to the transpersonal mind-state of healing (Dombashaba)</p>	Encouraging her to face the pain and nurture her own inner child; linking the emotional experience to her biographical history and the transference	<ul style="list-style-type: none"> • Abreaction of intense rage (Theme 2), grief (Theme 3) and suicidal despair (Theme 9: Emotional Deadness B) • A shift from egoic identification with rage to the transpersonal insight that this rage is potentiated by an archetypal energy force which inserts itself into human consciousness • A shift from an egoic identification with the individual victim to the archetypal universalistic dimension of victimhood • A subjective re-connection with her spiritual purpose to become healed • A subjective sense of spiritual healing • Taking responsibility for her own life • Facing and owning the ugly, selfish past of her present-life personality

9.2 The therapeutic process: Year C

At the end of the Biographical Phase there was evidence that the subject had started to let go of the rigid control of the compensatory structure, but that the constellation of complexes which was governing her life was still firmly intact (see 6.5, 6.6). After 19 months of intensive psychotherapy she was still manifesting an avoidance and fear of sexual intimacy in her real-life relationships and a pervasive fear of abandonment which repeatedly triggered a suicidal urge. She was also still identifying with victimhood, and despite the fact that she had found herself in the role of violator (directed at others) in three of the 27 past-life regressions that occurred in the Biographical Phase, these experiences did not bring about any significant insight or integration in terms of the archetypal opposites in the psyche (see 8.2.2).

The impact of the subject's transpersonal experiences on the therapeutic process will now be discussed.

9.2.1 TALA

Theme: Being the victim of sexual violence
Unit of analysis: A series of 13 past-life regressions
Time frame: 14.3.C - 1.8.C
Chronological situation: This unit overlaps in time with units 9.2.2 (HU) and 9.2.3 (ROSARIA)
Focal therapeutic thrust: Process 1

Process:

In this unit of analysis it was mainly the disempowerment brought about by sexual violation and the subject's dissociative response to pain which were addressed in Process 1. The therapist used the past-life regressions to facilitate the abreaction and working through of a range of disempowering emotions related to sexual violence, namely fear, passive obedience and helplessness (Theme 1: Fear); anger (Theme 2: Rage), emotional abandonment (Theme 3: Grief) and degradation (Theme 7: Disgust). He also addressed the self-defeating nature of script decisions such as I have to be strong and not feel the pain (Theme 13: Rigid Emotional Control) and did bodywork to release the subject's dissociative response to pain.

Thematic presentation:

With the onset of the Transpersonal Phase the theme of sexual violence, which had been introduced in the Biographical Phase in P/L 5 (19.7.B), came sharply into focus. P/L 5 had served as a template for the interrelated script beliefs in the constellation of complexes (see 6.3, 8.2.1) and most of the traumatic aspects of this regression had been repeated numerous times in the Biographical Phase. Although Theme 1 (Fear) emerged in 14 of the regressions in the Biographical Phase, it was largely in response to being the victim of physical violence, which occurred in 18 regressions. At that stage sexual violation returned twice, i.e. in P/L 19 (11.10.B) and P/L 20 (11.10.B).

With the onset of the Transpersonal Phase there was a pronounced shift. During the first eight months of this phase, Theme 1 (Fear) continued to be the central focus, but only nine regressions involved being the victim of physical violence. Experiences of sexual violation dominated the therapeutic process between 14.3.C and 1.8.C and occurred in 13 regressions (P/L 28, 36, 37, 39, 40, 41, 43, 44, 51, 52, 53, 54 and 59).¹

Anna's regressions now facilitated a profound catharsis of many levels of the traumatization involved in sexual violation, including fear, passive acceptance and helplessness (Theme 1: Fear), anger (Theme 2: Rage), a sense of emotional abandonment (Theme 3: Grief),

1. Woolger observed that the current life's abuse often seems like a deep repetition compulsion (in Freudian terminology) or a condition that has karmic resonances. The above-mentioned patterns support the hypothesis of a repetition compulsion on a karmic level, and the theoretical assumption that unresolved traumas remain encapsulated in the psyche to be carried forward by the subtle energy body as karmic residue (see 2.3.7).

and degradation (Theme 7: Disgust). They also gave access to her dissociative script decisions (Theme 13: Rigid Emotional Control) in defense against pain (see 6.3), such as I have to be strong and not feel the pain.

The experience of these past-life regressions had a pronounced somatic component and released many layers of the physical pain she had been holding in her body. Shivering and writhing, with physical convulsions culminating in bouts of intense sobbing, the physical and emotional trauma that had been suppressed with the repeated script decision I will be strong and not feel the pain, started to enter both her consciousness and physical body.

The activation of the somatic level of the complex was also evident in Anna's physical responses to the past-life regressions of sexual violence. Although she had never been sodomized or raped in her biographical history, her body responded to these past-life regressions similar to the way it did when she accessed memories of physical violence in childhood (see 5.6). On 22.4.C she requested an extra therapy session after bleeding from the anus without any medical explanation, and in the session experienced two past-life regressions involving sodomy (P/L 43 and 44). On 11.7.C she commented as follows on her bodily experience of the numerous rape-regression:

... And then, my body responding in that way ... Physically, you know. That's what I find disturbing ... sort of the same kind of thing as those bruises coming up, at that time when I was working ... with my mother' stuff and how she used to hit me, and then ... coming up with these marks all over my body. It's a similar thing.

The therapeutic methods employed by the therapist in these regressions included

- encouraging the subject to experience the traumas fully in order to clear the imprints²
- guiding her toward insight into the self-defeating nature of her defences
- encouraging re-decisions about these defenses
- questioning her passive acceptance of abuse
- and doing bodywork to release her dissociative response to pain.

Extracts from selected past-life regressions are now presented to illustrate how these phenomena allowed access to different components of the karmic complex.

In P/L 51 (27.6.C) imprints of powerlessness and degradation related to Theme 1 (Fear) and Theme 7 (Disgust) were addressed. As Nea, an Egyptian woman who was raped by Shaban, Anna accessed her helplessness and disgust at being sexually violated, soiled and degraded:

J: What does Shaban do to you, Nea?

A: (panting) No!

2. The Yogic theory, adopted by Woolger in his conceptualization of karmic residue in the psyche, includes the concept of seven psychic energy centres (chakras) in the subtle body. Chakras are conceptualized as energy vortices which interpenetrate the physical body along an axis corresponding to the spine and which connect the conduits through which psychic energy flows through the body (see Figure 1). Each chakra is related to a specific life function, and the degree to which each one is open or obstructed by karmic imprints is believed to determine the way a person experiences the world and relates to it (see 2.2.5). In terms of this conceptualization, therapy was during the first six months of the Transpersonal Phase largely focussed on clearing the imprints at the level of the second chakra, which controls sexuality, and the third chakra, which is connected to aggression and personal power.

- J: You can just tell me. The same thing? ... Keep breathing ...
 A: (panting) This is another one³
 J: The flash of another memory?
 A: Yes, ... others ...
 J: Lots of others?
 A: (panting) Yes ... I remember it's happened before.
 J: There's a whole complex of memories, is it?
 A: (sobbing) Yes ... I just feel sick!!
 J: Ja, I'm not surprised. You must feel scared and disgusted.

The therapist encouraged her to breathe through the memories and to experience it fully.⁴

- J: You stay connected with me in the present and I'm not going to hurt you.
 This is just a memory. All the imprint of this memory is being released
 through re-experiencing it.

P/L 52 (26.6.C) accessed another level of her profound disempowerment, the typical passive and helpless obedience of the sexually abused child. In this regression, which reflects Theme 1 (Fear), Theme 7 (Disgust) and Theme 13 (Rigid Emotional Control), the subject was a five-year old girl, Clarissa, who was forced to do fellatio on her father. Regression therapists have observed that, when a behaviour pattern is embedded with a strong bout of fear and the person has the opportunity to break the pattern, he/she would often become flooded with fear and frozen into immobility (Findeisen, 1993b). This was true of Anna, and the therapist now addressed this component of the complex by questioning her passive acceptance of the abuse:

- J: Just go right into the memory now ...
 A: There's just a feeling that I'm not fighting back, but ... (panting) something
 or someone is rough
 J: You're being held down? Why aren't you fighting back?
 A: I'm scared! ... (gasping) It's no use fighting back ...

The subject's response strongly indicated the presence of a power rule enforced by violence, which was present in her biographical history: Clarissa was not fighting back because if she did she would be beaten.

- J: Someone too strong for you?
 A: I'm not supposed to fight back.
 J: Why aren't you supposed to fight back?
 A: (wailing) I don't know! I felt like you're gonna hit me just now ... when you
 took your other hand away.
 J: How old are you? Just go into the memory ... right into the memory
 A: Uh-uh! No!
 J: Whom are you saying 'no' to?
 A: My father! (sobbing)

P/L 54 (11.7.C) illuminated the crucial link between the subject's sense of abandonment (Theme

3. ... indicates that a part of the session is left out.

4. Woolger considered it important that the past-life story be experienced fully in the body, not from the viewpoint of a detached observer. There will often be quite intense bodily convulsions and contortions that are part of the somatic process of spontaneous release. This is the release of blocked energy associated with old trauma. It has been the repeated and consistent finding that such release at a somatic as well as emotional level is absolutely crucial to the full healing process (Woolger, 1993a).

3: Grief) and the way she had frozen her sexuality (Theme 13: Rigid Emotional Control): her recognition of the need for a sexual relationship to be part of a deeper personal relationship instead of the woman being abused as a commodity. This double-edged trauma once more combined the two core features of the karmic complex, i.e. sexual violation and emotional abandonment. As Tala, the subject was in an arranged marriage to Toss, who abused her sexually, and showed no affection. She responded with hatred and helplessness, but also felt rejected and abandoned.

In working with this regression, the therapist focussed on the somatic aspect of the karmic complex, i.e. the way Anna had frozen her sexuality. He encouraged her to loosen up the rigidity in her pelvic area, and guided her to gain insight into the self-defeating nature of her defensive script decision I will be strong and not feel the pain:

- A: (gasping, then holding her breath)
 J: You stop feeling?
 A: Yes.
 J: You tighten up?
 A: Uh um. I don't want him.
 J: So you close up against him. What happens when you close up?
 A: I don't feel it.
 J: You don't feel it. Doesn't it make it more painful? ...
 A: Uhm. I don't want to feel it. I don't want anything inside me
 J: You don't want him inside you? But you don't have any choice, do you, because he's your husband.
 A: Yes, I do (sobbing).
 J: What choice do you have? What happens to women who won't sleep with their husbands, in society?
 A: He just forces himself. I have no choice (sobbing).
 J: You have no choice, do you? ... So you're going to fight him?
 A: I don't know what else to do.
 J: You're going to stop feeling?
 A: Yes.

He encouraged her to relinquish the dissociative response:

- J: Maybe you could let him in anyway. Maybe it will be less painful for you if you let him in.
 A: I don't know.

By calling on the wiser part of her psyche (often referred to as the Higher Self by past-life therapists), which is found to be more readily accessible during non-ordinary states of consciousness, the therapist established her unconscious motivation for re-experiencing Tala's trauma:

- J: Why have you come back here?
 A: Because I'm not letting anyone else in.
 J: Just like you didn't then.

Her response clearly reflected how the resolution not to let anyone in (the script decision I must avoid sex) related to the script belief I have to accept abuse to receive love.

- A: Ummm. Not in that way. They can come in through my heart, but not through that way. (sighs) I don't want anyone there. I have a choice this time.
 J: You didn't then?

A: No.

One of the healing mechanisms of the past-life regression is that by allowing a return to the original decision, it facilitates a redecision.

J: What did you decide then, when you didn't have a choice?

A: That I would make sure that I had a choice.

J: Is this time the same, or different?

A: This time I've got a choice. But I'm afraid.

J: What are you afraid of?

A: To let any man in.

J: What are you afraid of, if you let a man in?

Anna's response illustrates the important role of abandonment in the existential aspect of the karmic complex, i.e her frozen sexuality in the current life, and the need to heal the trauma of both sexual violence and emotional abandonment in order to break the complex:

A: That he'll just use me. That he'll walk away. No. No!

J: Is that what happened with Toss. He used you? He walked away?

Her response reflected the script belief Even if I accept abuse to receive love, I'm abandoned:

A: Yes. He never used to talk to me. He would just come back from the fields, and just would expect it, and then got up and walked away. I meant nothing to him (sobbing).

The therapist encouraged Anna to feel the pain, instead of tightening up against it, and to breathe through the fear which was blocking her sexual energy. He then addressed the script decisions embedded in fear (Theme 1) and encouraged a redecision:

J: Anna, I want to know why you have come back to this memory. What have you come back here to do?

A: To learn to open myself again, in love and not in fear.

J: Are you ready to do that?

A: Yes.

J: Say that ...

In the regression it was clear from her response that she was not yet able to relinquish her defense:

A: I'm scared of ...

J: I know you're scared. (prompting an affirmation to replace the script decision) Say, 'I'm ready to learn ...

A: ... to open myself to actually live in love, and not in fear.

J: Okay, now just breathe with that a little while. Just let the fear go. Just breathe into the fear and let it go. It's just old fear, old, old fear.

A: It doesn't feel like it.

The therapist linked the past-life material to the biographical aspect of Theme 1 (Fear):

J: It's Tala's fear. Or is it also Anna's fear?

A: Yes, mine too.

In P/L 59 (1.8.C), the next regression involving sexual violence, she manifested the same dissociative defence (Theme 13: Rigid Emotional Control) against the paralysing fear and helplessness (Theme 1: Fear). As Natalie (11) she was sexually abused by her father, but not allowed to scream. He threatened to beat her unless she kept quiet, so she once more blocked off the pain by withholding her breath.

A: (after crying out wildly, silently holding her breath)

- J: Anna, start breathing again now Come back to the breath now.
 A: (silent, not breathing)
 J: Anna! You're coming back now to your normal consciousness as Anna, and you resume breathing. Take your breath!
 A: (gasping)
 J: Yes! Take your breath, and another one. Take another breath!

The fact that she held her breath for so long that the therapist had to struggle to get her to resume breathing was a measure of the intensity of the dissociative response.

Conclusion:

Therapeutic work with the series of past-life regressions in this unit contributed to Process 1 by facilitating the abreaction and working through of fear, passive obedience and helplessness (Theme 1: Fear); anger (Theme 2: Rage), emotional abandonment (Theme 3: Grief) and degradation (Theme 7: Disgust). The subject gained tentative insight into the self-defeating nature of script decisions such as I have to be strong and not feel the pain (Theme 13: Rigid Emotional Control), and partial release of her dissociative response to pain, i.e beginning to feel the pain during the rape regressions instead of tightening up against it.

Although Anna still manifested a paralysed helplessness in the area of sexual violation, the unfolding of Process 1 in the next units will illustrate how the work that was done in this phase paved the way for increased empowerment.

9.2.2 HU

- Theme:** Being the perpetrator of violence
Unit of analysis: A series of eight past-life regressions
Time frame: 14.3.C - 29.8.C
Chronological situation: This unit overlaps in time with units 9.2.1 (TALA), 9.2.3 (ROSARIA) and 9.2.4 (JANET).
Focal therapeutic thrust: Process 1
Process:

This section continued to focus on the unfolding of Process 1, but in polar opposite to the emphasis on victimization in the previous section, it addressed the subject's own inner violence. The series of past-life regressions in which she identified with being the perpetrator of violence and the transpersonal insights she had during the heightened consciousness of the interlife gave the therapist the opportunity to focus her awareness on the presence of archetypal opposites in the psyche.

Thematic presentation:

During the Biographical Phase the subject's psychological tendency toward violence and the abuse of power had remained largely in the background (see 6.3.1). Although biographical data of victimization dominated therapy, there were manifestations of this tendency, such as fantasies of killing her mother in early childhood, an urge to "destroy" the therapist, and the indirect expression of murderous rage via violent dreams:

Dream 14 (25.2.B): I am murdering a man. I am screaming. It is as if I don't know what I'm doing.

Dream 15 (26.4.B): I swim with someone in a lake and hold her under water. She struggles and drowns. When I see people coming, I swim underneath them and feel a calculated satisfaction at outwitting them.

Among the 27 past-life regressions which occurred during the Biographical Phase, she found herself in the role of the victim 18 times and in the role of the violator only three times.

With the onset of the Transpersonal Phase a tension started to make itself felt in the psyche when past-life regressions in which she found herself in the role of a victim started to alternate with regressions in which she acted as the perpetrator of violence. A brief extract from the analysis table of past-life regressions (see Table 3, section 8.2) illustrates the acceleration in the frequency with which the reversal of roles took place during this unit of analysis:

TABLE 8

Frequency table of the victim/violator role in past-life regressions: 14.3.C - 29.8.C

Past-life No.	Date	Victim	Violator
28	14. 3.C	V	
29	14. 3.C		Vio
30	21. 3.C	V	Vio
32	28. 3.C	V	
33	4. 4.C	V	Vio
35	4. 4.C		Vio
36	11. 4.C	V	
37	11. 4.C	V	
38	11. 4.C		Vio
39	18. 4.C	V	
40	18. 4.C	V	
41	18. 4.C	V	
42	18. 4.C		Vio
43	22. 4.C	V	
44	22. 4.C	V	
45	25. 4.C	V	
50	20. 6.C	V	
51	27. 6.C	V	
52	27. 6.C	V	
53	27. 6.C	V	
54	11. 7.C	V	
59	1. 8.C	V	

Past-life No.	Date	Victim	Violator
60	15. 8.C		Vio
61	29. 8.C	V	
62	29. 8.C		Vio

Among the 25 past-life regressions involving violence which emerged in this period, she found herself in the role of the victim 17 times, and in the role of the violator eight times, which is almost a third of the total. P/L 34 (4.4.C) is not included above because, although the past-life personality intended to violently avenge a murder, it is not clear that he did.

The series of violent regressions in this unit were introduced by an insight gained after P/L 28 (14.3.C), in which the past-life personality was the victim of parental abuse and a violent death. While Anna experienced the expanded mind-state between incarnations referred to as the interlife (see 2.3.8), the therapist asked her why she had chosen to experience the violent abuse in P/L 28 (14.3.C). She responded that it was because she had been a cruel and sadistic murderer in P/L 29 (14.3.C) who enjoyed hurting children and killed many. This communication from the depths of her unconscious facilitated Anna's first insight into the repetitive cycle of violence in her karmic history and the need to reconcile and integrate the archetypal opposites in her psyche. "Both parts in me need to join, but how?" When the therapist introduced the purifying value of forgiveness, "By accepting, and forgiving", Anna's response manifested her first brief relinquishing of the victim stance and admission of her own karmic guilt: "How can I forgive myself?" The therapist's answer reflected the therapeutic value of resolving transference issues, but also acknowledged Anna's subjective sense of a karmic dimension to the therapeutic relationship: "By learning to forgive me and your mother".

The violent content of P/L 29 (14.3.C) had been so incongruent with Anna's self-concept that she afterwards rejected it, but on 21.3.C she regressed to another experience of bloodlust and cruelty (P/L 30). She was a man who killed many people, enjoyed seeing them suffer, and refused their pleas for mercy. This past-life personality achieved satisfaction from murdering others, delighted in seeing blood and death, and was excited by their helplessness:

A: Blood - I like it. It is sticky and messy and red. I like stabbing people ... I enjoy seeing people in pain, suffering, dying. They call for help, but I won't give it.

When this regression was followed by a cascade of violent images of similar past-lives,⁵ all marked by sadistic pleasure in the suffering of others, Anna recalled that at the age of five (while experiencing murderous rage towards her mother) she had experienced images of the same violent scenes. They included the worshipping of sexual organs, smearing of blood, sadistic

5. "In some instances, the individual can see a rapid replay of his or her karmic history and have clear insights as to how this pattern repeated itself in different variations through ages and has contaminated lifetime after lifetime" (Grof, 1988, p.87).

sexual acts and rituals of killing young people. In several of these life-times she had died a violent death herself and was repeatedly killed by the "same person", whom she once more identified as her current mother (see 5.4.1).

P/L 33 (4.4.C) demonstrated the tendency to respond to violence with counter-violence and rage (see 8.2.2). The past-life personality was enraged by the murder of a friend and confronted the murderer with the intention to avenge the death: "I am so angry, I want to kill! I want to destroy!"

P/L 35 (4.4.C) suggested a causal link between the subject's profound vulnerability to emotional abandonment (Theme 3: Grief) and her own inner violence (Theme 2: Rage) when Anna identified it as the ancient origin of this relentless cycle. As Hu, a young boy in prehistoric times, she had a sexual liaison with an older man (identified as the therapist). When this man left him for another lover, the emotional pain caused by the abandonment was so unbearable that the love turned into a destructive force of hatred and rage. The way in which this hatred had been acted out, life-time after life-time, in defense against the intolerable pain of abandonment, flooded Anna's consciousness with horror when the regression was followed by vivid images of killing, warfare, murder and brutality.

Parallel to these past-life regressions, Theme 2 (Rage) continued to show itself in dreams. In Dream 29 (22.4.C) she saw images of herself acting violently, and in Dream 33 (4.7.C) - contrary to her everyday life in which she hardly ever touched alcohol - she became drunk and aggressive. Not only was she venting her anger by shouting, swearing, arguing, and being crudely abusive, but in the dream she experienced her acting out as "good fun".

In the area of sexual violence Anna also had several brief confrontations with her own inherent brutality as her role of victim in a series of consecutive rape-regressions on 11.4.C (P/L 36, 37), 18.4.C (P/L 39, 40, 41) and 22.4.C (P/L 43, 44) alternated with that of being a sadistic rapist who enjoyed the sense of power it gave him to hurt and control others (P/L 38, 42).⁶ Nevertheless, the content of subsequent regressions continued to reflect her identification with the victim-stance and her comments on 5.8.C indicated that she was still unable to accept and integrate her own inner violence into her self-concept:

- A: It's scary, you know, Jim. It feels like I don't know who I am ... (crying) ... I'm walking around with those memories of being a ... terrible person ... I'm scared of violence, I don't watch violent movies ... I can't explain to you what it is to see myself as shooting Jewish people or raping, or burning villages ... It's just too much (crying). I want to wipe this out of my mind, I don't want to see it. I mean, if it's not real, then am I going mad? What is happening?

Conclusion:

The past-life regressions discussed in this unit and the insights gained during the heightened consciousness of the interlife contributed to the unfolding of Process 1 by bringing the archetypal

6. "A profound and disquieting identity of opposites exists in all complexes of violence and oppression: the master in one life becomes a slave in the next; the revolutionary becomes the new tyrant" (Woolger, 1990, p.202).

opposites of victim and violator to consciousness. The subject was confronted with her own violence, bloodlust and cruelty. She gained her first (fleeting) insight into the causal link between her own suffering and her own cruelty, and the need to reconcile and integrate the archetypal opposites in the psyche.

Although the subject was still unable to accept the violent part of herself, this denial was to be challenged on 29.8.C, when she regressed to P/L 61 as Janet (see 9.2.4).

9.2.3 ROSARIA

Theme: Empowering qualities of courage and loyalty

Unit of analysis: Two past-life regressions

Time frame: 22.4.C - 30.7.C

Chronological situation: This unit overlaps in time with units 9.2.1 (TALA) and 9.2.2 (HU).

Focal therapeutic thrust: Process 1

Process:

This unit of analysis pertains to the unfolding of Process 1. The two past-life regressions in which the subject briefly identified with acts of courage and loyalty introduced the existential possibility of empowerment, in juxtaposition to the subject's self-concept of being a helpless victim of abusive power.

Thematic presentation:

During the Biographical Phase, Theme 1 (Fear) with the implicit script belief I am a helpless victim of abusive power dominated the content of the past-life regressions (see Table 3, section 8.2). Nevertheless, it was also observed that Anna during the Biographical Phase had three regressions in which her past-life personalities acted with courage, even when it involved a dangerous or hopeless situation. In P/L 13 (20.9.B) she confronted the priest Aqua about his evil deeds; in P/L 15 (29.9.B) she asserted herself against oppression as Clarissa; in P/L 25 (6.11.B) she confronted thieving criminals.

In the first six months of the Transpersonal Phase this dimension of empowerment was again evident in two regressions. In P/L 43 (22.4.C) as Helene she endured torture to protect a fugitive; and in P/L 57 (30.7.C), as the pregnant Rosaria, she urgently fled in the cold and dark to give birth in a safe place where her enemies would not find and harm her child.

Every one of these regressions (in both the Biographical and Transpersonal Phases) ended in being overpowered and/or death, and reflected the deeply imprinted conviction that to oppose power was to die, which had been prominent in her pre-occupation with weakness and strength during the Biographical Phase (script belief: I have to be strong), as well as in her paralysing fear to express anger (script decision: I will not express anger). Although the emotional emphasis in the regressions was on her suffering, the experiences enabled Anna to briefly identify

with these empowering qualities of courage, assertiveness and loyalty.⁷ In unit 9.3.1 it will be seen how her awareness of the presence of these qualities in some of her past-life personalities was subjectively experienced as a core of strength which provided a counterbalance to her sense of weakness and unworthiness, not only in terms of her victimization but also of her own inner violence.

Conclusion:

The regressions in this unit of analysis contributed to Process 1 by enabling the subject to gain brief access to the empowering qualities of courage and loyalty. This paved the way for her first expression of justified resistance against the violation of her rights, which emerged in P/L 61 (29.8.C) and will be discussed in the next unit of analysis.

9.2.4 JANET

Theme: The convergence of the polar opposites of victim and violator, as well as the empowering experience of justified resistance

Unit of analysis: P/L 61

Time frame: 29.8.C

Chronological situation: This unit coincides with the last regression in the series discussed in section 9.2.2 (HU).

Focal therapeutic thrust: Process 1

Process:

This regression addressed two aspects of the therapeutic process related to violence (Process 1), namely the disempowerment of the victim and the tension between the polar opposites of victim and violator. The Janet-regression, which involved resistance against the abuse of power, provided the therapist with the opportunity to encourage the subject to reclaim her power. The heightened consciousness of the after death and intrauterine states which followed the regression forced her to confront and own her inner violence, which she previously tried to deny.

Thematic presentation:

P/L 61 (29.8.C) did not involve sexual violence but another manifestation of victimization (Theme 2: Fear), i.e being violently abused by others with totalitarian power. The significance of this regression was that it was the first one in which the past-life personality actively resisted abuse and oppression and fought against the violation by her rights.

This unit of analysis will illustrate how P/L 61 represented a convergence of the three parallel processes introduced in the first three units of analysis:

- being the victim of violence
- accessing qualities of empowerment

7. "Regression therapists emphasize the value of finding and raising the psyche's cache of positive spiritual resources so that the client can build for the future from as solid a base as possible" (Lucas, 1993a).

- being the perpetrator of violence.

(a) Being the victim of violence

In P/L 61 the subject encountered victimization in the form of violently enforced labour. As Janet, she was one of a group of children that were kept captive and forced into hard labour on the fields. When they refused to work, they were punished by being locked into a tiny room. Despite her fear, Janet was determined to resist the oppression and fought back until she was strangled to death.

The scenario in this regression mirrored the fear and helplessness (Theme 1) of Anna's biographical experience with her mother, who met her angry resistance against abuse (Theme 2: Rage) with more violence (or abandonment). It reflected the same dilemma Anna experienced in childhood: if she expressed her anger she was punished, and if she did not express it she was still punished, regardless.

On the existential level Anna had resolved this dilemma with a strategy of rigid emotional control (Theme 13), script decisions such as I will not show anger, and a network of dissociative responses based on script decisions such as I will be strong and not feel the pain. Via this past-life scenario Anna now accessed another existential possibility, that of justified resistance.

(b) Accessing the empowering quality of justified resistance

Although P/L 61 still constituted an identification with the victim stance, Anna, as Janet, was no longer paralysed by fear but for the first time accessed her outrage at the violation of her rights. Janet was determined to assert her autonomy and refused to succumb to the oppression of those with totalitarian power. Despite her vulnerable position, she acted on the firm script decision I will be strong and fought back with enraged determination until she was overpowered and killed.

By amplifying Janet's anger⁸ and emphasising the underlying principle of oppression, the therapist facilitated the conscious emergence of justified resistance which on 27.6.C had been absent in P/L 52 (see 9.2.1), and encouraged the subject's discovery of her authentic self - beyond the constraint of Theme 13 (Rigid Emotional Control):

- J: What is Janet's anger saying?
 A: No! It's not meant to be. We're not meant to be working for these people.

 J: So, let's get in touch with that anger. Say 'I'm not meant to be working for you!'
 A: I'm not meant to be working. I'm not meant to be doing this!
 J: What I'm meant to be doing is (prompting) ...
 A: (continues) It's against what I believe (gasping)
 J: What is it you believe?
 A: That we have the right to say no (out of breath, whispering), that we won't work for these people.

8. "The emotional release of anger must begin with thorough abreaction; the energy of anger cannot be transformed until it is first felt" (Lucas, 1993a, p.126).

The therapist pushed her to reclaim her power:

- J: Say it louder. 'We have the right to say no!'
 A: (strongly) We have a right to say no and I won't work for these people. I will not carry their rocks any more.
 J: Keep speaking. Say it to them (urgently) Say it to them!
 A: (scream of rage)
 J: Say it! Say it!
 A: (screaming) I'm gonna die!! ... Stop it! Don't let them kill me!

When the deeply imprinted script belief that it was not safe to express anger became activated and the anger wavered to make way for fear, he kept her focussed:

- J: What's happening now? What's happened to your anger?
 A: I want to stop it from coming out. (gasping for breath) Get off! (screams) Get off me!
 J: It's against what I believe (prompting) What I believe is (repeating this several times while Anna is shrieking) ... I have the power ...
 A: To say no!!
 J: I have the power ...
 A: ... (calmer) to say no.
 J: I have the power to say no
 A: (gasping) ... to not be forced to do something that I don't want to do ...

One of the therapeutic advantages of transpersonal states is that they allow access to the moment of death in past-life regressions. The transitional moment of death is characterized by heightened consciousness, with an exaggerated intensity of feelings, thoughts and sensations, and from the transpersonal perspective it is believed that it is here where karma may be either released or further intensified (see 2.3.8). By making the moment of death as conscious as possible, a therapist can identify the thoughts and emotions that were experienced at the time, and which were carried forward in the psyche as "samskaras" to set new complexes in motion in future incarnations (see 2.3.7). By guiding Anna to the moment of Janet's death, the therapist now gained access to the self-defeating script decision - I have to be strong!:

- J: Okay, just let yourself see. Do you need to go to the place of your Higher Self and see what that's about?

Anna responded that, even after death, she was still experiencing a strong urge to continue fighting. The therapist pointed out the futility of violence:

- J: What is it about fighting? You're in a hopeless situation.
 A: It's about surviving. (whispers) A survivor, a fighter.
 J: What happened to Janet?
 A: She died. She was strangled.
 J: So she didn't survive. It's an old script of yours.

Returning to the moment of Janet's death accessed the underlying basis for Anna's initial self-sufficient stance "I have to be strong, tough and independent" (see 5.4.1). Janet's determination to be a survivor and a fighter resonated with Anna's comments in her diary, before she started therapy:

- I've always considered myself to be a survivor with incredible resources of coping and superstrong defense mechanisms (see 5.5).

The heightened consciousness at the moment of death also illuminated how the suppression and frustration of Janet's justified anger gave rise to the development of destructive anger, violence

and bloodlust. When the therapist asked Anna what she was thinking as she was strangled to death, she responded:

- A: I died being so angry. I kept it with me. I felt that I still was so angry. Nobody was listening. And it wasn't of any use. So I died with all this anger inside me. I kept it inside me.⁹

(b) Being the perpetrator of violence

The insight into the way Janet had been holding on to her anger to accumulate a karmic history of violence and cruelty harshly confronted Anna with her own inner violence and shook her identity to the very core. As the therapist kept her focussed on the residue of her anger, she started to own it and for the first time admitted her fear of her own destructive power:

- J: Did you decide what to do with it?
 A: I did not know then.
 J: Okay. What do you need to do with it now?
 A: I want to let it out, but I'm scared of doing it.
 J: What are you scared of?
 A: That I'll lose control.
 J: Okay, just scared of the sheer power of your anger?
 A: It's so strong that I want to keep it in.

He encouraged her to face it:

- A: In my head, it's angry energy.
 J: It's in your head now, is it. Okay, what does it need to do in your head? Let it through, let it out. Let it right through your head, images, words ...
 A: I see fighting, I see all this fighting ...
 J: You're seeing all the fighting. Let yourself see it. Keep breathing. Watch it. Let it flow out. Just watch it all, it's safe to watch it, don't stop it, just let it go, let all the images come, just watch them and breathe. Keep watching and breathing.

Anna was horrified by the intensity of the anger she had to own:

- A: I'm such an angry person ... There's so much anger!

The therapist stimulated empowerment by validating justified anger:

- J: Anger is a part of you . Let's see it all. It's that part of you that says 'I have a right'. Keep breathing through it.
 A: (gasping) So much anger! I can see so many different parts of me that haven't been able to be angry.
 J: Just watch them and breathe ... You don't have to block it, Anna. Keep breathing and watching, seeing all those parts of you ... let it flow. ...
 A: (coughing, gasping) There's so many pictures!
 J: Just let the pictures go. Don't hold onto any of them. You can face all of this now. It's all been there, all the time. Keep breathing and stop blocking. ... It's safe now, to see all of this. It's the time now to see all of your anger and accept it. It's a time to make an end to fighting and accepting all of your anger. Keep breathing. See and acknowledge all the parts of you that have been angry. ... All that anger that says 'I am allowed'.

9. "It is going through the death process that is most productive of insight. The patient should be encouraged to see the circumstances of his death and particularly to identify his last conscious thought, which, because it occurs in a heightened state of consciousness, often becomes a script for future lifetimes" (Jue, 1993a, p.168).

Breathe!

It has been documented in transpersonal literature that in non-ordinary mind-states, scenes from different historical contexts (such as childhood, a past life or the intrauterine period) which share a similar emotional charge can all appear simultaneously as part of one complex experiential pattern (see 2.3.7). In the midst of this cascade of past-life scenes Anna now experienced a perinatal memory from the intrauterine period¹⁰ and realized that she had already been consumed with anger in the womb, before being born or being abused by her mother.¹¹ Similar to the manifestations of rage (Theme 2) in past-life regressions, this experience was forcing her to confront and own the rage and violence within her psyche:

- A: (sobs) I can see myself small ... Before I'm born, too, (gasping) I'm angry there ... I'm angry inside.
 J: Inside your mother?
 A: (gasping, extremely agitated) Yes!
 J: Born with all this anger?
 A: Yes. I'm small (tiny voice)
 J: Where did you get it from? From your mother, or did you bring it with you?
 A: Parts of it I've brought with me ... (cry of pain)
 J: Keep breathing and facing yourself as an unborn child with all the anger you brought with you ... You brought it for this, you brought it for a purpose.
 A: (crying) I'm small, I'm very small. It's sore ... There's so much anger there (panting) I just keep seeing it all.

The Pandora's box was opened and there was no way to escape its frightening content:

- A: I did very horrid things when I was this angry.
 J: Horrid things?
 A: Yes! (gasping) I can see some of them again (cry of pain)
 J: Cruel things? ... Keep breathing and facing. Just face what you did with the anger.
 A: (sobbing) This is difficult!
 J: It's difficult, but you keep on breathing. You've done this before, you've faced this before. This is some more of the same.
 A: (sobbing, pleading) All these images, if they will just go away.

The therapist kept her focussed on the horror of her karmic history, but once more introduced the healing power of forgiveness:

- J: Make the sound if you need to, but keep the images flowing. Anna, keep breathing through ... your anger, your violence ... keep breathing ... keep

10. "Dr Thomas Verny collected an impressive amount of scientific evidence for inutero memory in his best seller *The Secret life of the unborn child*" (Woolger, 1990, p.7).

11. Grof (1988) documented that the embryonal and fetal experiences which occur in non-ordinary mind-states portray in a concrete, realistic, and detailed way various prenatal situations, usually those that are dramatic and associated with a strong emotional charge. Woolger (1993b) also stated that the mother's consciousness during pregnancy provides the occasion for the reactivation of psychic patterns or "samskaras" previously laid down in the child's psyche in previous lifetimes. According to him the incoming soul is attracted to a mother who will help mirror his/her unfinished karmic business during pregnancy and birth, and whose own life script will restimulate the child's old karmic residues and provide an opportunity for their resolution. An incoming soul, still dominated by catastrophic memories of violent deaths, deprivation, or abandonment, is expected to be attracted to what is termed the "catastrophic mother", who doesn't want the child on a conscious or unconscious level.

looking ... the only thing that hurts is blocking it. There's nothing that can't be forgiven. There's no karma that can't be dissolved.

A: (calmer) Jim ...

J: Keep breathing. I'm with you, Anna, it's safe, keep breathing

A: (whispers) It's horrible.

J: Ja. It's very powerful. If in your judgement of your Higher Self it's enough, then you can bring yourself out, but otherwise keep breathing. You can bring yourself out whenever you want to.

A: (softly) It's nearly over now ...

J: Okay.

A: They're slowing down ...

J: Just breathe gently, don't block anything.

A: (gasp of relief) It's over!

Conclusion:

This unit of analysis contributed to Process 1 by beginning to dismantle the subject's sense of disempowerment and by emphasizing the tension between the polar opposites of victim and violator. The Janet-regression, which involved resistance against the abuse of power, contributed to the process by allowing the subject the first access to the empowering quality of justified resistance. The heightened consciousness experienced by the subject in the after-death and intrauterine states which followed the regression also contributed to the process by reinforcing her consciousness of her own inner rage.

Reflecting on the first four units of analysis, it is observed how Anna moved from working with her biographical material, in which she experienced herself as the wholly innocent and powerless victim, and attributed the totality of the blame to her mother, to working on the transpersonal level, where her identification with the victim was continued by regressing to numerous horrific and heart-rending experiences of violation, brutality, rejection and abandonment. It can also be seen how she identified the apparent genesis of the karmic tragedy in her pre-historic experience of being the victim of abandonment, and attributed the blame to her unfaithful lover - a blame (by implication) now projected onto the therapist, whom she identified as her prehistoric protagonist.

In addition, it is observed how Anna on a conscious level resisted the transpersonal insights into her own inner violence (which she gained during non-ordinary states of consciousness) and attempted to deny the validity of her past-life memories as perpetrator of violence.

With the Janet-regression Anna's personal myth of being the blameless victim of violation and abuse was irrevocably exposed as invalid.¹² The psychological implications of her karmic

12. "As more and more lives accumulate, a second level of the work begins to present itself, namely, a dynamic relationship between the lifetimes themselves ... The lifetimes remembered are not events to be done with, personality fragments to be exorcised, removed, cast off; instead, they are living energies to be balanced with each other and with the ego, potentially to be integrated in a newer and broader sense of self" (Woolger, 1990, pp.217-218).

legacy of rage and violence and the insight that rage was already present in her psyche during the intrauterine phase of her current life presented a profound and demanding challenge to confront the darkness within herself and to admit to her own share of the guilt and blame.

The unfolding of the polar opposite of the karmic complex, that of the cruel and callous violator, also called for a reconsideration of the possible psychodynamics underlying Anna's avoidance of intimate sexual relationships in her present life. Interpreted on the basis of her biographical data alone, it seemed to be a defense against the abuse and intolerable pain of abandonment she thought she would experience if she should succumb to her yearning for love (see 5.7). The process diagram of the inter-relationship among the subject's traumas, emotional and cognitive responses, complex themes, script beliefs and script decisions illustrated how the script decision I must avoid sex was locked into the constellation of complexes (see Figure 5, section 6.5). The diagram showed how this decision served to avoid the physical pain of being abused (To be loved is to be hurt; Sex is to be feared) and penetrated (Sex is an invasion), as well as the emotional pain of being degraded (Sex is degrading) and abandoned (If I let people love me, they leave me). An additional dynamic now presented itself. It seemed that Anna - on a deep unconscious level - also adopted the avoidance of sex as a measure to prevent the latent sadistic satisfaction in the suffering of others, which had been cultivated in her psyche and which was imprinted on the area of sexuality, from being evoked once more. This hypothesis was to be confirmed by the material which emerged later (see 9.3.4).

Looking again at the 11 foregoing past-lives in which she was the perpetrator of violence, it can be observed that in past-lives as a woman her behaviour had been evoked by the pain of abandonment, loss and betrayal (resulting in suicide in P/L 10, 18; murder in P/L 22) and outrage at the murder of a friend (leading to attempted revenge in P/L 33). In regressions as a man, only one past-life (P/L 9) involved revenge, which in terms of the primitive moral code of "an eye for an eye, and a tooth for a tooth", may carry some degree of "justification". In the other six past-life regressions as a man (P/L 23, 29, 30, 38, 42, 62), the scenarios of 'bloodthirsty violence and brutality were characterized by sadistic pleasure in the suffering of others and cruel satisfaction in wielding power over helpless victims. Three of these lives (P/L 30, 38, 42) involved sadistic experiences of rape and sexual torture.

Applying these insights to the case material, it would seem that Anna was unable to draw on her own empowering (masculine) qualities for fear of evoking the destructive power enmeshed in them, while at the same time she was projecting her own latent brutality onto potential lovers, and therefore expected the penis to be an instrument of violence, abusive power and invasion.

In terms of Woolger's theory the subject needed to face, accept and integrate the archetypal opposites in her own psyche, in order to reclaim this dimension of her own power, from which she had unconsciously cut herself off.

The clinical material which emerged during the next two months did not relate to violence, but to the second major therapeutic process, related to the trauma of abandonment.

9.2.5 AMALIA

Theme: Being the victim of abandonment
Unit of analysis: A series of six past-life regressions
Time frame: 30.9.C - 17.10.C
Chronological situation: This unit overlaps in time with unit 9.2.7 (HELENE)
Focal therapeutic thrust: Process 2
Process:

In this unit the focus of the therapeutic process shifted to the theme of abandonment which was unfolding in Process 2. The two levels of the transference which were identified in the Biographical Phase, namely an infantile need for re-mothering and sexual love (see 5.7), evoked two clusters of past-life regressions involving abandonment in childhood (two regressions) and in adulthood (four regressions) respectively. These regressions enabled the therapist to facilitate the abreaction of a range of emotions underlying themes in the constellation of complexes, namely fear (Theme 1), grief (Theme 3), unworthiness (Theme 6: Failure), betrayal (Theme 11), emotional deadness and despair (Theme 9). The regressions also allowed access to the subject's script decisions such as I would rather die than suffer the pain of separation, loss or abandonment, and preliminary work to guide her toward a rededication.

Thematic presentation

During the Biographical Phase experiences of abandonment in the subject's biographical history had been the central focus of 20 of the therapy sessions, but her intense vulnerability in this area was even more pronounced in the transference. Her fear of trusting the therapist emerged repeatedly during this phase and the analysis columns of Table 2 (see 6.3) reflected how her increasing emotional dependency on the therapeutic relationship was paralleled by a marked escalation in her fear of abandonment. These fears were expressed in 37 of the therapy sessions.

In the Transpersonal Phase, with the disappearance of biographical material from the therapeutic scene, past-life regressions in which the subject identified the therapist as her protagonist in a wide range of powerful dramas provided a valuable avenue to enter into and release buried levels of the themes which were underlying the transference. It was reflected in Table 3 (see 8.2) that the subject identified the therapist as her protagonist in 22 scenarios and that she experienced his past-life personalities to have caused her physical or emotional suffering in 13 regressions. The 22 past-life protagonists included an evil priest (P/L 13), a deceased husband (P/L 18), unfaithful lovers (P/L 22, 67, 77, 78, 79), murderers (P/L 33, 34, 114), an incestuous lover (P/L 50), a homosexual lover (P/L 35), a dead child (P/L 46), a newborn child (P/L 47), the victim of a murder by the subject (P/L 30), a fugitive protected by the subject (P/L 43, 99), a partner in tantric sex (P/L 103), a sexually abusive father (P/L 52), a sexually abusive husband (P/L 105), a sexually abusive caretaker (P/L 120), and a lover in a sexual triangle (P/L 119) (see Appendix 1). Seven of these regressions involved experiences of abandonment.

The high number of regressions in which she named the therapist as her protagonist, in comparison to only three in which she identified her mother (P/L 19, 28, 30), is a measure of the

intensity of the transference.¹³ It is also observed that the 22 past-life regressions reflected a wide range of emotional involvement, including positive experiences of love and loyalty, whereas the three past-life personalities of her mother were all experienced as the perpetrators of violence. It indicated that the subject had not merely transferred her biographical conflicts onto the therapeutic relationship, but that she had withdrawn her attachment behaviour from the relationship with her mother¹⁴ to project her attachment needs onto the therapist.¹⁵

This unit of analysis will first situate the pronounced emergence of the theme of abandonment in this phase of the therapeutic process by discussing the impact of four current events on the transference, and then illustrate the way in which the material was implemented to address Theme 3 (Grief) in the constellation of complexes.

(a) Situating the regressions within the context of the transference

During the first months of the Transpersonal Phase the subject's anguish about her love for the therapist (see 5.7) was exacerbated when she became aware of his relationship with another woman, Gill. At the same time she developed a sibling rivalry with another client of the therapist, Lida, and a sense of being displaced by her. In conjunction with these developments it also became necessary to reduce therapy sessions for financial reasons, and a change in the therapeutic approach with regard to physical contact triggered profound feelings of rejection and abandonment.

The background to Anna's subjective response to these changes can be found in the conflicting levels of the transference which developed during the Biographical Phase (see 5.7), namely her infantile need for remothering and her sexualized love for the therapist.

One feature of the therapeutic approach in the Biographical Phase was to help the subject master her fear of touch by means of desensitization (see 5.6). During the first year of therapy, after re-experiencing traumatic material from her childhood, the subject was often trembling with fear and overcome with grief. The therapist would hold, reassure and re-mother the little child to which she regressed. For example, on 19.3.B, after she had re-experienced the trauma of being

13. "In many instances, it is less painful for the client to create an artificial problem in the therapeutic relationship by projecting on it elements of the original trauma than to face the real issue, which is much more devastating" (Grof, 1988, p.226).

14. A child's willingness to redirect attachment behaviour away from an inadequate parent is indicative of the pressing need felt by the child for an attachment of some description. It is difficult to over-estimate the importance of that need. If attachment is successful, the child has an opportunity to become secure in the exploration of the physical and emotional aspects of his/her development (Bolton, 1983).

15. Grof commented on this phenomenon in subjects with a history of severe emotional deprivation in childhood: "In this situation, the client tends to seek in the therapeutic process the anaclitic satisfaction which he or she did not experience in childhood. The best solution for this problem is the therapeutic use of physical contact. Although this approach clearly violates the Freudian taboo of touch, it tends to diminish rather than increase the transference problems, and its therapeutic effects are truly remarkable" (Grof, 1988, p.226).

held under water by her mother at the age of two, the therapist commented in his notes: "Felt like the broken little girl was reaching out to someone for the first time." On 10.5.B, after re-living the experience of being throttled by her mother, and again a week later, she had become so regressed that she had a floppy neck, no strength, and just needed to be held while she was shaking with fear and crying.

Alongside this therapeutic technique of remothering (see 3.7) the therapist also made use of bodywork, first in working with biographical material, and later also with past-life regressions. Bodywork interventions included psychodramatic enactment, massaging rigid muscles, touching pressure points to release blocked energy, and nurturing contact when she experienced overwhelming fear or grief. At the time when Anna started to experience the emergence of sexual energy (see 5.7), the therapist initially dealt with it in the same way he worked with other material. When she felt sexually aroused, he allowed her to hold him and experience the energy, but when she admitted having sexual fantasies about him he felt that the interaction was becoming inappropriately sexualized and discontinued that way of working.

Physical contact in therapy is a controversial issue, because it is known to largely intensify the transference. Although some theorists maintain that remothering in the transference has a valuable therapeutic impact (see Grof, 1988; Balint, 1979), it presents serious difficulties of containment when the transference becomes sexualized.

Research into the effects of child sexual abuse has established that victims often lack a clear sense of role boundaries (Sgroi, 1982), confuse sex with closeness and inappropriately sexualize relationships (Hall & Lloyd, 1993). This dynamic now emerged in the present case. Despite an age difference of more than two decades, and despite the fact that the therapist made it clear that he was not sexually attracted to her and could not reciprocate her love, the subject's sexual fantasies remained focussed on him.

Although the therapist was aware of the client's infantile needs for physical touch, the sexual dimension created a dilemma which forced him to discontinue that way of working. He henceforth limited touching to other forms of bodywork when it was required by transpersonal material.

Despite the controversial nature of the therapeutic approach, its impact on the transference put the subject in touch with intense levels of repressed pain and made it accessible for therapy. Woolger pointed out that the magnetic power of a complex evokes dormant past-life memories when a client encounters related situations. The discontinuation of nurturing contact now exacerbated the feelings of rejection, abandonment and betrayal which had already been observed in the Biographical Phase before working with the sexual energy (see Table 2, section 6.3). Already during that phase Anna had identified the therapist as the unfaithful lover in P/L 22 (1.11.B) whom she killed in an outburst of rage. Her subjective interpretation of the altered situation now served to evoke a hidden layer of the complex related to loss and abandonment in romantic/sexual relationships as well as to abandonment in childhood.

In this instance it is observed that the past-life aspect of the karmic complex was evoked

and processed, but that the existential aspect - in the current subjective experience of the client - was initially not directly expressed. It would seem that it was the additional tension of the therapist's work with another client and Anna's intensified sense of being displaced by her (see section 9.2.8) which eventually brought the hidden feelings to the surface. On 27.7.C Anna first told the therapist about the rage, emotional pain and sense of abandonment she felt about the discontinuation of working with her sexual energy and the withdrawal of nurturing contact. He responded with regret that the experience had been so hurtful and confusing to her:

J: I was really comfortable to allow you to get in touch with those sexual feelings and to get in touch with your sense of your sexuality, and experience that, and not to feel somehow you have to shut it off because of me being here ... I guess what I didn't appreciate or maybe forgot was just how powerful those feelings are and just how powerful the passion is that's there. When I said to you before, and at the time, that I didn't want a relationship with you, that I didn't want to live with you and have a sex relationship with you, it really was true.

He acknowledged that he was aware of her sense that something "sacred" was emerging, but clarified as follows:

J: It was one-sided just in the sense that it was for you and not for me. I wasn't asking to meet my needs and was really willing to facilitate and help that exploration in you.

A: In other words, it was therapy.

The therapist said that he had stepped into the fringe area in working with her sexual energy, but that he felt at the time that it was especially important for him to take care not to invalidate her sexuality, what they have been dealing with.

J: I really wanted to take good care that way. So, if one had, when it first came up said 'Right, that's okay, but don't feel that', or 'Let's not talk about that' ... It had been really powerful. Also, I did not need to do that, because I really was comfortable with you feeling sexual. As I said before, I was particularly comfortable because I actually wasn't drawn to having a relationship with you ... I guess it is analogous to how I work with anything that is profound or deep in therapy, that I'm there with myself and feeling the energy and responding. But, also, I have a certain neutrality and centredness in myself in therapy, and I really am able to be there with a clarity and strength for the other person. I was really there and aware of what you were feeling, and interacting with it. But not responding to you in the way that I would have done if I felt that I wanted to be your lover.

Anna's response during this discussion reflected a core factor of the biographical aspect of the karmic complex. She told him that it was the fact that he would no longer give her a hug when she was distressed which hurt the most.

A: That is the worst. ... (crying) I need that kind of touching. I've been deprived of it as a child.

On 29.9.C she referred to his statement that he could work with her sexual energy at the end of the previous year because he was not sexually attracted to her, saying "That's quite sore, because it is kind of shattering that illusion," but again returned to her childhood deprivation of gentleness. She said that she had felt very safe with him, and for the first time had understood that there was a gentleness within certain people, in certain men, and that it had been an

incredibly powerful and healing experience.

The therapist admitted that he misjudged the potential bonding that could occur.

J: It feels like, what I have offered you and what I continue to offer you is a relationship of integrity - to relate to you honestly and to offer you what I am able to offer you from my own understanding of what is appropriate or what is healing but then I did forget what I should have known, which is that that sort of contact creates a tremendous bonding which is difficult to break.

On the one hand the conflicting dimensions of Anna's transference-feelings constituted an obstacle to the therapeutic process. The fact that Anna experienced the limitations of the therapeutic relationship as a confirmation of the script belief I am not worthy of being loved and as a recapitulation - on the current existential level - of karmic as well as biographical traumas,¹⁶ presented the danger that she could remain stuck in a position of disempowerment. On the other hand, these feelings evoked transpersonal material which facilitated access to script beliefs underlying the two most prominent existential features of the complex, the subject's avoidance of sexual intimacy and her suicidal urge in the face of abandonment.

The way in which this material contributed to Process 2 will now be discussed.

(b) Past-life regressions of abandonment evoked by the transference¹⁷

The first cluster of past-life regressions related to abandonment which now emerged, involved agonizing experiences of childhood abandonment. This theme, which was introduced on 19.7.B by P/L 5 (see 8.2.1), had also featured in P/L 8 (30.8.B), P/L 12 (13.9.B) and P/L 32 (28.3.C).

In P/L 8 the subject regressed to a boy who was murdered by his father when the latter discovered that he was the child of another man (the mother's lover). In P/L 12, as a two-year old girl, the subject was killed by her mother when there was not enough food available, and in P/L 32, as a six-year old girl, she felt abandoned when soldiers took her mother away and left her alone in the village. The same theme now re-emerged in P/L 66 (30.9.C).

P/L 66 illustrated the link between Theme 3 (Grief) and Theme 6 (Failure) in the constellation of complexes. In this regression the subject was Marike (7), who lay ill and alone in her room. Realizing that she would die, her family stopped feeding her and abandoned her emotionally. She lay calling out piteously:

A: Listen to me, take care of me ... There's no-one hearing, there's no-one

16. According to Grof the direct fulfilment of anaclitic needs during experiential sessions tends to foster independence, rather than cultivate dependency: "This seems to be parallel to observations from developmental psychology suggesting that adequate emotional satisfaction in childhood makes it easy for the child to become independent from the mother. It is those children who experience chronic emotional deprivation who never resolve the bond and continue to search for the rest of their lives for the fulfilment they missed in their childhood. Similarly, it seems to be the chronic frustration in the psychoanalytic situation that foments transference, whereas the direct fulfilment of the anaclitic needs of an individual in a deeply regressed state facilitates its resolution" (Grof, 1985, p.349).

17. In terms of the yogic concept of seven psychic energy centres (chakras) in the subtle body, therapy in this unit of analysis was largely focussed on clearing imprints at the level of the fourth (heart) chakra, related to love (see 2.2.5).

listening ...

Marika's experience of not being listened to mirrored Anna's experience of her mother in childhood. The sense of abandonment suffered by the dying child also related to two of the script beliefs in the karmic complex, i.e. If people love me, they leave me (Theme 3: Grief) and I am not worthy of being loved (Theme 6: Failure).

The emotional pain of Marika, who eventually died alone, enabled Anna to access and express the hurt she experienced in her biographical childhood, when her mother did not pay attention to her (see 5.4.1), as well as her current sense of "parental" abandonment by the therapist.

In P/L 69 (11.10.C) one observes the convergence of three central themes in the karmic complex, i.e. Theme 1 (Fear), Theme 3 (Grief) and Theme 11 (Betrayal). In this regression the subject was Toshua (13), who was killed by his father. In a ploy similar to that of the mother in the sacrifice regression in P/L 5 (see 8.2.1), Toshua's father sent him to the river under false pretences, and there overpowered and drowned him. Toshua loved his father and died in utter shock and confusion, not understanding why his father rejected and betrayed him. The regression mirrored Anna's biographical experience of hurt and confusion at not being loved but violently abused by her mother.

Alternating with these past-life experiences of childhood abandonment was another cluster of regressions representing abandonment in love, in which Anna once more identified the therapist as her unfaithful lover. Variations on this theme had already appeared in P/L 22 (1.11.B) in which she killed her lover, and P/L 35 (4.4.C), in which the lover's betrayal triggered a murderous rage and a karmic history of violence.

During this renewed phase of despair about her unrequited love, Anna now regressed to P/L 67 (30.9.C) as Katia, who withdrew to live in isolation after being betrayed by her community and abandoned by her lover (identified as the therapist). This was followed by three regressions on 17.10.C, which vividly portray the script beliefs If people love me they leave me and I cannot bear the pain of abandonment, loss or separation. These regressions portrayed Anna's desperate attachment to the therapist as a karmic drama that seemed to span eight centuries. She linked these regressions and claimed that they reincarnated repeatedly to meet up and resume their former relationship.¹⁸ In this three-part drama the first trauma occurred in 1150 when, as Amalia (P/L 77), she was deserted by Philippe. Unable to resolve the grief, she carried the imprint into the 13th century as Helene (P/L 78), where she met her lost lover who had reincarnated as Jean. When he, too, deserted her, the pain was too much to bear and she acted on the script decision I would rather die than suffer the pain of separation, loss or abandonment by throwing herself off a cliff. According to Anna they met again in P/L 79, but as Natalie she experienced a

18. The claim that persons with strong emotional bonds tend to re-unite in one incarnation after the other until they have resolved their mutual karmic debts and achieved harmony was often described in the life-readings given by the psychic, Edgar Cayce (Cerminara, 1957).

relentless repetition of the same trauma. Christiaan rejected her in favour of another woman, Corinne.

In section 9.2.4 it was postulated that Anna had unconsciously cut herself off from her masculine power for fear of evoking her own latent violence. Viewed from the transpersonal perspective, it seemed that her feminine power, on the other hand, was paralysed by a deep sense of unworthiness in the area of romantic and sexual love, with the script belief I am unworthy of being loved karmically rooted in numerous lifetimes of disappointment, betrayal and rejection. This deep sense of disempowerment seemed to contribute to the tenacity with which Anna was holding on to her love-fantasies for the therapist, instead of risking involvement in a real-life relationship outside of the therapeutic space. Woolger claims that an exaggerated reaction to loss or separation often proves to have past-life roots and that the re-living of the trauma has the potential of resolving and dissipating the energy that had been bound in the complex. In terms of his theory Anna needed to face and fully experience the accumulated pain from which she had cut herself off over lifetimes, in order to clear the imprints and reclaim the feminine power which would enable her to freely risk the trials and tribulations of love-relationships.

The following extracts illustrate how, in working with the unresolved grief of this series of regressions, the therapist encouraged Anna to face the accumulated pain of loss in Theme 3 (Grief). Addressing the past-life personality of Amalia (P/L 77), he encouraged her to finally say goodbye to Philippe:

- A: It's too sore! I can't!
 J: It's too sore to hold onto this any longer ... (prompting) Philippe
 A: Philippe ...
 J: You've gone.
 A: No!

He challenged her denial:

- J: Did he ever come back Amalia, did he ever come back?
 A: No.
 J: So he really had gone?
 A: Yes.
 J: (prompting) Philippe, you've gone.

Anna's script decision emerged: If she had to face the reality of the loss, she would rather die than feel the pain:

- A: (sobs) I want to die, I want to die!
 J: You've come back, you've reawakened, so that you can let go of Philippe.

 A: (crying) I can't!! I can't!!
 J: Amalia, this happened long, long ago. He didn't come back. You never saw him again. Did you?
 A: (crying) No.
 J: And all the holding won't bring him back. Will it?
 A: (gasping) No. ...

He validated her feelings and facilitated the expression of the grief that had remained encapsulated for centuries:

J: I know you did. You really longed for him. You really loved him so deeply, didn't you? Hmm?

J: Find the breath and the pain. Find the tears ...

Encouraging her to relinquish her desperate clinging, he introduced an affirmation:

J: Tell him that you're letting him go... (prompting) Philippe, I'm letting you go ... , Philippe, I love you and I'm letting you go. Say that. ...

A: Philippe ... (frantically) No! I can't, I can't say it!

Adapting the principles of cognitive re-evaluation and behavioural bereavement therapy to the transpersonal material, the therapist guided her to realize the self-defeating nature of her denial:

J: When did Amalia live? Tell me. You know when Amalia lived. Now tell me.

A: Amalia? ... 1150.

J: 1150 after Christ. And when did Anna live? When is Anna living?

A: (sobbing) Now.

J: When is now?

A: Towards the end of the 20th century.

J: How many years ago did Amalia live and die?

A: Many lifetimes.

J: 800 years.

J: Each birth Amalia comes back looking for Philippe. Did she? Holding onto it?

A: No ... just wondering, if he loved her ... and not able to love another.

He repeatedly attempted to guide her to a re-decision:

J: Amalia, (prompting) I Amalia, love you Philippe

A: I, Amalia, love you Philippe.

J: ... and I completely let you go.

J: You have to let him go completely, Amalia. If he is to return, he will return. But you must let him go now.

A: Yes. My heart is sore when I do that.

J: Ja, and your heart is sore when you don't do that, isn't it?

A: (frantically) I don't want to feel this!

J: But you're going to feel it ... You've come back now to feel it ... so that Amalia can be released. It's completely different now ... you've got support, you've got insight ... and it's the right time to free yourself.

A: It's hurting so much ... I really loved him. Every time I've been born he's come back.

J: You've seen him each time?

She told the therapist how she had met Philippe again as Jean in the 13th century (P/L 78), and later as Christiaan (P/L 79) - each time to be left and abandoned.

A: Yes. He's come back ... we've loved ... and then he's always gone away .. (silence) Jean ...

J: Did you do the same as Amalia? Did you hold onto him in your heart?

A: Yes.

J: Helene, let go of Jean now. (prompting) I, Helene, let go of Jean.

A: I want him just one more time.

J: He's gone.

While they worked with the loss of Christiaan Anna addressed the existential aspect of the complex by referring to her desperate love for the therapist, at first indirectly:

A: What's happening, Jim? It's happened again! This is now!

J: Now? Okay, what is happening to Anna now?

A: I want Christiaan again.

- J: As Anna.
 A: Yes (breathing very heavily). Yes. But it will not be.
 J: Yes, it won't be. So now, will you let him go?
 A: I'm angry. I'm angry at that. That all the time I've had no other, except I waited for him ... I want him
 J: (firmly) Christiaan, I let you go.
 A: No. I can't. I can't! I want him all the time.
 J: You want him. And what is wanting him all the time doing to you, life after life?
 A: Yes, it's been bad.
 J: And what do you need to do to break this pattern?
 A: To let him go. But I don't want to let him go in anger. I mustn't let him go in anger. I must let him go with that part of me that just loves so much and so deeply. I love Philippe, I love Jean, I love Christiaan. I need to let him go in love ... if my heart is big enough to do that. I need to let this man go. Jim!

She approached a direct expression of her existential dilemma, but once more tried to avoid the pain:

- A: I feel funny ... Christiaan is ... I know Christian and Corinne ... This is very sore for me. I think maybe I should just go now.

The therapist encouraged her to express her agonized feelings:

- J: I don't think you've got to go now. You've got to finish this now.
 A: (breathing fast) Christiaan is you.
 J: And Corinne?
 A: It is Gill. And you know her ... and you don't love me ... and I need to let you ... Oh God, this is sore ... I have been letting you go ... each time.
 J: You have been, you've been working so hard ...
 A: Then why is it taking so long?

Once more he validated her feelings:

- J: You didn't know what a big thing it was, did you, till today.
 A: No.
 J: You didn't know what a huge karmic pattern you had to break.

She wanted to hear that he loved her, and manifested the intense pain linked to the script belief

I am not worthy of being loved (Theme 6: Failure):

- J: There are many kinds and dimensions of love.
 A: (crying) But you've rejected me in the one love that I want, you have left me again. You don't realize the depth of my loving. You rejected me (crying)

The therapist interpreted the day's session as an important move forward, but Anna's response indicated that she was still unable to face the pain:

- A: (crying) I can't let you go.

The link between Anna's frozen sexuality and her fear of abandonment in love, which was illustrated in P/L 54 (11.7.C) as Tala (see 9.2.1), and the deeply imprinted script belief I am not worthy of being loved was once more confirmed. After the regression she expressed her deep sense of sexual inadequacy and unworthiness:

- A: You know what I'm scared of?
 J: Tell me.
 A: Why is it nobody loves me? Why is it nobody wants me sexually?

Conclusion:

The regressions in this unit of analysis contributed to the unfolding of Process 2 by abreacting emotions underlying several themes in the constellation of complexes, namely fear (Theme 1), grief (Theme 3), unworthiness (Theme 6), betrayal (Theme 11), emotional deadness and despair (Theme 9). The regressions allowed access to the subject's self-defeating script decisions such as I would rather die than suffer the pain of separation, loss or abandonment, and preliminary work to guide her towards a re-decision.

The next section will illustrate how the recurrence of the theme of sexual violence reflected a deepening of the therapeutic work which had earlier been done in Process 1.

9.2.6 KERA

Theme: Being the victim of sexual violence
Unit of analysis: A series of five past-life regressions
Time frame: 24.10.C - 26.11.C
Chronological situation: This unit overlaps in time with unit 9.2.7 (HELENE)
Focal therapeutic thrust: Process 1
Process:

This unit of analysis reflects a deepening of the therapeutic work in Process 1 in terms of the subject's dissociative response to pain (Theme 13: Rigid Emotional Control), which was initiated in section 9.2.1, and the disempowerment brought about by violation (Theme 1: Fear), which was addressed in units 9.2.1 and 9.2.4. This series of past-life regressions also allowed access to the subject's feelings of sexual inadequacy (Theme 6: Failure) and facilitated an intense catharsis of disgust (Theme 7), hatred (Theme 2: Rage) and outrage at her mother for the violation of her rights in her biographical history.

Thematic presentation:

After an interval of more than two months, during which the therapeutic process was largely focused on past-life regressions involving experiences of abandonment (Theme 3: Grief) in Process 2 and initiatory past-life regressions in the process of spiritual emergence (see 7.3), the theme of sexual violence returned to the scene in five past-life regressions:

- In P/L 82 (24.10.C) the subject was Porshna (12), the terrified child-bride of a ruler, Shati, who forced himself on her on their wedding night.
- In P/L 83 (31.10.C) the subject regressed to Kera, who from the age of four had been sexually abused by her prostitute mother and numerous men, and who at the age of 16 killed her mother.
- In P/L 84 (31.10.C) she was Jeanette, who was sexually abused by her father.
- In P/L 87 (14.11.C) the subject regressed to Hilary, whose father raped her and cut her vagina to make it bigger, and who had to endure the pain in silence because it was dangerous to cry.
- In P/L 92 (26.11.C) she was Lee (25), whose husband abused her sexually and sometimes throttled her until she lost consciousness.

The discussion in this unit will focus on two of these regressions, P/L 82 and P/L 83, to illustrate

how they facilitated a deepening of the therapeutic work in Process 1 in terms of the subject's dissociative response to pain (Theme 13: Rigid Emotional Control) and the disempowerment brought about by sexual violation (Theme 1: Fear) respectively, and also accessed several other themes such as disgust (Theme 7), failure (Theme 6) and rage (Theme 2).

(a) P/L 82 (24.10.C): Porshna

This regression allowed therapeutic access to several themes in the constellation of complexes, namely fear (Theme 1), disgust (Theme 7), failure (Theme 6) and the subject's dissociative defense against pain (Theme 13: Rigid Emotional Control).

As Porshna (12), Anna was the innocent and ignorant child-bride of the coarse and insensitive ruler, Shati. She was terrified of sex and experienced great pain, fear and disgust when this big, fat man forced himself upon her on their wedding night. She received no support or sympathy from Shati's six other wives, who mocked her for her ignorance and fear, and made her feel sexually inadequate (Theme 6: Failure). Because she felt totally helpless to escape the ordeal, she resorted to the only defense available to her, the dissociative script decision I will be strong and not feel the pain.

While experiencing Porshna's terrifying wedding night in this regression, Anna had the distinct sense that the memory of Shati's violent penetration was in her legs.¹⁹ The therapist worked with this by focusing on the somatic level of the complex and using bodywork to continue the process of desensitization that had been initiated during her regression to P/L 54 (11.7.C) as the abused wife, Tala, (see 9.2.1). By gradually pushing her knees further apart while she was experiencing the sexual terror of Porshna, he enabled her to progressively confront and overcome the anxiety that was responsible for the rigid tension in her legs and pelvic area.

This regression allowed access to a deeper level of the somatic aspect of the complex, and also reflected progress in the release of Anna's dissociative response. By beginning to relax the rigid tension in her pelvic area with which she blocked off the pain of sexual violation, she was taking the first step towards relinquishing the firm script beliefs Sex is to be feared and Sex is degrading, and opening herself up to sexual pleasure. She told the therapist that, despite her fear of penetration and her disgust at the vivid sense of Shati's unwashed body and bad breath, she had felt sexually aroused. This was the first time ever that she experienced sexual arousal during a regression involving sexual abuse, and constituted the first stirring of release in the script belief I am inadequate in the area of sexuality. In a note to the therapist on the following day, Anna expressed appreciation for the sensitive and gentle way in which he worked with her "in such a painful and traumatic area":

Because of what I am learning through and with you, one day I know I will be able to take a penis into me, in love, with no fear or pain.

19. Grof had observed how not only emotional but also physical traumas were stored in the physical body and seemed to be brought to consciousness by the "inner radar system" of the psyche (see 2.3.1).

(b) P/L 83 (31.10.C): Kera

A week later, Anna regressed to P/L 83 (31.10.C) as Kera, an experience which in sharp contrast to all previous regressions involving sexual violation, presented as an explosive drama of murder and revenge.

Kera, the daughter of a prostitute, had been sexually abused and exploited since the age of four. Her mother, Domanan, used to probe and push objects into her vagina, and mercilessly looked on while male visitors raped and sodomized her, ignoring Kera's pleas for help. When Kera tried to run away in terror, the men brought her back by force. At the age of 16 she took revenge by killing her mother with a kitchen knife and blamed the murder on the men.

An analysis of the scenario shows that this regression, once more, mirrored the key features of the human sacrifice in P/L 5 (19.7.B), which was analysed in detail in section 8.2.1.

- She was a child, in a vulnerable position to the authority and superior physical power of others.
- Her trust in parental love and protection was betrayed when her mother handed her over to be raped and sodomized (as well as personally abused her).
- Her body was penetrated by a penis and foreign objects, which are experienced as related instruments of violence.
- No-one came to her rescue.
- Her mother did not respond to her pleas for help and abandoned her.
- The experience implied that she was unworthy of love, protection, support.

Nevertheless, a careful look at the psychological structure of this regression reveals a definite shift in terms of the subject's disempowerment. In the Biographical Phase it was observed that, although her mother's abuse evoked intense rage and murderous fantasies, Anna learnt in early childhood that she had to suppress these emotions (see 6.3.1). To show anger was to receive more abuse or be emotionally abandoned. She formulated the script belief If I show anger, I will be abandoned and acted on the script decision I will not express anger. Similarly, Anna's previous past-life personalities of sexually abused children or battered and abused women succumbed to their fate with terrified resignation with Theme 1 (Fear), Theme 3 (Grief) and Theme 13 (Rigid Emotional Control) being the dominant complex-components in the psyche. The script belief I am a helpless victim of abusive power (Theme 1: Fear) was paralysing the psyche and Anna's past-life personalities resorted to the helpless resignation of the script belief I have to accept abuse to receive love (Theme 3: Grief) and the dissociative script decision I will be strong and not feel the pain (Theme 13: Rigid Emotional Control).

In P/L 83 Theme 2 (Rage) emerged as the dominant complex-component, with the script decision I will take revenge in focus. Kera did not resign herself to her fate but both freed herself and took revenge.

This regression constituted a convergence of the past-life and biographical aspects of the karmic complex, and allowed a cleansing catharsis of emotion more intense than Anna could ever access before.

On 31.10.C, after reliving the cruel abuse of Kera with blood-chilling screams, Anna

confessed to the murder with extreme agitation, breathing so fast that she found it difficult to speak:

- J: Tell me the story of what's happening now. What happened, Kera?
 A: I can't take it any more, there are so many of them.
 J: Hmm. So what did you do?
 A: When I was older (breathing very fast), I killed her.
 J: You killed your mother?
 A: Yes.
 J: How did you kill her?
 A: With a knife (breathing very fast and shallow) ... I planned it for a long time ... (agitated) I was so angry with her!
 J: You had the right to be angry.

Although the script belief If I show anger, I will be abandoned can clearly be related to the subject's biographical history, that is not the case with the script belief If I express the intensity of my anger, I will destroy (the care-giver), which was identified in the transference during the Biographical Phase. This script belief was now vividly portrayed and Anna's agitated justification of the crime reflected a need for atonement:

- A: She made me do all these things.
 J: Ja, you had the right to be angry. Where did you get the knife from?
 A: From my kitchen (fast, shallow breathing) I planned it all ... with my aunt. That's what happened.
 J: So what did you do, did you stab her?
 A: Yes (very agitated)
 J: Where did you stab her?
 A: In the stomach (extremely agitated) ... Many times ... and ... then I said it was them!
 J: Hmm. You said it was the men?
 A: Yes!
 J: And did they believe you?
 A: Yes! (panting) The other people did.

Anna experienced this as a return to unfinished business and the therapist helped her to unburden her soul in a gentle, compassionate and non-judgemental way, validating her feelings and nurturing the past-life personality.²⁰

- J: What other people?
 A: That I told! (swallows with difficulty) It was the only way I could stop her ... from making me sleep with those men.
 J: You did stop her, hmm. How old were you when you did this, Kera?
 A: Sixteen (panting) I was sixteen.
 J: Very brave girl, Kera, you're a very brave girl.
 A: (urgently) I didn't tell anyone, I didn't tell anyone. (panicky) I kept it a secret.
 J: And when did this happen? Do you know? What time in history did Kera do this to her mummy?
 A: (with great agitation, breathing very fast and shallow) In 1922.
 J: Where did you live, Kera?

20. Woolger stated that the past-life regression is possibly the most vivid and extensive way of facing the shadow, of seeing and knowing the murderer, the cruel soldier or the abandoning mother which we may carry in us. These are personifications of the darker but necessary parts of the psyche that all stand in need of acceptance, forgiveness, and redemption (Woolger, 1990).

- A: England.
 J: England. Whereabouts in England?
 A: On the coast. (breathing very fast)
 J: What was the name of the town?
 A: Exeter.
 J: Exeter, hmm. Stay breathing, Kera, you're doing fine. You're doing just fine.
 A: Only way to stop it. (breathing fast)
 J: Hmm. You're doing fine.
 A: I'm still angry with her.
 J: Hmm. You had the right to be angry with her.
 A: Feels sore, feels so sore ..
 J: So Kera, what happened to you? You went to stay with your aunt?
 A: Yes (gasping)
 A: It still feels sore (crying).
 J: Ja, you're remembering the pain. Your body remembers the pain. Just breathe very gently, and the imprint of that pain will clear itself. Just trust the body ...

The intensity of this regression triggered a profound catharsis of fury towards everybody who had abused her and finally put Anna in touch with depths of hatred, revulsion and rage at the maternal violation in her biographical childhood which had been repressed for more than two decades by her rigid structure of emotional control (Theme 13). With blood-chilling screams and a flood of hatred she erupted in rage:

- A: I just want to scream at her!
 J: Well, scream at her. Let's hear it, what you need to say to your mother. Picture her, picture your mother and breathe. Look at your mother ...
 A: Yes, I can see her (breathing fast).
 J: ... breathe into what you connect with ...
 A: I just want to scream!!
 J: Well, scream then. (urgently) Let's hear it, let her hear it, what you have to say to her.
 A: I hate her!
 J: (prompting) 'I hate you'.
 A: I hate Domanan too, and I hate Markus (panting)!
 J: Okay, say that: 'Domanan, I hate you'.

The emerging capacity to express justified resistance which started the dismantling of her disempowerment in the Janet-regression (see 9.2.4) had paved the way for the catharsis of outrage which now erupted:

- A: And that man that was my husband when I was a child. No-one has the right to go inside me like that! No-one! No-one! (sobbing with intense agitation) No-one!
 J: You're right, no-one has a right to do that. No-one has got the right. You need to tell them that, one at a time, hmm?
 A: Yes!
 J: Okay, tell them. Whom are you going to start with?
 A: All of them, all of them! All! (cries desperately)
 J: (encouraging, urgently) Tell them!
 A: (screaming) I get so mad!
 J: Okay, get mad. Tell them. Who are you going to start with, the one who was your husband?
 A: Yes.

- J: What do you want to tell him?
 A: To stop it! To stop it! To stop it! (sobs)
 J: And tell he's got no right ..
 A: Stop it!! (blood-chilling screams, then crying out of control)
 A: (sobbing, whispering) I hate my mother too.
 J: Hmm. Do you see your mother? What do you still need to say to her?

The subject's disgust at being sexually violated, soiled and degraded (Theme 7: Disgust) was first accessed in P/L 51 (27.6.C) where, as the Egyptian woman, Nea, she was raped by Shaban (see 9.2.1). The sharp contrast between her response in P/L 51, "I juſt feel sick!", and the intensity of the present catharsis clearly reflects the deepening of the process:

- A: (panting, with an intense, calm, deliberate tone) I want to be sick on her. I want to puke all over her.
 J: Tell her.
 A: Mom, I want to puke all over you!
 J: Tell her she makes you sick.
 A: She makes me so sick! She did things to me she had no right to do!

The therapist encouraged her to fully feel and express the disgust, degradation and rage:

- J: Tell her, you did things to me.
 A: (shouting) You did things to me!!
 J: ... you had no right to do ...
 A: You had no right to do! (crying)
 J: Tell her again, you had no right ...
 A: You had no right, no right!
 J: ... to abuse me ... What did she do to you?
 A: (panting) She hurt me, she hurt me there ...
 J: She abused you sexually.
 A: She pulled my legs apart and Mina, as well ...
 J: (prompting) You and Mina, you hurt me. Tell them.
 A: They pulled my legs apart.
 J: You ...
 A: (screaming, out of control) I hate you!!

The Kera-regression constituted a convergence of the past-life and biographical aspects of the karmic complex. It facilitated an explosive catharsis of the intense feelings of hatred, rage, disgust and violation which in terms of Woolger's theory had been accumulating in the karmic complex over many lifetimes, and was at the same time intimately connected to the healing of her biographical woundedness. A comparison between the disempowered resignation which characterized earlier regressions of sexual violation, and the intensity of emotion Anna was able to access in this one, clearly reflects the deepening of Process 1. It suggested that the ongoing return to sexual violence was not merely a rehearsal of the complex, but a goal-directed process, monitored from the unconscious, which allowed a progressively deeper entrance into the abyss of emotion invested in this component of the complex.

Conclusion:

The second series of past-life regressions involving sexual violence contributed to Process 1 by facilitating progress in the release of the rigidity in the subject's pelvic area (Theme 13: Rigid emotional control), an abreaction of her feelings of sexual inadequacy (Theme 6: Failure), and

an intense catharsis of disgust (Theme 7), hatred (Theme 2: Rage) and outrage at her mother for the violation of her rights in her biographical history of abuse. The Kera-regression also contributed to the dismantling of the script belief I am a helpless victim of abusive power, a process which had been initiated in the Janet-regression (see 9.2.4).

It is observed that until now the content of Anna's therapeutic material reflected a movement between the parallel realities of an egoic attachment to the archetypal victim, (during normal consciousness) and a karmic history chequered by manifestations of archetypal violence and revenge (accessed during transpersonal states of consciousness). As yet there was no integration and these realities only intersected during intermediate states of consciousness, when Anna temporarily experienced the expanded perspective of her Higher Self. It was also only in transpersonal mind-states that she manifested access to wisdom - a quality which had been introduced in P/L 7 (16.8.B) when she identified with being a wise and compassionate king.

The discussion will now briefly focus on two dreams which were documented immediately after the Kera-regression, and which suggest an increased sense of autonomy and emerging wisdom. Dream 50 (1.11.C) reflected the presence of three archetypal figures, namely that of the wise old woman, the insane violator, and, by implication, the child:

I'm in a Boeing. The pilot is an older woman with silver-grey hair. She had the controls of the plane and is behind a bench-like structure, facing the passengers. ... She announces take-off. With her hands on the control button she flies the plane. I feel quite safe ... We almost smash into the side of a mountain but she lifts the plane just in time. Later the pilot leaves the front after putting the controls onto automatic ... I go to the front and stretch out under the control panel. I am aware that my elbow could bump the control buttons and plunge the plane into crash course, but nothing like that happens. I know that I am somehow in control. ... I don't know where we come from or where we're going.

Then the scene changes to a very crowded shopping-mall ... Suddenly there is a mad woman in a long coat, shooting aimlessly. She tries to shoot me, but misses. I walk on. She follows me and takes shots at me. I am afraid, expecting the next shot to go through my neck. I try to get away from her and sneak into a shop dodging her - not in a frenzied way, but slowly and planned. I manage to lose her.

Then I'm back on the plane. I'm the pilot ... There is a co-pilot who helps me to fly. While we are waiting for clearance from the tower, I move the plane along the runway. I stop at a cafe for a passenger who gets off to buy sweets. We are all ready to fly. I have the controls. We wait in anticipation, our stomachs filled with butterflies.

Features of this dream can be interpreted as follows:

- The Boeing is a vehicle for transport, a symbol of autonomy in the psychological journey or process.
- The Boeing was piloted by an older woman with silver-grey hair, which in Jungian terms may be seen as the archetypal figure of wisdom in Anna's psyche. This figure avoided disaster by skilful control and Anna felt safe.
- The fact that the plane was put onto automatic control, with Anna not knowing where they are coming from or where they are going, indicates that

the wise part is present, but not consciously in control. Her egoic self lacks a perspective on the course of the journey, the spiritual goal of the psychological process.

- Anna was aware that she may bump the control buttons and plunge the plane into a crash course: her egoic self may disrupt the unconscious control of the wiser part, with catastrophic consequences.
- Anna became the pilot who took control, supported by a co-pilot, and prepared for take-off: supported by the therapist, she is preparing to transcend her disempowered, dependent state.
- She moved the plane along the runway, but stopped for a passenger who wanted to buy sweets: her child-part delays take-off by its need for nurturance and reassurance.
- She encountered a mad woman firing shots: she encounters the archetype of violence in her own psyche.
- She managed to lose this violent person (the part of her who manifested in the Kera-regression), not by fleeing in a frenzied way, but in a slow and planned way: she manages to master this part of herself by methodical planning - which resembles the therapeutic process, orchestrated from the unconscious.

In terms of this interpretation, the interaction between the subject's egoic self (the "I" in the dream) and the different dream-figures suggests an increased sense of autonomy, a rapprochement of integration between her egoic self and the wise part, and a potential to master the violent part. At the same time, it seemed to reflect an unconscious awareness that the emotional needs of the child part were delaying the process. The dream suggested that it was not the violent part of the psyche - which may potentially be "lost" - but the child part, with its dependency, lack of autonomy and need for nurturance and reassurance, which was delaying "take-off".

Dream 51 (6.11.C) also reflects the archetype of wisdom:

I was helping a wise old woman with her passport, filling in the details on the document. It had just been renewed and she was now leaving on a journey. The passport did not contain her name or photograph, although I knew her name. It contained a photo of my father.

This dream can be interpreted to indicate that Anna's egoic self (by participating in the therapeutic process) was helping the archetype of wisdom in her own psyche to prepare her passport - a document of identification and a means to gain access to new frontiers (of the mind). The passport was renewed - this identification with wisdom and access to it had been available before. Also, Anna recognized this part of herself - she knew the name of the wise old woman who prepared to start a journey, to enter a new territory.

The next unit of analysis will explicate the impact of the therapist's marriage on Process 2 and illustrate how this development interacted with features of the past-life and biographical aspects of the karmic complex.

9.2.7 HELENE

Theme: Being the victim of abandonment in love
Unit of analysis: Recurring past-life regression, P/L 78
Time frame: 17.10.C - 12.11.C
Chronological situation: This unit overlaps in time with units 9.2.5 (AMALIA), and 9.2.6 (KERA)
Focal therapeutic thrust: Process 2
Process:

This unit addresses a crucial aspect of Process 2, the subject's suicidal response to the experience of perceived abandonment. The re-emergence of this regression which first occurred as part of the series discussed in section 9.2.5, and which involved the suicide of a past-life personality, allowed access to the subject's despair (Theme 9: Emotional Deadness B) and the script decision I would rather die than suffer the pain of separation, loss or abandonment. The subject's terrifying archetypal experience of primordial darkness in the ensuing after-death state provided a powerful motivation to overcome the suicidal urge. The same event which evoked the suicidal regression, the therapist's marriage, also allowed access to other aspects of Theme 2 in the constellation of complexes, Anna's rage at being abandoned by her mother (Theme 3) and at not being allowed to express her emotions (Theme 13: Rigid Emotional Control).

Thematic presentation:

P/L 78, in which the past-life personality Helene committed suicide after her lover left her, first emerged on 17.10.C as part of the second cluster of regressions discussed in unit 9.2.5. The three regressions (P/Ls 77, 78 and 79) facilitated the abreaction of intense grief (Theme 3), despair (Theme 9: Emotional Deadness B) and a sense of betrayal (Theme 11), and provided the therapist with the opportunity to work intensively with the script decision I would rather die than suffer the pain of separation, loss or abandonment.

This unit of analysis will first address Anna's suicidal urge, which re-emerged when she heard about the therapist's marriage. Secondly, it will discuss the impact of an archetypal experience of primordial darkness which followed the second emergence of P/L 78, and thirdly focus on a new aspect of Theme 2 (Rage) that was accessed in the aftermath of the regression.

(a) The suicidal urge

In the Biographical Phase it was observed that the suicidal sense of hopelessness, negativity and despair which is central to Theme 9 (Emotional Deadness B) occurred repeatedly in the clinical material (see 6.3.1). As an abused child the subject frequently experienced a sense of defeat and a wish to give up and die. Suicidal ideation appeared in several of the poems she wrote in adolescence and during the Biographical Phase she on several occasions expressed a death-wish or suicidal urge in response to perceived abandonment.

This urge, which in Chapter Eight was identified as one of her habitual karmic responses to emotional abandonment (see 8.2.2), had again emerged in the third month of the Transpersonal Phase. On 28.3.C, once more in despair at not being loved by the therapist, Anna had first regressed to two past-lives in which the experience of abandonment ended in death (P/L

31, 32), and then confessed to an act of potential self-destruction: recently, while driving on the open road she had deliberately overtaken another car near the brow of a hill. The road happened to be clear, but in retrospect she was horrified at the risk she had taken and was mortified by guilt and shame.

On 12.11.C the news that the therapist got married evoked the same urge and the combination of Theme 3 (Grief) and Theme 9 (Emotional Deadness B) became the dominant complex-components in the psyche. Anna wrote in her diary:

Today a part of me died and today I knew I had lost him completely. Today the world turned to cold black stone ... I have nothing. I am nothing ... My pain is so vast, like the whole universe and more ... I want to die.

She urgently requested an extra therapy session during which she expressed despair at the compulsive nature of the death-wish which was evoked by news of the marriage:

I was praying for ... somehow ... not to live, there was a kind of ... a call to die ... a death, and it scared me ... I don't want to commit suicide, and I'm scared of that, now that I know what is happening.

In the session she once more regressed to her suicide as Helene (P/L 78), who threw herself off a cliff after her lover, Jean, had left her (see 9.2.5). This reinforced her fear of her own deeply ingrained self-destructive urge:

I feel like I'm in the midst of something that's repeating itself, and I need to break it. My dying was an old pattern, that's the way I've dealt with it then.

It is significant to note that, despite the intensity of her emotional pain and the compulsive demand of the related script belief I cannot bear the pain of abandonment, loss or separation and the script decision I would rather die, Anna did not attempt to kill herself. Instead she requested an extra therapy session in which she courageously addressed her despair. She admitted that the death-wish was linked to the desperate neediness of her inner child:

It's almost like the shock of your marriage made me regress to an earlier developmental stage where I felt that I was five and abused and pushed aside and displaced.

A comparison between the desperate denial with which the past-life personalities Amalia (P/L 77), Helene (P/L 78) and Natalie (P/L 79) refused to face and accept the pain of loss and abandonment (see 9.2.5) and the degree of insight and self-awareness Anna manifested in this session clearly reflect the therapeutic progress that has been made in Process 2.

This progress can largely be attributed to the following transpersonal experiences and the skilful ways in which the therapist worked with it:

- The 84 past-life regressions she had already experienced at this stage of the therapeutic process, which had made Anna aware of the existence of her own habitual (karmic) patterns;
- Intensive psychotherapy with past-life personalities evoked by the transference (see 9.2.5), such as Katia (P/L 67), Amalia (P/L 77), Helene (P/L 78) and Natalie (P/L 79), which abreacted emotion invested in Theme 3 (Grief), and at the same time
- facilitated insight into the self-defeating nature of the script belief I would

rather die than suffer the pain of separation, loss or abandonment;

- The experience of kundalini-energy coursing through her body, which provided a subjective sense of empowerment to finally break the karmic pattern.

It had been documented in transpersonal literature how the purification process constitutes a clearing of energy channels and chakras in the bioenergetic system, allowing the free movement of kundalini energy (see 2.2.5). Anna had recently started to experience energy coursing through her body (see 7.2.1.b.ii), and she now told the therapist that, during a kundalini experience at the height of her despair, she had realized that the energy was empowering her to break the pattern:²¹

I just felt the energy shattering my brain to pieces ... and shaking ... and knowing that that in itself is some sort of cleansing. It's cleansing this karmic pattern that I've had, and I suddenly realized that ... I know that ... today is the day that I can let this go ...

Anna's conscious desire on 12.11.C to finally break the deeply ingrained habit was also reinforced by a transpersonal experience with moral implications, which will be discussed in the next section.

(b) An archetypal experience of primordial darkness

Huxley suggested that such concepts as heaven and hell represent subjective realities that can be experienced in a very concrete and convincing way during non-ordinary states of consciousness (Grof & Halifax, 1977). After once more regressing to Helene's suicidal death in the session on 12.11.C, Anna had the terrifying experience of finding her consciousness in a "Place of Darkness". The nature of this experience had already been discussed in Chapter 7 (see 7.2.1.b.viii):

A: I've just been to a place I don't know. (whispers) I'm scared.

J: What sort of a place was that?

A: I've just killed myself ... That is not the way for me ... That's not me! That's not me! I don't do that!

When the therapist asked her to tell him about this place, she refused and in a state of panic tried to block it out by suspending her breathing.

J: I want you to answer some questions. What it is or who was there. Stay breathing, stay connected, and listen to me.

A: (crying) No!

J: Keep breathing.

A: Oh, it hurts! It's crummy! (crying). I keep wanting to pass out (stops breathing).

J: (prompting repeatedly) I, Anna, am using my courage and strength to take me through this pain. Even in great pain, I am choosing life.

21. When the shakti energy of the activated kundalini rises up through the subtle body, it brings into consciousness a broad spectrum of previously unconscious material and clears away the effects of old trauma to open and cleanse the chakras, mediate spiritual opening, and raise the person to a higher level of consciousness (Grof & Grof, 1990).

She eventually connected again, coughing and gasping for breath:

A: (panicking) Oh God! Oh Jim! (crying) Something keeps putting me into this darkness, and I'm not wanting to go there. And then I stop breathing ...

Anna did not want to discuss the experience, but later told the researcher that after committing suicide as Helene she found her consciousness in a place of primordial darkness and was overwhelmed by an intense metaphysical terror. She could not see anything in this blackness, but sensed the presence of an evil energy that was extremely threatening. She felt that it was dragging her down into the blackness and feared that it would possess and control her, and that she would remain trapped in this realm.

This terrifying transpersonal experience, with its implications of potential metaphysical consequences of taking one's own life, served as a powerful motivation to master the suicidal urge and break the karmic pattern.

Alongside the impact on scripts related to Theme 3 (Grief) and Theme 9 (Emotional Deadness B), the therapist's marriage also evoked several layers of emotion encapsulated in Theme 2 (Rage) which will be discussed in the next section.

(c) The abreaction of rage (Theme 2)

One of the script decisions identified in the Biographical Phase was I will not express anger, but several past-life regressions also reflected a related script decision, I will not express my grief, which did not crystallize from the biographical data. Two examples were P/L 16 (1.10.B), in which the Native American woman did not dare cry for the murder of the child she tried to help, and P/L 80 (21.10.C), in which the widow, Karina, was not allowed to mourn her husband's death.

Anna's grief about the therapist's marriage (and her realization that she, as his client, had no rational grounds on which to grieve this event) was now instrumental in connecting her with her suppressed rage at the oppression of her childhood emotions.

While working with her sorrow about his marriage, Anna told the therapist about the anger she felt in childhood when her mother used to block and deny the validity of her feelings: "What are you crying about? There's nothing to cry about!"

The therapist explored the source of the association:

J: You believed her when she said you had nothing to cry about?

A: (shivering with fear) Yes.

J: You're safe now.

A: She was never gentle. I just wanted some gentleness.

Anna had mentioned on 21.10.C how she had written her mother a sharp and assertive letter in response to criticism of her views on spirituality. Her adult part was apparently no longer afraid to confront her mother in anger, but the therapist now realized that her inner child was still holding on to unfinished anger - due to habitual fear - and that the imprint of the script decision I will not express anger was still present. He addressed this biographical aspect of the complex by amplifying her anger in a psychodrama, with him acting as her mother:

J: Be a good girl now, because if you're angry, I'm going to hurt you. You know what I'll do to you if you get angry, don't you? Hm?

- A: (little voice) Yes.
 J: Yes. I'll really hurt you back, hm?
 A: (little voice). Don't hurt me.
 J: Then you'd better not get angry, don't you.
 A: (breathing faster) Shut up! (crying) Shut up!

When he continued to provoke her, Anna lost control:

- A: (gasping) Shut the fuck up! (screaming) Shut up!!! Oh God! (crying wildly)

Anna was confronting a deeper level of her fear of expressing rage at her mother and the therapist kept her focussed:

- A: Oh God, I want to be sick, on my stomach ... I want to scream, I want to scream! (bloodchilling screams) ... I'm scared! (crying)
 J: Let go, you're safe now. She can't hurt you now. Let it all out, keep it moving ...

She responded, but still cautiously asked for permission:

- A: I must scream more. I feel like I'm going mad. Can I do this, can I scream?
 J: Yes, you can scream. You're not going mad. You just are that angry because you've been that abused.

This catharsis of emotion triggered by the perceived loss of the therapist as a result of his marriage, also revealed another aspect of Anna's suppressed rage at her mother. In contrast to the rage about her mother's sexual abuse, which was evoked by the Kera-regression (see 9.2.6), she now accessed her rage at being rejected and abandoned by her mother. The analysis of the past-life regressions in Table 3 (see 8.2) reflected that the majority of regressions involving abandonment triggered a response of grief (e.g P/L 5, 10, 12, 21, 31, 32, 54, 66, 67, 69, 77, 78, 79), and that even in the few regressions where the past-life personality responded with anger (P/L 8, 22, 24, 27, 28, 35), grief was largely the predominant emotion. In this session Anna could finally vent the full force of her rage:

- A: She broke my fuckin' arm! I wanted her love, as well! Leave me, you bitch!
 J: Say it, say it!
 A: (screaming) I hate her!! (bloodchilling screams)

Conclusion:

The therapeutic material discussed in this unit contributed to Process 2 by allowing access to the subject's grief (Theme 3), despair (Theme 9: Emotional Deadness B) and a sense of betrayal (Theme 11) in response to abandonment, deepening her insight into the compulsive nature of her suicidal urge, and reinforcing her motivation to overcome the self-defeating defense underlying the script decision I would rather die than suffer the pain of separation, loss or abandonment. It also contributed to Process 1 by accessing and facilitating the abreaction of an aspect of rage (Theme 2) which had not been addressed before, i.e the subject's rage at having been rejected and abandoned by her mother (see 9.3.6).

The next unit of analysis will illustrate how the therapist's professional relationship to the subject's friend, Lida, who was also in therapy with him, impacted on Process 2.

9.2.8 DIMITRI

Theme: Being the perpetrator of abandonment

Unit of analysis: P/L 93

Time frame: 28.11.C

Chronological situation: This is the last unit of analysis of Year C and does not overlap with any other unit.

Focal therapeutic thrust: Process 2

Process:

This past-life regression, which involved the abandonment of a dying friend, constitutes an important milestone in the unfolding of Process 2. For the first time, after almost three years of therapy, the archetypal opposite of being abandoned emerged in the subject's experiential realm when she found herself in the role of the abandoner and was confronted with moral guilt.

Thematic presentation:

In contrast to Process 1, where the content of past-life regressions had by now repeatedly confronted the subject with the polar opposite of being a helpless victim of violence, Process 2 had so far only dealt with one level of Theme 3: being the victim of abandonment.

In P/L 93 (28.11.C) as Dimitri, the subject was for the first time confronted with her own capacity to abandon others. In a war situation, despite a wounded shoulder, Dimitri tried to carry his dying friend, Almand, to a place where they could receive medical help. Eventually, in order to save his own life, he put his friend down and left him to die alone. Anna identified Almand as Lida.

In order to situate the emergence of this past-life regression with its confrontation of moral guilt, the discussion will first focus on the jealousy (Theme 2) and infantile despair at no longer being "special" which was evoked by the subject's "sibling rivalry" with Lida and then illustrate how her vulnerability to abandonment, loss and separation (Theme 3: Grief) manifested in a compensatory emotional enmeshment with others.

(a) Jealousy

A poem written at the age of 16 reflected the intense feelings of jealousy Anna experienced in childhood (see Poem 9, Appendix 3). She then called it a sickness which "sucked out love and plucked away tenderness". This aspect of Theme 2 (Rage) had not been prominent in the Biographical Phase, but it was now evoked by the fact that her friend Lida also started therapy with Jim. Toward the middle of Year C Anna became concerned that he was more interested in Lida and that even in a therapeutic capacity she had to share his attention. On 13.8.C she admitted the intensity of her jealousy with a comment in her diary:

I am so jealous - he has a life so far beyond me. ... I am jealous of all the attention he gave another. ... He is not mine. He belongs to another in both physical worlds and spiritual/emotional world.

Her comment illuminated the way this aspect of Theme 2, jealousy, acted as a link between the archetypal opposites of victim and violator in the psyche, i.e. how the emotional pain of abandonment (Theme 3: Grief) triggered aggression (Theme 2: Rage):

How shattered I am to find this in me, this jealous abandoned child. I fear the depths of this. I didn't become aggressive any longer as I would - in order to hide the pain inside. I feel it now.

Although Anna did not act out the pain with the typical violent response of her karmic history, the rage was still evident. On 4.9.C. she angrily confronted the therapist about his perceived interest in Lida's therapeutic process:

I kind of feel ... do I have to have some kind of crisis before you're going to say 'You're important too'!

On 12.9.C she had admitted the fear:

... There's a small child in me that feels very displaced and very pushed aside and very scared that you are actually withdrawing from me ... I feel that you are not as interested in my process as you are in hers, that she is far more important ... And the whole therapy is so much more incredible and profound, and ... mine is just so ordinary.

She and Lida frequently discussed the content of their therapy sessions and at times she remarked to the therapist that there almost seemed to be a competition between them. A transference-related dynamic - i.e. the wish to ingratiate herself with the therapist - may well have added to the intensity with which she pursued therapy, and thus contributed to the therapeutic process.

(b) Enmeshment

This profound fear of being abandoned also manifested itself in the intensity of several of Anna's relationships. An aspect of her fear of separation, loss or abandonment (Theme 3) which had not been prominent in the Biographical Phase, namely a tendency to become emotionally enmeshed with others, had gradually emerged in the course of Year C. It became clear that the intensity of Anna's transference feelings were paralleled by an over-involvement and a struggle to maintain clear ego boundaries in her other relationships. On 25.7.C she referred to the experience of walking alone on the mountain in contrast to interacting with others:

A: I'm finding I'm going into the extremes. Like when I'm up there I'm extremely alone, when I'm with people I'm extremely ... almost enmeshed in them! I know that I have something in me that can - you know ... lose my boundaries with a person.

She needed to be taken care of by friends, but constantly found herself taking care of others:

A: I allow it ... I know, when I say to Dawn 'What was today like?' and then she tells me about her fears, and kind of frustrations there. And I kind of invite it, you know. ... Then I talk to her, but there's a part of me that I leave, and I feel kind of washed away, and I think I need to actually take that back in. I'm losing my skill of giving without being depleted. (5.8.C)

She felt overwhelmed by their emotional demands:

A: I just want to feel that I'm myself. I keep losing my identity and then trying to create a new one quickly ... I feel like I get enmeshed in other people without taking care of myself. (17.9.C)

Referring to a dinner she had with Pierre, she said:

- A: When I said anything to him of me he would just kind of gloss over it, which is typical of him ... I always get irritated because I feel he's not listening to me ... So I just let him talk and talk and talk and I just sat and listened, and once again I thought he was consuming me, he was absorbing me totally ... I just felt that I've been engulfed by him ... (27.9.C)

At a later stage she commented in her diary about her friendship with an artist, Iza:

- A: Iza was a new friend this year ... but ... it was an immediate connection. Our closeness has become almost a 'oneness' in its intimacy and trust.

In her friendship with Kim she also felt engulfed and overwhelmed:

- A: My relationship with Kim is strained and ... she's accusing me of abandoning her, and then I just felt like totally overwhelmed and engulfed by her, and I actually told her 'you're like a spider that's just sucking everything out of me'. And four separate friends, at separate occasions, have actually said 'When you and Kim are together I can't speak to you because she totally possesses you.' And it's true, you know, I just feel completely overwhelmed. So I'm trying to move away from that. .. She's squashing me, suffocating me!

Anna's relationship with Lida was characterized by the same enmeshment and on 14.11.C, two weeks before P/L 93, she felt overwhelmed by its demands:

- A: That friendship is very unusual, very, very intense. I've never had such an intense friendship like that ... Having to be quite concentrated in every moment, and it is draining ... I'm almost getting to the point where I'm dreading the phone now, because it might be that person and then I'm not at the moment able to say I can't cope with that now.

Anna's vulnerability to separation resulted in an inability to distance herself. On 4.9.C she told the therapist how she had gone away for the weekend, exhausted by Lida's need for emotional support, yet admitted that the first thing she did upon returning was to phone her.

It is at the interface between these aspects of Theme 2 (Rage) and Theme 3 (Grief) and the emotional conflict it evoked in the subject, that the archetypal opposite of being abandoned emerged in Process 2 and for the first time confronted her with moral guilt.

(c) The moral guilt of abandonment

In P/L 93 (28.11.C) as Dimitri Anna found herself in the opposite role to that of the child-victim in the initial sacrifice scene of P/L 5 (19.7.B) (see 8.2.1). In P/L 5 she was abandoned by her mother who did not respond to her call for help, but left her to die alone; in P/L 93 as Dimitri she was the one who did not respond to Almand's desperate pleas, "Don't leave me!", and abandoned him to die alone. The following extract from this regression illustrates the subject's agony at being confronted with this archetypal opposite within herself and her desperate efforts to deny it:

- J: Do you see him lying there, bleeding, dying ...
 A: Yes, I'm over him. My head is on his chest ... I'm sorry I can't carry you.
 J: Say that to him.
 A: I'm sorry. I can't carry you any more. (sobbing, coughing) I've tried to take you to the physician, but I am wounded myself. I myself am dying (sobbing)

I can't carry you (to Jim) There's so much pain ... I need to leave him and go and find help for myself.

J: So do you do that?

A: Yes.

J: Say goodbye ...

A: Goodbye. (plaintively) I can't carry ... you any more. I'm going to leave him. ... If I try any more I will die myself. I will not be healed myself if I carry you.

J: You love him, hmm?

A: Yes. (sobbing)

J: Tell him that.

She repeatedly tried to justify her decision and find atonement:

A: (crying) If I carry him I will not find my own healing ... I have to ... put him down and let him die. Goodbye.

J: Say that to him.

A: Almand, I have to put you down (crying) ... because I am so wounded myself. How is it that a wounded person carries some wounded person ...

When the therapist indirectly pointed out the abandonment, she tried to deny it:

J: Do you need to ask him forgiveness?

A: No ... He knows, he knows. (crying) He knows ... He tells me to go ... in his dying breath, to go forward without him, to find the physician ... (crying) I can't do this ... I'm so ... sore, I can't get up to move forward.

This regression provided the opportunity to work towards an integration of the archetypal opposites in the area of abandonment and the therapist kept her focussed on the person's identity, to reinforce the emotional impact of the experience:

J: Just take a look at him. Do you recognize him?

A: No (pause) I can't see him ... I can't see his face properly.

J: Let yourself see his face.

A: (breathing heavily, sobs) No!

J: You've seen already?

A: Yes!

Anna was confronted with her own capacity to abandon, and the therapist was putting pressure on her to acknowledge and own it:

J: Face that, face it. Face what you see.

A: (panicking, sharp fast breath) No! No! No! I feel so weak (fast breathing, sobs) ... I've seen her ... here (crying bitterly) No, no! It can't be!

J: Who is this person?

A: (crying) I care about this person ... I can't carry this person ... any more. I can't!

J: Who is this person that you can't carry any more, that you recognize?

A: (whispers) It's Lida (cries bitterly) ... I can't carry her any more (sobbing) I'm sorry, I can't do this any more. It's been too much. And it's making me ... I care about her so much ... She has no-one ... and I have many ... (gasping, sobbing, hardly audible) ... I leave her on the side of the road, Almand ...

The therapist kept her focussed to re-experience it to completion:

J: You need to go back to see what happened to Dimitri and Almand?

A: No, no. ... I know.

J: You don't? ... You know? Then tell me what happened.

A: Yes. Almand died.

J: He died before you left him?

She reached the core of her moral guilt, but still clung to her self-justification:

- A: No. Afterwards ... He knows that I've left him, as well ... At one time he was saying 'go forward' ... and then as I'm going he cries, says 'don't leave me' and I say 'I have to leave you' (becomes increasingly frantic, desperate) I had to!

It was clear that Anna was not ready to face and own this part of herself. She had a need for atonement and the therapist provided comfort:

- J: You did have to, you did have to. You couldn't save him.
 A: (fast, frantic) And he dies, and he dies. And I leave him (stops breathing).
 J: Stay breathing. ... It's not your responsibility. Find the breath ... (prompts)
 'I release myself from this responsibility' ...

Conclusion:

The unit of analysis contributed to the deepening of Process 2 by introducing the archetypal opposite of Anna's self-concept of being the victim of abandonment. It also impacted on the growing tension between the victim/violator polarities in Process 1, which had been building up in the Transpersonal Phase (see 9.2.2; 9.2.4). Although she was still unable to face her own moral guilt, P/L 93 paved the way for this development to take place in Year D (see 9.3.2; 9.3.3) and the eventual integration of the archetypal opposites (see 9.3.4).

9.3 The therapeutic process: Year D

The therapeutic process was interrupted by the summer vacation at the end of Year C, and resumed in February the next year.

9.3.1 DARYN

- Theme:** Empowering qualities of courage and loyalty
Unit of analysis: P/L 99
Time frame: 27.2.D
Chronological situation: This unit of analysis overlaps in time with unit 9.3.4 (DESIRÉ)
Focal therapeutic thrust: Process 1
Process:

This unit of analysis pertains to the unfolding of Process 1. P/L 99 reinforced the dimension of empowerment which was briefly introduced in section 9.2.3 by enabling the subject to consciously identify with the qualities of courage and loyalty and (re)claim them as her own. Her experience of the transpersonal mind-state of healing, Dombashaba (see 7.2.2), impacted on both Process 1 and Process 2 by facilitating a subjective sense of (temporarily) transcending her egoic identification with Anna or any past-life personality (i.e a temporary perspective of non-attachment to the complex), as well as a subjective sense of spiritual healing and reconnecting with her spiritual purpose.

Thematic presentation:

The first significant unit of analysis in Year D once more addressed the unfolding of Process 1. In P/L 99 (27.2.D) as Daryn, Anna encountered another scenario of victimization and violence

(Theme 1: Fear) in which the past-life personality was tortured by his enemies to reveal the whereabouts of a friend, Memphis. When he courageously remained loyal and refused to give the information, even after his torturers had broken both his arms, they killed him and cut out his stomach. Daryn died with intense rage and the desire to take revenge (Theme 2: Rage).

Although the regression presented as another experience of suffering and death (Theme 2: Fear), its real significance in terms of the therapeutic process was in the three levels of empowerment it introduced.

This unit will illustrate how P/L 99, in addition to the abreaction of fear (Theme 1) and rage (Theme 2), contributed to the Process 1 in the following ways:

- (a) Evoking a transmodulation to a positive complex (constellation of thoughts, feelings, associations, etc.) centred around the empowering qualities of courage and loyalty.²²
- (b) Facilitating a (temporary) perspective of non-attachment to the complex.
- (c) The subjective experience of gaining a reconnection to her spiritual purpose.

It is important to observe that these healing processes were dependent on features of the transpersonal mind-state, i.e. the ability to return to the moment of death in a past-life regression and the experience of encountering discarnate beings in spiritual realms, which are not available to therapists working with clients in ordinary states of consciousness.

(a) Evoking a transmodulation to a positive complex

It was observed in section 9.2.3 that Anna in some of her traumatic past-life regressions briefly identified with empowering qualities like courage, assertiveness and loyalty - even if her past-life personalities were eventually overpowered and/or killed. One example was P/L 43 (22.4.C), which was thematically similar to P/L 99. As Helen, the subject had been imprisoned in a stone cell, where soldiers interrogated her about the whereabouts of another fugitive, Eric. When she, too, refused to give information, the soldiers whipped and sodomized her, and gave her electrical shocks. Despite suffering tremendous anguish and pain, she continued to remain loyal until death.

These regressions suggested that, alongside the governing karmic complex of helpless victimhood, there was also present in Anna's psyche a positive constellation of memories and images around the theme of courageous loyalty. Although they provided the opportunities to reclaim empowering qualities related to this constellation, this process had been largely

22. In order to explicate this part of the process it is necessary to draw on Grof's concept of transmodulation, which does not have an equivalent in Woolger's conceptualization of the karmic complex. Grof pointed out that a COEX system (which in cases of psychopathology is conceptually equivalent to Woolger's concept of the karmic complex) does not always contain painful material. Some COEX systems also contain constellations of positive experiences that have contributed to moulding an individual's psyche. According to Grof the content of a person's emotional experience is determined by the dynamic governing COEX system. A temporary transmodulation (or shift) may occur from a negative COEX system to a positive one, without that necessarily indicating that all unconscious material underlying the particular psychopathological state had been worked through (see 2.3.7).

unconscious, and was eclipsed by suffering in the past-life regressions (see 9.2.3). For example, in P/L 43 it was Helen's trauma, suffering and victimization (Theme 1: Fear) which had been central to Anna's experience.

Similar to P/L 83 (see 9.2.6), P/L 99 facilitated a definite shift in the constellation of complexes. As Anna went through the moment of Daryn's death and reached the expanded consciousness of the interlife, evidence of both Theme 1 (Fear) and Theme 2 (Rage) faded into the background and a transmodulation to the positive complex of courage occurred as she recognised the braveness and loyalty of her past-life personality. This process is now illustrated by her comments as she looked down on Daryn's maimed body:

- A: And even if he has died, they're still kicking him.
 J: But he can't feel it now.
 A: No. But he can see it.
 J: He can see it. And what is he thinking as he sees them kicking his dead body?
 A: (breathing deeply) He feels that he didn't betray the others ... that he gave his life for that. (breathing with difficulty) So then .. he's good in a way. It is a good dying ... To remain loyal to Memphis. (groans) But I can see the body is so broken. Both his arms.
 J: Paid a price for his loyalty.
 A: He's being cut.
 J: It's just a body ... just a dead body now.
 A: Even when it was so broken he was trying to move forward ... (breathing heavily) There was courage there ...

For the first time Anna was consciously reclaiming these qualities as her own. When the therapist suggested that she let go of Daryn's broken body, she lingered:

- J: What's holding you there?
 A: I feel so brave!
 J: He was very brave. But why are you staying there?
 A: I want to see what happens now.

For the first time, also, Anna interpreted a traumatic regression in terms of the "soul-making" involved, and not the suffering and victimization. The transpersonal experience enabled her to find meaning in the death of her past-life personality, and to complete what she experienced as unfinished business:

- J: You want to tell me what you saw?
 A: Memphis knew.
 J: Memphis knew .. that he didn't tell?
 A: Uhm ... that's important. The death is not a waste then. I didn't know that before. I left the body, I just left. Now I know ... Now I let that go, now I know.

After the regression Anna consciously identified with Daryn and reclaimed his resilience and power:

- A: Daryn was important. I had to go through Daryn to connect with that. It was like there was a purity in Daryn ... He just didn't betray, he remained loyal. It was that spirit, that just carried me through ... and I wanted to see that body. That's why I stayed with it, because it was so broken! ... And yet there was something that was just not broken at all ... and I connected. ... Like it was me there ... and I was going back and picking up Daryn's spirit,

that brave ... kind of ... you can break me, you can break my body, but there is something you can't break. And it's here with me too ...

She felt that she had brought that quality back with her, into her normal consciousness:

A: There's something that's come back with me again. It's like I feel like I'm building up something ... and this is one of the layers ...

Her experience resonated with Ingerman's (1991) concept of retrieving lost fragments of the soul:

J: It feels as if you'd gone back to collect the spirit qualities that was his and that is yours now?

A: Ja. But it was like it was always mine. I went back to remember it. It was always there. That's what it is. It's that ... Going back to remember, to know ... Oh, it's amazing! Oh! I feel like my mind has been blown!

Anna's association between Memphis and the therapist constituted another incident in which a dimension of the transference evoked a powerful transpersonal experience:

J: The person that you were loyal to, I wondered whether you made a connection?

A: Ja, that was you actually, I felt that was you.

Anna related this to her sense of loyalty to the therapist, despite her recurring anger:

A: All my anger that is directed towards you, it doesn't get acted out in my relationships with other people or a snide comment. Never! And I've always felt like incredibly loyal and connected to you, you know. That this relationship has been big enough to contain my angry times.

Anna's emphasis on the loyalty of her past-life personality towards the past-life personality of the therapist, as well as her current loyalty to him, strongly suggests an awareness on her part that in the area of betrayal (Theme 11), too, her karmic history had not always been that of the victim.

Her anger at the therapist was usually triggered by a subjective sense of abandonment (see 9.3.3), and it was illustrated in the karmic history that many of her past-life personalities responded to this experience with rage and revenge.

It seemed that, by gaining the perspective of her Higher Self via transpersonal experiences, Anna had now become aware that the very conflicts and limitations she experienced in the therapeutic relationship offered opportunities to confront and master, on the existential level, the spiritual flaws and negative behaviour patterns of her karmic history.

Reliving the death experience of Daryn also gave Anna's consciousness access to the transpersonal mind-state she first encountered during Lester's NDE (see 7.2.2) in P/L 81 (24.10.C). She once more found her consciousness in the realm she called "Dombashaba, the Place of Light".

The next section will illustrate the healing impact of this transpersonal experience.

(b) Facilitating a (temporary) perspective of non-attachment to the complex

Woolger stresses the need in therapy to achieve a witness point outside patterns of opposites on all levels, in order to attain non-attachment to the complex, and identified the death experience

in a past-life regression as a valuable opportunity to achieve this goal.²³ It is also documented in the transpersonal literature that encounters with the divine regions during non-ordinary states of consciousness are extremely healing, and that by reaching them, positive emotions such as ecstasy, joy, gratitude, love, and bliss, can quickly relieve or dissolve negative states such as depression or anger. The following extract from Anna's experience in the aftermath of Daryn's death vividly illustrates the healing impact of five interpenetrating and overlapping transpersonal phenomena categorized in Grof's cartography of the human psyche.²⁴

During an OOB, while at the same time being intensely aware of energy coursing through her body, Anna found her consciousness in the presence of spirit guides in a transpersonal realm. During this profound experience she described the distinct sense of transcending her egoic identification with Anna or any past-life personality:

A: I just keep going into this other space ... It's really a good space ... where everything begins ... and everything ends ... (silence) ... It's very quiet and still there ... I have left all the bodies I have been in ... and all the human lives ... and I move in this place and there is nothing more ... It is like a dying ... and yet this is the living, this is the place of living ... It's a wonderful, peaceful place ...

Anna experienced this transpersonal mind-state as a powerful resource of healing which enabled her to transcend the wounding of any trauma:

Daryn is with me there ... I'm seeing Daryn becoming ... clean again. Like he's no longer broken ... It's pouring with energy ... Aah! This is a place of healing! ... And I needed to go there, to Daryn, to know that nothing can be so broken and so fragmented that the Great One can't bring back again.

She proceeded to chant in foreign words, and then linked the experience of healing to P/L 83 (see 9.2.6) as Kera, who (as a sexually abused child) had killed her mother:

There are so many vibrations of Kera ... (foreign words) ... You've come back again, to be born into the light ...

In unit 9.3.4 it will be illustrated how the transformative power of this healing mechanism played an important role in the integration of the archetypal opposites of victim and violator.

(c) Reconnecting with her spiritual purpose

During Anna's first encounter of the spiritual realm of Dombashaba (24.10.C), after re-experiencing the NDE of Lester in P/L 81 (see 7.2.2), she had a sense of re-establishing an ancient spiritual connection, and commented as follows:

23. "We undergo a kind of cathartic ego death by virtue of our separation from an intense identification with the second personality or other self that has unconsciously been dominating our thoughts and behaviour" (Woolger, 1993b, p.430).

24. a.1.xi: Psychic phenomena involving transcendence of space (out-of-body experiences)
 a.2.iv: Past incarnation experience
 b.ii: Energetic phenomena of the subtle body
 b.iv: Encounters with spirit guides and suprahuman beings
 b.xiii: Supracosmic and metacosmic void (see 7.2.2).

A: (gasping) There ... there is light Dombashaba ... I have ... I have returned (foreign words). I returned and there is light.

In the aftermath of Daryn's death she expressed the same profound sense of home-coming:

A: This is a place I've been to before. I've been here before (whispers) I'm going to go in there (breathing fast) It's like going back to the beginning. When I was not of the body .. Where I was not in this physical being. I was in the physical plane, but not as body ... Like this is before we formed into beings that we are now. And we're moving forward into a time when we will go back again, and these two places will meet ...

In contrast to her egoic identification with Anna, and her self-defeating self-concept of being a helpless victim, she now saw her true identity of that of a spiritual being, and expressed awareness of the spiritual purpose she had set herself in the interlife, before her present incarnation:

A: Dombashaba ... I know this ... It's a returning home. My spirit is here, connecting. It's all over ... We, the spirit beings, come back into this body to speak to those that are chosen and to those whose consciousness is breaking forward, moving out I feel like this is a start. It's starting ... This is what I've returned for ...

From this transpersonal mind-state she channelled a message which linked her spiritual purpose with the importance to heal the imprints of pain in her psyche and, by implication, to break the stronghold of the constellation of complexes:

A: I see nothing but light! So light! (breathing fast) I'm also connected with the pain of Daryn. And with me, now. I let go of that pain of Daryn, as I let go of that pain that is me, as Anna, now. The message is so strong, that I need to move forward ... to move, not to stay ... I need to go through this ...

Conclusion:

This unit of analysis contributed to Process 1 by facilitating the abreaction of more fear (Theme 1) and Rage (Theme 2) in the constellation of complexes and enabling the subject to consciously identify with the empowering qualities of courage and loyalty. It also contributed to both Process 1 and 2 via the subject's sense of (temporarily) transcending her egoic identification with Anna or any past-life personality (i.e a temporary perspective of non-attachment to the complex), her subjective sense of experiencing spiritual healing, and her subjective sense of reconnecting with her spiritual purpose.

In a previous message channelled from the spiritual realm (15.12.C), Anna had been reminded that life was about forgiving and loving. The next unit of analysis will address the first emergence of this quality in the therapeutic process.

9.3.2 EME

Theme: Moral guilt and forgiveness

Unit of analysis: P/L 102

Time frame: 5.3.D

Chronological situation: This unit of analysis overlaps in time with units 9.3.3 (KEAAT) and 9.3.4 (DESIRÉ)

Focal therapeutic thrust: Process 2

Process:

This unit of analysis once more addressed the archetypal opposite of being abandoned, which had been introduced in unit 9.2.8. It marked two important developments in the unfolding of both Process 1 and Process 2, namely the first acknowledgement of moral guilt and the first experience of self-forgiveness.

Thematic presentation:

Although the subject at this stage of the therapeutic process had been repeatedly confronted with her own inner violence, and in P/L 93 (28.11.C) also encountered her own capacity to abandon others, she had not as yet overtly acknowledged a sense of guilt and remorse about her actions in any of her past-lives. For example, in P/L 83 (31.10.C) as Kera she saw violence as the only option available to her, and in P/L 93 (28.11.C) she dealt with the moral conflict of abandoning her dying friend by repeatedly stressing the fact that Dimitri was seriously wounded himself, and would also have died if he didn't go in search of medical help.

After almost three years of therapy she still had not accomplished the important therapeutic step of forgiving those who have harmed her either. On 14.3.C, after gaining her first insight into the repetitive cycle of violence in her karmic history, Anna had asked the therapist how she could integrate the opposing poles in her psyche. His response was: "By accepting, and forgiving". She wanted to know how she could forgive herself, and his answer was simple and clear: "By learning to forgive me and your mother" (see 9.2.2).

In the year that had to pass before they returned to this crucial signpost, Anna had never responded to the therapist's repeated reminders that forgiveness will bring healing, except for a message she brought back from Dombashaba on 5.12.C:

A: It is encouraging me to go through this process. It is encouraging me to walk, to continue to walk on this way. It is in the going through of this that the healing of the one level is done This life is about healing, about cleaning, about forgiving, and about loving ...

The therapist had used the insight as a reinforcing affirmation:

Bring back with you all that you've been reminded of. Those affirmations will guide you, be imprinted deep within your psyche. You know the truth.²⁵

Nevertheless, a year later Anna still did not manifest an ability to integrate this insight she gained during transpersonal mind-states with her egoic functioning in normal states of consciousness.

25. "Whenever possible memories should be healed with a transformational technique, such as setting a stage for forgiveness. Calling on guides to help understand the process of other personalities in a past life can facilitate forgiveness" (Jue, 1993a, p.168).

P/L 102 (5.3.D), in which she regressed to the Native American tribal chief, Eme, impacted on the therapeutic process by enabling Anna to access both the emotional capacity for moral guilt and for forgiving herself.

Eme, returning from a hunting expedition, found that his entire tribe had been massacred in his absence. He suffered intense grief (Theme 3) and rage (Theme 2), but was unable to avenge their death or mourn (Theme 13: Rigid Emotional Control). When the therapist explored the underlying reason, it merged that Eme felt a failure (Theme 6) and blamed himself for having abandoned his people by not being there to protect them.

The following extract from the regression illustrates Anna's first expression of remorse and her acceptance of the therapist's encouragement to forgive herself:

- J: You're angry with yourself?
 A: (crying) Yes.
 J: There's a need to be angry with yourself?
 A: (whispering) I feel ... guilty.
 J: Tell me of the guilt.
 A: If I'd been there, it wouldn't have happened. I was the leader, I should have been there.
 J: Why were you away?
 A: I was hunting ... I made a wrong decision ... lost the lives of my people .. I made a mistake ...

As the therapist worked with the need to face, accept and let go of the ancient moral guilt, kundalini energy surged through Anna's body.

- J: Just breathe into the energy. Let it come. Clear away all the guilt, clear away all the grief, wash out the imprint.
 A: (with faltering voice) Let ... go ... of ... the anger.
 J: Let go of the anger ...
 A: I forgive myself ... I forgive myself, Eme ...

As mentioned in the documentation of transpersonal phenomena (see 7.2.1.b.ii) Anna sometimes needed to go into water to slow down the intensity of the kundalini energy, in order to ground herself and regain control. She needed to do this now, but, still in a non-ordinary state of consciousness, was drawn back into the regression. Kneeling in the bath, oblivious to the water pouring from the shower or her drenched clothes, she expressed her grief for having abandoned her people. Chanting ancient rituals and wailing, this young woman of the 20th century was lamenting the death of a long-forgotten tribe.

When the therapist afterwards remarked on the distinct change he observed in the sound of the foreign words she was chanting, she told him that in the process of mourning she had a regression within the regression, and accessed an even deeper and more ancient experience of grief.

A sense of the vast amount of psychic energy which had been encapsulated in these traumatic imprints of grief (Theme 3), and which was finally released, was captured by the comment of a student who listened to a tape-recording of this session of transpersonal psychotherapy:

It was profoundly moving ... the most profound and intense expression of grief I

have ever experienced. Ancient, yes ... It stirred depths of grief within my own soul that I have never consciously encountered before ...

Conclusion:

This regression contributed to Process 2 by deepening the subject's insight into the archetypal opposite of abandonment within herself and by facilitating the abreaction of intense feelings of grief (Theme 3), rage (Theme 2) and failure (Theme 6). It also marked two important achievements in the unfolding of both major processes, namely the subject's first acknowledgement of moral guilt and her first experience of self-forgiveness.

Forgiving herself in the past-life personality of Eme paved the way for learning to forgive others, which is addressed in the next unit of analysis.

9.3.3 KEAAT

Theme: Forgiveness

Unit of analysis: Recurring past-life regression, P/L 13

Time frame: 5.3.D - 16.4.D

Chronological situation: This unit of analysis overlaps in time with units 9.3.2 (EME) and 9.3.4 (DESIRÉ)

Focal therapeutic thrust: Process 1

Process:

The content of this unit of analysis addressed Theme 2 (Rage) in the constellation of complexes and impacted on the unfolding of Process 1 in two ways. An archetypal experience of evil energy reinforced the subject's awareness of the need to let go of her rage and the second emergence of P/L 13, more than 18 months after it first occurred on 20.9.B, facilitated a deepening in the subject's capacity for forgiveness, which was introduced in unit 9.3.2.

Thematic presentation:

At the time when the subject acknowledged her own moral guilt and accessed the emotional capacity for self-forgiveness in a non-ordinary mind-state via P/L 102 (see 9.3.2) her mind-state in normal consciousness was dominated by rage - "immense rage, like I have never felt before" - which was projected onto the therapist for his perceived abandonment of her. This avalanche of fury built up over a period of four weeks to culminate in the re-emergence of P/L 13 on 2.4.D, more than 18 months after it first occurred on 20.9.B.

In this past-life regression as the priestess Keaat, Anna had her second dramatic confrontation with the wicked priest Aqua, whom she identified as a past-life personality of the therapist. Aqua had a powerful position in his society, which he abused to gain greater control. He systematically poisoned people by putting the powder of poisonous seeds into the river, causing the water to turn black. Whenever people would drink the black water, they died. This continued for a long time and although Keaat was aware of it, she was afraid of being killed if she should expose Aqua's evil actions. She would walk along the river and see the dead bodies of

people on the river bank, bloated, with maggots coming out of their eyes. When she eventually confronted Aqua, he said coldly that he could not allow her to live if she was going to threaten his power. He then killed her by forcing her to drink the black water. She died with an intense fear of abusive power and the firm decision that she would never forgive him for killing people and damaging the earth.

The significance of P/L 13 in the development of Process 1 will now be addressed by discussing

- the context in which it re-emerged
- the archetypal experience of evil energy which preceded it
- the therapeutic impact of the regression
- other transference issues.

(a) The context

In the Biographical Phase P/L 13 first emerged on 20.9.B in the context of Anna's murderous rage at the therapist for his perceived lack of support by not being available for an extra therapy session after she failed in an academic selection process. During that session she expressed an urge to destroy him and wanted to physically vomit, a symptom which was interpreted by the therapist as a somatic manifestation of her psychological desire to "vomit" him out of her psyche (see 6.3.1).

The same mind-state prevailed in the month before the re-emergence of the regression on 2.4.D. Over a period of four weeks she repeatedly confronted the therapist with his perceived abandonment of her. On 5.3.D she acted out her one habitual response-pattern to abandonment, namely murderous rage (see 8.2.2), and screamed that she hated him:

A: I'm scared to get angry! I'm scared of losing control here. I'm scared if I get angry I'll destroy you! I'm scared that my rage will be so much that it may be stronger than I think ... I want to scream, I want to scream!

On 26.3.D the fact that he had not been able to give her an extra session the previous day, triggered even more rage and she accused him of not supporting her through a desperate crisis.

This time she manifested the second habitual response (see 8.2.2) and threatened to kill herself.

A: If I can't reach out to you as my therapist, then what! ... Like (speaking very loudly and pressurized), if I'm in such a desperate space, and this is how you deal with it, or cope with it, or work with me with it, then ... My God! You know ... I just ...

J: Finish the sentence. My God ...?

A: Well, I might as well go and die then! You know, slit my wrists or something .. or drink some tablets ... or something. I just ... you know ... like ... it's too messy for me, (laughs) so I wouldn't be doing that ... But I'm basically saying that ... uhmm ...

J: 'If that's the best you can offer ...'

A: ... well, fuck off, then! I don't want anything to do with this! You know. I mean, you're not supporting me! My therapist is not supporting me! And that's a reality, for me. That is my experience ... (losing control) You're not supporting me, Jim! You're not helping me! In the last two weeks you've known I've been in a crisis, you're not there for me! I don't feel it! (sobs) I

don't! (deep sigh) And I'm getting desperate! And I'm thinking about desperate things ...! (silence)

J: Like slitting your wrists or swallowing pills?

A: I have a fantasy of slitting my wrists. (silence) But it's just a fantasy and it's not a major thing.

J: And other desperate things?

Despite the fact that this catharsis of rage still indicated the presence of the impulse to respond to abandonment with violence, it is also observed that Anna had transcended the compulsion to blindly act out. She had achieved enough self-awareness and insight to realize that she was being irrational and to half-laugh at her own fantasies of revenge:

A: (half crying, half laughing) Just buying an air-ticket and going to New York. Spending all my money and going to New York. Just going off there. Just leaving ... just walking out ... not telling anyone .. Not saying a word to anyone ... just going. ... There's also fantasies of just getting hold of drugs and just injecting myself with high doses of something, and just putting myself out for two days, and not actually having to function, normally ...

The process diagram of the inter-relationship amongst the subject's traumas, emotional and cognitive responses, complex-themes and script beliefs/script decisions (see Figure 5, section 6.5) illustrated how her authentic emotions of fear, rage, grief, failure, disgust and betrayal became suppressed by a compensatory stance of rigid emotional control (Theme 13). Several years of intensive psychotherapy had penetrated beyond the constellation of defensive script decisions such as I don't need anyone, I will not express anger, and I will be strong and not feel the pain and Anna was in touch with her true feelings. She was now not only enraged at the therapist for not seeming to acknowledge her crisis, but also at herself for betraying herself by coping:

A: (furiously) I mean, I'm just functioning so well! It's pathetic! It's ridiculous! I'm going through my major crisis, and here I am functioning very, very well. And having all that work prepared ... it's an irritation to me now. It's just showing that, you know, I've actually coped incredibly well. And I've always been a coper, and I've always survived everything (very loud and fast) and that is it! There I am again! Doing very well. In the midst of all the shit - there I am! (bitter laugh) Working it through!

This was the rage of the child Anna, more than two decades ago, who managed to put a plaster on her own injury, even though she had to stand on a chair to reach the medicine cabinet (see 5.4.1). A comment in her diary on 12.3.D confirmed this:

I am damaged at one level by his sudden abandonment - his sudden withdrawal from me. How can I cope unless I confront his neglect and abuse of me ... the sudden abandonment - I don't understand why - I need to know ... He has abandoned. Even in therapy. I am again abandoned. He is like my mother was once to me when I was a small insecure and needy child. She left me. He also left me.

This theme manifested itself in her dreams. On the same day (12.3.D) she documented Dream 63 in her journal:

Jim raped me and walked away. I felt more devastated by his departure than by the rape itself.

This profound sense of abandonment was also accompanied by a return, after an interval of three

months, to the theme of sexual violence, which manifested itself in the past-life as well as somatic aspects of the karmic complex. She had images of being sodomized and raped, and on 5.3.D she regressed to P/L 101, in which she was gang-raped. The somatic aspect of the complex re-emerged in that the unaccountable bruises, which in the Biographical Phase accompanied traumatic childhood memories of her mother's abuse (see 5.6), re-appeared on her body and legs.

During this period she considered terminating therapy, but feared that the anticipated pain of separation would be so intolerable that she would either lose her sanity or kill herself. On 21.3.D she expressed these fears in her diary:

Am I strong enough? I don't know. I fear my sanity will snap and I will fall down into a deep hole of suicide and depression, and institutions. I fear and I am stuck by the chains of fear ... I also do have a support system once I leave him. I also know I can cope. But I swing between knowing my strength and fearing that no skill of mine will help me through, no support system or friend will keep me together in my brokenness. That in finally leaving I will also leave my sanity and eventually die. Die - I could decide to die and I will if I feel so insecure from all of this.

(b) Archetypal experience of evil energy

In the context of this mind-state the re-emergence of P/L 13 on 2.4.D was preceded by the terrifying transpersonal experience of sensing the presence of a powerful negative energy force in the therapy room. The nature of this experience had already been discussed in Chapter 7 (see 7.2.1.b.viii).

Since the latter part of Year C Anna had on several occasions, during non-ordinary states of consciousness, become aware of this presence of evil energy. She did not experience this as an individual discarnate entity with personal characteristics, but as a powerful negative energy force which was potentially very dangerous - both to herself and the people with her.

On 14.11.C she had first described this to the therapist:

Going into that space there is also a potential for kind of ... a negative force that is there, that kind of stands just on the side of entering that void ... And that negative force is always around when I'm dealing with states beyond my normal state ... That kind of force that, sometimes I feel, wants to harm me, in some way, or to harm whom I'm with. I'm aware that I'm saying some things in myself, 'Don't let us be harmed here', you know, 'Protect us here'. It is quite a harmful thing. Very, very harmful. And I know it's not just my own kind of inner shadow or darkness. It's something ... ja, it's just different.

Although she did not identify with this negative energy, it appeared to be connected to Theme 2 (Rage) in the constellation of complexes. It was particularly at times when Theme 2 (Rage) was the dominant complex-component in her psyche that she felt the evil presence most intensely, and was most terrified to be overwhelmed and invaded by it (see 9.3.6). Anna had a sense that this negative energy force would seek to abort the process of healing, and felt that its purpose is not just to destroy, but to make sure that nothing was created again (see 7.2.1.b.viii).

In unit 9.2.7 it was observed that another terrifying experience of an archetypal nature,

which followed the suicide of Helene in P/L 78, contributed to Anna's motivation to break the suicidal pattern of her karmic history. Being confronted with this destructive negative energy which threatened to abort the therapeutic process had also made her aware of the compelling need to let go of her rage and break its stronghold on her psyche. This insight was reinforced by her experience on 2.4.D.

In this session Anna initially regressed to P/L 105, in which she, as Lila, was enraged at the abuse and sexual violence she experienced in her marriage to Teta, whom she identified as the therapist. During this regression she suddenly, once more, sensed the presence of the negative energy force. She frantically chanted foreign words to protect herself and urged the therapist to hold her down and prevent her consciousness from leaving her body, panicking that the evil force would enter.

- A: (chanting urgently) It was ancient rituals we had to protect ourselves at times that we went into the spirit. It was the spiritual world. At that time we could leave our bodies and we would disconnect and go ... (foreign words). This is happening to me! (panicking) I feel that I'm losing my body!
- J: Stay connected with me, whatever you need to remember.
- A: I must be ... I must lie down. (urgently) You must hold me down. Stay down
- ...
- J: I must hold you down?
- A: (urgently) My consciousness must not leave!
- J: Okay.
- A: (urgently) If it is to leave, it would ... just evil come into my body.

(c) The healing process of forgiving

In the midst of this spiritual struggle the ancient scenario of P/L 13 suddenly re-emerged:

- A: The water! (starts to sob deeply)
- J: What about the water? Tell me about the water.
- A: No!! No!! (crying) It's black!

The therapist recognised the scenario and continued the work that was done when the regression first emerged:

- J: It's time for that to be forgiven now. It is time for the black water to be forgiven.

In normal states of consciousness the concept of reincarnation was not part of Anna's reality and she considered past-life regressions as mere metaphors for the content of her psyche (see 7.2.1.a.2.iv). In contrast to that, during non-ordinary mind-states, the transpersonal concepts of karmic connections and karmic debts²⁶ became part of the therapeutic process.

- A: (crying) I have to forgive you.
- J: Yes.

26. From the transpersonal perspective intense emotional entanglements between people, attractions as well as animosity, indicate a karmic history: "When we meet someone now whom we have known in a past life, we are picking up where we left off when we knew each other before" (Binder, 1993, p.7). "Souls who were closely related in one lifetime tend to meet in other lifetimes. If the relationship was one of love, the love persists; if one of enmity, the enmity must be overcome; if one of obligation, the obligation must be paid" (Cerminara, 1981, pp.104-105).

A: (crying) I can't! You forced the black water.

The therapist entered into the psychodrama as Aqua:

J: I ask for your forgiveness for all the harm that I have done. For making the water black ... I ask for your forgiveness now. You can give me that forgiveness now, I, as Aqua, for that ancient harm, and for all the ancient harm.

A: (panting) Yes.

J: Speak the words you need to speak now.

A: It's not my words! It's not my body! (choking) It's the spirit of Keaat!

J: Let that spirit speak, let that spirit come back and ...

A: (choking) I'm taking the dark water. (gasping) You turned dark ... as Aqua.

J: Yes, I turned it dark as Aqua .. Now speak to me.

A: (gasping, foreign words) .. the spirit of Keaat ..

J: Speak as that spirit, to Aqua. You can speak now ... All that harm is finished.

All the legacy of that harm is being ..

A: (crying, panting) I've got to let it ...

J: Yes.

A: (whispers, crying) You harmed so many ... (out of control) You harmed, you harmed so many, Jim!!

J: Speak to me.

A: (out of control) You harmed so many!! You harmed! (foreign words)

J: Don't hold back your accusations. Speak it all out now. Speak of that harm. Let it be known.

On 20.9.B, when this drama first unfolded, Anna had presented her past-life personality as an innocent priestess, who died a heroic death when she bravely confronted Aqua about his wicked deeds, and she attributed all the evil to him. This time she was able to acknowledge that Keaat had been an accomplice and to admit to her own share of the guilt, thus manifesting the progress that had been made towards integrating the archetypal opposites in the psyche:

A: But I knew of it, and I didn't stop it. We were part of it together. (gasping) But you, put in the water ... to poison ... and the people drank it, and trusting ... and you harmed them.

J: And you were part of that?

A: (gasping) I tried to stop you ... in the beginning ... the powers that were with us (breathing heavily, fast) ... but it was the wrong force ...

J: We know that now. Then we didn't fully understand, but now we know.

A: ... (panting) and then I tried to stop you.

J: Yes, but it was too late.

A: ... and I said 'Don't! No!' It was too late.

J: Hmm. It was too late.

A: (whispers) And then he murdered me ... (gasping) He harmed so many (crying).

J: Can you forgive me for all of that? For all that ancient harm? (gently, humbly) Can you forgive me? I ask for your forgiveness. It was the wrong force.

A: (whispers) It was the wrong force, as Aqua ...

J: Yes.

A: You need to break it now (foreign words).

J: Yes.

During the regression on 20.9.B Anna's past-life personality remained stuck in rage (Theme 2) and died with the conviction that she would never forgive Aqua for killing the people and

damaging the earth. This time, having admitted her own guilt, she accepted Aqua's plea for forgiveness. Anna had accessed her own capacity to forgive:

- A: You need to break it now by forgiveness. I forgive you as Aqua for harming me and the others, for hurting them (crying) thousands and thousands of years ago. (crying) Feel it in your psyche ... You must break this, as Jim. (crying bitterly)
- J: I pray for forgiveness for all the harm I've done in all my lifetimes, to you and to all other people ... the countless people I have harmed ...
- A: ... they suffered (sobbing deeply) ...
- J: I ask for your forgiveness now, for all the harm that I have done to you.

It was a moment of deep healing, not only on an existential level but, in Anna's experience, also in terms of a karmic release (see 2.3.5):

- A: (breaks into loud sobs) Yes, I do! I forgive you Jim! But you must forgive yourself. (sobbing deeply) I forgive you as Aqua ... and all the others, and all the hurt you've done to me.

She also acknowledged her own need for forgiveness:

- A: It's been so long ... It's taken such a long time ... (crying softly) It's over now ... It's over now ... The Great Spirit has forgiven (foreign words) both of us. Both us, Jim, right now. You must feel it and you must believe it.

The therapist, too, was deeply moved.

- A: It's finished, Jim. It's finished! All of them. All the women you've hurt - it's finished. Trust in that. Know that. Know that, Jim. Know that. Not from me, but from the Spirit. (foreign words) Just the Spirit of love and growth. ... (whispers) I've said what I needed to say ... I said it ...
- J: I heard everything that you said ... The cycle has ended.
- A: It's finished (sighs) ... ja ...

Anna experienced this regression as an incredible spiritual transformation and commented as follows in her diary:

I cannot speak of the beauty and healing that I experienced with Jim, and Jim with me ... Words are too inadequate. It was simply a major turning point in both our lives. The theme: forgiveness. I am too moved even now, two days later, to describe the incredible spiritual transformation and experience that we both had. Forgiveness ... There were no words. Just spirit .. He cried out for forgiveness. All was completed then. All is finished. I am just so deeply deeply moved by the events of that afternoon ... (4.4.D).

(d) Other transference issues

Despite the impact of the Aqua-regression, Anna was back at the issue of being abandoned by the therapist within two weeks and the forgiveness gave way to renewed anger. Dream 65 (14.4.D) and the way in which she interpreted it clearly illustrated the ongoing hold of grief (Theme 3) and rage (Theme 2) on her psyche. She related the dream, in which she was playing a game of cards, as follows:

- A: This other person was really slaughtering me. And then my last important card It had a picture of a man on it that was actually holding a baby ... a newborn baby, and it was cradled in this man's arms ... I felt that I didn't want to let go of this card, but I had to, because this was part of the game ... So I put it down on the table and my opponent said to me 'But that is not worth anything, ... it's actually not worth what you would like it to have been.' Now, I remember thinking in the dream this must be an

important card because it has got this king, and I thought it must at least be a high priest ... But when I put it down this opponent said 'No, it's just a peasant, it's just a symbol of a peasant, or someone very low.' And I remember feeling just quite despairing about it ...

The connection with the infantile dimension of her transference feelings was obvious, but when the therapist suggested that interpretation, Anna coldly rejected it:

J: I was wondering if this last scene of the card with the baby, and the man holding it, is linked to some of your feelings about me? ... One possibility is, you see it as a king or a high priest, and then you're told it's just a peasant.

A: (denying) What I thought of it, was that the king was myself, that I was the king. I've had a few regressions where I've been this king, and I'm holding the child which is a part of me ... So I am Anna, the king, but I am also holding the baby within me. But I hold it here, and it's still needing to be nourished, needing to be suckled. That's what feels right for me. It's like you don't enter into it any more, at all, because you have totally betrayed me, so you are out of it. And it's just me trying to nurture my own inner child and my own inner neediness for nurturance and sustenance.

When, later in the session, the therapist referred to the way Anna's therapy sometimes resembled an initiation in which he played the role of the "priest", and suggested that the dream may reflect some of her disillusionment with him, her anger was expressed in a grandiose dismissal:

A: A high priest is one that has been initiated and I feel ... you haven't. That you have not been initiated yet. And that at one level I'm the priestess. And I'm going through this in a strange way as the student, but I'm also the teacher.

J: Yes, I'm very aware of that, that I'm facilitating something in you that I haven't been through.

A: So you wouldn't be the priest then.

Underneath the rage was her prevailing sense of abandonment (Theme 3: Grief) and unworthiness (Theme 6: Failure), which was still reflected four weeks later by Dream 68-(12.5.D):

I was acting in a play, taking the leading role. I was the king wearing a gold paper crown and a purple cloak over a long whitish robe. After the rehearsal we all went to the corner of the street. My mother was to collect us. We waited but she did not come, so we started to walk home, up a mountain. It was a long, hard, slow trek ... I was ... feeling very disappointed. My mother had let me down. I turned and walked, more alone now, up that steep hill, with my fragile gold paper crown.

Conclusion:

Although Woolger's case material indicates that the resolution of a karmic issue in the historical sense brings about a shift in the present (see 2.3.5), this expectation was not met in the present case study. Nevertheless, the material discussed in this unit of analysis contributed to the unfolding of Process 1 by reinforcing the subject's awareness of the need to let go of her rage (Theme 2). It also deepened the therapeutic progress that was made in unit 9.3.2 in terms of moral guilt and forgiveness. The subject faced her own share of moral guilt instead of putting all the blame on her protagonist and experienced the healing power of forgiveness. Although this did not bring about a permanent transformation, it constituted an important step in preparation

for the integration of the archetypal opposites related to violence, which seemed to take place in the next unit of analysis.

9.3.4 DESIRÉ

Theme: Integration of the archetypal opposites

Unit of analysis: Two dreams; two past-life regressions

Time frame: 7.2.D - 7.5.D

Chronological situation: This unit of analysis overlaps in time with units 9.3.1 (DARYN), 9.3.2 (EME) and 9.3.3 (KEAAT)

Focal therapeutic thrust: Process 1

Process:

This unit of analysis addresses the resolution of Process 1 related to violence. It identifies the emergence of a sadomasochistic dimension of Theme 2 (Rage) early in Year D and the contribution of this development, along with the subject's access to the emotional capacities of moral guilt and forgiveness (see 9.3.2, 9.3.3) and the transpersonal mind state of Dombashaba (see 7.2.2; 9.3.1), to finally reach what appears to be an integration of the archetypal opposite of victim and violator.

Thematic presentation:

On 7.5.D, after three years of intensive psychotherapy, the subject seemed to reach the important milestone of integrating the archetypal opposites of victim and violator within herself. The unfolding of this event will be presented in detail by addressing

- the emergence of a sadomasochistic dimension of Theme 2 (Rage), which preceded it
- the subject's confrontation with the heart of darkness within herself via Dream 66 (6.5.D)
- the alternating roles of victim/violator which emerged in P/L 113 and P/L 114 (7.5.D)
- the spiritual healing of Dombashaba.

(a) The sadomasochistic dimension

A dream Anna related during the second therapy session of Year D (7.2.D) introduced a new dimension to the therapeutic process, which she described as a terrifying darkness within herself - darker than any of the past-life regressions she had experienced.

Dream 59 occurred while she was ill in bed, feeling "strange and hazy", "just kind of collapsed ... into something that was both a genuine exhaustion ... as well as surrendering to the dark forces within me." In the dream she encountered a dangerous lion and realized that she could not outrun it.

Her comment on this dream resonated with an insight she had expressed in her diary before starting therapy.

My dark shadow is there behind a new wall of defenses. It moves about with the slowness of a giant. I know I must face this animal inside me. I am afraid of it ... (see 5.5).

She now, once more, expressed awareness of having to face a threatening part of herself:

There was just a sense that I would have to face this lion, and that in facing it a part of me would be totally destroyed. And I was afraid of the destruction, process of destroying. And I obviously take it to see it as like 'What is this part within myself that I'm afraid of facing', that I'm afraid that within myself there's a part that will destroy me.

Her comment indicated that this terrifying darkness within herself was closely linked to her frozen sexuality:

I also want to move into darker areas of myself, darker areas of my sexuality ... I imagine scenes where I am sadistically tortured and where there is so much sex and pain meshed together that pain and pleasure have no boundaries. I kind of imagine myself being tied up and raped and yet enjoying it and wanting it ... I know that lion within me. I know that part that is inside me and that is quite threatening and shadowy, and I want to go into that, and yet I don't ... It's like I want to actually explore some things that I know about, that I have been hiding. And I'm not sure (laughs) of you in this way, this is something new, something I want to go into. Uhm... Can I bring this part of me to you, will you be here, will you accept it, would you walk with me into the darkness, into the shadow of my psyche? Because its darker than any of the regressions I've been to ...?

This sādōmasochistic urge was in sharp contrast to the subject's perception of the sexual abuse in her biographical history as well as her experience of sexual violence or abuse in past-life regressions. A brief extract from the analysis table of past-life regressions (see Table 3, section 8.2) reflects the subject's role in regressions involving sexuality between 20.8.A and 7.2.D.

TABLE 9

**Subject's role in past-life regressions involving
sexual abuse/violence 20.8.A - 7.2.D**

Past-life No.	Date	Victim	Violator
5	19.7.B	V	
19	11.10.B	V	
20	1.11.B	V	
28	14.3.C	V	
36	11.4.C	V	
37	11.4.C	V	
38	11.4.C		Vio
39	18.4.C	V	
40	18.4.C	V	
41	18.4.C	V	
42	18.4.C		Vio
43	22.4.C	V	
44	22.4.C	V	

Past-life No.	Date	Victim	Violator
51	27.6.C	V	
52	27.6.C	V	
53	27.6.C	V	
54	11.7.C	V	
59	1.8.C	V	
82	24.10.C	V	
83	31.10.C	V	
84	31.10.C	V	
87	14.11.C	V	
92	26.11.C	V	

P/L 50 (20.6.C) is not included because it is considered to constitute physical violence and not sexual.

The table reflects the predominance of suffering and victimization in 21 of the 23 past-life experiences of sexuality. In only two regressions did the subject find herself in the role of the violator, i.e P/L 38 (11.4.C) and P/L 42 (18.4.C), but in both those regressions the emphasis was on the sadistic pleasure of having power and control over others.

The sadomasochistic fantasies now presented a dimension between the poles of victim and violator in which the (unconscious) connection between sexual pleasure and aggression blurred the clear boundary between these archetypal opposites.

The subject's brief confrontation and acknowledgment of this dimension of her psyche suggested a rapprochement of the integration, but it only fully emerged into consciousness after three more months via Dream 66 (6.5.D).

(b) The heart of darkness

At the beginning of the therapy session on 7.5.D Anna admitted that she had a violent dream in which she was a cruel prison guard who sadistically demanded and enjoyed the rape of a young virgin. She was horrified by this confrontation with her own inner violence, and was reluctant to talk about it:

A: I feel I might shock you, you know. This dream was terrible, Jim!

The therapist reminded her of her previous confrontations with the violent part of herself:

J: One of the things I'm noticing you said, 'This hasn't come up before'. Now, I don't know what the dream is, but last year you confronted images of yourself as violent, as murdering, as pillaging, as raping ...

A: Ja ... ja ... in a past-life regression ... But yes, definitely. And yet, I saw those images, but I didn't actually deal with them.

Her response reflected the way in which she until now had kept the violent part of herself split off:

- A: Okay, so I murdered, and I did this and that, and I did terrible things.
- J: I remember at the time, that you were deeply shocked by them. I understand that you haven't fully dealt with them, but you have let some of them in. There's more work to do, obviously.
- A: There's a lot of work to do there ... And there's stuff that I don't want to share with you, and I know that ... It's just, like I want ... resisting ... I feel stuck, you know. Like I'm going around in this kind of circle and I'm not coming out of it ... There's this violence, and this sexual stuff, and this issue of wanting to be penetrated and not ... What's happening? ... I kind of think I'm regressing. I'm supposed to be moving forward.
- J: But are you regressing? You say that violence just came out and you took some of the shock of it, but in fact you didn't fully deal with it.
- A: Ja.
- J: And that sexual trauma, the trauma of being raped and being frozen sexually, you've dealt with some of that ...

Anna's response now linked her fear of sexual penetration (script belief: Sex is an invasion) to her lack of clear ego boundaries and the fear of engulfment which had been identified in unit 9.2.8:

- A: I think I need to deal with this violent dark side of myself. And I don't understand it, because I'm not a violent person now in this life. I think, for me, my not wanting to be penetrated by a man isn't the same as fearing it, it's just not wanting it. Because, for me, I just feel that in a man going into me, is just like being possessed ... and kind of overwhelmed or just engulfed.

In the discussion of the role of moral guilt in maintaining the complex (see 9.2.4), it was suggested that Anna on a deep unconscious level had adopted the avoidance of sex not only as an alternative defense to the anticipated pain of abandonment, but also as a measure to prevent the latent sadism which had been cultivated in her psyche and which was imprinted on the area of sexuality, from being evoked once more.

Her ensuing comments now supported this hypothesis. Although she wanted to see the penis as a tool to communicate love, she saw it as a symbol of her own abusive power:

- A: The penis is a kind of symbol of just ... power, abusive power, that submits womanhood or womanness, or subordinates ... Because I don't want to be penetrated, in that context there's a sense of 'I want to fight it off, or fight that inner masculinity, you know. Because there's a sense that I want to control, and control can lead to aggressiveness and therefore violence. So I'm sensing that a part of the inner violence in me is also the inner masculinity within me.

Anna related Dream 66:

- A: I seemed to be in charge of this dormitory of prisoners ... And I was a very authoritative and very aggressive person, and I demanded that this male rape this female in front of me. And I went up to this young girl, and I grabbed her and I threw her on this bed, and I commanded this man to take her clothes off and rape her. She was very submissive and passive and she submitted to this without fighting or struggling. But the focus of this dream for me, the image was of her lying on her back totally naked, her legs apart, and this man trying to go inside her ... I saw myself watching this, demanding that this man rape her. And then finally he pushes and something just gives way or maybe she tears up inside but he goes inside

her ...

In contrast to Anna's previous confrontations with the sadistic part of her own nature, she now, for the first time, manifested an identification and empathy with her victim's agony:

- A: I felt dreadful that I had put this woman in such agony, and I saw her facial expressions of, just, not crying, just being really brave, and dealing with all this pain. And I felt absolutely terrible ... I just woke up and thought 'How could I dream like this? Why am I having this kind of dream now?' It was terrible! It was horrible! (crying)
- J: Follow that fear!
- A: (crying) I just want to go. I don't want to be here. It just frightens me. It's really scary. There's just so much violence.
- J: The dream says you're ready to deal with it now.
- A: I don't know ... I'm just scared (crying) ...

Anna had reached the heart of the darkness within herself, her callous relish in another person's pain:

- A: I think I actually enjoyed creating that violence, and that's what scares me and shocks me ... Just recognising that I'm violent inside, and that I enjoy it. (sighs) This is difficult.
- J: Hmm. It's a big step to recognise that.

Her next comment reflected the archetypal opposite of a central script belief in the karmic complex I am the helpless victim of abusive power which had been enacted in numerous past-life regressions. It also linked up with the relentless cycle of violence, perpetuated from one generation to the next, which characterizes the profile of physical and sexual child abuse (see 3.5):

- A: I think I was quite excited by the fact that this person would be raped. There was an issue of power in it, of abusing the power and enjoying that. And that's the darkness, and that is what I don't want to accept.

Her comment reflected the way her previous insights during transpersonal states had been repressed:

- A: There's a part of me that's masochistic ... and sadistic. I haven't met that part until now, and it's scary. (whispers) I'm so tense, Jim ...

Anna finally acknowledged the truth:

- A: (almost inaudible) This is the darkness inside me, this is the shadow that I spoke about.

She was confronted with a profound psychological and spiritual challenge:

- A: A part of me wants to scream and a part of me wants to cry and a part of me wants to block out what I've just said. It won't be easy, you know.
- J: No, it won't be easy to block it out. It will just stay stuck.
- A: So I'm facing this part of me that is violent.
- J: So be the commander in the dream and speak. Own up to what you feel and want.
- A: (whispers) I can't do that.
- J: You already have.
- A: It's just too much to accept that part of me. It's so violent! I enjoyed that woman being hurt like that (shudders, sharp intake of breath)
- A: I keep going into something, Jim.
- J: Hmm. So let yourself go in.
- A: This is different, this time.

J: Hmm. Different scene?

A: No. A different feel about it, I've always sensed in the background. But today it seems to be my context.

In the review of the literature on child abuse it was documented that the victims of sexual violence re-enact their own trauma by becoming the perpetrators of sexual violence (see 3.5). This psychological compulsion was reflected by Anna's traumatic insight into the nature of what she "always sensed in the background":

A: That's why I commanded them to do it in the first place. Because I wanted to see it! I wanted there to be pain! Oh my head!

As Anna struggled desperately with this incongruent dimension to her self-concept,²⁷ the therapist related it to the biographical aspect of Theme 2 (Rage) in the constellation of complexes:

A: This is not me! (crying) How can I have a dream that's that violent?

J: You've had a life of violence.

A: (shuddering) I've always been scared of it. Now I find myself doing something which I fear the most. I'm afraid of violence. And yet in the dream I'm doing it, and I'm enjoying it.

For 29 years Anna had been trapped in the archetype of victimization, enacting the archetype of the victim and projecting the one of the violator by first focusing her rage on her mother and then transferring it onto the therapist. He now used the expanded consciousness that had been evoked by the dream to link this to her biographical history and facilitate an insight that could set her free:

J: Just like your mother.

His comment evoked a karmic insight:

A: It's more than my mother.

J: Hmm. Speak about that.

A: She began it, but I carried it. She started the violence ... (crying) This is too much.

J: Did she start it?

Anna not only regained the brief perinatal insight she had on 29.8.C after P/L 61 (see 9.2.4) when she acknowledged having been angry before birth already in her mother's womb, but a transpersonal insight into her karmic history of rage (Theme 2):

A: No. ... It was there before.

J: Tell me about that.

A: It's been with me for a long time.

J: How long?

Anna acknowledged that her cruelty and violence had been with her for thousands of years. Gasping and shuddering with horror, she admitted her bloodlust and cruelty, how she had enjoyed raping and humiliating, abusing power and inflicting pain, in the course of many

27. "When the psyche is given permission to flow with these tides of ever-reversing past-life stories and personalities and then to contemplate them in all their obtusely contradictory elements a huge psychic tension is set up in the consciousness of the experiencing person. The agonizing challenge now is to find reconciliation and meaning in these polarized personalities with their seemingly irrevocable karmic residues left by past actions" (Woolger, 1990, p.219).

lifetimes.

In the midst of this imagery cascade which had been triggered by the dream, two past-life regressions emerged in which Anna alternated between finding herself in the position of the victim and in that of the violator.

(e) The alternating roles of victim and violator

Research findings on the life reviews people report after NDEs state that when the life review occurs the person is not only aware of every action he/she has ever done, but also perceives the effects of every action on other people.²⁸ The following extract highlights the major therapeutic value of transpersonal mind-states of allowing access to this level of insight, without the life-threatening event of a NDE. It also illustrates Anna's initial ego-resistance to the task at hand, and the therapists's skilful guidance in bringing her to this point of integration.

With the emergence of P/L 113, in which Anna regressed to the trauma of Trishia who was raped in a barn by her father's labourer, Simon, she strongly resisted entering into this experience:

- A: I want to go. I don't want to do this, please!
- J: (firmly) You've come to do a really difficult thing that you've been waiting to do for a long time. And today you're going to do it.
- A: I just want to stop this pain (crying). I'm so sore.
- J: Anna, connect with your Higher Self. The Higher Self that knows how to release Trishia. What you need to do to free her.
- (Silence)
- A: I've got to go through this.
- J: Are you sure? And what will happen if you go through this?
- A: It will connect me to what began.
- J: How the cycle began?
- A: Yes.
- J: And then what?
- A: Then I can break the pattern.
- J: Ja. But can you break the pattern?
- A: Yes. There have been many Trishias (whispers) But I have to go through this.
- J: Are you quite sure of it?
- (Silence)
- J: What's happening now?
- A: I don't want to do this.
- J: Anna, what have you come here for today?
- A: (whispering) To break this, to go into my violence to feel myself being abused, and to feel the abuser ... As in the dream, I'm the one that's being

28. When a person sees himself doing an unloving act, then immediately he is in the consciousness of the person he did that act to, so that he feel the sadness, hurt and regret. On the other hand, if he does a loving act to someone, then he is immediately in that person's place and can feel the kind and happy feelings (Moody & Perry, 1988).

raped and I'm the one that's raping. The two are connected.²⁹ So I have to go through both of them.

J: For what purpose?

A: To join them, to connect them. To make them into the one that they are.

J: Is that worth doing?

(Silence)

J: Is that worth doing?

In spite of the transpersonal insight, Anna still experienced resistance on the ego level and tried to avoid the ordeal:

A: Yes! (gets up) It's time to go home now.

J: (firmly) Lie down.

A: (breathing fast, panicky) I don't want anyone to go inside me.

The therapist continued to keep her focussed on the rape experience as Trishia, to let herself see and feel, and to breathe through the memory of the trauma. As she struggled through this experience of violation he reminded her that she was doing something very important to free herself, and that by feeling it this time, she would never have to come back to it again.

Towards the end of the regression, as Anna expressed Trishia's sense of brokenness and wish to die, she was suddenly confronted with the polar opposite within her own psyche. She regressed to P/L 114 as Desiré, a brutal rapist who enjoyed the sense of power it gave him to inflict pain:

A: (gasping) I'm inflicting this pain on the other person. Oh, I'm going into something else! (gasping) I can see myself. Oh, my head! (sobbing)

J: Look at it! Let yourself see! Don't resist! Let yourself see ... yourself.

A: I can see myself being violent ... doing violent things.

J: Who is this self that is doing violent things? ...

A: There are so many lifetimes ... and there's one ... Desiré ... His name is Desiré (gasping) And he was raping.

J: Let's meet him.

A: (speaking, gasping, with difficulty) He's violent and he likes to hurt.

The therapist prevented her from once more splitting off the violent part by emphasizing her identification with the past-life personality of Desiré with the personal pronoun "I":

J: (prompting) I like to hurt.

A: I like to hurt.

J: Tell us about Desiré.

A: I like to rape and go inside (breathing fast, panicking) He's ... strong, ... lot's of power ... strong ... I like to hurt. ...

J: (prompting) 'I enjoy hurting'.

A: I (gasping) enjoy it .. and watching it, and hurting ... and not being under ... and fighting ... and hurting! (crying) I like it! I like hurting! (gasping) Desiré

29. "There seems to exist a state of high biological and emotional arousal in which all the extreme affective qualities converge and attain metaphysical dimensions. When two or more individuals reach this universal 'melting pot' of passions and instincts, they get imprinted on the situation that caused them, irrespective of the role which they played. In situations of extreme experiential intensity, the sadistic arousal of the torturer and the inhuman pain of the victim increasingly resemble each other, and the rage of the murder merges at a certain point with the anguish and suffering of the dying victim. It seems that it is this emotional fusion that is instrumental in karmic imprinting, rather than a specific role in the experiential sequence" (Grof, 1988, pp.85-86).

... likes ... to hurt ... people!

The therapist kept her focussed on owning her lust for power and violence:

J: Stay looking. Don't block anything.

A: (panicking) I didn't know there was Desiré inside me. Desiré is there. Likes to hurt, likes to see people ... (gasping) ... rapes people.

J: Desiré seems to be really desperate.

A: Desiré is Simon as well ...

The therapist guided her to see the underlying dynamics:

J: Why is he so desperate? Why is he so driven?

A: (shouts) His own ... his own hurting inside!

J: Who hurt Desiré?

A: (gasping) Darmaté! Darmaté killed my child!

She identified Darmaté as the therapist and said that Desiré wanted to kill Darmaté for having killed his child.

A: I feel so violent! I'm scared of this!

In this regression Anna was finally facing the non-duality of the archetypal opposites within herself. In Desiré she simultaneously identified with the victim and the violator, and recognized the perpetuation of suffering brought about by inflicting one's own pain, grief and lack of love on others. The therapist now drew on the work that had been done in units 9.3.2 and 9.3.3 and reminded the subject of the healing power of forgiveness. When he encouraged her to connect with the highest power of love known to her, it evoked a dramatic inner shift from identification with Desiré's rage (Theme 2) to the transcending mind-state of Dombashaba, and she once more achieved the perspective of non-attachment to the complex she had experienced in unit 9.3.1.

(d) The spiritual healing of Dombashaba

When the therapist reminded Anna of the power of love and forgiveness, she had a sense of healing energy coursing through her body and began to chant:

A: It's quite strong! It feels as if my inside is being rearranged (cry of pain).

She now entered into the transpersonal space of healing she first accessed via the NDE in P/L 81 (see 7.2.2).

A: There's so much light! Too bright!

She once more related an encounter with the Great Spirit and reconnected with the transpersonal insight she gained on 27.2.D when as Daryn (P/L 99) she learnt that nothing could be so broken and fragmented that the Great Spirit could not heal it (see 9.3.1). To the spiritual realm of Dombashaba and its healing energy of compassion and forgiveness, she now took the broken and sullied figures of her victims and violators, as well as the victims and violators within herself, to be made whole, and to be integrated within herself.

A: I'm saying goodbye to Simon ... I'm holding him like this ...

J: That's beautiful.

A: ... and all that Simon was, and all the violence. I'm holding Simon, and Darmaté, and Desiré, and all the others in my life-forms that I have met. I'm thanking them for living and surviving and being who they are for they

taught me.³⁰ And in holding them I am saying 'I forgive you', 'I forgive you Simon', and as I do that I become Trishia, I become Anna and I take that hurting part of Simon and all the others inside me, where I will heal them with the Great Spirit. This is the Great Spirit speaking, giving me that courage to take in, to forgive, and the love needed to enfold Simon. And to forgive and to love and to grow and to be one and to be complete. (deep sigh)

The impact of this profound session was reflected by Anna's comment in her diary:

I went into my own darkness and cruelty and sexuality. It was working with my inner sadomasochism and enjoyment of inflicting pain on others, on raping and murdering. It was an awful experience. I never knew I had that in my shadow. Such sadism, such cruelty and such an abuse of power. I am ashamed ...

Conclusion:

The material in this unit seemed to contribute to the therapeutic process by facilitating an apparent integration of the archetypal opposites of victim and violator in Process 1. The sadomasochistic dimension of Theme 2 (Rage) which emerged in Year D and presented itself in dream material finally brought the subject to accept her own inner darkness. In P/L 114 she faced the non-duality of the archetypal opposites within herself by simultaneously identifying with the victim and the violator in the past-life personality of Desiré. This insight was reinforced by the perspective of non-attachment to the complex she gained by once more accessing the transpersonal mind-state of Dombashaba. The emotional capacity to forgive herself and others, which were first accessed in units 9.3.2 and 9.3.3 seemed to combine with the subjective sense of spiritual healing in the realm of Dombashaba to facilitate an acceptance and integration of her own violence and darkness into the self-concept, and to express empathy and forgiveness towards her violators.

9.3.5 VEIA

Theme: Liberation of repressed sexuality
Unit of analysis: Three past-life regressions; dream material
Time frame: 2.4.D - 21.12.D
Chronological situation: This unit of analysis overlaps in time with units 9.3.3 (KEAAT), 9.3.4 (DESIRÉ) and 9.3.6 (KEI)
Focal therapeutic thrust: Process 1
Process:

This unit of analysis addresses the impact which the apparent integration of the archetypal opposites of violence (see unit 9.3.4) in Process 1 and the upsurge of sexual energy which followed in its wake had on the subject's frozen sexuality. It

30. "Eventually in the transformative process the patient begins to differentiate between his personal self and his soul self ... who continues from lifetime to lifetime on the journey of the soul ... Regression work helps one to the stance of soul self and observe the personal self in all its difficulties without judgement. It is the witness point ... raised to a transpersonal level" (Lucas, 1993a, p.129).

illustrates the way in which the dismantling of the subject's script beliefs Sex is dangerous, Sex is degrading, Sex is an invasion, and her script decision I must avoid sex was reflected by three past-life regressions, the content of dream material and her existential reality.

Thematic presentation

As an adult survivor of physical and sexual child abuse Anna's sexuality had for 29 years been trapped in the interlocking constellation of complexes and network of rigid script beliefs and script decisions with which she had learnt to protect herself. After the apparent integration of the archetypal opposites of violation in Process 1 (see 9.3.4), a shift was observed on this existential level of the karmic complex. The liberation of the subject's frozen sexuality will now be illustrated by discussing

- the subject's existential situation preceding the integration
- the upsurge of primal sexual energy after the integration
- the unfolding of sexuality in her life.

(a) The subject's existential situation preceding the integration

At the end of the Biographical Phase, despite 19 months of intensive psychotherapy, no shift had occurred in the subject's deeply ingrained script beliefs about sexuality, namely Sex is dangerous (Theme 1: Fear), Sex is an invasion and Sex is degrading (Theme 7: Disgust), nor in her sense of inadequacy as a woman (Theme 6: Failure). Despite fantasies about the therapist, she still feared sexual intimacy and had no sexual contact with anyone.

After another year the same situation prevailed. On 14.1.D she wrote in her diary about her fear of being raped:

Today I thought about rape ... The violence. The sexual pain and humiliation. A penis forcing itself between a woman's legs! ... Rape. It really disturbs me. It shakes me and I feel such horror. I fear it.

On 20.2.D she once more expressed a sense of disgust about the sexual act, as well as despair at her own inability to open to that:

I don't feel completely right in being a woman ... I'm still a virgin and I'm 29 ... (crying) and there's something wrong with me ... I'm seeing men, but sexually ... I'm just totally, totally repressed. I just don't even feel ... anything. I can't imagine having a sexual relationship with anyone ... I'm stuck here ... I mean, I'm battling with something that is so basic to human existence.

The repression of her sexuality had also been reflected by her dreams. During the first two-and-a-half years of therapy sexuality had been completely absent from the content of her dreams, and the experience of sexual arousal as an existential possibility only made its first appearance in Dream 37 (10.7.C).³¹ In this dream she responded sexually to the therapist's touch but felt

31. According to the Daseinsanalytic approach to dream interpretation of Medard Boss, a phenomenological explication of the dream content and mood reflect (i) a clear, unequivocal understanding of the dreamer's existential condition and world-attunement, (ii) evidence of the dreamer's denied existential possibilities, and (iii) evidence of progress in therapy, as reflected by changes in the content and mood of dreams over time (Boss, 1957, 1977).

overwhelmed and guilty. This dream mirrored her existential situation in that her sexual feelings and fantasies remained encapsulated in the transference and did not extend to her real-life relationships with men.

Four more dreams documented during Year C reflected a gradual opening up to sexuality:

- In Dream 44 (19.9.C) she was buying men's underwear
- In Dream 53 (19.12.C) she saw man sleeping in her bed and became sexually aroused when she put on sexy underwear
- In Dream 54 (20.12.C) she saw her friend strip naked on the beach and noticed the pubic hair over her genital area
- In Dream 56 (24.12.C) she was lying in bed, masturbating, and feeling very alone.

Although these dreams indicated Anna's growing awareness of her own sexual needs and her sadness at not having these needs met, the complex remained intact. Dream 57 (8.1.D) introduced the first dream-image of sexual pleasure, but was immediately followed by a vivid representation of the script beliefs imprinted on the area of sexuality: I am a helpless victim of abusive power, Sex is an invasion and Sex is to be feared:

... She (Mrs Smith) made love to me. I passively let her and felt good. She gave me sexual pleasure and I felt contained and warm with her. ... Then I was naked and being raped by a woman with a huge dildo on her hips. I felt helpless. The pain was enormous. She was pushing the dildo into my small vagina. It was a horrible scene. My body was torn. I was violated and helpless.

In the content of past-life regressions a new dimension of sexuality finally made its appearance in Year D. The area of sexuality in Anna's past-life regressions had resembled a karmic torture chamber for more than three years. P/L 103 (2.4.D), for the first time, involved a non-violent sexual experience. In this regression she was a priestess, involved in tantric sexual practices, and she identified the therapist as her tantric partner. The occurrence of P/L 103 indicated therapeutic progress in that it manifested the first shift away from conceptualizing sexuality as being exclusively an area of violation and victimization. In the terminology of the Daseinsanalytic approach of Boss it could be concluded that Anna's existence had opened up to a new behaviour possibility and potential experience, but this did not yet reflect a liberation of her sexuality. The sexual activity was still not part of a normal sexual relationship, but "sacred and transformative", and the sexual partner not a potential lover in the outside world, but - similar to her fantasies in normal mind-states - the therapist.

On 23.4.D her fear of intercourse was still prominent:

I still feel that physiologically I just won't be big enough to take a penis in me,

and on 27.4.D her fantasy of being sexually initiated by the therapist was still of a tantric ethereal nature:

I realize that you acknowledge within me the sacredness that I hold over sexuality, and sexual intercourse particularly. And, for me, my fear is that most of the men or the male image has been given to me as pretty dominating. It's not fusion, it's like going into the woman ... I want to use the words of unite and fusion, rather than screwing or fucking. That, to me, I hate ...

In contrast to these fears and sentiments, the apparent integration of the archetypal opposites of violence on 7.5.D and the upsurge of sexual energy which was observed shortly afterwards seemed to be followed by significant changes in Anna's subjective experience.

(b) The upsurge of sexual energy

Shortly after the Desiré-regression (see 9.3.4) Anna manifested a change in her ideation about her own sexuality. The first indication of a shift in her network of script beliefs followed five days after the regression. On 12.5.D she related Dream 67, which indicated that her sense of sexual inadequacy (Theme 6: Failure) had diminished:

I looked into my own vagina as if I was a doctor examining myself. I looked right inside and saw that it was "big enough" for any size penis. I was relieved and pleased. Sexual coitus would not be painful.

The pent-up sexual and aggressive energy which seemed to have been liberated by the acceptance and integration of her own violence and sadomasochistic tendencies, surged to the surface. On 22.5.D she wrote in her diary:

... I have a dark sensuality. One that wants to be raped, sodomized, brutalized, humiliated and degraded. Fucked and fucked again. I want this ... A desire to feel the animal instincts. We are human, half-divine, half-animal. In my darker sexuality I am the animal. The wild, fucking penetrating animal ... I am a dark virgin with a need to also hurt sexually - to fuck him too, to degrade him, push him into humiliating sexual acts ... This is my darker dominating power lusting sexuality.

Her sexual fantasies were still focussed on the therapist, but were now of a primitive and sadomasochistic nature. These fantasies acted as a vehicle to work through and integrate the aggressive dimension of her sexuality, in order to reach an equilibrium:

I want his torture and inner brutality and darkness ... I want it all ... I am an angel and I am whore. I am virgin and I am consuming witch. I am lover and I am "eater".

On 26.5.D she commented on the major shift she had experienced within herself since 7.5.D:

This has ... stirred up things inside of me quite deeply. I know that I'm getting more and more into my shadow in terms of my dreaming.

She now had erotic fantasies of being raped by him, and to be physically dominated and hurt in a sexual way:

A: It would be everything. It would be not just oral sex, it would be rape, it would be sodomy, it would be a kind of sadistic, masochistic type of thing - being tied up, being whipped, assed. Begging, you know, begging kind of thing ... (sighs) Just a kind of sexuality that I don't want to actually claim, at one level ... I like you to see the divine part, when I'm intuitive ... when I'm talking about love and wanting a relationship with you built within a committed long-term relationship. But to me, at the moment, that's all goody-goody ... My darkness is with me, and I'm feeling frustrated because I want to go into it, and yet I feel that it's not moral to actually say these things and to feel them, and to be in it ... I'm becoming very sexual and I'm planning this seduction of someone ... It's almost like I'm wanting to act out or externalize this sexual darkness ... I'm doing things I never ordinarily do. ... Like being purposely seductive to someone. And I know that I'm turning that person on. I'm teasing. (little laugh) And I'm feeling that I'm enjoying it. I'm feeling quite naughty about it.

J: Enjoying your power?

A: Ja.

This phase of the therapeutic process constituted an inner process of regaining the sense of feminine empowerment which she had lost as the result of her childhood abuse, and which she previously tried to substitute by the strategy of rigid emotional control (Theme 13). Anna admitted that in her previous relationships with men she had been in control by refusing to have sex, and manifested another link between sex and aggression in Theme 2 (Rage):

A: At one level, I'm not wanting that control. It's like in being seductive, I also want to be seduced. And it's not just candle-light and roses. It's something that has an immense amount of aggression and anger ... ja. Nothing that is normal in the sense of romantic connections ... I'm confused that my sexuality is taking this turning, that it's changing so much. But at the same time I don't feel guilty about it. I actually don't! There's a part of me that enjoys that ... It's like I'm connecting with a whore-ness inside me. But it's not that, it's more like a very adventurous, assertive part of my femininity. So I don't want to call it whore, because that is a traditional word that was given to women who were pretty assertive and knowing what they wanted.

Anna had experienced a transmodulation in the area of her sexuality, but the therapist pointed out the need to achieve a healthy equilibrium:

J: Along with the dark underpinnings and fantasies that is there, there's a very wholesome, energetic, playful robust quality to it ... I'm really enjoying the freedom with which you're talking ... And another part of my response to you is ... I really care about you not getting hurt, and I really care about you separating out the crazy stuff from the really good energy, because it's all very mixed up at the moment.

Dream 70 (21.5.D), which occurred in the midst of this phase, indicated that on a subconscious level Anna experienced a great deal of anxiety about this new dimension of her sexuality which had emerged. In the dream she was menstruating, and the blood flow was out of control.

Blood was dripping rapidly from between my legs onto the floor. I felt helpless, and my mother couldn't do anything. I tried to wash myself, but it was hopeless. The blood continued to flow so much that I could not wipe it away fast enough.

The therapist's validating and non-judgemental response to the reckless dimension of her psyche contributed to the integration process. Although Anna expressed relief that the therapist could accept the new part of her and not reject her, her comments also reflected a shift in her locus of evaluation and a greater acceptance of her authentic self:

A: Talking to you, and actually saying it, it's enjoyable. I'm able to say it, and I don't feel too bad about it. And I'm okay if you change your mind about me, if you don't think I'm that good girl any more.

These statements reflected her self-acceptance, as well as the dismantling of the network of script decisions with which she for 29 years attempted to find approval and acceptance, in order to avoid abuse or abandonment.

Although the theme of sexual violation did not disappear from the content of her past-life regressions (see 9.3.6), the upsurge and integration of primal sexual energy brought about a significant achievement in the resolution of Process 1. On 28.5.D, for the first time ever, she had

a regression which involved erotic fun and heterosexual enjoyment. In P/L 116 she was Veia, a woman who had many lovers and no fear of sex. Her friend Shana had taught her what to do and they used to play sexual games with men:

- A: (laughs) We used to have a game to see which of us would get the biggest inside of us, for the longest time (laughs) And we would do things to the men.
- J: You used to enjoy doing things with men? What sort of things with men did you like doing?
- A: I'm shy to talk about this.
- J: You a bit shy, Veia?
- J: Looks like you've got a lot of fun from having men inside you?
- A: (self-conscious laugh) Yes. (silence, then laughs again) I'm getting a bit shy.
- J: About all these naughty memories?
- A: Hmm (laughs aloud).

Veia's combination of promiscuous gaiety and feminine bashfulness was in contrast with both the frozen sexuality of the victim (which characterized Anna's experience for 29 years) and the sadomasochistic aggression of the violator (which recently erupted), and indicated that the psyche was approaching an equilibrium in the area of sexuality. The very fact that her psyche allowed a sexual "story" which was neither abusive nor tantric, indicated a significant shift. Her sexuality was no longer trapped in the torture chamber, nor the tantric temple.

The next section will illustrate how the dismantling of the script beliefs about sexuality resulted in a shift on the existential level of Anna's experience.

(c) The unfolding of sexuality in her current life

During the next few months Anna's awakening sexuality explored various avenues to express itself, including a potential lesbian relationship and her (previously more or less platonic) relationship with Pierre, before culminating in an experience of authentic sexual liberation which finally eliminated her self-defeating script beliefs related to sexuality. The discussion will first focus on the temporary manifestation of a lesbian tendency, which emerged at this time.

In Chapter 3 it was documented that the psychological effects of child sexual abuse included role confusion due to the blurring of role boundaries, bewilderment concerning social relations and a tendency to confuse emotional closeness with sex (see 3.6). On the existential level of the complex, it can be observed that Anna's manifestation of these response patterns were not only clearly evident in the sexualization of the transference, but also in some of her close relationships with female friends.

On 27.9.C she had admitted to the therapist that she was feeling sexually attracted to a female friend, Dawn:

- A: She's always in the habit of holding my hand when we're walking, or putting her arm around me, and I'm drawn to that, because I'm also like that ... But just recently we've been talking a lot about our sexual experiences and my feeling is I would like to have a sexual experience with her I find I'm excited by that thought. But I'm not going to say anything ... perhaps through fear of rejection and abandonment, or misunderstanding like ... I

don't classify myself as homosexual.

Anna now responded in the same way to the emotional closeness and nurturance she received from an artist friend, Iza. After visiting Iza on 3.6.D, while in need of emotional support, she wrote in her diary:

We held and shared and she took care of me. I felt anxious at times, to receive so much unconditional care from a human ... I felt I really loved this woman, that I could easily fall in love with all our aspects of our special bonds. I felt I could actually make love to her. I felt excited - not sexually, but emotionally. ... I felt totally unionized with her. ...

Comments in her diary clearly reflected the deep yearning for a symbiotic bonding that was underlying her tendency to confuse emotional closeness with sex. On 3.8.D she wrote:

I felt a need so strong to connect - in a real and deep way. I wanted us, our two spirits, to unite, and to fly away ... We are so drawn to each other. It is mystery manifest. It is divine. It is karmic. It is love. We are so bonded. A bond that will never be destroyed. We are together. We are a part of each other. ... One day we shall be together. I know it. I want it. Even if it becomes sexual, I want that also, if it is the way we need to be with each other, then we shall be. I really feel completely whole with her.

Three months later Dream 110 (1.11.D) suggested that Anna had reached clarity on her sexual orientation and moved away from the potential lesbian relationship. In the dream she was with a friend:

We had made love before. I was in her room and we were aroused again. I began to caress and touch her. I slowly felt my sexual energy increasing, but felt that this was not right for me. I left and went to my own room. I felt both relieved and frustrated. My arousal disappeared.

Another opportunity to explore her sexuality presented itself when Pierre on 10.6.D asked her to marry him. Although she felt platonic towards him, her need of a relationship combined with her lingering sense of sexual inadequacy to motivate an acceptance. She told the therapist:

I don't love him with passion. I'm not sexually attracted to him, ... But in terms of sexuality I feel quite good about that, because we would be exploring our sexuality together. He is also a virgin.

The script belief I am inadequate (Theme 6: Failure) was still evident:

At least he's not a man who has been to bed with many women and keeps comparing me (11.6.D).

Although the relationship was of short duration, Anna's sexual experience with Pierre constituted an empowering event by laying aside her fear of penetration. On 29.8.D she commented in her diary:

I needed this sexual experience. I needed to feel a penis inside me ... The sexual experience was a positive experience for me. I am normal. My vagina can accommodate a penis. I have no need to fear penetration as a painful act.

In P/L 119 (20.8.D) Anna regressed to her third past-life experience of non-traumatic sexuality. In this regression, which she experienced during a meditation session at home and recorded in her diary, she manifested an inner sense of feminine empowerment:

Jim and Pierre and I were all lovers, all sexual with each other. They were jealous

and possessive of me, competing sexually for me. They were homosexual lovers, but they fell in love with me. I loved them both. We all fucked like rabbits, separately. I fucked them both separately, yet they both knew they shared my bed. They were both insanely jealous and stopped being lovers ... They were possessive of me, each wanting me, trying to capture me, but I was not be captured or tamed or conditioned. I was too wild and free and lusty and a woman with a lion heart.

Her empowerment could also be observed in Dream 90 (6.9.D):

My body was comfortably lodged up in a tree with a huge branch between my legs. I rubbed myself against this tree and felt the sexual sensation ... My father was a tsar - I think Peter, and my name was Catherine ... Then someone reported my activities to my father, who insisted in punishing me. The court guards pulled me down onto the stone floor, and insisted that my clitoris be cut open. I laughed at their efforts and went to my father to tell him to stop all this nonsense. There was nothing wrong with being sexual. A woman was a woman through her sexuality. This was good and healthy. They all stood back and I went on my way. I had an enjoyable sense of power and achievement ...

The final celebration of Anna's liberated sexuality occurred a month later when she had sexual intercourse with a businessman she had met six months before, Gable. A subconscious awareness of sexual attraction between them had already been reflected by two dreams, documented earlier in Year D, although at that stage there was no physical or verbal contact on the existential level.

Dream 65 (14.4.D): ... I walked out and met Gable. We were touching each other sexually. He kissed me very passionately and it felt good. I wanted more and looked for him. I could not find him. I felt anxious and wondered why he had kissed me like that.

Dream 73 (28.5.D): I was lying down with Gable. He was simply holding me.

In her diary Anna described her initial anxiety about making love to Gable:

For a while I felt tense. How can that go into me? (4.10.D).

She described how Gable gently and unhurriedly aroused her, with caressing words of tenderness and pleasure, and how, when he eventually penetrated her, she could feel herself enter completely into the whole experience:

I felt transformed and safe ... I felt so pleased ... I was experiencing love-making that dreams and fantasies are made of (4.10.D).

She referred to a book on sex she had seen:

I couldn't bear to look at the erotic sexual positions because I thought I would never experience such passion. Now I have (4.10.D).

In therapy she later told the therapist:

I really felt that I had lost my virginity with Gable, and not with Pierre. Because with Pierre it wasn't pleasant at all, you know. I was disappointed. I thought 'Boy, is that what it's all about!', you know. 'I'm not in for this!' (23.11.D).

In contrast to the way she used to block off sexual feelings during the rape-experiences in past-life regressions, she now was able to feel sexual pleasure. Referring back to the therapeutic work to release the dissociative script decision I will be strong and not feel the pain (Theme 13: Rigid Emotional Control) in Year C (see 9.2.1; 9.2.6), she told the therapist on 14.10.D:

When you were working with my legs ... there was a point where I realized that I wasn't actually feeling, that I had deadened off something ... And yet making love with Gable there was lots of feeling there! ... It was great! There was no kind of numbing or dissociating while he was inside me, or feeling inhibited in moving my pelvis around.

A suggestion that sexual healing was penetrating the deep unconscious levels of the karmic complex was provided by Dream 102 (19.10.D), which was Anna's first dream of erotic pleasure.

I went to see Gable at his shop. There were people about, so it was only later that we could be alone. We hugged. This became a desperate holding until I wrapped my legs around his body and we both felt sexual. Soon my panty was off and I was lying on top of him with his penis inside me. I sat upright, looked at his penis, and thrust it in and out of my body. I was in control, leading. I was having incredible pleasure and felt all of his penis. It was highly erotic.

At the end of the Transpersonal Phase a significant shift in Anna's attitude towards her own sexuality was reflected by a comment in her diary on 21.12.D:

I feel all woman. All sexual. All beautiful. My body is amazing in its make-up and sexual response ... I am very secure now in my sexual identity and my sexual desires/needs. My sexuality has again transformed, changed and grown a new dimension of acceptance and pleasure, of self-love and self-knowledge. I 'feel' so much more confident. I 'feel' my womanness and I 'feel' my sexuality.

Conclusion:

The material in this unit of analysis presented an overview of the apparent impact which the integration of the archetypal opposites of violence in Process 1 had on the subject's sexual functioning. It suggested that the subject's acceptance and integration of her own violence, including the sadomasochistic dimension of her sexuality - and the non-judgemental attitude of the therapist - made a significant contribution to the process of dismantling the self-defeating script beliefs and script-decisions underlying her frozen sexuality and liberating her to function normally as a woman.

The last unit of analysis of the therapeutic process in the Transpersonal Phase will address an unresolved aspect of Process 2.

9.3.6 KEI

Theme: Abandonment

Unit of analysis: Recurring past-life regression (P/L 120); past-life regression which accessed the archetypal aspect of the karmic complex (P/L 121).

Time frame: 23.9.D - 30.11.D

Chronological situation: This unit of analysis overlaps in time with unit 9.3.5 (VEIA)

Focal therapeutic thrust: Process 2

Process:

This unit of analysis addressed the pain and emptiness at the core of abandonment, which came sharply into focus after the habitual defensive constellation of victim/violator started to become dismantled with the integration of the archetypal opposites. The recurring past-life regression facilitated the abreaction

of intense infantile rage (Theme 2), grief (Theme 3) and suicidal despair (Theme 9: Emotional Deadness B) related to the emotional deprivation in Anna's biographical history. This seemed instrumental in enabling Anna to take responsibility for her own life³² and in facing the ugly, selfish part of her present-life personality. This unit of analysis was also significant in terms of the transpersonal insights which were gained during non-ordinary states of consciousness, which shifted Anna's identification with both the suffering of the victim and the rage of the violator from an egoic level to that of archetypal universalistic dimensions. Another intense archetypal experience of evil energy brought Anna to the realization that her own egoic rage was potentiated by an archetypal energy force which inserted itself into human consciousness and perpetuated the cycle of violence. In the area of victimization her level of identification was also lifted from an egoic identification with her biographical suffering as well as an egoic identification with the suffering of individual past-life personalities, to an archetypal level, on which her consciousness embraced the suffering of all victims. These transpersonal insights facilitated an expanded capacity to disidentify with the trauma of abandonment on an egoic level and, in addition to the spiritual healing of Dombashaba, seemed to empower Anna with greater resources to deal with unresolved components of the complex.

Thematic presentation

After the apparent integration of the archetypal opposites of victim and violator in the Desiré-regression (see 9.3.4) improvement was observed in the process of sexual healing (see 9.3.5), but past-life regressions involving sexual violation continued.

During the same session in which Anna regressed to P/L 116 as the promiscuous and sexually liberated Veia (28.5.D), she also experienced the incestuous violation of Lilyanna by her father (P/L 115) and the sexual trauma of the innocent and uninformed child-bride, Rey (P/L 117). On 23.9.D, when therapy was resumed after the therapist's absence of 3 months, the same theme was played out again in the history of the orphaned, kidnapped and sexually abused child, Kei (P/L 120). A fourth regression, P/L 121 (29.10.D), involved the gang-rape of an adult woman, Shoshanna.

This unit of analysis will first psychodynamically situate the Kei-regression in the unfolding of the total therapeutic process and discuss the ways in which it contributed to healing on the biographical, existential (transference) and past-life levels of the karmic complex.

Secondly, it will illustrate how accessing and addressing the split-off part of the karmic complex, embodied in the Kei-regression, finally facilitated access to the archetypal universal level of the complex, in which Anna (temporarily) transcended both her egoic identification with her biographical traumas and her egoic identification with individual past-life personalities.

(a) The Kei-regression (P/L 120)

The Kei-regression, P/L 120, first emerged on 23.9.D and over the next seven weeks (23.9.D - 12.11.D) featured in another nine therapy sessions. In three of these sessions Anna entered a

32. "Experiential techniques should cultivate independence and personal responsibility for one's own process, rather than dependency of any kind" (Grof, 1985, p.349).

non-ordinary mind-state with the purpose of working through Kei's emotions and in another six sessions the thematic content of P/L 120 formed part of the discussion. Details of the regression unfolded gradually over several sessions.

In P/L 120, which dated back 9000 years, Anna was an orphan who had lost her mother after birth and was brought up by a strict foster mother, Jocelyn. They lived on the banks of what is now known as the Zambezi river, but at the age of five she was kidnapped by strangers and taken away into slave labour. From the age of seven Kei was sexually abused by her caretaker, Obosh (whom she identified as the therapist), and at age 14 she had his child. She hated him for his cruelty and wanted to cut off his genitals and kill him, but she also cared for him because he would sometimes be kind. She could not bear the abandonment constituted by his inconsistent attitude and eventually committed suicide by starving herself and wilfully ceasing to breathe.

This regression not only constituted a puzzling continuation of the theme of sexual violence, but in terms of its thematic content also resonated with several of the themes identified in P/L 5 (see 8.2.1) which had emerged early in the therapeutic process (19.7.B). Similar to P/L 5, this regression also thematically reflected numerous features of the subject's biographical history. The symbolic resonance among features of the biographical history and the two regressions is illustrated in Table 10:

TABLE 10

Symbolic resonance among features of Anna's biographical history, P/L 5 (19.7.B) and P/L 120 (23.9.D)

Features of Anna's biographical history (see 5.3.3)	Features of P/L 5	Features of P/L 120
<ul style="list-style-type: none"> • A child, in a vulnerable position to the abusive authority and superior physical power of her mother. 	<ul style="list-style-type: none"> • A child, in a vulnerable position to the abusive authority and superior physical power of priests in the context of a religious ritual. 	<ul style="list-style-type: none"> • A child, in a vulnerable position to the abusive authority and superior physical power of others who kidnapped and abused her, and forced her into slave labour.
<ul style="list-style-type: none"> • Feeling abandoned by her mother at birth. 		<ul style="list-style-type: none"> • The loss of her mother at birth.
<ul style="list-style-type: none"> • Being emotionally abandoned by her mother when she started school. 	<ul style="list-style-type: none"> • Being abandoned by her mother by handing her over to the head-priest. 	<ul style="list-style-type: none"> • The loss of her foster-mother at age five, when she was taken into slavery.
<ul style="list-style-type: none"> • She was forcefully tied down by her mother on several occasions, due to her superior physical power. 	<ul style="list-style-type: none"> • She was tied down, blindfolded and gagged, thus rendered totally helpless against the agents of violence. 	<ul style="list-style-type: none"> • She was kidnapped and taken into slavery against her will, due to the superior power of her oppressors.

Features of Anna's biographical history (see 5.3.3)	Features of P/L 5	Features of P/L 120
<ul style="list-style-type: none"> • Her trust in parental love and protection was betrayed when her mother physically and sexually abused her. 	<ul style="list-style-type: none"> • Her trust in parental love and protection was betrayed when her mother handed her over to be raped, tortured and killed. 	<ul style="list-style-type: none"> • Her trust in the care-giving of Obosh was betrayed when he sexually abused her.
<ul style="list-style-type: none"> • She at times hated her mother and wanted to cut out her heart. 		<ul style="list-style-type: none"> • She at times hated Obosh and wanted to cut off his genitals and kill him.
<ul style="list-style-type: none"> • She wanted her mother's love. 		<ul style="list-style-type: none"> • She wanted Obosh to care for her.
<ul style="list-style-type: none"> • Her relationship with her mother involved the components of abuse, attention (affection) and abandonment. 	<ul style="list-style-type: none"> • Her experience of being "chosen" (loved, valued, special) led to physical suffering, emotional abandonment and death. 	<ul style="list-style-type: none"> • Her relationship with Obosh involved the components of abuse, attention (affection) and abandonment.
<ul style="list-style-type: none"> • Sexual arousal by her mother was accompanied by physical abuse. 	<ul style="list-style-type: none"> • Sexual arousal was followed by sexual violence (rape) and suffering. 	<ul style="list-style-type: none"> • Sexual arousal was followed by sexual violence.
<ul style="list-style-type: none"> • Her father did not pay attention to the signs of physical abuse and did not provide her with protection or support. 	<ul style="list-style-type: none"> • No-one came to her rescue. 	<ul style="list-style-type: none"> • No-one came to her rescue
<ul style="list-style-type: none"> • Her mother abandoned her after the abuse stopped. 	<ul style="list-style-type: none"> • Her mother abandoned her after the ritual. • The head-priest abandoned her. • The people of the village abandoned her. 	<ul style="list-style-type: none"> • She was separated from her own people. • She was emotionally abandoned by Obosh.
<ul style="list-style-type: none"> • She on several occasions wanted to give up and die. 		<ul style="list-style-type: none"> • She committed suicide.

This section will first consider the different theoretical explications which could account for the emergence of the same themes in P/L 120. Secondly, it will psychodynamically situate the regression in the unfolding of the total therapeutic process and motivate the conclusion that the Kei-regression embodied a split-off part of the karmic complex. Thirdly, it will illustrate the contribution of P/L 120 to accessing two important components of healing on the existential level, i.e. taking responsibility for her own life and facing/owning the ugly, selfish part of her present-life personality.

(i) Theoretical interpretations of P/L 120

Four different explanations were considered for the re-emergence of the theme of sexual violence and the repetition of the same themes which had been present in P/L 5, after 26 months of intensive psychotherapy.

- **A rehearsal of the complex**

In terms of Woolger's theory the breaking of the karmic complex is achieved by bringing the archetypal opposites in the psyche to consciousness, reaching a witness point outside the pattern, and integrating the material. The fact that P/L 120 once more reflected the same traumatic themes that had been dealt with over 3½ years of intensive psychotherapy raised serious doubt about the validity of Woolger's theory and seemed to indicate that there had been no real shift in the constellation of complexes. Woolger (1990) observed that with some clients therapy becomes an endless wallowing in pain and misery, without any therapeutic progress taking place, and that the past-life regressions for them merely constitute a rehearsal of neuroses and complexes. Nevertheless, indications that Anna had by now accepted and integrated her own inner violence and gained normal sexual functioning as an adult woman seemed to reflect therapeutic progress.

- **The immensity of the task**

A second explanation is offered by the broad transpersonal perspective of Dass (1989) on the process of psychological/spiritual healing and purification, and the "kind of naive expectation" that this process could be completed in a limited amount of time:

When the Buddha described how long humanity had been on the journey, as he spoke of reincarnation he talked of a mountain six miles wide, six miles high, six miles long. Every hundred years a bird would fly with a silk scarf in its beak and run it over the mountain once. The length of time it takes the scarf to wear away the mountain is the length of time you have been on the path. If you apply that to this life, you begin to see that it is less than a blink of the eye, each birth being a moment, much like still-frame photography (Dass, 1989, p.176).

Dass points out that with this kind of time perspective, one realizes the immensity of the spiritual journey and strives to "break the ropes", without turning it into an achievement course. He links the progress in psychotherapy to the transpersonal concept of karma:

You get to the point where you see that you can proceed on the spiritual path only so fast, because of your own karmic limitations ... One of our expectations was that the spiritual path would get us healthy psychologically. I was trained as a psychologist. I was in analysis for many years. I taught Freudian theory. I was a therapist. I took psychedelic drugs for six years intensively. I have a guru. I have meditated since 1970 regularly. I have taught Yoga and studied Sufism, plus many kinds of Buddhism. In all that time I have not gotten rid of one neuroses - not one. The only thing that has changed is that, whereas previously my neuroses were huge monsters, now they are like these little shmoos ... To me the product of the spiritual path is that I now have another contextual framework that makes me much less identified with my known neurosis (Dass, 1989, pp.183-184).

In terms of this perspective, it can be concluded that although Anna had worked through what appears to be a considerable amount of material in therapy, it was - in cosmic terms - only a

fraction of what had to be done. If, according to Dass, the psychological and spiritual healing which took place only constituted a small step in the process, it is to be expected that more traumatic and/or negative material would emerge to the surface.

- **A transmodulation to the complex**

An alternative explanation is presented by Grof's concept of a transmodulation occurring from one dominant COEX-system to another (see 2.3.7). According to Grof changes in the governing influence of dynamic COEX-systems can occur as a result of various biochemical and physiological processes or due to external influences of a psychological or physical nature. Such a change or transmodulation to a positive dynamic system does not necessarily indicate that all unconscious material underlying a particular negative COEX has been worked through. The implication is that the emergence of sexual liberation, as manifested in Veia (see 9.3.5) constituted a positive transmodulation, but that not all the unconscious material underlying the constellation of complexes had been worked through.

The concept of transmodulation would be a plausible explanation if P/L 120 had been thematically centred around violence. In that case it could be argued that the regression constituted a negative transmodulation, back to unresolved material in Process 1. The data did not support this. It is observed that the main focus of P/L 120 was the trauma of abandonment, and that, alongside the positive transmodulation to "Veia", Anna's vulnerability to separation, loss and abandonment consistently remained evident.

For example, on 9.6.D she commented in her diary on her despair at the prospect of parting from friends:

They're not leaving me because I am a terrible person. I know this. I am worthy of their care and commitment. But they leave to find a career. They leave. I am separated from my loved and close friends ...I have had so much separation.

Parallel to the manifestation of sexual healing, she was dreading her separation from the therapist, who was soon to depart for three months:

Jim is leaving. If I say it enough I may find that I can connect with the feeling. I feel quite repressed. Not in touch with the pain that I know is there because of his leaving. Maybe I have separated from loved ones so much that I have "frozen" the feelings of sadness, alonesss and rejection.

On 14.6.D she verbalized her infantile terror at the prospect of losing his care:

I had experienced your care and your commitment to so much that I was going through, and I experienced that as a loving. And then there was a time when I just felt that you had stopped, and that was the most devastating thing in my life ... There was a terror, an infantile terror. You no longer loved me.

Because of the prevailing prominence of the theme of abandonment, it was concluded that the Kei-regression was not merely indicative of a transmodulation in the dominant COEX-system, but related to an unresolved component of the complex.

- **A split in the healing process**

An overview of the therapeutic process shows that the theme of sexual violence emerged repeatedly during the Transpersonal Phase. One feature of this recurring pattern was that each new series of regressions reflected a deepening of the therapeutic process related to one or more of the themes in the constellation of complexes, such as Fear (Theme 1) or Disgust (Theme 7). Another feature was the apparent link between a sense of abandonment on the part of the subject and the emergence of sexual violence in her past-life regressions. This was the case in unit 9.3.3, when the subject's obsessive preoccupation with perceived abandonment by the therapist was accompanied by a sudden return, after 3 months, to the theme of sexual violence in the past-life and somatic aspects of the complex as well as in dreams.

The hypothesis was reached that the emergence of this theme was not always addressing the trauma of sexual violation, but at times also constituted an attempt by the psyche to resolve the trauma of abandonment. The process diagram of the inter-relationship amongst the subject's traumas, emotional and cognitive responses, complex themes, script beliefs and script decisions clearly illustrated the interlocking nature of the constellation of complexes (see Figure 5, section 6.3.2). It was therefore logical - in terms of the definition of the complex - that the traumas of violence and abandonment were associated in the subject's psyche within the same dynamic constellations of psychic elements.

It was now observed that the focus in this recurring regression was consistently on the aspect of abandonment and not on that of abuse. The therapist's comment after the first emergence of Kei indicated that he, too, saw the theme of abandonment as the focal core of the regression, and not the issue of sexual violation. The session on 23.9.D was not taped, but in his notes he commented:

Dialogue - 9000-year old Kei. Abandoned, wants to die ... She's the one who doesn't eat, who holds her breath, who seeks touching through sex.

Kei did not commit suicide because of the sexual abuse, but because of the emotional abandonment she experienced.

In the light of these observations and the fact that Anna had by now gained normal sexual functioning, it was concluded that P/L 120 was not in the service of healing the trauma of sexual abuse, but pertained to an unresolved aspect of Process 2, and that it reflected a split in the healing process. The hypothesis that "Veia" was healed but that "Kei" was still struggling with the trauma of abandonment - was supported by the ambiguity in Dream 105 (24.10.D). In the dream she looked at her own naked mirror image while masturbating with a pair of stockings:

Then I noticed that my pubic hair was shaved off. I looked like a child. The mirror showed a sexually aroused adult/child.

This dream reflected a regressive element of her sexuality and indicated that, although part of her had become a woman, part of her was still a child.

(ii) **Situating P/L 120 in the total therapeutic process**

Having concluded that P/L 120 addressed the unresolved trauma of abandonment, the question remained as to which aspect of this theme had remained unresolved. The analysis of the past-life regressions (see Table 3, section 8.2) showed that 31 of the subject's 123 past-life regressions involved the trauma of separation, loss or abandonment, and it was established that the karmic scale of traumatization in this area included almost every level of close human relatedness:

- Maternal betrayal and abandonment
- Maternal death in childhood
- Enforced separation from mother in childhood
- Parental rejection in childhood, resulting in death
- Enforced separation from own people in childhood
- Death of ethnic village, including own family
- Death of husband
- Death of child
- Abandonment by friends
- Abandonment by lovers
- Emotional abandonment by sexually abusive husband
- Emotional abandonment by sexually abusive caretaker

These regressions facilitated the abreaction of a wide range of emotions, including fear (Theme 1), grief (Theme 2), hatred and rage (Theme 3), failure (Theme 6), betrayal (Theme 11), and suicidal despair (Theme 9: Emotional Deadness B). It was also observed that in the area of abandonment, too, there was evidence of archetypal opposites constellated within the same complex. For example, in P/L 93 Dimitri abandoned his friend to save his own life (see 9.2.8) and in P/L 102 Eme failed (abandoned) his people by going on a hunting expedition when he should have been there to protect them (see 9.3.2).

Although the constellation of archetypal opposites in Process 2 was much less prominent than in Process 1 and no integration had taken place, these regressions had made Anna aware of her own capacity to abandon. Despite all this therapeutic work, the trauma of abandonment remained unresolved.

It will now be argued that the unresolved status of Process 2, as reflected by P/L 120, can be attributed to a combination of the following features:

- an important step in the dismantling of the defensive structure which had been constellated in the victim/violator polarities
 - the psychological impact of early emotional deprivation
 - the fact that Anna's sexualization of the transference necessitated the discontinuation of remothering, with the result that the trauma of omission had not been corrected completely
 - the suppression of rage and despair (from an infantile developmental perspective) about emotional deprivation, for fear of abandonment.
- **An important step in the dismantling of the defensive structure**
- It was observed in section 8.2.2 that Anna's past-life regressions reflected two deeply entrenched response patterns to the trauma of abandonment. She avoided the emotional pain by either killing herself or resorting to murderous rage and/or violence.

In the course of the therapeutic process these defensive structures had been brought to consciousness. Anna gained insight that her experience of a karmic history of violence, which repeatedly flooded her consciousness with horror, originated in her murderous response to abandonment in P/L 35 (see 9.2.2). She was also made aware of the self-defeating nature of her suicidal response and the need to break that karmic pattern (see 9.2.7). The integration of the archetypal opposites in Process 1 contributed an important step in the process of dismantling the defensive structure which had been constellated in the victim/violator polarities (see 9.3.4).

- **The psychological impact of early emotional deprivation**

Having released the defensive structure constellated around violence, Anna was brought to confront the pain and emptiness which lay at the core of abandonment, and particularly the despair which resulted from the emotional deprivation she suffered early in her biographical history.

It was observed in the case history (see 5.4.1) that Anna failed to bond with her mother or internalize the experience of adequate mothering in terms of emotional nurturance. This deprivation was exacerbated by the emotional abandonment implicit in the physical and sexual abuse she experienced, and her mother's overt abandonment of her after the abuse stopped (see 5.3.3).

The fact that Anna in the Biographical Phase (10.5.B; 17.5.B) still became so regressed that she had a floppy neck and an infantile lack of strength clearly reflected pre-verbal traumatization. This suggested a developmental stagnation which typically interferes with separation-individuation to result in an intense vulnerability to abandonment (Mahler & Furer, 1968).

Grof (1988) refers to this emotional deprivation as a trauma of omission, as opposed to the trauma of commission constituted by an experience such as physical or sexual abuse, and Balint (1979) states that it is experienced by the client as a "basic fault" (see 3.6.2).

Whereas traumas of commission can be resolved by an abreaction of the emotional experience and gaining insight, Grof (1988), Balint (1979) and Winnicott (1986) agree that the trauma of omission can only be corrected by a process of remothering. According to them a client who suffered such a deficit in mothering at a crucial developmental stage needs to be allowed to regress to that stage and receive the therapeutic nurturance and support necessary to move beyond the point of stagnation in the development process.

- **The discontinuation of remothering**

The above-mentioned technique was part of the therapeutic approach during the Biographical Phase. It became clear that Anna had withdrawn her attachment behaviour from the relationship with her mother to re-direct her stagnated symbiotic needs onto the therapist (see 9.2.5) and he initially incorporated nurturance and remothering in his therapeutic interventions.

This approach became inappropriate when the subject experienced an emergence of

sexual energy which also became focussed on the therapist, and the therapeutic intervention of nurturing contact was discontinued.

The therapeutic progress clearly indicated that the trauma of omission had to a large degree been corrected in terms of Anna's ability to trust, to express her authentic emotions and to dismantle her defensive structure of rigid emotional control. She also on several occasions verbalized the fact that the therapeutic relationship had enabled her to internalize the experience of emotional warmth, caring and affection. On 5.8.C she told the therapist that loving him and being able to love without the fear of being abused was a beginning of the manifestation of spirit within herself, and towards the end of Year D she said:

It was a good part of my growing, was in loving you.

Her comments on 5.8.C showed the first stirrings of an emotional capacity to move beyond the corrective therapeutic relationship to a spiritual resource within herself, but also reflected her fearful attachment:

A: I still have those love feelings, I have those sexual feelings for you. It's still there, but there's something more now that's happening, it's not only you ... It's ... to you, and yet ...

J: Something else is calling your heart?

A: Ja ... I don't know how to say it ... a kind of universal calling, a return, to come home, that kind of thing ...

J: The heart is being called to come home to itself in some way?

A: Hmm. More than ever before ... And there's a soreness in it too ... I told you that I loved you two years ago and it's changed in many ways. I've been able to let you go, really let you go, then I've collected you again. Kind of 'No, I want that'. And I've brought you back inside me ... It's like an unhealthy thing. It's unhealthy to love like that. I know that I need to channel that love into a relationship. I know that ... But there's something bigger than all this, something more profound, and I can't even begin to explain ... Something that is love, or just anything ... that I know, yet nothing. It's a nothingness again.

J: If you can not be scared of the nothingness, I believe it can be a place of great power from where you can draw into yourself what you need.

A: Yes, I know it too.

J: And an affirmation from that place has much more power than an affirmation just from here, from a smaller place.

In the two weeks following the integration of the archetypal opposites (see 9.3.4), this dimension was again observed. On 18.5.D Anna wrote in her diary:

It suddenly seems that something is about to become complete ... As if a child has left childhood and will become the adult ... In my dreams I toss and turn and feel a strangeness there, as if a stranger has walked into my inner room ...

Two days later she added the following comment:

There is a shelter within me that I am returning to. I am building up. I am making it stronger so that in its "covering" and protecting function, I can heal - become the worm and then be the butterfly of freedom, health, flying, movement, fragility, agility (of thought, perception) ... It is safe inside. It is warm and enfolding and pleasantly closed and tucked up and snug - as a child in a warm bed on a winter's night.

Nevertheless, alongside this gradually emerging resource of strength, Anna's symbiotic needs

of the therapist remained firmly intact. In two past-life regressions in Year C they had been vividly portrayed. On 25.4.C, within the context of profound emotional anguish because the therapist did not love her, she had two past-life regressions in which the (symbiotic) bond between a mother and child was severed. In P/L 46 she was a mother who grieved for the death of her child and in P/L 47 a woman in childbirth, who grieved the loss of the union with the baby as it left her body. In both cases she identified the child as the therapist. The same emotional need and dependence was also underlying her continuous perception of being abandoned by the therapist (see 9.3.3).

- **The suppression of rage and despair (from an infantile perspective) about emotional deprivation, for fear of abandonment**

In the discussion of the exacerbating effect of early emotional deprivation on the impact of child abuse (see 3.6.2) it was pointed out that those who suffer from the trauma of omission, or what Balint (1979) calls a basic fault, did not master the task of separation-individuation and have an immense fear of abandonment. They do not respond to experiences of perceived abandonment with sadness and anger, but with despair and rage (Briere, 1992).

Furthermore, regression therapists claim that in order to reconnect and heal the wounded inner child, adult survivors need to regress and re-experience the blocked emotions as they first occurred (Bradshaw, 1990):

Material thus trapped in the unconscious portion of the mind is harmful ... because the more primitive component of the mind lacks needed capabilities for working through this material and placing it in context. It is as if the person facing this material is perpetually limited to confronting it as a powerless, very young child with no consciousness that good events also occur, that he or she is not bad or to blame for what has occurred, or that the trauma will come to an end (Shapiro & Dominiak, 1992, p.61).

If the clinical data is reviewed in terms of these theoretical arguments, it is observed that Anna did experience infantile rage (wanting to cut out her mother's heart) and despair (wanting to die) in response to her mother's abandonment of her in childhood. Secondly, it is seen that, although from an adult perspective she had often responded with rage to past-life experiences of abandonment, this was not the case from the perspective of a child.

The analysis of the past-life regressions (see Table 3, section 8.2) show that Anna experienced 41 of the 123 regressions from the developmental and emotional perspective of a child. Among the 41 childhood regressions ten involved the trauma of separation, loss or abandonment. The following list reflects her emotional response to these past-life experiences:

- P/L 5 (19.7.B) : Fear, betrayal, helplessness, abandonment
- P/L 8 (30.8.B) : Terror, anger, abandonment
- P/L 12 (13.9.B) : Terror, betrayal, abandonment
- P/L 32 (28.3.C) : Abandonment, suicidal despair
- P/L 44 (22.4.C) : Fear, disgust
- P/L 66 (30.9.C) : Grief
- P/L 69 (11.10.C) : Fear, grief, rejection, betrayal
- P/L 106 (16.4.D) : Fear, grief

- P/L 115 (28.5.D) : Disgust
- P/L 120 (23.9.D) : Rage, grief, suicidal despair

This summary reflects that, before the emergence of Kei, Anna had on seven occasions responded with grief (Theme 3), which once amounted to suicidal despair (Theme 9), seven times with fear (Theme 1), three times with a sense of betrayal (Theme 11), twice with a sense of failure/unworthiness (Theme 6), and only once with anger (Theme 2).

Although Anna had once accessed her rage at her biographical mother for having abandoned her - in the aftermath of Helené's suicide in P/L 78 (see 9.2.7) - this aspect of Theme 2 (Rage) from an infantile developmental perspective, had been largely absent from the therapeutic process.

It can be hypothesized that this was due to the way in which Anna's attachment needs had become projected onto the therapist, and her script belief If I express my anger, I will be abandoned.

In terms of these observations it was hypothesized that the emergence of P/L 120 can be attributed to the fact that the process of dismantling her habitual defense system (constellated around violence) confronted her with the emotional "vacuum" (Grof, 1988) which resulted from early deprivation, and which had not been completely corrected in the therapeutic relationship.

The next part of the discussion will focus on the way in which the therapist worked with P/L 120 in order to guide Anna to draw on her own inner and spiritual resources, instead of remaining stuck in the rage and despair evoked by the limitations of the therapeutic relationship.

(iii) Addressing the rage

When therapy was resumed after the therapist's absence of three months, there was an understanding that Anna would terminate within the next few months. He had in the interim been introduced to therapeutic work with the inner child (i.e. encouraging clients to use the nurturing part within themselves to nurture the part that needs it) and now deliberately tried to reduce the amount of regression work.

When Anna regressed to Kei for the first time, he attempted to work with her on a rational-emotive level (similar to the approach used in working with P/L 77, 78 and 79 in unit 9.2.5) instead of offering reassurance or remothering. He tried to dialogue with Kei and encouraged her to find nurturance from other people too, not just from him, but she responded with furious resistance. In a letter the next day, Anna expressed intense rage and accused him of retraumatizing her by not providing a nurturing touch during the regression:

You are cruel and withholding. You have wounded my small inner child again. You did this when you withheld your nurturing touch. My little girl wanted to be held and taken care of. I was in a deep regressive state and I desperately wanted you take hold of me, heal me, touch me as that small child. You withheld. You withheld. And in your withholding another piece of me broke up. I am so broken inside. The small inner child feels abandoned again.

She bitterly reproached him:

Why did you hold my little girl in the first place? To then no longer take care of my needs to be touched without pain. You are as my mother. You are withholding and you are cruel ... I was a broken child, simply wanting to be held and loved. I wanted you to show that love that you once showed. I wanted my inner child to be loved. Instead you withheld. You are so cruel ...

Dream 94 (25.9.D) provided additional support for the hypothesis that the concept of sexual violation in Anna's dreams and past-life regressions was not only linked to sexual traumatization, but also related to her sense of emotional abandonment. In the dream the therapist was raping her:

His whole hand was inside my vagina. His hand, that had always been a symbol of gentleness to me, had become an instrument of violence.

On 12.10.D, when working again with Kei, the therapist discouraged Anna from entering a fully embodied regression, but instead used a light hypnotic induction to relax her and suggested that she visualize Kei's life as if she was watching a movie screen. He explored the reason why the cluster of traumas represented by Kei had become split off in the healing process:

J: Kei, I need to ask you something. Can you just draw back from this memory a bit. Can I speak to you?

A: Yes.

J: How much of Anna's life can you remember? Have you been hiding away in the shadows, have you been watching everything that Anna's been experiencing?

A: No, I haven't been watching everything.

J: So a lot of things that Anna's experienced you haven't really seen?

A: No.

J: I wonder if you know that other parts of Anna have also had these experiences. Did you know that?

A: No.

J: Hmm, or didn't you see that?

A: When it happened it felt like it was familiar.

J: Kei, other parts of Anna have told me of similar things, of times they've been raped and assaulted. Were you hidden away when Anna and I worked with those things or did you watch, hmm? Tell me, you can tell me.

A: No.

J: No, what? Were you too scared to watch?

A: Part of me wasn't there.

J: Part of you wasn't there. I just want to tell you that Anna and I worked with this kind of sexual assault and sexual brutality a lot already and she and I work with you now. Anna knows all about these things and so do I.

In terms of the classic metaphor of peeling an onion, it is suggested that the therapeutic process progressively accessed deeper and deeper levels of the complex until it reached the core. Anna's response now indicated that the rage, at the heart of the complex, had been reached, and confirmed the earlier hypothesis for the cause of the split in the healing process:

A: But I'm angry.

J: Yes, I know you're angry.

A: And Anna was always scared and she always just felt the pain and was just afraid, and she was sad and I am angry.

J: So you didn't feel you had a place in Anna's life?

A: Not then.

J: No. So it's time that Anna hears about your anger, isn't it?

A: It's also connected with you.

She told him that she recognised him as Obosh, the man who had abused and hurt her, but had also taken care of her, and then walked away.

A: The worst was when I was little and he hurt me then ... when he'd still care for me and he would still feed me and I would still be needing him.

The therapist tried to link the theme to the biographical level of the karmic complex:

J: Yes, we'll talk about the things that link up with me, and you reenacted a lot of this with Anna and her mother in this life-time too, didn't you?

but Anna's response once more reflected the intensity with which she had re-directed her attachment behaviour from her mother to the therapeutic relationship. Her infantile rage was not aimed at the mother who had abused and abandoned her, but focused on the transference. She catharted fury at Obosh and expressed murderous rage at the therapist:

Some of the spirit of Obosh is in you and I just might feel that I want to kill you!

(iv) Fluctuating perspective

Throughout the period covered by this unit of analysis Anna fluctuated between an egoic identification with Kei's infantile emotions and the expanded consciousness that was being introduced by the archetypal level of the complex. (This development is discussed later in the present unit of analysis.)

On 26.10.D she was able to maintain a rational perspective as they discussed her intense rage after the first Kei-regression on 23.9.D, when the therapist did not hold her. She told him that she no longer experienced him as gentle and caring, but rather as cold and rigid, and related Dream 108 (25.10.D):

A: In this dream I picked up a photograph of you and I didn't recognise you, although someone next to me said 'Oh, that's a photograph of Jim'. I thought, but that's not what he looks like. He's changed. He looks very cold and rigid and inflexible. Basically the softness and gentleness isn't there, you know. So I just remember putting the photograph down, just being surprised ... and then I did pick it up again ... and then, just remembered the word 'transformation' and something about a circle ... You were very unfriendly, inflexible. And that's how I experienced you in that first regression to Kei.

The therapist responded by saying that perhaps the healing was in the encounter, in the way she was experiencing him then. He referred to an Indian chant that is translated as 'I am a circle, I'm healing you'.

J: You're a circle, you're healing me. And part of what that means is that in relationship, by just what I happen to be in this moment - whatever it is - I challenge you or activate you - and that is part of your healing, and the other way round ... We heal each other through that process of encounter in each moment. I wondered, when you told me the dream, whether there is something about me being cold right now, and you experiencing me as that, which is part of that circle of transformation. That's to say, if you actually experienced me as unreservedly safe and warm and loving and

caring and giving, that maybe you couldn't go through what you're about to go through.

- A: And that I need a part of you to be cold. Ja. (sound of agreement). Hmm.
 J: I don't understand how it links to everything else, but partly in meeting me as Obosh, meeting me as abusive, meeting me as withdrawn and cold, partly that seems to stop the process, or put the process in question, but partly that is the process.

Anna acknowledged that truth of what he said, but a week later the infantile rage returned.

(v) Taking responsibility for her own life

Kei's anger emerged again on 5.11.D and she regressed once more to the experience of being raped by Obosh, expressing her anger and pain with agonizing screams and tears. After the rape she was crying alone at the river:

- A: He's left me there ...

The therapist tried to guide her to find nurturance within herself, but Anna was stuck in the archetype of abandonment and wanted to be rescued:

- A: I'm alone (crying) ... I just want to be held ... (plaintively) Just be gentle with me ...

Encouragement to connect with her Higher Self and the healing energies that would help her to transcend the pain, triggered stubborn resistance and a re-emergence of her old karmic response to abandonment, the script decision I would rather die than suffer the pain of separation, loss or abandonment:

- J: (gently) And will you look at yourself, lying there by the river ...
 A: (crying) I just want to die .. Kei wanted to die ...
 J: (gently) Kei wanted to die, yes. Can you bring Anna to ..
 A: (interrupting plaintively) I don't want to feel this any more. It's too much for me (crying)
 J: I want Anna to go and stand beside Kei. Can you do that?
 A: (refusing point-blank) No. No, I won't!

She wanted the therapist to hold and nurture her, and connected with the same anger she expressed in the letter on 24.9.D at being called upon to resort to inner or transpersonal resources of healing. The therapist challenged that:

- J: Say that: I won't. I, Anna will not!
 A: (tries to give excuse) Kei doesn't want anyone there.
 J: (prompts) I, Anna, am going to leave Kei there all alone.
 A: No. I won't!
 J: (prompts) I, Anna, won't ... Finish the sentence.
 A: (plaintively) There's too much pain here.
 J: (prompts) I, Anna, can't face going to be with Kei by the river, because there's so much pain. Is that what it is?
 A: (bluntly) Shut up! Shut up!

The therapist's patient and gentle encouragement that she should reclaim the wounded but precious part of herself eventually, after a long period of resistance, brought about a shift:

- A: (sobbing) I just want to pick up that child and I want to hold her and I want to clean her up and I want to heal her. And I want to tell her that it's alright. That she won't be hurt like that again. (sobbing) It's so small! I'm holding

her (crying) and I just want to be dead for her.

J: You know just what she needs.

A: (between sobs) She ... just ... needs ... love. And she's ... just ... a little girl ... It's like I want to heal all the children. All my hurting as a child .. I want to heal that little child (crying bitterly).

In letting go of her rage, she connected with the Great Spirit, experienced a powerful upsurge of kundalini energy, and finally took the archetype of the broken child to the transpersonal realm of healing:

A: The Spirit is going inside and it is drawing into itself my own woundedness and my own brokenness as Kei, and as Anna as a little girl (foreign words) ... to enfold ...
I'm holding Kei in ... fields of energy which is healing ... going through my body now
(overcome with awe) This's just like being in the presence of complete love and wholeness (gasping) ...

Anna had a profound sense of spiritual healing:

A: I'm being healed, Jim! The great spirits are here. This whole room is full of them ... It's so beautiful! (sobbing deeply)

J: (gently) Let it flow freely to every corner of your being.

A: I just see myself holding Kei ... and loving her and just telling her she won't have that again (crying) and all the children, all the other children that have been hurt like that ...

J: (whispers) Bring them all here.

A: I bring them into the love and light of the spirit. That the Great Spirit, the Holy Spirit (sobbing) would heal them (foreign words) It's going to my heart ...

Anna chanted in foreign sounds, saying:

A: It's just a worshipping, an honouring, a celebration, of the healing of Kei.

(vi) Facing the ugly, selfish side of her present-life personality

In the unfolding of Process 1 Anna had gradually been confronted with the dark side of her own psyche as it manifested itself in past-life regressions and dreams. After the initial period of denial she had accepted it and eventually reached the point of integrating this into her self-concept. Nevertheless, the horrible, violent and selfish behaviour remained one step removed from Anna's egoic self-concept, in that it belonged to past-life personalities or characters in her dreams. In the aftermath of the Kei-regression another important therapeutic milestone was reached in that she finally faced and acknowledged the ugly, horrible and selfish side of her current present-life self, Anna.³³

33. Woolger (1990) pointed out that by becoming "another person" in a past-life regression, the psyche is freed by the magical 'as if' to produce stories that do not threaten the living ego, which is invited to sit back and watch the living drama, as it were: "A part of the psyche seems to understand and be comforted by the realization that these terrible or fearful happenings are both me and not me. The psyche, then, is able to accept both its own duality and its own multiplicity through this process. It is a less threatening and indirect way of coming to accept the most difficult parts of ourselves. The obverse of the displacement of our psychological problems onto a past-life is the process of reintegrating the past-life story back into this life" (Woolger, 1990, p.313).

On 30.11.D she was enraged with the therapist for not scheduling a double session so that they could do regression work, and frustrated with her own inability to express it:

J: Why do you have to be so nice? Why can't you show me your rage? Why do you have to apologize for your rage in therapy?

A: (losing control) Because I'm such an ugly shit when I'm angry! It's like a selfishness. Like I don't actually care how you feel! And that scares me. Because it is important to me to be aware of ... you know, to be sensitive to the other person. So when I'm angry I actually don't give a shit about what you feel. And I might hurt. I don't want to hurt.

The therapist encouraged her to face this behaviour as reflecting a part of herself:

J: And that is part of you, the part that can hurt. The part of you that doesn't give a shit.

A: ... (crying) I'm unreasonable when I'm angry. I don't think of anyone else but myself ... When I feel it, it scares me!

The therapist kept her focussed on owning that part:

J: Like you're scared of how selfish you are and how ugly you are, and how you might hurt people without even noticing?

A: I'm a real shit when I'm angry, you know. I'm a horrible person. I feel horrible! Even now, I just feel horrible. I feel like ...

By his non-judgemental acceptance, the therapist guided her towards self-acceptance:

J: I want to make a space where you can be as horrible as you are. That horrible part of you, just as horrible as it is.

A: It's really horrible, you know. It's worse than anything.

The therapist addressed her urgent demand for a regression session in order to express the anger:

J: Is it more important for you to have a regression-type situation where the anger comes out maybe in a past-life scene or maybe in something like that and is expressed in some cathartic thing, or is it actually important for you to be angry, this horrid person, with me, now, in the room?

When she responded that she needed to go into some "imagery place" where she could scream out her anger, or cry, he confronted her with the possibility that this was a way of avoiding the ugly part of herself:

J: But you've spoken about how you actually don't want to see this part of you that's so ugly and ... So, sort of, when you lie down you can let it come out, but it's sort of more of a ritual way, it's not really you ...

Anna denied it:

A: No, no, not really. That's not how I work. I don't split it off in that way ...

but shortly afterwards she admitted it:

A: I don't want to show you my horrible part. I don't want to come in here and lie down and start screaming. I mean, what would you think! My God! You know ...

J: Well, what will I think?

A: Nice people don't get angry! You see ... 'Oh, she's going into one of those stages again', or 'She's having another phase', or 'Ag, it will be over soon, I'll just let her scream'. I don't know what you'll think, Jim, and that's what keeps me back from actually getting angry!

This session not only brought Anna face-to-face with the shadow-side of her egoic self-concept, but also allowed access to the lingering script belief If I show anger, I will be abandoned, which

seems to have been an important contributing factor in the split which occurred in the healing process.

Despite Anna's claim of healing in the last regression to Kei, the therapist felt that these issues were not resolved, and it will be seen in Chapter 10 that the issues of rage and despair came up again in the last few months of therapy and was dealt with in the Termination Phase (14.1.E - 3.6.E).

(b) Accessing the archetypal aspect of the karmic complex

Throughout the unfolding of the therapeutic process it was observed how Anna progressively accessed more and more dimensions of rage. From the rigid suppression of anger in childhood, which was illustrated by the content of Poem 11:

I've kept my mouth shut, my feelings tied.
Now I am like an animal,
Behind hideous bars of self-control
Trapped and ensnared, ugly and scarred,

she had gradually accessed, owned and catharted rage on a biographical, perinatal and transpersonal level. By finally reaching the core of infantile rage via the Kei-regression, Anna was now able to move onto yet another level, i.e. the archetypal-universal dimension of the complex.

This section will first illustrate how the catharsis of Anna's egoic rage, which had been invested in both the past-life aspect (P/L 120) and the existential (transference) aspect of the karmic complex, facilitated an expansion of consciousness which enabled her to embrace cosmic insight into the archetypal, universalistic dimension of rage.³⁴ Secondly, it will illustrate how the expansion of consciousness she was now experiencing enabled her to reach a non-identification with the egoic complex, and a transcendent sense of contributing to the healing of the planet.

(i) An archetypal experience of evil energy

On 12.10.D, during one of Anna's regression to Kei, she accessed intense fury at Obosh and expressed murderous rage at the therapist:

Some of the spirit of Obosh is in you and I just might feel that I want to kill you!

In the midst of this catharsis Anna suddenly gasped in terror at the emergence of a powerful negative energy:

A: It feels like (gasping) something is coming into me ... ancient ... (gasping).
Its a very negative energy force ...

After several minutes of intense inner battle, during which the therapist assisted her with

34. "Experiential therapies bring overwhelming evidence that childhood traumas do not represent the primary pathogenic causes but create conditions for the manifestation of energies and contents from deeper levels of the psyche. The typical symptoms of emotional disorders have a complex multilevel and multidimensional dynamic structure. The biographical layers represent only one component of this complex network; important roots of the problems involved can almost always be found on the perinatal and transpersonal levels" (Grof, 1985, p.155).

protective affirmations and reminders to stay connected with the power of the Great Spirit and the Light of Dombashaba, the energy receded. This time Anna did not experience the archetypal energy as something separate, but identified with it as related to the karmic rage of Kei. From the perspective of her Higher Self Anna expressed determination to resist the negative force within her own psyche, and to break the hold of rage (Theme 2) in her psyche:

A: Let's surround this whole place with light and protection so that this does not come back and it does not enter me when I've become Kei, because as Kei was going into me this other force came in between. And that mustn't happen, because if it does I won't break this pattern and I'll carry it into the next incarnation.

In a state of expanded consciousness, Anna expressed insight into the nature of the evil presence. She identified this as an archetypal energy force which inserted itself into human consciousness to perpetuate the cycle of violence from one generation to the next (see 3.5). She said that it was the same energy that Kei had brought in and spread. Speaking from a transpersonal mind-state, she identified it as the vibration of fear and anger, hatred and vengeance, unforgiveness, blind brutality and violence, and connected it with the cycle of violence that is perpetuated by the adult survivors of child abuse:

That's what starts the wars, one person against another, but it begins when they are born, it starts when they are children, the anger is there as children and they only have the power to express it when they're adults, so it comes out mature then

...

Anna now acknowledged the negative energy as related to her personal fear and hatred, rather than the ecological energy she had encountered before (see 9.3.3), and channelled the transpersonal message that the psyche can protect itself from being contaminated by this energy by breaking negative karmic patterns:³⁵

My sense was, just working first of all through the karmic patterns, you know. Angry patterns ... like there I was breaking, so I know that when my spirit goes into my next conscious level or state of consciousness or other being, that I shouldn't be carrying this anger that was there for Anna ...

From this transpersonal perspective she expressed the insight that what was at stake was not merely the healing of the physical, sexual and emotional traumas she suffered in her biographical childhood as Anna or the psychic scars of her karmic history, but a spiritual purification which would contribute to the healing of the planet. The implication was that she needed to clear the imprints of millennia of victimization to cultivate the capacity for forgiveness, transcend the abyss of hatred to gain true compassion, and to let go of her deeply entrenched anger to make space for love. If she could conquer her compulsive participation in the relentless karmic cycle of violence and destruction by bringing the wisdom of the Great Spirit and the Light of Dombashaba

35. Seen from the transpersonal perspective, the destructive energy which lies at the core of the global crisis is constituted by the collective consciousness of millions of individual psyches who harbour hatred and hostility and act with aggressive control, the abuse of power and the perpetration of violence (Zukav, 1990).

into the realm of her egoic reality - the raising of her own consciousness, as holograph of the planetary consciousness, would contribute to the healing of all beings by reverberating throughout the cosmos.

(ii) Identifying with the woundedness of the planet

This transpersonal perspective was carried forward to find expression on 29.10.D, when Anna's experience of P/L 121 as Shoshanna reflected a vastly expanded and universalistic consciousness.

During the Year D, as therapy progressed, some of the material which emerged during her non-ordinary states of consciousness seemed to reach beyond the boundaries of individual past-life memories to tap into collective or archetypal areas (see 7.2.1 a.1.iii). On 29.10.D this was again the case when she regressed to P/L 121 as Shoshanna, who was the victim of a gang-rape.

On 29.10.D, after relating Dream 109 (28.10.D), in which she watched a huge granite mountain crumble and break apart until there remained only an open space in front of her, Anna initially spoke about her sense that the sexual violence she was dealing with in her personal life was related to a planetary and archetypal crisis:

A: What my images were, was that my body in itself was re-enacting the changing paradigms of thought as well as the changing structures of living, from matriarchal kind of reverence for death and life mysteries and themes of regeneration, as well as an understanding that women in their bodies dance with the images of planting and reaping, and then replanting ... the continuous cycle of life ... My body, at one level is connecting with that spirituality, that early androgynous thinking. And that is where I pick up the images of sexual union being the sacred temple-like rite of passage. ... On another level I feel that my tremendous sexual violence and rape of my body is a rape of the goddess, is a rape of the vagina, is a replacement of patriarchy, of penis, of masculine energies ... It's like my sexual violence, symbolically, is a wounding of my vagina ... And I feel that I'm carrying the symbol of the goddess, you know, the kind of reverence, and honouring of what is woman and women's bodies ... But also knowing that I carry almost like the archetype of brokenness, of broken sexuality ... So I'm feeling that I'm experiencing at one level a raping, that my vagina is wounded, but that I'm connecting with something that is bigger than what I am personally experiencing. But I know that I'm also connecting with a strong spiritual sexuality, transpersonal at one level.

J: So your personal history, in the experiencing of violence, recapitulates the cultural history of millennia, of that destruction of the goddess energy and the depreciating of the sacredness of the goddess and the loss of it?

A: Ja. And I think why I'm having these experiences is that, as a whole, we're moving to a different consciousness, to seeing energies as complementary, male and female energies, as working together. And I think the more I work through my own sexual violence, and my own sexual goodness or healthiness, I'm myself putting those two energies, the violent and the healing, together.

J: Hmm.

A: Because that's just my pathway at the moment. It's like the violence is part

of the healing, for me.

- J: The more you've confronted the violence, and owned its role in your psyche, both as victim and as abuser, it seems like you've freed your sexuality to blossom and return to that original goddess energy.

In the session Anna regressed to Past-life 121, in which she was Shoshanna, a young woman who got stuck while making her way through a dark forest. She was captured by a group of men who were marching through the forest, and gang-raped.

In this regression Anna did not identify with the egoic consciousness of the individual past-life personality, Shoshanna, but with the woundedness of the entire planet. Also, in continuation with her insight into the spiritual task to eliminate the negative archetypal energy force which inserted itself into human consciousness (see discussion in the previous section) she felt that by healing the woundedness within herself she was contributing to the healing of the planet.

During the regression Anna experienced a change in consciousness from identifying with Shoshanna to identifying with the animals, plants, waters and soil of the earth:

- A: It's like I became the rivers and the rocks and the flowers and the trees and the small animals that live in the forest and are hunted very year ... (breathing fast).
 J: Did you become that as Shoshanna? Shoshanna connected with all that, then?
 A: Yes. Like I became the soil. I felt like the soil.
 J: Tell me about the soil and how you felt like the soil.
 A: While my people are planting, I watch them digging into the ground ...
 J: Hmm. Keep breathing.
 A: I became like that ... like the men who were digging into me ...
 J: Keep breathing ... and the rivers ...
 A: and the trees, I felt like when they've broken the trees down, it felt like they were breaking me down. And when they skinned the animals on the river-bank, the blood that went into the rivers was like the blood within me that is spilt ... and the water does not stay clean, it becomes red with blood ...

Anna identified with the woundedness of the entire planet:

It feels like the whole earth is inside me, like this whole planet is inside me, and I'm taking it in ... The earth's pain is in my body ...

So much energy was flowing up her back that she needed to get up, gasping:

The earth will be healed .. (chanting) ... It feels like I'm giving birth to something.

She experienced physical sensations like contractions and needed to be in water. In the shower, with water pouring down on her, she gasped out her sense of giving birth:

- A: It feels like I'm giving birth to a new earth ...

Anna commented on this experience afterwards.

- A: I really felt I was moving between two worlds, my own personal stuff and then a planetary birthing, in the collective ...
 J: This is the first time that you've done that so clearly in relation to the violence and the rape, isn't it?
 A: Ja.
 J: This is what makes Shoshanna so different from the other rape victims that you've been. That she, somehow was carrying the goddess within her.
 A: Ja, she was carrying it (laughs). I needed to connect with her, and that energy that was her, and that was why I've had all these other sexual

violence in my past-life scenes for so long ... because at one level I can't just work it out on a personal thing, you know. It goes beyond that.

J: Like it's not particular past-life people who had been raped and have to clear the trauma?

A: Hmm. It's much more than that.

J: And it's not just the collectivity of women who have been violated, it's more than that?

A: No. It was planet.

She told him that the energy had a different quality to the kundalini she had experienced in the past. She had felt impregnated, in a way.

A: There was a sense that something was being planted. And that was when I felt that I was pregnant, and went into a kind of labour ... And I knew that I wasn't giving birth to a child ... And I felt really female then ... Not woman, female ...

She explained the difference. Female included everything that gave birth, including the planet and the earth.

A: The birth was ... giving birth to a new planet. It just felt like that. I know it sounds absolutely incredible, but I just had this image. (laughs) You know, these globes you get in a study ... it felt like that. Like this huge earth was coming out of me ...

J: And who was it, giving birth to the planet?

A: It was me, as woman, as female, as feminine. At that point it was complete energy and creative force.

J: So it's a feminine creative force, almost disembodied?

A: Yes.

J: Using your body to give birth to the planet?

A: Yes. I was Anna then ... I felt as if I was in my body. At the same time I felt that I was connecting with all women at a lower level, who had given birth, and have potential to give birth, and at a higher level all that the feminine principle has created or has made manifest ... It's awesome for me. I just feel in absolute awe of it. I feel my smallness ... and I feel very humble, and I feel nice that I'm woman, that I've experienced this, also that I've healed my personal sexual violence - in this life and in those images of past-lives. I just know that. When I was in the shower there was something that said 'It's over now'.

She felt that a karmic process had come to an end and that it related to the healing of the planet:

J: Is this a sense of you turning into something that's happening on a planetary level, or the planet actually processing itself through you, or how?

A: I think it's both ... I felt I was tuning in, and at the same time it was like all the earth's energies were going through me, and were going into me ... What I am, was healing the planet ... What I did ... in just kind of opening up to all those forces, experiencing every level of it, was healing the planet, changing consciousness ...

After this experience Anna stated that she had completed the theme of sexual violence, but she only had a sense of completing this archetypal task a week later, after once more, via Kei, identifying with all wounded and abused children:

As Shoshanna identified with all women that had been raped and the planet that had been raped, I feel that Kei is identifying with all these little children, little people, that had been raped. So, although Shoshanna depicted the woman that

was raped, Kei connected with the sexual, physical and emotional abuse of a child - and I think that is the most central point, at this point, for me. And that's what I connect with - this child, this angry, rebellious, hurting child, that's also this torn little girl.

Conclusion

In this unit of analysis another shift seems to have taken place in the therapeutic process. It seems that concomitant with accessing and working with the split-off part of rage (Theme 2) on the biographical, existential (transference) and past-life levels of the karmic complex, Anna for the first time was able to access the transcendent perspective of the archetypal, universalistic level.

The transpersonal experience of an archetypal energy force and the expanded insights which emerged during non-ordinary mind-states seemed to coincide with a shift from an egoic identification with her biographical traumas or an egoic identification with the traumas of individual past-life personalities to an archetypal universalistic dimension. This suggested progress in the process of dismantling her egoic identification with the biographical traumas underlying the constellation of complexes, and appeared to give Anna access to more spiritual resources of empowerment.

9.4 General conclusion

This chapter presented the psychological processes which unfolded during the Transpersonal Phase, during which the therapy material largely consisted of the transpersonal phenomena. These phenomena were subjectively experienced by Anna as past-life regressions; imagery cascades of past-life scenes with similar traumatic themes; after-death, interlife and intrauterine mindstates; terrifying archetypal experiences; encounters with spiritual beings and experiences of transpersonal (spiritual realms) of healing.

The main focus of the chapter has been to provide an accurate description of the unfolding of psychological processes within sessions. However, a second important aspect has been to show how a number of processes unfolded longitudinally across sessions.

It was repeatedly observed that the transpersonal material was thematically related to the subject's constellation of complexes.

It seems likely that working repeatedly with thematically similar past-life regressions enabled her to face and integrate the intensely painful emotions that were at the heart of the constellation of complexes. On several occasions changes in her perceptions or behaviour followed soon after particular events in therapy that seem related to them. In many of these cases it seems probable that these therapy events played a significant role in bringing about these changes.

Nevertheless, in a naturalistic case-study of this sort in which no experimental interventions were made (as happens in single case experimental designs) it is impossible to do more than hypothesize about the relationship between events in the therapy and therapeutic changes that were observed. A large number of factors, which are known to be therapeutic, played an important and continuing role in the therapy as a whole. These included the emotionally supportive relationship with the therapist, the safety and containment of the therapeutic setting, the validation of emotions, the deepening of insight and the catharsis of emotion, as well as the effects of positive experiences outside of therapy which would have been likely to increase her self-efficacy and have a generally positive impact on the underlying complexes.

The fact that a considerable degree of therapeutic progress was observed in the Transpersonal Phase does not, of course, mean that progress could not have been made if the therapy had continued to address the purely biographical domain.

The specific contribution that work in non-ordinary states of consciousness may make to healing in a case such as this, is discussed in Chapter Eleven.

CHAPTER TEN

"Like a thousand faultless white doves ..."¹

10.1 Introduction

This chapter documents observed changes in the subject's psychological functioning during the Termination Phase of the therapeutic process (14.1.E-3.6.E).

This is done by drawing some links between the script beliefs and script decisions identified during the Biographical Phase (see 6.3.2) and her psychological functioning at the end of the therapeutic process, as manifested by her existential situation, verbalized thoughts and feelings, and the content of dream material during the Termination Phase.

In continuation of the previous chapter, in which two major therapeutic processes were explored, i.e. script beliefs and script decisions related to the traumas of violation and abandonment respectively, the data in this chapter are also presented as they relate to Process 1 and Process 2.

This chapter is confined to a documentation of the observed changes and does not present any claims about the role of specific therapy factors in bringing about those changes. That will be discussed in the next chapter.

10.2 Psychological functioning related to Process 1

Following the apparent integration of the archetypal opposites of violence in Process 1 (see 9.3.4) a shift was observed in terms of the subject's frozen sexuality (see 9.3.5). She experienced an upsurge of sexual energy, explored different areas of her sexuality and had her first experiences of sexual intercourse in the last months of the Transpersonal Phase.

Nevertheless, there was still some evidence of the lingering presence of some of the script beliefs which had previously paralysed her sexuality for 29 years. For example, she justified her decision to marry Pierre, even though she was not sexually attracted to him, with a statement which reflected the script belief I am inadequate:

At least he is not a man who has been to bed with many women and keeps comparing me.

1. "I am a prisoner" (Poem 10) written by Anna at the age of 16 (see Appendix 3):
 Sweet God, give me wisdom, that strength
 To face the barred way of my life,
 Where each square of wire gives a sombre picture.
 Send me the key, the answer that would release me
 Like a thousand faultless white doves.

Her relief after her first experience of sexual intercourse also indicated that the script belief Sex is to be feared had still been present:

I needed this sexual experience. I needed to feel a penis inside me ... I am normal.
My vagina can accommodate a penis. I have no need to fear penetration as a painful act (29.8.D).

In spite of the brief sexual experiences with Pierre and Gable, her sexual fantasies also largely remained focussed on the therapist.

Dreams that were documented during the Termination Phase, which are now presented, seemed to indicate the gradual dismantling of these script beliefs and the eventual withdrawal of her sexual fantasies from the transference.

The release of the script belief I am inadequate (in terms of her sexuality) was reflected by two dreams which indicated a sense of empowerment.

In Dream 165 (16.4.E) a pregnant woman expressed concern that her vagina was too small to give birth to a fully developed baby and Anna offered to help her:

As I moved her legs apart, her vagina split open to release a whole lot of batteries ... She was unconcerned, and considered it as normal as giving birth to a baby, so I helped her give birth to batteries (power).

On 2.6.E, two days before terminating therapy, Anna recorded Dream 195 in her diary:

I felt extremely sexual. Then I noticed I had a penis. It was small, but when I masturbated it became large and erect. I was delighted to feel such sexuality in me.

Guilt feelings about sex, related to the script belief Sex is degrading, was observed in Dream 129 (27.12.D), but within the dream she manifested insight that these feelings were invalid. In the dream she was privately masturbating with a dildo, but was exposed by a woman who invaded her space. She was criticized and mocked and the dildo was confiscated:

The story spread and became distorted. People made out that I was a sexual pervert. I felt self-conscious, and yet I knew that I had done nothing wrong.

The script beliefs Sex is degrading and Sex is to be feared also seemed to be reflected by a series of dreams which centred around the image of spiders (or spider-like creatures). The context in which the image of a spider first appeared in Anna's dreams raised the hypothesis that this symbol, which appeared in eight dreams throughout the therapeutic process, related to Anna's deep unconscious attitude towards her own sexuality.

On 12.4.B, during a therapy session, Anna had manifested a phobic reaction to a spider. Directly after working with desensitization, she spoke about her love and sexual desire for the therapist, and her fear of being rejected by him. When the symbol appeared in Dream 18 (14.6.B), the therapeutic focus was on Anna's sense of having been abandoned by her father when she reached puberty. In this dream the therapist was bitten by a poisonous spider and became unconscious. The therapist interpreted the dream as Anna's anxiety that he, like her father, won't be able to handle her sexuality: "What can't I handle? Her sexuality? Like her father?" (Therapy notes, 14.6.B).

An analysis of the eight dreams is presented in Table 11:

TABLE 11

The spider image in dreams: related to sexuality

Date	Dream	Situation	Attitude towards spider	Ideational content
27.4.A	1	Looking over the edge into a pool, seeing orange creatures with six legs, hard shells and feelers, that moved like spiders; fear to fall in	Terror	Fear to confront and interact with it
14.6.B	18	A large orange spider turns into a centipede, bites and poisons Jim; he lies unconscious		The therapeutic relationship is endangered by it
15.10.C	48	Seeing a spider on the wall	Fear and revulsion	Awareness of its threatening presence
2.9.D	86	Pierre is torturing a spider, taking off its legs, crucifying it on table, wanting it to die slowly and then eat it. The spider resists.	Fear and hatred, as well as compassion for its suffering	Pierre is about to cruelly kill and devour it
8.9.D	93	Catching a horrible spider; trapping it in transparent plastic bag to prevent escape; having to carry it and eventually post it	Feeling repulsed	I have to imprison this and get rid of it
16.12.D	124	Being approached by a huge spider; battling to kill it; seeing it turn into a fat cat, then two cats; battling to get rid of them; eventually surrendering to their presence	Terror, revulsion, hatred; then resignation	I have to kill it; it's no use fighting - I have to surrender
18.1.E	135	A handsome stranger held up a plastic spider; offered it to her; she resisted; he dropped it into her lap; she threw it away	Fear, revulsion, dread	It's actually harmless, but I don't want it near me
22.1.E	136	She discovers a sleeping spider; wants it dead; sees it transformed into beautiful delicate doll-like girl who becomes a grown woman; they become friends, her fear disappears	Initial terror, then become friends as spider is transformed into friendly girl	I don't need to fear it any more; we are friends; I can identify with it

This series suggested that even after the healing and enjoyable sexual experience with Gable, Anna still at that stage, on a deep unconscious level, had a fear of sex. This impression was supported by Dream 103 (24.10.D), in which she found a snake in her vagina:

I was afraid it would bite me and that I would die a horrible, painful death ... Suddenly the snake became a huge python and I was "giving birth". ... The huge, ugly revolting python was born from my vagina. I was afraid that it would still bite me with its terrible fangs and that I would surely die of poison.

Within the context of the above-mentioned hypothesis, the analysis presented Table 11 suggests that the deep unconscious rejection of her own sexuality, related to Fear (Sex is to be feared) and disgust (Sex is degrading), had been transcended.

Dream 147 (21.2.E), which resembled the playful sense of erotic fun that was first encountered in P/L 116 (28.5.D) as Veia, confirmed that Anna no longer held the script belief Sex is an invasion. In the dream she was talking to a female friend about sex:

I asked her the size of the biggest penis she had allowed inside her body. She laughed gaily and indicated with her hands. We laughed and teased each other.

Two dreams indicated that the script beliefs Relationships are dangers and I am not worthy of being loved have made way for an openness to the potential joy of a romantic and sexual commitment. In Dream 175 (28.4.E) she had a diamond ring on her finger:

I put it into clear water and saw the diamond sparkle and shine like a thousand stars.

In Dream 176 (29.4.E) she looked at her engagement ring but realized that it was not the original one given to her by Pierre:

It had a new design. The diamonds were arranged in a curved line and were all beautiful. I put the ring on my right hand and felt legitimate in wearing all those precious diamonds. I felt special and lovely.

During the Termination Phase Anna had her third sexual experience (25.3.E). Her uninhibited sexual pleasure was not only expressed in her diary, but also reflected by several dreams. Dream 180 (4.5.E) indicated that the script belief To be loved is to be hurt was no longer impairing her sexuality:

I was lying on my back, naked, and Francois was over me. We started to touch each other and he developed a huge erection. Then I felt ready and guided his enormous penis into my body. It was pleasurable, I was not afraid and it was not uncomfortable or painful, despite the size. As it buried itself into my vagina, I felt deep pleasure and ecstasy.

This erotic dream was followed one week later by a significant dream which suggested that Anna may have resolved the sexualization of the transference and withdrawn her sexual fantasies from the therapist to invest her sexual energy in real-life situations. In Dream 183 (12.5.E) she washed the therapist's underpants and buried them in a huge sandpit before walking away.

Medard Boss (1957, 1977), in the Daseinsanalytic approach to dream interpretation, states that the dream offers a clear, unequivocal reflection of the dreamer's existential condition and world-attunement, and that dreams indicate when the dreamer's existence has opened up to a behaviour possibility of greater freedom and empowerment.

This insight is supported by comparing Anna's behaviour in Dream 115 (18.11.D), Dream 118 (9.12.D), and Dream 187 (23.5.E) to the passive helplessness which characterized her victim stance during the early past-life regressions involving physical and sexual violation. These dreams suggest that she no longer held the script belief I am a helpless victim of abusive power, but felt empowered to defend and protect herself. In Dream 115 (18.11.D) she pursued a kidnapper to rescue a little boy from being sexually abused and fought with determination to protect the child:

I felt desperate and trapped, but also felt my own power to fight, protect and be strong.

In Dream 118 (9.12.D) she was sexually harassed by a stranger. She did not passively allow this but resisted, expressed her anger and left.

In Dream 187 (23.5.E) she was kidnapped by two Arab-looking men who drove off with her in the back of their van. When one of them approached her sexually, she felt terrified and helpless: Suddenly I saw a latch on the door, threw it open and fell out onto the road. I ran away, terrified but free.

Similarly, two dreams of threatening situations which had positive outcomes, indicated that she was no longer overwhelmed by the script belief The world is not safe. In Dream 154 (31.3.E) she experienced a terrifying terrorist attack:

I felt terrified, and scared that I would die, but I did not. The next day the wall was made stronger and I felt a lot safer.

In Dream 179 (2.5.E) she was followed by a poisonous snake and ran to her father's car.

As I got in, it pushed itself against the car window ... and spat at my father's eyes. Luckily he had glasses on, and was not blinded. I watched the poison on his glasses drip down his face. He turned up the window and we were safe inside.

Before starting therapy Anna's relationship with her mother had been characterized by a repression of her authentic emotions (I have to accept abuse to receive love; If I show anger, I will be abandoned; If I express the intensity of my anger, I will destroy the caregiver) and a smouldering resentment (I want revenge; I will show her). As therapy progressed she gradually became more able to assert herself in relation to her mother and express her feelings. In section 9.2.6 it was mentioned how she wrote her mother an assertive letter about the latter's criticism of her views on spirituality. The release of the script decision I will not express anger was also reflected by Dream 158 (3.4.E):

My mother said: "Why are you now only crying. It's a bit late, you know. You really don't need to cry about it." I angrily snapped back at her: "I will cry if I need to cry. Don't try to deny me my own grief." (See 9.2.7).

Alongside the catharsis of negative emotions towards her mother and her growing sense of personal empowerment, the quality of forgiving she had first accessed in P/L 102 (see 9.3.2) and in the re-emergence of P/L 13 (see 9.3.3) also contributed to the healing of their relationship. On 14.1.E she showed the therapist photographs of her family that had been taken during the summer holiday and remarked on the diminishing distance between her and her mother:

- A: Something, that I've noticed in the last four years, is that this gap between my mother and I, has closed. Ja, in terms of spatial.
- J: So you've felt a really big shift in your feelings towards your mother through the therapy?
- A: Ja. Very much. And a tremendous sense of forgiveness and being able to actually talk about things a lot more.

Indications of a lingering script belief I am inadequate appeared in Dream 130 (29.12.D), in which she was in the Olympic Gymnastics but not qualified to be part of the team, and Dream 149 (21.2.E), in which she failed in a test. At this stage Anna interpreted her emotional pain about the prospect of termination as evidence of inadequacy and failure. A different attitude of self-acceptance is suggested by two other dreams during the last week of the Termination Phase. In Dream 192 (29.5.E) she was asked for help by a pupil who believed that she had failed. Looking at the script Anna realized that the pupil had in fact scored a B. In Dream 193 (1.6.E) she gave a talk and was afterwards criticized by someone:

I felt embarrassed, but then became very annoyed with him. I eventually stopped listening to him, knowing that I had given a good talk. Yes, there were mistakes, but so what.

10.3 **Psychological functioning related to Process 2**

The termination phase of therapy is traditionally known to evoke strong emotions related to separation and loss, and to provide the opportunity for important therapeutic work to be done in this area. In the present case study this phase proved to be particularly important in the resolution of a split-off part of Process 2 which became apparent in the Kei-regression (see 9.3.6). The termination process seemed to have finally brought the subject to face and accept the emptiness which resulted from the emotional deprivation in her childhood and to relinquish the script belief to which she had held on until the last months of therapy: I cannot bear the pain of separation, loss or abandonment.

After Anna's decision at the end of Year D to terminate therapy in the middle of Year E, the therapist discontinued regression work and focussed on the integration of therapy material. He also gradually decreased the length of therapy sessions and eventually limited therapy to one session per week. This process once more evoked a strong sense of rejection and abandonment, which gave access to alternating feelings of rage and despair. Rage at the therapist's perceived abandonment of her flared up at numerous occasions. Although she had enough insight to refer to it in her diary as "my absolutely irrational, illogical rage" (2.3.E), she continued to act it out. On 9.4.E, when she discovered that he had scheduled Lida's session only half an hour after her own therapy, her sense of being displaced triggered intense fury. She screamed at him that she hated him and that he was a useless therapist. A few weeks before termination she wrote in her diary:

I woke up this morning with such a rage inside me towards Jim. A massive rage that roared and roared and threatened to split the planet in half. ... I went with this energy, this power, and felt it blowing like a tornado through my mind and my body (19.5.E).

The symbolic connection between abuse and abandonment which was identified in section 9.3.6 was again manifested in her dreams. On 24.2.E she had a dream of being raped by the therapist (Dream 150) and Dream 182 (8.5.E) not only seemed to relate to the therapeutic process ("a place of terror and pain") but also the agony she felt at facing termination:

I was being shown around the ruins of a children's concentration camp in Germany, after the war was over. It had been a place of terror and pain. I walked around and saw the small cells, without windows, filled with unheard screams. Although the place was deserted, there was still much agony. Then I was one of the Jewish girls, a child of 6, and a man raped me. I felt terrible and violated.

The strong association between abuse and abandonment also seemed to manifest on a somatic level by the unaccountable smell of blood she experienced on 20.4.E when therapy became limited to one session a week. Anna responded somatically to the intensity of her emotional pain, and had alarming visions of violence, terror and destruction as she drove home. She described the experience in her diary:

At one time I was crying and crying. I realised that I was crying about the enormity of stopping therapy ... Then I had visions and images of a burning township.

Burning. Screaming people. Shooting. Death. Fear. Burning, burning, burning houses, burning cars, burning shops, burning, screaming, dying, crying. As I drove along my way, I smelt the smell of blood. Strong. Horrible. Terror struck at my heart. In the centre. Then I felt scared as a frightened bird trapped somehow, yet can see outside, can see freedom. The blood smell was so powerful. I felt sick. I felt horrified. I stopped. Checked to see if I had merely had a blood nose. No. I had smelt blood. Blood. Blood. By the police station. Lots of blood. Coppery smell. Blood. Blood. Burning. Blood. Burning. Fear. Death. Dying. Screaming. Mutilation. Pain. Rage. Fear. Fear. Blood. Burning. Blood.

Perhaps this response resonated with the childhood trauma of being beaten so severely by her mother that she had to be taken to hospital to stop a nose bleed (see 5.3.3). That event may have established an association between the smell of blood and the combined experience of abuse and (implicit) emotional abandonment.

During the Termination Phase Anna finally faced the core of her symbiotic need of the therapist. She acknowledged the extent of her emotional enmeshment with him:

My issues were enmeshed with you. You know, where was Jim, where was Anna, the boundaries were no longer there ... There were no boundaries at one point in my therapy, for me,

and identified the loss of identity she experienced when it seemed that he longer care for her. On 14.1.E she compared it to the loss of a mirror:

There was no reflection there. It was like a dead part of me. I look into the mirror and I don't see who I am. There's an emptiness, there's no reflection, there's nothing.

On 14.1.E she also referred to her constant need to check whether he cared about her and her tendency to lose that sense:

A: When I lose that, it's a losing of ground ... somewhere. Because I've known this place for so long and it's been so good to bring and to share with you

...

J: And what happens when you know that? What happens to you?

A: I feel strong enough to leave you ... It doesn't matter if I know that you loved me, and that you love me. I can walk out. I feel okay to do that. I feel strong enough to fly. But if I think that you don't love me I just want to crumble and not move. And then I don't want to leave therapy. But if I believe that you love me, then I can. I can let go and I can separate.

Despite her awareness and acknowledgement of the therapist's caring and patient commitment to the demanding therapeutic process over four years, her despair nevertheless emerged in several dreams. Dream 159 (8.4.E) seemed to manifest an unconscious sense of what Balint refers to as a basic fault (see 3.6). In the dream she was travelling by car when she came to a trench in the road. She worked hard to fill it up in order to make the road level and strong, but discovered that there was a huge, deep trench underneath: Trying to mend the road was useless. I felt defeated, and gave up.

In Dream 181 (7.5.E) her canoe was sinking in murky waters: I could not do anything to stop it. I experienced a sense of surrender and passivity.

The script belief I cannot bear the pain of separation, loss or abandonment had been

central to the constellation of complexes and the urge to avoid this emotional pain by committing suicide had repeatedly been the focus of therapy (see 9.2.7). A year earlier (21.3.D) this urge had emerged when she considered terminating therapy and Anna then still feared that in leaving she would lose her sanity and commit suicide (see 9.3.3).

During the Termination Phase this habitual response once more emerged. In the period between 18.2.E and 14.3.E she expressed suicidal ideation in four therapy sessions. On 14.3.E the therapist asked her to draw up a list of trusted friends she could contact when she urgently needed emotional support.

Nevertheless, despite the intensity of her pain and a repeated transmodulation to the complex-component of despair, Anna now seemed able to draw on the strength she had accumulated. In the midst of this crisis Dream 152 (13.3.E) reflected her unconscious awareness of inner resources to cope with the approaching loss of the therapeutic relationship, in contrast to the previous script belief If I'm abandoned, there's nothing left to live for:

I was at work, finishing and collecting my things. I felt tired, stressed and alone. Jim was there and seemed not to notice me or my feelings. He did not even ask how I was. I needed to leave ... I walked away, feeling rejected, hurt, terribly isolated, alienated and alone. Then glorious, splendid music was played, and a choir with a thousand voices was singing. My heart was filled ... "In the morning of my life ... I shall fill the world with love ..." etc. I felt my heart expand and grow, with excitement and a sense of aliveness.

Anna seemed able to observe and witness her own emotional responses from an empowered perspective. She realized that it was her wounded inner child which was mobilized by the separation process. On 14.3.E she wrote in her diary:

My mobilized child cries out "Don't leave me, don't leave me, don't abandon me, but stay with me and love me always" ... I feel such primal pain in all this separation. It's a dying.

At the same time she was able to connect - outside of the therapeutic space and without the mediation of the therapist - with the spiritual resources of strength that had been built up during the years of transpersonal psychotherapy. On 15.3.E she wrote in her diary:

Where is my home? Where is that place within me that calls me, that invites me, that feeds me, that protects me ... So I look deep within, and I see a place there. Now it is misty because I have not been there for a long time ... Perhaps I have never returned 'home' yet. So I search my deep inner space ... I move closer, and I easily push the mist aside. And there it is ... It is a wave of water, moving on the ocean of my psyche ... The water is crystal clear ... Always transforming ... This is me, this water. This is the 'home'. Warmth ... This is me. My higher place. My Higher Self. I am this wave of pure water. Of pure consciousness. Of pure spirit. I am this ... Inside the water is solidness yet softness. A yielding but a sufficiency and a containment.

The letter she wrote to the therapist on the following day indicated progress in the dismantling of the script belief I cannot bear the pain of separation, loss or abandonment. From an inner space of empowerment she wrote:

I needed to tell you that I am going to get through this crisis of termination, and more specifically, this need to commit suicide. It is my child mobilised inside me that

connects with all the scripts of abandonment and neglect and betrayal. I need to say that I am not going to end all these profound years of therapy with you by killing myself. When I was made to write down the list of names yesterday, I suddenly had quite a shock! and realized what I was actually doing. When you forced me to write the names of people I would contact, something inside me shifted. I knew that I would be okay and that I would never need to phone anyone of them. I am going to get through this by facing all that pain of separation and loss (16.3.E).

On the last day of therapy (3.6.E) Anna wrote in her diary:

Today I stop therapy I stop and leave something that has been exquisitely beautiful and wholesome - in all its shadow and light. As Jung said, we are here to make the dark shadows conscious. In my therapy there has been shadow and light. Together. It has been incredible and profound ... Today I shall be very gentle with myself. Soft. Caring. Moving at a pace suitable for me - for my vulnerable open gentle raw heart I shall love again, but never quite the same way as I have loved this man, Jim.

10.4. Conclusion

Based on data presented in section 10.2 and the perceived congruence among her existential situation, verbalized thoughts and feelings, and the content of dreams, it seems reasonable to conclude that an improvement had occurred in terms of self-defeating script beliefs and script decisions related to violence, or what Grof terms the trauma of commission (see 3.7.2).

Data on her psychological functioning related to abandonment, presented in section 10.3, indicate the persistence of some of the original script elements related to the trauma of omission (see 3.7.2). Transmodulations to the complex-components of rage and despair occurred repeatedly throughout the Termination Phase. Although there are indications that the subject was beginning to face the pain and emptiness of her early emotional deprivation, to draw on her own inner resources in order to nurture the wounded part of herself, and to occasionally manifest the important therapeutic perspective to which Dass (1989) refers as the witness, improvement in this area of her psychological functioning appears limited.

Concluding remarks about the theoretical and clinical implications of this case study are presented in Chapter Eleven.

CHAPTER ELEVEN

Conclusion

11.1 Introduction

The clinical material presented in this study was characterized by a complexity on many levels, which made it into a valuable research opportunity. In clinical terms, transpersonal case studies in the existing literature either involve short-term, intensive psychotherapy, focussed on a specific problem and one or two major complexes, or brief cross-sections of longitudinal cases. In contrast, this longitudinal study presented a demanding research challenge. Its multiplicity included the etiology, an interlocking constellation of distorted complexes, the dual and conflicting nature of the transference, and clinical material from the biographical, perinatal and transpersonal levels of consciousness.

The case-study method is often criticized as an inadequate research approach because it is not possible to generalize from the data of one case. This limitation also applies to the present study, despite its longitudinal nature. It was therefore not approached or presented as an outcome study, but aimed to provide an accurate, detailed description of the unfolding of the therapeutic process and to gain an in-depth understanding of the principles involved in the breaking of deeply entrenched complexes.

It is accepted that each new case constitutes an addition to the pool of cases that have already been documented in a specific clinical area, and that the foundation of scientific research is a wide and sound data base. By presenting a representative proportion of the huge data base in this longitudinal study, the present research aimed to contribute to building up a data base for transpersonal material and thus to contribute to the refinement of grounded theory or case law (see 4.1) in this area.

The concluding comments in this chapter will first focus on the potential value of transpersonal psychotherapy for clinical work in the area of child abuse and then discuss aspects of the case material which provided support for the transpersonal conceptualization of the nature of consciousness.

11.2 The clinical area of child abuse

The present study provided an in-depth description of the therapeutic process of a single subject who was an adult survivor of physical, emotional and sexual abuse in childhood.

It described how this process, after two years of working intensively with the subject's biographical traumas (see 5.8, p.111; Table 2, pp.117-124), shifted into the transpersonal level, and how the therapist then, by applying the transpersonal principles and therapeutic interventions developed by Woolger and Grof, continued to address the subject's constellation of complexes by working clinically with the transpersonal material.

The study illustrated how the transpersonal material was thematically related to these complex-components and how the majority of the subject's 123 past-life regressions were experienced to unleash multiple layers of traumatized emotion. It was demonstrated how the same themes emerged repeatedly to allow deeper and deeper access to different components of the complex, and documented how this material seemed to facilitate the release of repositories of pent-up emotional and physical energies which had not earlier been accessed via the biographical material. It also illustrated the gradual deepening of the therapeutic process, i.e. moving from dissociation and denial to the abreaction of fear, rage, grief and disgust, until the subject seemed able to appropriate the healing experience of forgiveness and compassion for the oppressor(s).

Although data on the subject's psychological functioning at the end of therapy (see Chapter Ten) indicated the persistence of complex-components related to abandonment or the trauma of omission (see 3.7.2) and an unresolved transference towards the therapist (see 10.3), there is evidence of an improvement in terms of her self-defeating script beliefs and script decisions related to violence or the trauma of commission (see 3.7.2).

In terms of the overall unfolding therapeutic process, a single case-study like this does not allow an evaluation of the relative role of the various factors (see 2.3.5) that may have contributed to the observed improvement in the subject's psychological functioning (see Chapter Ten). The therapeutic approach which was employed in the Transpersonal Phase of the present study not only shared numerous non-specific healing components common to all forms of psychotherapy, but also incorporated components of several therapeutic modalities which are traditionally used in working with adult survivors of child abuse (see 3.7.1). In Chapter Nine it was observed how the clinical work included interventions like cognitive re-evaluation and behavioural bereavement therapy (see p.239), dream work (see pp.276-279), Gestalt practice (see pp.252-253) and evoking a catharsis of emotion (see p.226).

The potential contribution of all these factors is acknowledged and it cannot be claimed that the same psychological improvement may not have been observed after another two years of working with purely biographical material.

Nevertheless, the detailed qualitative exploration of this case does provide a basis for informed reflection on the claims made by Woolger and Grof regarding the role of transpersonal mechanisms of healing. This is because of the prominent role of transpersonal experiences in the therapy process and because phenomenologically these were shown to be of the same character as those described by them (see 2.3). The subject's transpersonal experiences matched 14 of the categories identified by Grof (see 7.2) and an overview of the therapeutic process reflected the same features as two general longitudinal processes he considers as varieties of spiritual emergence (see 7.3), i.e. a process of deep psychological transformation which involves an unfolding of the spiritual dimensions of personal awareness.

Grof and Woolger suggest that transpersonal experiences and the unfolding of the spiritual emergence process offer several mechanisms for healing which are not found in many other forms of psychotherapy. Firstly, they claim that the dramatic experiencing of past-life scenarios has the effect of enabling subjects to reframe their perceptions of their biographical traumatic experiences and to see them as less overwhelming against the background of the past-life traumas which are often much more painful and catastrophic. In the present case material the subject, for example, had numerous past-life regressions involving rape, whereas in her biographical history the sexual abuse did not amount to that.

Past-life regressions are also claimed often to cast clients into the role of the perpetrator, rather than the victim, which allow for a different perspective on their biographical traumas.

Two of the numerous examples of this feature of past-life regressions encountered in the present research are discussed in the units of analysis 9.2.2 (Hu) and 9.3.4 (Desiré).

Secondly, it is suggested that there are several ways in which subjects experience a shift from identification with the personal ego to an identity of a transpersonal nature (see 2.3.2). For example, when subjects go through the death of a past-life scene, they will often experience themselves leaving their body and looking back on that character and that life with less egoic investment. Again, numerous examples of this phenomenon was observed in the present case-study, including the material discussed in section 9.3.1. (Daryn). Another example given by Grof and Woolger is the impact of experiencing spiritual realms, in this case like "Dombashaba" (see pp.159-160; 166-169). These are claimed to give the subject a clear experience of an identification

completely different from egoic identification either with their own personal history or even with a past-life character. The effect of these experiences is to offer a very different perspective on the painful events of the subject's biographical history as well as of the past-life character. These experiences are reframed as opportunities for learning about the deeper meaning of human suffering and about dimensions of consciousness and love which are untouched by the pain of human tragedy. The subject's insights in several units of analysis of the present study resonate with this claim (see 9.3.4; 9.3.6).

The third point concerns what Grof terms the energetic phenomena of the subtle body. Both Grof and Woolger claim that these experiences potentiate a clearing of traumatic imprints and enhance access to transpersonal states in which egoic identification is transcended. This claim was supported by the subject's experience of the impact of kundalini energy (see pp.154-156).

Although it is not possible, on the basis of the present study, to claim that these features were instrumental in bringing about improvement in the subject's psychological functioning, the case does not contradict the claims of Grof and Woolger. The data suggest that, in addition to the value of well-established therapeutic techniques in working with adult survivors of child abuse, these features may allow clinicians access to valuable avenues of healing. Considering the implications this may hold for clinical work in the area of child abuse, the case suggests that claims about the potentially healing effect of transpersonal experiences is worth further investigation.

11.3 The nature of consciousness

In contrast to the Newtonian-Cartesian model of the universe, with its mechanistic dualism of mind and body, cause and effect, solid space and linear time, the clinical data in this case study provided strong support for the transpersonal paradigm and theoretical concepts about the nature of consciousness, as developed by Grof and Woolger.

Without the use of drugs or mind-altering techniques such as trance-dancing or holotropic breathing, and without any suggestion on the part of the therapist, the subject had spontaneously experienced the same spectrum of transpersonal phenomena that had been documented by Grof in his cartography of human consciousness. In addition to recollective-biographical material, her clinical data included perinatal material, related to issues of dying, intrauterine life, and being born, as well as transpersonal material, which reached far beyond the limits of ordinary human experience.

Grof challenged the Newtonian-Cartesian worldview with the following claim:

I see consciousness and the human psyche as expressions and reflections of a cosmic intelligence that permeates the entire universe and all of existence. We are not just highly evolved animals with biological computers embedded inside our skulls; we are also fields of consciousness without limits, transcending time, space, matter, and linear causality (Grof & Bennett, 1990, p.18).

The descriptive research documented in Chapter Seven provided strong support for this statement. It was illustrated that the subject's transpersonal experiences matched 14 of the categories identified by Grof in his cartography of human consciousness. Nine of these categories belonged to the section "Experiential extension within consensus reality and space-time", four to the section "Experiential extension beyond consensus reality and space-time", and one to "Transpersonal experiences of a psychoid nature". Grof's wide-ranging classification represents the complete range of transpersonal experiences he has witnessed in psychedelic research, in sessions of holotropic breathing, and in his work with individuals who experienced spontaneous episodes of non-ordinary states of consciousness. It also includes transpersonal phenomena of the psychoid type which had been described repeatedly in ancient mystical literature as well as recently by some modern researchers other than Grof. The fact that similar phenomena emerged spontaneously in the subject's experience and fitted into the total range typically experienced by subjects in non-ordinary states, supports Grof's conceptualization of the nature of consciousness.

From the perspective of traditional psychiatry and psychology, many of the transpersonal features of the subject's experiences would have been labelled as psychoses, and treated with suppressive medication. Nevertheless, it is clear from the data that throughout the four years of therapy the subject continued to function more or less normally in her life outside therapy. With the exception of kundalini experiences and a few past-life regressions that emerged during meditation, transpersonal phenomena only occurred during therapy sessions. She learnt with experience to manage the process by herself, e.g. controlling the kundalini energy by standing in a shower, and never needed to be hospitalized or to take medication. In contrast to psychoses, which typically pervade a person's psychological functioning, her transpersonal experiences were clearly part of and contained within the therapeutic process. As such, they supported the theory that transpersonal experiences are in fact manifestations of the deep recesses of the human psyche.

According to Grof and Woolger the psyche has a multidimensional, holographic nature, which is reflected by the thematic and emotional congruence among the different levels of experience that become constellated within the same COEX-system or karmic complex. The

undeniable interconnectedness and unity among all the multiple levels of the subject's clinical experience, which unfolded with increasing clarity in the course of the analysis, also provided support for the holographic conceptualization of the nature of the psyche. The data clearly portrayed the symbolic resonance among material from the biographical, existential, somatic, perinatal, transpersonal, and, eventually, archetypal levels of her experience.

The subject's body of 123 past-life regressions requires special attention in terms of Grof's claim that a non-ordinary mind-state is the most direct and powerful way to make the unconscious conscious. An overview of the data indicates that these regressions constituted an internal scenario which encompassed a vast panorama of human suffering that extended far beyond the subject's biographical history. The question arises whether it would be adequate to interpret the data as merely interesting metaphoric projections of the subject's biographical traumas and the actual content as cryptomnesic.

Weighing up the different theoretical positions, it becomes obvious that the totality of past-life regressions cannot be taken as a series of reincarnations. Some past-life personalities had names which were obviously anachronistic, for example Kei's foster-mother, Jocelyn, in P/L 120, which dated back 9000 years. Some regressions also overlapped in time, for example P/L 83, in which the past-life personality was 16 in 1922, and P/L 23, in which the subject identified with an adult Nazi officer in World War II.

On the other hand, although the subject may have manifested cryptomnesia or have drawn on material from the collective unconscious as metaphorical representations of her current life traumas, the scope of the past-life regressions is too extensive to be accounted for purely by these theoretical explanations. Past-life regressions involving parental abuse, betrayal and abandonment, or terrifying war scenes, could be interpreted as metaphorical representations of her current life traumas, but vivid and deeply traumatic experiences such as being gang-raped, committing murder, being slaughtered in religious rituals, being a brutal rapist, giving birth, or grieving for the massacre of an entire village, do not map onto her biographical history.

Cayce identified retribution and continuity as the two dynamic aspects of karma. Both these aspects can be observed in the body of the past-life regressions. The subject's alternating roles of victim and violator resonate with the concept of retribution, whereas the aspect of continuity is observed in various themes, including regressions which involved initiation practices as a spiritual healer. During times of metaphysical terror the subject repeatedly resorted to protective chants and practices which she claimed to have learnt in previous incarnations.

The data also seemed to provide support for Woolger's concept of a "samskara" being carried over from one life to the next. One vivid example was the Kera-regressions (31.10.C). If P/L 23 (with which it overlaps in time) is interpreted to be metaphorically drawing on one of the great archetypal dramas of modern history, rather than as an historical event, the Kera-regression (which was situated in 1922) may have been the subject's most recent past-life experience. This regression not only impacted with vivid and dramatic details, as well as an intensity and immediacy of emotion, but also provided circumstantial evidence for Woolger's theoretical concept in terms of the intrauterine anger she experienced before her biographical birth, the parallel traumas in her biographical history, and the murderous rage she experienced at the age of five. Remarkable, too, more than six months after the Kera-regression, was her comment following the integration of the archetypal opposites on 7.5.D (see 9.3.4). She experienced an upsurge of healing energy and proceeded to chant in foreign words:

There are so many vibrations of Kera ... (foreign words) ... You've come back again,
to be born into the light ...

Although it is not possible to claim that the regressions constituted proof of historical past-lives, the data also imply that cryptomnesia would be a very reductionistic explanation. At the very least, the material suggests that the unconscious roots of the subject's constellation of complexes were transpersonal - regardless of whether literal reincarnation occurred - and that the data reveal a level of the unconscious which cannot be reduced to cryptomnesia.

In addition, it was observed that the first past-life regression came up spontaneously, without any effort to evoke it, and was rejected by the subject. Although the therapist did not pursue it, a second one also emerged spontaneously, to be followed by many more. These facts provide support for the transpersonal view that this material simply manifests one level of consciousness that can be accessed.

The clinical data confirmed Woolger's claims that archetypal opposites are constellated within the same complex, and that the breaking of the complex is achieved by the integration of opposites. The fact that the archetypal opposites were not clearly evident in the subject's biographical profile, and only became prominent via past-life regressions, resonates with Grof's claim that a non-ordinary mind-state is the most powerful way to bring unconscious material to consciousness.

Governed by the Newtonian-Cartesian paradigm, traditional psychiatry and psychology negate spirituality and make no distinction between mysticism and psychosis. Grof, in contrast, claims that clearing the effects of old traumas mediates spiritual opening and raises the person

to a higher level of consciousness. According to him, a person who has a direct experiential confrontation with the perinatal and transpersonal levels of the unconscious, automatically develops a new worldview within which spirituality represents a natural, essential, and absolutely vital element of existence.

This broader process of transformation is called a spiritual emergence, which he defines as a process of deep psychological transformation that involves the unfolding of the spiritual dimensions of personal awareness, and which may bring about a shift from identification with the personal ego to an identity of a transpersonal nature (Grof, 1988).

This claim was supported by the case material. It was illustrated in Chapter Seven that the subject's transpersonal experiences were not discrete events, but integrated elements of an encompassing longitudinal process of spiritual emergence. It was observed throughout the unfolding of the therapeutic process how her experiences of spiritual realms and encounters with spiritual beings resonated with Houston's (1978) definition of a sacred psychology, i.e. one which will involve processes that enhance the connection between the historical self and the ultimate reality. Her mystical experiences repeatedly portrayed what Houston calls the deepest yearning in every human soul, to return to its spiritual source, and reflected a transcending meta-consciousness:

Eventually in the transformative process the patient begins to differentiate between his personal self and his soul self ... who continues from lifetime to lifetime on the journey of the soul ... (Lucas, 1993a, p.129).

The subject's clinical material provided supportive evidence for the spiritual dimension of the human psyche. Several units of analysis illustrated that her access to spiritual realms and the transpersonal perspective she thus acquired constituted one of the most important healing mechanisms of the therapeutic process. The wide range of past-life regressions allowed access to multiple layers of the constellation of complexes and facilitated an integration of the conflicting polarities within the psyche, but in the final analysis it was repeatedly the transpersonal insight into her spiritual nature which allowed for a non-attachment to the egoic complex and the healing of different aspects of human suffering - in both biographical and past-life experiences. The data clearly complied with Grof's statement about the transformative potential of non-ordinary states of consciousness:

While various painful and difficult experiences cleanse the psyche and open the way to more pleasant ones, the ecstatic and unitive states represent the very essence of true healing (Grof & Grof, 1990, p.154).

The subject's experience verified that the healing of psychological trauma is on a continuum with

the process of spiritual purification and growth, and poses a serious challenge to traditional psychiatry and psychology, which negates spirituality as a relevant or meaningful aspect of existence.

In the final months of therapy, when her process shifted to embrace archetypal levels of consciousness, the content of therapy sessions also reflected the following observation by Grof: When an individual whose only concern in the past has been to get rid of emotional and physical distress and to achieve success in this world is suddenly confronted with the realms of perinatal and transpersonal phenomena, he or she will discover the critical importance of the basic ontological and cosmological questions (Grof, 1988, p.265).

Up to that point it was observed how the therapeutic process deepened from an egoic identification with her biographical traumas to an egoic identification with the traumas of individual past-life personalities.¹ During the final unit of analysis (see 9.3.6) another shift occurred, which constituted an expansion of consciousness that embraced the archetypal levels of existence. Her concern (in non-ordinary mind-states) was no longer with personal suffering on either a biographical or transpersonal (past-life) level, but with the destructive influence of violence on human consciousness as a whole.

Chapter Three presented a review of the harmful impact of physical, sexual and emotional abuse on the human psyche, and indicated how the cycle of violence relentlessly repeats itself from one generation to the next. It emphasized the fact that violence not only affects the descendants of abuse victims, but society at large - a phenomenon which underlies the threat of annihilation that is facing humanity at the present time. From the transpersonal perspective this destructive energy is believed to be constituted by the collective consciousness of millions of individual psyches who harbour hatred and hostility and act with aggressive control, the abuse of power and the perpetration of violence (Zukav, 1990).

From a non-ordinary state of consciousness (see 9.3.6) the subject expressed the same cosmic insight which had been emphasized by Zukav (1990) in his vision of humanity's spiritual task and destiny:

The threat of unclear annihilation ... is a macrocosmic idea or notion on our Earth, and it requires the complete evolution of the microcosm in order for that to evaporate. So long as those who strive to establish harmony at the level of nations have within themselves the anger and violence that they seek to heal between nations, the harmony that they seek to create at the macrocosmic level cannot come into being. What is in one is in the whole, and therefore, ultimately, each soul is

1. The illustration of the great variety of human roles and lifestyles in Figure 6 (see 8.2) at the same time highlights the fact that a past-life regression still constitutes an egoic identification with some individual and not a transcending witness point from a higher perspective.

responsible for the whole world (Zukav, 1990, p.165).

Her comments, during a state of expanded consciousness, implied that the concepts of the transpersonal paradigm hold a promise of healing - as an alternative to global destruction - on both the individual and the collective scale:

- On the individual level it provides an avenue by which all levels of the complex can be accessed and healed, to free the victim of the negative imprints.
- On the collective scale it makes it possible to raise the global consciousness by healing individual psyches.

In conclusion, it can be stated that this case material strongly supports the theoretical concepts of the transpersonal paradigm, and adds additional weight to Grof's words:

We must accept the universe as it is, rather than impose on it what we believe it is or should be. Our theories must deal with the facts in their totality, rather than with a convenient selection of them that fits our worldview and belief system. Until modern Western science is able to offer plausible explanations of all the observations surrounding such phenomena as spiritistic experiences and past incarnation experiences, the concepts found in mystical and occult literature have to be seen as superior to the present approach of most Western scientists, who either do not know the facts or ignore them (Grof, 1988, p.108).

APPENDIX 1:

PAST-LIFE REGRESSIONS

Complete list of past-life regressions documented between 20.8.A and 19.11.D

Past-life 1 - 20.8.A A warrior on an ancient battlefield. He had a spear in his back, suffered intense pain, and felt increasingly sleepy, but tried desperately to remain conscious. Initially there was no-one to help. Then someone turned him onto his back. The pain became unbearable and the person turned him back onto his stomach. He eventually lost the will to fight for survival, surrendered, and died.

Past-life 2 - 27.4.B A man involved in an ancient battle. When he saw a spear being thrown at a friend, he threw himself in the way and was penetrated. His friend held him as he dropped to his knees and died. He loved the friend so much that he was willing to sacrifice his life for him.

Past-life 3 - 4.5.B A warrior on a battlefield, with an arrow in his back. Other warriors pushed the arrow through but could not save him. He died angry and frustrated, feeling a failure because he could not survive the battle. Dying was in conflict with his expectations of himself as a warrior.

Past-life 4 - 4.5.B A man in a war situation, hiding in the dark and crawling on his stomach through mud to avoid the surrounding danger. He felt fear, but was determined to survive and escape.

Past-life 5 - 19.7.B A ten-year old girl in an ancient civilization. Her mother took her to the altar in their village, saying that it was a special day for her, and that she had been "chosen" (without disclosing details). She was excited and innocently trusted her mother. There were many people at the altar. Her mother took her to the steps, and a priest led her up. He touched her head and told her to lie down. She panicked when two other men tied her down. The head priest, in special robes, lifted her tunic and separated her legs. When he touched her genitals she became sexually aroused, but was afraid. Then he raped her. It hurt and she screamed. She was told to be quiet and something was put over her mouth. After she was blindfolded, a curved knife was plunged into her solar plexus and pulled up into her heart. She was left alone to die, feeling betrayed and abandoned. When she called out for her mother, there was no response. She died with the sense of being powerless to defend herself from being sexually abused or killed. (Anna remembered afterwards that she had dreamt this exact scene when she was a child of ten.) (See Drawings 1-5, section 8.2.1.)

Past-life 6 - 26.7.B A warrior who was fatally wounded in the stomach and bleeding to death. He tried to escape, but was too weak. He was afraid to let go of his strength and surrender to death. To let go of strength was to become vulnerable.

Past-life 7 - 16.8.B An eight-year old boy who was crowned to be king in an ancient civilization. He was reluctant to accept the crown and the power it symbolised, but as he grew up he became a fine, strong person, full of wisdom. He felt great compassion for his subjects and they loved him. As a king he had the power to transform his body and he used to turn into a female eagle. He would fly high into the sky and circle above the people and the land. This power was partly absorbed from the crown and partly derived from his own strength. It was not an arrogant strength, but one of compassion, wisdom and transcendence.

Past-life 8 - 30.8.B A boy who had been fathered by his mother's lover. When he was eight his father (mother's husband) discovered this and strangled him in rage. He felt abandoned and died in terror, with a desire for revenge.

Past-life 9 - 1.9.B The cruel Arab leader of a brutal desert-tribe. He acted with indiscriminate violence and executed his men when they betrayed him. When he was 14, another tribe had killed his mother, and he had vowed to revenge her death. His men burnt the villages of this tribe and killed the people. He loved a woman of another tribe, but because they had different gods, their love was forbidden. This woman was in one of the villages when his men burnt it down and she was killed by mistake. She died hating him because of his men's brutality. He was killed when his horse threw him off. At first he tried to cling to the saddle, strong and angry, but then he fell and smashed his head. The others were glad to see him dead. He died with anger and resentment at his own weakness. (The woman who had been killed, was identified as Anna's sister, Marlene.)

Past-life 10 - 3.9.B A woman who plunged a dagger into her own heart to kill the emotional pain of lost love. Other people took out the weapon, which left a gaping wound. She suffered intense pain, but preferred to die rather than live without love.

Past-life 11 - 6.9.B A warrior who died to save the life of a fellow warrior whom he loved. Although this love was not returned, he was willing to sacrifice his life for love.

Past-life 12 - 13.9.B A two-year old girl. When there was not enough food available, her mother took her up a slippery mountain side and held her over a cliff. Although the mother had promised not to drop her down, she did, and the child fell to her death. She felt terrified, abandoned and betrayed, and died with the belief that she was not worthy of love and support.

Past-life 13 - 20.9.B Kaaat, a priestess in a society which was systematically being poisoned by a wicked

priest, Aqua. Aqua was drunk with power, which he abused to gain greater control. He used to crush poisonous seeds with a flat, round stone and put the poisonous powder into the river, causing the water to turn black. This continued for a long time. Whenever people would drink the black water, they died. Keaat was aware of this, but was afraid of being killed if she should expose Aqua's evil actions. She would walk along the river and see the dead bodies of people on the riverbanks, bloated, with maggots coming out of their eyes. When she eventually confronted Aqua, he said coldly that he could not allow her to live if she was going to threaten his power. He forced her to drink the black water. Angry and terrified, she died with an intense fear of abusive power and the firm decision that she would never forgive him for killing people and damaging the earth. (Aqua was identified as the therapist.)

Past-life 14 - 24.9.B A male prisoner, who was eaten by a lion. He suffered great fear and pain and died with the conviction that one had to be strong. If one was weak, one died. He experienced a profound sense of failure for not being strong enough.

Past-life 15 - 29.9.B A 12-year old girl, Clariss, who was forced to go to a school where children were controlled and forced to paint with their fingers. She pleaded with her mother not to send her there, but the mother insisted that she had to learn. The school-building was near a river. Clariss wanted to be outside in the sunshine and play in the mud, but was not allowed. She was angry, and was determined to fight back. When she refused to paint, the elderly female teacher became enraged and pierced her head with a sharp instrument, accidentally causing her death. She died with anger, a determination to assert herself, and a stubborn resistance not to be pushed into doing things against her will.

Past-life 16 - 1.10.B A Native American woman who was amongst a group of people escaping from danger. As they were moving through a forest at night, she picked up an unknown child and carried her along. When the child started to cry, she tried to silence her, but failed. A man came to them and without hesitation cut the child's throat. He then put a hand over Anna's mouth and a knife at her throat, to stop her from screaming. She was terrified and felt profoundly shocked, but did not dare to express her grief. It was not safe to cry.

Past-life 17 - 9.10.B A man who was tortured. He was tied at the wrists and dragged along by horses.

Past-life 18 - 9.10.B Sarah, who was married to a loving husband, Geoffr  y. She felt secure in his love and admiration. When he drowned, she couldn't bear the loss and killed herself by taking rat poison. She died slowly, with an intense sense of loneliness. She could not face the thought of continuing life without him. (Geoffrey was identified as the therapist.)

Past-life 19 - 11.10.B A woman who, alone in a tent at night, was attacked by two men. They brutally raped and sodomized her, before cutting her throat. She resisted the attack and experienced great terror, disgust and pain before dying with the belief that men were dangerous and should be feared. (One of the men was identified as Anna's mother.)

Past-life 20 - 1.11.B A woman, married to a drunkard who abused her. He forced himself on her, would not allow her to cry, and choked her to keep her quiet. She feared and hated him and felt intense revulsion of sex.

Past-life 21 - 1.11.B A young warrior. When out alone in a wood, he was wounded in the back by a spear. He bled to death slowly and died alone after waiting in vain for someone to come. He died with a sense of abandonment and despair, not understanding why this had to happen.

Past-life 22 - 1.11.B A woman who shot her unfaithful lover. After killing him in rage, she held his corpse, feeling both remorse and hatred. (The lover was identified as the therapist.)

Past-life 23 - 1.11.B A man who had lost his mother at birth and had grown up as an isolated child. He was full of anger towards everybody. As an adult he became a Nazi commander who hated and scorned Jews, and killed many of them. He enjoyed shooting them in the back of their heads. He had a secretive homosexual affair with another ambitious, high-ranking Nazi officer, with whom he was also very competitive. After the war he fled to the coast. On a boat he died of cholera, feeling alone, and suffering great remorse, guilt and regret. (The homosexual lover was identified as a boyfriend, Pierre.)

Past-life 24 - 5.11.B A woodcutter, who was pinned down helplessly by a fallen tree. He struggled painfully to free himself, but failed. He realised that if he was not strong enough, anything could happen to him. When it became dark and cold his hope that friends would come to look for him faded. He felt let down and disappointed, with a sense of others not being there for him when he needed them. This turned into a destructive rage against those who had abandoned him.

Past-life 25 - 6.11.B A woman who, while alone in a courtyard, saw thieves enter and steal. When she shouted at them, one of the men grabbed and throttled her. She struggled in fear and rage, but eventually lost consciousness and died.

Past-life 26 - 6.11.B A woman in pre-historic time, living amongst small hairy men. The whole community was psychic and able to communicate telepathically. They could leave their bodies and transport themselves to other places. They were also able to change their form to become birds or animals.

Past-life 27 - 15.11.B A farmer's wife who gave birth alone while her husband was away. She resented the

pregnancy and felt that the baby had been born too early. At first she did not want the child, hated it, and wanted to kill it, but when the baby started to feed, her hatred disappeared. She watched the baby in wonderment and began to feel love. When her husband eventually came home, she felt loving and positive.

Past-life 28 - 14.3.C The daughter of abusive parents. She was sexually assaulted by her mother, and physically abused by her father. The father was always drunk and smelly, and used to hurt her mercilessly. He rejected her because she was a girl. When she was 14, he killed her by throwing her on the ground and smashing her head against a stone. She had always yearned for a loving father, but died with great anger. (The mother was identified as the Anna's biographical mother.)

Past-life 29 - 14.3.C A cruel man, who enjoyed hurting children. He used to beat them and killed many children by running a sword through them.

Past-life 30 - 21.3.C A man who killed many people, enjoyed to see them suffer, and refused their pleas for mercy. He achieved satisfaction from murdering others, delighted in seeing blood and death, and was excited by their helplessness. (This memory was followed by a cascade of violent memories of similar past-lives, all marked by sadistic pleasure in the suffering of others. Anna afterwards recalled that at the age of five she had experienced images of the same violent scenes unfolding. These scenes included the worshipping of sexual organs, smearing of blood, sadistic sexual acts and rituals of killing young people. She identified one of her victims as the therapist. In several of these life-times she died a violent death herself, being killed several times by the "same person", identified as her mother in her present life.)

Past-life 31 - 28.3.C A young woman who was searching for her lover. She broke a steel-gate to enter the underground passages of a city. There she became lost in the dark and could not find her way out. She wandered around aimlessly for days without anyone coming to look for her. Feeling that nobody cared, she eventually died with a profound sense of abandonment.

Past-life 32 - 28.3.C A six-year old girl, who was left alone in a village after soldiers had taken away her mother. Initially she hid, but later she let herself be caught by the soldiers in the hope of being reunited with her mother. When they did not take her to her mother, she felt abandoned. The soldiers took her to a camp. She was forced to walk there and was given very little food. She planned to throw herself into the river, rather than suffer the abandonment, but became sick and died. She died with a yearning for her mother and could not bear to live without her.

Past-life 33 - 4.4.C A woman who was enraged by the murder of a friend, and intended to poison Dammon, the killer. She went to Dammon, impulsively grabbed a sword and stabbed him, but he pulled it out. He laughed and mocked her and then killed her with the sword. She died with an intense sense of rage and revenge. (Dammon was identified as the therapist.)

Past-life 34 - 4.4.C A man who witnessed a murder. He was enraged and wanted to avenge the death. (The murderer was identified as the therapist, and the victim as the same person who was the victim in P/L 33.)

Past-life 35 - 4.4.C Hu, a young man in an ancient civilization, in "the time before speech". He had a sexual relationship with an older man. When the older man left him for another lover, he initially experienced great hurt, abandonment and loss, but later felt intense rage which turned into a destructive force of hatred and violence. (The older man was identified as the therapist.)

Past-life 36 - 11.4.C Maggie (12), who was raped by an adult male. She experienced pain and fear, and felt helpless and powerless. She was disgusted by the sexual act and feared penetration.

Past-life 37 - 11.4.C Nina, who was raped by a lodger in her home. She felt disgusted, helpless and powerless.

Past-life 38 - 11.4.C A man who raped his daughter and many other women. It gave him sadistic pleasure and a sense of power.

Past-life 39 - 18.4.C Deborah (17), who lived in an exiled Jewish community in France. She was raped by an older male, David. She felt helpless and powerless, and experienced revulsion, fear and pain.

Past-life 40 - 18.4.C Dawn, who was brutally raped in a barn by two men, Chris and Tom. She experienced fear, pain and revulsion, and felt helpless.

Past-life 41 - 18.4.C Celiarich, who was raped by a group of soldiers. Penetration was extremely painful. The soldiers mutilated her body and left her to die. She died with great fear and a sense of helplessness.

Past-life 42 - 18.4.C A violent rapist and murderer, hurting women, children and animals. He gained sadistic pleasure from hurting others and having control over them.

Past-life 43 - 22.4.C Helen, who was imprisoned in a stone-cell. Soldiers interrogated her about the whereabouts of a fugitive. When she refused to give information, they whipped and sodomized her, and gave her electric shocks. She experienced great fear and pain, but refused to betray the fugitive and resolved not to cry or scream. She was too weak to fight back and died after receiving shocks at her genital area. She died in great anguish, but with a firm loyalty and determination not to betray the fugitive. (The fugitive was identified as the therapist.)

Past-life 44 - 22.4.C An eight-year old girl, living in a flat-roofed house in a hot climate. Men on camels came and took her father away. She was taken along and became a sexual slave to a fat Arab, who sodomized her. She felt helpless, terrified and disgusted.

Past-life 45 - 25.4.C A little girl whose fierce nanny locked her into a chest. The space was too small and cramped for her body. She was terrified and suffered pain, due to the confined space and lack of air. She saw it as a punishment and felt unworthy.

Past-life 46 - 25.4.C A mother, grieving the death and loss of her eight-year old daughter. (The child was identified as the therapist.)

Past-life 47 - 25.4.C A pregnant woman, who gave birth to a child. She grieved the loss of the union as the baby left her body. (The baby was identified as the therapist.)

Past-life 48 - 5.6.C A small girl, Mary, who belonged to a big family. She hated going to school, where she was yelled at, ridiculed and humiliated by the teacher.

Past-life 49 - 5.6.C Daniel (14), who used to shout at his little sister when she annoyed him. His father scolded him and demanded constant control of his emotions. He would wait for his father's departure before screaming out his rage. He experienced frustration and rebellion at not being able to express anger.

Past-life 50 - 20.6.C Tezan, who had an incestuous relationship with Nika, "who was of the same blood, of the same house". Her father had arranged for her to marry someone else. When he caught them making love, they were both brutally tortured and killed by the community. Nika was torn apart by horses after his arms and legs had been broken, and his penis was cut off. No burial was allowed. His body was left in the field, where children covered it with stones. Tezan was forced to watch this before a red-hot pipe was pushed into her vagina, causing her intense pain. She died in a state of shock, with a sense of utter helplessness and tremendous grief. (Nika was identified as the therapist.)

Past-life 51 - 27.6.C Nea, a rich Egyptian woman. She lived on the banks of the Nile, where she was raped by Shaban. She felt disgusted, powerless and helpless.

Past-life 52 - 27.6.C Clarissa (5), who was forced to do fellatio on her father, Jack. She experienced this as very traumatic and extremely disgusting, but believed that she was not allowed to resist. (Jack was identified as the therapist.)

Past-life 53 - 27.6.C A little girl, Neare, who was raped. She felt afraid and helpless.

Past-life 54 - 11.7.C Tala, who had an arranged marriage to Toss. He abused her sexually, but showed no affection. She experienced great pain and helplessness, and hated him, but also felt rejected and abandoned because of his lack of affection towards her. (Toss was identified as the high priest in P/L 5.)

Past-life 55 - 30.7.C A woman who gave birth in great pain.

Past-life 56 - 30.7.C A man who was crushed by a heavy object, which broke his hips.

Past-life 57 - 30.7.C A pregnant woman, Rosaria, who was urgently trying to run to a safe place where she could give birth. She was weak and exhausted but had to keep going in the cold and dark, for fear that enemies might be following her. She forced herself to climb high into the hills to find a safe place, so that her unborn child would not be taken away from her. She experienced very strong maternal feelings to protect, and had great inner strength. She died in childbirth but the baby lived and was found.

Past-life 58 - 1.8.C A woman giving birth.

Past-life 59 - 1.8.C Natalie (11), who was sexually abused by her father, and threatened if she should make any noise. She felt afraid, disgusted and helpless.

Past-life 60 - 15.8.C A ten-year old Arab prince who was forced to become king and wear the crown after the death of his father. He resented this and used his power irresponsibly. He wanted to be an ordinary child and play, and he had not been prepared for this. He felt very rebellious and resentful, and acted out his anger by being bossy, manipulative, and abusive of others.

Past-life 61 - 29.8.C Janet, one of a group of children that were kept captive and forced into hard labour on the fields. When they refused to work, they were punished by being locked into a tiny room. She felt angry, afraid and powerless, but was determined to survive by fighting the exploitation and oppression. She was strangled to death.

Past-life 62 - 29.8.C A brutal, sadistic man. His behaviour was characterised by shouting angrily at crowds, killing people by sword, and riding a bare-back horse violently while hurling objects at others and wildly lashing out with his whip.

Past-life 63 - 12.9.C A young boy who was submerged under water and put into fire as an initiation to obtain a spiritual understanding of "the fathers".

Past-life 64 - 27.9.C A priestess, dressed in a white, silk robe. She was worshipping "something unseen" and moving in a big circle with other people. She experienced a sense of devotional openness to the spirit.

Past-life 65 - 27.9.C A ten-year old girl, happily playing in a field of flowers. She felt loved and understood, with a sense of all mothers and fathers being her mothers and fathers.

Past-life 66 - 30.9.C Marike (seven), who was dying in her bed. After she overheard people saying that she was dying, they stopped feeding her nourishing food. There was no-one in her room when she eventually died with a sense of unworthiness, abandonment, isolation and grief.

Past-life 67 - 30.9.C Katia, who fell down a cliff and broke her shoulder. It happened near her village, but no-one came to help her. Eventually a stranger helped, but he did not listen to her. She felt betrayed by the people of the village, and also by her lover, who had left her for another woman. After recovering from her injury she looked after children, giving and loving, but she lived alone. (The lover was identified as the therapist.)

Past-life 68 - 11.10.C A male sorcerer, Racha, who worshipped evil and negative forces.

Past-life 69 - 11.10.C Toshua (13), who was drowned by his father. He loved his father and could not understand why his father wanted to kill him. He suffered rejection and abandonment, and died in fear, sadness and confusion.

Past-life 70 - 11.10.C Jocelyn, who lived in a primitive island-community. She gave birth in warm water, and experienced a profound spiritual connection to the earth and the processes of birth and life.

Past-life 71 - 15.10.C A 15-year old girl, trapped in a burning house. She suffered panic and fear before death.

Past-life 72 - 15.10.C Marishka (12), who was forcefully held under water as part of a spiritual ritual and could not escape. She experienced intense fear and helplessness.

Past-life 73 - 15.10.C A young boy who was sacrificed in a spiritual ritual, after being tied at the wrists. He died in pain and fear.

Past-life 74 - 15.10.C A man in a dark prison. Lions ripped open his stomach and ate him alive. He experienced terror and helplessness, being too weak to fight them off.

Past-life 75 - 15.10.C A baby whose head was crushed in birth. She suffered intense agony.

Past-life 76 - 17.10.C Rice, who along with five other women, was kidnapped by men on horseback while collecting wood in the forest. The men tied them together and tried to force them to walk. Rice refused to move and sat down. When the other women followed her example, the men killed her sister's 14-year old daughter with a sword. Her sister screamed at her to get up and blamed her for the death. Rice still refused to move and screamed at the men that she would rather be killed than go with them. They took the other women away and returned with a sword. She felt great fear, but said: "Go on, kill me. I won't care".

Past-life 77 - 17.10.C Amalia, whose lover, Philippe, left her to marry another woman. She felt despair, grief and abandonment. (Philippe was identified as the therapist.)

Past-life 78 - 17.10.C Helene, who committed suicide by throwing herself off a cliff after her lover, Jean, left her. (Jean was identified as the therapist.)

Past-life 79 - 17.10.C Natalie, whose lover, Christiaan, left her for another woman, Corinne, after telling her that he was too old to give her children. She felt that it was just an excuse because he knew that she did not want children. She experienced deep depression, hopelessness and grief. (Christiaan was identified as the therapist, and the other woman as Gill, the therapist's partner.)

Past-life 80 - 21.10.C Karina, whose husband died after they had been married for 15 years. Her father would not allow her to mourn his death. It happened 10 000 years ago, "at a time when women obeyed men". She felt desperate for not being allowed to express her grief, but had to be submissive.

Past-life 81 - 24.10.C A young man, Lester, who was forced to take part in a spiritual initiation. He was held under water in a ritual meant to induce a near-death-experience in order to bring about an altered state of consciousness. He experienced resistance and fear, because this process was to be continued until one drowned, and there was no guarantee of survival.

Past-life 82 - 24.10.C Porshna (12), the child-bride of a ruler, Shati. She was totally ignorant and terrified of sex and experienced great pain, fear and disgust when he forced himself upon her on their wedding night.

Past-life 83 - 31.10.C Kera, the daughter of a prostitute, Domanan. From the age of four she had been sexually abused and exploited by her mother and the mother's boyfriends. When she tried to run away in terror, she was forced to come back. At the age of 16 she took revenge by killing her mother with a kitchen knife, and blamed the murder on the men. She experienced anger and the satisfaction of revenge.

Past-life 84 - 31.10.C Jeanette (14), who was sexually abused by her father.

Past-life 85 - 14.11.C A starving old woman, surrounded by the corpses of many people who had already died of hunger. (Anna had previously seen this woman in dreams.)

Past-life 86 - 14.11.C A young girl, Carike, who was hurt by her mother, but did not cry. It was not safe to cry.

Past-life 87 - 14.11.C Hilary, who was raped by her father. He cut her vagina to make it bigger, but she did not cry. She endured the pain in silence because it was dangerous to cry.

Past-life 88 - 21.11.C An adult male, who was crushed by a big weight across his back, and battled to

breathe. He panicked, telling himself: "I must breathe. If I stop breathing there will be no life."

Past-life 89 - 21.11.C Nicolas (14), who was held under water by a priest as part of a spiritual ritual. He was battling to stay alive without being able to breathe.

Past-life 90 - 21.11.C A baby being born, struggling to get out, coughing and gasping for breath.

Past-life 91 - 21.11.C Peter (32), who was stabbed and strangled in an argument about a water-well that belonged to him. He died with the conviction that his anger was justified.

Past-life 92 - 26.11.C Lee (25), whose husband, Aeron, forced himself on her sexually. At times he throttled her until she became unconscious. She was too weak to fight him off and experienced helpless rage.

Past-life 93 - 28.11.C Dimitri, who was wounded in a war situation. Despite a wounded shoulder, he attempted to carry his mortally wounded friend, Almand, to a place where they could receive medical help. Eventually he put his friend down and left him to die, in order to save his own life. He was determined to survive and felt the need to take care of himself, but suffered remorse and guilt at having had to abandon Almand. (Almand was identified as Lida, a friend.)

Past-life 94 - 28.11.C Clare (25), whose child, Rietha (11), was dying of fever. There was nothing she could do to save the child's life. She felt helpless and sad.

Past-life 95 - 28.11.C A baby being born with the umbilical cord around its neck. She was stuck at the shoulders and had to be taken out with forceps, but died in the process.

Past-life 96 - 28.11.C A spiritual healer, celebrating with his followers that he had been healed of a serious illness caused by poison.

Past-life 97 - 20.2.D A trapped foetus, struggling to be born.

Past-life 98 - 20.2.D A pregnant woman, struggling painfully to give birth.

Past-life 99 - 27.2.D Daryn, who was tortured to tell the whereabouts of Memphis, but courageously remained loyal and refused to give information. Both his arms were broken, and after his death his stomach was cut out of his body. He died with intense rage, and a desire to take revenge. (Memphis was identified as the therapist, and two of the torturers as Anna's father and a friend, Kim.)

Past-life 100 - 5.3.D A man who was caught in an ambush and wounded in the shoulder.

Past-life 101 - 5.3.D A 15-year old girl who was gang-raped by a group of men. She suffered intense fear and pain and tried to fight them off, but was not strong enough.

Past-life 102 - 5.3.D Eme, the chief of an ancient Native American tribe. He returned to his village from a hunting expedition to find that all his people had been slaughtered. He felt intense grief and lamented the loss, but did not take revenge or express his anger. He felt guilty for not having been there to protect his people.

Past-life 103 - 2.4.D A priestess involved in tantric sexual practices. It was not part of a normal sexual relationship, but sacred and transformative. (She identified her tantric partner as the therapist)

Past-life 104 - 2.4.D Clivia, a member of an esoteric community. They had to worship in secrecy, because their spiritual knowledge was not accepted and their lives were in danger. She felt strong and spiritually connected.

Past-life 105 - 2.4.D Lila, married to Teta. He abused, hurt and raped her, causing her great anger and grief. (Teta was identified as the therapist. This regression was followed by a series of past-life memories in which the therapist repeatedly appeared as someone who abused the subject sexually and hurt other people, including P/L 13 as Aqua.)

Past-life 106 - 16.4.D Misha (9), who found her mother's body amongst other corpses after they had been killed by enemies. She sat next to her mother but did not dare cry, because it was not safe. She knew she had to bury her mother but did not know how. She felt abandoned and lost and pleaded with the dead woman: "Please don't be dead. I still need my mummy".

Past-life 107 - 23.4.D The victim of a ritual murder, committed by people in robes. His skull was cut open with the sharpened edge of a rock. He died with fear, despair and an intense sense of helplessness.

Past-life 108 - 23.4.D A boy, Tim, who was held down on an ancient stone altar by people in brown robes, and killed in a ritual murder. He suffered immense pain when a sharp object was put through his head, and died with an intense sense of isolation, loneliness and helplessness.

Past-life 109 - 23.4.D Manihof, the victim of a ritual murder. Organs were cut out of his body while he was still alive. He suffered immense terror before death.

Past-life 110 - 27.4.D A wounded man, Yael (26), who was lying helplessly amongst burning buildings after his village had been set alight in a surprise attack. He was coughing, overwhelmed by smoke, and dying with a sense of fear, confusion and powerlessness.

Past-life 111 - 27.4.D An unborn baby, Lexis, who - still in the womb - was terrified of his forthcoming birth. He was aware that his life would end in being hung, and he suffered terror in anticipation of his fate. He did not want to enter into the human condition of so much suffering and death.

Past-life 112 - 27.4.D Kim (15), who escaped into the hills after she and other girls had been kept captive by people with slanted eyes. She was caught again, wounded and tied to a tree until nightfall, when the men gang-raped her.

Past-life 113 - 7.5.D Trishia (18), who was raped in a barn by Simon, a labourer of her father. She experienced intense pain and disgust, and wanted to die.

Past-life 114 - 7.5.D Desiré, who enjoyed the sense of power it gave him to rape women and inflict pain. He was suffering emotional pain and took it out on others. This pain was caused by Darmaté, who had killed his child. He hated Darmaté and wanted him to suffer too. (Darmaté was identified as the therapist.)

Past-life 115 - 28.5.D Lilyanna, whose father had forced her into an incestuous relationship after her mother died when she was five. The incest continued over many years and the father forcefully restrained her from leaving. She found the sexual intercourse painful and disgusting, and felt an urgent need to escape in order to survive.

Past-life 116 - 28.5.D Veia, a woman who enjoyed sex and had many lovers. Her friend, Shana, taught her what to do and they had sexual fun with many men. She had no fear of sex.

Past-life 117 - 28.5.D Rey, the child-bride of Hill, who was a friend of her father. She was ignorant of sex. On their wedding-night he was rough and drunk and forced himself upon her. She experienced fear, pain and disgust. (Hill was identified as Anna's father.)

Past-life 118 - 4.6.D A man who witnessed an ancient city being destroyed by water as the land disappeared into the sea. He felt that the destruction was brought about by negative energy because people had lost their connection to the planet. He joined a group of people who tried to transform and heal the negative energy by dancing and chanting, but they failed and were destroyed along with the city.

Past-life 119 - 20.8.D A woman who was sexually involved with two men simultaneously. The men initially also had a homosexual relationship, but due to their passion for her, became insanely jealous of each other and stopped being lovers. Both men were possessive of her, but although she enjoyed their passion and virility, she was not allowing either to capture or tame her. She saw herself as wild, free and lusty - a woman with a lion-heart.

Past-life 120 - 23.9.D Kei, who lived around 9000 BC. She lost her mother at birth and was brought up by a strict foster-mother, Jocelyn, until, at the age of five, she was kidnapped and taken away into slavery. From the age of seven she was sexually assaulted by Obosh. Although she initially hated him for his cruelty and wanted to cut his genitals and kill him, he was also sometimes kind to her. She learnt to care for him, but his inconsistency hurt and confused her. When he would not allow her to leave, she eventually committed suicide by starving herself and wilfully ceasing to breathe. (Obosh was identified as the therapist.)

Past-life 121 - 29.10.D Shoshanna, who became stuck while making her way through a dark forest. She was caught and raped by men marching through the forest.

Past-life 122 - 19.11.D Heshna, king of an ancient tribe with a strong spiritual connection. He was captured by enemies and put in chains. They threatened to kill him unless he put his handprint on an agreement to give up his land and his people. He refused, because he knew that it would scatter his people and sever their spiritual connection, but eventually agreed for fear of his life. When he still could not bring himself to sign, they forced him and then killed him. He died with a sense of having betrayed and failed his people: "I am not good enough to be king. I have no power. I deserve to die."

Past-life 123 - 19.11.D Kenash, who loved a married woman of a different tribe, Shaw. People from her tribe punished him for the forbidden love by tying him down, stretched out on sand, and leaving him there to die. He died with the firm resolution that, even if he was killed, he would continue to love. (Shaw was identified as Gable.)

APPENDIX 2:

DREAMSComplete list of dreams documented between 27.4.A and 4.6.E

Dream 1 27.4.A I was climbing over wet, slippery rocks close to the sea and went down to the edge of a rock-pool. The water was very clear. I looked down and saw lobster-like creatures of a vivid orange colour, with hard shells and feelers. I was afraid that I would fall in and that they would approach and touch me. They had six legs that moved slowly, spider-like. I was terrified.

Dream 2 11.6.A Jim was very angry and shouting at me to make a decision. I was running and I had to choose whether to run down one side of a high fence or the other. Once I started, I would not be able to change. On one side of the fence was open land, flat and clear, with no obstructions. There was light. On the other side was a sloped terrain with thick vegetation. It would be a struggle to go that way. Both paths would get me to the same place. I chose the difficult path. The other one seemed boring. I was angry with Jim and shouting at him.

Dream 3 20.7.A I walk out of the house, look up and see the blue sky. I feel strong and confident, and say to myself "I don't need you", thinking of Jim.

Dream 4 20.7.A A Doberman was chasing me. I was afraid, but I picked it up and threw it over a fence so that it couldn't get to me. The fence was like the one at my childhood home. The dog fell into a yard. I was safe. Then I was stroking a kitten. Suddenly I wanted to hurt it, and I broke its paw.

Dream 5 28.9.A I'm in a school's dining-hall. The bell is rung for silence, but I don't hear it and carry on talking. Suddenly I realize that everybody heard my conversation. I feel embarrassed and very exposed.

Dream 6 28.9.A I am baby-sitting an eight-year old girl. We are in their car. The mother is driving, with me sitting in the front and the child at the back. The car stops. I get out and say to the child "Maybe you need to be with your mother, so you sit in the front." She climbs into the front and I move to the back. Then she takes control of the big Mercedes and drives it well. I'm amazed at her skill.

Dream 7 2.10.A I'm running, terrified. I need a place of safety. It's war-time with gun-shooting, fighting, people dying, shouting, and planes in the air. I run to a mountain where I crouch inside a cave, but I realize that the pilots have seen me. I'm no longer safe. I feel persecuted.

Dream 8 30.10.A I am taking part in a competition. I'm doing an "Arabspring" (a gymnastic movement in which one jumps and twists in order to land facing the direction from which you came). I stop because I can't do the "flick-flack" that should follow. ("Flick-flack" is a dangerous movement that requires a great amount of courage and skill, and breaking through many levels of fear.) People are watching. I feel pathetic, embarrassed, inadequate and self-critical.

Dream 9 30.10.A I'm the male leader of a gang in a violent starwar-type futuristic urban scene. There are rockets. I tell the gang where to position themselves in defence, but realize that there is nowhere to hide. I tell them to prepare for invasion, to defend.

Dream 10 30.10.A I'm a powerful king, standing in the wings of a room filled with thousands of people. I know I have to go on stage but don't feel like doing it. My male bodyguard walks out onto the stage and I follow. The crowd claps and raves and idealizes me. I am reluctant to be treated like this, but it is also a nice feeling - as if receiving adoration.

Dream 11 25.2.B I shit all over shirts and hankies that I have given to my father.

Dream 12 25.2.B I lecture my father and ask him: "How could you marry my mother when she is not even an integrated person?"

Dream 13 25.2.B A male coach injures his neck while demonstrating a gymnastic movement to me. He asks me to fetch something from the dispensary. The dispensary is like a garage and doesn't have what is needed.

Dream 14 25.2.B I am murdering a man. I am screaming. It is as if I don't know what I'm doing.

Dream 15 26.4.B I swim with someone in a lake and hold her under the water. She struggles and drowns. When I see people coming, I swim underneath them and feel a calculated satisfaction at outwitting them.

Dream 16 27.4.B I witness violence in a war-situation and feel terrified that I will get hurt.

Dream 17 3.5.B I'm alone in a house behind a transparent sliding-door, which doesn't close normally but is shut with press-studs. It is not very secure. Through the door I see a ring (circle) of fire in front of the house. I watch it in awe.

Dream 18 14.6.B A large orange spider goes under a shelf, and turns into a centipede. It bites. People turn it around. It lands on Jim and poisons him. He lies there unconscious.

Dream 19 19.7.B I am a teenager and with a girl I dislike. I steal chocolates and cakes in a shop and put one in her bag. Then I own up that I've stolen, and tell on the other girl. She is sentenced to four months hard labour. Her boyfriend accuses me of betrayal. I feel incredibly guilty.

Dream 20 19.7.B I am a man, leading people in a river. We are underneath a bridge, swimming silently. On the other side people are shooting children. I direct my people through the rushes. Then I realize that the weapon is a toy gun and that the children are not dying.

Dream 21 28.3.C There was a fragile dinghy in a storm on the sea. It was going towards a double-storey house built on rocks, like a lighthouse. The house looked solid.

Dream 22 4.4.C I am due to give a talk. A large crowd is seated. I am well prepared, but then Jim is standing there and speaking. I am very angry and jealous, but resign myself to it and decide to sit and listen.

Dream 23 4.4.C I am a 12 year-old boy, sinking into a beautiful crystal-clear turquoise ocean. People are panicking that I will drown. I am in no hurry to come up. I am surrendering, sinking deeper into the very beautiful water. I have no fear and feel fine. Then something swims up at me. It has a dark, small, round head like a human being, and a scaly crocodile-like body. It wants to pull me down. I feel that meeting the creature was predestined.

Dream 24 11.4.C Jim, in therapy, says "Go back" (regress).

Dream 25 11.4.C I see myself at age four being swung upside down by my father, with blood rushing to the head. I love the sensation and laugh.

Dream 26 18.4.C Jim is holding me in therapy, sitting with his arm around me. I am able to cry.

Dream 27 18.4.C I was with Gill, laughing together.

Dream 28 18.4.C I witness a car crash. Two cars come from opposite directions and crash into each other. I feel detached. I don't see any people.

Dream 29 22.4.C I have images of myself doing violent things.

Dream 30 25.4.C I meet an old school friend who asks "What are you now?" I answer: "I have loved."

Dream 31 30.6.C There was an island in an endless ocean. A voice spoke: "Your unconscious is the island of your dreams, only partially known, even in the dreams. The latent depth of the waters is unexplored, but waiting for you to swim in the unseen."

Dream 32 30.6.C I was a guest at Gill's birthday party. She was unwrapping her gifts. We were good friends and I sat on her left, listening to her public and private comments on each gift. One gift contained two books - a set. The one cover had warm colours (pinkish), the other cold colours (blue/green). She ignored the bluish book and picked up the pinkish one, saying to me "I have these books already" in an almost frustrated tone. I understood her disappointment. The title was "The fire of healing."

Dream 33 4.7.C I got drunk and expressed anger and aggression by shouting and being crudely abusive. I had an argument with a woman in the loo and swore bitterly. It was good fun.

Dream 34 5.7.C The child of a colleague had died and I was comforting her. At the same time it was someone I vaguely know, called Jim Drinkwater, who had died. I was not sad. I was nurturing my colleague, containing her grief, although she was not crying.

Dream 35 8.7.C I am climbing up a steep mountain path to the top, to the house of the general manager. I think I am in trouble. Although I know that I am innocent, I am frightened. Then I find that I am invited to tea and honoured. There is no trouble. I am surprised and relieved.

Dream 36 8.7.C I am emptying John's mail box. Looking at the mail I realise that it is not his. I quickly put it back and take John's mail out.

Dream 37 10.7.C Jim is tickling my feet in therapy. I'm laughing, we're playing. Then he moves his hand up over my body, touching, massaging, feeling. I respond sexually, pressing his penis behind his clothing into me, wrapping my legs around his waist, and feeling him. Suddenly I feel guilty and overwhelmed.

Dream 38 10.7.C I am in a vast hall, having a super meal.

Dream 39 11.7.C I was swimming out into the ocean, further and further away from the coast. I loved the sensation. It was important to go further and further.

Dream 40 25.7.C I am swimming out across a huge expanse of water and I have the strength to do it.

Dream 41 25.7.C Jim phoned me to change the therapy venue. I went there but he didn't turn up. I called his office and identified myself to the switchboard operator, but did not get through to him.

Dream 42 25.7.C I am on the surface of a deep pool with very clear water. I see things at the bottom but I am content to swim at the surface. I see dolls and crystals that are broken, scattered on the bottom of the pool. I put out my hands to get it, but can not put it back together.

Dream 43 19.9.C I was trying to work, but other people were making a lot of noise in the same room, collecting written material. The pile of papers was in a mess. I got up in anger, went to them, and said "I've had enough". I gathered the papers, made a neat pile, and took them to another room where the people could collect them, so that I would be left in peace.

Dream 44 19.9.C I was in a clothing shop, buying several items of men's underwear, although I didn't wear them.

Dream 45 19.9.C I was with my parents at an old dilapidated holiday cottage without running water. No-one

liked it. It was cold, made of stone and very unwelcoming. We moved away.

Dream 46 19.9.C A red car was racing across a dam wall, consisting of concrete slabs. The river was deep, wild and racing. The car lost control, went too close to the edge and fell down. I threw myself out and free of the car, but fell into very deep, dark waters. I felt myself slowly sinking down into the depths. When I reached the bottom I knew that the others were waiting for me to come up. I pushed hard against the river floor, and felt my ascent, but realised that I was out of air. I could not breathe in the water. Panic arose and I fought my way up.

Dream 47 22.9.C The paper doll queen, dressed in white lace, gave me a gift. The king, also made of paper, uncut like his partner, said "The queen is honoured to give you this gift." "What gift?", I asked. "The gift of consciousness and wakefulness," replied the smiling king.

Dream 48 15.10.C There's a spider on the wall. I feel fear and revulsion.

Dream 49 24.10.C Ivy and I are travelling in a car with two older female friends. Ivy is driving. We go down the road, sloping downwards to a narrow bridge. At the bridge, the car overturns. We are thrown out and fall into the river. I see that they are okay and going up to the surface. I allow myself to sink down to the bottom of the river, feeling no fear. As I go down, the water becomes very clear, turquoise-coloured and beautiful. On the bottom I play with snails, reeds, little fish, and the air-bubbles that escape from my lungs. I do not need to breathe and feel no need to return to the surface.

Dream 50 1.11.C I'm in a Boeing. The pilot is an older woman with silver-grey hair. She has the controls of the plane and is behind a bench-like structure, facing the passengers. We can all clearly see her from the waist up. She announces take-off. With her hands on the control buttons, she flies the plane. I feel quite safe. The plane is very narrow with a small passage-way between the seats. We fly up over hills into a blue sky. I am a little tense. She flies well, pushing buttons that immediately alter the course of flight. I get really scared when we almost smash into the side of a mountain but she lifts the plane just in time. There are many people in the plane but I don't know anyone. Later the pilot leaves the front after putting the controls onto automatic. I want to sleep. The journey is going well, smooth and gentle. I go to the front and stretch out under the control panel. I am aware that my elbow could bump the control buttons and plunge the plane into crash course, but nothing like that happens. I know that I am somehow in control. Later I get up to explore. I climb a small staircase, find a door marked "Private", and return to my seat. The pilot is back again. I don't know where we come from or where we're going.

Then the scene changes to a very crowded shopping-mall. I am window-shopping and moving forward quite fast. Suddenly there is a mad woman in a long coat, shooting aimlessly. She tries to shoot me, but misses. I walk on. She follows me and takes shots at me. I am afraid, expecting the next shot to go through my neck. I try to get away from her and sneak into a shop, dodging her - not in a frenzied hurry, but slowly and planned. I manage to lose her.

Then I am back on the plane. I'm the pilot, not facing the passengers, but looking forward out of the cockpit window. I have to type the words "take-off" onto a small monitor. It appears in neat red letters. There is a co-pilot who helps me to fly. While we are waiting for clearance from the tower, I move the plane along the runway. I stop at a cafe for a passenger who gets off to buy sweets. We are all ready to fly. I have the controls. We wait in anticipation, our stomachs filled with butterflies. We wait. I wait.

Dream 51 6.11.C I was helping a wise old woman with her passport, filling in the details on the document. It had just been renewed and she was now leaving on a journey. The passport did not contain her name or photograph, although I knew her name. It contained a photo of my father.

Dream 52 7.11.C I climbed a high, dangerous staircase and knew that I had to use it again to descend. I was very afraid. Gill sat next to me, talking politely while we watched a school-concert. Jim was not there. I went to the toilet. There was a nun standing next to me in the queue. I went into the loo but couldn't close the door properly. People could see me. I peed on the seat and down my legs. Then I saw the dangerous staircase and was scared. I would not go down.

Dream 53 19.12.C I was in a lift with others, and I pushed G for ground. We descended so fast that I felt afraid. Suddenly the lift changed course and violently careered down another shaft, towards a deep river. We all panicked. The lift raced to the edge and toppled over to plunge down towards the water. I felt terrified, but saved myself by diving into the water. I didn't have the sense of diving, and rather seemed to be observing myself saving myself.

The scene changed to a dinner table, with a man and several women. He seemed caring and we spoke. I was aware of hating one of the women and wanting her to leave. My best friend was next to me and I felt possessive of her. The man asked me how I was and I told him my dream about the lift. I saw some chocolate on the table. He asked me if I would buy some more for another friend of his. I asked him where and he told me of two nearby shops. I was willing to do it but was afraid that somehow I would let him down. The chocolate was half-eaten already, anyhow, so I finished the rest. It was very tasty. As we talked, we all helped to wash the dishes and tidy up. Everyone went away.

Then I was dressing for school. My usual plain white shirt was beautiful with lovely pink ribbons down the front. The school uniform had a skirt. I dressed in front of the mirror. Suddenly I looked at my watch and panicked. I was late. I decided to go at the start of the second session, so that no-one would notice. I dressed again, putting a vest underneath, but then realized I would be too hot.

Then I saw myself getting out of a huge, lovely double-bed with a canopy. A man was asleep in it. I slipped G-string panties on and dressed. My shirt suddenly had black buttons which stood out on the white school shirt. Time was moving and I was hurrying. I realized that I was sexually aroused. The more I hurried, the more aroused I became.

Dream 54 20.12.C I was walking with a friend on a long deserted beach. It was hot and we walked far. There was a beach cottage that belonged to a wealthy woman I did not know personally. It was not locked and we went inside. My friend went to the toilet and I walked around, looking at the structure of the house. There were carpets on the floor but nothing was too expensive. I explored everywhere. Then people came and we left. These people were also walking and curious about the house. Outside, my friend stripped naked and encouraged me to do the same. I did not want to because these other people were still around. I noticed her naked body and the pubic hair over her genital area.

Dream 55 20.12.C I was complaining to Gill about my work, calling it unfair and exploitative. She was sympathetic and said she'd talk to my boss. I suddenly decided to resign and walk away from all the trouble and dissatisfaction. I went to the secretary to make an appointment with the manager but he was not available, as usual. I could not find him, and was angry. I felt like screaming out my rage and frustration.

Dream 56 24.12.C I was a lonely, wandering woman, looking out for a glimpse of Jim, but not trying very hard - almost knowing that I would not see him. I walked along an open ground, past buildings and people. I did not know anyone. Phillip appeared and walked next to me, boasting as usual, telling me about his achievements. I felt envious, not telling him about my own efforts. His wife was close by and walking along, but not with us. He left me and joined her.

Later I was lying on a huge four-poster bed with a big duvet and wonderful soft sheets. I lifted my lovely dress above my head and felt my naked body, masturbating. I felt very alone in that bed. I did not masturbate fully, I felt so alone. Then I was walking again, feeling terribly, terribly alone, like I've never felt before.

Dream 57 8.1.D We were two female dancers, dancing in unison, mimicking a butterfly. Together. Spiritual. Then I found myself in a large bedroom. I opened all the windows that had burglar bars on, and closed those that did not. I had a sense of making the room safe for myself. When I left I knew no-one could enter. The windows let in all the wonderful light. Then I accidentally locked the keys inside. I was a little anxious, but went to look for Mrs Smith. I knew she would have spare keys to let me in, to unlock my safe, beautiful and private room. I found her at the tennis courts, teaching students. She came smiling to me. I felt loved. She touched my shoulder and we drew away from the others. I told her many things and she held me. She loved me. We moved further away from the students. Out of sight, behind a tree, she made love to me. I passively let her and felt good. She gave me sexual pleasure and I felt contained and warm with her.

Then I was naked and being raped by a woman with a huge dildo on her hips. I felt helpless. The pain was enormous. She was pushing the dildo into my small vagina. It was a horrible scene. My body was torn. I was violated and helpless.

Dream 58 3.2.D Jim was keeping me safe, loving, nurturing, holding and touching me as we lay together. The earth shook and trembled in a minor earthquake, and around us people were screaming and running. Suddenly I was in the African bush with my parents, and a huge devouring lion appeared. I was afraid. We tried to escape. I climbed up a tree, but the lion came, and tried to rape me, forcing its huge penis into me.

Dream 59 7.2.D I encounter a huge lion in the African bush. I realize that I can't outrun it and that I will have to face it, knowing that in doing so a part of me will be totally destroyed.

Dream 60 27.2.D I was descending very fast in the escalator of a huge plaza. I felt out of control. There were no normal lift-doors, but iron-doors shut in front of me. I felt surrounded by concrete.

Dream 61 27.2.D I'm in a huge cave with a lioness that is wanting to devour me. I manage to fight it off.

Dream 62 27.2.D A small animal follows me around and won't leave me alone. I feel panic and fear.

Dream 63 12.3.D Jim rapes me and walks away. I feel more devastated by his departure than by the rape itself.

Dream 64 3.4.D Lida was in a huge, wealthy and richly decorated house. The curtains seemed to be heavy satin, the furniture austere. I tried to start the engine of Lida's scooter.

Dream 65 14.4.D I was having a terrible fight with my family. It started with me and my sister, Marlene, arguing in the kitchen. We became physical, slapping each other. My parents came in and we also argued fiercely. I felt that they were all against me. I was dressed for work and cooking breakfast. Suddenly a hose appeared. I wet Marlene, who grabbed the hose and sprayed all over me, soaking my clothes and hair. I would never be ready for work. I was angry and went to change quickly. When I returned to the kitchen my mother told me to

stop arguing and forgive Marlene. I was stubborn. Why should I if she was also involved. I left for work without resolving the argument.

I ended up at a fairground where people were performing very dangerous feats. I joined a packed crowd sitting around the edge of a very steep vertical cliff. It was very precarious. A man did something very dangerous, but survived. A second man slid down the vertical cliff on his bottom without tumbling over to fall to his death. I was standing near a man who had a child on his lap. The child leant over the edge. Although I have not leant over yet, I knew that it was very far down, rocky and steep. I reached over to the child and gently pulled her back. Then I looked over and nearly fell. I felt very afraid. I did not see the man finish his sliding act, but shortly afterwards the audience brought him up as a hero. He had survived. They were all cheering and celebrating.

I walked on, looking for familiar faces and feeling alone in the crowd. In a tent I joined people whom I knew vaguely and we played cards. It was a competition. I was not sure of the game but ended up playing with a person whom I did not know well and did not really like. The cards were beautiful. I kept getting kings and throwing them down, but I was losing. Then my last important card had a man holding a small baby. I thought it was a king, or at least a high priest, and put it down, but was told that it was only a peasant. I lost the game and felt desperate, unhappy and lonely.

I walked out and met Gable. We were touching each other sexually. He kissed me very passionately and it felt good. I wanted more and looked for him. I could not find him. I felt anxious and wondered why he had kissed me like that.

Dream 66 6.5.D I was in charge of prisoners in a dormitory. I grabbed a young girl, a naive, innocent and frightened virgin, and threw her on a bed. I ordered a male prisoner to fuck her in front of me. I told him to undress her and demanded that he raped her while I watched. He did. I saw her on her back, knees up and apart, with this man on top, pushing his penis inside her. I observed the pain of the girl, having the man push and push until he was right up inside her. She tolerated it bravely, submitting passively without crying or fighting. I was cruel. Once inside her tight small vagina, he began to thrust. I saw the pain on her face and the man trying hard to push his erection into her exposed and naked body. It was dreadful, and yet I watched it all. Afterwards I felt guilty for the agony she must have experienced.

Dream 67 12.5.D I looked into my own vagina as if I was a doctor examining myself. I looked right inside and saw that it was "big enough" for any size penis. I was relieved and pleased. Sexual coitus would not be painful.

Dream 68 12.5.D I was acting in a play, taking the lead role. I was the king wearing a gold paper crown and a purple cloak over a long white robe. After the rehearsal we all went to the corner of a street. My mother was to collect us. We waited but she did not come, so we started to walk home, up a mountain. It was a long, hard, slow trek. I walked ahead, leading, but a few steps behind me was a trusted friend. We walked up the hill in our costumes, and I wore my crown, which seemed to fit so well. At the top I turned, hoping to see my mother's car coming. I thought I did and put my hand out to signal the car to stop, but when it screeched to a halt, I realized that it was not my mother's. Other cars almost crashed into the stationary car. Then they all moved on. I was left, feeling very disappointed. My mother had let me down. I turned and walked, more alone now, up that steep hill, with my fragile gold paper crown.

Dream 69 21.5.D I found that my office had been removed from the school building. A persistent pupil was searching for me, wanting me to re-mark his test. He was persistently trying to catch me, to ask for a second chance, a higher mark, so that he could get into a higher class.

Dream 70 21.5.D I was menstruating, but the blood flow was unnaturally strong. I was in an unfamiliar bathroom with my concerned mother. My panty was full of blood, with a tampon full of blood pushing out of my vagina. Blood was dripping rapidly from between my legs onto the floor. I felt helpless, and my mother couldn't do anything. I tried to wash myself, but it was hopeless. The blood continued to flow so much that I could not wipe it away fast enough.

Dream 71 22.5.D I was in a lift that moved very fast. I was afraid that it would break and plunge me down the shaft to my death. The lift was moving down, down, into my underworld, with mirrors everywhere. The mirror on the entrance to the lift reflected my image. I stepped into the lift with another woman, and we went down to the very depths.

Dream 72 22.5.D I read in the newspaper about Jim and his family. His wife was not Gill but another woman. He was with her in a photograph. In another section Gable was with Jim.

Dream 73 28.5.D I was lying down with Gable. He was simply holding me.

Dream 74 30.5.D I needed a bigger room to do my work and asked Gill if I could use hers. She asked me where she should go. I was helpful and suggested that she used my room, which was comfortable, sufficient and cosy. She agreed and went there. I continued to work but then realised that I needed to fetch something from my room. I felt reluctant to disturb Gill again but had to. I entered the room and apologised. She was not angry, but welcomed me and even invited me to do her work. I did so for a while and enjoyed it. Then I got what I

needed and left. As I was walking downstairs I realised that I had her briefcase and not mine. She had also realised this and had followed me to swap. She gave me mine and I returned hers, which was smarter, newer, and had a fancy handle. Mine was not so expensive.

Dream 75 15.6.D I was in a lift going up, needing the height to get a perspective. Then I was underground holding the hand of a small child. She was me. I needed to take care of her.

Dream 76 16.6.D I was admiring an expensive outfit that Marlene had bought, made of beautiful deep green velvet. I was glad for her, but wanted a similar one in red. I looked around but there were none. Then we were swimming in the sea. I suddenly felt unhappy and very restless. I left the sea and walked away from her.

Dream 77 6.8.D I was in bed while it was raining very hard outside. Soon the roof began to leak and my bed became wet. I jumped out and pulled the bed to where I thought the roof would not leak. The rain became harder and I found my bed soaked. I pulled the wet blankets and sheets away. It was very cold. There was no warmth and I was alone. I stood there with my wet blankets that should have kept me warm.

Dream 78 7.8.D Jim was standing near me, calling and watching me. I had to do something and could not listen to him or pay much attention to him. He was disappointed.

Dream 79 20.8.D It was raining and the rain was boiling hot. I awoke with sweat pouring from my body.

Dream 80 24.8.D Hannah was watching me doing my work. She seemed envious and reluctant to acknowledge my hard work and intelligence.

Dream 81 24.8.D A woman was trying to give me a pelvic examination, but she was sadistic and forceful. I fought with her, feeling my legs and genitals resisting her penetration. I fought and eventually escaped her fingers and cold instruments. I had strength and I could get away from her.

Dream 82 24.8.D I was floating in a deep river, alone. I began to cry and sob, but suddenly a man appeared behind some rocks on the bank. Embarrassed and self-conscious, I stopped crying, but my heart felt very open. I floated past the man, saying nothing to him.

Dream 83 24.8.D I was sobbing and crying deeply for my love for Jim, for my loss.

Dream 84 2.9.D I was running away from my dad, who chased and caught me. He picked me up.

Dream 85 2.9.D I was running a bath and quickly nipped across to my other house on a racing bike to fetch something while the water ran in. At the other house Pierre's big red racing motorbike was blocking the entrance. I could not get inside. In frustration I turned back and raced home, hoping that the water had not overflowed.

Dream 86 2.9.D Pierre was trying to eat a spider. I was revolted but stood by while he prepared to cut it up. The spider was resisting, curling in its long legs. Pierre wanted it to die slowly, so he took four legs off the spider and crucified it on the table. It was there, alive, waiting to die. Pierre went to another part of the house. I also wanted to leave. The spider was in pain, stretched out, with nails in its body. As much as I feared and hated the spider, I had compassion for its pain and suffering.

Dream 87 4.9.D I was swimming in a race, struggling to push against the water and propel myself forward in competition with two other women. They were taller than me and good swimmers. The pool was large and the water clear. I was supported by someone I did not know. I won the race with a sense of relief and achievement, feeling proud and glad.

Dream 88 4.9.D I organized a flight to Johannesburg for R200, and was glad that I had the money to go. I wanted to return home. I discovered that I had left my passport behind. I needed that to be allowed to "pass into" my country. I was stuck and felt very anxious, desperate and alone, because there was no-one to help me.

Dream 89 5.9.D I was a swimmer, taking part in three races in a large deep pool with warm water, not cold water, which I hate. I received a certificate with three coloured ribbons, red, yellow and white, to indicate three winnings. I did not feel elated, happy or excited. There were people all around me but I was not interested in my achievements.

Then I was at Pierre's office. It was small and horrible. I was sitting with him at a table but he was angry and silent towards me. I was feeling uncomfortable and wanted to leave. I tried to arrange a lift, but failed, so I walked to a place where I thought I would be happy. It was pouring with rain. I was soaked, cold and very miserable, and did not arrive at a warm place. Pierre had seen my certificates of achievements, which were more than his. He was jealous and ignored them. I felt that he was very insecure, immature, and unworthy of me. Later I found my mother and we talked a little. I felt that she cared for me and understood and supported me. She was kind to me and I was able to get dry and warm again. I was glad I had left Pierre.

Dream 90 6.9.D My body was comfortably lodged up in a tree with a huge branch between between my legs. I rubbed myself against this tree and felt the sexual sensation. I looked up into the tree and saw my ancestry, which was of Russian royalty. My father was a tsar - I think Peter, and my name was Catherine. I played in the tree, feeling sexual and happy. Then someone reported my activities to my father, who insisted in punishing me. The court guards pulled me down onto the stone floor, and insisted that my clitoris be cut open. I laughed at their efforts, and went to my father to tell him to stop all this nonsense. There was nothing wrong with being sexual. A woman was a woman through her sexuality. This was good and healthy. They all stood back and I went on

my way. I had an enjoyable sense of power and achievement. I was a royal woman, destined to be a ruler and leader.

Dream 91 7.9.D I was a royal princess, trying to escape with my family to a place of safety. We had help from other people, but lost all our belongings. All that was precious to me was left behind. I had to give up all my most loved things to escape. It was an immense sacrifice and loss.

Dream 92 8.9.D My mother and I were separating. As I was about to board a bus, I hugged her, held her, and felt terribly sad. I promised her that I would be back soon. I was crying as I went away with a great sense of sadness and separation.

Dream 93 8.9.D I caught a horrible spider and trapped it in a transparent plastic bag. I closed the top so that it would not escape. I was repulsed by it. I had to carry this creature and eventually post it.

Then I was in another scene. I had lost the keys to the Wilson's car. I was looking for it in the garage at my parents' home. Suddenly Bob came out of my family-home. I felt embarrassed and awkward and said I was searching for something. I did not know how to relate to him in this strange situation. I could not understand my embarrassment, as if I was caught with my hand in the cookie jar. (Previous authority figure)

Dream 94 25.9.D Jim was raping me. His whole hand was inside my vagina. It was awful. His hand, that had always been a symbol of gentleness to me, had become an instrument of violence.

Dream 95 25.9.D Jim crucifies me in the door-frame. I am nailed to the frame through my hands. I am naked. There is also a photograph of me, being crucified. I am tremendously afraid and helpless.

Dream 96 9.10.D I was with Jim and Gill. In one scene Jim kissed Gill while I was on the bench next to them. I felt sore and hurt. In another scene Jim was ignoring me totally, and in a third scene Gill was a money-collector and I did not have money. I felt embarrassed.

Dream 97 10.10.D I went to New York. I tried to explore it and see things, but had a sense of unsettledness. I went up and down huge escalators, feeling a need to meet someone and move away. It was hard work to move around New York looking for something, I was not quite sure what.

Dream 98 10.10.D I was driving a car. It was frustrating because I could not reach the clutch, the hand-brake was behind the seat, and the brake was barely reachable. All I could actually do was steer the car. I was able to control the steering, and drove around with some friends in the car.

Dream 99 10.10.D I was climbing steep rocks with my mother, who was excited about a new house she had bought. An unknown man with me was annoyed because the house he wanted had been sold to someone else. They talked and I listened as we climbed the rock face. Although I was barefoot I could climb. There was no fear, although the rocks were very steep and could be dangerous.

Dream 100 17.10.D I was swimming in a competitive race with many other competitors. It was a hard race and I pushed and pulled with all my strength. I won and had a wonderful sense of achievement.

Dream 101 17.10.D I was going through the calico prints of a book on Commerce to which I had written a contribution. It was insufficient. It was impossible to recognize my own work. There were only a few pages and not the photos I had wanted. There was, however, a clear and rather lovely photo printed of me, standing on the road and putting my thumb out for a lift. I was actually quite beautiful. I was feeling proud and pleased with the choice. My contribution to the book was actually only a few pages! It should have been at least 40 pages with drawings and photos.

Dream 102 19.10.D I went to see Gable at his shop. There were people about, so it was only later that we could be alone. We hugged. This became a desperate holding until I wrapped my legs around his body and we both felt sexual. Soon my panty was off and I was lying on top of him with his penis inside me. I sat upright, looked at his penis, and thrust it in and out of my body. I was in control, leading. I was having incredible pleasure and felt all of his penis. It was highly erotic.

Dream 103 24.10.D I was examining my vagina. Inside was a snake of medium size. I was afraid it would bite me and that I would die a horrible, painful death. I tried to gently pull it out, but its head was deep inside and I could not get it out. I felt scared that it should decide to bite into the tender tissue of my vagina. Suddenly the snake became a huge python and I was "giving birth". I pushed it out with my contractions, and the huge, ugly, revolting python was born from my vagina. I was afraid that it would still bite me with its terrible fangs and that I would surely die of poison.

Dream 104 24.10.D I am on a golf course. Three other people are playing. A woman's golf-ball flies through the air and lands near the hole. The others' balls all land off the green. I am pleased that the woman has done "better".

Dream 105 24.10.D I am in a bedroom, trying on panties that are too tight and hurt my legs. I take them off and put on a pair of tight stockings. I look at myself in the mirror and see that I am naked, except for the stockings. The tightness rubs against my genitals and I feel sexual sensations. I begin to move my body in front of the mirror to let the stockings rub on my clitoris. It feels wonderful. Then I notice that my pubic hair is shaved off. I look like a child. The mirror shows a sexually aroused adult/child. I continue to "play" and masturbate,

changing panties and pulling them up high into my crotch. There is no-one in the room. I am glad for my privacy and that I can be sexual in this way without any observers.

Dream 106 24.10.D I was sharing a packet of sweets with a small child. I was going to hide my favourite chocolate-peanuts from her and keep them for myself, but suddenly felt a love and generosity for the child. I drew back the other sweets in the packet to reveal, at the bottom, the chocolate-peanuts. I usually gobble them up alone, but now shared all my sweets with her. She was delighted. I felt happy.

Dream 107 24.10.D There is a sense of urgency, almost panic, when I realise that I have no shoes on and need to be part of an assembly of people. In my anxiety I rush up large open steps, but all the people are rushing down. I must push against the tide of all these people. Someone else with me has also "forgotten" her shoes. I am not alone. When I finally reach the top, I easily move across to where my shoes are, and quickly grab them. I discover that I have become pleasantly sexually aroused by the panic and disorder, but quickly rush to put on the shoes.

Dream 108 25.10.D There was a photo of Jim. I knew it was Jim, but he had changed so much that I could not recognize him. The face was no longer gentle and loving, but cold, unmoving and unresponsive.

Dream 109 28.10.D I am with a group of people at a huge mountain. Someone says that we are going to climb that. It feels like the last thing I want to do. The top of the mountain is granite. Rocks break away and an avalanche of boulders starts. The rest of the wall of rock starts to break away. I am watching without fear. I don't run away. I watch until there is nothing left and just an open space in front of me.

Dream 110 1.11.D I was buying a swimming costume of a lovely colour, which fitted well. I was pleased. My friend's costume was a bit too big for her. She was disappointed. We had made love before. I was in her room and we were aroused again. I began to caress and touch her. I slowly felt my sexual energy increasing, but felt that this was not right for me. I left and went to my own room. I felt both relieved and frustrated. My arousal disappeared.

Dream 111 5.11.D I was moving into a new bedroom/house with a family. I was in the room and felt sad that Gemima (previous housemate) was no longer there. The room was smaller than my previous room. I went to the two windows and looked out. There was a hedge and a road close to both windows. It was not a nice view. I did not feel happy. I saw a door leading to the bathroom. I walked down a passage and saw a man drying himself with a towel after a shower. The bathroom door was ajar. This ugly man had fat bulging from his waist. I felt disgusted. Another room led off my room; a warm and cosy sitting room with a nicely lived-in feeling. There were chairs and cushions, with a magazine on a chair. I felt that I could not simply go in and sit there. This was not my house, I was only renting a room. Perhaps later, when I felt how welcome I was, I might join them in that living room. I felt quite alone. The man was the only person in the house. In the lounge area I saw a child's drawing done in bright colours, clowns in reds and blues. "Oh shit, there are children here," I thought. I felt that I would never have any peace and quiet during the day - only at night when they went to bed. The drawing made me realize that I didn't like children much. I had not even met the child, but I knew that I'd rather not. "Brats", I thought. "Little 2-year old terrorists". I began to feel that I would move out of the house. I really didn't like the new room.

Dream 112 16.11.D I was holding a new-born baby gently to my heart. I was protecting this fragile, delicate, soft baby with great tenderness, and cradled its small round head in my hand.

Dream 113 18.11.D I was doing an examination of multiple choice. My class-mates were adults. John was also writing. I was sitting next to an old man I did not know. I did not know the answers and cheated by asking him. He told me. I also leant over and looked at his paper. He was willing to let me see and so I could fill in my script. When I went to give my script to the examiners I saw John, hard at work over his own script, working neatly and carefully, unlike my rushed and anxious efforts at cheating. I did not care, I did not give a shit, and walked away.

Dream 114 18.11.D I was sitting with Serge. I felt safe with him. I had a feeling of trust and security and love for him and our "space" together. We were talking intimately and personally in a relaxed way. He wanted to know how I was and whether I had a lover. I said no, and felt disappointed, but continued to talk trustingly and openly to him. He encouraged me to find a lover. I felt good, understood, happy and cared for. I felt warm towards this gentle and loving man.

Dream 115 18.11.D I was in a shopping mall when a man suddenly ran past. He was kidnapping a little boy. He clutched the child in his arms, aggressively, and was running. I knew that he was going to sexually abuse him. Wanting to rescue the boy, I rushed after the man and chased him with burning determination. He jumped onto a powerful motorcycle and raced down the highway. I could fly and followed him at an equal distance behind him, yet above him. "I landed" again on the ground and saw him drive up to a closed wooden gateway, over the top and down the other side. I ran to the gate and looked in. There was a small house. I climbed over the gate and went into the house, but couldn't find them. As I searched and called anxiously, a woman came towards me. I knew it was his wife. She said that he was not there, but I searched every room and called for the child with

growing anxiety. I thought the man would be raping the child. I felt desperate and became very angry. Then the man appeared without the child. He had hidden the boy away. I fought physically and aggressively with the man. When he disappeared, I continued to search and found the child curled up inside an oven. He was unconscious, but alive and unmolested. As I was about to take him out, the woman entered. I was blind, somehow, and could only sense her presence. I tried to kick out at her but missed. She smacked me hard. I felt desperate and trapped, but also felt my own power to fight, protect and be strong. I was holding the boy and blindly kicking at this woman who wanted to harm me and the child.

Dream 116 19.11.D I was sneaking across a dark field after stealing baby chickens with a friend. We were running to the dark edge of the field to hide in the shadows. We reached thick bushes and trees, and felt that we had escaped into the darkness where no-one would see. Suddenly a huge flood-light came on, similar to those used on prison walls. We were caught in this light with the stolen chicks. I felt scared and trapped, expecting to be captured. A man climbed down the trees and gave us a photo of us stealing the chicks and running away. It was undeniable photographic evidence. In the photo I was a blond woman of about 20. I was a beautiful, attractive woman caught stealing.

Dream 117 19.11.D A new-born kitten was lying on a bed in a dormitory. It was beautiful and healthy, but sticking out of its vagina was something that looked like a part of the placenta. I went to find a vet to cut it away, because I thought it might be dangerous for the kitten. I walked down a country-road through beautiful countryside with dirt-tracks, tall trees and primitive farm-like buildings. I found a female vet, who agreed to come with me. I climbed into her big white Mercedes and felt shy. We drove along to a T-junction. I was sure we should turn left, but she thought we should go right. I protested, but it turned out that she knew the way back better than me. We reached the farmhouse, that belonged to my wealthy uncle, and carefully examined the kitten, but found that the placenta had naturally fallen away. The kitten was fine and healthy. The vet seemed angry with me for bringing her all the way. I felt embarrassed, self-conscious and apologetic.

Dream 118 9.12.D I went to my old school friend, Lillian, to get my painting. I thought I had left it behind in her home. She said it was not there. I felt silly. Although I felt sure, I did not argue. We talked about our lives since leaving school. She told me that she had remarried and had two stepsons. A man entered. I thought it was her husband. He hugged me and held me and when she was not watching, he pushed his body against mine from behind. I felt his large erection uncomfortably protruding into my lower back. I felt disgusted with him and angry with his lack of morals. I tried to push him away. He was a pig and I hated him. When Lillian turned back he covered his bulging crotch with an apron. I glared at him and he moved away. When I wanted to leave and picked up my helmet the man grabbed and broke it. I was furious and yelled at him to fix it. He could not. I told him that I would send him the bill for the repairs. I discovered that he was one of the stepsons. I grabbed my helmet and left.

Dream 119 9.12.D I was in my bedroom, lying on the bed. There was a workshop in the house. Jim came with the group. I saw him briefly from a distance and wanted him to come into my room and talk to me, but he did not see me. I felt alone and sad. It was as if I wasn't there at all. I felt ignored and hurt.

Dream 120 11.12.D I had been cheated. I had exchanged R40 for another currency but was given only half of the correct amount. The money-two young girls had sold me was carefully placed between the pages of a book. The notes were "new" - yellow paper money I did not recognise.

Dream 121 14.12.D I was playing a dangerous game with Marlene. I would hang on a thin rope and she would swing me up. It was like a lever-system and I would dangle high above her. Then I would swing down and do the same for her.

Dream 122 14.12.D I was climbing a very steep rock face with a group of people I did not know very well. I was struggling and sliding, and felt afraid. I noticed grass on the edge and a semi-path which looked easier. I started to climb along there and it was easier. I climbed higher and reached the top. I was very high up. Others around me were talking. I moved to the edge of the high cliff, closing my eyes for fear of the height. When I looked down on a small city it was not as far below as I thought. I felt relieved that I was fine, alive and well.

Dream 123 15.12.D I was diving and swimming with friends in a water-inlet at the sea. The water was very deep but clear and I was enjoying the swim. There was a need for a competitive diver. I was somehow volunteered, and did not mind. There was a makeshift diving-board and the entrance to the water was clear of rocks. I swam around the edge of the rocks. Suddenly it was night and lights flooded the area. I suddenly saw that the water was muddy and murky. I could not see where it would be safe to swim without hitting a rock underneath. Someone called to me and dived in. I dived after her, trusting that she knew the "safe waters". Then I found myself on the edge of a pier, struggling to put on a bikini top. A man was staring at my breasts. Angry and irritated, I hurried, but the top kept getting twisted. Finally I succeeded and got up to swim. Earlier on I had been enjoying swimming in the nude, but now it was important to keep my costume on.

Dream 124 16.12.D I was house-sitting for the Wilsons. They had returned and I was still sleeping in the bedroom. I saw a huge ugly spider with long hairy legs, walking sideways towards me. Terrified, I leapt out of

bed. It crawled under the bed. I reached for something with which to kill it and found a tennis racquet. The spider seemed to be suspended in the air, a few centimetres above the ground, under my bed. I felt revolted and disgust. The spider was huge, ugly and slow-moving. As I moved the bed, it suddenly disappeared. I searched the room with the racquet, determined to kill it despite my fear. I saw it on the wall, but as I reached over to hit it hard, it landed on my bed. I felt terrified at its speed. I felt I had to kill it before it changed its position. As I fearfully moved closer, raising the racquet to smash it to pieces, it disappeared again. Suddenly my vision had become cloudy. I rushed out of the room to get my glasses, washed my eyes with water to clear my sight, and rushed back to the room. There was the fat, ugly, grotesque spider. I felt revolted. As I reached across to smash it, it suddenly became a fat cat. My feelings did not change. I hated the cat and wanted it out. I pushed it with the racquet to get it off the bed and hit it, but the cat wanted to stay. I was again revolted. Someone else came. We tried to move the cat outside. Suddenly there were two cats. I was shocked. After a big struggle we pushed them out, but they kept trying to get back inside. I closed the garden gate, but one managed to get in. Eventually I grabbed it and threw it across the lawn, but it seemed to want to come back towards me. Some dogs appeared and frightened the cats for a while, but the dogs vanished again. Then another cat came. I threw it at the other cats, momentarily frightening them. I felt exhausted and confused, not knowing what to do. Then a voice said "You're trying to make them make a decision." The voice was imitated and the statement did not make sense nor help me. All I did was to stop trying to fight them. I seemed to surrender, but I don't know to what.

Dream 125 20.12.D I was given two lovely cakes. I was very pleased and invited friends to share them with me.

Dream 126 20.12.D I was in a cage with a lovely cat. I had the sense that the cage was there to protect me. I shut out a dog and closed and secured a gate, so that I was safely inside.

Dream 127 20.12.D I was a teacher in a school hostel, and felt very frustrated by the restrictions. Although I had some power, the matrons dominated the scene with their ridiculous rules and regulations.

Dream 128 20.12.D I was at a pleasant welcoming party. I noticed Jim, talking to someone. Later, when someone was playing the guitar and singing, I saw him bounce his foot to the rhythm. He seemed totally involved in the music and other people, and did not seem to see me. It was as if he did not know I was there. I was disappointed.

Dream 129 27.12.D I was secretly masturbating under my blankets, using a dildo covered with a condom. I had a whole box of condoms. As I heard someone enter I quickly hid the dildo in the cupboard. Although I did not feel I was doing wrong I felt relieved that I managed to hide it, because I expected the woman to criticize me. I wanted to keep it a secret. She talked and moved around the room, opening my cupboard and admiring my beautiful shirts. I felt anxious. Suddenly she saw the dildo. I felt embarrassed and self-conscious. She took it out, criticized and mocked me, and called it evil and bad that I was masturbating. I felt alone and embarrassed. She held the dildo up with disgust. Old school-friends spurned me and told everyone about it. I felt defenceless, helpless and embarrassed. I wanted to find someone who would understand and told Milly, but she was not supportive. The story spread and became distorted. People made out that I was a sexual pervert. I felt alone and unhappy. The dildo was taken away and used as a "joke" in the community. I felt self-conscious, and yet I knew I had done nothing wrong.

Dream 130 29.12.D I was in the Olympic Games, competing in a judo-like sport, but using long thick sticks. I fought my opponent, but felt ill-equipped. She was doing well. A crowd was watching. At half-time I felt a need to rest. Everyone disappeared and I was alone. I walked around the gym and picked up a rolled-up paper I thought I could use to fight, but noticed that it was torn and not suitable. My stick seemed longer and thinner. The fight did not resume.

Then I was in the Olympic Gymnastics, but I knew that I was not trained. I was with the team of world-known gymnasts, but I knew I was not competing. I was hoping no-one would notice and no-one did. We were all sitting on the floor, waiting for registration. As they called out the class A, B and C gymnasts, people put their hands up. I was hoping that no-one would see that I did not put my hand up. I was not really an Olympic gymnast. What was I doing there? I felt that I did not belong there, yet I had a strong need to belong, to be a member of the team.

Dream 131 29.12.D A book to which I had contributed was available. The book was thick, with a brown hard cover. Inside, the loving-section had been separated from the thought-section. I saw my name and felt proud, but the chapter I had done was incomplete, with vital photographs left out.

Dream 132 30.12.D I was watching a man fly in a saucer-like object, almost like a round boat. It would lift off the ground and fly at lightening speed. He could manoeuvre, steer and control it. It was incredible. I watched him zooming around the sky and grew envious. I wanted to have a ride with him. I had never been in a boat-flyer before, so when he landed I walked up to him. He was older and I felt safe in his presence. I asked if I could fly with him. He immediately said yes. I climbed into the seat next to him. He showed me how to control the steering mechanisms. I took "the reins" and we began to fly together. He was also "holding reins", so together

we lifted into the sky and with much skill began to fly together.

Dream 133 1.1.E I was with my folks as guests in a small beach house belonging to Nico, an old friend of the family. Early in the morning I waited to use the bathroom. When it was finally vacated, I could not close the flimsy door properly. The latch would not shut. I wanted privacy and felt frustrated. The door kept opening and outside I could hear Nico. I tried to wash my hair, but the door would not shut. Then I was in the bedroom with my folks, looking through the window at the sea and the beautiful view. I felt awe as I watched the huge waves break and roll up to the beach, and felt afraid of the power and dynamics of the waves. I noticed with fear that the house was right next to the sea and that the water was quite deep. The house might shift into the sea. I was not sure of the foundation. Although no water got into the house, the sea kept threatening to wash the house away, to wash us away. I was frightened.

Dream 134 5.1.E I was trying to do a mathematics test. I had model answers, but somehow I could not do the sums. I felt very anxious, with a terrible sense of failure.

Dream 135 18.1.E A red and black spider was crawling across the room. Although it was actually plastic and could not harm me, I felt fear, revulsion and dread. I did not want it to come near me. A handsome stranger lifted the spider onto his pen and hung it up for everybody to see. All laughed. I pretended to laugh too, hiding my fear. Then he said I should have the spider. I screamed "no!" inside my head, but as he came towards me I pretended not to be alarmed. I said calmly, and with as much dignity as I could raise, "that's not fair", meaning that he was unfairly teasing and taunting me. He laughed. I felt tormented. He dropped the spider onto my lap. I pushed it aside immediately. Although it was harmless, plastic and unreal, I felt as though it was real. I hated it, and hated the man for dropping it sadistically onto my lap. I threw it away.

Dream 136 22.1.E There was a huge ugly horrible spider with long legs. I felt fear, revulsion, and awe of such a monster. It was lying under a side-table, apparently asleep, with its legs stretched out but together. My companions were scared too and we decided to kill it. People went out in search of a spray, while a friend and I stayed to watch the spider. She was also wary of it. While the others were away I became restless. I wanted the spider dead. It filled me with fear and anxiety. Then it changed position. Two legs reached into the air, twirled around each other to become almost one leg. I looked from a safe distance, and then thought that it was dead, but it had merely changed position. My friend touched it gently with a stick to see if it was alive. The two legs which stuck into the air became alive and had "pinchers". I was terrified and anxious for the others to come back and kill it properly. I wanted it dead. Then a strange thing happened. The spider transformed into a beautiful delicate, doll-like girl. She was a tiny gymnast, wearing a leotard, and did a backward roll in perfect execution. I watched in fascination. She saw me, smiled, and wanted to be my friend. At first I was cautious, but then I began to talk to her and we became friends. I was no longer afraid. The others returned and marvelled at the change. She continued to do gym and became a grown woman. She was dressing and I helped her choose her clothes. I was standing close to her, to the spider I once feared so much. We were friends. I was no longer seeing a spider and being frightened. I even touched her and she smiled at me.

Dream 137 22.1.E I was on a country road in the rain. Our bus had dropped us at the bottom of the hill, because it was slipping on the wet road and could not carry us up. It would wait at the top and we had to walk up. I was struggling to climb up and anxious that the bus would not wait. I dug my fingers into the soft earth to pull myself along. I felt alone, although there were others. I felt this was my own private struggle. I saw the bus in the distance but was struggling very hard to get to it. I was climbing in those wet conditions, almost crawling, almost blind, battling to get up the hill.

Dream 138 29.1.E I was on the edge of a huge diving-board. People in the front were diving off. I walked to the edge and looked down, not into the pool, but at the ground. Close by was another gorge. If I jumped, I might actually also go down over that edge, and go down. I was uncertain about what I needed to do, so I did not jump.

Dream 139 30.1.E I was trying to get across a huge expanse of water to reach my parents. It was important to get to them, and I was in a state of despair because my efforts continued to fail. There were mini-ferries, but when one came to my side it was not able to take me across. I was standing on the water's edge and looked into the distance at where I needed to be, knowing that I couldn't get there, feeling anxious and desperate.

Dream 140 1.2.E Jim came to the pool where I was competing in races. I had been swimming, determined to win, aggressive, ambitious and hard-driven. I was sitting with others when Jim came. He sat down and talked, but ignored me. I got up and went to the pool, feeling hurt. I suddenly did not like him at all.

Dream 141 1.2.E Jim and I were talking about therapy. I felt it was hopeless. I questioned the value of the therapy because he was not listening or "there" for me. He had withdrawn from me. I felt insecure and wanted to leave.

Dream 142 1.2.E I was in my room, washing my clothes. A lot of people came in and offered me gifts. I was pleased and amazed, but a little embarrassed as they stood around watching me wash my clothes. I was also quite happy to chat to them and encourage them in their work.

Dream 143 1.2.E I sneaked into a children's playground. There were children all around. I wanted to see one

child who was there. I quietly crept around and found her. I gave her a doll.

Dream 144 1.2.E I was with Gemima and Tommy, drinking wine. Tommy told us about a torn muscle in his arm and other physical complaints. I teased him and laughed at him. It was in fun, but he felt embarrassed and self-conscious.

Dream 145 10.2.E I was walking with someone. On an outcrop of rocks, almost like a shelf, were a few huge poisonous snakes. One of them bit us both. It was sore. There was an antidote that could stop us from dying. The poison was powerful and we knew that we were both dying. I realized that the antidote would not be enough for both of us. I gave the serum to the other person to inject it. There was a little bit left and I injected that into my arm, hoping that it would be enough. I felt sad. I knew that I was dying and that the serum would not be enough.

Dream 146 21.2.E I was wearing my engagement ring, looking at it and feeling glad that I still had it. Then the ring changed and became of a different design, which was also very attractive. I looked at the ring for ages, feeling strange, as if I was engaged again.

Dream 147 21.2.E I was in the bathroom at my parents' home, sitting on the toilet. Gemima was sitting on the floor and we were talking about sex. I asked her intimate questions and she answered honestly. In the meantime I was pushing myself on the loo and feeling quite self-conscious that she should see this personal activity. I asked her the size of the biggest penis she had allowed inside her body. She laughed gaily and indicated with her hands. We laughed and teased each other. Then I needed to shit, and did so, with embarrassment. I reached for toilet paper. It was finished. There was a roll of her toilet paper on the window-sill. She helped me to put it on the wall-holder. It was an act of trust. I allowed her to put it on the wall-holder.

Dream 148 21.2.E I walked with John to his car, which was dirty. I was amazed. It was strange for him to have a dirty car. I told him to clean it.

Dream 149 21.2.E I arrived late for a test and walked to my empty desk. It had been conspicuously turned around to face the other way. I sat down next to a man I knew and looked at the questions on the board. I knew the answers but could not remember them. I tried to do the test but failed. The man knew the answers. I felt embarrassed. I should get 100% but I was not going to do well.

Dream 150 24.2.E Jim was raping me in the therapy room. He raped me from behind, so that there was no eye-contact, no communication, no accountability. I felt a great despair, anguish, and a tremendous amount of physical pain and fear. It was a terribly violent scene. I felt myself dying. Gill was standing in the centre of the room, laughing and mocking my tears.

Dream 151 12.3.E I was holding a child of about four while the mother was occupied. She seemed half-asleep, quietly lying in my arms. Then I was walking rapidly down a staircase, almost running. Down, down, down. I still had the child in my arms.

Dream 152 13.3.E I was at work, finishing and collecting my things. I felt tired, stressed and alone. Jim was there and seemed not to notice me or my feelings. He did not even ask how I was. I needed to leave. I picked up my things and walked out, not wanting to turn and see if he had seen me. I walked away, feeling rejected, hurt, terribly isolated, alienated and alone. Then glorious, splendid music was played, and a choir with a thousand voices was singing. My heart was filled. I could not see the choir but I could hear the voices. "In the morning of my life ..., I shall fill the world with love ..." etc. I felt my heart expand and grow, with excitement and a sense of aliveness.

Dream 153 22.3.E I was in hospital, having a pelvic examination by 4 doctors. I felt quite comfortable, standing up. One young doctor was telling me about a minor operation they had done. He said that they had put my legs up and apart, given a general anaesthetic, and then parted the lips of my vagina to do the surgery. They were all around my naked genitals, discussing me. I felt quite happy and relaxed, and even teased the young doctor that I had been his guinea rabbit. I was wearing a white T-shirt. Then they all poured meths over my back to sterilize me and prevent an infection. Suddenly I had panties on. I said that blood was coming from my anus, not my vagina. They were concerned and gathered around me, removed my panty gently and examined me more closely. I felt a bit inhibited and shy. They looked and prodded, but not at my anus - at my vagina, which was not really exposed because I was standing up. Later I was walking home, knowing that I had no panties on and that it could be seen from the back. As I walked past two people, they remarked on that. I went behind a car and put one on.

Dream 154 31.3.E I was in aunt Helga's house and there was a terrorist-attack. Two people, unknown to me, were shot and killed. It was awful. We all knew that the house would be attacked again so we built a high wall to barricade the house and protect us. The second attack came and I desperately tried to hide in the dining-room. I felt terrified, and scared that I would die, but I did not. The next day the wall was made stronger and I felt a lot safer.

Dream 155 1.4.E I was in a huge plane, waiting to take off to London. As it moved along the runway I was very excited and wondered how this heavy machine could fly. I was quite scared. It moved very gracefully, and

I felt its speed increase. I was not conscious of travelling companions. Then the scene changed. The plane did not fly.

Dream 156 1.4.E I was with two others, hitch-hiking. We needed to cross a massive, dark, foreboding lake. I was afraid. We went into the dark water and started to swim gingerly across. I was afraid that someone would grab my legs and pull me down. Swimming across took a long time but we made it. I reached a place of safety.

Dream 157 1.4.E I was with Gemima in a supermarket. We were both buying cigarettes. We could hardly wait to open the packets and start smoking, but we managed to get outside. We got into a lift and a man pushed the top button with a black dot on. I asked him where that would take one. He smiled and did not answer. When the door opened at that level, he stepped out into a richly furnished restaurant. Gemima pressed another button. We descended and the doors opened to another restaurant, quite plain in comparison. We got out and sat at a table. Gemima seemed angry with me. She told me not to disturb her. She needed space and peace. I drank tea and felt afraid and confused. She seemed so nasty. We got back into the lift. She was not there, and I was with a young man. I pressed G for ground and the lift suddenly went down very fast. I was surprised and waited tensely. When there was a moment's stillness I climbed out and found that the lift had stopped between floors, but there was a gap and I could get out. There was sunshine on one floor, so I climbed up to it. Suddenly the lift moved. I fell back into it, but we both managed to get out. The guy stood four storeys high and jumped down. He was not hurt. I heard people call my name, so I went rushing down the steps. Running down, down, down.

Dream 158 3.4.E I was desperately sad about Marlene's death. I was walking and looking down a slope into a rough and turbulent sea. I went down to a sea cottage where my mother lay on a bed, and went inside, feeling very sad and tearful. I sat on the bed and sobbed convulsively, feeling the loss and pain. My mother said: "Why are you now only crying. It's a bit late, you know. You really don't need to cry about it." I angrily snapped back at her: "I will cry if I need to cry. Don't try to deny me my own grief. It is time for me to cry." So I cried, and left the room angrily. Then strangers started to move into the cottage. I watched them enter, make lunch and sit down in our chairs. I was strangely passive, and too weak with my own grief to do or say anything. My father was not there.

Dream 159 8.4.E I was travelling with a group of people, and came to a trench in the road. I picked up a spade and started to fill the gap with soil to make it possible to go forward. I worked hard, shovelling soil, digging, trying to make it level and strong. Then, when I thought it was fixed, I noticed a small gap. To my dismay and disappointment I saw that there was a huge, deep trench under my work. Trying to mend the road was useless. I felt defeated, and gave up. I felt despondent and depressed. How could I ever fill that space up and be able to go on with the car? It seemed hopeless. I felt resigned, tired and defeated.

Dream 160 10.4.E I was sitting in the lounge with my father, mother and Gill, talking and dyeing clothes with special designs. Gill was a guest and didn't take part in the work. Suddenly something went terribly wrong with the dyes. They had run onto other clothes and stained them. My father was non-committal. I called my mother away from Gill to tell her about the problem. She screamed at me, but this time I took no shit and shouted back at her. It was not my fault. She seemed to calm down. I went back into the lounge and made polite conversation with Gill, but wished that she would leave. I felt uncomfortable with her. She asked if I still wore sandals (implying that I had not progressed to normal shoes like an adult). I said yes and felt humiliated. I tried to be friendly and tell her about my school, but felt that she was only pretending to listen and had a pre-conceived opinion of me.

Dream 161 13.4.E I am going to stay with Pierre. Before I have to pick Pierre up to take him to aunt Rita's house, I am at a conference at a large hotel. I am with Tina in the hotel's bathroom, telling her that she expresses herself well and should do well. She confides in me that she lacks confidence, revealing her vulnerability. I feel close to her. We seem to become friends and I encourage her. Then we get into her car to fetch Pierre. It is very late at night. As we travel along I realize that we have gone past the turn-off and I tell her. She is silent and seems annoyed. I feel guilty and apologise. We travel a long road to the end and then only turn off to where Pierre is. I offer Tina a packet of bright orange sweets. She takes one and there seems to be peace. I try to phone aunt Ruth to get Pierre, but can't dial the number right. I end up calling the police. I hang up and decide to call Pierre from aunt Helga's house. Tina disappears and I am at aunt Helga's house, phoning Pierre, who is now Francois. I feel tired and find a comfortable double-bed to wait for him. Francois arrives and is extremely horny. He wants to have sex immediately. I am very tired and promise him that we can make love all of the next day.

Dream 162 13.4.E I am waiting to catch a plane, but there are no empty seats. While waiting, I find myself at a very posh house, with people about. I feel content. Then I am in a corner, with my jeans and panty down, masturbating. It seems private there, but suddenly Jim comes in. I feel embarrassed and try to pull up my jeans, but he totally ignores me, walks past me and leaves the room. I feel cold, confused and sad.

Dream 163 13.4.E I am at school and initially refuse to write IQ tests. When I eventually do, I find that there are two books with questions, one in Afrikaans and one in English. I answer them carefully, but suddenly realize in a panic that my time is up. Although the questions are easy I will fail for lack of time. I feel frustrated,

disappointed and enraged. I demand that the other book also be in English and be brought to me straight away. The book is brought but I am under too much pressure to even read the questions. I simply guess and write down any answer to finish. I am very tense, angry, sad and frustrated. This IQ test is important and I have messed it up because there is not enough time.

Dream 164 16.4.E I want to buy a new bicycle and experience a sense of urgency. I'm looking at a bicycle in a shop, but a man and his son also seem interested. I move away, hoping that they would not want it. When they move away I go back to the bicycle. Then I realize with disappointment that it is far too expensive. There are less expensive ones, but I have lost interest. If I can't have that one, I am not going to bother getting a cheaper one. It just would not please me, so I leave the shop without a bicycle.

Dream 165 16.4.E A pregnant woman told me that she was scared and concerned because she thought her vagina was too small to give birth to a fully developed baby. I offered to help her. She lay down and started to contract, feeling very tense and afraid. I assisted her as midwife. Although her vagina was small it was capable of allowing a baby through. As I moved her legs apart, her vagina split open to release a whole lot of batteries, all fitting together and needing to come out. She was unconcerned, and considered it as normal as giving birth to a baby, so I helped her give birth to batteries (power).

Dream 166 16.4.E Knocking at the door of old friends, I realized that I had come at a bad time because the mother was putting their two young children to bed. I waited on the porch until 7.30 pm and knocked again. They made me feel welcome. I sat on the couch and held the baby boy (\pm 18 months old). I spoke to them. I once asked the baby his opinion and he very cleverly said "It's wonderful". His good pronunciation and extraordinarily language was way beyond the abilities of other children. I told the father that his child was extraordinarily intelligent. The father thought it was quite normal to be able to converse like an adult at 18 months. Then I held both children and felt sad that I had no baby. I told them that my mother would never allow me to have my own baby, but I wanted one like this little baby boy. He was so cute and adorable and I could love him very much.

Dream 167 16.4.E I was moving house. I was quite restless and agitated and did not want to go, but someone was telling me that it was time to leave. I hated to go, but I was moving.

Dream 168 17.4.E I was in an enormous plane, which was getting ready to take off. It was as wide as a classroom, with hundreds of people and I felt very excited. I was wondering whether the plane would be able to leave the ground. It began to move and raced down the runway, which became a winding country road, turning and twisting up a hill. How could it get enough speed on the twisting road? It raced along and I felt a mixture of concern and excitement.

Dream 169 20.4.E I was accused of killing some woman, but I was innocent. I was saying to some authority that I was not responsible. "I am innocent. It was not me. I did not do it. It was not me. She was already dead. How can I be blamed. It was not me."

Dream 170 21.4.E I went into an empty, dark, shut house, which had a sense of evil and violence. No one else went there. I put on the light, opened a cupboard and saw two cats sleeping. I stroked them and they awoke. One was lying on top of the other, keeping it snug and protected. It was lovely. Then more cats appeared. Sleepy. Stirring. Beautiful. I stroked them all, loving each one. John appeared and also stroked them. When we had to leave I took the cats in my arms, as many as I could carry, and they nestled into me. There was one small white new-born kitten, frightened. I held it. It was very small, thin and almost hairless, like a deformed rat, but I picked it up and carried it away from the house with the other cats.

Dream 171 21.4.E I asked John to show me how to use an advanced computer system, which would issue tickets for a concert. People were in a queue and I wanted to issue tickets. He became very technical and took the machine apart to explain each part in detail. I was impatient to just learn the basics, but he explained in such a complicated way that I gave up. I felt silly and dumb. Most of the people had left anyway.

Dream 172 21.4.E I was at a travel agency to get my visa. I saw my application on a computer screen and felt anxious that something was wrong.

Dream 173 21.4.E I was buying sweets in a cafe on the roadside, and went to the toilet. As I walked there, an older man came out of the toilet marked "Girls" and said to me that he thought it was the men's. I did not speak to him but went inside and sat down on a toilet. Suddenly there was an open doorway to my right and a man came towards me, staring at me in my intimate position. I was annoyed. It was private and he was making it public. I felt exposed. I wanted to shut the door but could not. The man simply walked past.

Dream 174 26.4.E I was in a holiday cottage with my favourite aunt, trying on her rings. I wanted to find one I liked, but could not. I was also searching for my engagement ring, which I wanted badly, but could not find it. Outside there was a golf competition. A black man hit the ball and sliced the telephone-line. Then strangers invaded the cottage to use the toilet. I felt irritated at their rudeness, entering my private cottage.

Dream 175 28.4.E I had a diamond ring around my finger. I put it into clear water and saw the diamond sparkle and shine like a thousand stars.

Dream 176 29.4.E I was in a group therapy discussion on sex and realised that I had not done the homework.

I had to colour in an emerging butterfly. Its body was not fully drawn yet, only the tips of the wings appeared on the paper, so I coloured those in.

Then I was with Pierre. We were friends, talking. I took my engagement ring and admired the stones, yet realised that it was not the original ring. It had a new design. The diamonds were arranged in a curved line and were all beautiful. I put the ring on my right hand and felt legitimate in wearing all those precious diamonds. I felt special and lovely.

Dream 177 30.4.E I was leaving the home where I had been living and was carrying an old suitcase. At a waiting car was Gill, who was also leaving. She had a smart executive suitcase made of leather. I turned and bought a new suitcase before walking to the car. We were both leaving, but not together. I put my suitcase in the boot, but we did not speak to each other. I felt tense and was afraid that what she might say to me would be painful.

Dream 178 30.4.E I was dancing on stage in front of many people. I danced well and felt confident and beautiful. I wore a purple dress and felt fantastic. Then the dance ended and the people left. I felt sad and did not want to leave. A man came to clean up and I knew that he wanted me to leave. I lay down and covered myself with a soft cloth, hoping not to be noticed. When he called out that it was time to leave, I lay still. He walked to a side room. I covered my head with the cloth and followed him. He was making tea and had a black cloth over his face. I felt that if he saw me he would make me leave. He came towards me and I tried to grab the cloth away from his face so that he would be revealed to me. I was also conscious that he was trying to pull my own cloth from my face. I laughed and wanted to play a game with him, but realised that he wanted me to leave and did not want to play. I felt sad.

Dream 179 2.5.E I was walking down the garden-path at my parents' home with my parents and sister. I saw a fat, big, ugly bullfrog and stood back so that it could not jump on me. It was ghastly and creepy. As we walked on, a poisonous green snake appeared. I was frightened and jumped away. It watched me and followed us to the car. I was terrified and panicked. I ran to the car. As I got in, it pushed itself against the car window. The window was slightly ajar and the snake spat at my father's eyes. Luckily he had glasses on, and was not blinded. I watched the poison on his glasses drip down his face. He turned up the window and we were safe inside.

Dream 180 4.5.E I was lying on my back, naked, and Francois was over me. We started to touch each other and he developed a huge erection. Then I felt ready and guided his enormous penis into my body. It was pleasurable. I was not afraid and it was not uncomfortable or painful, despite the size. As it buried itself into my vagina, I felt deep pleasure and ecstasy.

Dream 181 7.5.E I was in a canoe in murky waters, and the canoe was sinking. I could not do anything to stop it. I experienced a sense of surrender and passivity.

Dream 182 8.5.E I was being shown around the ruins of a children's concentration camp in Germany, after the war was over. It had been a place of terror and pain. I walked around and saw the small cells, without windows, filled with unheard screams. Although the place was deserted, there was still much agony. Then I was one of the Jewish girls, a child of six, and a man raped me. I felt terrible and violated.

Dream 183 12.5.E I washed Jim's underpants and put them into a huge sandpit, protected from the waves. Someone came and started to dig around the sandpit. I said "Get lost. Those are not to be touched." Then I walked away and felt sad. I looked at the rocks and saw waves crushing into them.

Dream 184 14.5.E I was at a conference in a large cosmopolitan city with towering sky-scrapers and concrete buildings. I felt nervous and tense. Gill came to my hotel room. We talked and made friends. We felt close and she hugged me, saying "I know you love Jim, you can have him." It shocked me, because I thought she was in relationship with him. I said: "I need to begin my own life now. I need to leave him and start again." I felt quite strong and clear, but amazed that we were still holding each other.

Dream 185 14.5.E I was travelling with my father along a dark road with only the car's light to guide us. We stopped in a thick, dark driveway. It was very deserted and isolated. I told him that he needed to reverse, and directed him. Once back on the road I was pulling him behind me. He was now on a go-cart and I had a rope around me, pulling him along. Suddenly red lights flashed in the bushes. There were ambulances at one of the deserted houses. I looked down from the top of a steep slope and saw two pieces of red flesh on the ground, like two huge pieces of raw chicken legs. It was not bloody, just raw and exposed.

Dream 186 15.5.E I was supposed to take care of the little boy of a very wealthy family, but somehow I lost him. I saw a huge swimming pool being emptied for cleaning. I was taking a bath out in the open on the lawn of the estate and felt very naked and exposed. Then the boy wanted to shit and I could not find the toilet.

Dream 187 23.5.E I was kidnapped by two Arab-looking men. They had me in the back of a van that was driving along. I was scared and struggled to get out. One of them smiled in a horrible way and put his hands between my legs to fondle my genitals. I was really scared and could not say "Stop!" My throat was dry and I was semi-aroused. It was horrible. He climbed over to the back and rolled out a mattress, instructing me to undress as he was sadistically rubbing his own crotch. I was terrified and felt helpless. Suddenly I saw a latch on

the door, threw it open and fell out onto the road. I ran away, terrified, but free.

Dream 188 23.5.E I was in a busy shopping-mall and saw Jim talking to Lida. I needed to talk to him and signalled to her to keep him with her as I made my way to them. As I approached them, Jim suddenly walked away. I was angry with her for not keeping him there, but she said that it was not an appropriate time to talk to him. I was furious that she dared to decide when it was appropriate for me to talk to him. I was angry and hated her, trembling with rage as I walked away.

Dream 189 28.5.E Jim was caught making love to another woman, and Gill was furious with him. I was standing there, separate, yet a part of the scene, although she did not see me. Jim was not defending himself. I wanted to help him but he ignored me.

Dream 190 29.5.E I was undergoing major surgery. Surgeons were around the operating table, fixing parts of my body that seemed broken. A woman injected my mouth to make it numb, like at the dentist. I was lying down, conscious. When the surgeons finished, I had to stand up alone and walk. I felt very weak and moved slowly to the car park. The surgeons left me standing alone, feeling very weak, wanting a car to go away. I felt alone and unsupported. No one came. When I saw a car moving, I signalled that I wanted a lift. It came over and I got inside with an enormous effort, feeling very weak and fragile. I wondered why, after such major surgery, I was left alone to find my own way. I felt abandoned and in need of someone to comfort and help me.

Dream 191 29.5.E I was with Marlene in her car, driving through thick vegetation. The road was clear. We arrived at a farm where there was a concert on. I went in, took off my shoes and sat down to listen. Jim and Gill were there. It suddenly became a meeting. I said something to Gill, but refused to give my source of information. After the meeting she and Jim came to me. I felt pressurised to tell, but did not. I went out to the car. Marlene was driving and seemed to know which road to take. I was glad that I did not need to know. As we drove along I felt very sad. How could I leave such intensive therapy with Jim. How would it be? I felt like crying, but knew Marlene would not understand, so I sat in silence, with my heart open.

Dream 192 29.5.E A pupil that had failed came to me for help, but when I looked at her script I saw that she had in fact scored a B. I told her she had not failed, but she still seemed upset, even though I spoke to her and gave her help and advice.

Dream 193 1.6.E I was asked by Serge to give a talk. I spoke to a big audience and felt very nervous, and was particularly concerned to have Serge's support, affirmation and approval. Although I made several grammatical errors, I soon felt in control and did a good job. I felt pleased and Serge was forgotten. Later a man came to me and criticized my talk. I felt embarrassed, but then became very annoyed with him. I eventually stopped listening to him, knowing that I had given a good talk. Yes, there were mistakes, but so what.

Dream 194 2.6.E I was swimming with a friend in a huge, clear blue pool in a garden. We were playing and having fun with much life and vitality. When I eventually got out, I became aware that Gable had been watching me all the time from a garden-chair. I was surprised, and felt shy. Then I felt delighted that he had been watching me, and that I had not done anything to embarrass myself.

Dream 195 2.6.E I was in a room with a large open window. It was light inside, although outside it seemed dark. I felt extremely sexual. Then I noticed that I had a penis. It was small, but when I masturbated, it became large and erect. I was delighted to feel such sexuality in me.

Dream 196 2.6.E A young (plain clothes) policeman came to ask me if I had paid my telephone bill. I said yes and showed him my receipt. I sensed that he was deeply unhappy and offered him a sweet to comfort him. He went to another room. When later I went to the TV-room, I was surprised to still find him there. He was sobbing very much and eventually told me that he had failed his O-level exams and could no longer be a policeman. I made him tea and suggested that he used his qualifications elsewhere, maybe to be a mechanic. He did not seem happy and cried before going to another room. Later I found him sitting quietly and alone. I was glad that he was okay. The tears and pain had distressed me, but I didn't show him because I felt I had to be with him in his own grief.

Dream 197 4.6.E I had become engaged to Pierre, but I realized that it was a terrible mistake. I felt captured, trapped and claustrophobic. Pierre was very happy and pleased, but I knew it was terribly wrong, and that I should not be doing that. He was holding me close, and it felt too close.

APPENDIX 3:

POETRY

(Poems written by the subject between the ages of 15 and 18)

Poem 1 **Better to be alone** (Age 15)

She'll never hurt you again
 Never betray your friendship, your loyalty
 Because you won't let her.

Remember to be aware of the false smile,
 Watch out for that flick of her eyes
 Which carries the hidden cruel message.
 She'll laugh when you are down,
 And she'll be silent when you win.

Don't blame yourself for not seeing before
 Forget her,
 Search for another friend or is it
 Better to be alone?

Poem 2 **Determination** (Age 15)

I cry or I think I cry,
 I try to squeeze out this feeling of failure.
 If I stop now, they'll all call me weak, a coward,
 They'll laugh, chitter behind my back.
 Am I snapping under slight pressure?
 Are they slight, have I lost my sense of judgement?
 Do these headaches, these worries, these fears
 Do they result from small pressures?
 Surely I'm not that feeble.

Yet I'm not brave, I'm not superhuman.

I must do it, everything to absolute perfection
 Not like a machine but like the person I am.
 I'll show them, I have to
 My head will be lifted
 My mind, body and spirit hardened to the unknown
 I will fight against the tides of fear
 I'll smash through the surf of confidence
 and cry no more.
 I have found this thing called
 Determination.

Poem 3 **Wasted Life** (Age 16)

How young, how helpless, how weak and ugly,
 With huge, grotesque, dirty blue bulbs of eyes,
 There sitting, waiting with pathetic hope,
 For the mother who'll never come.

Because human hands, so savage, so cruel,
 Hath sent her fearfully away
 With a noose around her soft delicate neck,
 Never to return, to be threatened again.

So that form of infant flesh,
 A small defenceless bird,
 Topples now, here and there, feeble and dying,

Soundlessly protesting at fates face.
Hunger moans, heart beating slow,
Prey's delicious death.

But wait! Surely that's not fair.
Can't we do something.
Bring the match stick spoon
Lower the nest, but alas we only see the
Face of death.

Poem 4 **Alone** (Age 16)

They left her alone again
In that cold empty house
The sound of silence grows
She sits there lost, cold, unmoved.

It was like that last night too.
No one to talk to, same scenery.
No fun, no T.V. or cooked hot meal.
It seems worse now as she thinks about it.

Beyond fear her eyes move again across the road.
Their T.V's on, loud, audience laughing,
Blaring radio, chaotic, yet homely, natural.
There's a smell of cooked steak, chips and tomatoes.

The fridge here is empty, the bread stale.
Nothing to do, phone never rings.
Parents at a party again, cat asleep.

There's something she needs,
Something she can't grasp.
There's a reason but no understanding.
Why do you look at the unsmiling reflection
It's only you and you alone.

Poem 5 **Thinking** (Age 16)

Did you ever wonder if anyone cared?
Did you ever feel forgotten and insignificant?
Yes God, I see you there. You do watch.
I believe growing up and feeling bad
is all part of your vast scheme for me.

But sometimes the ignored feelings
Is a licence to be by oneself
To think where the winds blow
and what makes them move.

When do you think the sea will die?
When, the waves cease to thunder upon the beach?
It's beyond my calculations.
You see God, I was afraid to face you
but with all my wrong, I wonder if I could.

I still think even though my eyes are shut.
I still hear even though I don't listen.
I am still confused, seeking,
Lost in my mode of life, my complex living,
Trying to speak out.

Poem 6 Planet Earth (Age 16)

I'll have to wait, of course, till my wish is granted,
 My wish of death, of escape.
 I wait for you Mr Death, I am always ready.
 There is nothing left now.

This earth, a planet that boils with disease,
 A place of lies,
 Brutality,
 Corruption, unnecessary death.
 I hear pleas, unanswered cries, screams but
 Never feather laughter.
 Promises, yes, my world has them.
 Nuclear war, biological warfare,
 New computer designed to make the rose buds
 Of our world turn in lovely thorns.
 And what about freedom!
 It's cheap and one can buy it on the street corner.

Thoughtless man!
 Believing what the blind say
 Ignoring the changing of the seasons
 Only lapping bitter-sweet newspapers which
 They guarantee themselves is the truth.

Greed and sightlessness
 They sneer and they try to kill, but in the
 End it is them that die, rotting in the dust.
 Slogans, red-painted, stop this and that,
 Prophets and princes
 Where do you hide, behind your falseness!
 I have heard enough, seen enough.
 It is now my time to die and
 Death will be the greatest thing this earth
 Has left.

Poem 7 The Perfect Nobody (Age 16)

My life is like a burning-match,
 The light given out is small.
 It is not easy to be seen
 Unless they are watching for you.
 But they only take the full match box,
 So then the light is bright for them.
 For the world.

The stick of my life is short
 Sometimes the slightest breeze of pressure
 Threatens to exterminate me
 Because I am nothing
 A nobody, the one among the trillions,
 The plain square on the checker board.

It does not matter if I leave this place
 If I decide to take my life
 Who's to care?
 Who would bother?
 Because I am nothing.

One tree in the forests,

One fish in the seas.
 But I know who I am
 I know my ordinariness, my uniformity in life.

I am not as special as I had
 Once foolishly imagined.

Poem 8 Where do you go? (Age 16)

The pain that you feel and don't understand
 The words that are there but cannot be spoken
 The wants and the wishes that are just fantasy
 You think and feel you are different
 But how many more are there like you?

Questions, headaches, pain of not knowing
 You attempt in your queer way to analyse
 To sort out logically and throw away
 The mess that is left behind.
 But like an artist whose paint blots the
 Canvas in an ugly manner,
 You cannot ignore it, hide it, because it is always there.

A smudge of the eternal life,
 A hint of what is to come
 Confusion and death
 Monotony and helplessness.
 A road that has no ending
 Nor a pathway that leads.
 Life, where is it?
 Underneath, above, inside, where my friend?

Poem 9 Jealousy (Age 16)

Monster of all ages,
 Eater of mortals,
 Eats away till we victims
 Squirm in the
 Slimy
 Contagious control of this
 Animal
 Within our selves

This sickness that
 Crawls, is often called green-eyed
 Disgusting and
 Perverted, that we only realise
 when it's too late
 Sucked
 Out love and plucked away tenderness.
 Savage man,
 Gutter child and king
 Othello and you and me.
 Parasitic, snapping at us from our depths,
 Panting to
 Annihilate and bringing endless
 Pain, endless and as old as time.

Poem 10 I am a prisoner (Age 16)

I am a prisoner, my warden are the people
 The sentence of years move on the waves of comments.
 I am courageous enough to see it now,
 But no one is around to congratulate me.

Sweet God, give me wisdom, that strength
 To face the barred way of my life,
 Where each square of wire gives a sombre picture.
 Send me the key, the answer that would release me
 Like a thousand faultless white doves.

I am a prisoner, the walls are the tapestries
 The tapestries of my incomplete grey life,
 The clothes I wear they become heavy
 They sit on me and cover my nakedness, but God
 Don't you see I'm bare all the days.

I cry out but my room-mate is dead,
 His eyes blank with unanswered questions.
 I am alone in a sea of civilization
 Imprisoned by society
 Yes I am a prisoner.

Poem 11 Facets in a stone of life (Age 17)

I've kept my mouth shut, my feelings tied.
 Now I am like an animal,
 Behind hideous bars of self-control
 Trapped and ensnared, ugly and scarred.

No curse can soothe me,
 No sacrifice can amend
 This is beyond reason
 Now I don't understand
 Now I am broken.

What happens now, where do I turn?
 What new dimensions do I follow?
 For security has turned to destruction
 Like a stream to a vicious river.

Many have been smothered by society
 Am I another victim?
 And therefore is dying finality and the
 End of life's fight.
 I am exhausted, weak and want to
 Walk away from the windows of questions.

But weakness gives birth to angry strength.
 I pace the floors of the world,
 No longer damning creation
 But bearing life's bitter blows
 And thus forming a new facet of me.

Poem 12 Crushed (Age 17)

The mountains have crumbled over me,
 Crushing my illusions, eating my heart.
 The sea has ceased to roar up upon the sands,
 My spirit has gone beyond the corals of life.

Now the moon is turning to cold black stone,
 And I hear my mind rushing backward and forward
 In my small cavity of sanity.

There are no longer stars in the sky.
 My body shrivels and wastes away
 Like dying paper in a burning fire
 Like the sun that has forever set.

Poem 13 School Leaver (Age 17)

What have you got besides
 Hunger, fear and crime?
 Why should I join you when all
 You do is smash my love
 My music, my strangeness.
 How could you invite me out and
 Then tear away my threads of hope
 And make what I am not.

You sit there with rolling stomachs of greed,
 Triple chins of proudness,
 And a stone heart of spite
 But somehow I draw nearer to your
 Wondering no more why.

You give me independence and show me
 Chains of ambitions that
 Strongly link to the padlocks of fame.
 There is only reality in you
 And no false dreams.

Sometimes I fight and cry and
 Sometimes I understand that when you
 Invite me, you tell me to grow up.
 With your evil, I know grace,
 With your betrayal, I know friendship.
 Oh World!
 I realise that you continue to spin
 In space and twirl above my head things,
 Things I never had, and now can get.

Poem 14 Darkness (Age 17)

The sun was sinking, she watched,
 For time was slipping by and she tried
 To slow the process down but still the
 Warmth was slowly dying,
 And the day was coming to an end
 But she could do nothing.
 Cold wind played upon her hair
 As she moaned at the conflict within
 That no one understood.

Wrapping herself in a coat,

Warm yet cold,
 Bringing her knees up against her chest.
 Everyone seemed far away, she had failed.
 Shadows grew and dreams lingered, fragile.
 While darkness came on,
 Advancing
 Without hesitation.

Would things have been different?
 But voices became silent, hope seemed
 Futile.
 Love vanished and the day ended.
 Cars stopped moving, turning rushing
 And tears became a stream of
 Darkness,
 And dreams became ashes.

Poem 15 The Unseen (Age 17)

Serenity, tranquillity,
 Unshattered silences
 Moments in space
 Lifeless and alien
 Then the screaming
 Whirling, blasting tornado
 Smashes through the glass walls
 Of his mind,
 Pushing and fighting, sweating and
 Dying,
 All within.
 Silence.
 External and monotonous.
 Silence.
 Frozen tears, unformed smiles,
 Dullness and worthlessness
 A deadened vacuum within
 His atmosphere.
 Violent laughing, sniggering, swearing.
 Crushing of eyelids upon unbelieving sights.
 Confusion.
 Juggling with reality and falsehood.
 Destroying the unachieved dreams.
 Unwanted, yet creating new barriers,
 All within his mind where there is a
 Breakage of the life's cords in the unseen
 Brain that once held sanity.

Poem 16 4th March (Age 18)

We have lost something valuable,
 But we're not quite sure how valuable.
 We struggle to understand why,
 Did we suffer for no reason, were their lives wasted?

I look out upon the field of burning orange
 And a fear slides down my face.
 I must accept this strange new land.

I thought I was in a dream, but dreams aren't eternal.
 I see the sky, the lonely bird,
 The empty house, the dying dog and

I hear distant crying.

And then I see the bird,
I see him shivering, moaning
Trying to escape, to fly away
But it cannot, I cannot.

Freedom oily on its wings.
The blood richer each time.
The rotten food, the desperation
The immorality, the disgust.

I then look beyond the cloud and
I see far above the sun and
I hear the far off laughter while
I smell the freshness that once was.

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