

Past Life Therapy, Trauma Release and the Body

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Introduction

Past life regression therapy, as described here, is a therapeutic technique that uses similar strategies and commands to hypnotic age regression (following a time line backwards, talking to the regressed persona etc) but which also draws strongly from Jung's waking dream technique of active imagination and the embodied re-enactments of past events called by J.L. Moreno, psychodrama (Woolger, 1996). As in hypnotic regression and psychodrama, the patient is guided back to and encouraged to relive traumatic scenes or unresolved conflicts from the past that have been previously inaccessible to consciousness, but which are thought to be influencing and distorting current mental and emotional stability. But instead of being regressed solely to the patient's childhood, a strong suggestion is also given to "go to the origin of the problem in a previous lifetime". In other words, the notional time-line is extended backwards to assume the soul's continuity with previous existences via what some have called the soul memory or "far memory". In many respects the rationale of past life therapy is similar to that of post traumatic stress therapies as well as to the cathartic or abreactive approach taken, but later abandoned by early psychoanalysis (Hermann, 1992).

Past Life Regression and Psychotherapy

The ontological status of "past-life" memories is inevitably controversial given the dogmatic adherence of western psychology and Freudian psychoanalysis to a *tabula rasa* view of the infant's psyche at birth, but this has long been challenged by Jung's theory of a collective unconscious that transcends historical time (Jung, 1935, Assagioli, 1965) and by the widely known school that calls itself "transpersonal psychology" (Tart, 1975, Grof, 1985, Rowan, 1993, Boorstein, 1996). Moreover, there exists the monumental work of psychiatrist Dr. Ian Stevenson of the University of Virginia, an erstwhile president of the British Society for Psychical Research. For over 40 years Stevenson and his co-workers collected cases of spontaneous memories of "past lives" from many parts of the world, mostly from among children. These cases, which he calls "suggestive of reincarnation," and which were meticulously verified, are published in five volumes. Their findings have never been seriously rebutted. His most recent book *Reincarnation and Biology* (Stevenson, 1997) was described by the reviewer for the British Scientific and Medical Network as "one of the great classics of twentieth century *psi* research" (Lorimer, 1997: 53). Nevertheless Stevenson's work continues to be ignored by mainstream psychology. (For a detailed review of parapsychological, religious and metaphysical interpretations of "past lives" see Woolger, 1987).

As for the therapeutic value of recalling "past lives" a growing number of therapists from different countries have become persuaded of its effectiveness (Lucas, 1993). Many contemporary practitioners stumbled upon "past life" scenarios when loosely instructing clients during a hypnotic regression session to "go back to the origin of the problem" even though neither therapist nor client believed in "past lives". Such was the case with eminent neuro-psychiatrist Dr Brian Weiss of the University of Miami, who staked his reputation and career on the publication of the case of a client who recovered rapidly when an unbidden "past life" surfaced spontaneously during a hypnosis session (Weiss, 1990). As both Weiss and the present author concluded after reviewing hundreds of such cases "it doesn't matter whether you believe in reincarnation or not, the unconscious will almost always produce a past life story when invited in the right way" (Woolger, 1987, p. 40)

What is remarkable about this technique, first employed at the turn of the twentieth century by a hypnotist and follower of Freud called Colonel de Rochas, is that the patient does not need to believe in reincarnation or past lives for it to be effective. (By analogy, one might also say that one does need to believe in a *theory of dreams* for dreamwork to be effective in therapy). He or she is simply encouraged to relive a distressing scene from some other historical time frame *as if* it were real and to temporarily take on the "other life" personality as well as the body image and sensations of the "other" personality for the duration of the "regression". The therapeutic effect of realistically reliving a "past life" trauma in the imagination—whether a story of an accident, abandonment, betrayal, violent death, rape or physical abuse—is similar to the emotional releases experienced with post-traumatic stress therapies used for current life traumas (Herman, 1992. Van der Kolk et al. 1996). The reliving is like a fictional psychodrama that leads, as Moreno wished, to an intense cathartic release of blocked feelings, most commonly of frozen fear, grief, rage, shame or guilt.

The Body in Past Life Therapy

In line with the more physical releases sought by Wilhelm Reich, past life therapy very frequently brings about the spontaneous dissolving of bodily armoring and the recovery of blocked physical libido.

Indeed, a striking aspect of much past -life therapy, when seen for the first time by an observer, is the obvious physical involvement of the client in the story that is being relived. In many sessions the client doesn't just sit or lie passively recounting an inner vision of a past life with his or her eyes closed. Instead, he or she may be subject to the most dramatic convulsions, contortions, heavings, and thrashings imaginable. One client may clutch his chest in apparent pain as he recounts a sword wound, another may turn almost blue during a choking fit as she remembers a strangulation, while yet another may become rigidly fixed with arms above the head as he remembers being tied to a post during torture.

Many bodyworkers have reported how "past life" images often arise during a massage or a Rolfing session when a tense, a sensitive or a scarred part of the body is touched or worked upon—in addition it is sometimes the masseur or masseuse who gets such an image, as if "tuning in" to something in the patients energy fields around the body.

For example, a male patient, during a session when his wrists were being deeply massaged, saw himself in a different body, that of a slave pulling painfully on a huge oar in a Roman galley; in the same session, the therapist also got images of the body rowing while working on the clients legs. In another case, when a female patient was asked to explore chronic neck and shoulder pain by moving her arms and head in different directions, suddenly her hands froze at ear level, her head hung forward and she screamed in pain: "I'm in the stocks; they're throwing things at me!" She had momentarily experienced the persona of a 17th century adultress who was being punished by an angry New England Puritan community.

Occasionally invasive medical or dental treatment will trigger extreme fear responses and what seem to be flashbacks of "past-life" torture or abuse. During oral surgery a woman reacted with terror when a cloth surgical cover was put over her face for a procedure. In a subsequent regression she felt herself having a hood put over head and then being guillotined during the French Revolution; once she had re-lived the death and seemingly gone out of her body to see her decapitated "past life" self "down there" all the fear went away.

In another very striking case, a woman client sought therapy because her sexual responsiveness had always been so blocked that she resisted penetration of any kind. During a session she was regressed to a childhood scene from this life where she had been given a urethral probe in hospital. This in itself had been extremely traumatizing, but during the re-living an even more horrible and painful image came when she said "it's burning!" She saw herself as a woman in a medieval village who has become pregnant out of wedlock; she is cruelly punished by having a red hot iron inserted in her to cauterize her uterus. When these and similar visions and sensations of physical trauma emerge in regression, psychodrama or bodywork they can be successfully cleared by past life therapy and released energetically from the body with very marked remission of pain and other chronic physical symptoms.

To the inexperienced observer this may appear distressing, if not dangerous. Even trained therapists (more often those using Freudian, cognitive, or purely verbal techniques) will come up to me after a particularly violent demonstration of the past-life technique and warn me of the dangers of provoking a psychotic breakdown. Yet for many therapists now practicing past-life therapy strong physical as well as emotional release is not just a commonplace of our work but in many cases an essential part of it. More and more therapists are finding that all kinds of behavioral problems and complexes have traumatic underlays from past lives which are plainly physical as well as emotional. As a result, we are naturally finding ourselves using cathartic methods to release the old trauma. Seen from a historical perspective this kind of emphasis on the reliving of traumatic events and their treatment through abreactive or cathartic methods marks a return to the very approaches Freud abandoned ninety years ago in favor of his later psychology of the ego and its defense mechanisms.

As Stanislav Grof has observed in his overview of the history of psychotherapy in *Beyond the Brain* (1985), many of the more recent therapies—Gestalt, Primal Rebirthing, LSD therapy, for example—are currently emphasizing the *experiential* component in reaction to the purely cognitive and interpretive emphasis of much neo Freudian psychotherapy. In other words, from Grof's point of view—with which I am fully in agreement—much of the post-Freudian enterprise, and even the Jungian, has been an ineffective intellectual detour in the evolution of practical methods of psychotherapy.

I raise the issue of these fundamentally different therapeutic strategies—let us call them the cathartic vs the cognitive—not for polemical reasons but because they radically affect how we proceed with regard to both therapy in general and past-life therapy in particular. One obvious consequence of these differing views is that when we aim for cognitive understanding we tend to neglect the body. By contrast, when as therapists we emphasize catharsis, we must inevitably remain focused in the body for the simple

reason that it is in the body that both physical violence and emotion are most vividly experienced. This has recently been underlined by the ground-breaking work on trauma therapy by the Harvard group of psychiatric researchers headed by Bessel van der Kolk and Judith Herman. They emphasize that it is the limbic system of the brain and sensorimotor pathways that are responsible for storing traumatic memories and *not* the verbal regions of the cortex as in normal memory. A key paper by van der Kolk is entitled "The Body Keeps the Score" (van der Kolk, 1996). The implications for trauma therapy are clearly that effective remembering and release of traumatic residues must involve the body.

The Body as Experiencing Subject

From the viewpoint of cathartic or experiential therapy the body itself becomes what, for want of a better term, I will call an experiencing subject, or, most strictly, a multiplicity of experiencing subjects. My head may think this, my heart may feel that, my guts may feel something else and so on. Every part of the body has something to say or express. This is what Fritz Perls, inspired both by Wilhelm Reich and by J.L. Moreno's psychodrama, saw so clearly: that there are all kinds of unfinished monologues, dialogues, and conversations going on in different and often opposing segments or parts of our bodies. The complexes, to switch to Jungian terminology, speak in and through our bodies if we are prepared to give them ear; we are the embodiment of the totality of our complexes.

We are particularly in debt to Wilhelm Reich for grappling in a practical way with the most pervasive problem of western, westernized and "civilized" men and women, namely the so-called Cartesian split of head and body, mind and matter, spirit and nature. At the very time that Freud was moving away from the physiological implications of his theory of sexual repression and the damming up of libido, Reich was exploring the issue of rigid character structures and how they are expressed by the body. Reich coined the term character armor to describe those rigid patterns of unconscious muscular holding we find in the head, jaw, neck, shoulder, thorax, diaphragm, pelvis, legs, arms, hands and feet (Reich, 1949, Dychtwald, 1977). What he showed us was that these rigid structures were not the result of physical or somatic stress but direct expressions of psychic trauma, deeply repressed emotions, and a basic unconscious denial of life. All the libido that should be flowing out of the organism and into life, however conflictual that might be, remains locked beneath the musculature. This in turn depresses the

autonomic function, affects organic functioning adversely, and often distorts the whole skeletal posture (Reich, 1949, Alexander, 1971).

To give some examples: if a child lives in fear that he will be hit by a brutal parent he learns to cringe and raise his shoulders to protect his head. If there is no deliverance from that fear, the defensive shoulder armoring is never relaxed, and neither, correspondingly, is his tight "nervous" stomach and apprehensive shallow breathing. After a while the child adapts to being permanently "on the alert" so that the fear remains locked in his organism in the form of chronically raised shoulders, bent back, tight chest and stomach. Over the years such holding patterns may degenerate further into a certain characteristic fixed posture (Kurtz 1976).

Or suppose that a young girl has been subject to regular sexual molestation by her father. In this case it is her genitals that will be held tightly, her pelvis gripped in a frozen posture, and her thighs and legs kept rigid by a mixture of fear and rage. In addition, there may be revulsion held in her stomach and shallow breathing. In later years she may well experience urogenital tract infections, deeply inhibited sexual responsiveness and gynecological difficulties, all due to deep-seated psychic armoring that has now become chronic.

These examples are typical of the way that Reich (1949) and his contemporary followers (notably Keleman, 1975; Kurtz, 1976; Lowen, 1977; Boadella, 1985; Pierrakos, 1987) have all followed the traditional psychoanalytic route of looking for the causal origins of later organic complaints and character armoring in the bodily deformations and traumas of early childhood. Certainly there is no shortage of parental neglect, brutality, or sexual abuse in the modern world. Much of the time, therefore, it is not necessary for therapists to look any further for the cause and the release of the embodied symptoms we have described. But as more and more therapists are discovering, there are all kinds of neurotic complaints of both an emotional and a physical nature that simply refuse to be resolved through exploring infantile stories, no matter how early we trace them back. Many children, it is now being admitted, are obviously born fearful, depressed, rage-filled, withdrawn, unable to eat (i.e. starving), desensitized, and so on. It is precisely in such cases that past-life exploration is proving particularly effective, now that we are free to ask the very questions that Freudianism and the tabula rasa doctrine of development have proscribed for so long. (1 See notes at end)

Physical Residues From Past Lives

Let me refer to a case mentioned briefly in my book, *Other Lives, Other Selves* (Woolger, 1987). A young woman, whom I will call Heather, suffered since early adolescence from ulcerative colitis. Naturally, every kind of dietary therapy had been tried and in more recent years, psychotherapy. Her psychotherapist, who referred her to me, admitted that she could find no cause of anxiety to account for the ulcers in Heather's present life, despite many months of probing. So we agreed to try a past-life session.

The story that immediately surfaced took us to Holland during World War II at the time of the Nazi invasion, Heather found herself as an eight year-old girl in a Jewish family living in the Jewish neighborhood of a small Dutch town. In the first scene to surface she finds herself happily helping her mother bake bread when the sounds of explosions first reach their ears. The Nazi's are systematically blowing up and setting fire to the terraced houses to "flush out" the inhabitants onto the streets. The mother, panicking, pushes the children onto the street, telling them to run. The street is full of townspeople running in all directions. There are armored cars and jeeps following them and the sound of gunfire. The little girl runs down an alleyway, thinking it to be safer, and watches for a time from behind a wall, seeing some neighbors and friends shot, but mostly rounded up by the Nazis. Fleeing farther from the smoke and explosions, she turns a corner and almost runs into a van commandeered by the soldiers. They catch her and shove her into the back of the van with other captives.

Shortly, she and the others are herded out and lined up in front of trenches that have been dug as mass graves. Standing watching lines of people being machine gunned as she awaits her turn, she reports that her stomach is totally knotted in terror. Eventually her turn comes and she falls back, shot, onto a

pile of dead and dying victims. She doesn't die immediately; other bodies fall on top of her and she finally dies of suffocation and loss of blood. Her stomach remains knotted in terror throughout this appalling ordeal.

My approach during our session was to direct her to breathe deeply and to let go of all the fear and anguish as much as possible. Given this permission she broke into convulsions sobbing, screaming and keening. As the young Jewish girl, she had died, so it seemed, unable to express both the terrible shocks of losing her parents, seeing mass slaughter, and facing her own premature death. Phrases such as, "I'll never see them again," "Help me!" "I can't get away," "It's too late," surfaced spontaneously and her body went through violent convulsions and dry vomiting for a while.

When it was all over Heather was exhausted and depleted, yet she felt unburdened of a fear she had always dimly sensed and which she now understood. Her stomach condition improved radically after this and a couple of follow-up sessions.

In many cases, once we shift our focus away from supposed early childhood traumas in this life and give the deeper unconscious permission to express itself, we find that the presenting symptom seems to be derived from a past-life memory. There had been no event in Heather's current life experience remotely severe enough to induce fear symptoms as heavily somaticized as ulcers; in fact her complaint was quite out of proportion to the relatively untroubled course of her current life. Yet immediately the past-life story of the Dutch Jewish girl emerged, we found traumatic images which were entirely consonant with her symptoms. In Heather's case, as in many others, I was led to conclude that the unconscious fear, which manifested in her stomach as ulcers, was not a residue from this life, but from another.

Every part of the body, it would seem, has in one person or another revealed some old accident or wound. But past life traumas always have a specific and not a general relationship to the current physical problem. Not all migraines derive from head wounds or all throat problems, from strangling. A similar throat complaint in several people may carry quite different stories from those people: in one it may be a death from a beheading, in another a choking death, while someone else may remember having been hanged. In different people a painful chest or pains in the heart region will bring up memory traces of all kinds of stabbings, gun wounds, lances, arrows, shrapnel, etc. Sore legs and arms remember being broken in accidents or war, crushed by fallen trees, shattered by torture, crucifixion or the rack, or else ripped off by wild animals. A weak or sensitive belly area may recall cuts, slashings and disembowelings, or else starvation or poisoning. Sensitive feet and hands have in past lives been subjected to every kind of accident and mutilation, to say nothing of performing horrible acts on others.

How can this be? The skeptic unfamiliar with past-life regression might ask, how can memory traces and somatic reactions be caused by experiences felt and sensed by an entirely different body?

The Problems of Non-Physical Transmission

Some theories have attempted to answer this question—sometimes called "the problem of extra-cerebral memory"—by recourse to genetic inheritance. Yet my own finding is that out of many hundreds of cases involving past lives, only in a handful could the particular affliction possibly have been passed on genetically. The huge majority of stories I have recorded can in no way be accounted for by genetics, which is to say, by ancestral transmission. The cultural discrepancies and discontinuities are for the most part too extreme.

I have elsewhere proposed (Woolger, 1987) that we talk about inherited psychic contents as "past-life complexes," an extension of Jung's description of the complex (Jung, 1934), since it's now abundantly clear that the psychic, emotional, and physical impressions laid down in one lifetime are in some way transmitted to future lives.

Yet regardless of what we call them, how exactly are complexes from past lives transmitted? Is there

some psychic substrate or vehicle for this transmission from life to life, from body to body? Jung's own theory of the collective unconscious, which is a repository of the residues of all of human history, would seem an attractive proposal, yet, in this formulation, its contents, the archetypes, have no personal memories, only impersonal forms.

Here again we must, I believe, turn to the East for ideas more compatible with our data, to theories that have taken root in cultures that have always been open to the idea of transmigration, unlike the West with its dogmas and priestly persecutions. Yoga teaching, in fact, offers highly sophisticated concepts of both a universal psychic substrate called the *akasha*, which records impressions of all events mental and physical, as well as a vehicle, *the subtle body*, which transmits individual psychic residues.

It is beyond the scope of this article to go into the traditional doctrine of akasha (translated as psychic or cosmic "space" or "ether"), a doctrine that goes far beyond the image of "the akashic records" popularized by the Edgar Cayce readings and Theosophy. Suffice to say that if we in the West truly understood it, the concept of akasha could radically alter fixed ideas about matter, transformation, and healing that are only recently being challenged in the West. (2) More useful, from the practical perspective of past life therapy, is the concept of the subtle body. Here is how it is summarized by an authority on Indian religion:

Within the gross body, which suffers dissolution after death, every living being possesses an inner subtle body, which is formed of the 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 of 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 movements of will of the past, all the propensities and trends, the heritage of habits and inclinations, and the peculiar readiness to react this way or that, or not to react at all. (Zimmer, 1951: 324)

The Subtle Body in Theory and Practice

Scientific investigation of energy fields around the human body has up till now been very limited in the West. Since parapsychology is still held in disrepute by mainstream academic psychology—the American Psychological Association has consistently rejected the formation of a Parapsychology Division, for example—we still have very little to turn to. Nevertheless, Krippner and Rubin have reported on Russian research into the Kirlian phenomenon of energy discharges around plants and animal organisms and humans in their *Galaxies of Life* (1973). These energy emanations, which it is hard not to describe as auras, can be recorded by a quasi photographic process.

In this collection of papers, Moss and Johnson report on the little-known but revolutionary theory of "bioplasma," which the Soviet researcher V.M. Inyushin has characterized as "the fifth state of matter." (3) Here is their summary of these findings:

V.M. Inyushin ... has opted for the term "bioplasma body" as descriptive of the emanations and internal structure of the objects photographed, quoting from such authorities on bio-energetics and bio-electronics as Szent-Gyorgy and Presman. In conversation with Inyushin, Moss learned that he conceives of the "bioplasma body" as similar, if not identical, to the 'aura' or 'astral body' as defined in Yogic literature" (Krippner and Rubin, 1973),

Unfortunately, the Russian term is obviously a physical metaphor derived from "plasm" which tends to make it a reduction of the psychic realm to the physical. This fits very well within the Soviet philosophy of dialectical materialism but is rather clumsy for those not so committed. On the other hand, we in the West are ourselves still caught in our body/mind, nature/spirit dualisms generated by Christian theology and the predominant philosophical tradition that follows Descartes. G.R.S. Mead surveyed alternatives such as "soul" and "spirit" in his valuable book, *The Doctrine of the Subtle Body in the Western Tradition* (1919), but he makes no attempt to encompass modern psychology. (4)

A major problem with many terms like "bioplasm" and other even more general terms like "energy field," as far as psychotherapy is concerned, is that they fail to pinpoint the crucial interface between "energy" and specific feelings and thought patterns. Possibly Reich's "orgone" theory is the only western attempt to date to do this. By stressing the idea that repressed emotional energy is also repressed life or orgone energy, he was able to show how fixed neurotic patterns lead to the degeneration of organic systems. Certain followers of Reich who have attempted to extend his radical perspective have, like Inyushin, been struck by the resemblance to Yoga and subtle body phenomena such as perceivable "auras." John Pierrakos' method of "core energetics" (1987) works with the auric field in psychotherapy, as does David Tansley's healing system called "radionics" (1977). The recent work of Barbara Brennan (1988) with subtle body healing should also be mentioned. All three of these researchers draw upon Yogic concepts of the chakras and subtle layers of energy surrounding the body. Brennan admits to clairvoyantly "seeing" past lives in the aura.

Tansley's use of Alice Bailey's version of the Yogic subtle body theory (1953) is one I have found especially valuable, particularly since it defines very clearly three distinct levels of subtle energy and shows how they interpenetrate. Bailey used the Yogic terms for these subtle bodies but in an approachable fashion. In summary and in descending order, containing each other like Russian eggs, they are:

1. *The Mental Body*: this very broad energy field is the most subtle of the three and is the locus of all powerful mental contents or fixed thoughts. These thoughts may be conscious or unconscious and can radically influence an individual's overall life patterns or self-image (e.g. "I'll never make it." "Don't trust people" etc.). Such thoughts can be the residues of negative past life experiences. They do not necessarily affect the lower bodies, but if they do, their influence is extremely strong,

2. *The Emotional Body* (sometimes called the astral body): this energy field adheres closely to the physical body by a radius of about two to four feet and is the locus of the feeling residues from past events, including, like the mental body, past lives. These may be sadness, rage, disappointment, apathy etc. This energy Level may be strongly affected by negative thoughts from the mental body. Physically it is denser than the mental body. When its feeling contents become highly charged and not released, it will affect the lower etheric energy body adversely.

3. *The Etheric Body* could be called "the physical memory field" because in it reside all the painful subtle memory traces of physical trauma, whether lesions, fractures, tumors, amputations, wounds or diseases—traces that Patanjali, in the Yoga Sutras, calls the *klesas* or "sufferings" carried by the subtle body. The "phantom limb" phenomenon experienced by amputees is a well-known example of how a residual memory of trauma can be held in the etheric body.

The etheric body is strictly the equivalent of Inyushin's "bioplasma body" (not the astral body as mistakenly reported to Moss and Johnson) and the energy systems of *chi* in Chinese medicine, and prana in Yoga. It is also close to Reich's orgone energy. The etheric body or energy field is the denser of the three subtle bodies and is physically perceptible to many people as heat emanating from parts of the body. It radiates out from the physical body about one to two inches and is the field worked with in such practices as acupuncture, shiatsu, therapeutic touch and hands-on healing.

This field can be affected electrolytic ally by cold water, mineral baths, sunlight and certain colored filters. In it are many of the residues from physical traumas such as accidents and surgery, as well as past-life traumas. Repressed feelings from the emotional body will lodge at the etheric level to produce organic problems.

The important principle that may be gleaned from this highly condensed description is *that there is a descending order of influence from higher to lower among these three bodies*. In Heather's case, that we looked at earlier, the following pattern can be discerned:

1. The unconscious *thought*: "I am in danger" (mental level) makes Heather *feel* perpetually anxious

(emotional level);

2. Heather's perpetual *anxiety* (emotional level) creates constant *tension* in her abdominal region (etheric level);

3. The constant *tension* in Heather's abdomen (etheric level) affects the gastrointestinal system to produce ulcers (physical level).

Since the subtle causation of these symptoms is descending, it is broadly true (though there are many variations) that healing follows the opposite direction, a movement upwards from the etheric to the mental. So, for example, in the case of someone with a past-life trauma associated with the legs, we may observe the following pattern:

1. *Physical* message or manipulation releases *etheric* energy (experienced as heat, tingling etc.) in the legs;

2. The *etheric* energy flow brings up incoherent *feelings* of fear;

3. The *feelings* of fear lead to images of being chased as a child, then of being hounded in a past life story, and finally the *thought*, "I've got to get away."

It may help to conceive of how the three levels of subtle body energy relate to one another if we take the analogy of the different states of water or H₂O. When it is frozen, water is dense, solid and hard to manipulate without smashing it or cutting it up. When water is fluid it can be moved around easily but still has substantiality and it can still penetrate and erode. When water is evaporated, as cloud or steam, it is at its lightest, most subtle, and most pervasive.

By analogy with water, then, the psychic contents of the subtle body which are the hardest to work with are those which are "frozen" in the physical body as postural patterns, organ weaknesses, and disease. These conditions may be easier to influence when they are more "fluid," that is to say, when they are experienced as feelings and emotions that can be undammed. But even more subtly it may be possible to perceive pervasive thoughts underlying these feelings which, once identified, can now be totally evaporated. Bodywork then, may be imagined as a way of "melting" residual psychic conflicts from this life or a previous life that have become fixed and rigid in the total psycho-somatic being of the individual.

Morris Netherton (1978) was the first psychotherapist to document a series of cases where past-life traumas underlay severe chronic illnesses such as ulcers, migraines, epilepsy, and more. (Earlier, Alice Bailey, in her *Esoteric Healing* (1953), had outlined the principles governing the karmic inheritance of severe illnesses such as cancer and heart disease, but she had offered no suggestions for therapy). Meanwhile Stanislav Grof has emphasized, from findings during LSD and experiential therapy (Grof, 1985), that we all carry major unconscious imprints where we have suffered a physical accident or trauma from this life.

It would appear then, that all operations, sicknesses, broken limbs, deprivations, or minor hurts leave some degree of residue in the etheric body. Physically these may be perceived as "cold" spots or blocked energy meridians, or else as poorly functioning chakras (the Yogic term for the subtle energy centers). But at the same time, because these energy fields are multi-dimensional or holonomic (5) frequently there will be past-life imprints of physical trauma also present, often directly co-extensive with the same region of the body. While using deep breathing work to help a woman client to release trauma buried in the region of her uterus from a recent hysterectomy, we found ourselves suddenly in a primitive past-life sacrifice where her belly was being ripped open. Similarly, in working with a young man who had had several difficult knee operations following a skiing accident, we found no fewer than three past-life traumas involving a shattered knee; on two occasions he had lost a leg beneath that same knee in battle. Again the principle holds that subtle body imprints at the etheric or bioplasma level

are multiply determined or layered.

It seems quite apparent that certain areas of the body will be inherently weak and prone to further accident, disease or malfunction because of these old imprints in the etheric body. It is a useful practice in an initial psychotherapy interview, to ask about recurrent illnesses, damaged parts of the body, typical physical fears or weaknesses, hospitalizations and so on. Often chronic headaches, backaches, a weak bladder, low blood-sugar, indigestion, bad eyesight, and so on, are major clues to etheric or bioplasma scars and hence to the residue of past-life traumas to that area of the body (Dethlefsen, 1990).

When a past life complex lodged in the etheric or bioplasma body is mostly the residue of a physical trauma, it will often be enough to rerun the trauma. In other cases some kind of etheric rebalancing, therapeutic massage, therapeutic touch, acupuncture, or reflexology can be very effective adjuncts to treatment. In a case described in my book *Other Lives, Other Selves* (Woolger, 1986), a woman suffering from lupus and attendant arthritic-like pain in her joints experienced a dramatic cathartic release of pain when she relived being dismembered in a bomb explosion in a seeming past life. In the past life replay the shock of the bombing had clearly driven the victim out of (his) body. When the past life secondary personality, a Russian anarchist, was able to see his body mutilated on the ground he also briefly, but agonizingly, recapitulated the phantom pain. But as a result of this highly intense psychodrama the woman experienced a huge release, tantamount to letting go of a frozen death trauma and the negative dying thought "I'll never use my legs and arms again!"

The post-traumatic dissociation from the heavily wounded dying "past life" body in this dramatic replay in effect healed the subtle body by re-associating consciousness with the body—albeit painfully. In our work with severe trauma from both past and present lives, we have found that core post-traumatic shock symptoms invariably entail a leaving of the body in some way. This inevitably means that the physical and emotional components of the trauma remain frozen and unconscious in the energy field of the subtle body. And to all intents and purposes all the traumatic residues remain fixated imaginably in the frozen moment in time of the accident or catastrophe. Like a nightmare from which a dreamer awakes just before a deathly onslaught, ego consciousness escapes the crucial moment but the leaves the unresolved fear continuing to re-cycle like a needle stuck in the groove of an old gramophone record (Patanjali's *Yoga Sutras* actually call the karmic imprints "ruts" or "grooves" in the subtle body; Woods, 1927).). Playing out a full past or present life death trauma such that the replay stimulates full release of the horror, trembling, panic, screaming and tears can fully clear quite severe post traumatic symptoms in a relatively few sessions. In this respect "past life" therapy closely resembles the early forms of "shell shock" therapies developed in the wake of the wars of the twentieth century.

Not all physically held etheric or bioplasma imprints disappear as quickly as the example of the woman carrying the residues of a dismemberment trauma. Some traumas may represent the accumulation of a number of past life catastrophes carrying an overall karmic meaning that may require long periods of therapy and also meditation to be relinquished. As he lay dying of tuberculosis, D. H. Lawrence recognized in his disease the need for "long difficult repentance, realization of life's mistake." From the greater perspective of karma, which is to say, our spiritually inherited patterns of fate, it may seem that sometimes *the soul* has chosen for us to be crippled, deformed or subject to an irreversible disease because of what we have inflicted previously on others. Here our etheric imprints are forms of karmic penitence and have a symbolic or spiritual meaning. In cases like the following we must be clear that it is not the ego personality that "chooses" but rather a transcendent or "higher self"--"*not my, but Thy will be done*". (Jung proposed the term "Self" for this function, regarding it as the center of the soul. (Jung, 1969; also Bailey, 1953).

Another woman patient, who suffered from severe arthritis in her legs and arms, saw a past life in which she had been a Roman commander who cruelly crucified whole villages of rebellious Gauls, but died remorseful and seemingly taking into his own subtle body the impressions of the pains of his victims. Bodywork and psychodrama were ineffective before deep the remorse had been fully expressed. Finally, a prayerful entreaty for forgiveness seemed to invoke spiritual forces to mobilize the patient's healing. Yet many clients, despite all kinds of physical and emotional catharsis still do not relinquish

their pains. I speculate that it is as though, deep within, they feel they *deserve* to suffer; that their pain is a kind of dimly understood karmic punishment. Here we verge on philosophical questions about the meaning of suffering and evil, for which there are no simple answers.

But when we are ready to let go of old pains and what may be ancient self-inflicted punishments, the etheric or bioplasma body can begin to cleanse itself over a short or long period of time, depending on various individual factors. Often, when a crucial story is released from the etheric or bioplasma body, there will be extraordinary discharges of subtle energy in the form of shaking, vomiting, tingling, hot and cold flushes, vibrating, and even the release of strange odors from the body. Such movements of energy, called *kriyas* in Yoga and "streaming," in Reichian work, are little understood by Western science but are all part of the rebalancing of the subtle energy system at the etheric level.

Much more complex, and therefore somewhat harder to work with, are cases where the past-life residues in the emotional body penetrate and deform the etheric system or the bioplasma, and with it, the physical body. These are the clients who somaticize their emotional problems, carrying them, as it were, in different parts of the body.

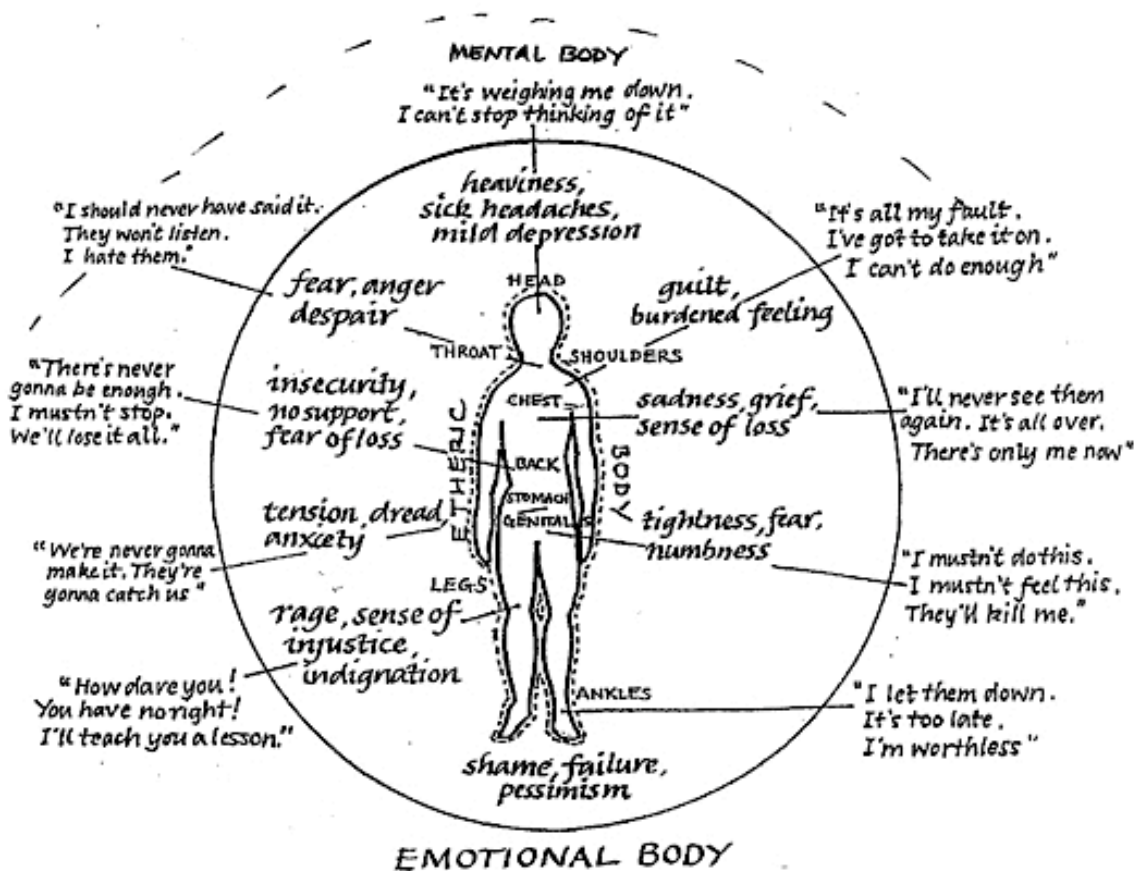


Figure 1

Figure 1 is a composite representation drawn from many typical cases. It shows how the etheric/bioplasm and the physical systems may be afflicted by past-life complexes when these manifest in the emotional body as feelings or deeply felt thoughts. The unconscious thoughts that crystallize in past-life stories as complexes are shown outside the circle, since they belong to the more subtle mental body. (Perhaps it should be emphasized that none of these complexes belongs specifically to any one part of the body; a depressing thought can as easily be held in the back as in the head.)

To take some of the examples in the diagram:

A person may experience recurrent sick *headaches* combined, when carefully interviewed, with a general feeling of heaviness, especially around the head. Exploration of these feelings may reveal a predominant metaphor or image of "heaviness," which, when exaggerated, might produce the thought: "It's weighing me down, it's always oppressing me." Such a thought may easily prove to be the point of entry or *somatic bridge* into a past life story fraught with guilt, such as "I ran away from the massacre and never returned. I should have helped my brothers, my family. I can never stop thinking about it. It's always with me, weighing me down."

Another person may have extremely tight hamstrings in his *legs*, with accompanying stiffness in the joints and difficulty walking. When explored the tightness may reveal that tension and anger are held in the legs. A simple bioenergetic exercise (Lowen, 1975), or an opportunity to kick freely in a psychodrama, may reveal images of being dragged away to be thrown in a dungeon as well as the desperate thoughts; "How dare you do this to me! You have no right. Get off me." Here, rage at some unjust incarceration is still being held in the legs.

Yet another person may experience extreme stiffness in the *ankles*, combined with actual memories of breaking his ankles on different occasions in the current life. But deeper probing may reveal gloomy thoughts of failing, of not trying hard enough and of shame somehow associated both with the accidents and with the ankle region in general. In pursuing these thoughts while focused on the ankles we may find a somatic bridge, for example, to a young man who died in battle as a young, untried warrior and who was pierced ignominiously through the ankles when half dead.

When further examples are reconstructed from the composite diagram it will be noticed that the different feelings pictured as belonging to specific parts of the body are by no means fixed. The young warrior just mentioned might just as well have died from blows to the head and chest, leaving the ankles unscathed; in which case his sense of gloom and failure would be lodged in these regions instead. Every body story, as well as every wound is very specific and individual and needs to be treated as such. Also, since the afflicted areas of the etheric or bioplasm body are multiply determined at the past-life level, there may be several stories, each with different shades of emotions and other post traumatic reactions to be unlocked. In addition, there may be interfaces with accidents or illness from the current childhood on, all seemingly revolving around certain core feelings which characterize the issue as a past-life complex (see further Woolger, 1987.)

Clearing the Subtle Bodies of Present and Past Lives

Earlier we noted how the three subtle bodies or energy fields affected each other. Using this perspective it is often quite simple to see how a thought belonging to the mental field can influence feelings within the emotional field. For example, the residual unconscious thought that "I'm a failure" can easily generate persistent feelings of depression in a person. Further, we saw how feelings can exert a negative influence upon the energy or vitality of the physical system by depressing the etheric field; such a person may literally experience low energy, which can manifest physically as poor appetite, shallow or constricted breathing, heart pains, or other forms of depletion.

These principles have, in one form or another, been known for a long time to bodyworking

psychotherapists of certain schools, especially those associated with Biofeedback techniques (themselves inspired by Yoga) and those influenced by Wilhelm Reich. Since Reich's psychological perspective was basically Freudian when it came to searching for the origins of the negative thought or the emotional trauma, his followers usually assume that the obvious place to look is early childhood. From my perspective, the limitation of Reich's work, far reaching as it is, is that it focuses too strongly on the *body, organicity* and *energy*, and far too little on imagery and human experience (Jung, by contrast paid too much attention to imagination and too little to the body!)

Reich and his followers have all tended to assume—Boadella is an exception—that the majority of cases of rage, fear or shame etc are due parental abuse and childhood traumas of one kind or another.

From my own experience in several years of Reichian therapies I rarely remember being encouraged to release rage or other feelings towards or around anyone other than my mother or my father; the implicit or explicit suggestion was that *these feelings belong to parental situations and nowhere else*.

Yet my finding in past life therapy is that if a client is encouraged, during the strong release of, say, anger or tears, to just follow *any* images that arise with these emotions, then all kinds of fragmentary scenes will emerge spontaneously from past lives *to which the emotion seems to belong far more appropriately*.

To take an example: during a therapy group a woman expressed extreme rage towards her tyrannical and harsh father and said that she "saw red" while doing it. Rather than interpreting this phrase as *just a metaphor*—a sure way to kill imagery—and rather than assuming it still applied to the father I asked her: "how does it appear red?" She replied that it was as if he was wearing a long red robe and a red hat. Encouraged to stay with the image she realized she was seeing a Roman Catholic Cardinal condemning a group of heretics to the stake and that she was in the body of a young monk who was outraged at the cruelty.

Another example: during a therapy session a man was expressing his grief at the death of a beloved sister in childhood, and the strong phrase, "I'll never see her again" recurred. I encouraged him to free associate the feelings of loss to any other strong event, using this highly charged phrase. Almost imperceptibly the phrase became "I'll never see *them* again" and this time elicited a much more agonizing round of crying: "They're taking my family--my mother, my father, my sister!" he screamed, seeing himself as a young Jewish boy being herded by Nazi soldiers onto a cattle truck en route for a concentration camp where he died never knowing their fate. In ways such as these, using what hypnotherapists have called "the affect bridge" it is often possible, using spontaneously arising imagery, to broaden and deepen the application of Reich's techniques of physical and emotional catharsis by extending situations from the personal to the collective unconscious (Jung's useful term).

We know then, from copious reports of past-life regression sessions, that trauma or negative thoughts or attitudes can just as easily arise from a previous lifetime and that this can leave its residues in the unconscious mind. Indian Yoga doctrine has always held that psychic and physical dispositions to negativity, to reiterated trauma, and to emotional patterning are passed from one life to another via the entity called the subtle body. The closest we have in the West to this idea is the astrological chart, which posits that we are born with all our psychic and physical dispositions laid down at birth in seed form like a blueprint. The past-life perspective, as more and more therapists are realizing, can often open up places where conventional therapy, which only probes early experience in this life, has reached a dead end. Cases entailing past lives may be complex, but the inter-relationship of the three levels—the mental, the emotional and the etheric—can be shown to operate equally across lifetimes. In other words, Reichian principles can be used to dramatize and physicalize past-life stories as effectively as they can be applied to current life issues in therapy—and sometimes more so. To give a short example:

A woman in her fifties, whom I shall call Veronica, had suffered since late adolescence from severe sinusitis. She had undergone all kinds of medical treatment, which had proven ineffective. Conventional psychotherapy revealed a connection between the onset of her chronic sinusitis and a certain residual sense of loneliness and mild depression. but, failing to find any loss or obvious emotional upheaval

around adolescence, therapy basically failed to change her condition. During a weekend introduction to past-life therapy, Veronica had the following experience. She found herself re-living the past life of a young Englishman, who had grown up in an orphanage, and who was conscripted into the army at the outbreak of the Great War in 1914. Like so many raw recruits, his combat experience was tragically short. He died within weeks of arriving in the trenches when a mustard gas assault wiped out his whole unit.

The short period of boot camp and the camaraderie of the trenches had been one of intense emotional opening for this young man. As Veronica re-lived his death, she fell into paroxysms of intense weeping, which were clearly mixed with painful choking. When the lengthy catharsis was over, she reported that she had realized that the young man's untimely death by asphyxiation had prevented him from grieving for his lost comrades in arms.

She also reported that her sinuses had fully cleared for the first time in thirty years. The unfinished grief from the adolescent period of the past life had apparently been unconsciously re-activated when she was in adolescence, but because of the choking trauma, the tears of the past life had remained lodged, as it were, in her sinuses. All her problems with loneliness in this life and her fears about committing to relationships, for fear that they would not last, immediately became clear to her.

In this case, which is typical of many, the release clearly begins on both the etheric and the emotional levels when both the sense of loss and the choking memory, now made conscious from the other life, surface spontaneously. The possibility of releasing the original feelings of grief had been blocked by the gassing trauma, so they had become imprinted, along with the choking, at an etheric level of subtle body transmission. To release one was, therefore, to release the other. Hence the unblocking of Veronica's sinuses, which had been mimicking the fatal gas attack with all its unexpressed sadness all those years.

It was also extremely important for Veronica to realize why she felt so bereft in the past life and to make the connection to her present life. This completed the clearing of the mental level of the past life scar, without which she could easily have fallen back into old emotional patterns. She was now able, with the help of verbal affirmations, to reverse negative thoughts like, "I'm all alone. Friendships never last," into "I'm never alone: my friendships are growing and getting deeper all the time."

When all three levels of clearing are not taken into account, there is often reversion to the earlier pattern. For example, certain bodyworkers whose sole focus is the body, as in Rolfing and chiropractic, will sometimes admit privately that often with the most skilled work of re-alignment and re-balancing at a postural or energy level, their clients will often revert to old patterns. This is due, I believe, to the fact that when the emotional and mental levels of the posture or organic complaint have not been allowed to surface, they continue to exert negative influence on the etheric body to the detriment of the physical organism. A woman who chronically holds deeply in her pelvis because she feels unconsciously that "I mustn't let go of it" when "it" means a baby she once miscarried in a trauma, will only experience temporary relief from deep tissue work until she is also able to relinquish the mental injunction to "hold on tight."

Equally, certain types of therapy that only stress emotional cathartic release can often get stuck. In my practice I have often found clients who cannot get out of certain so-called "primal" emotions from early childhood, because the meaning of the trauma had not been raised in their previous therapy. Early childhood abandonment is so often a re-run of a past-life trauma of a similar, but often more severe nature, that it frequently requires only a minimum of further probing into a past-life background to arrive an insight and the beginning of healing. In such a way, for example, a client of mine reported: "I see now why being separated from my mother at three, when she went to hospital, was so agonizing: I had lost my mother at three in a past life, when she was killed by soldiers, and I myself died shortly afterwards."

Therapeutic Strategies in Past-Life Bodywork

When working with clients who either have presenting complaints that are somatic as well as psychological or who have a history of recurrent illness or accidents, I have arrived at a number of rules of thumb;

1. When taking a case history, I always make sure the client tells me all his or her physical illnesses, accidents, or impairments (deafness, needing glasses, high blood pressure etc.). When noting them, I ask if any emotional upheaval occurred shortly before or around the same period of his/her life.
2. When the client is describing the particular presenting problem or symptom, I ask him/her to describe what he/she is experiencing in his/her body as he/she talks to you.
3. During the actual regression I ensure that the person reports the entire story from within the body, not from some disembodied vantage point (See also Woolger, 1986a)
4. During the session, I note all physical movements, tightening up, contortions, shallow breathing etc., especially when a trauma is being re-lived but little emotion is being released.
5. I encourage those parts of the body that are reacting to the story (as in 3) to express themselves, either physically or in words, or both. E.g. with tight legs, I might say "Let yourself kick. Good! Now let your legs do what they want to do to this person. Let them kick!" The client then shouts, "Get away from me, you pig!" kicking a mattress representing the brutalizing figure imagined from the past-life story.
6. Whenever there is a specific pain reported or an organic problem, have the client focus in on the pain or the afflicted area, taking his, her consciousness right into its core and allowing images and feelings to emerge spontaneously. It is helpful to use guiding phrases such as "What is the pain like? Is it sharp or dull? Does it come from inside your body or outside? What might be causing it? What does your body feel like doing?" Essentially we are encouraging an image to unfold via the analogy implicit in the highly potent little phrase *as if*: "it's *as if* my back were being beaten; it's *as if* my head is being crushed; it's *as if* my belly has been cut open etc."

The last technique, of taking consciousness into the pain or afflicted area, is one well-known to practitioners of Buddhist Vipassana meditation. Steven Levine makes extremely valuable use of it in counseling individuals who are terminally ill (Levine, 1984). Here is a short example of how I have used it in past-life therapy:

Charlene was a career woman who had assiduously avoided any relationships that might lead to marriage. She had had a series of relationships where men left her for someone else, severely damaging her self-esteem. She was troubled by the discovery of cysts in both her breasts but wished to avoid surgery, if at all possible. I had her focus in on the hardened areas in her breasts and let any feelings and words surface. "They're quite hard and useless. It's so sad. I'm so tired. It's as though they've dried up. I've nothing to give." With hardly any direction, she found herself in an industrial city in the north of England in the early 1800s. She was a young woman sitting against a wall slowly dying of starvation, with a baby futilely trying to suckle from her. The full extent of her bitterness and despair dawned upon her: "I don't have anything to give. I'm disgusted with myself and my breasts." Charlene was soon able to see that at a deep emotional level she had rejected herself as a nurturing mother and was carrying this old memory of failure in her breasts. The negative thoughts that went with this also contributed to her being rejected by men; she was really rejecting herself and the maternal function of her body. Her therapy consisted in forgiving the past-life body, dialoguing with the lost child, and re-affirming her potential as a mother and a woman.

The Case of Mike: Public Speaking Anxiety

Mike was a social worker who consulted me because he had panic attacks every time he had to make any kind of presentation to his colleagues at meetings. About an hour before the appointed time of a meeting, he reported, he would get uncontrollably nervous. His chest would get very tight, his breathing became constricted, and he would experience severe heart palpitations. In Mike's case I did not need to

encourage him to be aware of his body since he described his state so vividly: "My palms are starting to sweat as I talk about it," he said. He also described a tight chest and stomach.

Were these reactions new? By no means. Mike recognized them from childhood, where he remembered a painful experience at a talent show he had been forced to perform in. The over-riding feelings then as now were of fear and shame. And yet, neither as child nor as an adult could he find any memory of anyone actually doing anything to humiliate or shame him. Here is a condensed extract of how our exploration of these feelings and somatic reactions proceeded:

Th: So what does it feel like every time you go into one of your staff meetings?

Mike: Terrible panic. I feel like I'm gonna die. (Touches his chest). Everything feels like it's gonna shut down. I can feel my heart beating like crazy when I talk about it now.

Th: So what thoughts go with this? You're clearly in a huge conflict.

Mike: I've got to do it, but I don't wanna do it. Oh, my God! No! How do I get out of it? (His stomach seems to be tensing up and his arms are becoming rigid).

Th: What does your stomach want to say?

Mike: I don't want to do it. How do I get out of this? Oh God! It's this terrible sinking feeling. My chest is all tight and my stomach feels like it's gonna drop out.

Th: Stay with the feelings and what your stomach wants to say and just follow it.

Mike: I don't want to. I want to be left alone. Please don't make me! No, not in front of them all! I'm trapped. I can't get out of it. (He is noticeably writhing from side to side now).

Th: Let yourself go into any other life story these words apply to.

Mike: I get a church. And a crowd. Yes, lots of people Oh no! I don't want to. Don't make me!

Th: Say that to them, not to me. Stay with the images and your body.

Mike: It's terrible, I'm afraid. I'm not gonna show my fear. They're making me go there. Oh help! My hands and neck! They're really hurting.

Th: What seems to be happening to you?

Mike: They've got my wrists bound behind me. Something touching my face. I can't see. Now it's my neck. Oh help! They're gonna hang me!

Th: I want you to go all the way through it until it's over. The pain will pass, but it needs to be released. Keep saying exactly what you feel as it happens.

Mike's breathing now became intense as he lay writhing on my mattress. He reported tingling in his hands and feet and increasing panic fear in his stomach. His struggle increased until the end. He was obviously fighting the execution all the way. I encouraged him to do so, since this was where all his tension is locked up.

Mike: I can't get out of it. I'm really stuck now. I don't wanna be part of this, but there's no way out. (There are clearly elements of birth trauma in this part of the story).

Mike continued his death struggle as the hanged man for some while. He experienced huge electrical tingling in his hands, face, neck, chest, and stomach. He kicked violently, reproducing the desperate

attempts to touch the earth his former self has been deprived of. A huge etheric release happened as the parts of the body that had held the subtle body imprint of the trauma re-lived the event. Finally, his body went limp, as he reached the moment of the past-life death. He wept, his chest heaving: "There was nothing I could do." There was more release and opening in his chest. His breathing expanded considerably when the trauma was past.

We took as long as he needed for the energy release to be complete and for all the feelings to be expressed and verbalized. Then we went back to the events that led up to the hanging. Mike remembered himself as an adolescent boy who had robbed a man, and then, in a tussle, knifed him. He was caught by the villagers and brought to trial, where he was condemned to death by hanging. Mike remembered the jail cell, his huge public humiliation, and above all, the sense of doom and powerlessness that sat in his chest and stomach in the last hours before he was taken to the scaffold. Needless to say, as an adolescent in this story, his life force was very strong, which was mirrored in his physical resistance to dying. This is why I encouraged him physically to express all aspects of the struggle, to maximize the etheric release, aspects of which were clearly locked into his chest and stomach today.

The remainder of our work consisted in helping him disassociate the old trauma from its current life parallels. I suggested affirmations such as: "I am on the earth. I am fully in charge (for his stomach). I am proud of my work. There is nothing to be ashamed of any longer." One interesting corollary to his experience was that Mike then remembered that he had several times stolen unimportant things as a child, always feeling deeply ashamed and unworthy when he was caught. He realized how he had been unconsciously replaying the old story, testing to see if stealing would be as fatal as in the past life. He did not, until now, connect it to his public speaking anxiety.

In later sessions Mike reported almost total absence of panic feelings at meetings and a sense of greatly increased vitality and power in his life in general. The trapped and humiliated adolescent in him had been freed and was now contributing energy to his life instead of draining it.

The Place of Regression Work in Psychotherapy

The remission of Mike's symptoms in therapy was relatively fast; the presenting complaint was specific and situational, not deriving from any deep-seated character disorder. Phobic issues will often clear up very swiftly with this approach once images of a violent or sudden death are worked through imaginatively provided that there are no compounding elements such as deep guilt, remorse or shame to be faced. When the latter occur there will be a need for longer work that may require a kind of penitence and self-acceptance; often we are dealing with personality fragments Jung called the "shadow", images of the self incompatible with our conscious self-image. In these cases, as Jung put it, "the whole personality is challenged." One woman unable to accept sadistic impulses in herself finally saw a male past life self as a witch persecutor ordering the torture and burning of women. Not only was this hard to own but it required much remorse and inner reevaluation before it was integrated.

Past life traumas that have involved long-term abuse from oppression, slavery, imprisonment etc may also take considerably longer to work through since they have often left deep psychic scars of despair, depression and anaesthetization. All that the Harvard School has found about post-traumatic therapy with current life survivors of torture and totalitarianism applies here and the therapy may be quite lengthy. (Herman, 1992, Van der Kolk et. al. 1996). Painstaking and careful work with a primary therapist embracing transference issues of trust, shame, disclosure and alienation may be required.

This therapist might decide to intersperse experiential sessions with his or her client as needed, but only within the framework of longer periods of conventional therapy which maintain a safe container to integrate split-off parts of the self, allow mourning, create good ego-boundaries, establish self-esteem and generally nurture healthy emotional responsiveness. (See Herman, 1992: Part II, "Stages of Recovery")

The Case of Dorothy: Blocked Sexual Response

Dorothy was a married woman in her thirties whose major presenting problem, as presented in a large public workshop, was that she had absolutely no sex drive with her husband. In fact she loathed being penetrated by him and was in many respects, from her description, genitally frigid. Many years of conventional therapy had failed to deliver her from the complaint. Dorothy had the courage to share her very painful problem with the large number of people present. (Her session which was recorded, has helped many people, both therapists and others who have heard it, so I am presenting here an abbreviated version of the essence of our work)

As Dorothy sat down to work with me she admitted to tremendous fear as she confronted the problem. I encouraged her to close her eyes and stay in touch with the fear, which, as is so often the case, had nothing to do with the workshop, but was part of the story that wanted to surface.

Th: So what's happening for you right now?

Dorothy: My body's shaking and not as much, you know, but . . ."

Th: What's making you cry?

D I don't know.

Th: Okay, just stay with it. Take a little breath. Just say in your own words, anyway, what is troubling you deeply in your life right now.

D: I really love my husband but I just don't have a sex drive. It's like I feel that I really like holding and snuggling and just touching and spooning but when it comes to having intercourse, it's like it just stops, I just stop.

Th: Stay with that feeling, "I just stop." How do you just stop?

D: I don't know.

Th: You do know. What happens in your body when you stop?

D: It becomes rigid.

Th: Can you show me that? (She draws her legs together and pulls her arms in) And where exactly is it rigid? Is it all the way down, all the way up?

D: Yes, it just feels like it is rigid.

Th: Just stay with that rigidity right now. You can exaggerate it if you like. What words or thoughts come? Something like "I don_t want to?"

D: Just don't touch me. I don't want to.

Th: Stay with "Don't touch me." Remember this may become someone else other than your husband, so just let anything come. I just want you to go with those words "don't touch me." (I encourage her to repeat these words several times and any others that come).

D: Don't touch me. I don't want it . . . I just don_t want it. I don't have to do this. I just don't have to do this. (She speaks angrily now.)

Th: What are your legs doing?

D: Tight. My dress is being pushed up. It_s long . . . I'm trying to push it down

Th: You're trying to push it down, and your legs are trying to do what?

D: Just be tight.

Th: What are your legs saying?

D: I don't know, but there's a sword, I see a sword. I see some legs. (She is very tense now).

Th: Breathe! And your body is still tight? Just let the images come.

D: I see this green on his legs . . . He's trying to have sex with me and I don_t want it.

Th: Tell him that.

D: I don't want it. I don't have to, I don_t want it . . .

Th: Go on. Loud as you like!

D: I DON'T WANT IT! You don't have to do this. You do not have any right. He's saying it's his right. He's my husband and it's his right. I'm saying no . . . I have to stop him . . . I just want to hit him . . .

Th: Feel it in your body . . . Just say all the words that come.

D: You bastard! . . . I don't have to do this. I'll never do this again. Never going to do this again . . . It's not right.

I helped point Dorothy's awareness to how this phrase "I'm never going to do this again" underlay her sexual whole resistance to her husband. Almost immediately she reported that she was not feeling it any more, that it was gone.

I had her look back to see what happened and a gruesome scene emerged. The husband had killed her, apparently thrusting his sword into her genitals. There was blood everywhere. She did not recognize the woman. It was clearly a past-life self.

On my further questioning Dorothy was still aware of tension in her genitals. This alerted me to the fact that the trauma was by no means cleared. There was still a lot of emotional hurt and anger locked in there, so I encouraged her to express these feeling from her wounded genitals.

D: He used his sword. Damn him. Damn you! . .

Th: Loud as you like!

D: DAMN YOU!

Th: Any other words in there to say to him?

D: You'll never do this again! (Having her address these words directly to the past life husband is important; they belong to this man, not her present husband).

I helped Dorothy see and remember the whole of this bloody death, checking out whether there were still any feelings being held in the body. I asked her to breathe to any parts of her body where she felt pain, since the breath facilitates etheric release. It seemed that we had already reached the core of the wounded area, for very shortly she said:

D: . . . It doesn't hurt any more . . .

Th: Are you in the body still? What are you getting?

D: This blue-green light, really beautiful.

Th: Yes, stay with that light. I want you to be in the blue and green light; but also look back and see that body on the ground with all the blood . . .

D: She's not on the ground, she's on a chaise or something.

Th: I just want you to be aware that you're not in that body now.

At this point, we reached an important opportunity for detaching from the trauma completely. The etheric release seemed complete since there was no more pain and her legs were quite relaxed now. In addition, the emotional release had been accomplished by expressing the buried hurt and rage at her cruel past-life husband. To help consolidate all this I suggested some affirmations:

D: I'm not in that body now. I let go of all the pain that woman felt. I let go of the trauma in my genitals. I let go of trauma all over my body.

And because of the very negative thought, "I'll never do this again", I had her repeat at the end of the session, an important affirmation to re-own her body and her sexuality:

D: It's OK to do it again. It won't kill me this time.

What this case demonstrates is that it is possible to work through quite severe trauma very effectively provided that the whole body is engaged. When fully encouraged, etheric and emotional release can be accomplished very swiftly. Painful as it looks to the observer, it is actually a huge relief for the experimenter, as everyone in the workshop could attest from the way Dorothy looked after our work.

Many psychotherapists whom I have watched work with severe death memories like this order the client out of the body when trauma arises, invoking healing guides, white light or color, often instructing them "just to watch." (6) This may seem to work, but I have found more often than not, that such strategies are merely temporary, only driving the trauma further into hiding, which is to say, deeper into the body. Essentially they serve to dissociate the client, reinforcing rather than breaking down a hitherto necessary schizoid or dissociative defense whereby the client early on gave him or herself the message "I'm not feeling this". The late Californian therapist Alice Givens, who specialized in cathartic regression to childhood as well as past life scenes of abuse, claimed that the dissociative phenomena so common in such scenes—"I'm watching him doing things to me from up on the ceiling," for example—displayed a form of defensive auto-hypnosis. "The victim is in complete hypnosis," she wrote, "because the fear and pain paralyze the critical factors of the conscious mind." (Givens, 1991)

Another well known American therapist, Jack Schwarz, who became an expert at working with severe physical pain, used to graphically demonstrate how it is possible to self-anaesthetize specific areas of the body, maintaining that we can do this in times of extreme stress (Schwarz, 1980). Himself a survivor of a Nazi camp where he had learned to do this under torture, he often publicly demonstrated pain control by hypnotizing his own arm and then piercing it fully with a long knitting needle.) As R.D. Laing also put it: "I consider many adults are or have been in a hypnotic trance: we remain in this state until we dead awake and find that we have never lived." (Laing, 1971)

We saw with Dorothy that when genuine, as opposed to temporary release occurred, she experienced peace, the dispersal of her genital pain, the spontaneous (unguided) appearance of a blue-green healing light, and full insight into her symptoms. In subtle body language, she had cleared old traumatic imprints lodged in her body at the etheric, the emotional, and the mental levels, leaving her free to pursue a happy and fulfilled sex-life with her husband.

Conclusion

Where the past life based approach to trauma and somaticized complexes differs from most conventional therapies—including the Reichian schools—is that it takes the position that the soul is much greater than the ego-personality; a position to be found strongly in Jung, James Hillman (1977) and in the work of recent transpersonal psychologists. Thus the traumas that may surface during the therapeutic exploration of the current life may have other levels or deeper resonances to them. Often the releasing of trauma with this approach is like peeling skins from an onion. In other words, not only must we posit that the psyche is multidimensional but that the sufferings of the soul exist in a variety of subtle forms not restricted to the gross body or the immediate constraints of time and space. Such awareness, difficult as it is for the materialist to grasp, may take us into surprising depths—and heights within the psyche.(7) Compared to the great psycho-spiritual disciplines of the East, western psychotherapy is still in its infancy and is still learning to work with other dimensions of the soul such as residues of previous lives, ancestral memories or the influence of spiritual healing from other realms.

And like much uncharted territory we would be wise to regard most maps and reports—like this one—as purely provisional, and remain open to making constant revisions as new vistas open up.

Notes

1 We could all do with looking at our "karmic" issues both physical and psychic and stop the perpetual scapegoating of our parents. And we would all benefit from practicing something like meditation and integrating our psychological work with our spiritual lives. I recommend all my clients bodywork, meditation and dreamwork as adjuncts to what I do.

2 "Modern science with the atomic theory admits that all matter is composed of the same prime material—electricity. But where this oriental theory differs with Western science is when the Hindus claim that this prime material—Akasha—can be changed by means of the mind, not by mechanical methods" Shah, *Oriental Magic*, (1973: 127.)

3 The four states of matter are: solids, liquids, gases and matter. Inyushin's classic statement is his paper "Bioplasma: the Fifth State of Matter?" (n.d.), which can be found in White and Krippner's *Future Science*. (1977).

4 For a unique and learned examination of the Western philosophical problem of mind-body dualism in terms of both the subtle body and modern psychology, see Roberts Avens, *Imaginal Body: Para-Jungian Reflections on Soul, Imagination and Death*. (1982).

5 See Grof's valuable exposition of the application of the Holonomic principle in psychology in his *Beyond the Brain* (1985). See also the present author's chapter "The Multi-dimensional Psyche" in *Other Lives, Other Selves* (1987).

6 There are major schools of hypnotherapy as well as therapists using techniques like "color therapy" "guided visualisation therapy" etc—all calling themselves *psychotherapists*—who believe physical traumas like rape can be healed by dissociating from the body, by altering body images, by loving forgiveness and by totally by-passing catharsis. This population represents, in my experience of talking at conferences to hundreds of US therapists over the years, maybe 40-50% of the professional population. Perhaps in Britain there is some consensus about what a psychotherapist does, but this is by no means the case in the US. Certainly I have met hypnotherapists in Britain who are against all catharsis as a matter of principle. It is, alas, an ongoing controversy.

7 I have argued for the multidimensional nature of the soul and the spiritual interface in psychotherapy in "The Presence of Other Worlds in Psychotherapy and Healing" (Woolger, 2001, in

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