A MANUAL FOR THERAPISTS AND CLIENTS USING THE *LIGHT* IN THERAPY

OVERVIEW

(This manual was originally intended for therapists. But for a number of years, I have found it helpful to offer it to clients as well, since it gives them the opportunity to examine and 'rehearse' the method on their own before using it during the therapy hour.)

With your eyes closed it is possible to visualize a luminous sphere about the size of a softball that can rest comfortably in your hand; and within your mind it will do whatever you bid it to do provided your request *does not threaten or attack* any consciously co-existing part of yourself. This *Light* has access to all memory, conscious and unconscious, including memory ordinarily repressed or never previously brought to consciousness. That makes it exceedingly powerful. Nonetheless, the *Light* is completely dependent upon your willingness to act. Nothing in the human Mind exceeds its power except the free will of co-active parts of you, which it never opposes.

Use of the *Light* can be likened to hypnosis in that it can induce a strong inward focus, but this is easily broken if your focus becomes threatening to any conscious part of you. If threatened, you will generally open your eyes or, at the very least, be obliged to stop whatever you are doing since the *Light* disappears as an indication of its refusal to participate. In effect, the *Light's* presence is always dependent on its ability to provide a safe inner environment to all consciously co-existing parts of you. It cannot respond to any suggestion that will directly result in threatening or attacking an individual's conscious sense of self. I call this inward focus a trance, for on occasion it gives all the appearances of being a trance, occasionally even a deep trance (though a deep trance is never called for and generally counterproductive). But the particular qualities of the *Light* make this 'trance state' very different from what is generally produced by hypnotic induction techniques.[1]

Ordinarily, in hypnotic induction the you are expected to accept the judgment and reality orientation of the therapist. However, when the *Light* is used, the therapist submits to the *Light,* which in turn submits to the your judgment of what is safe or threatening. In effect, use of the *Light* generates an interaction between client and therapist completely opposite to what is sought in most traditional techniques: use of the *Light* requires that the therapist submits to the individual's conscious willingness rather than vice versa.

When I first came upon the idea of using the *Light*, I initially asked clients to visualize any light they felt comfortable imagining: a candle, flashlight, burning

torch...whatever s/he was comfortable visualizing. One client initially visualized a bare light bulb in a house, which definitely restricted her movement but otherwise served our immediate purpose. Today, I am very specific: I generally suggest clients visualize the *Light* as a luminous sphere about the size of a tennis ball or softball. I am never exactly sure what they see since each client gives slightly differing reports; but after a little familiarity they report being able to take it comfortably in their hand and move about with ease in their imagination.

What I have discovered is that all my clients have the ability to visualize this *Light* within them. Most of them will take to it immediately without any reservations. Others have difficulty accepting the idea that there is something within them with any degree of autonomy, but this has generally been ameliorated with proofs that it is dependent upon their willingness. In yet other cases, the fear of looking inward, or closing their eyes in the presence of another person, is so threatening that it may be some while before the client is willing to go inside. Even in these instances the *Light* protects, since no inner work is done until a client is able to evoke the *Light*. For all practical purposes the *Light* will only become present to the client when the client is *willing* to go inside. Some clients are more auditory or kinesthetic than visual;[2] for them the process is more difficult under any conditions. However, even these clients can "sense" the presence of a *Light* and hear, as distinct from visualize, responses to their queries. For one female client visualization was difficult until she imagined her *Light* creating images shaped by sound.

For years, prior to discovering the *Light*, I had used a variety of visualization techniques with clients to access their memories, fears, and conflicts, such as those described by Shorr,[3] Jungian analysts (Hannah,[4] Johnson[5]), Gestalt therapists,[6] NLP,[7] and Eriksonian Hypnotherapy.[8] This was always a tricky business for, not infrequently, it stirred strong emotions that sent both client and therapist scurrying to seal up the breeches.

In my experience, the unconscious is mixed with the ‘ground’ of imagination; and moving within it, to paraphrase Carl Jung, is much like exploring Africa with a map that only draws the coastline, leaving the interior and underworld largely unmarked. The *Light's* attributes have proven exceedingly protective of the client in this kind of exploration. Its first and foremost attribute is the *Light’s* refusal to participate in anything perceived as threatening or attacking to any sense of self co-existing with the Aware-ego (i.e. the part of us that finds and holds the *Light* while inside.) Thus, if I suggest to a client that s/he imagine an interaction with someone and s/he becomes fearful upon entertaining that thought, the *Light* will disappear or the client will open his or her eyes. Without the *Light's* participation the interaction will not occur since, in this therapy, all action is initiated through the *Light*.

The *Light* is dependent upon the therapist for its protective attributes to the extent that s/he can choose not to use it. At any time the therapist can disregard the *Light*. Today, it is hard for me to imagine doing any kind of inner work without the *Light*. But I did, in fact, do therapy for many years before discovering it. Also, at any time it is conceivable that I could tell the client to disregard the *Light* and proceed without it; to proceed as I think s/he ‘ought’ or ‘should’ proceed. However, given the nature of the *Light's* protective attributes, that would put client and therapist at risk for little gain. In

fact, I often tell clients that if I should ask them to proceed despite the *Light*'s disappearance, they would do well to simply end the session by leaving. As a matter of course, I simply refuse to let a client work inside without first finding his or her *Light*.

A second attribute of the *Light* is much like the first: the *Light* serves its host; it is dependent upon the *client's willingness*. In the world of Mind the *Light* appears to have unlimited potential; however, all of it is dependent upon the client's willingness, which cannot be coerced. Behavior can be forced, but not willingness. Although, while using the *Light,* clients are in a light to medium trance and open to the suggestions of the therapist, it is the *Light* that executes all suggestions, since all suggestions are worded as suggestions for the *Light* to execute. If for any reason the active sense of self is fearful of the therapist's suggestion, then the *Light* will disappear, or the client will immediately open his or her eyes, or the *Light* will otherwise not respond as requested. Even the client may be surprised by this indication of unwillingness. The reason for this 'bias in favor of the client' is that the *Light* – which is constantly assessing the client's willingness and only that – is also directed to execute all suggestions. In effect, the Aware-ego directs the *Light* to execute the suggestion, which the *Light* will only do if it can do so without threat of attack.

The *Light's* dependence on the client's willingness is an invaluable asset. Clients often think they *should* do something because the therapist suggests it and will often attempt to bring their behavior into compliance with that *should*. But the *Light* will not do what the client is unwilling to do. The *Light* does not respond to 'shoulds;' this is quickly apparent when the *Light* leaves or fails to respond following a suggestion. If the therapist will honor the *Light* in this, it is often possible to quickly unearth the nature of the resistance regarding a specific issue.

My first experience with the *Light* disappearing is still fresh in my mind. When I started using the *Light* I was often as surprised as the client by the results; this was one of those occasions. Very early, I started using the *Light* to address fears. The method has become more sophisticated over time, but some version of the opening gambit is the same. First the *Light* is used to create a circle of *Light*. Then the *Light* is asked to place the particular fear within the circle. The circle allows the client to examine the fear without being overwhelmed by it. In the example I have in mind, Marty, a doctoral-level graduate student, was fearful of criticism from his dissertation committee; he believed this fear was inhibiting his efforts to finish his research. At face value that made sense, but when it was suggested he ask the *Light* to erase the fear of his doctoral committee, the *Light* left him. I was as surprised as he, for until then this had not happened with a client. I asked him to focus on having the *Light* return, which it did almost immediately. I then had him ask why it disappeared. In response, he became aware of his belief that this fear *motivated* his behavior. He believed that without this fear of his committee's criticism he would not be motivated to work on his dissertation at all! Thus, removing the fear would have made him fearful of losing a primary source of motivation. The *Light* read this and disappeared to avoid participating in a suggestion that would have made him more fearful. And even though neither he nor I were aware of that consequence when the suggestion was made, the *Light* was responsive to that knowledge. Throughout the book I offer numerous interventions for safely attenuating or removing such fears that allow the client to find better alternatives.

Willingness Vs. Trying

It is often helpful to discuss *willingness* with clients. There are definite limits to what is possible with free will when it is restricted to the expression of affective emotions – emotions that emulate instinctual affects observable in infants. Motivation regulated by affective emotion is always *willful* and always governed by a sense of lack or separation. In contrast, willingness offers a sense of connection and reciprocity. Willingness is far more powerful than affective emotion in terms of possibilities, though less powerful than love and forgiveness. Unfortunately, most ego-aspects rely predominantly on affective emotions.

A major underlying goal of treatment in this work is dissuading a client from continuing to act willfully. One way of moving toward that goal is to highlight variants of willful motivation such as "should," "ought," "need to," "want," "wish," and the seemingly ubiquitous "try." Compared to willingness, all of these variants are efforts doomed to failure. Basically, it is the difference between merely trying to stand up from a sitting position and deciding to do it. When I "want" something, essentially, I am expressing a state of frustration or deprivation, a desire to have something at some point in the future without the actual expectation of having it now. Only when I become *willing* to have "something" will that "something" become possible in the present. One indication of the power of willingness is the actual infrequency of its use. People are very selective in what they are willing to have happen, if only because it threatens to throw them into conflict with what they currently believe to be true. Clients will tell you that they "want" something, or "should" do something, or even that they will "try" something, but find themselves reluctant to say, "I will do that very thing." It is helpful to sensitize clients to these distinctions since they are often unaware of the power of willingness; frequently they mistakenly treat such willful variants as equivalent in power.

"I can't" is a variant of unwillingness. It is rarely used in situations where the individual literally cannot accomplish something. Most often, it actually means, "I will not" or "I am afraid to." Unwillingness is not a problem in itself. The difficulty for many clients is their initial lack of awareness of the many self-imposed limitations governing their behavior by limiting their willingness. Many decisions are made at very young ages when clients are unaware of the power those choices will have later in life.[9] Using the *Light* helps to highlight this process of self-sabotaging willingness and the consequences of doing so.

Willingness that unreflectively infuses belief can be just as self-defeating as willfulness. Will infuses thoughts with the power of belief; it transforms a wish into a mental command. Often, the will must be withdrawn from a particular formulation before it can be used in reformulations. Or the belief governing a particular use of will must be expanded to include its opposite. Throughout the book I will offer interventions that provide clients the opportunity to "choose again." For example, one client discerned that she willingly submitted to the expectations of others, especially her parents. This co-dependence shaped a good deal of her personal and professional life and accounted for her inability to realize many *self-expectations,* such as having a life apart from her

parents. She could only express her self-expectations as “wants” or “wishes.” Before they could become willing choices, she had to first change previous decisions regarding those significant others.

FINDING THE *LIGHT*

This section describes an induction protocol for therapists that I have found universally applicable in helping clients to discover and begin using the *Light*. Induction is the formal term used in hypnosis to describe methods for inducing a trance state. Any method which asks clients to close their eyes and focus inwardly is potentially trance inducing or hypnogogic. The method for finding and using the *Light* usually induces a light trance in clients. Therefore, I always tell them that what we are doing is like hypnosis, but different from their normal expectations of it. The difference is that the *Light* will guide us both; that I, as well as they, will be bound by the *Light* while they are inside. In effect, the work in progress will be dependent upon the presence of the *Light,* and the *Light* will not enact any suggestion experienced by the client as threatening. Further, should the *Light* disappear, for whatever reason, one of two things will happen: they will open their eyes or they will report that it has left and we will stop whatever we are doing until we discern and correct whatever is threatening. If the *Light* leaves, and invariably it will from time to time, it is *always* understood to mean that the client feels threatened or attacked, and all agendas must be set aside till s/he is protected and his or her inner safety assured. The *Light* is, first and foremost, the guardian of the first principle of healing: *namely, that we do no harm!* Provided the therapist also submits to the *Light,* no harm will come.

An analogy I use to contrast *Light* therapy with hypnosis is to compare it to the self-induced trances many individuals have experienced while driving or daydreaming. Most of us have experienced the phenomenon of driving on "automatic pilot." This is particularly likely on sparsely traveled stretches of an interstate highway. The trance one enters when using the *Light* can be likened to such a trance. On those occasions anything unexpected is likely to startle us into full conscious awareness, as for example, a car pulling unexpectedly in front of us. In contrast, in a hypnotic trance that kind of event would not automatically startle us. In effect, the trance in *Light* therapy is self-induced as distinct from other-induced and consequently all volitional control and responsibility remain with the client.

Usually, I introduce the concept of the *Light* one or two sessions before we actually use it. Like Erickson,[10] I "plant the seed" for it by saying a little about it whenever the opportunity arises, telling stories about its use, making reference to its use with others, etc. In fact, I may not use it with a particular client for some time, but since a day rarely passes when I don't use it in my practice, I am always conscious of its potential for examining the issues a client is addressing. I often say to clients, "We can sit here and speculate or second guess about what might be going on, or when you're ready, we can go inside and find out." And that's the truth: however good I am at guessing, it is the

client who knows and that knowing is within him or her if s/he can find a safe way to look.

On rare occasions I have used the *Light* with very little preparation; the client is asked to close his or her eyes, and I proceed with the induction procedure described below or even one more abbreviated. As might be surmised, the client has to be in acute distress to prompt me to this. On such occasions the *Light* appears to exhibit all the characteristics I have attributed to it, even though I have not spelled these out to the client beforehand.

I use the *Light* with most of clients if I see them for more than a few sessions, but I do not use it all of the time, and rarely more than 30 minutes in any hour. Both therapist and client are highly focused when the client is using the *Light*. The experience is rewarding in that both are very much "in" the experience rather than talking about it, discovering as distinct from speculating. But it is definitely a focused effort; the therapist cannot get by with encouraging monosyllables. Even during periods of silence there is a need to stay focused on the client's body movement and facial expressions for a sign indicating s/he has become conscious of a thought, memory, or image. In effect, the frequency of use is as dependent on my readiness to exert a focused effort as it is on the client's willingness. Using the *Light* has the quality of shared participation in an intense drama that, at critical points, calls for impromptu coaching, confidence, and direction from the therapist. Fortunately, there is always the *Light*: It will protect in any situation I have encountered. Even so, "being there" with the client will frequently test the therapist's inspirational and intuitive reserves. Finally, I would encourage the therapist using this process to take notes *during* the session. I always write my clinical notes *during* the session as distinct from writing them afterward. Most of my notes are verbatim statements of questions and answers while the client is inside. The inward focus generates a great deal of detail, which is nearly impossible to remember from session to session if it is not recorded as it occurs.

The client's willingness is also a significant variable. I have worked with some clients for upwards to a year before using the *Light* to any extent. One group of clients that is likely to experience initial difficulty will be found to suffer from repressed trauma. Many children use dissociative states (self-induced trances) to cope with assaultive abuse. The recall of those memories is most likely in a trance state. Conceptually, the recall of repressed memories is considered state dependent; [11] that is, it is most likely to be recovered in the state in which it was "learned." In some cases, the resistance to hypnotic techniques is a fear of remembering trauma experienced in a dissociative state. But upwards to a year is an extreme; most clients are prepared to go inside within the two or three sessions. If the client is in acute crisis, s/he may be willing to go inside in the first session.

Clients will generally express their fear of the *Light* through an inability to find it or sustain it. I take this to mean that the therapeutic relationship must develop further before they will trust me with this aspect of themselves. Under no conditions will I ask them to disregard its use for another method of intervention, e.g. other methods of hypno-analysis. The *Light* affords the client a protection in inner work that I have not found with other methods. If the client is unable to find the *Light,* I simply assume they do not yet

feel safe enough to go inside under any condition; I will respect that for however long it takes them to gain that trust.

Sometimes the initial fear of using the *Light* is caused by the clients' self-consciousness at closing their eyes. In such cases I note that it is not necessary to close the eyes, that they can access the *Light* with the eyes open, directing queries to their *sensed* presence of it. Bandler and Grinder observed this phenomenon [12] some years ago. I had one client who initially kept her eyes open. After several weeks she then began to close her eyes to access the *Light* and then opened them for the rest of the session to indicate that she had the *Light*. In her case, opening her eyes also indicated a trance state: she was no longer aware of her surroundings and would not be until she closed and opened her eyes again. It is not uncommon for people to be in a trance with their eyes open. Other clients seem to use a "quick look" routine, at least initially. With their eyes open they visually access a sensed *Light* to which they direct their questions. The latter method seems particularly helpful for clients who are more auditory than visual and are essentially "reading" patterns of sound.

Although a few clients will spontaneously enter medium or deep trances, I do not encourage it. I envision the process as an ongoing conversation between the client and myself with his or her eyes closed and focused inward. If a client is silent for a prolonged time, even if s/he seems to be working on something, I nonetheless generally encourage the client by asking if s/he will "please stay in touch" or "please share what is happening."[13] I cannot read a client's mind and can only know what s/he shares with me. Also, I treat any changes in facial expression or posture as indicative of something happening inside, and I am likely to encourage/query the client with monosyllables such as "yes...?", or some other comment that conveys that I am aware of his or her nonverbal communication. But I might note here that you must also be sensitive to the client's need to not be interrupted at critical intervals. If the client is very focused on what is happening, particularly if you have given a task, s/he may convey that your voice is distracting by nodding or moving the hand in such a way as to answer but also to let you know s/he is too focused at the moment to talk. Going inside requires and elicits intense concentration on the part of the client. As noted, I generally record almost verbatim whatever a client says while inside. This is easy to do since s/he speaks more slowly. These verbatims prove exceedingly helpful as a review for the next session. When you do this work several times a day, it is difficult to remember who did what the following week. Detailed notes allow you to pick up where you left off. Often, the client can be equally forgetful until s/he goes back inside.

The following protocol was formulated in the early period of my use of the *Light*. Today, I do it differently if clients have access to the Internet. Essentially, I send them a copy of this manual, which describes the following protocol. Reading it provides them with a chance to "rehearse" before they even go inside for the first time. When I was in Officer Training in the Army an instructor made a lasting impression on me when he said: "First, I'm going to tell you what I will teach you, then I will teach it to you, and finally I will tell you what I have taught you. By the third time you will have it down pat." It is nearly impossible to read this manual without actually experimenting with the process in your mind.

Also, the whole process can be greatly facilitated if the client is willing to evoke a higher power such as Christ the first time they go inside, or in some cases one of their children, if the client is a parent. These figures are highly trusted. Once visualized, the image is asked by the client to reach behind his or her back and bring forth the *Light* as if by magic. Those particular approaches notwithstanding, I strongly encourage the beginning therapist to walk through the following protocol with their first few clients.

Finding a Safe Place

As a rule, the first thing I do is ask the client to imagine a place where s/he has a sense of privacy and peace, a safe place where s/he is not likely to be interrupted. This can be a place the client has actually visited in the past or an imagined place. It can be as close as the client's back yard or as far as the most distant island or mountaintop. When the client has decided on a place, I ask them to go there in his or her mind and describe it to me so I can also have a sense of it. On rare occasions this safe place may be simply a dark, formless background. Such a place cannot be used for the following protocol but may be used in later sessions. On occasion, I will show clients a book cover that pictures two hands holding a light. If the client can use this suggestion without any difficulty, then entering a formless space is not problematical.

If possible, I will have clients do most of their inner work 'out of doors,' e.g. on a beach, in a vale, on a hill top, because I have found it is easiest for clients to find the *Light among the first stars of the evening*. For this reason I generally suggest they find an 'out door' place; but I'm also a firm believer in Erickson's suggestion that you start where the client directs you. One client, for example, could only visualize her *Light* on the altar of a small church remembered from childhood. Another client, who used hypnosis, had an underground workshop in a forest where she went during self-hypnosis; she always found her *Light* there. Still another needed to be in a closet, which was the only place she had felt safe as a child. After a client has developed the facility for holding the *Light* and moving about with it, s/he can easily move out of doors or have the *Light* transport him or her somewhere else.

I tend to think of the client's 'place' as an inner signature which both of us quickly come to recognize as unique to the client. Over repeated sessions this place may acquire a number of unique features. Often, if appropriate the place can acquire a house, which may in time be peopled with helpers. For example, one method I have found useful in connection with the recall of traumatic events is the rescue of the 'child' who suffered the event. It is helpful to have a place where this child can be brought for healing. I have found this particularly helpful with MPD clients who have to recover the memories of many alter fragments.

Over an extended series of sessions the client may choose a new place or add on to an existing landscape. For example, one client originally chose a large rock in the woods. Later she would go to the front porch of a house originally seen in a dream. The house symbolized the 'many rooms' of childhood memories and her personality. Several

clients continued to find their *Light* in the same place, but felt the need to have a cave nearby where they would go to actually work on issues.

It can also be helpful to have clients describe their surroundings upon going inside even if the place is familiar, since it may change in significant details that are diagnostic, e.g. a beach may be rainy, pleasant, dark, "trashy" from a storm, cold or warm, etc. Allowing the inner landscape to remain fluid increases the likelihood of unconscious processes using it for communication. One client always went into an adobe house in the desert to get his *Light.* Frequently, there would be something on a table in the main room suggestive of the direction we could take in addressing an issue.

Finding a Sacred Space

Asking the client to imagine a sacred place is a variation on the above theme. Almost always what the client envisions is out-of-doors. Frequently, it will have a dark glade appearance with a distinct sense of peace and safety. Less frequently it will be in the open, but then almost always in the desert. If indoors, it will be something like a chapel. Not surprising, for most people, a “sacred” place is set apart from our civilized daily lives. When clients evoke sacred spaces they are also quite willing to envision their *Light* within that place without having to use the protocol described below. However, I would encourage everyone to learn following protocol before using this variation.

Locating and Making Contact With the Light

By the time a client has closed his or her eyes in search of a safe place, I have already made a number of suggestions on how to proceed. First, if possible, I have suggested s/he imagine a place outside; and second, that s/he imagine being there while it is still daylight, but just as the sun is about to set. After s/he has described to me where s/he is, I ask the client to focus on the eastern sky *where s/he can just barely see the first stars of the evening.* It is there s/he will find the *Light*, among those first stars.

Essentially, the therapist makes suggestions that strengthen and sustain the inner focus of the client. Asking clients to be aware of and describe the details of their chosen place strengthens that focus. Looking for the first stars of the evening in a still lighted sky will further strengthen that inner focus.

Long before the client begins to visualize a place, I have already suggested that the *Light* is most easily visualized as *a luminous sphere about the size of a tennis ball*. (I might also use the analogy that it is like Tinker Bell in Peter Pan since just about everyone knows this story and it may very aptly describe a client’s initial experience of the *Light*.) Having focused attention on the first stars of the eastern sky, I then suggest that, *if s/he is willing*, s/he can actually *sense the presence of the Light among those stars.* The client might not be able to actually see it yet, but s/he can *sense its presence* if s/he wants to. If s/he chooses, s/he can even point at it with a finger, just as s/he might use a finger to guide someone's attention to a far object.

As soon as the client has *noted the presence* of the *Light,* I ask the client to direct it to a point on the ground a *comfortable distance away* and to tell me as soon as it is there. I suggest that s/he point at the *Light* with a finger and direct it to a place on the ground where s/he wants it to settle, just as a car attendant might direct traffic on an open field being used for parking, or an usher might direct someone to a seat in an auditorium. Of note, some clients may physically enact this suggestion by actually pointing with their finger. Initially, I do not say anything since it might break their focus, but when I think it appropriate I will gently suggest that it is only necessary for the internal sense of self to do the pointing. However, on rare occasions a client may persist in physically enacting a suggestion, such as holding out his or her hand as if s/he was physically holding the *Light* even after the suggestion to internalize it. If so, then I might only suggest s/he rest that hand on the knee so as to reduce any strain.

As soon as a client reports that the *Light* has settled on the ground, I immediately direct the client to tell it to leave, to direct it back where it came from. My purpose in doing this is to teach clients from the outset that the *Light* serves them, that it is dependent upon their will. Initially, some clients may want to impute autonomy to the *Light*, not wanting to believe that it is indeed dependent on their willingness. Thus, this first directive ordering its withdrawal and the suggestions that follow, all serve to reinforce the fact that the *Light* is dependent upon their willingness. It also serves as a safe, initial interaction since everything takes place at a comfortable distance.

Once the *Light* has left, I will tell the client, "Now, *ask* it to return." Note that up to this point the client has directed the *Light* kinetically (e.g. pointing); now I am asking the client to direct it with thoughts. When the *Light* has returned I then ask the client to, "*Tell it to go straight up in the air...*(pause) *and return.*" Next: "*Now have it go off to the right...*(pause) *and return.*" And finally: "*Now have it go off to the left...*(pause) *and return.*" By this very simple process the client quickly acquires the ability to direct the *Light's* movements.

Next, the client is directed: "Now ask the *Light* to raise off the ground about three feet (or waist high) and remain absolutely still." Then I say, "Now when you are ready I want you to begin walking completely around the *Light*." In effect, I am directing the client to begin an approach to the *Light*, which will hopefully lead to the client's taking it in hand. When I sense the client has walked around it somewhat, I suggest: "Now just reach out and probe the *Light* with your fingers...be tentative if you want...just get a feel for it." I might then ask, "Is it warm? What does it feel like?" I then suggest the client recommence walking in a circle and pausing to reach out and touch it yet a second or third time. Finally, when I have a sense the client is comfortable with this degree of interaction, I suggest: "Now, if you are willing, I want you to reach out and take it into your hand...just cup your hand as if you were going to scoop up water from the ocean or a stream ...and once you have it in your hand, just begin to walk with it."

Using the Light to Answer Yes/No Questions

Once a client has mastered holding the *Light* in hand, I immediately begin teaching basic skills. The first of these is the *Light's* capacity to answer yes/no questions. The process is similar to the ideomotor technique described by Rossi and Cretch[14] wherein fingers of the hand are used to permit the 'unconscious' to answer yes/no questions. As noted earlier, the *Light* has the capacity to access all memory, including physiological and preverbal memory. Training clients to ask it yes/no questions is a simple way of introducing them to this capacity of the *Light*.

I explain to clients that the *Light* generally answers such questions by momentarily brightening if the answer is "yes," and momentarily dimming if the answer is "no." (In practice, many clients report seeing a sort of on/off flickering rather than a dimming.) I explain further that, while most clients see the *Light* as brightening or dimming, for each client it can be different. One client, for example, reported seeing a black band around his *Light* indicating "no" and a white band around his *Light* indicating "yes." Another client saw her *Light* write "yes" and "no" in neon, while yet another saw it turn different colors indicative of "yes" and "no." (In this work there is no rule without exception.) For these reasons, I encourage clients to be curious about how their *Light* will answer "yes" and "no," even though most clients will see the *Light* as brightening or dimming. I also tell them that if the question is threatening, the *Light* will either:

a) not respond (its intensity will stay constant); or

b) leave altogether; or

c) on occasion, change colors to indicate that it knows the answer, but the client is not yet ready to assimilate it (this last option is rare in practice).

After explaining to clients the responses they are most likely to encounter, I tell them that I am going to have them ask their *Light* a series of questions for which they already know the answer, and that I am doing this so they can become familiar with how the *Light* will answer them. Since they know ahead of time whether the answer will be yes or no, how the *Light* responds will correspond to the answer. The first question I always ask is: *Is your name _____(the client's first name)?* Followed by: *How did the Light respond?* Next, I may ask: *Have you ever been to the Antarctic?* In effect, I will ask them if they have ever visited a place that is likely to elicit a "no" response, e.g. the top of Mount Everest. (I did have one client answer "yes" to the Antarctic question, and indeed she had been there; but she was the only one of hundreds, so I continue to ask expecting the answer to be "no.") I will continue to ask such questions, e.g. names of children and/or spouse, occupation, places visited or not, until I sense that the client has acquired some confidence in reading and reporting the *Light's* responses.

It is important to remember that some clients are more auditory than visual. In such cases they can generally "sense" the presence of the *Light* but may have difficulty visualizing it. For such clients, it is helpful to allow them to hear the response rather than visualize it. Also, at least initially, some clients (though otherwise very visual) may not be able to see the *Light* brighten or dim. If there is a lack of responsiveness after a series

of questions, I generally proceed to the next task of learning to draw a circle. A lack of responsiveness to yes/no questions generally indicates that the individual is threatened by the idea of the *Light* being able to respond in such a matter. This fear generally abates with familiarity; consequently, the therapist should continue to test for it in successive sessions.

On occasion, even clients who are facile at discerning the *Light's* yes/no responses may have difficulty perceiving a particular response. This is true if the question is potentially threatening, such as: "are there any more significant memories in need of recall at this time?" Such questions might border on being threatening, thereby producing no response. On such occasions I might suggest to the client that they write "yes" and "no" on the ground in front of them and direct the *Light* to move to one or the other by way of answering. This method is also helpful with clients who normally have difficulty discerning visual changes since it relies more on a kinetic response. But let me stress, again, if the *Light* fails to respond, I generally take this to mean that the client feels threatened by the question. At such times, I ask the client to rejoin me so we can discuss possible causes. As a rule, I do not like to discuss “possible causes” while a client is inside. Also, bringing clients back and then having them go back inside facilitates their ability to move back and forth with comfort.

Over the years I have encountered a number of clients whose *Light* initially fails to give a “no” response. It will clearly brighten for a “yes” response, but maintains a steady state rather than dimming or going out when the answer would obviously be “no.” Since teaching clients to evoke yes/no responses is among the first tasks I give them after finding their *Light*, I initially thought the problem was simply one of lack of familiarity with the process. Frankly, it did not occur to me that “no” might be a fearful response for some people under almost any condition. But in fact some clients seem unable to tolerate “no” without discomfort; consequently the *Light* remains unresponsive. Today, when I encounter this situation I generally stop the protocol and ask the client to return to me so we can discuss his or her feelings to hearing the word “no.” As with much else that goes on inside, the unexpected is often the most fruitful. While it may not be possible to immediately desensitize the client, it will generally prove enlightening if some consensus can be reached about what is prompting the fearful response to “no.” In any case, if the client can clearly discern a “yes” response, the therapist needs to rule out whether “no” is a fearful response.

The ability to ask yes/no questions at any juncture is an invaluable resource. For example, before asking clients to undertake what might be a threatening task, I will have the client ask the *Light*, if s/he is *willing* to undertake the task? Yes or no? If the answer is yes then both the client and myself are confident of proceeding. If the answer is no, then we must first ascertain the source of fear or reluctance and address that before proceeding further. Methods for doing so are described further on. It is also helpful to confirm if a suggested task or question was threatening, i.e. generally indicated by loss of the *Light.* First I will ask the client to ask the *Light* to return, and then I will have the client ask the *Light* if the previous question or task was in any way threatening? Almost without exception the *Light* will brighten momentarily. I would then proceed to identify and contain the source of the client’s fear or unwillingness and address it as the focus of therapy.

Drawing A Circle

The circle of *Light* quickly becomes an indispensable element of *Light* work. There are a number of ways to visualize or imagine it. I describe it as a kind of force field created by the *Light* to contain whatever the *Light* is directed to place within it. I always suggest that the circle be drawn on the ground. Metaphorically speaking, this ground is the "ground of consciousness" and the circle permits "below ground, unconscious material" to become conscious without overwhelming or flooding consciousness. In effect, the circle provides a safely contained access to otherwise threatening elements.

I generally use the following protocol to teach clients to draw a circle. First, I ask them to bend down and draw a circle on the ground with the empty hand while continuing to hold the *Light* in the other hand. Then I ask them to touch the *Light* to the edge of the drawn circle as if using a light to ignite a gas stove. It is helpful here to tell the client what to expect before asking them to actually do it. When told what they might expect to see, no client has ever failed to execute this task the first time, quite possibly because the image of a gas burner is such a common experience. Once the circle has been created, I then direct the client to ask the *Light* to dissolve the circle, to make it disappear.

After the first circle has been dissolved, I will have them direct the *Light* to create a new circle without first drawing it on the ground. I tell them to imagine the *Light* leaving the hand, drawing a circle on the ground and immediately returning to the hand. Drawing a circle is quickly learned, and once learned, is always available. In practice, asking clients to "contain" something (e.g. a feeling or image) is always equivalent to having the *Light* to draw a circle around it.

When the client has successfully directed the *Light* to create circles, I set up tasks to begin testing the power of those circles. I begin by asking the client to imagine a person s/he does not like. S/he chooses the person; I give no suggestions here. When s/he has identified a person, I ask the client to have the *Light* draw a circle and then direct the *Light* to contain the image of that person within the circle. I then suggest s/he try to break through the circle and kick the person. Invariably, client reports being unable to penetrate the circle. I point out that, similarly, the person within the circle cannot reach client in any threatening or attacking way.

Once the client discovers s/he cannot penetrate the circle in a threatening way, I suggest s/he ask the *Light* to send the person and circle far away. I then suggest, if s/he is willing, to ask the *Light* to go to the place in the mind where the *Light* sent the encircled person. The first client who did this went to a meadow on top of a mountain. The *Light* sent the circle and disliked person to another mountaintop. I then suggested he have the *Light* return him to the place of greatest security. This simple exercise teaches the client another attribute of the *Light*; namely, its ability to transport the client to different ‘places’ within the mind. The whole exercise is also helpful in reducing fear of the object.

A word of caution at this juncture: usually, the above protocol works as described. But on one occasion when I directed a male client to kick the circle, which contained his boss, everything went black, i.e. his *Light* left him. It returned on request and we very quickly learned that this client was afraid of his anger; consequently any expression was

threatening. Another male client projected a woman into the drawn circle, whom he disliked because she lied. However, as he continued to describe her, he became aware that his whole life threatened to become like hers. In both instances, what started as a demonstration very quickly evolved into therapy proper. The inexperienced therapist might be taken aback by having to so quickly address issues not anticipated. One way of buying time is to ask the *Light* to place the circle at a safe distance from where the individual is standing with the understanding that it will be dealt with after further discussion. Then, ask the client to rejoin you (open his or her eyes), discuss the issue evoked, make a plan, and go back inside.

The *Light's* power to contain within a circle is absolute. To date, I have found nothing in the mind that exceeds the *Light's* power in this respect. In my experience with various clients, the *Light* has successfully contained the alter personalities of individuals with multiple personality disorder, 'evil spirits,' disincarnate spirits and 'spirit guides,' and the most extreme feelings of fear, shame, panic, rage, sexual energy, and body memory. Essentially, a circle functions just like the *Light* in its power to protect from threat or attack. That is not to say clients never experience the feelings contained by a circle when they go inside; only that the *Light* has the power to contain emotion within a circle when directed so that the emotions are attenuated to a point where the feeling is not overwhelming. It is conceivable that the *Light* could effectively block all feeling, but this would generally be counter-productive since clients are likely to distrust the authenticity of a memory or image if there is no feeling attached to it. In addition, very often the focus on feeling is instrumental to the retrieval of memories and images. The optimum is sufficient feeling to validate without overwhelming the client. This is particularly true of traumatic memory. I frequently emphasize to clients that it is only necessary to *remember* a memory, not to relive it. Throughout the book, I offer a number of interventions for attenuating fear of emotion.

Once the client has permitted the *Light* to draw the first circle, the process quickly becomes instantaneous; that is, the client has only to think it and it is done. As a rule, the *Light* is also directed to determine the size of the circle; generally, I suggest the client let the *Light* draw a circle *large enough* to contain whatever we are addressing. Also, with very little practice, the client quickly learns to use several circles at once if the situation calls for it.

The *Light* can also be asked to create a dome of *Light*. This dome can be opaqued so that only a *presence can be felt.* The concept of a dome is reassuring to many clients so I suggest it often when helping them to first identify a fearful or disowned self. The dome can be made more transparent as the Aware-ego approaches the dome. I discuss its use at length in the next two chapters.

A Circle of Protection for the Client

Typically, clients use the circle to contain feelings, images and memories that might otherwise overwhelm them when initially brought to full consciousness. However there are occasions when clients need their own circle of protection. This type of circle

may be particularly helpful if the client is having difficulty going inside, i.e. to the place where he or she generally goes to meet the *Light.* This type of difficulty generally manifests itself when the individual is anxious about the prospect of going inside, typically because of some foreknowledge of what must confronted once s/he is inside, e.g. a repressed memory or disowned self. On such occasions clients will report difficulty in visualizing their "place" or clearly visualizing their *Light*. The following procedure is generally effective in such cases.

Once a client has visualized the *Light,* it is always possible to *sense* its presence even if s/he cannot see it clearly. Consequently, I first instruct client to sense the presence of the *Light* (which can even be done with the eyes open) and – using that felt experience of contact – direct the *Light* to draw a small circle inside. When s/he goes back inside the client can go directly into that circle of protection. I explain to the client that this intervention will automatically place the source of fear *outside the circle*; in effect, the *Light* is instructed to create an island of safety amidst the feeling of disquiet. When s/he goes back inside, I might then suggest s/he ask the *Light* to increase the size of the circle, thereby giving the client 'more air to breathe' or 'more space to move in' or a 'beach head.' This procedure is quite effective in giving the client access to the *Light*.

Having successfully created an island of safety, I will then suggest to the client that s/he direct the *Light* to draw a *second* circle outside the circle of protection, and direct the *Light* to contain whatever thought, memory, image, belief or emotion was making the client fearful. A dome can also be used for this purpose. Note, it is not necessary that the client to actually know what threatens before containing it. The *Light* will know what the person finds intolerable and place it in the circle in a form acceptable to the client. Thus, in only a few moments what was obstructing entry can become the object of inquiry. The client is now in a position to begin exploring this threat to his or her inner space.

Note that the *Light* can also be asked to draw a circle of protection around the client at any time after the client is inside. Some clients seem to feel more secure with a circle around them, while others feel most secure in containing whatever threatens them. Once inside, the request for any type of circle is answered instantly. The client has only to think it and it is made, be it to protect the client or contain whatever threatens the client. With use, clients will do this spontaneously without my even suggesting it. Any time the client seems threatened by what is contained in a circle, I generally suggest s/he take a moment to refocus on the circle itself and ask the *Light* to strengthen it; or that s/he asks the *Light* to move the circle away from him or her, which invariably lessens the threat. A third alternative is to have the *Light* weave the source of threat with *Light* as if wrapping it like a cocoon, and to allow the *Light* to continue this wrapping till the client is satisfied the threat is contained. Another aid is to simply have the client focus completely on the *Light* to the exclusion of anything else. Actually, that may happen spontaneously without my suggesting it, as a way of blocking unwanted thoughts or intensity. In fact, on occasion, the client may report that all s/he can see is *Light*. I always assume this is the *Light's* protective response to some threat. At such junctures, the therapist can ask the client to provide a circle of protection or temporarily return and discuss the situation s/he has encountered. Let me stress here that there is nothing sacrosanct about the inward focus. I frequently ask the client to break off the inward

focus so we can discuss what is happening or how we might proceed with information already gained.

Containing Others in a Circle

When I first started using circles of *Light* in therapy I was reluctant to have the client use them to contain the images of others. Initially, I only used circles to contain feelings, particularly fears. Today I generally suggest that anyone who is in any way threatening to the individual be contained in a circle while we are working with that image. At first, I thought this might interfere with how the client felt about the contained image. In fact it generally puts them in better touch with their feelings since they can frequently experience those feelings without fear of retaliation. It should be stressed that the *Light* protects in *both* directions. It protects the person imaged within the circle as well as the client. As such, the contained image cannot be attacked by the client's negative feelings and vise versa.

Image containment is helpful in another way: on occasion all of us find ourselves verbally attacking someone we care about, e.g. spouse, sibling, child. If we are willing to have the *Light* draw a circle around that image, our anger is then essentially deflected. Often this is helpful in allowing a client to examine negative feelings without feeling guilty about having them. I also ask the client to contain self-images, such as images of the Rejected-self or images of themselves that have been traumatized. This is particularly helpful for clients who experience strong body memory of abuse. Before recovering the memory I will ask them to contain the child who experienced the memory; this approach coupled with other containment strategies greatly diminishes the client's need to over-identify with the abuse experience. I always tell clients it is only necessary to remember the memory; they are not obliged to relive it. The containment of self-aspects is also helpful when first encountering ‘shadow children’ or rejected aspects. An example from my practice was a client whose worst fear was the image of a child who seemed deprived of all childhood stimulation: withered, hollow eyed, empty hearted, near death. She was able to face this aspect of herself only after first containing it in a circle.

The Double Circle

The double circle has emerged as one of the more powerful interventions possible with the *Light*. The two circles of *Light* can be concentric or overlapping. Concentric circles are used to help the Aware-ego separate from a co-existing sense-of-self. It consists of a small circle – containing the Aware-ego surrounded by a much larger circle that contains the co-existing ego-aspect. Overlapping circles are two circles of the same size, one on top of the other. For those readers familiar with a basic paradigm of logic, the double circle emulates Venn diagrams. Overlapping circles are used to tease out energies contained or hidden within an image or to extract projections hidden in another image. Essentially, overlapping circles of *Light* are superimposed around an image, one on top of the other. This can be a self-image or image of another, e.g. lover, spouse,

sibling, co-worker, parent, etc. Consider, for example, a client who reports feeling very hostile toward someone without provocation. A double circle would be used to separate out whatever might be provoking the hostility. This could, literally, be anything - an image of a parent, a disowned self-image, or a suppressed memory. In effect, overlapping double circles can be used to unearth projections and transference as well as a host of archetypal and/or "spiritual" energies.

Concentric Double Circle

In a previous section I described how a circle of protection is used to help clients go inside when they were having difficulty finding their *Light* or felt threatened in some way by the prospect of going inside. The concentric double circle is actually the next step in separating from, and discerning, the source of that difficulty. Basically the client is asked to have his or her *Light* draw a small circle around the Aware-ego and a larger circle around whatever surrounds him or her. The 'surround' is generally expected to be a co-existing ego-aspect who is dominating consciousness, and generating a strong feeling, somatization, or preoccupation. Consider, for example, a client who comes in and reports that s/he is feeling "very sad." The therapist would suggest that s/he go inside and draw a small circle around the sense of herself holding the *Light*. Next, s/he is instructed to draw a larger circle around the first circle, large enough to contain the source of sadness that seems to surround and envelope her. Ideally, if the Christ image is evoked, he is generally the one who is asked to draw the second larger circle using his own *Light*. But the separation process is possible even without Christ's assistance. Before separating from the larger circle, the client is asked to divide the *Light* into two equal parts and place one part outside of the little circle into the larger circle. (If the client holds the *Light* in both hands and separates the hands, the *Light* will divide into two equal parts. This process never diminishes the *Light*.) Next, the client is asked to have the Aware-ego – in the small circle – move from the center of the larger circle to the inner edge of the larger circle. The small circle is expected to stay centered on the Aware-ego as s/he moves. From there, the Aware-ego is asked to gently push through the edge of the larger circle till both circles are separate, and go stand by Christ, if he is a participant in the process. When the two circles have separated, the client (sic) Aware-ego is asked to look back into the larger circle and describe what is there.

The *Light* of willingness exercised by the Aware-ego can be infinitely divided without being in any way diminished. Whenever a client holds the *Light* in both hands and then separates the hands, the *Light* will divide into two parts. The new portion of *Light* can serve a number of purposes. Almost without exception, whenever a client identifies a new sense-of-self, I will immediately suggest that s/he extend a portion of the *Light* to this new aspect. That aspect, in turn, can use its portion of the *Light* in any of the ways discussed in this work. Normally, it will limit itself to the suggestions made in therapy, but in theory it can exercise its own willingness in any way it sees fit. However, since most ego-aspects tend to function willfully, they normally have difficulty functioning willingly aside from specific suggestions that they perceive to be in their best interest.

As regards the process of separating from a co-existing self, it is important to stress to the client, and bear in mind as the therapist, that this separation process only personifies the ego-aspect. In no way does it hold the separated self 'captive.' The moment a client leaves the therapist's office this self will reassert its dominance, even as it may be more reflective as a result of what it learned in the therapist's office. As will be demonstrated in the later chapters, a Dominant self can be dramatically transformed to the extent it is willing, but until then it remains willful and conditioned by its past history. Thus, even though it becomes a distinct entity inside, it retains its power to dominate consciousness once the client is focused again on the physical world, particularly as the Aware-ego tends to lose its power when the client is focused outside. Treat such selves respectfully or they will sabotage the therapeutic process.

In later chapters, I will examine co-existing ego-aspects in depth. These are the self-images that embody the motivations controlling our problematic daily behaviors. Often, the client fails to identify these aspects as distinct selves: most often they are experienced as something that happens to the client, i.e. blushing, migraines, temper outbursts, etc. But any characteristic physiological behavior is likely to reflect the presence of a co-existing self, e.g. eyes rolling back in the head, frequent tilting of the head, nasal gestures of disgust, blushing, headaches, severe chronic ailments, and the like. The concentric double circle is an ideal intervention for personifying these self-aspects; that is, for separating them from the Aware-ego. This is best done by a Christ image. Where Christ is evoked, the client asks the *Light* to draw a small circle around the part holding the *Light*. Then s/he asks Christ to draw a second circle large enough to contain the self expressing the behavior in question. The following case illustrates the use of concentric circles in practice and the initial process of discovery.

Michelle. This client, 27, is the oldest of four siblings. I have worked with the family and she has seen me before in that context. She suffers from severe neurological and dermatological problems that began very soon after her stepfather's death. In this session, she is introduced to the *Light* and its basic functions and finds her image of Christ, which most of my clients evoke on going inside. Her somatic problems are severe and chronic and affect her joints, skin, and muscles. She is chronically tired and achy. She has rashes, numbness in her hands and toes, extreme temperature changes, and painful joints, particularly her knees. In her mind, the symptoms seem to have started immediately following her stepfather's death, though there were some milder manifestations while he was still alive. The concept of the concentric double circle is explained. She uses it to separate from the part of herself that personifies her illness, which she experiences as all pervasive. Almost immediately she begins describing it: "It is ugly...tearful...it looks tired, emaciated...a lot of things on it physically...knots, rickety, crippled...looks sick, older than me." I suggest she let Christ touch it on the lips with his *Light* so it can answer her questions. I ask if the image remembers her stepfather? Instead of answering directly she proceeds to describe her image's emotions. She says the image is "evil, mean, intentionally forceful, physically and emotionally." Then she says that the image remembers him, "He was mean to her...they are connected in a bad way...they are a lot alike...he intentionally did a lot of stuff to hurt people...they clashed and yet are alike in that sense." (In Chapter VI, this kind of self is identified as a Mirror aspect.) I ask for an early memory of his hurting her. She remembers first being spanked by him at age eleven even before he married her mother. "He spanked me often after the marriage...age

12-13...and even more after he went into drug treatment...I was the target of his anger...he stayed on my back about everything...a few times he used a paddle...he was full of rage when he did it...then I started hitting him back...biting, punching, hitting...to get him off my back...my mom was always on my side, but she could not stop him...there were times when I was ready to give up everything to kill him." At this point, the session is nearly over. I have her ask Christ to contain her step-father in a separate circle and then ask Christ to stand between him and her seemingly murderous self-image until we meet again. In the next session we will begin resolving a number of the issues surrounding this relationship and the illnesses sustained by it.

Of note, I rarely move so quickly in terms of helping a client find the *Light*, image of Christ, and the reason for symptoms. The rare exceptions are when physical symptoms are present, chronic, and severe. Also, in the above case, I had previously worked with the entire family, was familiar with the family background, and was trusted by the client's mother and other siblings.

Transference and Projection

An overlapping double circle is particularly valuable for the exploration of transference and projection. These will be addressed in detail in Chapter V. Transference is the technical term originally used to describe the unconscious attribution of parental qualities to a therapist. Clients will invariably *transfer parental attributes* to their therapist, an observation first noted by Freud. This "transference" from parent to therapist is called negative transference if the client perceives the therapist as having qualities of the parent that made parent-child interaction conflictual, such as threatened abandonment by the parent. Positive transference occurs when the client idealizes the therapist. The analysis of transference is central in psychoanalytic work and the interested reader can find a large number of references describing it.[15] However – and of special interest here, the transference phenomenon is by no means restricted to therapists. *Children, spouses and significant others are also universal recipients of transference and the double circle is exceedingly helpful in discerning this.* When explored, the images of significant others are often found to be imbued with negative characteristics of the client's parents. The double circle can be used to tease out these characteristics. Whenever the client appears to be overreacting to a particular person in the client's life, e.g. spouse, employer, stranger, it is helpful to have him or her contain the image of that person in a double circle and ask the *Light* to separate the circles *extracting anything that might be contributing to the strong reactivity*. Often an image of a parent emerges in the second circle, in which case the issue is one of transference. Not infrequently, however, it can be a projected, negative, (sic) disowned self-image, in which case the therapist needs to address issues of projection.

As a rule, I *discourage* the use overlapping double circles for the exploration of transference toward myself as the therapist. The therapist needs to remain "outside" the world of imagination, insofar as s/he has control of the process. Especially as regard this kind of inner work, the therapist needs to be someone the client "returns to" in the session. Encouraging the client to imagine the therapist opens too many doors for

counter-transference and is probably idolatrous given the availability of other inner helpers such as Christ or comparable archetypal figure (e.g. an angel). Transference issues between client and therapist are best dealt with in a face-to-face dialogue.

Projection refers to the individual's ability to shift unacceptable or denied qualities of the self onto other people, i.e. what I am not willing to see in myself, I am quick to see in others. Thus, technically speaking, transference refers to imbuing others with *parental attributes* while projection refers to the unconscious transference of *unacceptable self-attributes* to others. Positive attributes can also be transferred and projected. The mental operations used to enact transference and projections are probably the same. What distinguishes the processes is the source of the attributes: parental attributes vs. self-attributes. Transference helps us to understand how adults other than parents seem able to speak with parental authority or the Voice-of-conscience. Likewise, the projection process helps to explain how it may be possible to hide our shadow qualities in others. Often, a combination of the two will account for obsessive, unhealthy attachments, e.g. staying married to an abusive husband. The image of the husband will often be found to embody not only images of an abusive parent, but also disowned parts of the self that would act like the parent if allowed into consciousness.

Projection was not discovered by psychology. Finding “the speck in a neighbor's eye and missing the log in our own” is a classic example of projection.[16] But its seeming agelessness notwithstanding, for many years I had a problem imagining how my mind "projected" the attributes from me to the other person. That difficulty was resolved when I finally learned to distinguish between the person-in-the-world and the *image* of the person created by Mind, e.g. that seemingly photographic representation of the person in my imagination. We are raised to believe that the person-in-the-world and the person’s image are identical, equal, and accurate in all respects. In truth, the images are never identical and should always be treated as distinct and separate entities. It is the mental representation, the *image* of the person-in-the-world, that is imbued with the qualities of a parent or rejected part of the self; and it is this *image*, in turn, which controls our responses to that person-in-the-world. There are many examples to illustrate this, but by far the most common is the phenomenon of falling *in* and *out* of love – an experience most of us have had at least once since adolescence.[17] It is not the person-in-the-world that controls our many moods, sacrifices, and commitments while ‘in love,’ but rather the *image* of that person imbued with lovable qualities and all the lures of Anima or Animus. When I fall *out of love*, any objective assessment would tell me that the physical person-in-the-world that I previously loved remains essentially unaltered. What changed is something within me. The person-in-the-world remains as s/he is. It is the *image* of the person, or my inner response to the *image,* that is drastically altered. Another example is the image of someone who has been deceased for some years. If the *image* of the deceased was a true and accurate representation of a person-in-the-world, then we would have to see the person as skull and bones, or ashes - which I have only encountered once in doing thousands of hours of psycho-imaginative therapy.

All mental images are shaped and felt in an imaginative context; within that domain, they are always susceptible to unconscious influence despite our conscious intention to be objective. Imagination is the arena where conscious and unconscious are joined. It is possible to discern this confluence or confabulation of conscious and

unconscious agendas using a double circle, but only if one appreciates that confabulation is a possible and frequent occurrence.

The double circle is particularly helpful in situations where parents seem consistently negative toward their children. Such children are often the repository of attributes originally belonging to grandparents or the rejected parts of the parents. The double circle is often the most effective way of teasing out these transferences and projections from the parents. The protocol for helping the client to discern this kind of transference or projection is essentially the same as described above. First the client is asked to encircle the image of the son or daughter whom the therapist suspects may be a container of projected or transference attributes. A second circle is then drawn atop that one and the *Light* is asked to separate the two in order *to draw out any other image that might share in the bothersome qualities identified in the first image*. In effect, the double circle is used to tease out attributes of the self, parents, or grandparents that the client has transferred or projected onto the son or daughter contained in the circle. As a general rule, wherever this is done the client becomes less reactive to the person contained in the circle, and the relationship is likely to change discernibly.

When A Circle Fails to Close

The failure of a circle to close when the *Light* is asked to contain something is rare, but always significant. Imagine that the client seeks to contain a ubiquitous emotion, or a more or less formless color such as 'blackness.' The *Light* responds, but the client describes the circle as partial. In such instances, the client senses that the circle is shielding them, but also that the circle is incomplete at the point farthest from the client. When I initially encountered this phenomenon, it was almost as if the situation was saying that whatever we were attempting to contain was infinite and therefore uncontainable. I have since learned otherwise. Now, I always interpret this phenomenon to mean that a part of us is hidden in the 'darkness,' held in bondage by it. Essentially, the *Light* is containing the 'formlessness' without cutting us off from that part of us. By this means it seems to distinguish between self and not self. It does not really matter if we call it a Soul part or ego-aspect. What is important is to appreciate that within that 'darkness' is something that belongs to us whether at the level of Mind or Soul, and extracting it can prove this. Once extracted, the *Light* will completely enclose the 'darkness.' The safest way I have found to extract these disowned parts is to give a portion of the *Light* to Christ, ask him to enter the darkness,' and retrieve the part hidden there. Once that is done, the 'darkness' can be named, if necessary, and/or simply transformed into pure white light by Christ and returned to the source of all Light.

I have drawn from the work of Modi[18] in my suggestion that a negative emotion be turned into "pure white light and returned to the source of Light." The *Light* will not destroy anything, but it can always be asked to transform an emotion into its best possible form. As I have noted elsewhere, it is difficult to tell what is the true nature of some emotions. The bottom line is not the nature of the emotion, but rather the client's willingness to allow transformation to a higher vibratory state. As a rule, clients are

generally willing to do so, but only after whatever has been held in darkness has been extracted and provided a circle of protection.

Drawing A Portal

A portal is a circle of *Light* stood on its edge. It can be any size. I imagine it at least six feet in diameter, or tall enough to contain the image of a person on the other side; but at least one client wanted her portal relatively small so as to give her a view of the person but make it impossible for him to physically get through. I call it a portal because, initially, I envisioned it as analogous to a boat port, wherein you can look out into the sea without getting wet. Another analog might be a circular doorway filled with a shimmering light field.

The primary distinction between a circle and a portal is this: a circle is used to *contain or separate* an image so it does not overwhelm consciousness, while a portal is used to *facilitate contact* with an image or different dimension. The distinction is somewhat arbitrary since both circle and portal can achieve the same effects. For example, I sometimes encourage clients to imagine a drawn circle as cylindrical and suggest they approach it and place their hands on the outside as a way of getting in closer touch with whatever is contained within. However, since the circle is most often used to separate, contain, and protect, it is hard for most of us to also imagine it simultaneously facilitating contact (though this is exactly what it does). Psychologically, it seems easier for a circle on the ground to perform one set of functions and a portal to perform another set. In any case this is how it has evolved in my practice.

The portal was initially designed to provide a modus operandi for making safe contact with images that have negative characteristics for the client. As a way of reinforcing the safe aspect, I often encourage clients to have their Christ image create and hold the portal using his *Light*. As I envision it, Christ stands between the image and the client's inner sense of self, holding the portal between them. This configuration seems especially helpful when exploring particular feelings associated with an image. For example, one client found her mother 'draining.' In this instance, Christ was asked to use the portal like a polarizing filter that could be rotated until the 'drained' feeling was filtered out. This simple process appeared to have a lasting, positive effect on her interactions with her mother.

A portal can also be used to provide entry to past lives. Any therapist who does a lot of inner work with clients will eventually encounter spontaneous regressions to previous lives in response to symptom exploration. For many years I was reluctant to explore this phenomenon systematically because I could not discern an intervention that allowed clients to take their *Light* and Christ with them. Recently, I came across a book by J.H. Slate that describes a self-hypnosis technique for accessing past lives.[19] The client is asked to imagine being in a corridor having a number of doors on either side. The doors can be of any shape or size. If the client enters the corridor with a specific question in mind then s/he is directed to approach the door that stands out, that being the door to the most relevant past life. I have modified this method so that clients can use both their

Light and Christ image when entering the corridor. Christ is asked to draw a portal that will take them directly to the corridor. Taking his hand, the client and Christ step through the portal directly into the corridor. Christ is then asked to direct the client to the most relevant door. Once the door is opened, the client can merely look in or actively enter into the past life.

Reincarnation is a contentious issue. I will not debate it here. But past life regression therapy is definitely helpful in discerning the meaning and healing of symptoms that have defied all other attempts at intervention. Once a client has identified a 'reason' for such symptoms in a past-life context, the symptoms generally abate. This has been documented time and again by past-life regression therapists. From my perspective, it does not really matter whether we are accessing actual past lives, spiritual connections, or deeply repressed fantasy-memory. If the symptom abates as a consequence of recovery, that seems sufficient, particularly when all else has failed.

Circle of Effect

I use this type of circle sparingly, but there are times when it has seemed necessary. Wherever possible I have asked that Christ create this kind of circle using his *Light*. Basically, an image of someone other than the client, most often a parent, is contained within a special circle of effect, which *reflects back to the contained image the effect that the image's behavior has on another*. The therapist needs to be very discerning in evoking it. It assuages pain but does not heal it. Basically, a circle of effect obliges the offending image to experience the *effects* of his or her actions and thoughts. Imagine a father whose rages are frequent and abusive. It is possible to ask the *Light* to place a circle of effect around this image such that the father is now obliged to experience the effects of his rage on the client or child. Very quickly the father stops raging, or his rage is quickly followed by a deep sense of pain and bewilderment, or a rapid oscillation between these two emotions. In sum, the circle of effect obliges the father to experience whatever the child experienced when the father raged; it is one trial learning with highly amplified negative feedback. Evoking this circle is quite simple. The therapist describes it to the client by pointing out that when someone is contained in a circle of effect, s/he will be obliged to feel whatever the client has felt in response to that person's behavior. It is important to always designate it as a *circle of effect* and distinguish it from others, such as circles of protection or containment. As a rule, it is best thought of as a second circle imposed on an earlier circle used to contain the image.

On very rare occasions, I have suggested that the alter personalities of an MPD client place a particular alter into a circle of effect. In such instances, I always insist that more than one alter be willing to enact this intervention. Generally, this is only done if a particular alter is acting out in a way that endangers the others, as when a particular alter engages in dangerous sexual solicitations. Please note that there are real limitations to this usage. As a rule, alters are not interminably contained by a circle of effect as is the case for parental images. They can still come out, i.e. take over conscious control of the body. But the circle insures that they experience all the consequences of their behavior, its effects on the body, as well as the trauma caused to other alters, especially those who take

the alter's place when the experience becomes too painful for the alter who initiated it. Whenever a circle of effect is used with an alter, afterward a concerted effort must be made to work with that alter to recover and heal the memories motivating the behavior.

On the whole, this intervention seems most appropriate for abusers of children, be it parents or others, where the abuse is so severe that the therapist is close to suggesting the worst revenge. Any therapist who has worked with severely abused clients has had to work through such feelings. The circle of effect creates a kind of hell for such people since they are now obliged to suffer all the consequences of their thoughts and actions. In time, an effort must be made to redeem these images, but as the Linns note, it is not always wise to forgive too soon.[20]

The Capturing Circle

I intuited this kind of circle very late in the process of writing my book. I first had to grasp the fact that unexpressed emotions accumulate in the Mind/Body. For example, if there is a Dominant self that constantly seeks to control *fear,* that fear will accumulate in the Mind/Body, such that everything seems to become fearful for particular selves. Use of the Capturing circle requires a higher power such as Jesus Christ. The internalized image of Christ is asked to both define and draw the circle with his *Light*. The circle is placed between the Aware-ego and Christ. Then the Aware-ego walks into the circle and exits on the side closest to Christ. In this intervention, the request is generally emotion specific. Christ is asked to draw a circle that will 'capture' a particular emotion. For example, Christ can be asked to capture all accumulated unexpressed shame. Essentially, as the Aware-ego leaves the circle, the self will be separated from that emotion. After examining whatever is in the circle, Christ is then asked to completely absorb it with his *Light*. This intervention does not remove the self's capacity to generate more of the emotion, only its unexpressed accumulation in the Mind/Body. Whatever this process discovers can be quite dramatic in two respects. First, it strongly encourages the self to *stop using* whatever defense strategy is generating the emotion, which is always decidedly ugly; and equally important, it appears to remove the toxicity from the Mind/Body. The circle is illustrated in a number of verbatims in Chapters VII and VIII of the book.

Extending a Portion of Light
to Other Aspects of the Self

Consider that the Rejected-Self is initially unattractive, even potentially threatening, to Dominant selves; and it is their willfulness that is most likely to block the *Light*. This Rejected-self is a part of the Ego. The same is true of alter personalities found in Multiple Personality Disorders [21] and images of ourselves as children experienced in the context of traumatic memories. They are all aspects of the Ego even though the context in which they are discovered is often very threatening to primary selves. The

Light can be used to establish a safe connection with these initially threatening aspects of the Ego by having the client extend a portion of the *Light* to that self-aspect. I have already described the protocol. It is quite simple. Ask the client to visualize holding the *Light* in both hands and then separating the two hands. The *Light* will divide into two equal parts and one of those parts – either one – can be extended to the self-aspect that is the focus of attention. Generally, that image has already been contained in circle. The designated portion of the *Light* can enter the circle on its own, the Christ image can carry it in, or the client can pass it directly to the image, whatever seems most comfortable at that moment.

Dividing the *Light* and extending a portion of it serves several purposes. First, it establishes a safe link for communication between the self co-existent with Aware-ego and the self-aspect that is the focus of attention. Even more important, it begins the process of reconciling the Ego with its disowned aspect. Extending a portion of the *Light* is tantamount to acknowledging a personal relation to it. In many respects, these self-aspects can be likened to manifestations of the Shadow,[22, 23] which contain all those qualities we seek to deny in ourselves; the therapist needs to encourage every effort to acknowledge them. This is necessary to attenuate their negative effects on consciousness. Extending a portion of the *Light* is one of the safest ways to initiate contact with these disowned parts of our selves.

The *Light* will contain these dissident parts of the Ego, as when we use it to create a circle, but its ability to safely reconnect us to these disowned parts is a far more powerful attribute. Initially, I emphasize containment since it helps the client master his or her fear of the inner world, but ultimately, the goal is connection and transformation. Using the *Light* to connect discordant parts effectively begins a process of reconciliation and redemption.

Ending a Session When Using the Light

In using the *Light* I always make a clear distinction between 'going inside' and the idea of returning. Conceptually, the distinction is between an inward focus vs. the ordinary waking focus on physical surroundings and interpersonal space. Without exception, I anchor myself in the interpersonal space to which the client returns. Generally, I say to the client when it is time to end an exploration: "Please ask the *Light* to return you here to me when you are ready." Often, the return is as simple as that, though it may take some clients a little time to open their eyes. The counselor must allow some time to elapse before expecting clients to be fully reoriented, particularly if the inward focus has been prolonged and intense. The suggestion to return can be repeated, but clients should never be hurried or they will come back disoriented and still require time to comfortably readapt to their interpersonal space.

If the session needs to be brought to a close while there is a sense of 'unfinished business' – generally because of time constraints – I will make suggestions that allow for safety and continuity. For example, if the client has recovered some portion of a memory I am always mindful of the child of that memory – the image of the client at the age when

the memory occurred – and take steps to insure that even while s/he will break contact with that image by returning to an interpersonal space, the child is nonetheless looked after and not abandoned. This generally includes extending a portion of the *Light* to the child as described above; however, in addition I will always seek to leave the child with a helper. The Christ image is ideal for this, but if the client is unwilling to elicit him for any reason then I will have the client seek someone else who is nurturing and able to protect from any further harm. The list of possibilities can range from a remembered nanny or grandmother to angels or Virgin Mother. As a rule such an entity would be identified and present before I undertook to help the client recover any traumatized selves.

Sometimes it is also advisable to bring the client back in the midst of a session. There are times when the exploration has posed a conundrum for the client and therapist alike, and I do not like to discuss options with clients when they are inside. In this work, counselors will invariably encounter situations that have no ready answer and truly require a creative solution. At such times I will ask the client to have the *Light* return them to me so we can discuss it. Essentially, everything is put on hold so we can discuss the issue as 'an aside' or 'outside the frame.' [24] If an exploration is interrupted in this fashion it is generally advisable to go in at least one more time, if only briefly, to put some closure on whatever was ongoing. This can be something as simple as asking the *Light* to contain whatever is at issue in a safe place until it can be explored further in the next session. As a rule, it is very easy for the client to return to the place where s/he left off. Generally, just re-closing the eyes is sufficient.

In this process of inner work the therapist needs to walk with humility and assurance in the *Light*. All the years I have used this process notwithstanding, occasions still arise – weekly if not daily – when I am not sure how to proceed. At such times, I am always reminded of the saying: The saints smile when the situation is clearly impossible because then they can look to God to take a hand. Whenever in doubt, ask clients to ask the *Light* and/or their image of Christ for suggestions and assistance. Very often, these are the source of greatest creativity.

USES OF THE *LIGHT*

It is beyond the scope of this book to describe all possible applications of the *Light*. Most psycho-imaginative techniques can be adapted for use by the *Light* provided they do not threaten or attack the client or any object of the client's focus. The following sections describe some of the most common uses of this method. All are expanded upon in the book chapters.

Manifesting the Law of Connection

The Law of Connection overarches most of methods of discovery. This law of the Mind distinguishes it from the physical world. Nothing imagined is ever separate or

isolated from everything else, even though a willful ego-aspect would have us think otherwise. In the physical world a wall can separate us from whatever is on the other side. In the Mind that wall connects us to whatever is on the other side. Everything is connected. If a client experiences a strong emotion, my first question is to have them ask the *Light* what that emotion is connected to, or even more likely, to whom the emotion is most connected. Often, clients are mystified by feelings and sensations. This is particularly true of somatic complaints, i.e. a tense jaw, tightness in the chest, a crick in the neck, a churning stomach, etc. I will have them imagine placing the *Light* on the place of this discomfort and ask it to trace the feeling to its source and then contain it. Alternatively, a concentric double circle can be used to separate and personify the emotion. In the inner world of the imagination *nothing exists in isolation; everything is connected*. Soul, Mind and Body are connected and interactive. The Therapist's role is to facilitate a conscious awareness of those connections. Much of what the client is asked to do with the *Light* involves tracing those connections from one form to another. This concept of connectivity cannot be overstated. In the world of imagination everything is linked to something else. The question is not whether, but to whom or what.

Examination of Feelings and Emotions

Clients often report vague feelings without a particular referent; for example, feeling 'restless' or 'moody' or 'agitated.' These feelings can be placed in a circle. It is then easy to apply discovery techniques such as those described by Gendlin,[25] Hendricks,[26] and Shorr.[27] Feelings and somatic complaints often provide the entree to a great deal of inner work with clients. Each is addressed at length in chapters of the book. Often, I describe them as the buoy on top of the water that functions as a conscious connection to unconscious contents. By way of illustration, a woman came to a session with a long list of preoccupations: self, relationships, work, and financial concerns. I suggested we place them all in a circle, one by one, to ascertain if they had a common denominator. Almost immediately there appeared an image of her deceased father. Discussion of that image led to identification of the *fear* that prevented her from knowing what so disturbed her about her father. A second circle was created to contain that fear and the remainder of the session was devoted to its resolution.

I am very careful to always listen for expressions of feeling and emotion. Fear, guilt, and shame play a dominant role in the lives of most people seeking therapy and are often the defining characteristic of particular ego-aspects. The *Light* is very helpful in containing such feelings and the ego-aspects exercising them, so the client can examine them without being overwhelmed. If the client has difficulty separating his or her Aware-ego from the feeling that is the object of focus, that is an appropriate time to introduce the concept of concentric double circles. But I need to caution therapists to expect the unexpected when using this approach. The first time I did this the client felt she had separated herself from two demons that had been with her since she was born. Since other therapists have reported similar experiences, [28] I am inclined to accept such pronouncements and explore them rather than challenge or denigrate them, especially

since the Christ image can easily exorcise [29] them at any time in the process if they are found to be something more than shadow aspects.

Exploration of Somatic Complaints

Throughout this work, I explore the hypothesis that repressed memories, mental conflicts, beliefs, negative emotions, and issues of conscience significantly contribute to physical dis-ease, injury, and illnesses; that the Body does not have a mind of its own. Mind and Soul – as higher order realities – effect brain-body function. Brain-body is the microcosm and Spirit-Soul-Mind is the macrocosm. The work of researchers such as Brigham,[30] Rossi,[31] Siegel,[32] Mindell,[33] Lowen[34] and Perls[35] support this hypothesis. Given the thesis that the Mind is instrumental in generating or aggravating a physical symptom, then purely physical solutions for symptoms will be followed by a reoccurrence of the symptom or psychologically comparable symptoms at some point in the future. In sum, the Body mirrors the Mind; and if mental conflict is left unresolved the conflict will continue to express itself in physical symptoms until the conflict is resolved.

I am well aware that the mind-body connection remains an issue of debate: am I, or am I not, responsible for my dis-ease, injury, and ultimately, my death? By way of an answer, I would hold to the dictum that in physical matters, a cause must be both necessary and sufficient to be the *sole* cause of an effect. Increasing evidence supports the hypothesis that many illnesses are psychosomatic; that what takes place in the Mind is often a sufficient cause of disease. But to the best of my knowledge, no psychological component is both a necessary *and* sufficient cause of illness/death. For example, excessive unremitting stress will be a significant factor in compromising the immune system, but that is only an issue if there is a microbiological organism attacking the body. Pathogens kill, but only if the immune system is first compromised or overwhelmed. All of us will die. The breath of life will leave our bodies, and our bodies will return to dust. Nothing I can do will alter the ultimate death of my body. But to the best of my knowledge, no pathogen or injury inevitably and automatically results in death. Miracles and prayerful healings are a continuing fact of life. [36] Likewise, and perhaps far more common, the conscious resolution of unconscious conflicts and self-destructive beliefs can often have an immediate and dramatic healing effect.[37]

Whenever clients report acute or chronic conditions, I strongly encourage them to examine their symptoms with the *Light*. The process of discovery can be quite straightforward as when a double circle is used. Throughout this book, I describe even more effective interventions. One is to have the client envision a physical template of the body, draw a circle at the site of the injury or symptom, and spin the *Light* so as to draw the body sensation into the circle as an image, thought, or memory. Originally, I just suggested that the client place the *Light* on the site of the symptom; the notion of spinning is an elaboration that has proven more effective. A variant is to have Christ place his *Light* on the site of the symptom and spin it while the client is asked to simply attend to whatever comes to mind. Alternatively, I might suggest that the client stand in the circle, extend the *Light* over his or her head and direct it to 'wash' the sensation of the

symptom. When clients have a sense of having shed some of or the entire symptom, they are then directed to step out of the circle, at which point they can become aware of the symbolic meaning of what they have shed. The latter method also works with generalized feelings of fatigue.

The most effective method I have found for addressing sensation is the Well of Pure Sensation described in Chapter V. I note the other methods in the preceding paragraph to emphasize that any number of interventions are possible; the therapist is encouraged to expand his or her repertoire borrowing from any other therapists that provide psychosomatic interventions. I have done so repeatedly and that is reflected in many of the interventions described in this book. The issue of somatic symptoms is taken up again in Chapter V at greater depth.

Essentially, every psychological and physical symptom is treated as connected to a conflicted belief, memory, denied aspect of the Self, Soul issues, disincarnate spirits, or misplaced archetypal energy. In almost every case I have examined, recurring chronic conditions such as painful menses, migraines, sinus conditions, abdominal pains, lower back pain and the like appear to be physiological manifestations of unconscious conflict or disowned parts of the Self. In all such instances the *Light* can function as a conduit for the release of that memory into a portion of consciousness protected by a circle. The *Light* can also be used to evoke the Inner Physician described by Upledger [38] or the Inner Christ described in Chapter IV, and these figures can be used not only to diagnose, but to heal as well. Of note, the *Light* can also be used to recover the symbolic significance of childhood illnesses that stand out in the client's Mind as an adult. Often such illnesses have been found to precede or follow a traumatic event otherwise repressed. Let me stress that I never offer these interventions in lieu of referring clients to their physician. Quite the contrary. Clients are always encouraged to seek the services of a physician first wherever the problem is acute and has not been diagnosed by a physician. This approach is only offered as an adjunct to medical treatment or when the physician has little to offer other than palliative measures.

Working With Images

An image is the internalized representation of any person, animal or object in the physical world, e.g. a spouse, parent, child, friend, lover, family pet, devil, angel, house, sculpture, etc. For example, when a client is fearful of 'hurting' a parent's feelings, s/he has in Mind an image of a parent that is capable of being hurt by the client and is equally capable of hurting the client in return. Most people underestimate the power of these images. In my work with clients, I have found the images to be instrumental in controlling our sense of self and others. If I teach clients anything it is, hopefully, to distinguish between these images and objects-in-the-world and to appreciate that the inner image is by far the more powerful in guiding perceptions and behavior. I have already touched on this power of the image in my brief discussion of transference and projection, but it is worth reiterating here. Images are the modus operandi or 'containers' of such phenomena as projection, transference, displacement, depersonalization, archetypal energies, alter personalities as in Dissociative Identity Disorder, and other

defenses described in classical texts on psychodynamics and object relations. The defense mechanism distorts the image, which in turn shapes our perception of the person-in-the-world. For example, transference is said to occur when the client appears to treat the therapist like a parent. The client does this by unconsciously merging his or her image of the therapist with qualities of the parent. In the physical world this would be not be possible, but in the world of Mind two objects can occupy the same space. The *Light* can be used to discern this type of confabulation as well as the effects of other psychological defenses.

To work effectively with images a major fallacy must be addressed with each client: namely, the assumption that any image is an accurate reflection of the individual it represents. An image should never be treated as identical with the person it is seen to represent even as it is imbued with the qualities attributed to the individual. These images are no more the absolute truth than a photograph is the absolute truth. Consider the following series of photographs: an adult as a child, the same adult as an adolescent, the same adult as an adult looking very angry, the same adult looking smilingly at an infant, the same adult deceased and lying in a coffin. Which of these images bespeaks the absolute truth about the person that any one image is thought to represent? All images in the Mind are creations sustained by the Mind, but amenable to change under special circumstances.

Images are very enduring and exceedingly powerful in shaping how the individual perceives the flesh-and-blood-person; and it generally dictates the client's relationship to that person. When the Mind has shaped such images, they become the guiding truth ordering our perceptions and actions. Images only seem to represent actual people because they guide our interactions with those people. That is their power: they shape our behavior and interactions toward the significant others in our lives. As a consequence we believe them to be identical with the persons they represent. The fallacy is discerned when we can realize that the flesh-and-blood-person – the person-in-the-world – may not have changed at all even though our perceptual image of them has changed significantly (sic) lover vs. ex-lover. In sum, no image is the same as the person it represents; if anything, an image should be seen as more powerful than the flesh-and-blood-person it represents given its power to govern and shape our responses to that person. But all that notwithstanding, also bear in mind that those images can be changed even as the flesh-and-blood-person remains unchanged or unavailable due to death, estrangement, or physical dangerousness. Even though a flesh-and-blood person remains unchanged, it is possible to alter the image of him or her and thereby alter our affective and behavioral responses. And quite often, altering our image of a person can have a decidedly positive effect on the person-in-the-world.

Recovery, Exploration and Reworking of Dream and Fantasy Contents

My own work supports the observations made by Rossi and Creech[39] and Mindell[40] that physical symptoms can result from unresolved dream conflicts that are

suppressed or not addressed upon awaking. To illustrate, one client reported heavy menstrual bleeding over a three-day period, which was very atypical for her. The *Light* was asked to take her back to the onset of the symptom. Her menses started shortly after waking three days previously. This led to her gradual recall of a dream in which the members of her family were on a bus being driven down a winding mountain road by her father. In the dream, her father was not paying attention to the driving, thereby placing everyone at risk. The feeling associated with his driving was that the situation was out of control. Using the *Light,* the client reentered the dream, demanded that her father stop the bus, and relinquish the driver's seat to her. She then visualized herself driving the bus competently down the mountain. She reported that shortly after leaving the session her menstrual bleeding stopped.

As the above incident illustrates, once a dream is recovered, its conscious reworking is always advisable, particularly if there are physical symptoms or disturbing feelings associated with it. Strategies for entering and altering dreams are not unique to *Light* therapy. They have been variously described by Jungians using active imagination[41] and dream therapists such as Delaney. [42] Researchers of lucid dreaming also describe similar methods of intervention. [43] Most of the interventions suggested by these clinicians can be adapted to interventions using the *Light*. But the *Light*, particularly in conjunction with the evocation of Christ, offers safety and power that is not automatically available with those methods.

The *Light* can also be invaluable in the interpretation of dreams. After client has reported the dream in its entirety, s/he is encouraged to 'walk through it' again, this time with the *Light*. Wherever s/he or the therapist want to know the symbolic meaning of a particular content, the Aware-ego is instructed to touch it with the *Light,* or focus the *Light* on it, or contain it, and enter into a dialogue with the image. As a rule this is far more powerful than any interpretation the therapist could render since the answers come from the client. The above methods are particularly useful in working with recurrent childhood dreams that the client remembers as an adult. Reentering those dreams will often bring repressed events to the surface.

Though I do not ordinarily offer dream analysis, I do encourage my clients to share their dreams with me. Recurring dreams tend to highlight current or chronic conflicts, and I have found it fruitful to explore them for potent images. These are generally contra-sexual in nature (i.e. Animus and Anima images). Wherever these occur I will encourage clients to engage these images, first by containing them in a circle, then by extending a portion of the *Light* to them and proceeding to engage in a dialogue. Where clients are willing to share their sexual fantasies I will do much the same with the contra-sexual images in the fantasy. These are powerful figures that can have a significant effect on clients' dynamics. Discerning these images and entering into a dialogue with them has invariably proven pivotal in therapy. Several of the longer verbatims in the book illustrate these interventions.

Recovery of Repressed Trauma

By repressed I mean not accessible to consciousness as an explanation for current experience, as when a person acts obsessively or compulsively, or when they experience feelings of panic for no discernible reason. It is Rossi's[44] contention that events are 'repressed' because they are first experienced in a trance state, dissociative state, or preverbal state such as infancy and will not be normally recoverable without reentering that state. Individuals generate dissociative states when confronted with traumatic events by dissociating from the ego-aspect traumatized by the event. In my experience, such events are generally associated with extreme fear, shame, and/or pain. Repressed experiences of sex abuse and/or physical abuse in infancy and early childhood are examples of this kind of trauma. The *Light's* protective quality makes it exceedingly helpful in the recovery of these memories. Unfortunately, using the *Light,* I have also found repressed childhood abuse to be an all too common occurrence in clients seeking therapy.

Light therapy is very effective in recovering traumatic memory. It is the response demanded by those memories that often proves the most problematical. What I have in mind here are not singular events, such as being molested one time by an uncle – as unconscionable as that is, but horrific memories such as being obliged to witness and participate in the sacrifice of infants when the client was, herself, little more than a child. Cultic abuse is regrettably very real, horrific, and beyond the imagination of most of us. The healing of these memories is the work of therapy, but in my experience, the therapist is hard pressed to attempt such healing without the help of higher powers. The greatest difficulty with repressed memory is the client and therapist's emotional reactions to the memory. Such memories evoke strong emotions in therapist and client alike: shame, fear, disgust, despair, rage, and horror, and all of them must be mitigated. Attempts at catharsis are often blocked by competing emotions. Clients must be offered the means of healing all of their negative emotions and self-judgments. In my clinical experience, this can only be done satisfactorily where the therapist is willing to call on higher powers such as the Christ within each of us. This issue is addressed at length in Chapter IV and the remainder of the book.

Repression is an active force that is likely to manifest throughout the therapy process. The therapist encounters it most blatantly when a client reports almost complete amnesia for whatever occurred in a previous session. The therapist may have ended the previous session with a sense of great progress only to discover in the following session that the client has no memory of what transpired. Often, this amnesia is erased when the client goes inside, though equally often special interventions may be needed – such as a circle of protection, to get inside. Basically, what the therapist is 'experiencing' is a Dominant self that has completely repressed the events of the previous session by consciously shaming it. Once inside, the client can begin the process of separating from that self for the purpose of discerning the reasons for its repression.

Depersonalization and Dissociation

As a rule of thumb, when the client goes inside his or her sense of self will reside within a sense of the body; that is, s/he will have the same sense of self normally experienced in the physical world. This means s/he is looking out through the eyes, and sees the hands in front, and it is these hands that receive the *Light*. Normally, s/he is *not looking at a body* receiving and holding the *Light*, as if s/he was seeing it all from an observer's perspective. Even when the Aware-ego separates from an ego-aspect, it continues to organize consciousness by looking through the inner eye and perceiving the hand holding the *Light*. If the therapist suspects it is otherwise, the best way to ascertain this is to ask the client: "When inside, are you seeing the *Light* through your eyes, or looking at an image of your body holding the *Light*?" Initially, the client may be totally unaware of being 'out of touch' with his or her body sense. This 'out-of-touchness' will be reported as the experience of seeing a self-image holding the *Light* from the side, or from slightly above, or from behind – all of which are visual analogs of body depersonalization.

Depersonalization is relatively easy to describe phenomenally. It is harder to explain conceptually, particularly in the context of the Aware-ego. It is the only condition I have encountered in which the Aware-ego is the object of perception rather than the perceiver.

Depersonalization appears to occur frequently during traumatic episodes. Often the client will report its repetition during the recall of a traumatic event. At some point s/he will report 'looking down' on the event, and that the body seems relatively lifeless or acting differently. This is also a common report of people who report 'out of body' near-death experiences. Depersonalization appears to be the visual analogue of shock. Essentially, an ego-aspect becomes a *witness* to the event rather than a participant. In some way the ego-aspect is able to sever its connection to its sensed body, generally in response to intense pain or emotional trauma. It is an incomplete form of dissociation. Basically, the ego-aspect separates from its body sense while retaining consciousness within the mental state that previously organized the body sense. In dissociation proper, a *new mental state with the free will to exercise of a new body sense* will supplant the control previously exercised by a failed ego-aspect. (All these distinctions are addressed in greater detail in the book chapters.)

The most frequently encountered form of depersonalization is what I would call *traumatic* depersonalization. Out of body experiences (OBE) may fall into this category since they most often occur following trauma to the body. But I have no way of demonstrating that clinically. What can be observed with some regularity is the traumatic depersonalization often reported in the recall of severe childhood abuse. At some point during the experience, the client reports leaving the body sense defining the body image. The depersonalization appears to correlate with that point in the recall when just about anyone would find the abuse physically intolerable.

In working with depersonalizing memories the therapist needs to be mindful that the mental state of awareness and the body sense need to be reconciled following the recall.[45] First, Christ needs to be asked to heal the body sense – or whatever aspect of the

personality was left to endure the rest of the abuse. Then Christ is asked to gently assist the mental aspect's return to his or her healed body sense. Often, this reconciliation is overlooked in therapy even though it is directly responsible for numerous somatic complaints. One reason is that other ego-aspects may have been created to take control of the Body, and they are the ones 'left standing' at the end of the experience. This is most likely to be observed in MPD clients who report the most severe and extensive abuse experiences, often requiring the creation of numerous fragments and alter personalities.

Another form of depersonalization is what I call *habitual* depersonalization. This is the condition in which the client, on going inside, self-describes as an observer rather than the participant. In effect, s/he observes a self-image holding the *Light*. This generally appears to occur as an intermittent or habitual response to inner work. [46] The client copes with suggestions made to the *Light* by "mentally" separating from the experience. Whereas traumatic depersonalization is seen as a remembered *reaction to actual abuse*, habitual depersonalization is considered to occur in the present tense *as a defense* against remembering abuse or painful memories. When encountered, this is where the therapist needs to begin; that is, to begin the work by helping the client rejoin with the image of his or her body. But be warned: clients do not habitually depersonalize without cause. Once the connection is made, the therapist needs to be prepared to assist the client with whatever is brought to consciousness by this re-connection. An illustration will help here. The client – Jonathan – experienced a depersonalized response while seeking to engage an image of his wife who appeared to him with Anima-like qualities. Prior to the session he was reading Robert Johnson's book describing the Anima,[47] which undoubtedly embellished his image of her. On going inside he evokes an image of his wife that has a priestess quality: she is wearing a robe with a hood over her head that places her face in shadow, giving her an Anima-like quality. Confronted by this image, he is unable to 'join' with his body; he can only experience the scene from above. He can see the *Light,* but he is not holding it. At my suggestion, he asks the *Light* if there is any memory contributing to his difficulty. In response he sees an image of himself as a toddler with his mother screaming at him, and he is turning his back on her. At my suggestion he asks Christ to intervene in the memory. When Christ joins with the mother and child of the memory, the 'bad' mother abruptly begins nurturing the child. (Of note, Jonathan is familiar with Neurolinguistic techniques and these seem to shape that particular response.) Following this intervention, he is able to rejoin with his body sense and interact with the image of his wife.

In any situation where Christ is present, he can be asked to intervene. For that reason, I normally ask the client to evoke the Christ image whenever s/he goes inside regardless of what we intend to do.

Habitual depersonalization appears to separate the observing self from its embodied self-image, and the Aware-ego appears to be embedded in that imagined sense of self as the only non-threatening way for the *Light* can be present. The habitual depersonalization response is generally subconscious. Often, the client only becomes aware of it when asked. I recall working for two months with a client before realizing she was seeing herself from behind and above her body. Efforts to bring her back in touch with her body resulted in a long series of traumatic recalls and significant issues regarding her feelings and sexuality. This experience taught me to periodically check

with clients as to where they are with regard to their body. I suspect my asking also sensitizes the client to such changes. Today, I routinely check with new clients. Whenever a client reports body depersonalization, s/he can begin the process of reintegration by asking the Aware-ego to contain the observer and place a portion of the *Light* into that circle. This introduces a safe connection for ongoing dialogue. But the observer only becomes body-connected when the sense of self is joined with the body sense: when the client is looking out through the eyes and can see the hands holding the *Light*.

Habitual depersonalization is one way an ego-aspect can cope with the *fear* of stressful repetition. It appears to mimic dissociation without going to that extreme. Unfortunately, it is also the defense most likely to precipitate repressive somatization and projection, both of which are discussed at length in Chapter V of the book. Dissociation is the Ego's primary coping response to severe stress, whereas repression and depersonalization are primary defenses of ego-aspects, which are created by the Ego. Depersonalization separates an ego-aspect's mental construct from its somatic presence, whereas with dissociation the archetypal Ego's strategy is *to create a new ego-aspect able to supplant* the ego-aspect overwhelmed by the stress. The preexisting ego-aspect continues to exist, but remains the 'weaker' while unhealed. Over time, it will also become the lesser developed as the supplanting ego-aspect grows older. Dissociation can also occur whenever a developmental epoch threatens the sense of self, as is too often the case with budding sexuality.

Historically, dissociation was treated as a rare occurrence. It was seen as the Ego's unique response to the *most severe* abuse scenarios. Even today, most therapists still treat the Ego as a unitary phenomenon except in the case of diagnosed dissociative disorders, which are considered rare. In fact, however, most people have dissociated selves, but their existence is generally attributed to other causes such as 'mood shifts,' cognitive dissonance, or 'bipolar' disorder.

As an Aware-ego, the client can ask the *Light* to contain and objectify any set of discernible qualities, i.e. mood, body memory, strong emotion, physical symptom, etc. Without any exception I can think of, this containment *is the safest way to initially recall traumatic memories*. If the particular symptoms suggest abuse, then the *Light* is asked to contain an image of the self *at the time of the abuse.* Most often, however, I word the suggestion more generally, such as asking the *Light* to contain the self expressing the mood, or symptom, etc. When this is done, the Aware-ego essentially becomes an empathic observer-participant. The client will "feel" this contained self, but still be sufficiently disengaged so as not to be overwhelmed.

Think of dissociation as the primary process by which the Ego is fragmented, and depersonalization as the process by which an ego-aspect mimics dissociation. Depersonalization generally occurs in the throes of trauma. It is a response to shock. Dissociation is the process whereby the archetypal Ego creates an ego-aspect to actually supplant another ego-aspect. While in the psychiatric literature, dissociation is generally associated with severe trauma, it is in fact a nearly universal occurrence in human beings in the earliest stages of development. Only repeated severe trauma over a period of months and years is likely to result in the creation of a Dissociative Identity Disorder, e.g. Multiple Personality Disorder. This disorder can be marked by the creation of literally

hundreds of fragments and numerous alters. (A fragment is a self created to hold one or more memories. Its active life is generally short and two dimensional.) But some form of dissociation is a nearly universally characteristic of the inner lives of most people. The numerous self-aspects of the Ego described throughout the book are the product of dissociation. Whenever we envision a distinctly different image of the Ego, which has the power to exercise free will in active imagination, we are perceiving a dissociated part of Ego. For that reason, it is helpful to distinguish the motivation of a dissociative act. In active imagination, the process is described as *intentional* if the Ego archetype generates successive aspects to cope with instinctual or archetypal demands. Such creations are always willful and, frequently, antagonistic opposites. Dissociation is described as *traumatic* when depersonalization precedes dissociation. Depersonalization can be an habitual defense employed by an ego-aspect, as illustrated in the example above. Where that depersonalization fails (sic) the abuse persists, then the Ego is likely to dissociate and create a new ego-aspect.

While all people can be expected to dissociate during early development (before age seven), traumatic dissociation is comparatively rare. In situations where there is only one abuser, it is likely to generate bipolar or borderline disorders; where there are a number of abusers and the abuse extends over a period of years, the abuse can force the creation of hundreds of fragments and several major personalities (i.e. alters), all created to cope with the horrendous abuse. The alters will be of two types: those that deny the existence of the abuse and seek to imitate a 'normal' life and those created to cope with the myriad repetitions of abuse.

Finally, I would note that once the client begins working with dissociated parts of the Ego, new self-aspects are likely to make themselves felt from week to week through body memories and moods. That is, in weeks following the client's awareness of multiple selves, the client may come in with a report of having felt a particular way during the week, e.g. tearful, depressed, irritable, frightened, etc. I will always ask if there are environmental stressors that could account for the mood, and if there is nothing obvious, I begin to suspect the presence of disowned or reactive self-aspects. Often, these ego-aspects are readily accessible. On going inside the client is simply asked to separate from the feeling and its source, using concentric circles. As part of the separation, a portion of the *Light* is always extended to these self-aspects as the safest way to set up a link of communication. If the aspect is a young child, it is always advisable to leave it with a caregiver before the client ends the session.

Alter Personalities

The dissociative process is likely to occur in response to any trauma where there is no opportunity for catharsis, [48] which is very often the case in childhood abuse and many instances of rape. If the event occurs only once, is comparatively mild, of short duration, or simply repetitive, then the 'memory' – if repressed – is most often embedded in somatic and psychological symptoms, dreams, and/or fantasy. But where the abuse is severe (i.e. horrific or unbelievable to most people) and prolonged (i.e. daily, weekly, lasting for weeks, ongoing for years), then the consequences are likely to manifest as

severe, often terminal, illnesses and/or the creation of alter personalities of the kind found in Multiple Personality Disorder. Very likely, the ability to create alters is a genetically determined propensity, and, without it, the client would not have survived the abuse. In these cases, the psyche spontaneously creates new personalities (i.e. alter personalities) and even more numerous fragmented personalities (i.e. fragments) in a valiant effort to endure and survive the abuse. The process is truly heroic given the severity and duration of the abuse, which may have to be endured from infancy into adulthood. The clinical discovery of alter personalities is comparatively rare, if only because few therapists have any experience with the phenomenon, and even the alters who come for therapy may be unaware of or in denial about the nature of their disorder. The basic strategy in MPD is to create one set of alters who cope with the abuse and a second set that deny the existence of the abuse and attempt to live a 'normal' life. Consequently, unless the client and therapist are able to acknowledge the existence of alter personalities, they may not be discerned; instead, the client will be given increasingly severe diagnoses (i.e. schizophrenic, borderline, manic-depressive, etc.) that fail to reach the mark. The presence of alter personalities is always indicative of Multiple Personality Disorder (MPD) [49] and portends a history of the severest childhood abuse or trauma.

Essentially, alters are aspects of the Self *capable of instantly assuming complete control of the body's conscious and unconscious functions*. They are likely to remain hidden when the client goes inside unless client and therapist can deduce their existence from discrepancies in the client's behavior. I worked with my first MPD client for two years without any hint that she was MPD, and we regularly used the *Light*. In retrospect, I should have suspected something given the severity of her symptoms and the relative absence of *any memories or life experiences* to account for them; however such is the denial within our culture, including academia and professional training programs, that nothing in my training had prepared me for this degree of dissociation or abuse. [50] Since one of the primary functions of this disorder is to keep the unaffected alters in ignorance of the abuse, it is possible for client and therapist alike to remain mystified. Normally, a therapist must discern MPD by abrupt changes in the client's demeanor either within a session or between sessions. This switching finally penetrated my own denial when a five year old alter took over the client in the session and asked, in a child-like voice, if she could play with some toys in the corner of my office. Within a few minutes, the alter normally present for therapy (with strong direction from me) was able to contain that alter in a circle of *Light* and reassert control of consciousness. (Two alters can struggle for control of consciousness. Such struggles are most likely to manifest, literally, as headaches or a strong desire to sleep.) In the five years that followed the discovery of alters in this client, I would interact with a dozen plus alters and hundreds of fragments (two-dimensional personalities whose primary function is to encapsulate specific memories). MPD clients are among the most difficult to diagnose and treat; however, they are also among the most challenging and rewarding teachers I have encountered, bar none, and they have taught me more about the psyche, the redeeming power of Christ, and the *Light,* than has any teacher or book.

As a rule, one does not 'encounter' alters on going inside unless the diagnosis has already been made. The therapist is more likely to discern them because the client 'switches,' i.e. another alter takes control during the session, or the alter who is out dialogues with 'inner voices' that the alter can describe and report upon. In working with

MPD clients, where client and therapist have agreed on the diagnosis, much of the work will consist of one or two alters, co-existing with the Aware-ego, engaging fragments which generally make themselves felt through dreams, somatic complaints, or life triggers associated with abuse memories. In this respect, the process is not much different from working with ego-aspects. The complexity lies in reconciling alter personalities who are in denial, working with alters who may themselves have become perpetrators in order to survive, or are self-abusive in their role as protectors. What also makes these cases exceedingly difficult is the severity of the abuse, which most people simply find unbelievable. I have worked successfully with a number of these clients only after working through my own denial that such abuse is possible. But I hasten to add that beyond all that, any success is largely attributable to their use of the *Light* and willingness to call upon an image of Christ or comparable Inner Self Helper. Working with MPD clients teaches you humility. The true therapists in this process are their own higher powers.

Clear distinctions can be made between 'alters' and 'ego-aspects.' First and foremost, the occurrence of MPD and alter personalities is rare, while the presence of ego-aspects is always to be expected, and actively sought out, on going inside. An ego-aspect is a self-image, though it can be a very negatively charged self-image, as when we encounter shadow images of the Ego. The Rejected-self and Ideal-persona, as well as all child and adolescent images of Ego, are examples of ego-aspects. As an Aware-ego, the client can feel the ego-aspects and be greatly affected by their moods, willfulness, and characteristic stances; but in MPD, the Aware-ego is more likely to simply be displaced by the emergence of a new alter. The newly conscious alter assumes total control of consciousness and bodily functions, though often with lapses in memory regarding recent events. [51] In the space of a few seconds, or while excused to use the bathroom, an MPD client can go from being a mature adult to a rebellious adolescent. [52] As a matter of course, the *Light* is extended to every identified alter and fragment. Once the diagnosis of MPD is made, I encourage the client, as Aware-ego, to contain alters and fragments, extend a portion of the *Light* to each, and work with them interiorly.

Ego-aspects can serve a function comparable to MPD fragments, as for example, when child ego-aspects embody memories. But, normally, ego-aspects co-exist with the Aware-ego, they do not assume the power of 'I.' If an ego-aspect is exceedingly fearful, it may temporarily block the Aware-ego from emerging, but this fear can generally be contained. Containing ego-aspects in a circle of *Light* is the best method I know of for attenuating their negative effect while a memory is being cathected, or they are otherwise engaged by the Aware-ego. If the client is willing to evoke Christ, then more elaborate and effective procedures can be used as described throughout the book. Fortunately, the *Light* can contain most fragments, preventing them from taking control of the Body. This allows the client to retrieve the fragment's memories without the fragment having to take conscious control of the client. For a limited time, some alters can also be contained, thereby preventing their resumption of conscious control. However, this is generally only possible if the alter is a child contained by an adult alter co-existing with the Aware-ego, or when several alters work in concert with their *Lights* to contain another strong alter, typically, an abusive protector (see the discussion below on protectors).

I have worked intensely with hundreds of clients; however, less than twenty of them clearly exhibited alter personalities. Very likely there were more that I failed to assess from lack of experience or sufficient opportunity to work with them. Counselors are unlikely to encounter them in their work unless they are willing to court the kiss of death from Managed Care panels and work with clients for extended periods. But if you see enough clients, for sufficiently long periods of time, and you ask them to go inside, you will encounter this disorder and become thankful you and they can call upon higher powers such as the *Light* and Christ.

In my current work I generally rely on a higher power to contain the multiple selves that are created to cope with the traumatic memories of a Dissociative Disorder. Most of my interventions now assume the use of a higher power. I typically ask the client to seek a Christ image or other higher power very quickly after learning to use the *Light*. From then on, I encourage the client to rely on Christ or a comparable higher power. The Christ image is expected to use his *Light* to enact specific interventions. Thus, for example, Christ is asked to use his *Light* to contain any self-aspect that makes itself felt in the process of recovering a memory; this is generally identified by new symptoms or headache. The client then extends a portion of the Aware-ego's *Light* to it. The *Light*, in turn, provides a safe link of communication between the newly emerged ego-aspect and the Aware-ego. These alters or fragments have generally endured horrific feelings of pain, abandonment, and/or shameful arousal. They can come in all ages, sexes, and demeanors – some may be masculine toughs or bullies, others detached or completely numbed; whatever the client's imagination can conger up to get through the experience. But whatever the client's affect or strategy, he or she must acknowledge the part each ego-aspect has played in the memory by recovering all the fragments and what each had to endure. Often, it is helpful to have Christ lessen the accumulated unexpressed pain and/or emotions associated with the memory even before it is recalled. Methods for doing so are described throughout the book.

Characterological Issues

Character traits refer to qualities we attribute to ourselves which, on reflection, can be problematical because of their compulsive, pervasive quality. Persons who are 'self-conscious' in most group settings, or a person who has 'angry outbursts' most days, or someone who is 'competitive' in just about every situation are common examples of characterological issues. Also in this category would be negative thought processes, such as bitterness, worry, analytical distancing or skepticism, which permeates a person's thinking or feeling, and also sexual deviations.

Once the trait is identified, the *Light* can be asked to place an image of the client exhibiting that behavior into a circle where it can be examined in a variety of ways so as to assist the client in forgoing the behavior as a compulsive response. More often than not, such behaviors will be found to model behaviors attributed to a parent; changing the behavior will generally require a change in the parental image or the person's relationship to the parental image. When characterological behaviors mirror a parent, their intent is the defeat of the parent's mirrored behavior. If, for example, the parent was frequently

angry in the client's childhood, then the client may exhibit a similar, characterological anger. No attempt should be made to remove this without first addressing the parental anger or the client will become unnecessarily fearful since s/he is now devoid of a comparable defense in response to parental images of anger. But, note, such 'characterological' traits can also be sustained or aggravated by 'autonomous emotions.' Emotions such as the chronic use of doubt and fear seem to feed on the energy produced by their obsessive use. Often, when contained, they will take on a malevolent aspect. Some might call them spirit energies. But whatever their nature, they are easily transformed into pure white light. Transforming an autonomous emotion does not release a client from the character defect that seemed to attract the 'self-perpetuating' emotion, but it does give the client a strong incentive to do something about it or risk a reoccurrence.

Another major source of characterological issues are projections and past lives. Projections, particularly those imposed by authority, are addressed in Chapter V. The next section addresses past lives.

Past Life Regression

Past-life regression therapy is recommended for long-standing, chronic symptoms that are seemingly resistant to all other more conventional forms of intervention. It is certainly not the first treatment of choice for most of the clients I see who have grown up in a culture that theologically rejects the concept of reincarnation. Even when I suggest it I tend to downplay its implications. Some scholars have found support for reincarnational beliefs within the Bible, but their work is neither widely known nor accepted. [53] I tend to emphasize the 'curative' effect. Appreciating a symptom in the context of a past-life, whether real or merely imagined, is often sufficient to abate the symptom. Likewise, in my use of Slate's method for visiting past lives (previously described), the client is always escorted through the process by the client's higher power, which is almost always a Christ image. It is Christ who is asked to draw the portal and walk the client through to the corridor where he points out the life-door to be addressed. Given the security of his presence, most clients have readily embarked on this process of discovery. Often, Christ's presence is instrumental in other ways as well, as is illustrated by the following case.

Pearl. I had worked on a variety of issues with Pearl for four plus years. She began her therapeutic work with me in her mid forties. During this time she was essentially asexual in all aspects of her life. Prior to beginning therapy, her dating history consisted of two relationships, the first with a woman and the second with a married man. The heterosexual relationship was the more fulfilling of the two, but both left a lot to be desired. Pearl rarely masturbated. For most of her life, her parents functioned as her primary relationships. She is an only child. I repeatedly focused on her lack of sexual desire for several reasons. For one, it seemed to keep her emotionally isolated; and second, I suspected that some of her chronic weight and depression issues were tied to this suppression of sexual energy. Despite many interventions seeking to rectify this lack of sexual interest, I was singularly unsuccessful in helping her to become more sexual. I seriously began to think she was one of those people whose libido was constitutionally

low. But then we had what seemed like a major breakthrough while examining projections imposed by her parents. Pearl observed that when she was beginning to develop sexually there was a period of time when she felt "special," desirable, and desiring. This was quickly squashed by her father's unenviable comparison of her body to other girls her age. It was this observation that made me think that projections imposed by her parents were the root cause of her asexual attitude. But when I suggested that she contemplate having these projections removed she balked. She saw her parents' projections as giving her grace and refinement. She was afraid that if we sought to remove the projections suppressing her sexuality all of her other projections would be removed as well, and there would be nothing left of her! Her fear was understandable given that she had never stopped cleaving to her parents, and remained closely bound to them as their primary caretaker. In effect, she had little opportunity, and seemingly little desire to develop other roles such as lover, mother, and/or spouse that might have mitigated her seeming lack of sexual desire. She did have a successful professional persona.

Following our initial discussion about removing projections, Pearl returned the following week having reflected on her reluctance. She believed her parents treated her as a hothouse artificial flower. In contrast she saw herself as a Shasta daisy, scruffy, hearty, adequate. I asked how she imagined herself as an animal? "Like a lizard. My parents would have seen me as like a dog, tractable, and controllable." At this point Pearl seemed willing to let Christ extract the projections imposed on her self-image by her parents, even though she believed it would require a gigantic shift in her self-image. But, suddenly, it is I who am most hesitant. Call it an intuitive leap, but I have the sudden thought that this client has reincarnationally 'chosen' her parents to insure she would be raised as an asexual person; that is, that she has 'chosen' her parents for karmic reasons. Their upbringing is expected to insure she remains essentially, and safely, asexual. For whatever reasons, she has needed to live an asexual life, one where even masturbation does not interest her. I confess the thought caught me off guard as it did her when I voiced it. But surprisingly, she was quite willing to explore it, so I explained the protocol of using a portal to enter a corridor filled with doors. She and Christ were to step through the portal and he would point out any door that might shed light on her asexual behavior in this life. The client stepped through the portal. Christ was on her left. The hallway was dark, but she was immediately aware of a door just to her right. "I can see the highlighted door; it is very bright, almost blinding. It is uncomfortably bright as I approach it. Christ beside me seems to balance the brightness, making it bearable, approachable. The door opens in…the visual sensations are too intense. It is impossible to imagine anything living in there. They would be burned." All this was unclear to me, but I suspected there was a lot she was leaving unsaid. All I could do was to remind Pearl that she needed to learn how all of this informed her current asexual reality. "It speaks to me of punishment, shameful exposure. At some point I was stripped naked and exposed to public ridicule. It is too bright as if I was in some kind of stock or being burned alive. I scandalized the community by my behavior. First there was punishment for scandalous sexual activity, then I think I may have been burned at the stake, or something like it." As I listened to her share what she was experiencing, and anguish with her, the thought that comes to me is 'crucified with Christ.' I have Pearl return to me as I struggle to formulate what I am thinking and feeling. I have the very real sense that Pearl – whether she is merely

imagining it, or actually reliving a past life – is experiencing a mortifying sense of shame, which has left her utterly defenseless and 'justifiably' denied her all access to love and forgiveness. This is what we might imagine was intended for Christ to feel on the cross, but did not. Unlike Pearl, *Christ was not crushed by the shame imposed by others.* As Christ said to the sinners on each side of him, "Believe in me and this day you will be with me in heaven." To be crucified alone, without recourse to a higher power, is to be crushed by shame. But to be 'crucified with Christ' defeats all the institutions and mores that seek to control us with shame. This understanding is opposite to what I was taught as a child. Then I was told that being crucified with Christ meant suffering as he suffered on the cross. But now I understood this much differently. Christ does not ask us to suffer as he did, but rather, to let him be present when we feel crucified (shamed) that he may help us live through it without being crushed by the shame. With all this in mind, I strongly encouraged Pearl to return to the scene of her ignoble shaming and ask Christ to shield her suffering self. This done, we quickly ended the session as we were running well over. Her parting comment was the thought that she would be forever changed by this recall.

Between sessions Pearl revisited this past life and learned more about it. Essentially, she was a beautifully developed woman who took pleasure in men lusting after her. She was not a prostitute, but aroused by the sensations of her own body being desired by others. She ended that life deeply shamed by the community and finally burned naked. Pearl felt purified by Christ's presence as if he walked her out of the flames, out of hell, into the light. At our next session she expressed a strong desire to integrate everything she had learned and to no longer be afraid of repetition. In the ensuing months she did not become more sexual; but she did become more interested in meeting others. Later in therapy she would also become more sexual. The interested reader is referred to Pearl's verbatim in Chapter VII.

Most therapists practicing past-life regression therapy would not see Christ's involvement as necessary. But frankly, what was most memorable for me about this session was my own newfound appreciation of what it means to be 'crucified with Christ.' This has become a teaching story for me, one I have shared with others with the client's permission. This client's whole life had been shaped by the conviction that her behavior was shamefully unforgivable and punishable onto death. Christ altered all of that. He helped her to bear the recall, to die and live with a love and forgiveness more powerful than any shame. Over the ensuing months, the power of her Christ consciousness became quite profound.

Other Uses of the Light

The list of applications described above is merely illustrative of the *Light's* many uses. Other applications are described throughout the book in conjunction with evoking the Christ image and the exploration of different kinds of authority. I trust readers are already contemplating ways of applying the *Light* in the context of their own theoretical and methodological approaches. Just about any kind of inner work can be accomplished

using the *Light*. Trance states, inherent in all forms of active imagination, may be the only effective, consciously directed, way of altering images, feelings, and beliefs that have their roots in the unconscious (aside from lucid dreaming). The *Light* appears to offer the individual a safe way of entering that state without foregoing conscious volition or being overwhelmed by unconscious content.

The Breath of Life

I frequently teach my clients basic breathing techniques in conjunction with using the *Light*. Several years ago I finally discovered what it means to breathe properly. When we inhale, the center of that breath needs to be about one inch below our belly button. For most people it is habitually located at the center of the chest or just below the sternum. We are a nation that seems to follow the drill sergeant's admonition of "stomach in, chest out!" But to the extent that we insist on following that admonition we are much more prone to anxiety, fear, shallow breathing, and a lot of unnecessary symptoms in old age.[54] Several authors, notably Hendricks,[55] Kabat-Zinn,[56] and Hanna,[57] have popularized the power of proper breathing. Their writings clearly describe methods for shifting from shallow chest breathing to abdominal breathing. I strongly encourage interested readers to review these texts. I mention them here because I have found abdominal breathing a valuable adjunct when using the *Light*. If a client habitually breathes from the chest rather than using his or her abdominal muscles, I will strongly encourage them to practice the exercises offered by Hendricks, Kabat-Zinn, or Hanna. In addition, whenever clients go inside I pay special attention to their breathing. During periods when they are likely grappling with difficult issues, I repeatedly have them focus on proper breathing as a way of calming themselves.

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[1] Erickson, M.H. and Rossi, E.L.(1979), *Hypnotherapy: An Exploratory Casebook*, Irvington Publishers, Inc: New York.

[2] The interested reader is referred to Bandler and Grinder for a description of these differences and how to assess them. Bandler, R. & Grinder, J. (1979), *Frogs Into Princes*, Real People Press: California.

[3] Shorr, J.(1972), *Psycho-imaginative Therapy*, Intercontinental Medical Book Corp: New York.

[4] Hannah, B. (1981), Encounters with the Soul: Active Imagination as Developed by C.J. Jung, Sigo Press: Boston.

[5] Johnson, R.A. (1986), Inner Work: Using Dreams and Active Imagination for Personal Growth, Harper & Row: San Francisco.

[6] Perls, F.S. (1969), *Gestalt Therapy Verbatim*, Real People Press: California.

[7] Bandler, R. & Grinder. J. (1975), *The Structure of Magic: a Book About Language and Therapy*, Science & Behavior Books: Palo Alto, Calif.

[8] See Haley J. (1973), *Uncommon Therapy: The Psychiatric Techniques of Milton H. Erikson*, M.D., Ballantine Books, New York; and Rossi, E.L. and Cheek, D.(1988), *Mind-Body Therapy: Method of Ideodynamic Healing in Hypnosis*, W.W. Norton & Co: New York.

[9] I once heard a dentist comment on the *audacity* of his eighteen-year-old self deciding to become a dentist, which decision had governed much of his adult life; and yet as children and adolescents we make many such decisions that significantly shape the rest of our lives.

[10] See Haley J. (1973), *Uncommon Therapy: The Psychiatric Techniques of Milton H. Erikson*, M.D., Ballantine Books: New York.

[11] Rossi, E.L. (1986), *The Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis*, W.W. Norton & Co: New York.

[12] Bandler, R., & Grinder, J. (1979), *Frogs Into Princes*, Real People Press: Calif.

[13] In Chapter VIII I discuss a notable exception to this rule. Often, when some part of a client's self is convicted with the power of the Holy Spirit, I find it advisable to give the experience a respectful space of time.

[14] Rossi, E.L. & Cheek, D. (1988), *Mind-Body Therapy: Methods of Ideodynamic Healing in Hypnosis*. W.W. Norton & Co.: New York.

[15] The following sources will introduce the reader to basic concepts of transference and counter-transference: Hall, C.S. (1954), *A Primer of Freudian Psychology*, The World Publishing Company: New York; and Leites, N. (1979), *Interpreting Transference*, Norton: New York.

[16] See Matt. 7:3-5: "Why do you see the speck in your neighbor's eye, but do not notice the log in your own eye? Or how can you say to your neighbor, 'Let me take the speck out of your eye', while the log is in your own eye? You hypocrite, first take the log out of your own eye, and then you will see clearly to take the speck out of your neighbor's eye."

[17] Robert Johnson offers one of the more sensitive descriptions of this process and the role played by animus and anima - the masculine and feminine principles, which Jung considered central to the process. See Johnson, R. (1983), *We: Understanding The Psychology of Romantic Love*, Harper & Row: San Francisco.

[18] Modi, S. (1997), *Remarkable Healings: A Psychiatrist Discovers Unsuspected Roots of Mental and Physical Illness*, Hampton Roads: Charlottesville, VA.

[19] Slate, J.H. (2005), *Beyond Reincarnation: Experience Your Past Lives and Lives Between Lives*, Llewellyn Publications: Woodbury, MI.

[20] Linn, D., Linn, S., & Linn, M. (1997), *Don't Forgive Too Soon: Extending the Two Hands That Heal*, Paulist Press: New York.

[21] This process described here was originally developed to contain and access alter personalities. First the alter is contained in a circle and then a portion of the Light is extended to it. This protocol greatly reduces the incidences of alters overwhelming the

primary personality since it provides a process for communication that does not require their "coming out".

[22] Sanford, J.A. (1981), *Evil: The Shadow Side of Reality*, Crossroad: New York.

[23] Johnson, R.A. (1991), *Owning Your Own Shadow: Understanding the Dark Side of the Psyche*, Harper & Row: San Francisco.

[24] Note, the counselor should never interrupt a cathartic memory unless they are working with a multiple personality and sense that the recall may involve several alters over a prolonged period of time. In that case it may well take several sessions to recover all parts of the memory even if most of each session is spent in active recovery.

[25] Gendlin, E.T. (1981), *Focusing*, Bantam Books: New York.

[26] Hendricks, G. & Hendricks, K. (1993), At the Speed of Life: a New Approach to Personal Change Through Body-Centered Therapy, Bantam: New York.

[27] Shorr, J. (1972), *Psycho-imaginative Therapy*, Intercontinental Medical Book Corp: New York.

[28] Crabtree, A. (1985), *Multiple Man*, Praeger: New York.

[29] In the early days of this work I had the client ask Christ to bind and remove such autonomous emotions. Today, I simply ask him to turn them into pure white light and return them to the source of light.

[30] Brigham, D.D. (1994), *Imagery for Getting Well: Clinical Applications of Behavioral Medicine*, W.W. Norton & Co: New York.

[31] Rossi, E.L. (1986), *The Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis*, W.W. Norton & Co: New York.

[32] Siegel, B. (1989), *Peace, Love and Healing: Bodymind Communication and the Path to Self-Healing: An Exploration*, Harper & Row, New York.

[33] Mindell, A. (1982), *Dreambody: The Body's Role in Revealing the Self*, Sigo Press: Boston.

[34] Lowen, A. (1980), *Fear of Life*, MacMillan: New York.

[35] Perls, F.S. (1969), *Gestalt Therapy Verbatim*. Real People Press: California.

[36] Dossey, L. (1993), *Healing Words: The Power of Prayer and the Practice of Medicine*, Harper: San Francisco.

[37] Rossi, E.L. and Cheek, D. (1988), *Mind-Body Therapy: Method of Ideodynamic Healing in Hypnosis*, W.W. Norton & Co., New York.

[38] Upledger, J.E. (1991), *Your Inner Physician and You: Cranio-Sacral Therapy and Somato Emotional Release*, North Atlantic Books: Berkeley, Calif.

[39] Rossi, E.L. and Cheek, D. (1988), *Mind-Body Therapy: Method of Ideodynamic Healing in Hypnosis*, W.W. Norton & Co., New York.

[40] Mindell, A. (1982), *Dreambody: The Body's Role in Revealing the Self*, Sigo Press, Boston.

[41] Hannah, B. (1981), *Encounters with the Soul: Active Imagination as Developed by C.J. Jung*, Sigo Press, Boston.

[42] Delaney, G. (1988), *Living Your Dreams*, Harper & Row: San Francisco.

[43] LaBerge, S. (1985), *Lucid Dreaming*, Ballantine Books: New York.

[44] Rossi, E.L. (1986), *The Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis*, W.W. Norton & Co: New York.

[45] In Chapters VII and VIII I examine the work of Peter Levine, a body therapist, who has developed a very workable thesis addressing what he calls *shock trauma.* See Levine, P.A. & Frederick, A. (1997), *Waking the Tiger*, North Atlantic Books.

[46] I have worked extensively with a client diagnosed with Asperger's Syndrome. We finally identified a self called the Observer – a disembodied presence that effectively resisted all my efforts to reconnect it with a sensate body. The Observer appeared to be a characterological function rather than the result of a traumatic event. But he is a notable exception. With just about anyone else, depersonalization seems to be the result of trauma and it is possible to reintegrate a depersonalized self with their sensate body.

[47] Johnson, R. (1985), *We: Understanding The Psychology of Romantic Love*, Harper: San Francisco.

[48] This is a good word but not frequently used. Its meaning is very apropos of the idea that emotions generate and sustain trauma. Initially it referred to purgation or vomiting as a way of dispelling noxious emotion, feelings, smells, etc. Eventually it evolved to mean a purification or purgation of the emotions (as pity and fear) primarily through art; it can also refer to a purification or purgation that brings about spiritual renewal or release from tension; and finally it refers to the elimination of a complex - an emotionally charged memory, by bringing it to consciousness and affording it expression.

[49] This disorder is now identified as the Dissociative Personality Disorder. See DSM-IV. I continue to use the older nomenclature because it is still more commonly associated with the characteristics of the disorder; and because, frankly, I am concerned that the name changes are an effort to stick this phenomenon under the rug as was the case at the turn of the last century.

[50] Dr. Miller, a German analyst has amply described cultural denial in several of her books. See Miller, A. (1991), *Banished Knowledge*, Anchor Books/Doubleday: New York.

[51] Under hypnosis it is possible for ego-aspects to assume alter-like qualities if they are asked to respond in the first person. However, in *Light* therapy that is rarely the case since the alter is generally contained and what they say is reported by the alter who has contained them. The reader is referred to the inner dialogue technique used by Hal and Sidra Stone, which does encourage first person dialogues with various aspects. See Stone,

H. & Stone, S. (1993), *Embracing Your Inner Critic: Turning Self-criticisms into a Creative Asset*, Harper: San Francisco.

[52] The only other cases of abuse that I have encountered, that approximate the severity of MPD, have been clients with severe, multiple, chronic illnesses and somatic complaints which appear to function as 'containers' of the abuse.

[53] See MacGregor, G. (1978), *Reincarnation in Christianity: A New Vision of the Role of Rebirth in Christian Thought*, The Theosophical Publishing House: Wheaton, IL.

[54] Without question Thomas Hanna has written one of the best books on this subject for people over 40. See Hanna, T. (1988), *Somatics*, Addison-Wesley Publishing Co.: New York.

[55] Hendricks, G. & Hendricks, K. (1993), *At the Speed of Life*, Bantam: New York.

[56] Kabat-Zinn, J. (1990), *Full Catastrophe Living*, Dell Publishing: New York.

[57] Hanna, T, (1988), op. cit.