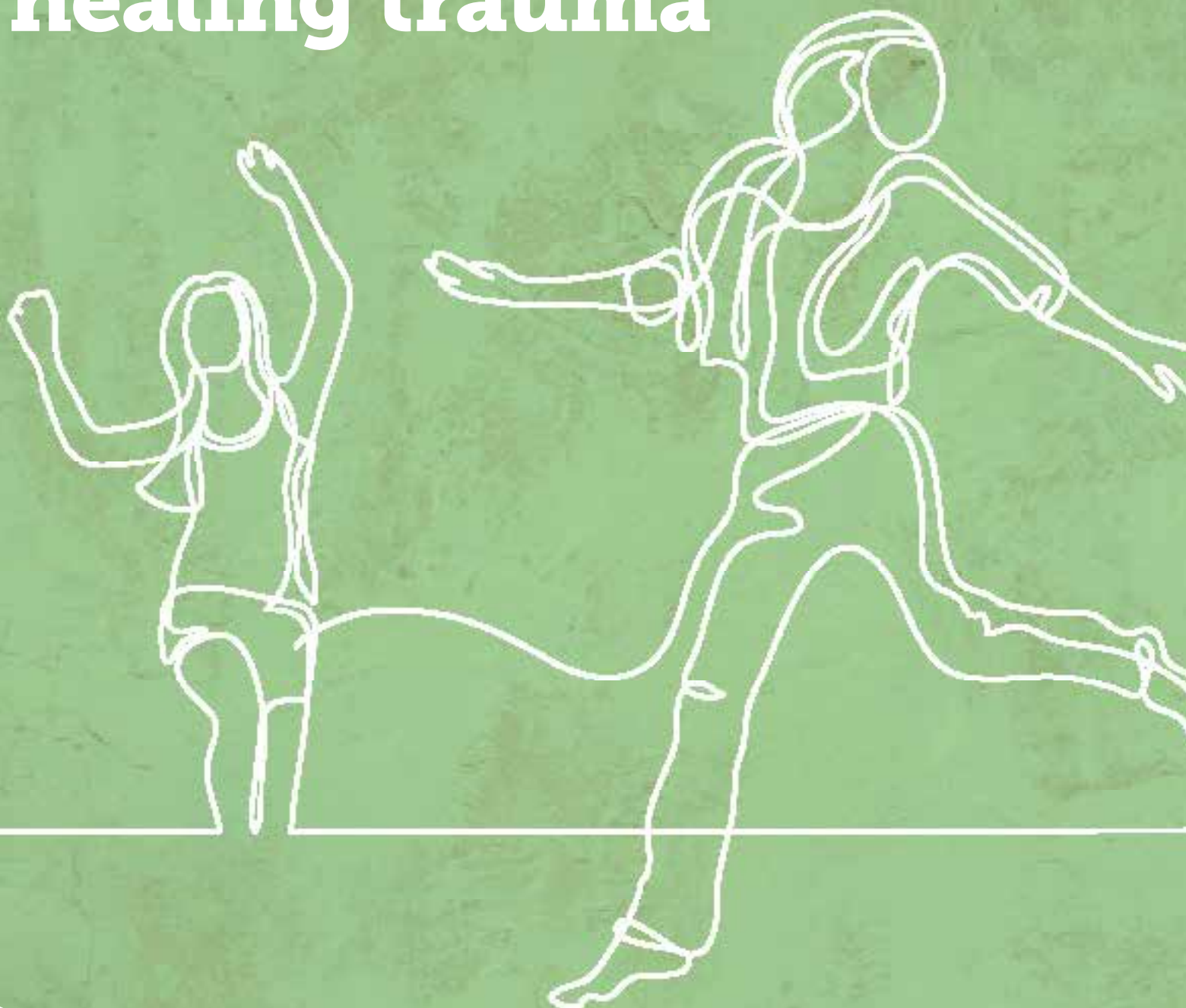


Embodied spirituality – a psycho-spiritual approach to healing trauma





Biggi Hofmann and Juanita Puddifoot describe how to ground spiritual resources in the therapeutic setting

We decided to write this article after inspiring explorations of similarities and differences in the methods of deep memory process (DMP) and psychodrama psychotherapy, and how both approaches use spirituality to support and enable clients in processing their traumas. We agree with CG Jung, the Swiss psychiatrist, that as psychotherapists we need to be open to a transpersonal dimension far deeper than our personal egos if we want to help ourselves and our clients working through existential realities: ‘...threat of pain and destruction, of fate and death, of guilt for actions taken or not taken, of loss of identity, of isolation, or of meaningless and despair’.¹ Other pioneering psychologists (Roberto Assagioli, James Bugental, Abraham Maslow, Ken Wilber and Stanislav Grof) have explored the importance of spiritual experiences, psychological recovery and wellbeing, and argue that ‘individuals are part of and rooted in a greater life, being awareness and... power which Jung called the Self’. Wittine argues that reference to the Self is found in all the world’s greatest religious traditions, using cryptic symbols for the deeper centre of being and awareness.¹

DMP was developed by Roger Woolger, a Jungian psychotherapist, who combined Jungian active imagination with inspiration from Reichian body awareness in a vivid psychodramatic replay of internal unconscious issues. DMP gives embodiment and lived experience through psychodrama and body work,

with shamanic/spirit journeying and integration between lifetimes derived from the Buddhist *bardo* wisdom of *The Tibetan Book of the Dead*, about death and transition.²

Psychodrama psychotherapy is primarily a method of group psychotherapy, grounded in spirituality, although action methods are increasingly used in individual therapy. JL Moreno, the creator of psychodrama, noted the importance of spirituality. He saw the method as a healing theatre, and humans as cosmic beings with a divine spark at their core, which he called the godhead – a divine resource for personal power and creativity. Psychodrama incorporates group dynamics, role theory, experiential methods and sociometry to assist insight, healing and integration.³

Though DMP is used to work with clients’ issues from their current life, part of the range of techniques is working with certain residues that would generally be called fantasy figures in classical psychotherapy. In DMP these can also be seen as being part of the client’s soul wounds: remnants of unfinished business from their past lives. This can also involve working with influences from ancestral energies, and, in some cases, certain energetic character attachments are viewed as spirits, which are a completely separate consciousness from the clients, and are part of the wider collective unconscious; whereas, in psychodrama, all aspects of the drama are seen as part of the protagonist. Rowan comments on spirit attachments: ‘By taking them seriously and offering ways of working with them, the transpersonal therapist



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has a much better chance of meeting such challenges than a therapist who dismisses such things as unreal and quite illusory. At the subtle level of consciousness, it is very rarely that the question “is it true?” produces good results.⁴

In both approaches, the story is created in the ‘here and now’ to reconnect with memories ‘as if’ they are happening now, and to increase spontaneity. Both methods use props to enable physical connection and evoke unconscious thinking, emotions and actions. They are also both grounded in spirituality, using active imagination/dramatic action to assist expressions of unfinished impulses and allow corrective experiences with the help of spiritual support/roles of restoration. Simultaneously, DMP and psychodrama facilitate the process of trauma and integration, using different techniques. Every part of the body can, when given the space and time, express the opposing layers of a client’s internal conflict. The legs may want to run, kick and scream, the arms and hands may have something else to say, the chest may feel differently and the head may think

something else. Woolger writes: ‘Fritz Perls, the originator of gestalt therapy, felt inspired by Wilhelm Reich’s body work and Moreno’s psychodrama. [and] saw clearly: that there are all kinds of monologues, dialogues, and conversations going on in different and often opposing segments or parts of our bodies. The complexes, to switch to Jungian terminology, speak in and through our bodies if we are prepared to give them ear; we are the embodiment of the totality of our complexes.’⁵

Psychodrama session

In one of the sessions in an ongoing psychodrama group, the selected protagonist/client, I call her Fran, wants to find some peace in her despairing heart that was yearning for her son, who died by suicide, aged 15, four years ago. She chooses a small, red teddy that had the writing, ‘I love you’ on his chest, to be her heart. Giving her heart a voice, she expresses her despair: the only reason why she is still on this earth is to be there for her other children; she says how much she misses him and longs to give him a hug. She chooses a group member to hold the role of the heart, and the

member gave back the words she had spoken in role. Listening to her heart, she realises she needs to speak to her son, I call him Andy, represented by a group member. In surplus reality, while holding her red, soft and fragile heart/teddy, she tells Andy: ‘I love you so much and find the pain in my heart unbearable when I see the flashbacks of not being able to find you after you had gone missing, and the images when paramedics tried to resuscitate you.’ She realises that only Andy could give her heart some healing, and asks him to hold it. In the role of her son, the member takes her heart and holds it close to his heart, stroking it and speaking softly: ‘I am so sorry. I never meant to hurt you. We had great times together, and could laugh about the same things; our sense of humour was similar.’ He recalls the laughter and loving moments they had together. Being back as herself, listening to Andy’s words and seeing him holding her heart close to his heart, she notes: ‘The feelings of despair and pain are easing, my heart wound seems to no longer be bleeding.’ Before parting, Andy gently gives her back the heart and, while both are hugging, Fran lets her tears flow. At the end of her vignette, she shares feeling lighter and more peaceful, her heart filled with her son’s warm and positive energy and loving memories. She realises that in the encounter with her son, he taught her to recall all the positive heart-filled memories with him, his laughter and humour, instead of the final horrific moments, to allow the sense of peace to grow in her heart.

DMP session

During a five-day DMP training residential, a group is focusing on the physical body as an induction exercise, to explore suppressed beliefs, emotions and thoughts in the unconscious. A group participant, Sarah, married and in her 50s, wants to work on her physical numbness, which she experiences during the exercise. Three particular body areas come to her attention: ‘I had tension in my shoulders, stomach and genital area and want to focus on my genitals because this area is extremely cold and totally numb. It is as if I buried that feeling that belongs to that area under tons of ice.’ She goes on to explain: ‘It’s as if I will never want to feel them (genitals) again; it is something



about that area that experienced so much pain, that I never wanted to feel it again.' Focusing on this area of the body, an image surfaces of a scene in which a young woman is being dragged to a barn, tied up and raped by several men as a form of punishment, then is tortured with hot pokers, then finally dies in terrible physical pain, feeling humiliated and alone. The theme of Sarah's imagined story is held in and around the genital area and experienced as physical numbness as the surface awareness. Woven throughout Sarah's 'past life story' are the repeating scenes of sexual abuse beginning in childhood, the loss of security in her parents dying, and reoccurring domination by others, including the final acts of rape and the torture to her genitals, leading to her death. Sarah's transforming part of the story begins at the scene of the character's death and then continues afterwards into the 'bardo realm', described by the Tibetan Buddhist tradition as the vibrational state where the spirit goes after death. The spirit of the woman is still carrying huge feelings of loneliness and shame, so she is guided to look back at her dead body and describe what her spirit does next. She decides to comfort and stay with her body and keep it company.

“Every part of the body can, when given the space and time, express the opposing layers of a client's internal conflict”



What follows is a dialogue with the woman character to facilitate a level of acceptance that she is dead and her life story is over. This begins Sarah's process of dissolving her frozen underlying pattern: the character of the woman requests a bear and tiger to be with her, to give her the strength to face her perpetrators in the story. She chooses loving ancestors and spiritual healers to help her heal her body, to wash, clean, sew and bandage it. She also brings in spiritual figures to help free herself from being tied up with ropes. Looking back at this woman character's life, her parents died when she was a child, and the family who took her in did nothing to protect her when the father repeatedly raped her. With support and encouragement, she expresses her anger, her thoughts and feelings towards her parents, using cushions to hit and shout; following this release, she wishes to reconnect with her desire for love and need for physical closeness. She hugs her parents (cushions) and releases her tears and sadness about losing them. Finally, she verbalises her desire for her parents' continuing love and company in the spirit realm. The result of the session in Sarah's life today, after exploring and releasing the numbness held unconsciously in the genital area, helped bring about change: to be able to have sexual intimacy with her husband and enabling herself to have sexual desires.

Discussion

The term 'surplus reality' was coined by Jacob Moreno, the founder of psychodrama, and described by his wife Zerka as a 'timeless and spaceless realm' where cosmic powers unfold.⁶ It is seen as one of the most vital, curative and mysterious elements of psychodrama and therefore one of the most powerful techniques, exploring significant moments in action, with the help of identified 'interpersonal and transpersonal strengths'.⁷ The cathartic process of being able to express concealed thoughts and feelings through action in the 'as ifness', allows the client to express unfinished impulses and consequently create a corrective experience and gain feelings of inner peace, hope, integration and connectedness with different parts of the self, leading to greater empowerment.

As we have demonstrated, in both methods, surplus reality enabled each main character to draw on spiritual support. In the psychodrama session this is experienced when Fran chose her late son as a transpersonal strength with whom she had an encounter in the 'as-iffness' of the here and now. She was also enabled to have a cathartic process by verbalising her pain and struggle around his loss, and by expressing her tears when both embraced. In the DMP session, the unfolding story of the woman character was also staged in surplus reality/*bardo* in the here and now, where she chose transpersonal strengths in the form of loving ancestors and spiritual healers to help heal and free her. This visionary support enabled the character to express her suppressed physical and emotional anger and freed the body to complete the unfinished impulses, such as running from and pushing away the attackers. Subsequently, both main characters were facilitated to have a corrective experience following their catharsis; Fran was able to psychodramatically reconnect and converse with her late son and experience the soothing and healing energy her heart was longing for, as well as having a physical embrace. The woman character in DMP experienced for the first time loving and physical closeness with her parents.

Roger Woolger points out that instead of calling the story a 'past life': 'the fantasies can be simply treated as if they were real for the purpose of the therapeutic session

as did Perls in his Gestalt therapy'.⁵ For those therapists who require psychological terminology, Woolger reassures us that these stories 'resemble dreams, waking fantasies and the fictional material produced by dramatists, artists, writers and visionaries. These stories of the journey of the soul, provide a richness of the psychological content, such as death, spirit visions of the afterlife, wisdom and healing from forces beyond our normal everyday self that enable shifts in perception, integration, peace and inner healing.'⁵

In both DMP and psychodrama, it is important to emphasise what Rowan encourages therapists to do: 'Let the imagination flow where it will, let the experience develop without trying to determine in advance what is going to happen, what is going to be said, what is going to be done. We must be willing to engage in real dialogue. This is sometimes not easy: if the client has something which he or she sees as weakness, a defect, a terrible obstruction to a productive life, it is hard not to approach that part as the enemy. But in active imagination it is important to listen to that 'inferior' being as though he or she were the voice of wisdom. Sometimes these figures from the unconscious may be very powerful, especially if they come as archetypal images from the collective unconscious.'⁴

In both methods, it is important to use transpersonal resources of imagery of power animals, spiritual teachers, loving ancestors or any other personal higher

powers; these resources have particular attributes, strengths, wisdom and influence that are far greater than the client's and the character's own abilities to transform the pattern of powerlessness and suffering.

The use of props in DMP and psychodrama is intended to give physicality to the experienced figures or objects. Fran chose a small, red teddy to concretise and externalise her heart. In Sarah's story of the woman character, the use of cushions gave body to the experienced figures of power animals, enemies and parents. In DMP, the focus is at the level of the story which outlines any physical impediment; these are important indications of what the therapist needs to help transform to enable the character/client and especially the body to have a physical sense of release and freedom.

Conclusion

Psychodrama and DMP are powerful approaches that use spirituality to facilitate change and healing. Both enable and assist the expression of the unconscious, which is seen as a rich and creative source for transformation and integration when working with trauma. By using the framework of fantasy, grounding this in the now, and providing a physicality to the experience, both methods seek to enable the client to gain a transpersonal sense of wholeness on all levels: mental, emotional, physical and spiritual.

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Biographies

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