

# Daimonic Illness

Guy Dargert

'And when all the souls had made their choices they went before Lachesis in the order of their lots, and she allotted to each of them its chosen Guardian Angel, to guide it through life and fulfil its choice.'

Plato 'The Myth of Er'

Plato is sometimes called the 'father of Western philosophy'. I believe it can be important and productive to look deeply into our roots. By examining our core assumptions about who and what we are we may perhaps find a point for radical renewal of our sense of self.

In common with many contemporary cultures the ancient Greeks believed in reincarnation. In the 'Myth of Er' Plato gives a brief but informative account of life between incarnations. Specifically he refers to the *Guardian Angel* which is also sometimes translated as 'daimon'. According to the myth we are each of us offered a degree of choice in the between-world about what kind of life we wish to have in our next incarnation. Depending on our degree of spiritual maturity we may choose wisely or foolishly, but we are responsible for making a choice. Before entering incarnation, however, we are obliged to drink from the waters of *Lethe*, or the *River of Forgetfulness*.

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We might imagine that were we to know our destiny in advance we would be hindered in our ability to respond and grow from the experiences we encounter in life. In the 1970's I attended a lecture by the Jungian analyst Gerhard Adler who reported an experience of having had a luminous dream in which he saw the entire course of his life, only to forget the specific contents of the dream upon waking. Such knowledge, he reckoned, would be too weighty to bear in daily life.

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Although the myth says we choose our Guardian Angel, it is also made clear that it is a separate entity. The angel is not a part of us. Its purpose, for the duration of this incarnation, is to act as a personal guide and reminder of our life's purpose. It was there before we entered into this life and, though we are not told so in the myth, we might suppose that it lives on after we have parted from our bodies.

The Greeks were comfortable with the idea that there is a whole dimension of reality which cannot be adequately described as either physical or spiritual. It was known as the '*daimonic*'. The gods and goddesses of Greece were thought to interact, occasionally to lust after, and to fall in love with mortals. The landscape was thought to be filled with animating spirits which could be helpful, hindering or neutral. There was thought to be a lively traffic between the world of flesh and blood mortals and the immortal world of the gods. The daimonic realm was the bridge between them.

With the coming of the Christian era and its gradually growing intolerance, the '*daimonic*' became known as the '*demonic*'. The Christians came to feel that there was only one true intermediary between the worlds and that all other contenders for this role were perilous distractions. Pan, the goat footed Greek god of the woodlands, is said to have 'died' at the time of Christ's birth, only to eventually reemerge as the cloven footed Christian devil.

In our own time we might say that our predominant 'myth' is that of scientific rationalism. We believe reality to be that which is tangible or can be made

so. If it can be demonstrated, measured, quantified or verified then it is real. We allow also for subjective realities though these clearly have an inferior status. Many believe that even such overwhelming realities as love and religious experience can be explained by brain chemistry. We can create imitations of these experiences by the actions of MDMA or LSD. In recent years we have learned that observable genetic conditions can contribute to subjective states as varied as criminal behaviour or sexual preference. A July 2003 edition of the *Guardian* reports the discovery of a genetic element in the propensity to experience depression. We are told that a 'short version of the 5-HTT gene' makes subjects 33% more likely to become depressed.

Under the weight of our history, how does the daimon make its voice heard in today's world? Our culture has no conception of the daimonic as anything more than a figment of the subjective imagination. Furthermore we suspect that subjectivity itself may simply be a byproduct of genetics and biochemical processes. Should we succeed in breaking through these modern, recently acquired views we may then plunge into a medieval mindset of diabolical influences. If the daimon wishes to perform its task of guiding

and reminding us of our life's purpose where would it, where could it begin?

I suggest that there are three main areas where we may encounter the voice of the daimon. These are; firstly, in the 'inner' world of the imagination through dreams, visions, shamanic journeys, guided visualisations, Jungian active imagination etc. Secondly in the metaphorical aspects of the body. These might include physical sensations and abilities but most specifically in the occurrence of physical accidents and illnesses. Thirdly; in the outer world. The daimon's voice may be 'heard' in the accidents, co-incidences, chance meetings, overheard conversations, the sense of being in the right place at the right time or the reverse of this. These three areas correspond with what C.G. Jung describes as the three stages of the alchemical union. I want now to focus on how the daimonic may be experienced in the body, specifically in relation to physical illness.

In 1923 Georg Groddeck published a book on the nature of physical symptoms and disease called *The Book of the It*. Freud admired and was influenced by Groddeck to the extent that he claimed to 'follow' him in developing his own concept of the 'it' (or 'id' as it is generally rendered into English). In actual fact, Freud and Groddeck differed significantly in what they understood by the It. Freud's id refers in general to 'whatever in our nature is impersonal'. For Groddeck the It is a more mystical concept that refers to the whole of our being. It is 'the sum total of an individual human being, physical, mental and spiritual, the

organism with all its forces, the microcosmos, the universe which is a man'. Our conscious and personal self is a part of Groddeck's It. He proposes that symptoms and disease arise from the It. In other words Groddeck suggests that we are complicit but not responsible for our diseases and symptoms.

This is an important distinction. For Freud symptoms are the result of a conflict between two parts of the psyche, the ego and the id (or 'it'). He is famed to have said 'Where id was there shall ego be'. The Freudian view implies that we might expect symptoms to disappear when the ego comes to terms with the instinctual forces of the id. Psychoanalysis evolved as a branch of Western medicine applicable to those illnesses which were not physical in origin. Symptoms are not thought to be significant in themselves. Their value is that they point to underlying morbid conditions which, if properly understood, can be treated and cured. For Groddeck symptoms and disease are built into human nature. They come from the indefinable It which is all of what we are, both known and unknown. Illness and symptoms are an unavoidable part of being human. As such, we might say, they are a part of health. In the Freudian model the emphasis is on the expanding ego which finds ways to express rather than repress the energies of the id. In Groddeck there is more emphasis on opening to the larger perspective of the It.

To a patient with a cold, Groddeck might have said:

'Why have you a nose? To smell with, he replies. So I say, Your It has given you a cold in order that

you shall not smell something or other. Find out what it is you are not to smell. And now and again the patient will actually find out some smell which he wants to escape, and you need not believe it, but I do - when he has found it, the cold disappears.'

The It is attributed with a certain deliberate intent. The illness (the cold) is simply a means of producing the symptom (the blocked nose). Groddeck breaks with medical tradition. The symptom is not a mere pointer to an underlying problem that needs to be addressed with a treatment. Instead the emphasis is on the significance of the symptom. His model is neither combative nor ego centred. It is not a question of health versus illness, or of ego and id in conflict. The British pharmaceutical company Glaxo-SmithKline advertises their Beechams brand with such slogans as 'Fight back against colds and flu', 'The enemy and us', 'The power to fight back'. Americans spend some \$3.5 billion annually on over the counter remedies for coughs and colds. This is despite the fact that most colds clear up naturally in about a week without treatment of any sort. It seems we have quite a big resistance to the voice of the It, if such it be.

It is interesting too, that Groddeck imagines the It has provided a symptom in order that the person may *not* be aware of something. Yet at the same time the symptom performs the function of drawing attention to the fact that something is being denied. Furthermore the kind symptom offers a metaphor to the nature of what is not being experienced directly. Instead

of a conflict between a repressive ego and a content pressing for inclusion in consciousness, we are dealing with an It that is paradoxical. We have choice. We can bring on the Beechams and ally ourselves with the It's apparent desire to disguise our experience, or we can regard the symptom as a pointer to a fuller consciousness.

The It is neither me nor 'not me'. It is *both* me *and* not me. This paradoxical quality of the It puts it in accord with the writer Patrick Harpur's description of daimons as 'paradoxical beings, both good and bad, benign and frightening, guiding and warning, protecting and maddening.' It puts it in harmony too with concepts such as Jung's 'self' which depending on how we relate to it can lead to madness or enlightenment; or to the two sided Buddhist deities which can be experienced as peaceful or wrathful depending on how we approach them.

Groddeck showed how symptoms and illness can point to something greater than what we know of ourselves and act as a bridge to the 'universe which is a man'. Despite his originality and pioneering approach his work is often ignored. This could in part be due to his informal style, his 'adoption' by Freud, his own interest and support for psychoanalysis, or to the growing developments in pharmaceuticals which promised quicker and easier 'solutions' to health problems than those afforded by patient inquiry and understanding.

Frederick Perls's 1947 book *Ego, Hunger and Aggression* is a case in point. Despite the fact that Perls offers much useful insight into the metaphorical

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dimensions of symptoms and illness, there are only two passing references to Groddeck. In one of these he does not distinguish between Freud's id and Groddeck's It, but dismisses them both together (along with Jung's collective unconscious) as concepts suited to those who 'were not yet strong enough to take sufficient responsibility for themselves'. Perls makes it clear that he has little interest in a term such as 'soul'. To him this equates with 'the sum of emotions'. The idea that there might be life beyond the body he describes as 'comforting' and as an 'absurdity'. He regards such an idea as an extreme in what he calls the 'artificial split of the organism into body and soul'.

He insists that 'Body and soul are identical...; the words "body" and "soul" denote two aspects of the same thing.' This pragmatic existential philosophy has a strange resonance with the words of the mystic poet William Blake who said 'Man has no Body distinct from his Soul; for that call'd Body is a portion of Soul discern'd by the five Senses, the chief inlets of Soul in this age.' The result of Perls' holistic philosophy is a deep respect for the symptoms of the body as a manifestation of the soul even though Perls seems to find it 'absurd' that there could be a portion

of the soul which is unavailable to the senses. He says;

'Melancholia, for instance, shows (among others) two symptoms: a thickening of the bile juices ("melancholia" means black gall) and a deep sadness. The man who believes in organic foundation will say: "Because the gall of this person flows thickly, he feels sad." The psychologist maintains: "The depressing experiences and mood of this patient thickens the flow of his gall." Both symptoms, however, are not linked as cause and effect - they are two manifestations of one occurrence.'

The symptoms do not point to anything. 'Thick bile' is sadness. Sadness is thick bile; just like the word 'melancholia' says. Neither the 'man who believes in the organic foundation' or the psychologist in Perls' example sees the complete gestalt. Both put their chosen frame of reference in the foreground and allow the other's standpoint to fall into the background. When working with physical symptoms the task is to complete the gestalt by looking for its emotional or 'soul' dimension. Perls gives many fascinating examples of how this process happens. He shows a remarkable imagination for the metaphors of the body with specific interest in aggression, hunger and the digestive system. He explores metaphors of choice of food, biting, chewing, eating, swallowing, etc, through to eliminating. All the while he bears in mind the background of how we deal with the inner world of emotions and thought. He shows how the kinds of physical complaints and illness that affect us correlate to the

way that we handle our 'inner' worlds. 'Body' and 'soul' denote two aspects of the same thing'.

Furthermore Perls takes us deeper into the world. He sees that the organismic process (which includes what he has called body and soul) is related to the environment. Symptoms are not just 'our' symptoms but they represent the organism's response to conditions beyond itself.

'Is the organism the primary factor and is the world created by its needs?' he asks, 'Or is there primarily a world to which the organism responds? Both views are correct *in toto*. They are by no means contradictions: actions and reactions are interwoven.'

Symptoms and disease have something to say not only about our physical and psychological condition but also about the physical and psychological condition of world in which they and we occur. To work with a physical symptom then, is to work with the psyche *and* to work with the world.

Perls' inclusiveness breaks down badly when it comes to matters of spirit. He is a phenomenologist who wishes to dissolve dualities into paradoxical whole *gestalts*. He seems unable to grasp that phenomena themselves are also half of a duality, the other half of which is spirit. This is well explored in Eastern mysticism. The Buddhist *Heart Sutra* for example speaks in terms of 'form' and 'emptiness' rather than phenomena and spirit. It says;

'Form is no other than emptiness  
Emptiness no other than form.  
Form is only emptiness  
Emptiness only form.'

Were he able to make a statement to the effect that 'these are by no means contradictions ... form and emptiness are interwoven ...etc', Perls would then be in touch with the daimonic aspect of illness. Symptoms would then not only have something essential to say about a person's emotional life and about world in which the person developed their illness, it would also express spirit, meaning and life purpose such as Plato describes.

The influential work of Louise Hay has familiarised many people today with the idea that physical illness may be more than just physical in origin. Since 1976 her courses, books and tapes have contributed to raising public awareness and popularising this way of thinking. She teaches that our psychological and spiritual state are also relevant to our health. She has shown how the nature of our symptoms might be meaningful and worth considering.

She totally fulfills Perls' injunction to 'take sufficient responsibility for oneself' while at the same time promoting the idea that there is a spiritual dimension to illness. She uncompromisingly declares that the first point of her philosophy is that 'We are each 100 % responsible for all our experiences'. This includes *deciding* to incarnate at particular points in time and space, *choosing* our parents and *selecting* our birth defects. At the same time she speaks of a *Divine Infinite Intelligence* which she believes can be 'channeled'.

She believes that 'all diseases come from a state of unforgiveness' and that we must aim to 'approve of ourselves exactly the way we are' in order to

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release negative patterns which she thinks create disease. With sufficient repetition and belief in the positive life affirming 'affirmations,' healthy patterns can be established. These in turn will help to channel the healing force Divine Infinite Intelligence. The specifics of our physical symptoms provide an indication of what 'metaphysical causations' were at work to produce them, and what patterns need to be released and replaced with positive patterns. Her questioning of a symptom related to the nose for example would be somewhat in line with that of Groddeck. She might consider issues of 'intuition' - i.e. the ability to sniff things out. She might encourage someone with a problem in this body part to affirm 'I recognise my own intuitive ability.' Her aim is reconnect with a lost early state of loving innocence. She says;

'When you were a tiny baby you were pure joy and love. You knew how important you were, you felt you were the centre of the universe. You had such courage, you asked for what you wanted, and you expressed all your feelings openly. You loved yourself totally, every part of your body including your feces. You knew you were perfect. And that is the truth of your being. All the rest is learned nonsense and can be unlearned.'

Hay describes the infant as a magical child; a soul that is so in touch with instinct and with the universe that its guileless actions somehow accord harmoniously with situations in ways which the sophisticated mind cannot fathom. While this is undoubtedly an aspect of early life, her picture is idealised and incomplete. She doesn't draw attention to the rages and terrors which are every bit as much in evidence at this stage of life as is joyousness and love. Indeed if we were to be influenced by a writer such as Melanie Klein we might suspect that infants are subject to a range of dark mental states. The omnipotence and narcissism of taking 100 % responsibility seems to relate an early stage of development. It is a counsell of perfection which we must always fail to fulfill in an imperfect world. In effect it is a recipe for heightening our sense of imperfection and points to a need to look beyond ourselves for healing.

Louise Hay is harder on us than Plato. In the *Myth of Er* we are given only a limited degree of choice about the kind of life we will lead. We are then obliged to forget what we have chosen. Plato tells us we need to look beyond ourselves for guidance. Our resource is a strange uncanny daimon that knows us intimately, yet has a life of its own. Healing involves a degree of surrender and opening, a risk, a stepping beyond what is known. We need a certain amount of attentiveness, patience and receptivity to interpret the voice of the daimon. We need to develop a relationship with the otherworld.

By contrast Hay's metaphor of 'channeling' spiritual resources by dint of our

determined efforts is ego centred and seems entrepreneurial. For Hay we are 100 % responsible and we must get to work to correct our mistakes without delay. Admittedly if, as was initially the case with Louise Hay, we are looking for an alternative to immanent surgery to deal with a life threatening illness, it may feel that there is little time to spare for building such a relationship. Yet if we wish to see purpose and meaning in our physical symptoms we must build relationship with the source from which they arise.

The 11th century Sufi mystic and intellectual Abu Hamid al-Ghazzali said 'Illness is one of the forms of experience by which humans arrive at a knowledge of God; as He says, "Illnesses are my servants which I attach to my chosen friends"'. C. G. Jung made a similar remark when he said that in today's world the gods have become diseases. The rationalistic mind may deny soul and meaning, but it cannot ignore the force of illness with its accompanying threats of disablement, pain and death. With illness we must acknowledge the force of that which is greater than ourselves and yet speaks to us in the most personal of ways. It is a voice to which we may listen and from which we may learn.

**I**n parts of contemporary Sri Lanka there is still sometimes performed a ritual known as the *yakun natima*, or *devil dance ritual*. This is the last vestige of a tradition that stretches back more than two and half millennia to pre-Buddhist times. Certain illnesses are considered to be the result of possession by '*yakku*' (spirits or 'demons' of the disease). An exorcist

known as an *edura* is required to deal with such a situation. The *edura* is an ordinary member of the community who works perhaps as a farmer or fisherman. In his capacity as a medium, however, he bridges the spirit world with the everyday world. An elaborate all night masked and costumed ritual is performed. It involves dancing, drumming and chanting and is witnessed by the whole of the community. In the ritual, the *edura* wears a fantastic mask which represents the spirit or demon of the disease from which the patient suffers. The intent is to give visible form to the demon by enabling it to embody itself in the person of the *edura*.

When the demon is sympathetically embodied in this way a dialogue begins in which the *edura* raises the concerns of the patient and the community. The spirit is engaged in a discussion. The power of the *yakka* is acknowledged as being both the cause *and* cure of the disease. The essence of the demon is evoked by reciting its history and by praising and extolling its power and strength. A bargaining process begins. It entails a mixture of sweet talk and threats, offerings and cajoling, whereby the demon is gradually persuaded to relinquish its hold. The ritual is both frightening and humorous. It is both intense and casual in as far as villages may wander in and out during the night and even play cards during the ceremony.

In this ancient ritual we see something of the nature of the daimon. It performs the role of drawing both the patient and the community into relationship with the invisible world of spirit. In this



case the edura performs the role of 'medium' or mediator. The yakka is there for a reason. It wants a response. It demands that the patient looks for

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healing by a surrender of ego control. The patient must acknowledge that there is a spiritual dimension to their condition. The patient is not helpless. Dialogue, relationship, bargaining, confrontation, humour, understanding and effort are all a part of the healing. The patient must appreciate that the problem is both personal and communal. The spirit requires attention and sacrifice in order to be satisfied; and when satisfied it withdraws. In other words, it performs the daimonic function of drawing the patient (and community) back into harmony with spiritual forces.

Something of the nature of this approach to healing can be found in the work of the writers Thorwald Dethlefsen and Rüdiger Dahlke. In their 1991 book *The Healing Power of Illness* they say;

'Any principle that is not lived out for real insists on its right to life and existence via the medium of

physical symptoms. In our symptoms we are constantly forced to live out and *real-ise* precisely those things that we least want to. This is how our symptoms make up for all our imbalances.'

In this statement we hear an echo of the dialogue with the yakka. Illness wants recognition and tribute paid to its spirit - to that which lies behind it and from which it gains its power. 'Principles' come to us as impulses from an archetypal realm. If we are open and receptive we will be aware of them as thoughts, wishes and fantasies. If for social or personal reasons, we feel we cannot afford to admit such impulses; the impulse will begin a descent into the body. The authors say that this might start at first with functional disturbances. If not recognised at this stage they might deepen into acute physical disturbances such as inflammations or minor accidents. They could then deepen further into chronic conditions, then incurable processes, perhaps finally into death or possibly beyond this into congenital conditions that we might imagine could be carried over into another life.

Dethlefsen and Dahlke liken the physical body to the ground of existence. Like a ball that is dropped from above, an archetypal principal will drop until it meets the resistance it requires to bounce back up into our consciousness. Our physical symptoms are the embodiments of spirit. To find release we must discover the spirit within them.

In common with the other authors we have discussed, they offer insights into what emotional or spiritual conditions

particular illness and symptoms may embody. They suggest that we ask particular questions in relation to our symptoms. One of the questions we might raise in connection with a heart condition for example might be 'Am I living and loving 'heartily' or only 'half-heartedly'?'

If we have a sense of metaphor the question is clearly an apt one. It is interesting to consider, however, 'who' it is that can answer this question. Dahlke makes it clear that he feels it is the heart itself that answers. Like Perls he insists that the heart is not a metaphor for our feeling self, it actually *is* the seat of our emotional life. Dahlke says that the response to this question 'takes place in the heart and the vessels' and must be translated into words in order for a dialogue to occur.

Richard Buckminster Fuller, the inventor of the geodesic dome is said to have once described the human body as;

'A self-balancing, 88 jointed adapter-base biped: an electrochemical reduction plant with storage batteries of energy extracts for activating thousands of hydraulic pumps, 62,000 miles (100,000 km) of capillaries, self-lubricating crushers and cranes. This whole mechanism guided from a turret containing stereoscopic rangefinders, olfactory and auditory sensors, air-conditioning inlet and exhaust, and a main fuel intake. The whole system needing no servicing for 70 years, if well managed.'

Some time ago I worked with a client who suddenly developed an acute life threatening liver condition. He was rushed to hospital where a surgeon

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attempted to reassure this young man by telling him that if bad came to worse he could always 'pop another liver in'. The old idea that organs are embodied aspects of our consciousness has become quite alien to us. The archetypal psychotherapist Thomas Moore calls this 'cultural numbing'. He says;

'We might imagine much of our current disease as the body asserting itself in a context of cultural numbing. The stomach takes no pleasure in frozen and powdered foods. The back of the neck complains about polyester. The feet die of boredom for lack of walking in interesting places. The brain is depressed to find itself described as a computer and the heart surely doesn't enjoy be treated as a pump. There isn't much opportunity to exercise the spleen these days, and the liver is no longer the seat of passion. All these noble, richly poetic organs, teeming with meaning and power, have been made into functions.'

Recent developments in heart transplant surgery invite a radical rethink in our attitude to the body. Paul Pearsall has documented the stories of

recipients of heart transplants. He provides many examples of how these recipients have taken on the memories, habits, tastes, and even vocabulary of donors whom they have never met. In one startling example a recipient found himself repeatedly using the descriptive word 'copacetic' which does not occur in any dictionary. According to the recipient's mother it was the first word he used when recovering from surgery. When he eventually met the young wife of the man whose heart he had received, she revealed to him that this was a private word that she and her husband used to signify that everything was okay. 'Everything is copacetic.'

**S**o far we have considered how we might see illness and its accompanying symptoms in a way that accords with Plato's description of the *daimon*. We have looked at how we might consider that illness and symptoms have a vital role to play in keeping us in accord with our life purpose. We can look to illness as a guiding force which draws our attention to imbalances and deviation from self actualisation. It forces us to have experiences which we may wish to avoid but which may be necessary in the course of self realisation. When we change our attitude in this way it may be that we facilitate the healing process or at least that unavoidable suffering takes on a degree of meaning that can strengthen and sustain us.

However, our symptoms and the experience of illness is above all sensed in the body. The daimon is not only an idea to be found in the mental realm. It

also can be sensed physically. Each of us has what we can call a body ego - a sense of how it feels to be inside our own skins. In common with the mental ego, changes to the body ego can be felt in a range of ways varying from blissful to threatening. The word 'ecstasy' for instance refers to an experience that is both mental and physical. It literally means to be to 'stand outside' of oneself. Some changes however are sensed as alien or threatening and are resisted. The fixed nature of the body ego might be sensed in the case of a frail anorexic who despite all indications insists that she feels 'fat'.

The daimon is a paradoxical being. It is by nature neither physical nor spiritual but both. It can't clearly be said to be a part of our makeup nor is it not a part of our makeup. It is both. It is neither benign nor threatening but both. It is challenging for us in the modern world to come to terms with a being that will not be categorised in terms of the dualistic and literal minded concepts with which we are familiar. As hard as it may be to come to terms with this on a conceptual level, it is even more of a challenge to meet the daimon on a physical level.

In her book *Embrace of the Daimon* the Jungian analyst Sandra Lee Dennis describes her challenging personal encounter with the daimon. For her this was both a physical and a sensual experience. She describes what she calls 'a series of confounding invasions of daimonic imagery' which had something of the nature of 'hallucinations involving both my emotions and my senses'. She writes;

'Horrible demonic figures broke into my mind at odd hours of the day and night. Vivid sado-masochistic scenes erupted from nowhere, along with dismemberment, scatology, rape, incest, and a sense of satanic possession. My inner life teemed with strange images of ax-murderers, rapists, tarantulas, rats, maggots, snakes. I was deeply disturbed by the insistent reality of these awful images'.

Dennis's response to these experiences was a mixed one. She says, 'they frightened and repelled me with their creepy animality and vicious sexual violence, yet they also incomprehensibly attracted me through their intensity and the subtle luminosity of the otherworldly medium in which they took place'.

Alarming and disturbing as these images and sensations were, she began a process of exploration which ultimately resulted in a profound transformation of her sense of self. She felt she had a choice. She chose to trust that the experiences were potentially life affirming. She rejected a more conventional psychological view. This view might see the experiences as pathological, infantile and regressive. Indeed a pre-psychological mind might literally consider them a sign of satanic possession.

She found that as she learned to relax and breathe into the feelings of violence and dismemberment space would open up in her between her dismembered parts. An old restricted and encapsulated sense of her bodily self gave way to a more expanded sense of her being. As she came to

terms with images of violent sexual intrusion she discovered new resources of bodily and sexual energy. The 'embrace of the daimon' led to an expanded sense of what it means to be incarnate; to be in a body which has a vitality and life of its own. The body's energy is not just *our* energy. It is the energy of life and spirit as embodied in us.

In shamanic cultures the dawning of expanded awareness and contact with the spirit world is often initiated by some kind of dismemberment and reassembly. This might take place in an imaginal way such as that described by Dennis. Alternatively it might be physically enacted in an accident or in some kind of ritualised dismemberment. In different parts of the world these rituals might involve the breaking of bones, scarring, tooth removal or modification, etc. After such an initiation a person might then be regarded as reborn in spirit. A vivid sense of our physical mortality can lead to a heightened awareness of the spiritual dimension of life. It can create a deeper sense of connection.

With this in mind we might wonder if modern forms of surgery echo some of these ancient approaches to spiritual development and initiation. Surgery also intrudes, dismembers, threatens death, causes pain, reassembles, alters consciousness and frequently leads to insight, reappraisal of life and a sense of rebirth.

We live in the age of 'spare part surgery'. Our bodies have become literalised and objectified. We have a poorly developed sense of the spirituality of the body. We lack ritual.

We find it hard to acknowledge the invisible forces that underpin and sustain our lives - which we have been calling the *daimonic*. These realms have constituted an important aspect of life in cultures the world over throughout all recorded history.

We might wonder whether attention to the daimon could have an impact on

our health and well being. We could wonder too whether many of our health problems are, in fact, a call to discover and connect to a more animated and enlivened sense of who and what we are. One means to achieve this sense of self is to give attention to the metaphors of health and illness which we all encounter. We can listen. We can listen to the voice of the daimon.

### Further Reading

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