SELF & SOCIETY, 2017
VOL. 45, NO. 1, 19–28
http://dx.doi.org/10.1080/03060497.2017.1290447

The man who did not wish to come to Earth: a case study

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This investigation examines the body, soul, spirit principles of anthroposophic psychotherapy using case study methodology. It shows how it views the human being in a holistic way, linking physical illnesses (in this case multiple sclerosis) with psychological and social problems and with the difficulties the spirit experiences in today's materialistic world. It also demonstrates how the culture of our current age can inhibit the human spirit from coming to Earth and how psychotherapy needs to be understood within the context of worldwide social and political events. In order to heal the damage caused by these events, we have to heal ourselves; healing oneself is healing the world.

ARTICLE HISTORY
Received 2 November 2016
Accepted 28 December 2016

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Introduction

This case study is based on body, soul and spirit holistic principles of anthroposophic psychotherapy (Dekkers, 2015; Lees, 2011, 2013, 2016). It demonstrates the way in which the problems that clients present in therapy are connected with historical events and how this impacts on the neurological system and all levels of the personality. The principles are demonstrated in the case of Dave.[1]

As with all therapy, developing the therapeutic alliance is central (Clarkson, 1995) but, on this occasion, it took an uncharacteristically long time to establish. The client, Dave, was deeply distrustful and needed time to reveal what was hidden and locked away, requiring strong warmth and holding before this could be accessed. In the meantime, he brought the trivia of the everyday, which were in fact the doorways to other realms that lay beyond.

Dave began therapy on a cloudy cool summer morning. His physical form was striking and his body created difficulties for him as he slowly came into the room. He seemed much older than his years and his depressive nature was immediately apparent as a grey and strongly felt oppressively low energy. His body was held in a rigid, although reasonably upright position, and his walking stick helped support his limp and dragging left leg. He was of medium height and build, with little hair, the remaining hair shaved closely to his head. His small eyes peered through glasses and, once seated, he let out a long sigh and stated, 'Well … I am here'.

Initial sessions

Dave was aged 47, the middle son of three brothers, and was in his second marriage without any children. His wife suffered from polio as a child and had limited mobility. He described his relationship with his parents as functional but with a lack of warmth or love. He had had little contact with his two brothers for some years.

Dave had been diagnosed with multiple sclerosis (MS) at the age of 32. The first attack occurred at the end of his honeymoon following his second marriage – the symptoms included diplopia, which resulted in 80% reduction of vision in his left eye and visibility only within the black and white spectrum, tingling in both legs especially on the left of his body, and limited mobility in his left leg. He also had limited bladder control and wore a leg bag. He suffered short-term memory loss and occasional speech problems, which he described as a mumbling and inability to think of the right word to use. His most debilitating symptom was extreme fatigue and he spent most afternoons in bed. His last major attack was a few years ago when he lost the feeling in his left leg and was hospitalized for a few weeks. He had worked as a self-employed plumber but had had to give this up a few months after his diagnosis and had not worked since.

At this first meeting, his anger was palpable, although hidden behind a ready laugh and sarcastic manner. His voice had a groaning and monotonous tone which reflected a deep sadness. He agreed to long-term therapy and the work initially explored his presenting issue of anger, which was upsetting his wife, and processing the MS, which he had not had the opportunity to do. His anger was primarily projected at his neighbours: he described in great detail the incidents that induced his passive aggressive tendencies. He needed to blame someone for his pain. Feelings of being trapped in his home due to the neighbour's parking mirrored his sense of feeling trapped within a failing body.

He felt his world was becoming ever more restricted. Dave felt confined to his home and fearful of venturing out, which exposed him to ‘every obstacle known to mankind and all of mankind’s stupidity’ and meeting the ‘complete and utter absurdity of humanity’. The message was clear. Humans were not to be trusted, were stupid, dense, unthinking and uncaring; they had little understanding or care for the world. His despair left him spending a great deal of time ‘in his head’ trying to work it all out and devising solutions that would create a different world. He was stuck in a confused, fearful and continuously replayed and rewound refrain of what could be or should be ‘if I ruled the world’. His feelings were shut away and impossible to access, and his will, rather like the road blocks he encountered on his own journeys, and his neurological system were disconnected, disjointed and difficult to engage. It seemed as though everything he said was a commentary on his inner world and the MS.

Dave felt unreachable and shut away in his own world – a lost soul, fragmentized and traumatized, with no sense of himself or his future. It was hard to connect with him on any level. Sessions turned into one long moan that left little space for interjections or comments of any description. He needed an unconditional non-judgemental space where he could feel the beginnings of acceptance. It was difficult to focus and stay awake as the energy dipped to low levels, and the intensity of his dark energy was almost unbearable. This powerful countertransference was precipitated by the depleted energy field underpinning his physical body below the level of conscious soul-countertransferences. References to energy are common in transpersonal and spiritual approaches to therapy. West (2000, p. 7) speaks about working with an energy field which is a ‘territory’ … beyond words’, Clarkson (2000, p. 318) speaks about a ‘life energy as it manifests in nature, in growth and healing as well as in all the dimensions of creativity’ and refers to this as Physis, ‘the life force in healing, creativity and evolution’ (Clarkson, 1995, p. 44), and anthroposophic psychotherapy refers to the etheric, or life, body.

Dave’s decaying body was asking to be heard and acknowledged. The message of the body was strong; not only did he have a severe physical illness but he had also married a physically disabled woman. An important principle of anthroposophic therapy understands that we need to accept and love our destiny, by accepting the destiny of the other and being open to helping others in their development (Burkhard, 1997, p. 178).

He needed containment for healing to occur. This was not to be rushed, hence the long road to forming a therapeutic alliance, which he periodically tested. ‘Can I trust you?’, he asked in his indirectly challenging ways, ‘or are you going to be like all the rest?’ Through containment, witnessing and re-parenting, the therapy aimed to move forward from his stuck developmental position so he could come into greater maturity and relationship with his being. Gradually Dave opened up his world. He could not remember much of his early years. Photography helped, but this was slow and he was reluctant to approach his mother for information and records. However, it became clear that Dave’s memories were primarily of traumatic events and accidents. He had an accident-prone fixation, interspersed with only very few joyful recollections. His only ‘good memory’ was around the age of two, when he clearly remembers being in the back seat of a car and experiencing the warmth and colour of the setting sun. Interestingly, his mother’s experience of life around the age of two was dominated by the disappearance of her father following his return from the war. Perhaps life was not so bad for both of them up to this point and

his mother's unconscious memory of her own trauma was triggered when Dave reached this age, making it difficult for her to attach to him.

Health and safety issues were an ongoing mantra of his father, together with a continuous message of 'you can't trust the world, or anyone, take great care, expect the unexpected', which, as Dave said, resulted in a lifelong need to be on constant alert, believing the world to be an unsafe and untrustworthy place. Dave's childhood comprised the 1970s and, as Dave had told me, his family were 'working class'. At this time strikes were occurring, the three-day working week was imposed to save electricity and the decade ended in 1979 with 'the winter of discontent'. All of this would have impacted upon his developing self.

Dave felt his parents did not care, understand or show any kind of empathy, particularly his mother. During his early years, Dave's mother appeared to be emotionally distant and unavailable and displayed inconsistent and unpredictable behaviour. Dave felt constantly let down and generally felt the world was not good, beautiful or reliable. Both of his parents seemed to be in a constant state of anxiety and concern: his whole family appeared to be literally shaking with nerves.

Anthroposophical perspectives

In this section we will discuss how Dave's life unfolded in childhood and was affected by the intergenerational social and political context underpinning it.

Childhood

The anthroposophic view of child development is that we enter the world in three seven-year phases: the first seven years, which are centred on relationships within the nuclear family; a second seven-year phase, which involves developing socially in interaction with peers at school; and the third seven-year phase, which involves experiencing puberty and beginning to find our relationship with the world as a whole (Burkhard, 1997; Lievegoed, 1979). In the first phase, we ideally feel that 'the world is good', in the second that 'the world is beautiful' and, in the third, that 'the world is true'. In Dave's case, every phase left him feeling threatened.

First phase

Anthroposophic psychotherapy resembles attachment theory in that they both take the view that one of the primary functions of early relationships is to provide a sense of security in the world (Bowlby, 1965, 1969). They share the view that hereditary influences and the environment stream together. However, anthroposophic psychotherapy also takes the view that the client's individuality, which has developed over millennia in successive incarnations, is also present and influences the process (Steiner, 1909/1963). In both cases, the infant's physical body is open and vulnerable to the influences of the world. If the child does not receive warmth and safety in the form of a secure attachment, it will experience psychological and physical consequences: 'the mothering person guides the child safely into the harbours of his earthly instrument, physically, socially and spiritually, thus freeing him or her from the drive to imitate' (Dekkers-Appel, 2015, p. 5). The consequences

of a failure to do this are well documented both anthroposophically and non-anthroposophically.

Both perspectives understand that the quality of parenting affects the neurological processing and that the development and maturation of the central nervous system runs parallel to the physical maturing of the rhythmical and visceral organs and blood vessels. Schore (2001) researched brain development and felt that most of the brain waits until after birth to mature and that a healthy and warm attachment is central to this. This has a myriad rippling effect on the developing social, physical and emotional states through the brain and associated circular and visceral systems. McEwen and Getz (2012) also acknowledge the impact of biographical and epigenetic influences which impact on brain development.

During Dave's early years, his developing nervous system and body were constantly undermined. He was bathed in fear and nervous behaviour right from birth. He never seemed to have had feelings of well-being, joy or belief that fundamentally the world was good. His memories included the fact that, after the age of two, his Mum acted 'odd'. Around this age he had a positive memory of a car journey with the sun shining with a red glow, but the joy 'was short lived'. His childhood was also bathed in the 1970s era that deeply impacted on his father. At around six, he had a nightmare in which a sheep bit his ankle and the bone was exposed, inducing panic. It was perhaps an awareness of impending doom he felt. It foreshadowed nerve exposure and damage.

All of this indicated that the origins of the MS were in his early years. There was no memory that suggested trauma. Instead, there was the inconsistent and unpredictable behaviour of his mother and the hypervigilance of his father. Although memory loss is also a symptom of MS, there seemed to be something else hiding. As Clarkson (2000, p. 310) states, 'Physis loves to hide'.

Second phase

During this phase, the heart and lung system help to create the foundation of feeling and social life, ideally through repetition, play, imagination and the imprinting of habit formation: heart and lungs mature to enable the child to withstand social interaction as well as independence (Dekkers-Appel, 2015, p. 6). But Dave's experience was that, as long as he took care, he would not get into trouble. So he was cautious in play and had lots of memories about trying to be good and playing on his own. He developed the habit of pathological hesitation. He had a positive memory at the age of eight, when he was making a go-cart, but there were also memories of accidents and mishaps, such as falling off a bridge and damaging his back when lifting a heavy railway sleeper.

Overall, due to the damage that had accrued in the first seven years, he was unable to develop his social life and, notably, visits to grandparents were stress-filled.

Third phase

In this phase, Dave left school and started an apprenticeship. But the accidents continued. At the age of 16 he had a nerve injury while working with pallets, which caused damage to his toes, and at the age of 17 he had an electrical shock injury.

Intergenerational aspects

Researching Dave's ancestry, especially his grandfather's war experience, ignited a passionate and palpable flame of interest in Dave. In general, he spoke of loving war. His speech often had a combative tone and each journey beyond the home, and within, had a sense of battle and survival. It transpired that he had wanted to join the army but had been prevented from doing so by his mother.

His research into his ancestry revealed the trauma held by his maternal grandfather from World War II. Silence shrouds events, but it is recognized that whatever happened 'changed him forever' and was believed to be linked to the Dunkirk evacuation in 1940. Dave's questions to his mother prompted unhelpful, silent and distant responses but he ascertained that his grandfather left the family home after returning from the war when his mother was aged around two, and he did not return until she was 11. During this time, she was brought up by her mother and maternal grandparents. Dave vaguely remembered his great grandparents, particularly his great grandfather 'Mr Ribbons' with his World War I stories and gentle humour. He described him as a hero and a lovely man whom he loved and trusted. Dave nevertheless became aware of many family secrets and unspoken truths that were there as a dull background awareness that left him feeling frustrated. His mother had an obsession with 'detailed superficial minutiae', locked away her feelings and was 'all over the place'; he dared not approach her for fear of reprimand.

Further exploration highlighted a family fear of what if, what may be and what was. The background to this was his grandfather's terror as a survivor, returning home and trying to be 'normal'. War trauma inevitably creates a myriad of responses, particularly in the autonomic nervous system and the activation of stress hormones in the endocrine system: 'hyperalertness due to shocks and survival stress changes the neurochemistry and endocrinology within the body' (Dekkers-Appel, 2015). The body prepares for fight, flight or freeze and adrenaline and cortisol are released. In anthroposophical terms, excarnation and, in terms of psychotherapy in general, disassociation. result as the soul, mind and body detach to deal with the life-threatening situation. Dave's way of being in the present seemed to mirror this: everything was a battle and everywhere there were blockages on every level of life, preventing him from engaging with life. Dave appeared to be experiencing life like his grandfather, stuck in inherited terror, dissociated.

The anthroposophical view of trauma is that the original trauma descends into the deeper layers of our being over the generations. Steiner (1924/1972) describes how each layer of our being affects the level below.[2] Working with this hypothesis, Dave's grandfather's experience of the trauma impacted on his I (self or individuality), Dave's mother's soul life developed chaotic, disruptive and distant care-giving with no sense of rhythm, warmth or continuity, locking away her feelings, being 'all over the place' and developing a fear of what if, what may be and what was. Dave was a third-generation survivor of war trauma and his body began to disintegrate.

Fonagy (1999, 93), citing Kestenberg, speaks about third-generation Holocaust survivors' 'immersion in another reality' in a way that 'integrally involves the patient's body' and 'resurrects the murdered objects whom the caregiver could not mourn'. He also cites Grubrich-Simitis, who speaks of a 'timeless concretism' created through ego

impairment in third-generation survivors. In Dave's case, this intergenerational trauma was also affected by his mother's childhood experience of the London Blitz, when anxiety and trauma were everywhere, and his father's experience in the 1970s.

Dave was most vulnerable to these influences in the first seven years when his physical body, and his nervous system in particular, were developing. In anthroposophical terms, the reincarnating spiritual individual needs a physical body as a home but, in view of the damage to Dave's body, his home was damaged and his spirit was unable to enter. It was an 'incarnation' problem, which he perceived: 'It sounds weird but I feel I am not here, always been out of sync, feel I was born at the wrong time'. In the second seven years, this created social problems and, as discussed, a depleted energy field and stuck etheric body, and he felt isolated. This was exacerbated at the age of 42 – the 'phase of involution' – when the body begins to age and decline.

Transformation

Supervision group

Dave was discussed in group supervision with 15 people, which formed the core of the first UK anthroposophic psychotherapy training course[3] on the evening of Saturday 12 and the morning of Sunday 13 November 2016, which synchronistically happened to be Remembrance Sunday. This was a turning point that helped to shift the stuck energy field. Up to this point there had been shifts, and certainly he was making progress as he had started to process his troubled life by understanding and owning his issues and not projecting them all the time. He had developed a friendship with someone who had similar interests to him, and he enjoyed his company and felt understood – 'he just gets me'. His wife was very pleased with him too. However, it was still two steps forward, one step back.

The extended case presentation on the course, with the night in between, created intense and directly focused group energy. There was then a significant change. In the weeks after the supervision, he reconnected with his old boss and made several connections with friends whom he had not seen since his diagnosis. He enjoyed these conversations, which connected him with his pre-diagnosis days. He also started to remember things he had forgotten, such as the fact that others had cared for him. Overall, he was slowly moving into a more conscious way of being. He was coming out of his fixed immobile box; the walls were starting to break down, becoming more permeable. Relationships were changing and he was developing trust in humanity again. He was ready to end therapy.

Steiner calls such groups Raphaelic healing circles. In this case, the supervision group provided a community of collective holding. In terms of anthroposophic psychotherapy, this also involved the community of the spiritual world – the dead and spiritual beings – based on Steiner's view that during sleep we enter the spiritual world and commune with them (Steiner, 1923/1974). This broader community thus brought insights and awareness from the cosmic realms. In fact, Steiner speaks about the fact that today we have the potential to develop an enhanced sense of community which will become more important in the future, and that such 'a feeling for community' is essential for connecting with the dead (Steiner, 1918/1999, p. 179). Building on this, Lord (2004) speaks of how 'the dead

already have a consciousness of this in a way that human beings on earth still need to develop'. So the methodology of the supervision group worked both with the beings of the spiritual world, including the dead, and the principle of community by virtue of the group participation in cases on the first night using role plays and then, the following morning, discussing the group's reflections arising out of the 'wisdom of the night'. The community aspect of the supervision group was further enhanced by the tangible energy field of collective remembrance of Remembrance Sunday. It all contributed to a significant shift in Dave.

Sound and homework

Weaving among the weekly talking sessions, as and when appropriate, the therapy also worked with body awareness, bringing his attention to his physical being with breath work and gentle movement to engage his etheric and rhythmical system. This involved sound work using, for instance, Tibetan bowls as a meditative activity. He bought his own bowl and brought it into the sessions. He learnt the theory behind sound therapy and saw its benefits, and this engaged his will. He practised it on a daily basis, along with other grounded pursuits such as developing his interest in photography, so as not to disappear into a 'spiritual bubble' of dissociation.

As Dave became more conscious of his physical body, he spoke of his head days and his body days. His head days provided greater clarity and cognitive reasoning; his body days were days of greater energy when he felt more 'alive'. On one body day, with an awareness of pain in his right shoulder, he made a bugle sound with increasing passion and fortitude. Working with sound and voice can successfully access and release withheld and unconscious patterns held both individually and within the wider contextual field of the family system, as expressed in Sheldrake's theory of morphic resonance and the energetic patterns held within and across all of life (Sheldrake, 2012), including transgenerational lineage. Steiner understood the power and potency of sound at the core of existence, creativity and potentiality, especially in the human voice.

Conclusion

This case shows how anthroposophic psychotherapy addresses the impact of social and political life on our body, soul and spirit, primarily in this case war trauma. It also shows how it makes us conscious of a living etheric world interweaving with the world of the senses, with its sense of connectedness beyond our fragmented and disconnected physical world. Dave's growing awareness of his grandfather's war experience enabled a memory that was 'diffuse, unfinished' (Dekkers, 2015, p. 174) to become more complete and whole by linking with his concepts and understanding (p. 175). He was also able to think about the 'effect' of the memory on his life and the way in which the 'the actions of one person', his grandfather, were linked to his own (p. 175).

Understanding and experiencing this connectedness, in addition to empathy, is the key to healing in such cases as Dave's. Therapeutic work needs to integrate the different elements of our fragmented lives so that our consciousness becomes more whole and complete.

Notes

1. Dave (name changed) has given written permission to use the material for the purposes of publication.
2. The anthroposophical world view sees the human being as consisting of a physical body and three subtle bodies: the etheric body, the astral body and the I or individuality.
3. The first cohort of the course completed their studies in November 2016 at Emerson College in East Sussex and the second course will begin in November 2017. For further details, see http://www.emerson.org.uk/anthroposophic-psychotherapy

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