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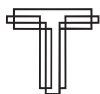
*Many  
Lives,*  
MANY  
MASTERS

The True Story of a Prominent  
Psychiatrist, His Young Patient,  
and the Past-Life Therapy That  
Changed Both Their Lives

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*To Carole, my wife,  
Whose love has nourished and sustained me  
for longer than I can remember.*

*We are together, to the end of time.*



My thanks and love go to my children, Jordan and Amy, who forgave me for stealing so much time from them to write this book.

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# PREFACE



I know that there is a reason for everything. Perhaps at the moment that an event occurs we have neither the insight nor the foresight to comprehend the reason, but with time and patience it will come to light.

So it was with Catherine. I first met her in 1980 when she was twenty-seven years old. She had come to my office seeking help for her anxiety, panic attacks, and phobias. Although these symptoms had been with her since childhood, in the recent past they had become much worse. Every day she found herself more emotionally paralyzed and less able to function. She was terrified and understandably depressed.

In contrast to the chaos that was going on in her life at that time, my life was flowing smoothly. I had a good stable marriage, two young children, and a flourishing career.

From the beginning, my life seemed always to have been on a straight course. I had grown up in a loving home. Academic success had come easily, and by my sophomore year in college I had made the decision to become a psychiatrist.

I was graduated Phi Beta Kappa, magna cum laude, from Columbia University in New York in 1966. I then went to the Yale University School of Medicine and received my M.D. degree in 1970. Following an internship at the New York University-Bellevue Medical Center, I returned to Yale

to complete my residency in psychiatry. Upon completion, I accepted a faculty position at the University of Pittsburgh. Two years later, I joined the faculty of the University of Miami, heading the psychopharmacology division. There I achieved national recognition in the fields of biological psychiatry and substance abuse. After four years at the university, I was promoted to the rank of Associate Professor of Psychiatry at the medical school, and I was appointed Chief of Psychiatry at a large university-affiliated hospital in Miami. By that time, I had already published thirty-seven scientific papers and book chapters in my field.

Years of disciplined study had trained my mind to think as a scientist and physician, molding me along the narrow paths of conservatism in my profession. I distrusted anything that could not be proved by traditional scientific methods. I was aware of some of the studies in parapsychology that were being conducted at major universities across the country, but they did not hold my attention. It all seemed too farfetched to me.

Then I met Catherine. For eighteen months I used conventional methods of therapy to help her overcome her symptoms. When nothing seemed to work, I tried hypnosis. In a series of trance states, Catherine recalled "past-life" memories that proved to be the causative factors of her symptoms. She also was able to act as a conduit for information from highly evolved "spirit entities," and through them she revealed many of the secrets of life and of death. In just a few short months, her symptoms disappeared, and she resumed her life, happier and more at peace than ever before.

Nothing in my background had prepared me for this. I was absolutely amazed when these events unfolded.

I do not have a scientific explanation for what happened. There is far too much about the human mind that is beyond

our comprehension. Perhaps, under hypnosis, Catherine was able to focus in on the part of her subconscious mind that stored actual past-life memories, or perhaps she had tapped into what the psychoanalyst Carl Jung termed the collective unconscious, the energy source that surrounds us and contains the memories of the entire human race.

Scientists are beginning to seek these answers. We, as a society, have much to gain from research into the mysteries of the mind, the soul, the continuation of life after death, and the influence of our past-life experiences on our present behavior. Obviously, the ramifications are limitless, particularly in the fields of medicine, psychiatry, theology, and philosophy.

However, scientifically rigorous research in this area is in its infancy. Strides are being made to uncover this information, but the process is slow and is met with much resistance by scientists and lay people alike.

Throughout history, humankind has been resistant to change and to the acceptance of new ideas. Historical lore is replete with examples. When Galileo discovered the moons of Jupiter, the astronomers of that time refused to accept or even to look at these satellites because the existence of these moons conflicted with their accepted beliefs. So it is now with psychiatrists and other therapists, who refuse to examine and evaluate the considerable evidence being gathered about survival after bodily death and about past-life memories. Their eyes stay tightly shut.

This book is my small contribution to the ongoing research in the field of parapsychology, especially the branch dealing with our experiences before birth and after death. Every word that you will be reading is true. I have added nothing, and I have deleted only those parts that were repetitious. I have slightly changed Catherine's identity to ensure confidentiality.

It took me four years to write about what happened, four

years to garner the courage to take the professional risk of revealing this unorthodox information.

Suddenly one night while I was taking a shower, I felt compelled to put this experience down on paper. I had a strong feeling that the time was right, that I should not withhold the information any longer. The lessons I had learned were meant to be shared with others, not to be kept private. The knowledge had come through Catherine and now had to come through me. I knew that no possible consequence I might face could prove to be as devastating as not sharing the knowledge I had gained about immortality and the true meaning of life.

I rushed out of the shower and sat down at my desk with the stack of audio tapes I had made during my sessions with Catherine. In the wee hours of the morning, I thought of my old Hungarian grandfather who had died while I was still a teenager. Whenever I would tell him that I was afraid to take a risk, he would lovingly encourage me by repeating his favorite English expression: "Vat the hell," he would say, "vat the hell."

# *Chapter* ONE





The first time I saw Catherine she was wearing a vivid crimson dress and was nervously leafing through a magazine in my waiting room. She was visibly out of breath. For the previous twenty minutes she had been pacing the corridor outside the Department of Psychiatry offices, trying to convince herself to keep her appointment with me and not run away.

I went out to the waiting room to greet her, and we shook hands. I noticed that hers were cold and damp, confirming her anxiety. Actually, it had taken her two months of courage-gathering to make an appointment to see me even though she had been strongly advised to seek my help by two staff physicians, both of whom she trusted. Finally, she was here.

Catherine is an extraordinarily attractive woman, with medium-length blond hair and hazel eyes. At that time, she worked as a laboratory technician in the hospital where I was Chief of Psychiatry, and she earned extra money modeling swimwear.

I ushered her into my office, past the couch and to a large leather chair. We sat across from each other, my semicircular desk separating us. Catherine leaned back in her chair, silent, not knowing where to begin. I waited, preferring that she choose the opening, but after a few minutes I began inquiring

about her past. On that first visit we began to unravel who she was and why she had come to see me.

In answer to my questions, Catherine revealed the story of her life. She was the middle child, reared in a conservative Catholic family in a small Massachusetts town. Her brother, born three years earlier than she, was very athletic, and he enjoyed a freedom that she was never allowed. Her younger sister was the favorite of both parents.

When we started to talk about her symptoms, she became noticeably more tense and nervous. Her speech was rapid, and she leaned forward, resting her elbows on the desk. Her life had always been burdened with fears. She feared water, feared choking to the extent that she could not swallow pills, feared airplanes, feared the dark, and she was terrified of dying. In the recent past, her fears had begun to worsen. In order to feel safe, she often slept in the walk-in closet in her apartment. She suffered two to three hours of insomnia before being able to fall asleep. Once asleep, she would sleep lightly and fitfully, awakening frequently. The nightmares and sleep-walking episodes that had plagued her childhood were returning. As her fears and symptoms increasingly paralyzed her, she became more and more depressed.

As Catherine continued to talk, I could sense how deeply she was suffering. Over the years I had helped many patients like Catherine through the agonies of their fears, and I felt confident that I could help her, too. I decided we would begin by delving into her childhood, looking for the original sources of her problems. Usually this kind of insight helps to alleviate anxiety. If necessary, and if she could manage to swallow pills, I would offer her some mild anti-anxiety medications to make her more comfortable. This was standard textbook treatment for Catherine's symptoms, and I never hesitated to use tranquilizers, or even antidepressant medicines, to treat chronic,

severe fears and anxieties. Now I use these medicines much more sparingly and only temporarily, if at all. No medicine can reach the real roots of these symptoms. My experiences with Catherine and others like her have proved this to me. Now I know there can be cures, not just the suppression or covering-over of symptoms.

During the first session, I kept trying to gently nudge her back to her childhood. Because Catherine remembered amazingly few events from her early years, I made a mental note to consider hypnotherapy as a possible shortcut to overcome this repression. She could not remember any particularly traumatic moments in her childhood that would explain the epidemic of fears in her life.

As she strained and stretched her mind to remember, isolated memory fragments emerged. When she was about five years old, she had panicked when someone had pushed her off a diving board into a swimming pool. She said that even before that incident, however, she had never felt comfortable in water. When Catherine was eleven, her mother had become severely depressed. Her mother's strange withdrawal from the family necessitated visits to a psychiatrist with ensuing electroshock treatments. These treatments had made it difficult for her mother to remember things. This experience with her mother frightened Catherine, but, as her mother improved and became "herself" again, Catherine said that her fears dissipated. Her father had a long-standing history of alcohol abuse, and sometimes Catherine's brother had to retrieve their father from the local bar. Her father's increasing alcohol consumption led to his having frequent fights with her mother, who would then become moody and withdrawn. However, Catherine viewed this as an accepted family pattern.

Things were better outside the home. She dated in high school and mixed in easily with her friends, most of whom

she had known for many years. However, she found it difficult to trust people, especially those outside her small circle of friends.

Her religion was simple and unquestioned. She was raised to believe in traditional Catholic ideology and practices, and she had never really doubted the truthfulness and validity of her faith. She believed that if you were a good Catholic and lived properly by observing the faith and its rituals, you would be rewarded by going to heaven; if not, you would experience purgatory or hell. A patriarchal God and his Son made these final decisions. I later learned that Catherine did not believe in reincarnation; in fact, she knew very little about the concept, although she had read sparingly about the Hindus. Reincarnation was an idea contrary to her upbringing and understanding. She had never read any metaphysical or occult literature, having had no interest in it. She was secure in her beliefs.

After high school, Catherine completed a two-year technical program, emerging as a laboratory technician. Armed with a profession and encouraged by her brother's move to Tampa, Catherine landed a job in Miami at a large teaching hospital affiliated with the University of Miami School of Medicine. She moved to Miami in the spring of 1974, at the age of twenty-one.

Catherine's life in a small town had been easier than her life in Miami turned out to be, yet she was glad she had fled her family problems.

During her first year in Miami, Catherine met Stuart. Married, Jewish, and with two children, he was totally different from any other man she had ever dated. He was a successful physician, strong and aggressive. There was an irresistible chemistry between them, but their affair was rocky and tempestuous. Something about him drew out her passions and

awakened her, as if she were charmed by him. At the time Catherine started therapy, her affair with Stuart was in its sixth year and very much alive, if not well. Catherine could not resist Stuart although he treated her poorly, and she was furious at his lies, broken promises, and manipulations.

Several months prior to her appointment with me, Catherine had required vocal cord surgery for a benign nodule. She had been anxious prior to the surgery but was absolutely terrified upon awakening in the recovery room. It took hours for the nursing staff to calm her. After her recovery in the hospital, she sought out Dr. Edward Poole. Ed was a kindly pediatrician whom Catherine had met while working in the hospital. They had both felt an instant rapport and had developed a close friendship. Catherine talked freely to Ed, telling him of her fears, her relationship with Stuart, and that she felt she was losing control over her life. He insisted that she make an appointment with me and only me, not with any of my associate psychiatrists. When Ed called to tell me about his referral, he explained that, for some reason, he thought only I could truly understand Catherine, even though the other psychiatrists also had excellent credentials and were skilled therapists. Catherine did not call me, however.

Eight weeks passed. In the crunch of my busy practice as head of the Department of Psychiatry, I had forgotten about Ed's call. Catherine's fears and phobias worsened. Dr. Frank Acker, Chief of Surgery, had known Catherine casually for years, and they often bantered good-naturedly when he visited the laboratory where she worked. He had noticed her recent unhappiness and sensed her tension. Several times he had meant to say something to her but had hesitated. One afternoon, Frank was driving to a smaller, out-of-the way hospital to give a lecture. On the way, he saw Catherine driving to her home, which was close to that hospital, and impulsively

waved her to the side of the road. "I want you to see Dr. Weiss *now*," he yelled through the window. "No delays." Although surgeons often act impulsively, even Frank was surprised at how emphatic he was.

Catherine's panic attacks and anxiety were increasing in frequency and duration. She began having two recurrent nightmares. In one, a bridge collapsed while she was driving across it. Her car plunged into the water below, and she was trapped and drowning. In the second dream, she was trapped in a pitch-black room, stumbling and falling over things, unable to find a way out. Finally, she came to see me.

At the time of my first session with Catherine, I had no idea that my life was about to turn upside down, that the frightened, confused woman across the desk from me would be the catalyst, and that I would never be the same again.