

## THE EXCITEMENT OF THE SEARCH:

### *Looking for the Self Behind the Symptom*

by Judith Hendin, Ph.D., N.M.T.

## DEEP WATER

The body throws us into our most pressing issues and our most immediate concerns. Unlike gentle counseling, which takes us step by step till we are ready to face delicate subjects, the body throws us into our most gripping issues. Unlike Voice Dialogue, which begins with the primary selves and gradually uncovers the disowned side, the body usually takes us directly into disowned territory. (Exceptions are protectors as primary selves that emerge occasionally.) Swimming with the body, there is no shallow water.

## FACILITATING THE SELF BEHIND THE SYMPTOM

Conscious Body and The Self Behind the Symptom offers a sophisticated map of the body-psyche terrain. Elements of the map can occur in any order, but they do occur like clockwork. Here are some of the components: We talk to the Rational Mind and allow it to report the history of the symptom and medical treatments. The Psychological Knower offers its conjectures about inner causation of the symptom—how convincing these guesses can sound! We then speak with the Gatekeeper of the Body-psyche, the part that does not want to do this process, thank you very much, even if the client has flown on the Concorde from Europe for these sessions. We have now cleared the decks for the Self Behind the Symptom to appear, and the facilitator has begun to make deep energetic connection with the client.

The client then goes through a full body relaxation and waits in the energy pool of the symptom—waits for images or messages to appear as if in a dream. We have literally stepped into the unconscious. From here on, the facilitator asks energy questions only; we are no longer interested in information, we are following energy. The client uses whatever access channel is most productive: most people get visual or kinesthetic images, some draw or journal, many move. In this symbolic realm, eventually out of the mist of symbols a self begins to appear, with its particular point of view or need.

Now things get DRAMATIC. We encourage full energetic presence as this disowned self flushes the body with fresh, new energy, be it yearning, yelling, weeping, skipping merrily, or any other form of expression. Always we stay aware of opposites that arise. The primary self may hover near, and we delicately speak with it as well, honoring its perspective, asking its permission. (For example, if a Playful Child is making a grand mess and a Responsible Grown-up expresses embarrassment, we deal with both, so that Child can play full throttle.) Emotions may surface, and often a Gatekeeper of Emotions steps up, too. (This would sound, for example, like, “I want to cry, but I’m never allowed to cry.”) As the energy flows, the client lets it flow directly from the symptom, like air whooshing out of a balloon. Touch may be a part of the session.

In sum, when we step into the body-psyche without the Rational Mind, we step into the land of dreams and symbols, and when we stay with the symbol long enough, it leads us to the Self Behind the Symptom. It is all energy—the body symptom, the symbol, and the self behind it. With the sensitivity of Voice Dialogue facilitation, sans Mind, sans Knower, sans Pleaser or Caretaker, we can wade into the living body-psyche and go trout fishing.

## THE ADVENTURE

Some symptoms are easy to figure out. A faint “I’d like to take a day off” may glimmer in the background of our consciousness as a disowned self whispers in our ear. If we ignore the initial subtle message, this self may appear in a form we can’t miss—our body. The adventure comes when we start with a symptom that has no apparent cause and we discover the self behind it.

I’m not a fanatic. Not everything that happens to us has a deeper underlying cause. Environment, diet, lifestyle and genetics factor in, as do the activities of our daily life. When I danced professionally, I received reflexology, a method of Chinese foot massage that treats points in the feet which connect, through energy lines called meridians, to every organ of the body. One day the reflexologist found a very sore spot on the ball of my foot.

“If this is sore, you may have liver problems,” he said.

“Or maybe it’s sore because I’ve been jumping on it for four hours today,” I retorted. I love and respect reflexology, but my problem that day was simpler. If you’ve been painting a ceiling and your neck hurts, there is probably no deep underlying issue there, though you could find a self that would rest more or would hire someone else to do the job. Maybe my foot was expressing someone in me that said, “Judith, four hours of jumping? Please!” Even so, common sense, or a good therapist, can pinpoint the underlying causation of many symptoms. No need for a map.

A mystery awaits. We can begin with any physical symptom and move inward to discover the self, usually disowned, that is trying to find life by getting our attention through the body. Though we are in the realm of the psyche, we can track the inner terrain with the diligence and objectivity of a scientist. This technique lets us discover the psycho-energetic dynamics underlying any physical symptom.

When a self in us is ready to be known, it leaves a trail, much as Hansel and Gretel left a trail of breadcrumbs so they could be rescued from the witch’s gingerbread house. The unconscious works through the body. A pain or illness comes like a dream comes—unbidden, generous, bearing gifts of great measure. Unknown parts of us feel foreign, only because we’ve never met them. Yet they are real, in us, in our psyches and in our cells.

Some selves are easy to discover, like a relaxed couch potato that is yearning to exist in the life of a busy executive. The adventure begins when we start with a symptom that has no apparent cause and we discover the self behind it. Finding the Self Behind the Symptom is a delicate, sophisticated process that involves energy sensitivity and openness to the inner world.

It is crucial that we not focus on physical healing as the total goal, but rather an opportunity to use illness or pain as a transformational journey through which we become more fully who we truly are. Finding the Self Behind the Symptom sets up a course of growth and expansion as we incorporate whole new vistas into our lives. The greatest reward is to know our selves.

## DIAGNOSTIC PRECISION

Inner cause for disease is not an original idea, it has been around for millennia. However, deciphering the hieroglyphics of inner causation has never been more

direct. We have a direct route from the body to the psyche. When a symptom is not obvious, awareness of primary and disowned selves can lead to the dynamics wrapped up in the symptom.

When we connect with the self specifically, we land exactly on the dynamic system lying within the body. Approximations do not have the same effect. Take the case of Glenda's rash. Glenda came into the office with a red rash covering her chest. Neither she nor her doctor had a clue about what was causing the rash.

Glenda had a strong Nice self. Here is what came through the rash. "I can't stand Glenda's husband coming into her bedroom. Their relationship has deteriorated, and yet he expects to be able to have sex whenever he wants. I feel like yelling, 'Get out of here.' I feel like pushing him away." We took these cues from the body and moved from dialogue into physical release work. Glenda actually pushed against a pillow and yelled at it as if it were her intruding husband. This let the disowned self, an angry Straight Talker, express. She felt better. We discussed the need for Glenda to claim her boundaries. She did, and the rash went away the next day.

Glenda had a vague sense she was angry, but didn't know about what. That's an approximation. If she realizes this anger is directed toward her husband, she's getting closer. But neither of these is hitting the center of the target. When she lands directly on the self and its very particular issue, zap! She is right at the bull's-eye, she is exactly at the focal point that gave rise to the symptom.

The beauty of this approach is that we ascend from conjecture into exactitude simply because we can find the self and talk to it. Rather than speculate, we can dial its number as we would anyone we want to speak to. As a component of the psyche, it is available.

This differs from guessing the self by the effect illness is creating. Many people feel they have gotten the lesson of their illness by the way it changes their lives—it slows them down, it connects them with loved ones, it teaches them to receive, it expands their perspective on life. Of course, these are precious gifts of any pain or illness. But we are talking about a different level, where we discover the self, the motivation, behind the symptom with precision. Sometimes the logical sense of an illness—like getting a cold after working too hard seems like some part of you wanted to stay home—may have subtler, more precise components. Like the flu I got. It seemed logical that I needed down time, but when the flu spoke, it actually expressed a particular sadness in my life that I wasn't admitting. I got well the same day.

I can't tell you how freeing this approach is for the practitioner. When we acknowledge that the body has the answers, we see that the answer is sitting right here in front of us, in the body consciousness. The mystery is no longer a mystery.

When body wisdom is taken seriously, it becomes a viable partner in the diagnostic process. Can you imagine the millions of dollars that could be saved in testing, medications, surgeries, etc., if the Self Behind the Symptom were used as a diagnostic tool?

## EACH SYMPTOM IS UNIQUE AND INDIVIDUAL

If you share a symptom with any of the examples here, you may wonder, "Perhaps my rash is caused by anger at someone, too." In my experience, we do

better to approach each symptom as unique and not try to categorize it before talking to it. The great psychologist Carl Jung said that he treated each client as if he were starting from the beginning. Of course, Jung had developed several systems for understanding people, but he did not try to fit them into his mold. He sat with each as if he were starting fresh every day.

Physical symptoms are best approached with the same latitude. When we leave room for the body to speak its truth, we can delve inside and get to the target without first interpreting. Here is another example of a rash that leads to a self that is quite different from Glenda's.

Marianne had had an itchy, scaly rash for a couple of years that had begun around her eyes and spread to her chest. She had consulted a dermatologist who attributed it to stress, and he gave her a cortisone shot to stop the itching. When we spoke about it, she said she really didn't feel stressed and she wondered if anything else might be involved.

I had known Marianne for several months. She was a vivacious, happy, upbeat woman, spiritually astute, always looking on the bright side—at least that was the persona, the primary self, that she showed to the world and to herself. When we spoke to her rash, to her amazement, the other side of her personality appeared. It said, "I'm not happy at all. I feel hopeless, at work and in the marriage." She cried quietly and constantly. Marianne had been totally unaware that beneath her effervescent exterior laid a part of her that was deeply sad. She left the office somewhat confused, questioning, "Was that really me?" When she returned the following week, she reported that the two-year old rash was "100% better."

About a year later the rash reappeared. As we worked with it, Marianne had a sense that sexual energy in her household was confusing when she was growing up, and she needed to explore what was normal and what was out-of-bounds. She dove to deeper depths in herself, and the rash cleared up again.

Not only was the self behind this rash different from Glenda's, but this rash brought different lessons with it at different times. The more we stay open to the truth of our body in the moment, the more accurate we will be.

Science has taught us to organize everything, and psychologists and medical doctors follow suit. Even metaphysicians organize their findings into generalities.

Selves group in a different way. There are primary selves and disowned selves. There is underlying vulnerability that the primary selves are protecting. There are the Gatekeepers that give or withhold permission to enter these realms. This is the structure within which we work.

## TIME FRAME

Time frames for healing, if healing comes at all, vary. Sometimes healing happens quickly because a person can unearth and fully express a self that was being held inside. In these cases, pain can dissolve instantaneously, or a rash might disappear within twenty-four hours. Just unhooking from a primary self and bringing in a disowned self solves many health problems.

Other situations take more time. A condition may have been building for a lifetime. One client likened the search for the self behind a body symptom to an archeological dig. As we go down in levels, we unearth civilizations. Sometimes

we take out the little brush or the little pick and delicately extricate the treasure, and sometimes we bring out the tractor and take mounds away.

New pain and chronic pain follow the same laws. It takes courage to go within and discover the long-standing issues behind chronic pain or serious illness. Newly discovered selves may radically vary from long-held beliefs and behaviors, requiring time to integrate. It may be a monumental task to stop being nice all the time and say what we mean, or to stop working so hard and take time off, or to quell the inner critic and cherish ourselves. The harried businessman whose heart disease reveals a part that wants to spend time with his family faces major lifestyle and attitudinal changes for healing to take root. The woman with ovarian cancer who discovers she thirsts to love herself more and not take care of others so much, needs to return to this over and over again. The woman with breast cancer who has lived a lifetime with repressed anger must keep letting the steam out. Each of these people need to keep taking the “pill” of the disowned self for its energy to permeate their systems.

Caution: We cannot go into a session expecting an immediate healing. While we may think this would be the best thing, it is not. Expecting a miracle puts pressure on the person who is sick and on the facilitator, and can jam the natural evolution of the healing process. Over the years I have learned that everyone proceeds at their own rate. We can't rush the process. Consciousness comes in its own time.

I used to expect myself to be able to guide a person or myself to complete healing in one session; it does happen, so I thought if I just tried hard it could happen every time. This put me in a terrible space. If the healing happened quickly, I was jubilant and my ego was fed. I thought I was great and so did the client. But when an immediate healing did not occur, my inner critic had a field day with me, telling me I was not good enough. That was before I saw how primary selves need to take time to make way for disowned selves to speak through the body. We need to let go and let the process unfold.

## **PARTNERSHIP WITH ALL TREATMENT MODALITIES**

I completely agree with working in tandem with traditional treatment, especially with major diseases. In every case where I have seen healing, deep inner work in conjunction with traditional medicine created a tremendous partnership.

Healing factors can synchronistically coalesce. I have seen cases where a person did a dramatic session that uncovered a self behind a symptom, and not long after told me that their herbal remedy clicked in and started to work. Or all of a sudden they found a new doctor who gave them solutions to their problems. In these cases where healing factors coalesced, the system had been primed, and all the factors leading to healing had lined up.

## **STORIES OF HEALING THROUGH THE SELF BEHIND THE SYMPTOM RESPONSIBLE—PLAYFUL (A HEADACHE)**

Walt, a manager at the Crayola Crayon factory in the town where I live, slunk into my office with his head pounding.

“It’s been a long day, lots of pressure and decisions,” he explained. “My head throbs at the end of a day like this.”

I responded, “Your body can lead us to inner medicine. Something inside you is trying to get your attention, as if it’s tugging at your shirt sleeve, saying, ‘Please come find me.’ I guarantee you that whatever it is will enrich your life and may even heal your body. Would you like to explore?”

He screwed his eyebrows skeptically. “Shouldn’t I just take my usual pill?” he asked.

“That’s up to you,” I answered. “But wouldn’t you rather handle the headache without putting a chemical into your body, just using natural means?”

“You mean like herbs?”

“Herbs are wonderful, I use them a lot myself. But I’m talking about something even closer to home. I’m suggesting moving energy within yourself to heal yourself.”

“What’s involved?” Walt asked.

“We’re going to make an assumption, Walt. We’re going to assume that energy in you needs to shift so you feel like a different ‘you,’ and that shift in energy may affect your body so much that your headache may lessen or even disappear.”

“I’m game. Let’s try.”

I instructed Walt to lie down and relax. Then I said, “Walt, tune into the headache, into its energy. How does it seem to you?”

“This sounds a bit weird, but I’m actually getting a sense of something gray, like pressure. It feels thick and heavy. It feels serious and penned in.”

“Good. That’s how you’ve felt in this long work day. Now let’s imagine a different ‘you’ that would be the opposite of that heavy, gray, serious pressure. How would the opposite energy look?”

“Hmmm. It would be light, yellow, no pressure.”

“If this light, yellow, no-pressure energy could speak, what would it say, Walt?”

“Play’ That’s weird, but it says ‘play, be lighthearted and playful.’”

“Why don’t you stand up and let yourself be playful for a moment, then?” I encouraged him.

“You’re kidding, Judith.”

“It wasn’t my idea, Walt. The notion of playing came from your headache. Why don’t you trust your body and try it?”

“All right.” Walt rose, put his arms in the air and took a few dancey steps side to side.

“You look a little playful,” I said.

“Yes, I feel like playing,” he smiled. So we did. For a moment we just acted silly, grinning and laughing together.

Then I asked, “How’s the headache?”

“Good grief, it’s gone,” he said. And it stayed gone for the rest of the hour.

That whole process lasted five minutes, but it’s taken me a decade to be able to work with a symptom so succinctly.

### INNER CHILD (PAIN IN WRIST)—YOU KNOW YOU’VE FOUND THE SELF WHEN THE SYMPTOM DISAPPEARS

Joe and I were dealing with the pain in his wrist. His Inner Child began to come up, and as his Child spoke, the wrist felt better. Then it hurt wildly when we switched to another subject. That was the Child saying, Stay with me!

## ONE PART WANTS—ANOTHER PART DOES NOT (FERTILITY)

There are times when we want one thing yet something in the body seems to defy us. In fact, there is one part of us that wants this thing, and another part of us that may not. Marla, a therapist, wanted to get pregnant. After a long time of trying, she and her husband entered an embryo implantation program. She supplemented the medical procedures with creative visualization to envision the uterus accepting the fertilized egg and the embryo taking root and growing healthy and strong. She was concerned about the possibility of multiple births, as often happens because three or four embryos are implanted, so she added to her visualization that she would have one child.

Then I suggested we speak with her body. I asked her to see the uterus with the embryo taking root, and to just pay attention to whatever came next. We were both dazed at what happened. She “saw” two hands pushing the embryo out of the womb and then brushing their hands as if “wiping their hands clean of it.” Clearly, there was a part of Marla that wanted a baby and a part of her that did not.

## CARETAKER—FREEDOM/SENSUALITY/CAREFREE (ARTHRITIS)

This case of arthritis cleared up in couple of weeks. Here’s who spoke:

CARETAKER: A lot of people say, “Help me, help me, help me.” I’m like a ship with so many people on board, they’re falling over the sides. I’m so laden that I can’t float on the water anymore. But I don’t know how to stop. I’m exhausted. I might have to die. I don’t know what else to do.

FREEDOM: I know what to do. I want freedom to dance. I haven’t danced in a long time. I would be light, less responsible. I would float in the water. There is a way.

## ANOTHER FRIGHTENED CHILD (SHAKING LIKE A LEAF)

At the annual Penn State Women’s Conference, Shakti Gawain was the keynote speaker, and I was to introduce her. I am normally relaxed speaking in front of people, but as I picked up the microphone this day, my body started to tremble. I tried to hide it as I gave a rousing overture to Shakti’s talk. Immediately after her keynote address, Shakti and I co-led a workshop on Voice Dialogue and the Psychology of Selves. With fifteen minutes left at the end of the workshop, I decided to demonstrate my own selves that were present right then and there, though, as always, I wasn’t sure who would come out. First came a Power side who said she loved the booming voice created by the big microphone I was holding, loved the pink silk suit and matching heels I was wearing, and loved teaching with the great visionary Shakti Gawain.

Then the opposite self appeared. A total surprise to me, out came my inner child, shaking like a leaf. So that’s who was in me shaking during the introduction! She bent over, frail and shy. “I’m tired and I’m scared, and I hate these high heels,” she cried as she slipped them off in front of the 500 onlookers. “I just want to go home.” Several people said to me afterwards that, after two hours of talking about subpersonalities, that demonstration brought home to them the reality of selves. And it brought home to me who had been shaking.

## RESPONSIBLE—SAD CHILD (LUNG DISEASE)—

### MOVING FROM GENERALITIES TO SPECIFICS

Peggy, a young professional woman, started her session facing the bleak prospect of a potentially terminal lung disease with no known cause. Louise Hay says lung disease stems from “depression, grief, fear of taking in life, not feeling worthy of taking life fully.” Similarly, Carolyn Myss says lung diseases are related to “the energy center near the heart...that relates to emotional perceptions.” In Peggy’s case, they were both correct. But what does Peggy do with this? How does she find the specific grief that lies beneath her particular illness? Following the protocol of the Self Behind the Symptom, she discovered at least one significant component of her illness.

As the session began, I asked Peggy to be open to receiving any image or message from the lung illness that would guide her to her inner world.

“I sense a scary sadness. It feels like a black hole, empty.”

“Tell me more about this black hole.”

“There’s the image of a coffin. It’s only about an inch wide.”

“That is a very small coffin,” I said, wondering if an Inner Child might be surfacing. “Is anyone in the coffin?”

“Little Peggy is in there. She’s holding back her tears.”

“Why is she holding back her tears?” I asked.

“Because it’s weak of her to cry.”

“Who says that?” This was the crucial moment, the duality that often lies behind a symptom: one part of Peggy said she was not supposed to cry, while another part desperately needed to cry.

I continued, “May we speak with the part that says crying is weak?”

Peggy assented. As this part spoke, the energy shifted. A strong, upright, grownup person appeared in Peggy. It recalled her childhood. “I can see Peggy’s mother scolding her. The mother is saying, ‘Behave. Help me. I have an enormous amount to carry, and you only add to my burden.’ So,” this part continued, “I came in then and hardly ever allowed Peggy to cry, because that would have added to her mom’s pain.”

“You took care of Peggy’s mom by deciding that Peggy should not cry. You took responsibility for supporting her mother,” I said to this Responsible part. “You were really trying to help at the time. The issue now is that Peggy needs to cry those tears and experience the feelings that have been locked inside ever since she was a little girl. Would it be all right with you if we explore that?”

The Responsible part nodded. “I suppose it would be all right, just a bit.”

I invited, “Is the one who wants to cry here?”

“I’m here,” whispered a sad Child within Peggy. “I dove into the darkness a long time ago. This disease was a way for me to come up.”

“It’s all right for you to cry,” I encouraged.

She began to cry. “Where in your body are these tears coming from?” I asked.

Peggy pointed to her lower ribcage. “My lungs,” she said.

“Let the tears come from there. Let them come.” Peggy wept.

After awhile, the session gently concluded, and I urged Peggy to follow up

with counseling to flesh out the dynamics with her mother and let the tears continue to flow.

In Peggy's case, both Louise Hay and Carolyn Myss were right, for grief lay behind Peggy's lung disease. But grief about what? The Self Behind the Symptom led Peggy to the core of her problem.

### INNER CRITIC—SELF-ESTEEM (INSOMNIA AND NECK PAIN)

Jane had suffered from insomnia and chronic neck pain for years and had tried many remedies for both. She decided to dialogue with her insomnia.

First, Jane relaxed her body and her rational mind. Then she scanned her body and noticed her jaw became tight.

"Stay with the tight feeling in the jaw, and see what happens next," I suggested, knowing the body was leading Jane right where she needed to go.

Jane focused on her jaw, and in a moment a part related to the insomnia appeared and began to speak. "I am stern," it said. "You can call me the Headmaster. I'm a steel rod up the back of the neck, and I give pain there. I'm not so sure you want to meet me."

I assured the Headmaster I did.

"We'll see," it said.

The Headmaster began to explain its role. "I have to keep moving, keep going. I work really hard all the time. But it's not the kind of 'doing' you might think. What's important to me is growing. It is paramount that Jane grow. I am winning the race of consciousness. She can eat a little and sleep a little, but she doesn't need much. She is not supposed to have any needs."

At that moment, Jane's neck made a loud "crack!", spontaneously adjusting as if it were being manipulated by a chiropractor. We sat in amazement. This confirmed that the energy of the Headmaster was indeed related to the neck pain as well as Jane's insomnia.

Then Jane spoke to an opposite part who had lain buried underneath the Headmaster's incessant demands. A child-like voice that did not want to work so hard cooed, "I do need a few things, not a lot. I need to play, dance, eat, sleep, love and be loved. It's nice that somebody wants to talk with me."

Jane then met another opposite to the Headmaster. This part did not feel it had to strive for consciousness. It felt adequate, smart, capable, brilliant, wise. Jane beamed as this part emerged, radiating confidence, a balance to the never-satisfied Headmaster.

That night, and for several weeks, Jane slept soundly, a marked improvement from her years of insomnia.

### INNER PATRIARCH, WITH SOME RELIGIOUS RULEMAKER— WOMEN'S POWER (URINARY TRACT INFECTION AND ANOREXIA)

Brenda had never heard of the Inner Patriarch, but as we worked with her urinary tract infection, she met him. This voice in her said, "I do not want Brenda to be a female. They are slutty. Women in general are weak. (laughing) They try so hard to be strong and independent. Brenda rebels, but her rebellion is futile. She'd have it much easier if she'd just succumb to the way it is."

The Inner Patriarch continued, "She would like to be the money-earner in the

relationship and have a career and do ‘great’ things that would help people. She’s so delusional. It’s not a woman’s place. It’s not. She’s still a woman and she has to defer to it. Let her ‘career’ be a hobby, a side thing. It’s very selfish otherwise. She should be taking care of somebody, like her boyfriend. Amp it up a little. She asks him to take responsibilities around the house, but she shouldn’t. She should be having babies. They are a fertile couple and they are not doing anything with it. She should stay at home. It’s not a woman’s place to be out in the world. If she’s dying to do something, get a hobby.

“She needs a relationship partner that is more dominant. She picked someone who is too vulnerable, so she has to be responsible. She is weak, she might as well be in the weak, traditional role in the relationship. Her religious upbringing taught her to be obedient and serving, not self-serving.

“You know how I connect to the urinary tract infection? It makes her more submissive. It’s a way of controlling her and it’s a way for me to mess with her female energy. She can’t go too far cause I’ll yank her back. I’ll show her.

“She’s a little shit. In high school, she had a boyfriend who kept her in a submissive state. In college, she wore short skirts and flirted and became wild and was with a ton of men and was on that stupid pill that would stop any female from getting pregnant. I couldn’t take it any longer. I slammed her down to get her to stop. I feel no concern for her right now.”

“About the anorexia: It was her budding sexuality that needed to be put under control. She was far too sexual, it was hard enough that she developed early, but the male attention was not appropriate. It was better to try to make her body not as feminine, more like a boy.”

For a deeper understanding of the Inner Patriarch, please see Sidra Stone’s book, *The Shadow King: The Inner Force That Holds Women Back.*”

## SEVERAL SELVES (CANCER)

In cases of cancer, several selves behind the symptom overlap. Though I draw on only a tiny sample, for the cancer clients I have worked with, there is always a disowned self that needs to come through in everyday life, a wounded Child that needs to heal a childhood trauma, and some aspect of instinctual energy.

Take the example of Samantha who had spontaneously developed a form of leukemia and was expected to die within two weeks. She had a history of childhood trauma. Samantha began to speak about the rest she was looking forward to in heaven.

“Rest from what?” I asked.

“From answering the phone all the time, being there for people day after day. It’s just too much.” (Do you hear the Caretaker, with overtones of Responsible and Pleaser?)

“You think you get relieved of this when you go to heaven?” I retorted.

“Oh no, you mean I don’t?” and with this, she toppled over from where she had been sitting in bed, aghast that her Caretaker responsibilities might follow her.

“I don’t know. But I know that you could look at the issue here, in life. You don’t have to answer the phone. You don’t have to take of people all the time.”

“Really?”

We spoke for a quite a long time after that about other worries she had, ways

she was just “sick” of being, and she understood she was under no obligation to continue those ways. In other words, she could unhook from these primary selves. She lived for several months after this, though she did not pursue counseling to assist her in continuing to unhook from these selves in her.

## PATTERNS:

### DID SYMPTOMS HEAL?

I statistically analyzed data from clients over a ten-year period. This study tracked to completion 144 of 223 presenting symptoms. Those for which I do not know the healing results were workshop participants with whom I had no contact after the workshop or clients who opted out of sessions. At the time I did not know this analysis lay ahead and the concomitant value of following up on results.

### THE MAIN CATEGORIES IN THIS ANALYSIS ARE:

Healing—healing occurred.

Cyclical—healing occurred, then the symptom reappeared within a period of time of several days to several months.

Improvement—In the client’s words, such as “I feel better,” there was improvement.

No change.

Don’t know.

Of the symptoms tracked to completion, results showed 63% of the clients healed, 12% had cyclical results, 10% noticed improvement and 15% did not notice any change. Some of these 15% are still working with their bodies after months and years, and learning volumes.

If we look at the entire sample, the healing percentages decrease. In other words, if none of the 79 people we did not track experienced healing, the frequency of healing would drop to 41%, etc. Still, we would be happy with those results. But we are overjoyed at the 63% healing, as well as cyclic and improvement results that occurred in the 144 symptoms that were tracked.

|                          | Number of Cases | % of 144 Symptoms Tracked to Completion | % of 223, whole sample |
|--------------------------|-----------------|---|------------------------|
| Healed                   | 91              | 63%                                     | 41%                    |
| Cyclical                 | 17              | 12%                                     | 7%                     |
| Improvement              | 14%             | 10%                                     | 6%                     |
| Includes 1 Extended Life | 1               |   |                        |
| No                       | 21%             | 15%                                     | 9%                     |
| Don't Know               | 79              |   | 37%                    |
| <b>Totals:</b>           | <b>223</b>      | <b>100%</b>                             | <b>100%</b>            |

*Chart 1: Did Symptoms Heal?*

### HOW LONG DID HEALING TAKE?

If we look at the 91 people above who healed with this work, we can then ask, “For these, how long did the healing take?” In just over half, healing occurred in a single session. 10% took two or three sessions, another 4% took four to

six sessions, about 20% took more than that. Some of these lengthier healing trajectories took years.

| Number of Sessions to Healing | Number of Clients | % of People Who Got Healing |
|-------------------------------|-------------------|-----------------------------|
| 1                             | 50                | 50%                         |
| 2                             | 5                 | 5%                          |
| 3                             | 5                 | 5%                          |
| 4                             | 1                 | 1%                          |
| 5                             | 2                 | 2%                          |
| 6                             | 1                 | 1%                          |
| several                       | 19                | 20%                         |
| unclear                       | 8                 | 9%                          |
| <b>Totals:</b>                | <b>91</b>         | <b>98%</b>                  |

*Chart 2: How Long Did Healing Take?*

Quantitatively we can isolate certain types of people who heal quickly with this work. First, individuals familiar with Voice Dialogue and the reality of selves easily transition to this work. Second, participants in a workshop benefit from intense immersion in the world of selves and the power of group support. Third, people experienced in the arts, particularly the performing arts, are already fluent in the language of energies; dancers, musicians and actors do well with this work. Fourth, willingness factors in; many individuals who do not fall into these types have done powerful, effective healing work. Brave souls create miracles.

Those that have more trouble are people who identify strongly with the Rational Mind, including knowledge of psychology, traditional medicine or alternative medicine. Their “Thinkers” think they have the answers and weave the most convincing explanations—I know, because I did for years. I would sit with a client and together we would “brain out” the Self Behind the Symptom, and then we would go into the body-psyche just to verify our premise. In every case, we were mistaken, and what actually came up was so much richer and textured and made us exclaim, “Yes, that’s it.”

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