

The Development of Conscious Body Symptom Work, and its Efficacy in Client Outcomes

Judith Hendin, Ph.D.

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ABSTRACT

This article examines the development and efficacy of “Conscious Body Symptom Work,” a methodology developed by the author in the early 1990s. Conscious Body sees physical symptoms as a portal to deep inner work. Conscious Body is based on the concept that every human being has many inner “selves.” By utilizing a special energetic approach, Conscious Body focuses on body symptoms and diseases to gain access to the hidden “self behind the symptom,” a self that wants to come to light and be acknowledged. This new method has led to favorable results. Analysis of patient outcomes over a ten-year period shows that Conscious Body helped 88% of clients to uncover a hidden self behind the symptom – a discovery that revealed important unresolved inner issues in the clients’ lives. When the client accessed this buried self and allowed its pent-up energy to flow actively through the body, physical symptoms were mitigated, and often resolved entirely. Of 144 symptoms reported at intake, 85% improved or disappeared.

KEY WORDS

Voice Dialogue – Conscious Body – Healing – Energy – Body-mind – Mind-body –
Symptoms – Disease – Illness – Healing – Pain

PART I. INTRODUCTION TO CONSCIOUS BODY SYMPTOM WORK

In 1988 I was a newly practicing facilitator of Voice Dialogue, a sub-personality method that holds that we are all composed of inner selves, and that each of these inner selves has its own energetic identity. In Voice Dialogue, facilitators use a process that dialogues with these selves. Often what these selves have to say sheds new light on how and why clients feel and behave as they do. In my practice, I found that Voice Dialogue worked beautifully to help my clients become aware of the energy of their inner selves and how that energy could help overcome personal and professional issues.

In addition to my Voice Dialogue Training, I also had an extensive background in bodywork and somatic therapies (see Part III), and a number of clients came to me for help with specific body symptoms. They were often referred by medical doctors and psychotherapists who knew that I had been successful in helping people who had physical symptoms that had not responded to traditional medical treatments. For the most part, I was able to alleviate symptoms using a variety of bodywork therapies and movement re-education. But there was a subset of clients who, despite my best efforts, did not improve, or if they did improve, their symptoms inevitably returned. To me, they seemed “stuck.” I began to wonder why their symptoms could not be resolved. What was keeping them from healing?

ENTERING THE SYMBOLIC REALM

The first awareness I had that there was more to physical symptoms than meets the eye was when I worked with a young woman who came to me for chronic lower back pain. I was able to help release some of the muscular tension using various manual therapies, but her pain would eventually return. I decided to take a different approach. I asked her to focus on her back pain and be open to anything that might arise. I was surprised when she said, "I see a dove."

What could that signify?

I asked her if anything else came up. She replied, "Now I see a crucifix."

I had no idea what was going on and I am so glad I didn't.

I was intrigued with the idea that back pain could come up with these images. I started to ask other clients to focus on their symptoms to see what arose with them. Clients reported seeing: a hairy giant, a ball made of lead, a thatched hut. Perhaps the body was trying to bring forth material using symbolic language, much like the unconscious does when we dream.

And then Margaret walked through my door asking for help with her marriage. In particular she wanted support in dealing with her reluctance to be intimate with her husband.

Margaret was a middle-aged, intelligent, highly educated woman. We worked for a few weeks using Voice Dialogue to meet selves within her that might be involved in the issue of intimacy. She met her Puritan self, as well as its opposite, a self who could enjoy sensual and sexual contact. But these selves did not resolve her problem. Then one day, in the middle of a session, Margaret had a panic attack. Her heart rate escalated and she felt anxious. Because I am a somatic therapist, I asked if I could put my hand on her heart. She agreed, and as I placed my hand over her heart, I could feel it racing – clearly a symptom of a panic attack.

I suggested to Margaret that we try to connect with that racing heart. Margaret agreed to try it. I asked her to close her eyes and be open to any image or message, no matter how strange, that might emerge from the energy of her racing heart.

She said that she saw an image of a kitten that was hissing and baring its teeth.

Margaret's heart continued to race. I asked if I could speak directly to the kitten. Margaret agreed. I said, "Hello, kitten. Can you tell me about yourself?"

"My claws are sharp. I want to use them for something."

"What do you want to use them for?" I asked, realizing that there was more to this symbol than a mere kitten.

"To keep away bad people."

From these words and the sharp energy with which they were spoken, I sensed a self beginning to take form. "It sounds like there may be a part of Margaret that wants to keep away bad people," I said.

"Yesss," hissed the kitten.

"May I speak with that part?" I asked.

Margaret nodded. From our work with Voice Dialogue, she was able to pause where she was and make an intentional inner shift to let that other part of her be present. Then I picked up the thread of the conversation from before. "You want to keep away bad people . . .?"

"Yes," it said almost inaudibly.

I could feel that there was an energy in Margaret that needed encouragement to be present. "What would you want to say to the bad people?" I asked while extending an open, welcoming energy to that kitten self.

This self whispered very softly, "Stop it, get out of here, I wish you'd drop dead."

“Who are you talking to?” I asked with an encouraging voice. Clearly this was a self that had never been acknowledged before.

“The people that treated me so badly,” she whispered anxiously, as if she feared being overheard. She sounded like a Hurt Inner Child who had been deeply wounded. Here was the hidden self. Now that we had found it, we could access its full energy.

“It’s good that you’re saying out loud how you feel,” I said encouragingly. “But those are very strong words, and I wonder, if you were saying them to someone, would you be whispering?”

“I guess not,” said this Hurt Child softly. So it repeated the same words, but this time at the volume of a normal speaking voice.

“That’s better,” I said, my hand still on the racing heart. “But if you were saying words like that to someone who hurt you, how loud would you really like to be?”

The Hurt Child inhaled deeply and then with every decibel it could muster, yelled, “STOP IT! GET OUT OF HERE! I WISH YOU’D DROP DEAD!” And with those words, Margaret’s heartbeat instantly stopped racing and returned to a steady normal rhythm.

Margaret felt this immediately and asked incredulously, “What just happened?” Little did I know how profound that question would turn out to be to my future work.

WHAT HAPPENED? SYMBOL, SELF, MOVING THE ENERGY

For Margaret, three things happened. These same three things became pillars of what I would later come to call Conscious Body Symptom Work.

First, by focusing on the symptom of her racing heart, Margaret was able to tap into a symbol – in her case, a hissing kitten. Where did this symbolic image of a kitten come from? I found that C.G. Jung was the most insightful in explaining the powerful role of symbols in both the conscious and unconscious realms. I carried this further by connecting it to the body. I conceived the term “bodypsyche” to represent this nexus of body, consciousness, and the unconscious. I realized that just as our dreams use the language of symbols, so does our bodypsyche.

Symbols that emerge from the bodypsyche can take many forms. These symbols can appear as simple visual images, like the hissing kitten. Or the symbol can manifest in movement, such as a client’s hand starting to move side to side as if it were dancing. Or there can be kinesthetic sensations in the body, such as queasiness in the stomach. In Conscious Body Symptom Work, these three symbolic expressions of the bodypsyche – visual images, body movement, and kinesthetic sensation – are by far the most frequent symbolic forms that emerge from physical symptoms. Symbols also appear, though much less frequently, on the sensory channels of smell, sound, and taste.

The second thing that happened was that the symbol of the kitten led to what I call “the self behind the symptom.” In Margaret’s case, this was a Hurt Child whose anger had never been expressed before. By holding an open energetic space for this Child and encouraging it to come forward, that hidden self could finally find its voice and, in this instance, yell. Through her body symptom of a panic attack, with a racing heart, Margaret was able to discover deep traumatic issues, which led to further work. (Details of this are beyond the scope of this paper.)

The third event involved moving the energy of this Hurt Angry Child through the entire bodypsyche as well as the current body symptom. For Margaret, this happened when the Hurt Child felt safe enough to come out of hiding and say the words that it had been too terrified to ever say before. As it spoke the forbidden words in an increasingly louder voice, the Hurt Child

was able to reach its full energetic expression. That expression shifted Margaret's energy and it stopped her panic attack.

(Note: for those readers who might wonder if my touch influenced the dissipation of the symptom, I would answer no. The type of touch I used was impersonal and objective, not soothing or nurturing. My touch had two intentions: to help Margaret focus her attention specifically on her racing heart, and to let me monitor any changes in her heart rate. Because my hand was on her heart the entire time, I knew that her heart rate did not normalize until the hidden self yelled its words of rage.) When that decades-old rage was expressed, I could sense a significant energetic shift in Margaret. A new energy was coursing through her, and this energy brought symptom relief – her heart stopped racing.

CONSCIOUS BODY SYMPTOM WORK

Over time I found that it didn't matter whether the issue was a migraine, a skin rash, a lung disease, or cancer – a hidden self always emerged.) I realized that diseases, disorders, and syndromes are one and the same, namely a symptom from the bodypsyche that points to a hidden self that needs to be found, acknowledged, and heard.

It is vitally important that clients as well as facilitators realize that unconscious hidden selves do not *cause* body symptoms. Rather they are using a body symptom as a way to call attention to their compelling need to finally be allowed to come into the light so they can live, expand, and grow.

My clients reported much relief after discovering their hidden selves and experiencing the release of their pent-up energies. Something was clearly working, but what and how?

After countless sessions, I began to recognize the way the bodypsyche actually worked, and I learned how to follow its lead. In due time, I found quite a few ways to expedite the discovery and expression of hidden selves. Gradually, a process developed that incorporated all that I had discovered, which I came to call Conscious Body Symptom Work. Conscious Body Symptom Work typically entails the following steps for the facilitator:

- Do a complete intake, with special attention to rational explanations
- Listen to concerns of other selves
- Do a guided relaxation
- Invite the client to enter into the symbolic realm and follow its energy
- Identify the newly emerging disowned self
- Welcome the new self and support its energy
- Encourage its energy to flow through the body to potentially bring healing to the symptom
- Conclude the session and plan further work

While the entire process of finding a hidden self can occasionally unfold in a single session, more often than not, it takes longer – from a few sessions to many. It can expand even further than that as Conscious Body Symptom Work interweaves with a client's ongoing inner work.

Here are the bare bones of Conscious Body Symptom Work as it is used today. (The actual process is much richer and more complex than can be described here.)

Do a complete intake, with special attention to rational explanations:

Clients and I begin by talking about the reason for their visit. As clients share their history, I am actually listening to what I call “Thinker” selves. These are selves that often hold information and explanations about body symptoms. The first Thinker to surface is the “Rational Thinker,” whose job is to collect and communicate factual information about the symptom, such as medical test results, types of doctors/practitioners seen, etc. Then comes the “Interpretive Thinker,” who is keen to find an explanation for the symptom. The Interpretive Thinker can approach the symptom from different angles. It may look for a logical cause and effect, for example, “The back hurts because of pushing way too hard at work.” Or it may try to find a link between the symptom and a secondary gain, such as, “The back pain is there because it is teaching the needed lesson of how to receive care from others.” Or the Interpretive Thinker may try to explain the symptom by using literal metaphors such as, “The back pain comes from ‘holding back’ from speaking forthrightly to the boss at work.” As convincing as these conjectures about the origin of the symptom may sound, I have found they are completely different from what eventually emerges as we follow the steps of Conscious Body Symptom Work. I continue to ask clients, “What other ideas do you have about the body symptom? What else? What else?” until I feel the Thinkers have expressed everything on their minds. Then, and only then, can the non-rational realm of the bodypsyche come forth freely.

Listen to concerns of other selves:

Once the Thinkers have said their piece, I next ask to talk to the self that I have named the “Gatekeeper of Inner Work.” This self is the one who has fears or reservations about doing any inner exploration. I talk to this self and listen to its concerns, which typically have to do with fear about the client's capacity to deal with whatever new issues may emerge from the body. I take careful note of these concerns so that I can later address them with the client. Then I ask the Gatekeeper for its advice and for permission to proceed.

Do a guided relaxation:

Once the Gatekeeper of Inner Work has granted permission to proceed, I lead the client through a full body relaxation. I ask the client to lie down (on a sofa, bodywork table, or the floor). The purpose of the prone position is to further disengage the client from rational thinking.

Invite the client to enter the symbolic realm and follow its energy:

After the client is fully relaxed, I invite him or her to focus on the energy of the physical symptom and stay receptive to anything that may emerge – an image, a movement, a sensation, or even a smell, sound, or taste. When symbolic material arises, regardless of its form, I talk to it. Any symbolic material can speak, be it a flower, a hallway, a smell of toast, a wiggling toe. As Jung noted, symbols are carriers of psychic energy. In the bodypsyche, all symbolic forms have a type of energy that is seeking to become conscious

Identify the newly emerging disowned self:

This is the most challenging part of the process. The arising symbolic material is often cryptic, and the self that is trying to emerge can be difficult to find. In exploring this material, the facilitator needs to ask the right questions in the right tone, so the attributes of the hidden self can gently unfold at their own pace. It is vital that the facilitator stay open and not rush to identify the hidden self. For example, a 70-year-old woman with ulcerative colitis came to see me. After a

guided relaxation, she focused on her colitis, and the symbol of a balloon appeared. As the balloon spoke, I could hear from its childlike voice that a young self was emerging. So I asked, “How old are you?” It answered “um . . . three.”

Here was an Inner Child, so I knew I had to deal with it very gently. I wanted to encourage it to come forward more fully, so I asked the Child to tell me more about itself. It admitted it felt “very sad.” Why was it sad? I asked. Because many of its friends were dying (i.e., the woman’s elderly peers). “But I never . . . never . . . never . . . cry,” said the Inner Child who seemed very sad, which alerted me to the presence of the Gatekeeper of Emotions. This Gatekeeper was forbidding the Sad Child to cry. When I asked this Gatekeeper to talk about its reasons for not crying, it said, “Strong, smart people don’t cry.” And with that, the Sad Child was at last allowed to convulse in tears. It was as if, when the Gatekeeper of Emotions was encouraged to express its inner rules, a spell was broken, and pent-up emotions were allowed to flow spontaneously. This Sad Child was the self behind the colitis and its tears brought relief from the pain.

The Sad Child was a disowned self of this woman. This disowned self had been forced to hide because the Gatekeeper of Emotions did not want these behaviors, feelings, and desires to be expressed. Nonetheless, this disowned self desperately wanted to express its feelings and have those feelings accepted. A key function of the facilitator is to provide a warm welcome to the newly emerging self – like a long-lost friend returning home.

In the course of my work in Conscious Body, I have found that there are four main types of disowned selves that arise from body symptoms:

- 1) Everyday opposite selves (such as the Carefree self as an opposite to the primary Responsible self)
- 2) Selves holding unexpressed emotions (such as rage or fear)
- 3) Unknown Inner Children
- 4) Unknown selves holding buried trauma

Often these four types of selves overlap, as was the case with Margaret’s panic attack, in which an *Inner Child* needed to express *emotions* about *trauma*.

Welcome the new self and support its energy:

When the new self is identified, the facilitator welcomes it. This self has been buried within the client, and needs to be unconditionally accepted by the facilitator. The facilitator engages with the new self by asking questions, such as “Tell me about yourself.” “What do you need?” “If you could be around more, what would you want to do?” As this dialogue unfolds, the new self becomes more and more present, and its energy becomes more and more vital.

Encourage its energy to flow through the body to potentially bring healing to the symptom:

When disowned energy is allowed to be fully embodied and expressed, the disowned self comes alive. Conscious Body Symptom Work emphasizes this energetic expression and amplifies it so the energy of the newly found self surges powerfully through the body. This outpouring of previously disowned energy can shift the body so dramatically that a physical symptom will disappear. Allowing the energy of the newly discovered self behind the symptom to be fully expressed – to be fully embodied – flushes the symptom with fresh, much needed energy. It is this newly released energy that acts as “medicine” to help resolve the symptom.

Conclude the session and plan further work:

At the conclusion of a session, the client can then begin to incorporate the new self into his or her life. Here, the client learns how to be consciously present between the two opposite selves (the newly discovered disowned self and its opposite primary self), and feel the pulls of their opposite energies. Out of the dynamic tension between these opposite energies, there eventually develops a center of awareness in the middle that Hal and Sidra Stone, the founders of Voice Dialogue, call the Aware Ego. When the client can energetically experience both opposite selves and can learn to disengage from each, the Aware Ego gets stronger. One of the main functions of the Aware Ego is to help foster choices that include and honor the needs and desires of both selves.

The Aware Ego serves Conscious Body Symptom Work perfectly. As previously mentioned, there are four types of disowned selves that arise from body symptoms. In the Aware Ego process, each type is handled in a distinct way:

- 1) When everyday opposite selves arise, the Aware Ego process works to disengage from the dominant primary self, and gradually and consciously allows the newly discovered disowned self to enter into and expand the client's life.
- 2) When selves holding unexpressed emotions arise, the Aware Ego process separates from the Gatekeeper of Emotions to allow disowned emotional expression.
- 3) When hidden Inner Children arise, the goal is to develop an Aware Ego that can nurture this Inner Child – a complex and enriching journey.
- 4) When selves holding buried trauma arise, clients enter into a very complex recovery process. This process needs to take into consideration: the Gatekeeper of Memories, many different manifestations of the Hurt Child, the reclamation of disowned selves lost during trauma, the Protector self, and many others. Aware Ego process allows clients to recognize and care for the diverse selves that arise in this deep work.

HOW FACILITATORS USE ENERGY IN CONSCIOUS BODY SYMPTOM WORK

During each step of Conscious Body, the facilitator adjusts his or her own energy with tremendous finesse.

Starting with intake, the facilitator stays in their own Rational Mind, matching the energy of the rational information the client is sharing about their body symptom.

When talking to the Gatekeeper, the facilitator welcomes the Gatekeeper's concerns and doubts, never trying to convince the Gatekeeper to change its mind.

In relaxation, the facilitator speaks very slowly, transitioning out of rationality, ushering both client and facilitator into the deep world of the bodypsyche, from which symbolic material will arise.

When entering into the symbolic realm, the facilitator adopts a Zen-like attitude that relinquishes any sense of personal identity. This allows the Conscious Body facilitator to be open to whatever arises symbolically from the body symptom, remaining completely neutral, never adding interpretation. The facilitator then dialogues with this symbolic material, whatever it may be – anything from a fire-breathing dragon, to a stick in the dirt, to a delicately dancing finger.

The facilitator's energy holds the space for whatever self appears – this will be the hidden, disowned self that is calling from behind the body symptom. In this listening, watching mode, the facilitator is like a tennis champion poised to receive the next shot, as if energy is bouncing from one foot to the other, ready to move in any direction in order to meet the incoming ball

wherever it lands. The Conscious Body facilitator hovers like this, ready to shift energy internally as the hidden self begins to appear. Maybe the self will be a Playful Child, maybe a Power self, maybe a forgotten trauma.

Once the facilitator has a sense of the hidden self, the facilitator begins to match its energy – a little at first, and then more and more as this hidden self, through questions, becomes crystal clear. When the identity of the self is known, the facilitator matches its energy fully and talks with the self, using regular Voice Dialogue.

While dialoguing with the self, the Conscious Body facilitator encourages the energy of this self to increase. I call this encouragement “amplification.” The facilitator achieves this by increasing his or her own energy, which encourages the energy of the self to also increase. As the intensity of energy grows, the facilitator assists the client in directing the energy of that newly discovered self to pour through the body symptom, which often engenders healing.

PART II. AN ANALYSIS OF CONSCIOUS BODY CLIENT RECORDS OVER TEN YEARS

In the early years of Conscious Body Symptom Work, I never dreamed there would be enough cases to warrant a statistical analysis. But as my caseload grew and anecdotal evidence began to build, I realized that I could analyze the range and effectiveness of this work.

METHODOLOGY

Objectives

This analysis examines the prevalence of selves that emerged from body symptoms, the specific types of selves that came up, and how well the energetic shifts brought by these selves were able to abate or eradicate physical symptoms.

Data

The data for this study were culled from my therapeutic practice and workshops, from 1995 to 2004. Out of a total of 419 clients I worked with during the ten-year span of this study, the 144 clients I selected represented 34% of the total. The inclusion criteria were that the client had wanted to work with a body symptom from the perspective of Conscious Body Symptom Work, and that full notes or transcripts of the session(s) were available.

The data were collected from three sources: clients who had just one session, clients who did several sessions, and students who had a session within a workshop. Each session was one to two hours long.

Of the 144 clients, some presented with more than one symptom. The resulting 218 symptoms were used in this analysis. Again, let me reiterate that I define symptoms as any bodypsyche manifestation, including diseases, disorders, and syndromes. Conscious Body Symptom Work treats them all the same way.

Clients

Altogether, 144 people were included in this study. Of these, 85% were female, 15% were male. The predominant ages were between 30 and 50 years old. Specifically, the ages of clients were: age 10-19, 1 client; age 20-29, 11 clients; age 30-39, 58 clients; age 40-49, 43 clients; age 50-59, 23 clients; age 60-69, 6 clients; and age 70-79, 2 clients.

1. How Often Did a Self behind the Symptom Emerge?

In 218 of the symptoms reported, a self appeared in 193 of those symptoms. In other words, a self appeared in 88% of the symptoms.

Table 1.

How Often Did a Self behind the Symptom Emerge?		
Presence of a Self	Number of Symptoms/Diseases	% of Total
Yes	193	88%
Unsure	21	10%
NA	4	2%
Total:	218	100%

NOTE (a): The 21 cases of “unsure” reflect my early lack of familiarity with arising selves that were related to trauma. Knowing what I know now, I believe the percentage of selves appearing from symptoms would be higher than the 88% indicated here.

NOTE (b): The four instances of “not applicable” (NA) refer to cases in which the client started Conscious Body Symptom Work, but found the method unsuitable and elected to pursue other healing modalities.

2. What Selves Came Up?

Conscious Body Symptom Work proved to be effective at discovering a broad range of inner selves. To analyze the selves that came up, categories of selves had to be created. As I examined the 193 symptoms from which a self emerged, my analysis of the data showed that 13 different categories of selves emerged more than once. Twelve other selves emerged only one time each.

Table 2.

What Selves Came Up?		
Selves that Emerged from Symptoms	Number of Symptoms	% of 193 Symptoms
Inner Child (includes Playful, Cuddling, Sad, Frightened, Lonely, Hurt/Wounded)	58	30%
Memory (mostly of childhood abuse)	32	17%
Emotions (Fear-5, Sadness-5, Anger-3)	13	7%
Cares for Self (the opposite of Caretaker of Others)	11	6%
Straight Talker (opposite of Pleaser)	11	6%
Being (opposite of Doing)	10	5%
Inner Patriarch (in women)	10	5%
Need for Power (all these cases were women)	10	5%
Freedom in Life (opposite of Responsibility)	8	4%
Inner Critic	7	4%
Sexuality and Sensuality (opposite of Rationality or Propriety)	6	3%
Playful (other than Playful Child)	4	2%
Gatekeeper (of Emotions)	1	<1%
Other	12	6%
Total:	193	100%

3. How Did Symptoms Respond?

Clients reported any change in their symptoms either in the same session or in a subsequent session. Those changes were classified as follows:

- Disappearance of symptom – Example: A young woman had never had her period except during two years when she took birth control pills. After one Conscious Body session, the client said her menstrual cycle began.
- Improvement – Example: A man with soreness throughout his body did a Conscious Body session and said afterward, “There is still some soreness, but I feel better.”
- No Change – Example: A man who had childhood polio did sessions to address his pain and his pronounced limp. The client said sessions did not bring any change.

Of the original 218 symptoms, the number was reduced to 144 symptoms (see note below Table 3). Of these 144, results showed that 63% of symptoms disappeared, 22% improved, and 15% did not change. Therefore, 85% of clients benefitted from Conscious Body Symptom Work.

Table 3.

How Did Symptoms Respond?		
Symptom Change	Number of Symptoms	% of 144 symptoms
Disappearance of Symptom	91	63%
Improvement	32	22%
No Change	21	15%
Total:	144	100%

NOTE (a): Of the original 218 symptoms, the number was reduced to 144 symptoms for two reasons: 1) Several clients worked with more than one symptom. I chose one symptom for each person, the symptom the client presented first or emphasized most. 2) With some people no follow up was possible. These were either training participants with whom I had no contact after the training, or clients who came for only one session. Therefore, these cases were dropped from this portion of the analysis.

NOTE (b): This question often arises: What if a symptom disappears and then recurs? This may be a reminder from the self behind the symptom to re-incorporate its energy – to again “take the medicine” it offers. I have found that the maintenance of symptom improvement works best when a client makes concerted efforts to integrate the newfound material into his or her regular life, thus keeping the energetic shift going.

NOTE (c): A recurring symptom may also be a “body barometer,” a name I give to a symptom that recurs repeatedly as it registers messages from different selves at different times. If a client has truly integrated the first self that appeared from a symptom, and then the symptom recurs, we can do Conscious Body again to see what new self may be calling.

4. In the Symptoms That Disappeared, How Many Sessions Did It Take?

Of the 91 symptoms that disappeared, almost half (46%) were gone in a single session, 11% took two or three sessions, and 12% took four to five sessions. It is useful to bear in mind that simple symptoms do not take any more or less time to resolve than complex symptoms. What takes time is the work required to move through the complexity of issues that newly discovered selves bring to the table.

Table 4.

In the Symptoms That Disappeared, How Many Sessions Did It Take?		
Number of Sessions to Symptom Disappearance	Number of Symptoms	% of 91 Symptoms That Disappeared
1	42	46%
2 – 3	10	11%
4 – 5	11	12%
6 – 10	13	14%
Number of Sessions Unclear in Records	15	17%
Total:	91	100%

NOTE: As the depth of my work has developed since these studies were first conducted, a larger percentage of my clients' symptoms have led to unresolved childhood trauma. Some of these cases have required months of sessions, and in a few cases, years, for the body symptom to resolve.

5. What Body Symptoms and Diseases Were Addressed?

In the early years of Conscious Body Symptom Work, clients predominantly presented with relatively “simple” symptoms, such as pain, soreness, tightness, or numbness; skin conditions such as rashes, eczema, or psoriasis; and intestinal distress. Later, clients brought more serious illnesses, such as arthritis and colitis.

In this list, when no number is indicated, it means there was one case only.

Table 5.

What Body Symptoms and Diseases Were Addressed?	
Type	Number of Occurrences
Symptoms and Diseases:	
Allergy (foods)	1
Arthritis	1
Barrett's esophagus disease	1
Cancer (adenocarcinoma; breast-4; testicular-2; leukemia; lymphoma; ovarian; pre-cancerous: blood; cervical)	12
Cardiovascular (Churg-Strauss syndrome; heart palpitations-2; polycythemia; vasculitis)	5
Cold/Flu	3
Cough	1
Cyst (dermoid; fatty lipoma; ovarian-2)	4
Dental (tooth decay; toothache)	2
Diabetes	1
Difficulty breathing	3
Difficulty walking	3
Dizziness	1
Ears (hearing loss; otitis externa/swimmer's ear)	2
Eyes (flashing lights)	1
Fatigue	8
Female conditions (bleeding after sex; infertility-2;	8

menstrual cycle-2; pregnancy; premature menopause; vaginal soreness)	
Fibromyalgia	2
Hair loss	1
HIV	3
Hyperparathyroid	1
Infection	2
(urinary tract; yeast)	
Insomnia	7
Intestinal distress	15
(ache-2; constipation; colitis; cramps; diarrhea-5; digestive pain-4; nausea)	
Involuntary motion	3
(restless leg; tremor; twitch)	
Kinesthetic problems	19
(general malaise-2; numbness-2; "sensation of thickness"-2; soreness-4; stiffness; tender to touch-2; throbbing; tightness-5)	
Male sexual dysfunction	1
Musculoskeletal	5
(broken bone-2; muscle atrophy; repetitive stress syndrome; scoliosis)	
Nervous system	2
(demyelinating neuropathy; neuroma)	
Pain	41
(arm-2; back-11; chest; hand; head; headache-5; hip-2; joints; knee; lateral torso-2; migraine-3; neck; shoulder- 3; testicles; thigh; thumb; whole body; whole leg; wrist-2)	
Parkinson's	1
Polio	1
Scleroderma	1
Sinus	2
Skin	16
(bump; eczema-2; herpes-3; hives; itch; pimples; plantar wart; psoriasis; rash-5)	
Swelling	1
Throat	2
("lump"; partial closure)	
Thyroiditis	1
Weight	1
Bodily Experiences Associated with Certain Feelings, Behaviors, and Events:	
Abuse in childhood	3
Accident	3
(auto-3)	
Dermatillomania/face-picking	1
Dissociation	2
Food issues	3
Mood issues	17
(body dysmorphic disorder; depression- 7; depression with panic attack-2; fear of flying; manic depression; panic attack-4; PTSD)	
Substance abuse	4
(alcohol only; drugs and alcohol-3)	
Total	218

STUDY SUMMARY

The study results show that 85% of symptoms improved; this strongly suggests that real, effective healing took place. Granted, this was not a clinical double-blind study with a control group, so it is conceivable that the self-selection of the clients themselves produced a sample in which the clients were more amenable to inner work and energy shifts than the general population. Equally important, this study shows that 88% of the symptoms addressed revealed a buried self that in turn led to life-altering transformations.

PART III. MODALITIES THAT CONTRIBUTED TO, AND DIFFER FROM, CONSCIOUS BODY SYMPTOM WORK

PSYCHODYNAMIC BODY-MIND MODALITIES

By framing bodypsyche work in the reality of selves, Conscious Body Symptom Work distinguishes itself from most body-mind modalities. Nevertheless, several of those modalities pioneered the use of the body as a resource for inner knowledge – a concept that influenced and inspired the development of Conscious Body Symptom Work.

Hellerwork uses deep-tissue hands-on techniques to realign physical structure throughout the body (Heller, 1986). Joseph Heller inspired Conscious Body by showing how to boldly interweave the body with personal process, movement, imagery, drawing, dialogue, and emotional expression.

Other therapies sensitized Conscious Body Symptom Work to the many energetic components of the human body: *Healing Touch*, created by Janet Mentgen, R.N., works with the body's energy fields, chakras, and feelings (Mentgen, 1995). Barbara Brennan's *Healing Science* manipulates body energy fields and removes energy blockages – all with an associated psychodynamic dimension (Brennan, 1988).

Conscious Body shares with the following modalities the common goal of using the body as a portal to deep inner work: John Upledger's *CranioSacral Therapy* and *SomatoEmotional Release* use touch to receive feedback from the body about physical and emotional issues, in the form of craniosacral rhythm, a body rhythm distinct from heartbeat or respiration (Upledger, 1983a, 1997b). *Rosen Method Bodywork* treats areas of restricted breath or muscular tightness as indications of inner issues locked in the body (Rosen & Brenner, 2003). *Rubinfeld Synergy*, a blend of Alexander Technique, Feldenkrais, and Gestalt, combines respectful touch with verbal processing (Rubinfeld, 2000). Again, Conscious Body Symptom Work's distinguishing characteristic from Upledger, Rosen Bodywork, and Rubinfeld Synergy is its cognizance of selves as a way of framing material that arises from the body.

The six modalities listed above all employ touch. In Conscious Body, touch is optional. I have found that the process can proceed just as well without the use of touch, relying only on verbal contact between facilitator and client.

By tapping into the body's ability to communicate inner material, the following non-touch modalities impacted Conscious Body Symptom Work.

Arnold and Amy Mindell's *Process-oriented Psychology*, which is also called Process Work, is one of the few therapies that addresses body symptoms using dialogue as well as sensory

channels, such as movement, proprioceptive (body sensation), auditory (sound), gustatory (taste), olfactory (smell), and visual (sight). Conscious Body Symptom Work was influenced by the Mindell's Process Work and their concept of "sensory channels or pathways in which information manifests." (Mindell, Am., 1996, p. 72) But while the Mindells invite a client to expand symbolic material into all sensory channels, Conscious Body trusts the sensory channel that first materializes for the client.

J. Tamar Stone's *Body Dialogue* queries a client's individual body parts or the body as a whole for information on a variety of subjects. Her method of speaking to the body added to my understanding of the body's wisdom. We differ in many ways, the most significant being that Conscious Body Symptom Work relies on symbolic material from the bodypsyche to point to emerging selves, and then encourages the dramatic enactment of these selves so that their energy can promote healing.

CONSCIOUS BODY AND VOICE DIALOGUE: CONNECTIONS AND CONTRASTS

I love and practice both Conscious Body and Voice Dialogue. The tremendous insight that selves have an energetic component is one of the key concepts of Voice Dialogue that sets it apart from other forms of sub-personality work. The process of Conscious Body is founded upon that concept.

Both Conscious Body and Voice Dialogue are keenly aware that selves do not cause symptoms or disease. Rather, we both regard symptoms as signposts that may point to something in the inner world that needs attention.

But we have different approaches when it comes to dealing with the body and its symptoms. A cardinal rule of Voice Dialogue is to talk first with the primary self and then to address the disowned self. However in Conscious Body, that rule must be broken. Rather than beginning with the primary self, we begin with the symptom. A disowned self nearly always emerges, and so we talk to it. Only later, if necessary, do we dialogue with the associated primary self.

CONCLUSION

It is the discovery of the disowned self that puts the client on the road to transformation as this self brings to light material that has been hidden in the bodypsyche. And it is the encouragement of the energy of this newfound self to move through the body that propels healing.

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Biography

Judith Hendin, Ph.D., somatic therapist and senior Voice Dialogue facilitator, is the author of the book, *The Self behind the Symptom: How Shadow Voices Heal Us*. She is the originator of Conscious Body Symptom Work, as well as Conscious Body Trauma Work, a new way of addressing issues surrounding trauma through inner selves and energetics. She leads trainings around the world, and has lectured at international conferences. Judith Hendin has been in private practice for 25 years. Prior to her somatic work, she was a principal dancer with renowned dance companies.

Website: www.consciousbody.com

Email: contact@consciousbody.com

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