

CONSCIOUS BODY AND THE ENERGY MEDICINE OF SELVES

by
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***A physical symptom bears a gift from the unconscious
as powerful as any dream.***

Through pain or illness, the body collaborates with the unconscious to lead us to inner selves that have been disowned and buried inside. When we discover the particular self that is lying behind a symptom, this self offers medicine that may actually heal the body, as well as bring transformation in life.

PART I. BACKGROUND

Hal Stone has long taught that pain and illness are often calls from a disowned self (Stone & Stone, 1989, p. 135). Some of these selves are familiar to us. A Relaxed self may counterbalance a hard-working Pusher as it tries to prevent exhaustion or a heart attack. An outspoken Straight Talker may want to speak up as it tries to balance a Pleaser, and this may heal indigestion or insomnia. When people work with their primary selves and develop an Aware Ego process that honors both the primary and disowned sides, the body often gets well.

But what if the disowned self behind the illness is elusive? What if a physical condition has no obvious connection to a particular self?

Ten years of exploring ailments, through trials and experiments, led to the birth of the comprehensive psychodynamic technique I call the Conscious Body process. The next ten years were devoted to understanding the discoveries. Conscious Body employs the principles and wisdom of Voice Dialogue and the Psychology of Selves, as well as my background in body therapies, psych-soma modalities, cultural anthropology, and theatrical dance. Conscious Body evolved intuitively. Rational understanding came later.

The Conscious Body process has been used with hundreds of client symptoms, and with 40 symptoms of my own, both major and minor. Client symptoms ranged from rashes to headaches, insomnia to cancer, musculoskeletal pain to intestinal distress, ovarian cysts to sexual impotence. The Conscious Body process can be used with any physical symptom, or with any physical component of a psychological condition, such as the rapid heartbeat of a panic attack.

An analysis of Conscious Body client records over a 10-year period, published in the *USA Body Psychotherapy Journal*, shows the effectiveness of this work: 63% of symptoms disappeared, 22% improved, and 15% saw no change (Hendin, 2009).

Conscious Body has three aims:

1. Discover the self behind the symptom.
2. Move the energy of this newfound self through the body to possibly generate healing.
3. Ignite an Aware Ego process that honors the newly discovered disowned self and the associated primary self.

A Conscious Body session has a distinctive dramatic arc: the methodical pace of Thinkers; the questioning reluctance of Gatekeepers; the quiet stillness of relaxation; the slow, mysterious revelation of symbols from the unconscious; the amping up of energy as the self behind the symptom comes into view; the full-throttle expression of this energy through the body; and finally the denouement, as the subject reenters everyday reality and the Aware Ego process begins.

Four types of disowned selves generally appear from physical symptoms:

- ◆ **Opposites** – Classic primary-disowned pairings of selves often appear, such as Pusher-Relaxed, Caretaker of Others-Cares for Self, Pleaser-Straight Talker, Rational-Sensual, Rulemaker-Independent, Special-Ordinary, Responsible-Carefree, Inner Critic-Inner Ally, and Inner Patriarch-Inner Power. As in Voice Dialogue, any unique self, with its opposite, may also appear.
- ◆ **Inner Child** – The Inner Child frequently appears in its various forms, including such Children as Playful, Lonely, Sad, Frightened, Needing Touch, the Inner Baby, and “I Exist!”
- ◆ **Emotions** – Anger, sadness, fear, and even joy arise. The Conscious Body process treats emotions as selves.
- ◆ **Trauma** – Adult trauma or childhood abuse, whether sexual, physical, or emotional, can manifest through body symptoms. In each case, a Wounded Child and many other selves need to be heard. If trauma emerges from a body symptom, the facilitator can either continue the work or refer out to an appropriate therapist.

These four groupings of selves can overlap. An Inner Child can have emotions; trauma recovery can involve opposites, the Child, and emotions; and so forth.

The facilitator does not necessarily jump into Conscious Body right away. For example, if someone has intense pain throughout the body, and they know, or suspect, a history of trauma, it is prudent to take time to work with primary selves first. A disowned self that arises from the body may point the way to months, even years, of inner work.

Of course, physical symptoms may not necessarily be a result of disowned selves. They can derive from nutritional, environmental, hereditary, and lifestyle factors, or the natural aging process, among other causes. The Conscious Body process is a diagnostic and therapeutic tool that accesses the rich psychodynamic component of symptoms.

PART II. CONSCIOUS BODY IN ACTION

Let’s step into a session with Nora. Actual dialogue illustrates the Conscious Body process.

Talk to Thinkers

Nora is outgoing and friendly as she tells me about herself and the history of her condition. A young woman, Nora works as a legal consultant for nonprofit companies. Her family (husband, two children, two cats) brings her joy and contentment. Several years ago, Nora’s body began to tingle and twitch. The sensations started in her left arm and spread around her body. Doctors at a leading research hospital ran, in her words, “every medical test,” yet all the results came back normal. When Nora extends her hand to shake mine, her whole body is slightly trembling.

The Conscious Body process begins with an intake. Intake is simple. The facilitator asks the subject to share everything she or he knows about the symptom. The purpose of the intake is not to diagnose like a medical doctor. The purpose is to allow Thinkers to speak. Gathering rational information at the beginning allows the subject to drop deep into the unconscious later.

Three Thinkers appear in relation to body symptoms: The first, the Rational Mind, holds factual information about the symptom. When did it begin? What medical treatments have been tried? What were the results?

The second Thinker, the Psychological Knower, also plays a major role during intake. In today's world, people's Psychological Knowers have many ideas about why illness has occurred. Maybe someone needs to take time off, or maybe someone needs nurturing care. As logical as the suppositions of the Psychological Knower may sound, when the self behind the symptom finally appears, it is usually completely different. The subject senses, *Yes, that's it.*

A third Thinker is the Alternative Medicine Knower. This self holds information about chakras (energy centers), meridians (Traditional Chinese Medicine), doshas (Ayurveda), and other schools of body wisdom.

Two of the last selves Hal and Sidra Stone added to the pantheon of the Psychology of Selves were the Rational Mind and the Psychological Knower. Drs. Stone emphasized how influential these parts are in personal relationships. When working with the body, these Thinkers are also crucial.

Here is a brief example of the three Thinkers speaking during intake.

FACILITATOR: I'd like to hear everything you know about this condition. Is it okay if I take notes?

NORA SPEAKING AS THE RATIONAL MIND: Sure. The tingles and tremors began four years ago. I've had nerve conduction tests, electrocardiograms, MRIs, and blood work, but nothing showed up. The tremors have gotten worse over time. I have difficulty sleeping, so I feel tired a lot. I can't exercise much, though I really want to. I've tried changes in my diet and I've added supplements. I've also tried alternative therapies, like acupuncture and massage. They give relief for a day or two, then I'm back where I started.

FACILITATOR: Complementary therapies often bring relief or healing to the body. I use them myself. But they don't seem to be working for you right now. Do you have any ideas about what may be causing this condition?

NORA SPEAKING AS THE PSYCHOLOGICAL KNOWER: I can be very uptight. I hardly ever relax. The shaking might be my nervousness.

FACILITATOR: Is there anything else you think might be connected to the trembling?

NORA SPEAKING AS THE ALTERNATIVE MEDICINE KNOWER: The energy flow in my meridians is probably blocked.

As the facilitator interviews the Thinkers, an energetic connection is developing with the self behind the symptom. Neither facilitator nor subject yet knows who this self is, but the facilitator energetically conveys interest in looking for it. The facilitator can sometimes feel it looking back.

Greet Gatekeepers

Week after week, Nora comes to sessions, ostensibly to work with her body. She speaks about many issues, but never wants to talk directly about her physical symptom. One day I ask, "Could there be someone in you that might not want to do this work with your body?"

People have many reservations about investigating their body symptoms. Conscious Body honors this by speaking with a part called the Gatekeeper of the bodypsyche. (I prefer my term “bodypsyche” to the commonly used “bodymind.” “Bodymind” can imply involvement of the Rational Mind, whereas “bodypsyche” represents the space where body and psyche intermingle—not real, physical space, but psychodynamic space, with all the bounty the psyche brings.)

In Conscious Body, a Gatekeeper is always present. The Gatekeeper’s role is to stand as sentry at the gate, and not let anyone pass into the inner realm. There is a discerning element in the Gatekeeper. It is concerned for the subject’s safety. A primary self may also function as a Gatekeeper, such as a Pusher that keeps a person too busy to do inner work. I have met over thirty versions of Gatekeepers of the bodypsyche, such as the Skeptic, the Tough Guy, and Fatigue, a Gatekeeper who yawns whenever the topic of the body is broached.

The facilitator speaks to the Gatekeeper using regular Voice Dialogue. The subject physically moves to a new position, which allows this inner character to come forth and speak as a real person. When the Gatekeeper feels that its concerns are respected, it often opens the gate. The challenge for the facilitator is not to take the Gatekeeper’s apprehensions personally.

A note about changing positions: In Voice Dialogue, the subject always moves to a new position when contacting a self. Purely because of logistics, in Conscious Body, such movement is optional. When the subject is lying in a horizontal position, moving sideways is awkward, and often there is not much room. So the facilitator can say, “Let yourself become this part,” or “Let this part be here.” This works effectively. Any time the facilitator wants more separation, the subject can move an inch or two to one side to let a self be present.

FACILITATOR: Do you have any concerns or reservations about doing this work with the body?

NORA’S GATEKEEPER: (*The Gatekeeper crosses its arms and legs, glares at the facilitator, and speaks in a formidable voice.*) You’re damn right I have concerns. I don’t want to do this. I’m skeptical of the whole idea that the body might reveal “someone inside.” It sounds preposterous. I have other concerns, too. What if Nora loses control? I don’t even know what’s going to come up, so how do I know that you, as a facilitator, can handle it?

FACILITATOR: I understand, and I’m glad you’re talking with us. (*The facilitator addresses each of the Gatekeeper’s concerns, then continues.*) Ultimately, it will be up to Nora to decide whether to go forward. If we do go forward, do you have any advice or guidelines for us?

GATEKEEPER: Go slow, very slow. If something difficult comes up, don’t barge ahead. Give her time to get accustomed to it.

FACILITATOR: We will follow your advice, I promise.

The facilitator respects the Gatekeeper, asks its advice, and invites it to join the team. Then things proceed smoothly. If a person jumps into Conscious Body without first meeting the Gatekeeper, it usually turns up later in the process. Honor it at the beginning, and the gate often stays open.

Enter the Bodypsyche

Nora lies down and relaxes deeply. She focuses her attention on the energy of the symptom, and waits for images, feelings, or messages to appear.

The first two steps, Thinkers (intake) and the Gatekeeper, are easy and straightforward. The next two steps, which follow symbols and find the self behind the symptom, are more subtle and require finesse.

The subject lies down on a sofa, bodywork table, or the floor, softened by carpet or cushions. The facilitator sits on a chair, a stool, or on the floor by the subject. The facilitator ushers the subject through a whole-body relaxation.

The subject then focuses attention on the *energy of the symptom*, which is connected to the energy of the self behind that symptom. Facilitator and subject do not know any more about the energy than that, but that is enough. The energy of the symptom, whatever it is, will lead to the self.

Together, facilitator and subject step into the land of the unconscious. When traveling in any foreign land, it is good to appreciate the local language. The unconscious speaks in the language of symbols—animals, places, colors, objects, people, spiritual figures, and fantastical creatures. We know this from dreams. The bodypsyche speaks in the same symbolic tongue. Nora shows how this unfolds.

FACILITATOR: Let your attention focus on the energy of the tremors. Be open to any image, feeling, or message that may arise, in any form, even if it makes no sense.

NORA IN THE SYMBOLIC REALM: (*breathing slowly, eyes closed, body relaxed*) I'm in a cave. . . .

FACILITATOR: (*repeating Nora's exact words, keeping the rhythm slow and deep, so Nora stays in the bodypsyche and does not shoot back up to the head*) You're in a cave. . . . What do you notice next?

SYMBOLIC REALM: It's not dark. There's a glow. It's like white on black. Now I see that the source of the glow is a dim light.

FACILITATOR: Stay with the dim light. What do you notice now?

SYMBOLIC REALM: The cave is being illuminated. There are carvings on the walls. One of the carvings is of a calf.

FACILITATOR: Stay with the calf. What do you notice next?

SYMBOLIC REALM: The calf is mooing and butting its head against another cow.

The facilitator can swim with confidence in this symbolic realm by recognizing a few common occurrences.

If the emerging symbol has even the slightest hint of rational connection with the symptom, the facilitator questions it. Nora's actual physical condition involved tingling, twitching, and trembling, and doctors thought her nervous system might be implicated. So if Nora's symbol had emerged as electrical wires, that would be very close to a description of the *actual body part*, her nervous symptom. Also, if Nora's symbol had been a quivering branch, that would be very close to a description of her *actual symptom*, the tremors. Other practitioners do excellent work speaking to body parts. In a Conscious Body session—even though it may be counterintuitive—the facilitator actively stays away from any symbol that closely describes either the actual body part or the actual symptom. In such instances, Thinkers may be interfering with an open connection to the unconscious. If this happens in a session—and it often does—the facilitator simply explains that the

Rational Mind may be helping, but that Conscious Body aims for a different level. Subjects readily understand this. Then the facilitator begins again and asks for images, messages, or feelings, *even if they make no sense*. Actually, especially if they make no sense.

Symbols arise on sensory channels. The two most frequent channels are the visual and the kinesthetic. Nora saying, “I see a light,” is a visual symbol. Kinesthetic symbols can arise internally (“I feel like there’s a light in my belly”) or through movement (“I feel like throwing a light bulb against a wall”). Other sensory channels are the auditory (“I hear a light being turned on”), olfactory (“I smell a burning match”), or gustatory (“I taste a burning match”).

The facilitator’s task in the symbolic realm is to follow images as they arise, without interpretation. The symbol may come immediately, or it may take time to develop. Eventually, a symbol crystallizes. This is worth waiting for. Like Nora’s calf, the image pulsates with life.

Discover the Self behind the Symptom

Nora remains in deep relaxation. She stays connected to the calf that is mooing and butting its head against another cow.

The facilitator and subject are soon going to get a glimpse of the self behind the symptom. They focus on the symbol a bit longer to allow it to bloom into the self.

FACILITATOR: Stay with the calf. What’s happening now?

NORA IN THE SYMBOLIC REALM: The calf is furious.

FACILITATOR: What is it furious about?

SYMBOLIC REALM: It’s furious because this cow is not listening to what it has to say.

FACILITATOR: (*Sensing that the self behind the symptom is becoming clear, the facilitator asks for more details.*) Is there anyone in particular that isn’t listening to it?

NORA IN THE SYMBOLIC REALM: The calf’s mother never listens to it, ever.

The self behind the symptom has appeared. The symbol has developed into something that has a character, a feeling, a distinct point of view. For Nora, this is a part of her that is angry about not being listened to by her mother.

Medical research has shown that buried anger is often connected to illness. But anger about what? Finding the particular issue for a particular self is crucial because it allows the specific energy to move through the body. Nora’s fury about not being listened to by her mother is pinpoint specific anger. Specificity is the key to healing that may come.

One more note about symbols: sometimes a symbol is clear, but the self is still unclear. In Nora’s case, this might have occurred if the calf appeared, but said nothing. When this happens, the facilitator can talk directly to the symbol. Anything can speak—calf, light, cave, anything. One may wonder why a calf or a cave would bear a message from the unconscious. “Why” is a question of the Rational Mind. Interesting as it is, the question is not useful at this moment in the Conscious Body process. It is more important to remain attuned to *energy* rather than *interpretation*.

When the self eventually emerges from a symbol, the facilitator dialogues with the self briefly, and then swiftly moves to energetic expression—unless the primary self needs to be heard first.

Acknowledge the Primary Self

Nora's disowned anger was beginning to percolate. Would it be able to come forth?

If there is one rule in Voice Dialogue, it is: always start with the primary selves. This makes the work organic and safe. Yet body symptoms usually lead to disowned selves. To maneuver respectfully on this terrain, the facilitator listens for clues about the primary self. A simple statement like, "I never get to be angry," implies a pair of selves: the disowned self that wants to get angry, and the primary self that does not allow it. In Conscious Body work, sometimes a disowned self is free to express itself without first contacting the primary self. At other times, it is necessary to dialogue with the primary self first, and then ask permission for the disowned self to speak, like this:

NORA'S SELF BEHIND THE SYMPTOM: (*might have said . . .*) I'm furious because my mother is not listening to me, but I can never express my fury.

FACILITATOR: (*recognizing the reference to a primary self*) There may be someone inside who says it is not all right to express fury. May I speak with that one? (*Nora lets herself become that part. The facilitator addresses this primary self.*) For you, it's not all right to express fury. Can you speak about it?

NORA'S PRIMARY SELF: Life should be safe and comfortable. I'm afraid if Nora gets angry, people will reject her.

FACILITATOR: Do you have a sense of when you came into Nora's life?

PRIMARY SELF: Early. Her parents yelled a lot, and I decided never to do that. It was too hurtful for everyone.

FACILITATOR: I understand your decision never to express anger like her parents did. At the same time, a part of Nora is coming up now that wants to get angry. It seems important to her body, and perhaps to her life. How would you feel about that angry part being here, even just a little?

PRIMARY SELF: I suppose it's all right, but only here in the session, not with other people, not yet.

FACILITATOR: We'll definitely follow your guideline. Now let's go ahead and meet this other self. You can go back inside (*or Nora can move over*), and we'll let the other part come through that wants to get angry.

When emotions that have been disowned and buried begin to surface, a primary self often appears. When one self wants to express emotion, but another self does not, the containing, primary self is the Gatekeeper of Emotion. Nora experienced this. Her Gatekeeper of Emotion did not want anger expressed. The Gatekeeper of Emotion appears with sadness and fear as well. For example, the self behind the symptom may plead, "I need to cry, but crying is not allowed." The disowned self that wants to cry is referring to the Gatekeeper of Emotion that does not allow tears.

In such instances, the facilitator greets the Gatekeeper of Emotion as any other primary self, listens to all its concerns, and respectfully asks permission for emotional expression. Usually the Gatekeeper of Emotion grants this permission, emotions flow freely, and symptoms often

disappear. This simple, effective approach of treating emotions as selves has profound implications for medical research that has found correlations between buried emotions and illness.

The Gatekeeper of Emotions is only one of an uncountable number of primary selves that emerge with body symptoms. Remembering the four types of selves that appear from body symptoms—opposites, the Inner Child, emotions, and trauma—the facilitator can interpret anything that arises from the bodypsyche.

Whatever arises, maneuvering between primary and disowned selves that arise from the body requires finesse. It's essential to stay true to the precepts of Voice Dialogue by honoring the primary self first and foremost. The facilitator should never pressure a disowned self to express itself if the primary self has reservations.

Move the Energy

We return to Nora, who is still lying on the sofa. The new angry part she has discovered wants to come to life. Its energy wants to move.

Facilitator and subject are heading toward possible healing. The energy of the self behind the symptom needs to surge through the body. From here on, Conscious Body is rooted entirely in the energetic aspect of selves. Nora is eager.

FACILITATOR: *(addressing the new part that is angry and wants its parents to listen)* If you could express yourself fully, what would you do?

THE ANGRY SELF BEHIND THE SYMPTOM: First, I'd stand up and spread my arms out wide, with my finger splayed. Then I know people would see me.

FACILITATOR: Would you like to actually do that? *(At this point, the new self is so engaged that it usually welcomes the opportunity to express itself.)*

ANGRY SELF: Yeah, I'd like to try. *(The self stands up and stretches its arms out to the side.)* I feel twice as big! I'm stretched so far, I feel like I might burst. Now I want to open my mouth wide, like I'm a dragon with fire coming out of my jaws.

FACILITATOR: Go ahead. I'll mirror you. *(The facilitator stands, stretches out her arms, and opens her mouth, too. This is a literal matching of energy that is spoken of in Voice Dialogue facilitation. The facilitator keeps her own energy slightly lower than the subject's, so the subject is in the spotlight. The purpose of the facilitator's involvement is to make the subject feel comfortable, and to support and amplify the subject's energy so it surges through the body.)* What do you want to do now?

ANGRY SELF: I want to walk around this room with huge strides. Along the way, I'll speak to mother and tell her a thing or two.

FACILITATOR: Let's go.

ANGRY SELF: *(striding, then pausing, arms still outstretched)* Here she is. You know what I want to say to her? Shut up!!! You always talk-talk-talked. You asked about the events of the day, but you never really listened. You didn't care. I have a lot to say, and I want you to shut your mouth and listen to me! *(turning to the facilitator)* I like this.

FACILITATOR: You're doing great. Keep letting the whole body do whatever it wants.

ANGRY SELF: Mother used to recite a jingle, “Better to stay silent and be thought a fool, than to speak and remove all doubt.” You know what I feel about that? *(The Angry self lifts her arm like a boxer winding up to pummel an opponent.)* I want to punch mother right in the nose.

FACILITATOR: *(The facilitator, prepared for this kind of expression, grabs a thick pillow and holds it in front of the angry self.)* Would you really like to punch mother?

ANGRY SELF: Can I? You’re never supposed to hit your mother. . . .

FACILITATOR: You’re not actually hitting your mother, nor are we suggesting that you ever do this in real life. This is simply a way to let the energy move fully through the body.

ANGRY SELF: Then I want to do it! *(The Angry self wallops the pillow-as-mother with all her might, over and over.)*

FACILITATOR: *(Speaking in rhythm with the punches to support the energy flow, the facilitator interjects a suggestion.)* Let the anger flow directly from the tremors. Let the anger flow through them and from them.

ANGRY SELF: *(Nora pauses and focuses on the tremors. Her arms shake a little, and then these shaking arms resume punching. The energetic expression continues until it is completely spent and the self droops, with a smile on its face.)* That felt sooooo gooodd.

At this point, the energy of Nora’s self behind the symptom has been fully expressed. As the facilitator matches and encourages the emerging energy, this energetic contribution adds voltage to the energy surging through the subject’s body. Not every self is this dramatic, but the energy of the self behind the symptom, grand or miniature, carries medicine that may accelerate healing.

Other possibilities for the expression of disowned selves are vast. Here are a few examples from the thousands of Conscious Body sessions I have conducted:

- ◆ In a case of chronic fatigue, disowned Confidence emerged. The client paraded up and down the office as she experienced this new confident energy in her muscles and sinews. Her chronic fatigue disappeared.
- ◆ From an intestinal disorder, a Frightened Child emerged who needed to cower behind a bookcase. The Child, shy and shuddering, did exactly that. The fear flowed through the intestinal disorder, and the symptom vanished on the spot.
- ◆ From extreme hip pain, where there was a history of sexual abuse, a fresh, delicate sensuality blossomed forth. As this new sensuality wafted gently through the hips, the pain diminished.
- ◆ A man with leg cramps fearfully recalled a teacher that used to strike him on the legs with a ruler. That fear poured through his legs, and the cramps released.
- ◆ A woman with an ovarian cyst discovered disowned grief about witnessing her father abuse her brother. As she wept, she directed the tears to flow through the cyst. A subsequent sonogram showed the cyst had dissolved.

The energetic palette is limitless. Selves are energy flowing through the body. Once subject and facilitator have discovered the precise self behind the symptom—from following the wisdom of the unconscious to the exact self that is calling—the subject can direct this precise energy through the symptom with intention. Healing results can be significant.

Conclude the Session and Plan Follow Up

Nora returns to her regular waking consciousness. She takes a few minutes to reorient herself as she comes back into her whole body, into the present time, and into the reality of the office.

At this point, facilitator and subject can decide how much they want to talk. If the energetic shift has been substantial, it is best not to talk much, but to let the energy continue to move through the body. The energy shift is paramount.

The facilitator can briefly ask how the subject is feeling. The facilitator needs to be sure the subject is grounded, clear, and ready to transition into everyday life. Any immediate questions can be addressed. Analysis of the session can wait until the next meeting, at which time discussion of the self that arose, further Voice Dialogue to develop an Aware Ego process, and practical applications can be taken up.

FACILITATOR: How are you feeling?

NORA: I feel good, a little tired. But I'm concerned. Am I supposed to go out and talk to my parents, or other people, with that kind of anger?

FACILITATOR: Not exactly. A *part* of you is calling for expression. It has been, as we say, disowned. Right now you may feel the excitement of the discovery of this self. At the same time, it is important to honor the primary self in you—in this instance, the Gatekeeper of Emotion—that has contained this part. That primary self specifically said it does not want you to bring this new expression into your life yet. It is important to respect and abide by that request. Eventually, you can learn to hold both sides and make choices. What's important for your body is to let some of the energy of this newly discovered self gradually continue to flow.

Follow-up is essential. A person like Nora can run the gamut of the Conscious Body process and discover a disowned self in one session. To integrate the newfound energy into the body, and develop an Aware Ego process in life, takes time.

Nora's tremors subsided in two months. When the tremors occasionally returned, she learned to turn up the energy of her new self, and she could dissipate the tremors in a minute or two.

CONCLUSION

The connection of symptoms to selves is built into the bodypsyche. With body symptoms, someone is knocking at the door. Any physical symptom may be the call of a self crying for life. The Conscious Body process, distilled over many years of exploration and research, leads us to this vibrant self. When this new self expresses its energy with full gusto, actual healing, as well as colossal insights, result.

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Biography

Judith Hendin, Ph.D., directs the Conscious Body & Voice Dialogue Institute. She is the author of *The Self behind the Symptom: How Shadow Voices Heal Us*. A somatic therapist and neuromuscular therapist, she is trained in deep tissue, rehabilitative, movement, body-energy, and psyche-soma modalities.

In academia, Judith Hendin graduated from the University of Chicago, Phi Beta Kappa, in cultural anthropology, where she specialized in non-verbal communication. She received a fellowship to study around the world with anthropologist-philosopher Gregory Bateson, during which she focused on movement as an expression of culture. Judith Hendin also contributed research and co-authored a chapter with Mihaly Csikszentmihalyi for his first book on flow.

In the consciousness field, she served on the Voice Dialogue staff of Shakti Gawain at intensive workshops around the U.S. Judith Hendin has presented Conscious Body at the United States Association for Body Psychotherapy, the European Association for Body Psychotherapy, the Omega Institute for Holistic Studies in New York, and the Kripalu Center in Massachusetts. She taught at the 2007 European Voice Dialogue Conference, she presented at the London, England Voice Dialogue Convergence, and she has led Conscious Body trainings in Finland, Estonia, Italy, Germany, and the Netherlands.

As a dancer, Judith Hendin performed professionally with major companies, including Pilobolus, and served as an adjudicator for the Canada Council for the Arts. The recipient of major performance and choreographic grants, she produced several critically acclaimed theater pieces.

Currently, she maintains a private practice in Pennsylvania and New York City, and also conducts sessions by phone and Skype.

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