

**THE SELF BEHIND THE SYMPTOM:  
CLIENT EXPERIENCES OF HEALING  
THROUGH SHADOW VOICES  
A RETROSPECTIVE STUDY**

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## **OBJECTIVES OF THE STUDY**

This study aims to demonstrate the interconnectedness of psyche and soma by examining the co-occurrence of inner selves, or subpersonalities, with physical healing. This is a retrospective study in which the data summarize facilitation experiences. This study aims to make a small contribution to the field of psychosomatic medicine, a field which is gaining some recognition and respect; in fact, the most recent book by John Sarno, M.D., a leader in the field of psychosomatic medicine, is titled *The Divided Mind: The Epidemic of Mindbody Disorders*. This study also hopes to contribute to the field of body psychotherapy in a way that can speak to a broad audience—the audience of people who want to get well and to learn about themselves in the process.

# **PART 1**

## **THEORETICAL BACKGROUND**

### **THE INNER WORLD OF SELVES**

This study uses at its core a methodology called Voice Dialogue and the Psychology of Selves, which was developed by Hal and Sidra Stone, Ph.D.'s. Voice Dialogue is a tool for developing consciousness and self-knowledge and is used widely by therapists, bodyworkers, artists, and lay people. While there are a number of ways to work with subpersonalities, the Stones have, to my knowledge, mapped the territory of inner selves more completely than any other system extant. The Stones have been my teachers and mentors for nearly twenty years.

Hal Stone was a Jungian, so the work has strong Jungian roots. In the Voice Dialogue framework, the personality is seen as being composed of selves, and each of these selves feels, thinks, and behaves differently, with distinctly different energies. Some of these selves developed to help us survive and flourish in life. These are called primary selves (what Jung called “persona”). Other parts that lie buried are called disowned selves (what Jung called “shadow”). Voice Dialogue helps us discover the different parts within ourselves or our clients and create a space between them. By mapping these known and unknown energy patterns, we create a situation in which we become more conscious as we accept and incorporate our usual ways of being (primary selves) and our hidden feelings, gifts, and “dark side” (disowned selves). Through this acceptance we create the possibility of conscious choice.

In a Voice Dialogue session, a facilitator sits across from a client and together they discuss current issues and the selves that might be involved. Then the facilitator

guides the client to move over to a new position so that one particular self can speak. The facilitator asks questions and never judges or tries to change a self. It is this complete acceptance of every self that led John Bradshaw, author of *Homecoming: Reclaiming and Championing Your Inner Child*, and *Healing the Shame That Binds You*, to say, “Voice Dialogue [is] a powerful approach for overcoming the self-alienation that results from toxic shame.”

A simple Voice Dialogue session could address, for instance, a condition of overwork and stress. A person with a drive to work hard and get a lot done every day would have a “Pusher” as a primary self, and its opposite would be a “Relaxed self” that could lie on a sofa watching movies all afternoon without guilt. In a Voice Dialogue session, both the Pusher and the Relaxed selves would speak. What becomes fascinating is that not only do these two opposite subpersonalities have different thoughts to express; their energies affect the body in completely different ways. When the Pusher speaks, the brow may furrow, the shoulders may tighten, and the speech may come quickly and with anxiety. “There’s so much to do, I don’t know how I’ll ever get it all done,” the Pusher may say. Then when the opposite self, the Relaxed one, speaks, the energy is markedly different. The Relaxed self’s face loses its wrinkles as it stretches out its legs, takes deep breaths, and speaks slowly. “Oh,” it may yawn, “I’d love to rent a stack of videos and flake out on the couch all day, without a care in the world. That’s living!”

One of the aims of Voice Dialogue is to develop the capacity to stand in the middle of two selves and “sweat the tension of the opposites.” In this position, one begins to have choice and develop an “Aware Ego” process. Holding an Aware Ego process between the Pusher and the Relaxed self gives the capacity for choice. Without the Aware Ego, the primary self—in this case, the Pusher—would operate by default. With the Aware Ego, the person can decide to work and then take a break. They have a new center and new options.

Voice Dialogue can be integrated within any other healing modality or psychotherapeutic process. Within the field of mindbody medicine, practitioners who are doing energetic and psychosomatic work can benefit from the clarity offered by understanding inner selves, their interplay, and their energies.

## **EMILY’S HEADACHE**

Now let us see how selves relate to healing.

Emily, the branch manager of a local bank, slunk into my office with her head pounding.

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

“Something inside you is trying to get your attention,” I said, “as if it is tugging at your shirtsleeve, saying, ‘Please come find me.’ I guarantee that whatever this ‘someone’ is, it will enrich your life and may even heal your body.”

She screwed up her eyebrows. “Shouldn’t I just take my usual pill?”

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

“What’s involved?” Emily asked.

“We’re going to assume that energy needs to shift so you feel like a different ‘you.’ Your headache might lessen or even disappear.”

I instructed Emily to lie down and relax. Then I said, “Tune into the headache, into its energy. Do you get any image or message?”

“I’m sensing something yellow. What on earth is that?”

“Your unconscious is percolating,” I answered. Stay with the yellow and notice whatever happens next.”

“I’m feeling loose. That’s weird, I’m feeling silly and frisky.”

“Why don’t you let that energy fill your body for a moment?” I encouraged her.

“You’re kidding.”

“It was not my idea, Emily. The notion of friskiness came from your headache. Why don’t you trust your body and try it?”

“All right,” Emily said as she rose. She put her arms in the air and took a few dance-like steps side to side.

“You look a little frisky,” I said.

“Yes, I feel it,” she smiled. For a few moments we frolicked. We grinned and laughed together. Then I asked, “How is the headache?”

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

## **SELVES AND THE DEVELOPMENT OF CONSCIOUS BODY**

My private practice consists of bodywork and Voice Dialogue, and in 1992 the two began to interweave. A client would come to session with a physical problem and when it did not respond to manual therapy, I began to explore voices within. To my surprise, clients’ symptoms often resolved themselves. A muscle that had been locked with tension would unwind of its own accord. After months of working with musculo-skeletal conditions, as well as headaches and skin problems, I wondered if similar results would ensue with more serious conditions. As I worked with these conditions, primary and disowned selves continued to surface, and some people got well. This approach worked equally well with or without touch.

Glenda’s red rash covered her chest, and neither she nor her doctor had a clue about what was causing it. She hypothesized that she might have “something to get off her chest,” but she was not getting well. She needed to uncover the specific energy that was calling from within her.

Glenda was exceedingly nice and never spoke a harsh word to anyone. This was her primary self. As we explored her rash, an unknown aspect of her personality appeared. It protested, “I can’t stand Glenda’s husband coming into the bedroom. Their relationship has deteriorated, and yet he expects 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 expression. 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 its thoughts and feelings. We strategized how Glenda would claim her boundaries. The rash went away the next day.

Healing the body with expressive release is not a new discovery. Many psyche-soma approaches help resolve physical issues. My interest was the way primary and disowned selves emerged from symptoms and how the energetics of these selves affected the body. Glenda did not sit and surmise what her issue might be; her body led her to it, and it was a deeply disowned self.

As one would expect from a psyche-soma path, explorations took circuitous routes. Eventually a map developed for finding the “self behind the symptom.” I call the

process Conscious Body. It is not within the scope of this paper to describe the map fully. In short form, the client who wishes to search for any underlying psychodynamic factors in his disease goes through several steps:

1. In Voice Dialogue we treat the Rational Mind as a self, so preliminary intake allows the **Rational Mind** to speak. The client tells the history of the symptom, including test results and healing methods tried. He or she also shares any ideas about the underlying cause of the illness.
2. Using the Voice Dialogue method, we speak directly with the part of the client that does not want to go forward. I call it the **Gatekeeper**. This allows “resistance” to have a voice. When this occurs, forward movement is much freer.
3. Then deep **relaxation** allows psyche to speak through soma.
4. **Symbolic** images, sounds, or kinesthetic sensations arise.
5. We follow these until we arrive at a **self**. This self is usually disowned. It has been buried for a long time and is crying to express.
6. We encourage full **energetic expression** of this self. This includes emotions if they are present.
7. We track any **change in the symptom**, as well as the needed **life changes** that the disowned self has brought forth.

Finding the self behind the symptom is a delicate, sophisticated process that involves energy sensitivity and openness to the inner world. Once one understands the elements, the process is often very manageable, and the psychodynamic energies behind an illness become evident.

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.

On a personal note, let me add that I am well aware of the plethora of bodymind techniques flooding our field. I loved the years of sessions where some kind of healing was trying to come through in my office, as it was in offices around the country and the world. Those hours were blessed by a trust and a delight in the unfolding of the creative process. Then when it came time to speak about the discoveries and write about them, I found myself caught in egotism and spent several years untangling its tentacles. I am doing my best to share this from a balanced center now and see it as one contribution among many in our field.

## **A MODEL SESSION**

In one final example, Paulina’s story delineates more fully the steps of finding the self behind the symptom. Let us enter the session and notice the presence of energetic shifts.

Paulina has one of her migraines again. Squinty-eyed with discomfort, she is willing to follow my suggestion of looking for the self behind the symptom.

First I ask Paulina to tell me about her current headache. This welcomes the Rational Mind as a self and allows it to share all it knows. The Rational Mind states the

facts. “The headache started two nights ago. It was impossible to sleep.” I ask what the headache feels like. “Right now there is a dull line of tension from the top of the head down to the tip of the shoulder, as well as an upset stomach.” I ask if Paulina has tried any medical treatments. The Rational Mind reports that Paulina took an extra strength pain reliever every two hours during the night. I ask about the history of these headaches. “They began twenty years ago. There was sensitivity to light, which is common with migraines, and I usually had to go to bed.”

Then I ask Paulina if she notices any parallel occurrence of migraines with life events or feelings. “This is a stress symptom,” she surmises. “It comes with major life transitions and with deep losses. The last one was on the death of a favorite cousin.”

I suggest that, while these thoughts may be true, we can explore to see if something else is going on. But first, there may be a part that does not want to go forward with this inner investigation of the migraine. Paulina is comfortable with letting this part talk, so we move into Voice Dialogue format. Paulina actually changes her position on the sofa so this reluctant part, the Gatekeeper, can speak. This gives her greater access to the thoughts and feelings of this part of her. If she were uncomfortable with this, we could discuss it in regular conversation.

Paulina shifts about a foot over on the couch and the reluctant part begins to talk. “How do I know this work will be useful?” it says. “I want to know that we’ll actually get tangible results. I’m also concerned that whatever comes up—feelings or vulnerability—there will be no labeling and no judgment. That would hurt too much.”

I thank this part for voicing its concerns and assure it that whatever comes up in the session, we will not judge it, and that we will actually welcome it. Paulina moves back to her original position and we discuss these concerns.

Paulina then lies down on the sofa (or bodywork table) and begins to relax. I assist her with some guided relaxation: “Allow your breath to be a little slower and deeper than usual...Let the whole body begin to relax...Let the mind relax as if the mind were a muscle that completely lets go....”

After a few minutes I ask Paulina to focus her attention on the energy of the migraine. I instruct her to wait for any images or messages that may appear in any form, even if they make no sense. This allows her to enter the symbolic realm. She waits, then says, “I see a lion. He is sleeping.”

“Tell me more about the lion,” I say.

“He is at a circus. He is very strong and frightening.” This is a clear symbol. We are getting near the core issue behind the migraine.

The lion is firmly present, so, sensing this lion will lead us to the self behind the symptom, I begin to speak with it. “May I talk with this strong lion?” I ask.

The lion does not miss a beat as it answers, “I am ferocious, I am not a sweet little thing. I want to shake people up, even scare people a bit. People don’t understand ferocity. I am a lion. I am born with instincts. I just want to be what I am and I will not apologize for being ferocious.”

We have discovered the self behind the symptom, replete with its energetics. This disowned self speaks straightforwardly and with a large sense of power and instinctuality. It is quite the opposite of Paulina’s usual rational, considerate way of being. I say to this self, “I am glad to meet you.” The disowned self is so surprised at being welcomed, it weeps.

I dialogue with the self. “Tell me more about yourself,” I say.

The disowned self answers, “Did you ever see lions in a cage? They lose their spirit, they get scrawny and apathetic. I do not want that. I was born to the wrong mother.

She was not a lion. A lion mother would be proud of natural instincts. It is so tiring to worry about hurting other people's feelings all the time."

Then another image comes, a perfect one.

"Someone is pulling the lion's tail," says Paulina.

"Who?" I ask. After a moment, an image comes from the symbolic realm, "There's a little man, cartoon-like, with a mustache. He's got a push broom, like a man at the circus that cleans up after the animals. He is pulling on the lion's tail because he wants to get the lion back in its cage. This will not be easy, because the lion is angry!"

I notice the emerging pair of selves. The disowned self is the instinctual energy that wants to roar, and the primary self is the part that wants to stuff this lion back into its cage. Both are valid.

I ask to speak directly to the little man as the primary self. Paulina embodies him and he says, "I'm scared of that lion! It's ferocious. It has a big roar. I'm concerned about other people's reactions to it. People get upset when that part speaks directly. It carries instinctual, sexual, aggressive energy. That's why I've got to capture it and keep it caged. I've been around forever, you know. I've kept things safe for a long time." The dynamics of the primary and disowned selves are crystal clear.

It is time to move the energy. I guide Paulina to tune in, not only to the words, but also to the tremendous energy that is present so she can allow full energetic expression. I ask the disowned self, "If you could be present more, what would you do?"

The disowned self declares, "If I want to move, I'd move. I wouldn't just sit for hours on end. If I want to make a sound, I'd make a sound. I wouldn't think about it, I'd act. I'd do what feels natural. I'd come into conversations and say what I want to say. I'd push back if I don't agree with someone." I encourage this part to stride around the room and make sounds, like a human being who can roar.

"What does your energy feel like in the body?" I ask.

"It feels very broad across the shoulders and expansive in the chest."

To pour healing energy through the symptom, I suggest Paulina direct the energy of the self through the headache. She does so, striding and imagining this new energy streaming through the headache. The headache has diminished, so we know we are in the right energy zone.

Paulina re-enters everyday reality, her regular waking consciousness, by taking some deep breaths and coming back into her whole body.

We discuss ways in which Paulina might begin to follow through and incorporate the disowned energy into her daily life, while at the same time honoring the primary self that does not want to offend or overpower anyone.

This requires a burgeoning center, the Aware Ego, which begins to stand between and hold the tension of the opposites. Symbolically, the Aware Ego would stand between the little man and the lion and would honor them both. In terms of selves, the Aware Ego would stand between the primary self and the disowned self and would similarly honor them both.

To pursue the application of this, let us imagine Paulina goes to a friend's house for dinner. Normally Paulina's primary self would politely sit all evening and agree with whatever her friend said. But now she can feel the part of her that wants to get up and move around and that sometimes wants to disagree. She might even leave if she got bored, rather than staying an extra two hours to watch a movie that she didn't really want to see. These may seem like minor changes, but within Paulina, they offer a freedom that she has yearned for. Moving, speaking up, disagreeing will take time to integrate, but they are doable.

When we next meet, Paulina reports that the headache she had had for two days went away about two hours after the session.

## **RELATED MODALITIES**

The Conscious Body approach shares common ground with a number of other modalities. I have experience in many of the modalities listed here.

In the Jungian family, the body symptom work of Arnold and Amy Mindell and the efforts of Marion Woodman to link psyche and soma cover similar territory. Exploring the world through the understanding of selves enters into modalities such as Perl's Gestalt Therapy, Roberto Assagioli's Psychosynthesis, and Richard Schwartz's Internal Family Systems Therapy.

Other bodymind methods emphasize symptoms, such as Peter Levine's Somatic Experiencing and Judith Stone's Body Dialogue. Guided imagery and visualization utilize imagination and thoughts to improve one's physical, mental, and emotional health. Medical doctors and scientists such as Deepak Chopra, Christiane Northrup and Candace Pert have championed the bodymind.

Body psychotherapy modalities such as Reichian Release, Bioenergetics, Core Energetics, and Radix emphasize the body as a key to psychological well being. Bodymind intuitive systems such as the work of Louise Hay and Carolyn Myss pioneered the relationship of inner causation to illness.

Hands-on somatic methods such as John Upledger's Craniosacral Therapy, Rubinfeld Synergy, Rosenwork, Hellerwork, and Applied Kinesiology enter the psyche-soma realm with expertise and finesse. Manual energy techniques such as Healing Touch, Therapeutic Touch, and Barbara Brennan Healing Science venture into the area of personality issues intertwining with physical tissues.

Conscious Body complements these modalities in its emphasis on selves and their energetics, the articulation of the reluctant voice, the separation of the Rational Mind as a self, and the paramount important of selves as carrying healing energy.



## **PART 2 THE RESEARCH**

### **PROTOCOLS AND PROCEDURES**

I wish to emphasize that the data of this retrospective study summarize facilitation experiences rather than adhering to a systematic research design. The following protocols and procedures were used.

#### ***Data***

The data for this study were collected from my therapeutic experience over 10 years with Conscious Body clients from the beginning of 1995 to the end of 2004. The data are based on the clients' actual experience with the method: a single session, multiple sessions, or workshop sessions. The data were collected in the form of clients' subjective reports spoken by them and written down by myself or an observer of the session.

#### ***Number of Clients***

When the data were first gathered, there was a total of 212 symptoms. This number was reduced to 144 using two processes.

First, several clients worked with more than one symptom. Realizing that this might skew the data, because a person who worked with several symptoms might get better at the process or might be drawn to the process because they were good at it, I decided to choose one symptom for each person. The choice was based on the importance of that symptom for that individual. For example, if a person dealt with a major health problem as well as a one-time flu, the major health problem was chosen. Also, if one session was exceptionally clear while another session meandered without clarity, I chose the clear session.

The second reason the initial group of 212 symptoms was reduced was that I did not have contact with a number of people after their first session. If I had no report from the client about the effect of the session on their symptom, I took them out of the group. These people were either workshop participants with whom I had no contact after the workshop or clients who chose not to come back to session. At the time I did not know this analysis lay ahead and the concomitant value of following up on results.

In only two sections of the research below did I use the entire group of 212 symptoms: 1) in the first question posed, the question of the frequency of the appearance of a self behind the symptom, and 2) the identity of the self behind the symptom.

***Settings***

Some of these people came to my private practice. Others were participants in workshops that either I led or that were led by author and teacher Shakti Gawain and for which I was on staff. In these workshops individuals received a private session with me while other participants observed.

***Types of Clients***

85% of the people in this study were female, 15% were male. The people in this study opted to have individual sessions or to attend workshops, therefore they were people who were interested in knowing themselves better. The predominant ages were between 30 and 50 years old.

Age		
Years	Number	
Under 20	1	1%
20-29	11	8%
30-39	58	40%
40-49	43	30%
50-59	23	16%
60-69	6	4%
70-79	2	1%
Total:	144	100%

***Length of Session***

A session was usually one to two hours.

***Records***

In all cases, note taking and audio recording were done with permission of the client. The records of sessions took three forms:

1. At first I wrote general notes and comments after sessions.
2. Then I began to make audiotapes when I was teaching and doing sessions as part of workshops. These were later transcribed either by myself, by an assistant, or by a professional transcriber who was hired for this purpose.
3. As the work developed, written notes were often taken during the session. These notes were as close to verbatim as we could achieve. This provided a record of the details of the session, which were often so non-linear and surprising that neither the client nor I could have remembered them if they had not been written down.

### ***Scribe***

Notes were taken either by myself or by a volunteer.

1. In private sessions, I wrote the notes during the session. I developed shorthand so I could write quickly. I was as unobtrusive as possible. For example, I found that a ballpoint pen wrote more quietly than a pencil, and certain pens allowed me to write faster than others.
2. At workshops, notes were written by a volunteer who wrote the session as it occurred as accurately as he or she could. Afterward I reviewed the notes and added clarifications. These notes were later typed up, either by myself or by an assistant.

### ***Quality of Notes***

The quality of the notes and my added comments improved noticeably over the years. General notes taken during the early years pale in comparison with later specificity. This reflects a continually refining sense of selves and the way they emerge from symptoms. The elements of the process only became clear after years of exploration. In the beginning there was no differentiation of Gatekeepers or the Rational Mind; there was no awareness of the connection between symbol and the self behind the symptom; there was no understanding of how to let the energy of a buried self burst through a symptom and heal it. As these elements became clear, the notes improved in clarity.

### ***Types of Symptoms***

Here are the symptoms people worked with during this ten-year period and the number of cases of each. The list begins with the types of conditions that occurred most often. In the early years there was a large number of musculoskeletal symptoms, pain, and skin problems. Later the work branched out into more serious illnesses and conditions. The Conscious Body and Self Behind the Symptom process was also used with conditions that I generically called “mood disturbances.” These included such states as depression, dissociation, fear, and anxiety.

Many possible symptoms are not on this list, but that does not mean they would not respond well to this approach. In fact, I am certain they would.

Symptom	# of Cases
Musculoskeletal	41
Pain	22
Skin	16
Intestinal	16
Mood “disorders”	16
Cancer	11
Substance abuse	9
Respiratory	8
female reproduction	7
Panic	7
Fatigue	7
Insomnia	6
Abuse	4
Cyst	4
Accident	3
Cold/flu	3
Heart	3
connective tissue	3
Male reproduction	3
HIV	3
Eyes	2
dental	2
Ear	2
cardiovascular	2
dissociation	2
Swelling	1
Parkinson's	1
Nerves	1
Diabetes	1
Digestive	1
Hair	1
Urinary	1
Thyroid	1
arthritis	1
allergies	1
Total	212

***From Poetry to Category***

In most sessions beautiful, radiant, scorching, seething, heart-wrenching selves appeared. In the intense and sacred container of inner process, the client and I moved with the flow. There was no thought of categories.

Translating the inner world of selves into general categories was a tricky business, and I railed against it for months when my statistics advisor insisted upon it. “How are you going to get an overview without general categories?” she asked. She was right, but I literally got nauseated doing it. It took a strong rationality to reduce to general groupings the individuality of each self that appeared. But once it was done, it brought clarity, and now it seems self-evident. Here are a few examples of the poetry of the self behind the symptom and its translation into a general category:

From Poetry...	...To Category
Child racing around the room, terrified, looking for place to hide.	Frightened Child
Child weeping because he did not get to say goodbye to his grandfather before he died.	Sad Child
Man exhausted, lying on the floor, wanting to rest and sleep and do nothing for days.	Relaxed
Woman, imaging herself naked in the woods, wanting to dance, eat, receive hugs and love.	Sensuality

**RESEARCH RESULTS**

Following are the questions I asked the data and the answers it gave.

***How Often Did a Self Behind the Symptom Appear?***

A major question that I asked the data was, how often did a self behind the symptom occur; that is, if we went looking for it, would a part, also known as a self or subpersonality, appear? To answer this question, I used the entire group of 212 sessions with symptoms, because each of these sessions attempted to uncover the self that might have been involved in the psychodynamics of the symptom. From our total of 212 cases, 91% of the time a self appeared.

Below, NA means “Not Applicable.” For example, in sessions such as a woman accessing the Voice of Menopause, we were not looking for the mystery guest—the self behind the symptom—we were directly speaking to the physical condition. That is a different approach to the body-psyche than this research is investigating.

Was There a Self Behind the Symptom?		
	Number	%
Yes	193	91%
No	15	7%
NA	4	2%
Total:	212	100%

**Did Symptoms Heal?**

I interpreted clients’ reports on any changes in their symptoms as follows: (This evaluation of the symptom was based on whatever contact I had with the client, whether one session or more.)

- ❖ Healed – In cases where there was a complete disappearance of the symptom, it was termed "healed."
- ❖ Improved – In cases where there was a partial disappearance of the symptom, it was termed, "Improved."
- ❖ Cyclical – In cases of follow-up sessions, if the healed symptom reappeared, it was termed "cyclical."
- ❖ No Change – In case where there was no change or only a minor change or worsening of the symptom, it was termed, "No change."

Here are examples of the above categories:

- ❖ Healed – A young woman had never had her period, except for two years during which she took birth control pills. After one session of Conscious Body, her menstrual cycle began.
- ❖ Cyclical – A woman used to have herpes outbreaks every month. After several sessions, several months went by with no outbreaks. then the outbreaks reoccurred.
- ❖ Improved – A man with great soreness in his body did a session and said afterward, "There is still some soreness, but I feel better."
- ❖ No change – A person who had childhood polio did sessions to address her pain and her pronounced limp. Sessions did not bring any change in her physical experience.

Of the 144 symptoms that involved healing that were tracked to completion, results showed 63% of the clients healed, 12% had cyclical results, 10% noticed improvement, and 15% did not notice any change.

Did Symptoms Heal?	Number of Cases	% of 144 Symptoms Tracked to Completion
Healed	91	63%
Cyclical	17	12%
Improvement	15	10%
No	21	15%
Totals:	212	100%

In the spirit of scientific honesty, we must put this analysis through another filter: If we include the entire original sample of 212, the healing percentages would be different. As you may recall, I reduced the original number of symptoms from 212 to 144 (a reduction of 68) for two reasons: 1) I only wanted to include symptoms for which I had data about any change in the symptom that ensued after the session, and 2) I only wanted to use one symptom per client. In the chart below, these are labeled 1) Don't Know and 2) Extra Symptoms from Clients Already Represented.

If none of the 68 symptoms I excluded experienced healing, results would show 43% of the clients healed, 8% would have cyclical results, 7% would have noticed improvement, 10% would not have noticed any change, and 32% would have had unknown results. These percentages of the group of 212 are less impressive than those of the group of 144.

Did Symptoms Heal?	Number of Cases	% of 144 Symptoms Tracked to Completion	% of 212 Symptoms, Whole Group
Healed	91	63%	43%
Cyclical	17	12%	8%
Improvement	15	10%	7%
No	21	15%	10%
Don't Know or Extra Symptoms from Clients Already Represented	68	-	32%
Totals:	212	100%	100%

**How Long Did Healing Take?**

If we look at the 91 people above who healed with this work, we can ask, “For these, how long did healing take?” For almost half, healing occurred in a single session, 10% took two or three sessions, and 11% took four to five sessions. In this retrospective study, for 15 clients the time it took to achieve healing was not precisely recorded.

Therefore, we can surmise that a person who will heal from this approach has a better than 50% chance of healing in a brief span of time (1 to 5 sessions). Yet their

healing path may take longer. It is good to know this, so we both hope for speedy recovery yet are realistic in recognizing that healing may require an extended period of time.

How Long Did Healing Take?		
# of Sessions to Healing	Number of Clients	% of 91 People Who Healed
1	42	46%
2 or 3	10	11%
4 or 5	11	12%
6, 7, 8, 9, or 10	13	14%
Unclear in records	15	17%
Totals:	91	100%

Quantitatively we can discern 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 inner characters and 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.

The people that have more trouble are identified strongly with the Rational Mind, including knowledge of psychology, traditional medicine or alternative medicine. Their Thinkers think they have the answers and get in the way of letting the body and psyche unveil their information.

***Which Symptoms Responded Well To This Approach?***

I considered skipping this question because subdividing the sample into symptom groups makes the numbers in each group so small as to be inconclusive. I also hesitated to ask this question because many physical symptoms are not on this list, but that does not mean they might not respond well to this approach.

That said, I asked the data, of the symptoms addressed, which responded best? I tracked whether they healed, cycled (healed and then recurred), improved, or saw no change. Good healing percentages occurred with musculoskeletal conditions, general pain conditions, intestinal problems, and male sexuality. Moderate healing percentages occurred with skin conditions and insomnia.



Healing Frequency of Certain Symptoms
<b>Musculoskeletal:</b> Out of 23 people, 74% healed.
Of 41 total in sample, we tracked results for 23. Of these 23, 17 healed, 1 cycled, 3 improved, 2 did not change.
<b>Pain:</b> Out of 14 people, 86% healed.
Of 22 total in sample, we tracked results for 14. Of these, 12 healed, 1 cycled, 1 improved.
<b>Intestinal:</b> Out of 12 people, 92% healed.
Of 16 total in sample, we tracked results for 12. Of these, 11 healed, 1 improved.
<b>Skin:</b> Out of 12 people, 50% healed.
Of 16 total in sample, we tracked results for 12. Of these, 6 healed, 4 cycled, 2 improved.
<b>Insomnia:</b> Out of 5 people, 40% slept.
Of 6 total in sample, we tracked results for 5. Of these, 2 slept and 3 cycled.
<b>Male sexuality:</b> Out of 3 cases, 100% healed.
We had only 3 cases and tracked results for all. All healed.

***What was the Identity of the Self Behind the Symptom?***

I was curious to catalogue the identity and frequency of the particular selves that arose from symptoms. It turned out to be more challenging than I expected, and I am not sure the numbers are scientifically useful, but I will share the process around this.

I used the entire sample of clients because most of them unearthed a self behind the symptom. As reported above, of the entire sample of 212, 193 (91%) uncovered a self behind the symptom.

We must couch these results in the wisdom of quantum physics, which tells us that the observer affects the experiment. Anyone in the field of inner work will attest to the synchronicity of clients appearing with issues that parallel those of the therapist. I believe it was the psychologist Carl Rogers who said that when he was working through an issue in his own life, it was as if he sent a telegram to his clients announcing it, because so many of them would soon bring similar issues to him. In other words, my own inner selves may have energetically vibrated with and called forth clients with similar issues. Even so, I believe the results have some value. Certainly, many of the selves that appeared from behind symptoms were not part of my personal life.

Identity of the Self Behind Symptom	Number	%
Inner Child	58	30%
Memory *	29	15%
Emotions	12	6%
Fear – 5		
Sadness – 4		
Anger – 3		
Cares for Self (as opposed to Caretaker of Others)	11	6%
Straight talker (as opposed to Pleaser)	11	6%
Being (as opposed to Doing)	10	5%
Response to Inner Patriarch *	10	5%
Need for Power (all these cases were women)	10	5%
Freedom/Life (as opposed to Responsibility)	8	4%
Response to Inner Critic *	7	4%
Sexuality/Sensuality (as opposed to Rationality or Straitlaced)	6	3%
Playful	4	2%
Gatekeeper *	3	2%
Response to Gatekeeper	2	1%
Other	12	6%
Totals:	193	100%

## \* Notes:

- Memory was the second highest occurring self behind the symptom. Most of these were memories of childhood abuse. We know the devastating affect of buried memories of abuse upon adult health.
- The Inner Patriarch is the male voice *within* women that echoes the voice of the *outer* patriarchy.
- The Inner Critic is the inner voice that criticizes us.
- The Gatekeeper is the voice that does not want to move forward, whether in the realms of inner work in general, the expression of emotion, or the retrieval of painful memories.

In this sample, the Inner Child appeared most often— 30% of the time. I remember being astounded as Inner Children kept appearing from symptoms and people kept getting well. I am not referring to a historical child, but to a living, breathing child who exists right now. The Inner Child is like a diamond with many facets, and all of them are counted here, including the Playful, Sad, Frightened, and Wounded Child.

Different Inner Children That Appeared		
	Times it Appeared	% of Total
Wounded/Abused	12	21%
Alone/Unloved/Unwanted	12	21%
Sad	8	14%
Frightened	7	12%
Playful	7	12%
Craves Touch/Cuddles	6	10%
Other *	6	10%
Totals:	58	100%

\* Notes:

- “Other” refers to Inner Children who expressed particular feelings that did not fall into the groups above. This motley group included an Inner Child who felt criticized, one who needed a sense of identity ("I exist!"), one who spoke out, and one who received love from its mother.

**DISCUSSION**

I am indebted to Jukka Laitakari, a statistics professor in Finland, whom I met at the 2007 European Voice Dialogue Conference where I taught and served as staff. He was excited to see this study because it is the only statistical analysis of the effectiveness of Voice Dialogue thus far. While enthusiastic, Jukka applied his professional researcher’s eye to this study and pointed out subtleties and areas that needed to be addressed.

In my enthusiasm for Conscious Body as a way of healing illness, Jukka cautioned that we cannot say much about the durability of healing, whether healing was permanent, or how long lasting the effect might have been. Results might have been long lasting, which was true for clients who continued to do sessions with me. Yet some clients had only one session and there was no follow-up. Health results were simply the last report I had from a client.

A completely different way of explaining the results might be that the symptoms were mostly psychosomatic and in the care of an extremely sympathetic therapist, the client felt better and had no more complaints. The question arises of how specifically the healing related to the method versus the therapist—though I have trained other therapists in Conscious Body and they have reported good results as well.

Because clients self-selected to participate in the facilitations, one cannot make definite generalizations about how all kinds of clients might respond to this work.

There is no way to know how truthfully the clients reported their experience. There might have been some “performance” energy involved. The client might have reported they felt better just to please the therapist.

Similarly, there is no way to measure how accurately the reports were received, as the facilitator and researcher were the same person. A question also arises as to how consistently the reports were classified, in terms of healed, cyclical, improved, or no change.

One wonders if healing would have happened anyway over time. There was no control population. One also wonders how good the results would be compared to other methods, such as exercise, massage, counseling, etc.

I thank Jukka Laitakari for these insights. He adds that, still, the results of the study are interesting and shed a ray of hope.

### ***Questioning Categories***

(To be truthful, I would like to say light-heartedly that if I were the reader, I would skim through or skip this section.)

Categorizing the self behind the symptom was problematic. A Straight Talker that comes up as the opposite of a Pleaser is obvious and easy to categorize. But categorizing other selves is challenging because a self may represent more than one energy. For example, should we group all the Inner Children together? But if we want to examine the frequency of different kinds of emotions, then do we count the Sad Child with the Inner Children or do we count it with emotions? Does the Playful Child stay and play with the other children or does it count as a generic Playful self? Does the Abused Child get counted as an Inner Child or does it count as memory?

Personally, I prefer to let the children stay together, because it is the quality of the child that, I believe, provides transformation and healing, whether that child is playing or yelling, crying or cowering. To know that the Inner Child often lies waiting for us behind symptoms creates anticipation of genuine innocence.

In the area of memory, I made the following distinction: when a new memory arose from a symptom, that was counted as memory. When the Inner Child processed the memory, that was counted as the Abused Child.

I ultimately decided to abandon this kind of categorizing for two reasons. First, the mere existence of a self behind a symptom is my major premise, and I believe the truth of that has been shown. Second, the frequency of certain selves may be affected by a number of factors that I did not try to control, so the results would not be universal. Quantum physics teaches us that the observer affects the experiment, so the fact the one person, Judith Hendin, was the facilitator could have affected the sort of person who felt drawn to me to do this work.

The percentage of the Inner Child appearing as the self behind the symptom would be significantly lower with re-categorization. Though it becomes a mind maze, I will show you an alternate view of the percentages.

- ❖ If we remove the 12 **Abused** Children from the child group, the number of appearances of the Inner Child drops from 57 to 45, and the percentage of the Inner Child as the self behind the symptom drops from 30% to 23%.
- ❖ If we additionally drop the 7 **Playful** Children from the child group, the number of appearances of the Inner Child drops from 57 to 38, and the percentage of the inner child as self behind the symptom drops to 20%.

- ❖ If we likewise remove the **Frightened and Sad** Children from the child group and add them to emotions, the number of appearances of the Inner Child reduces to 23, and the percentage of the inner child as the self behind the symptom drops to 12%.

Let us see what happens concomitantly to the other groups if the children move and join these new ranks.

- ❖ If we add the Abused Children to the memory group, the number of **Memory** incidents grows from 29 to 41 and the percentage the self behind the symptom that represents memory grows from 15% to 21%.
- ❖ If we move the Playful Children to the general Playful category, the number of **Playful** selves behind symptoms grows from 4 to 11, representing an increase from 2% to 6%.
- ❖ If we move the Frightened and Sad Children to the group of **Emotions**, the number rises from 12 to 27, and the percentages rise from 6% to 14%.

Thus, while the categorization of selves is problematic, we gain some insight into the distribution of selves by these machinations.

### ***Considering Cancer and Life-threatening Illness***

I worked with 11 cancer clients during the period of this study and can offer some general theoretical propositions, but I do so cautiously. As with all disease, external factors may cause illness, and current cancer research shows the detrimental effects of nutritional and environmental factors. Inner issues may or may not walk side by side with outer influences.

In Conscious Body sessions, life-threatening illness usually did not involve one single self behind a symptom, but a layering of several highly charged selves. Here is what arose from the cancer clients I worked with:

- ❖ A disowned self is desperately trying to live, while a strongly entrenched primary self system maintains the status quo. For example, a primary Caretaker self is accustomed to meeting other people's needs, and the disowned part that would Care for Self cries to be resurrected.
- ❖ A Wounded Child with unresolved trauma yearns for healing. The childhood trauma was not necessarily sexual or physical abuse, but some deep wounding, like a mother abandoning the child or a father paying much more attention to another sibling.
- ❖ Powerful emotions, ranging from rage to grief, want to break through the dam. Gatekeepers of Emotion are the dam, and their mission is to maintain safety.
- ❖ Questions about sexuality arise. "Is it all right to not be sexual?" "Perhaps I haven't fully experienced my sexuality." "What is my true sexual orientation?"
- ❖ An Inner Critic rages. "You have committed unforgivable acts." "You don't deserve to live."
- ❖ Disowned instinctual energy wants to barrel through.

In terminal illness we have direct access to the self behind the symptom when we speak to the Part That Wants to Die. With almost magical specificity, this voice leads directly to underlying issues. It wails, for example, “I cannot take care of one more human being. I would rather be dead.”

I have often pondered, “Can this work support the healing of cancer or other life-threatening illness?” In conjunction with other healing modalities, I believe it is possible. Understanding inner selves can enhance and probably speed the healing journey. As we grow more familiar with healing through inner selves, we can drink this medicine as readily as any other.

### ***Unused Categories***

This retrospective study developed from a desire to examine the effectiveness of my work with body symptoms. My only prior experience with research was in 1973 when, as a student at the University of Chicago, I was on the research team for Mihaly Csikszentmihalyi’s first studies of Flow, which are now well known. In that capacity, I gathered data and Mike ran it through statistical analyses.

In 2004 I met a statistics professor who kindly agreed to supervise my investigations. Under her guiding eye, I produced 56 pages of data analysis that included many categories that I eventually had to scuttle. This being a retrospective study, I did not have data for each client in each category. The categories I had to eliminate were:

1. Socio-economic status
2. Race or ethnic group
3. Education
4. Religion
5. Background experiences – Did the client have experience in modalities that would have made them more receptive to finding the psychodynamics behind illness? These modalities included:
  - a. Psychological therapy
  - b. Voice Dialogue
  - c. Arts therapy, including dance therapy, music therapy, art therapy
  - d. The arts per se, such as theater or dance
  - e. Energy training
  - f. Spiritual training
6. Did the client have a Gatekeeper, the part that would be reluctant to do this work?
7. Which energy access route did they use to find the self behind the symptom?
  - a. kinesthetic, stationary
  - b. kinesthetic with movement
  - c. kinesthetic plus visual
  - d. visual
  - e. auditory
  - f. verbal
8. After relaxation, did a symbol arise from the unconscious?
9. If so, what was the symbol?
10. Was actual Voice Dialogue used when the self behind the symptom appeared, or was it implied?

11. When the self appeared, was there an energetic shift?
12. Was emotion present? This included:
  - a. anger
  - b. fear
  - c. hatred
  - d. instinctual rage
  - e. joy
  - f. sadness
  - g. other, including anxiety, guilt, or shame
13. If more than one emotion was present, what were the presenting emotions and which were stronger and less strong?
14. Was there any history of abuse or trauma?
15. Was the client previously aware of abuse, or did they access memories during the session?
16. In a very general sense, what were the primary selves and disowned selves of this person?
17. Was touch used in the session? (Conscious Body works equally well with and without touch, so can be used by psychotherapists as well as touch therapists.)

### ***Suggestions for Future Studies***

Future studies could include many of the above points. Replication of this study could be done by anyone familiar with the body psychotherapy applications of Voice Dialogue, energetics, and selves. Future studies could improve on the present study in a number of areas by including:

- ❖ A detailed questionnaire at the beginning of the Conscious Body process that would provide information about other variables of interest, such as concurrent medical treatment and alternative modalities being used.
- ❖ Clear definitions of symptoms.
- ❖ A questionnaire that defines the state of the symptom before session and any changes in the symptom. This would be filled out by the client at the beginning and end of each session.
- ❖ A control population.
- ❖ Clear definitions of the categories of healing response, including “healed,” “cyclical,” “improved,” and “no change.”
- ❖ Follow-up over set intervals of time to inquire about the state of the symptom.
- ❖ Separate roles of therapist and the person who gathers results so two different people perform these functions.
- ❖ Combined efforts of several therapists doing this work, so it is not based on the work of a single individual therapist.
- ❖ Working in tandem with medical doctors and clinics that could act as referral sources and could be involved in keeping the research objective.

## CONCLUSIONS AND FINAL THOUGHTS

The overall results of this research begin to show the reality and effectiveness of working with selves and healing. In physical symptoms, there usually exists a self behind the symptom. Allowing that part of the personality to surface may contribute to healing the body. This healing can happen as quickly as one session or it may take longer. Certain types of symptoms may respond well to this approach.

This study grew out of a desire to get more specific information about what was happening in my practice. I believe the results represent a step in the direction of somatic therapists being able to articulate the tangible results of their work. There are many practitioners in the psyche-soma field who are seeing magnificent results in their efforts with clients. To be able to communicate this to a wider audience is of benefit to us all and will continue to prove the gifts and legitimacy of psyche-soma work.

Bodies are devised to guide us in consciousness. Following the energy of pain or illness leads to characters inside bursting to express—energies held back for decades, a little child sweetly playing, a sensual person with sexy hips swaying, or a lion roaring with newfound power. All these, and many more, are medicine. Awareness of selves invigorates any technique that integrates body and psyche.

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