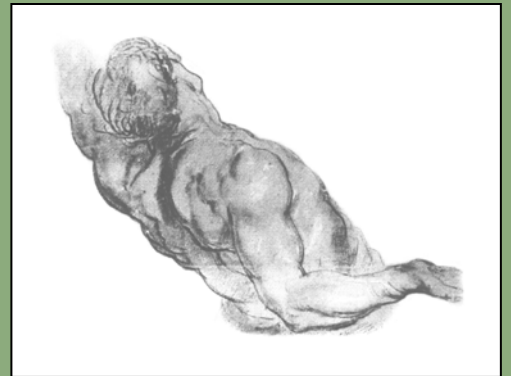


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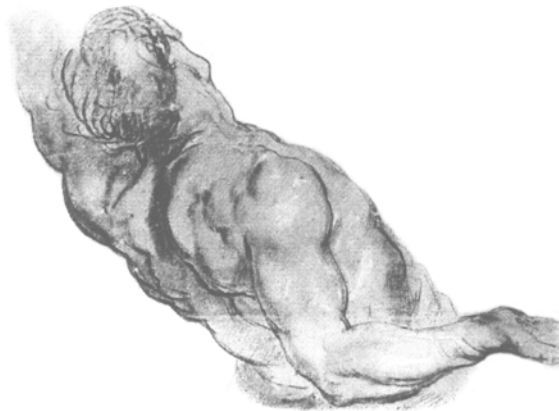
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USABP Mission Statement

The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humani

The Self Behind the Symptom: The Energies of Inner Selves and Body Symptoms

Judith Hendin, Ph.D.

Abstract

This study examines the process and effectiveness of healing physical symptoms by accessing buried inner selves and letting their pent-up energy flow through the body. Research on 212 client symptoms showed that 193 symptoms, or 91%, divulged a buried shadow part, a “self behind the symptom.” Each of these buried selves carried a specific, discrete energy. Voice Dialogue offers a general tool for body psychotherapists. The author has developed a protocol that begins with a physical condition and finds the buried self, with its particular energy, that often leads to symptom disappearance or improvement. When this particular energy flowed, the analysis of a sub-selected group of 144 client symptoms showed that 85% of symptoms disappeared or improved. These results indicate a potential for coping with the current “epidemic of mindbody disorders” (Sarno, 2000).

Keywords

Voice Dialogue – The Psychology of Selves – Conscious Body – Healing-Energy – Jungian

INTRODUCTION

Practitioners of body psychotherapy may often observe that physical symptoms improve or heal with inner work. This paper presents the results of a 10-year analysis of the effects of the energies of inner selves on physical symptoms. Part 1 offers the theoretical background and its relevance to body psychotherapists. Part 2 presents the analysis.

Theoretical Background:

Voice Dialogue, the Psychology of Selves, and the Body

THE INNER WORLD OF SELVES

Voice Dialogue and the Psychology of Selves, developed by clinical psychologists Hal and Sidra Stone, Ph.D.s, is a tool for developing consciousness and self-knowledge. It is used widely by psychotherapists, health care practitioners, and laypeople around the world (voicedialogue.org). Voice Dialogue has strong Jungian roots. In the Voice Dialogue framework, the personality is seen as being composed of selves, also called parts or subpersonalities. Each of these selves feels, thinks, and behaves in a particular way. *While there are a number of ways to work with subpersonalities, one of the things that sets Voice Dialogue apart from other approaches to parts work is that each of these selves has a distinctly different energy.*

In the worldview of Voice Dialogue, each person identifies with particular dominant selves that are experienced as the individual’s operating personality. According to Voice Dialogue, parts that a person identifies with are called “primary selves.” Jung called these “persona.” Each primary self has an opposite that is called a “disowned self.” Jung called this the “shadow.” If Paul says, “I am a hard-working, intellectual, responsible man,” he is describing three of his selves, which can be called the Pusher (hard-working), the Rational Mind (intellectual), and the Responsible self (responsible). Paul may not be in touch with the opposite energies, which could be called Relaxed, Emotional (or Sensual), and Carefree.

If Paul yearns to take a day off, or fantasizes about a Caribbean vacation at a spa resort, these imaginings are the calls of disowned selves. He may hear these disowned selves whispering, but may be unable to access them. While Paul may yearn to let his disowned selves live, his primary selves may not allow it. Primary selves are strong; they take charge of the personality. Primary selves protect underlying vulnerability: Paul must earn a living, and he’s got to meet his responsibilities. Who has not gone on vacation, wanting to rest completely, only to find herself or himself catching up on work? The primary hard-working, rational, responsible selves often collaborate on our vacation plans.

Voice Dialogue helps people experience the energies of the many parts within. 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 physical position. This encourages the emergence of the energy of that self. The facilitator then engages the self in dialogue and encourages the full expression of its energy. The facilitator never judges or tries to change a self. Voice Dialogue is a non-pathologizing approach to inner work.

The focus of this research is on how the energies of these subpersonalities affect the body. It is well-known that release of emotions may improve or heal physical symptoms. What is less well-known is that energies other than emotions can strongly affect physical symptoms. When the Pusher speaks, the brow may furrow, shoulders may tighten, and speech may come quickly and anxiously. “There’s so much to do, I don’t know how I’ll ever get it all done,” the Pusher may lament. 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. 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 a pair of selves and hold the “tension of the opposites,” as Jung said. In this central position, one begins to develop an “Aware Ego” process that stands between opposite energies, embraces them both, and exercises choice. For Paul, entering an Aware Ego process between Pusher energy and Relaxed energy would give him this capacity for choice. Without an Aware Ego process, the primary self operates by default—Paul’s professional briefcase comes along on vacation. With an Aware Ego process, Paul would have a new center and new options.

Voice Dialogue can be of value to body psychotherapists as a way of identifying energetic components that arise in inner work. Some of these selves appear so often that they have been given names, such as the Pusher, Rational Mind, Inner Child, or Inner Critic. Others arise that have no particular name but have a distinctive energy and point of view in the moment.

In situations where clients are poised to uncover strong emotions or new territory, this energetic pathway may offer potential for expression. Once clients become accustomed to identifying their primary selves, they become more open to discovering more reclusive, hidden selves. Voice Dialogue allows therapist and client to monitor the interplay of opposing forces and honor both sides.

EMILY’S HEADACHE

The following is an example from my practice that illustrates the effect of the energy of a self on a physical symptom.

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 may be trying to get your attention,” I said, “as if a person 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 with symbols that are leading you somewhere,” 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. (This example and those that follow are excerpted from the book, *The Self Behind the Symptom: How Shadow Voices Heal Us*, 2008.)

THE SELF BEHIND THE SYMPTOM

Beginning in 1992, when a client would come to a session with a physical symptom, if it did not respond to manual therapy, I began to explore the energy of inner selves. Clients’ symptoms often resolved. A muscle that had been locked with tension unwound. A rash cleared. After several years I worked with more serious symptoms, with similar results. A cyst did not show up on the next sonogram. The insomniac slept. Sexual potency returned. Panic attacks abated.

Margaret was an intelligent, kind wife and mother who would never speak roughly to anyone. She had been unraveling her childhood memories of physical, sexual, and emotional abuse, and she began to have panic attacks. One day Margaret had a panic attack in the middle of our session. I asked if I could put my hand on her heart. She agreed, and I felt it racing. I suggested she be open to any images or messages that came from the panic attack. Images arose that led to her Wounded Child. This Child was full of rage at what had happened to her. She stood up and, for the first time in her life, Margaret let that part speak.

At first the Child whispered very quietly, “Stop it, get out of here, I wish you’d drop dead.”

“That’s good,” I encouraged. “You’re saying this out loud. Yet those are very strong words, and I wonder if you were saying them to someone, would you be whispering?”

“I guess not,” said the Child. So it repeated the words, 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, how loud would you really be?”

The Child inhaled deeply and then with every decibel it could muster, yelled, “STOP IT! GET OUT OF HERE! I WISH YOU’D DROP DEAD!” The heartbeat normalized instantly.

Margaret felt it. “What just happened?” It is very simple: the disowned self had spoken. Through the panic attack, the bodypsychic had led beautifully and unerringly to the self behind the symptom that needed to express itself. Once this self was honored, it no longer needed to cry for life through the fast heartbeat.

As I worked with various conditions, primary and disowned selves kept surfacing. Following the energies, we found the “self behind the symptom”—usually disowned—and when its energy suffused the body, the symptom often disappeared. The energy was sometimes emotional—grief, rage, fear, joy—but often it was something different. It was always the distinct energy of a disowned self, like Emily’s friskiness.

TO SHIFT THE ENERGY, SHIFT THE SELF

On a rainy Saturday, Jessica hobbled through the door and plopped down on the couch. “My knee went out again,” she moaned. “I was just stepping off the curb and it buckled right under me.”

“I wonder if you’d like to see if anyone in you wants to talk?” I said.

Jessica was a kind, gentle woman. Though she had recently been promoted to a managerial position in a Philadelphia public relations firm, she had trouble exerting her authority. She spoke in soft tones and seemed more like a wise woman than a manager. Some energy was missing, and it made its appearance this day in a form that suited Jessica’s character beautifully. As she relaxed and focused on the knee pain, Jessica got an image of a male figure promenading in a castle. “You can call me Prince Michael,” he said. As in a fairytale, Jessica met her prince that afternoon—not her romantic prince, but the royal male energy within herself.

Michael said he would stride through life and would speak with authority. He imagined himself sitting on a throne holding court, addressing the peasants with kind nobility. He made wide gestures of blessings to them as he thanked them for their loyal service. He bowed before he departed our session.

Prince Michael ignited in Jessica the fire of power—not power over anyone, but a noble power that complemented her gentle kindness. As she began to incorporate this energy, her life started to change. The positive male force within her was her medicine. Her knee healed right away.

Here is another example of the self behind the symptom:

Geraldine had been plagued with depression for a decade. After her husband’s death, she was given medication to lift her spirits, but it only helped to a degree. Even so, Geraldine led an exciting life, full of creativity and entrepreneurial spirit. She opened her own antique shop. She hired a manager to oversee it and a marketing expert to spread the word. When I met Geraldine, she was gestating ideas for still more new projects.

One might admire Geraldine's verve, but from another viewpoint her life was overflowing with too much special energy. She never allowed herself to indulge in any ordinary behavior, like curling up at night and reading a good book. Even sitting around drinking a cup of coffee was anathema to her.

As Geraldine started to see that ordinary activity was acceptable, the burden of being special was released. Her ordinary self became her medicine. Her depression began to lift.

Finally, here is Matthew's story:

Matthew, a young professional man, faced a bleak prospect: a potentially terminal lung disease. There was no known cause, the doctors said. Matthew came to me for a second opinion from his selves.

In our session he lay down, deeply relaxed, and tuned into the energy of the lung disease. He waited for images to appear.

Suddenly he began to sense a "scary sadness, like an empty, black hole."

"Tell me more about this black hole," I said.

"There's a coffin. It's only about an inch wide," said Matthew.

"That is a very small coffin," I said. "Is anyone inside?"

"Little Matt is in there. He's holding back his tears," Matthew said. Then came the realization that Matthew had held back his sadness ever since childhood as a way to protect his over-burdened mother. We had heard an Inner Child, the self behind the symptom. It deserved a lot of care now so he could cry those held-back tears. The symptom—lung disease—led to a symbol—a tiny coffin—which led to the self behind the symptom—a sad Inner Child who had tried to save his mother from too much responsibility.

DISCOVERY

During a decade of exploring selves and physical symptoms, a map developed for finding the self behind the symptom. It is not within the scope of this paper to fully describe the map. In short form, the client who wishes to search for underlying psychodynamic factors in a body symptom goes through several steps:

1. Preliminary intake allows the Rational Mind to speak. (Voice Dialogue treats the Rational Mind as a self.) The client tells the history of the symptom, such as test results and healing methods tried. He or she also shares any ideas about the underlying cause of the symptom.
2. Using the Voice Dialogue method, the facilitator speaks directly with the part of the client that does not want to go forward. I call this energy the Gatekeeper. This allows "resistance" energy to have a voice. When this occurs, the process moves forward more freely.
3. Then deep relaxation allows symbolic images, sounds, or kinesthetic sensations to arise.
4. Facilitator and client collaborate to follow these energetic clues until they arrive at a self. This self is usually disowned. It has often been buried for a long time and is eager to express.
5. At almost the same moment, the energy of an opposite primary self often appears. It expresses concern about allowing the energy of the newfound, disowned self to emerge. The facilitator honors these concerns.
6. If permission is granted by the primary self, the facilitator encourages full energetic expression of the disowned self.
7. Facilitator and client together track any change in the symptom and pursue the life changes that the energy of the disowned self offers.

Finding the self behind the symptom is a delicate, sophisticated process that involves energy sensitivity. Once one understands the elements, the energies behind symptoms become evident. Working with the energy of body symptoms offers an opportunity for growth. Any physical healing is a bonus.

The Research: An Analysis of Conscious Body Client Records Over 10 Years

METHODOLOGY

Clients

Altogether, 144 people were included in this study. 85% were female, 15% were male. The clients in this study had opted to have individual sessions or to attend workshops, therefore it is likely that they were interested in knowing themselves better. The predominant ages were between 30 and 50 years old.

Table 1.

Age of Client		
Years	Number of Clients	% of Total
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%

Symptoms and Issues

In the early years of this study, clients predominantly presented musculoskeletal symptoms, pains, and skin problems. Later, clients brought more serious illnesses. Clients also worked with bodily experiences that accompanied certain feelings and behaviors.

Table 2.

Symptoms and Issues		
Body Symptoms		Number of Occurrences
	Musculoskeletal	41
	Pain	22
	Intestinal	16
	Skin	16
	Cancer	11
	Respiratory	8
	Fatigue	7
	Female Reproduction	7
	Insomnia	6
	Heart	5
	Cold/Flu	4
	Connective Tissue	3
	Cyst	3
	HIV	3
	Male Sexual Dysfunction	3
	Dental	2
	Ear	2
	Eyes	2
	Allergies	1
	Arthritis	1

	Diabetes	1
	Digestive	1
	Hair	1
	Parkinson's	1
	Swelling	1
	Thyroid	1
	Tremors	1
	Urinary	1
Bodily Experiences Associated with Certain Feelings and Behaviors		
	Mood Issues (depression, anxiety, and fear)	16
	Substance Use	9
	Panic	7
	Childhood Abuse	4
	Injury Due to Accident	3
	Dissociation (disconnection from body or environment)	2
Total		212

Data

The data for this study were collected from my therapeutic practice and trainings I conducted spanning a period of 10 years, from the beginning of 1995 to the end of 2004. There were a total of 212 symptoms distributed among 144 people. The data were collected from three sources: single client sessions in my private practice, multiple sessions, and sessions conducted within trainings. The data were collected in the form of subjective reports spoken by the client. Each session was one to two hours.

Record Keeping

Sessions were often so non-linear and surprising that neither the client nor I could have remembered them if they had not been recorded. In all cases, note taking and audio recording were done with permission of the client. Records of sessions took several forms:

1. In private practice:
 - a. Therapeutic notes taken during sessions
 - b. Notes written immediately after sessions
2. In trainings:
 - a. Therapist's notes
 - b. Notes taken by a volunteer; notes reviewed and clarified by therapist
 - c. Audiotapes, later transcribed

The quality of notes changed over the years. Notes taken during the early years were more general. Notes taken in later years were focused on specific energetic elements. This shift in records reflects my developing understanding of the various energies of selves as they related to body symptoms.

Categories of Selves

There is a significant difference between what actually unfolds in a session, and the categorization of that session's content. Categories cannot capture the poignant, radiant, scorching, seething energies of buried selves that emerged within sessions. However, it was important to wrangle these energies into categories for the purpose

of this analysis. For example, a self that emerged from a body symptom raced around the room, terrified, looking for place to hide; it said it felt like it was four years old. This self was categorized as a Frightened Child. Another self emerged that imagined being naked in the woods, wanting to dance, eat, and make love. This self was categorized as Sensuality.

RESEARCH ANALYSIS

I asked the following questions of the data:

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

A major question was: how often did the energy of a self emerge from a body symptom? In other words, how often did clients discover an underlying issue that could be interpreted, by the researcher, as a self? Out of 212 total symptoms, in 193, or 91%, a self appeared.

Table 3.

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

2. What Was the Identity of the Self Behind the Symptom?

Fourteen different selves emerged more than once from 193 symptoms. Twelve other selves emerged one time each. For ease in understanding the following table, here are energies that may require some explanation:

- Emotions are treated as selves in this approach. Doing so allows the facilitator to speak directly with the emotion, as well as with the voice that may not want that emotion expressed.
- The Inner Critic is the inner voice that criticizes us. (See Hal and Sidra Stone's book, *Embracing Your Inner Critic*.)
- The Inner Patriarch is the male voice *within* women that echoes the voice of the *outer* patriarchy. (See Sidra Stone's book, *The Shadow King: The Invisible Force That Holds Women Back*.)
- The Gatekeeper is the voice that does not want to move forward in the realms of inner work, the expression of emotion, or the retrieval of painful memories. The Gatekeeper can manifest as a physical symptom, such as shaking or coughing. Commonly labeled "resistance," this approach speaks with the Gatekeeper respectfully, honors its concerns, and enlists the Gatekeeper's aid.

The following chart indicates that two selves, the Inner Child (30%) and Memory (15%), comprise nearly half of all the selves that emerged. Researcher bias and therapist bias are difficult to eliminate. Nevertheless, the high percentages in the first two categories indicate a noteworthy development that merits further investigation.

The findings here probably reflect the serious issues that individuals were bringing to a therapeutic setting. Please note that investigations into body symptoms can often reveal selves of a less serious nature.

Table 4.

Identity of the Self Behind Symptom		
	Number of Symptoms	% of 193 Symptoms
Inner Child	58	30%

Memory (mostly of childhood abuse)	29	15%
Emotions	12	6%
Fear – 5		
Sadness – 4		
Anger – 3		
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	10	5%
Need for Power (all these cases were women)	10	5%
Freedom and 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	3	2%
Need to Move Beyond Gatekeeper	2	1%
Other	12	6%
Totals:	193	100%

In this sample of 193 symptoms, the Inner Child appeared most often. The following table indicates the types of Inner Child energy that emerged. The fact that the first two types of Inner Child comprise 42% of the total is noteworthy and raises questions about why this number is so high. This merits further investigation.

Table 5.

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

3. Did Symptoms Change?

Clients reported any change in their symptoms either in the same session, in the next session, or in a subsequent session. Client reports on any change in their symptoms 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 session, her menstrual cycle began.
- Improvement. Example: A man with soreness throughout his body did a 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. Sessions did not bring any change.

Of the original 212 symptoms, the number was reduced to 144 symptoms for two reasons. First, several clients worked with more than one symptom. Realizing that this might bias 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 chose 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.

The second reason for the reduction to 144 symptoms involved people with whom I had no follow up. These were either training participants with whom I had no contact after the training, or clients who came for only one session. If the symptom did not change immediately, I had no report about the effect of the work on the symptom. Therefore, these cases were dropped from this portion of the analysis.

For the analysis of symptom change, the total, then, was 144 people. Of these, results showed 63% of symptoms disappeared, 22% improved, and 15% did not change.

Table 6.

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

As said above, of the original 212 symptoms, 144 were used in this analysis—a difference of 68. These 68 symptoms are included in the table below and are labeled “Don’t Know Results/Other Symptoms of Same Clients.” Consistency requires that all 212 original symptoms be accounted for. I assigned the 68 symptoms the value of “no change.” This resulted in the following conservative estimate of changes: symptom disappearance—43%; improvement—15%; no change—42%.

Table 7.

Did Symptoms Change?	Number of Symptoms	% of 144 Symptoms	% of 212 Symptoms
Disappearance of Symptom	91	63%	43%
Improvement	15	22%	15%
No Change	21	15%	10%
No Change: Don't Know Results/Other Symptoms of Same Clients	68	-	32%
Totals:	212	100%	100%

4. How Long Did It Take for a Symptom to Disappear?

Of the 91 symptoms that disappeared, how long did this take? For almost half (46%), symptoms disappeared in a single session, 11% took two or three sessions, and 12% took four to five sessions.

This analysis suggests that, using this approach, there is a strong chance (69%) that symptoms may disappear within five sessions. In 31% of the cases, more extensive time is required.

Table 8.

How Long Did Symptom Disappearance 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%
Unclear in records	15	17%
Totals:	91	100%

5. How Did Certain Symptoms Respond?

Subdividing the sample into symptom groups makes the numbers in each group so small that the results are not statistically significant. That said, it was clear that certain symptoms responded well. These included musculoskeletal conditions, general pain conditions, intestinal problems, and skin conditions. Although the samples were quite small—only 5 and 3 cases, respectively—symptom disappearance was also seen in insomnia and male impotence. No analysis was possible of the many symptoms for which this study had only one or two examples. The issue of how well any symptom responds to this approach merits further investigation.

DISCUSSION

The study and its results can be summarized as follows: A self-selected sample of clients with a wide variety of bodily symptoms participated in a process called Conscious Body. The great majority of the clients experienced the essence of the method, that is, the discovery of a hidden part, or self, such as a suffering Inner Child. Afterwards, these clients reported to the facilitator their subjective perceptions regarding changes in their symptoms, and a majority of the clients reported discontinuance or improvement of their symptom. No control subjects or control group were used, nor any long-term follow-up implemented. In such a research situation, even though the facilitator-researcher attempted to be as objective as possible, it is conceivable that the clients may have reported, and the researcher may have interpreted and recorded, the client experiences in the expected favorable direction. Taking this possibility into consideration, the results still, by far, exceed any placebo effects (30-40 %) and strongly suggest that some real healing effects took place among the clients. It is conceivable that the self-selection of the clients produced a sample in which the members were more familiar with corresponding healing methods, had more favorable attitudes toward the method, and were more ready to explore their subconscious motivations than a more representative sample taken from the general population.

In further studies of the method, the following improvements in the study design are, therefore, proposed to enhance the representativeness, validity and reliability of the results:

- thorough pre-measurements of the clients regarding their experience of, and attitudes toward, this and corresponding methods

- pre- and post-measurements by a research person not attached to the method (preferably not knowing who received the treatment)
- measurements of an objective nature (e.g., blood pressure measurement)
- inclusion of control subjects or a control group
- long term follow-up over several weeks, even months
- attempts to include a wider variety of clients in the study, such as more males and persons with symptoms which were few in number in this study

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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*. Judith received her undergraduate degree from the University of Chicago, Phi Beta Kappa, in cultural anthropology. She became a professional dancer, performing with leading concert modern dance companies, including Pilobolus. She received major grants for artistic development and served as an adjudicator on national arts panels. Judith then moved into bodywork, practicing deep tissue structural realignment, energy work, and psyche-soma methods. Twenty years ago she encountered Voice Dialogue and the Psychology of Selves, developed by Hal and Sidra Stone, Ph.D.s, who became her mentors. Judith is considered a senior Voice Dialogue facilitator and trainer, and for the last 12 years she has been integrating Voice Dialogue with the body. She has been teaching Voice Dialogue and Conscious Body in the Netherlands, Belgium, Finland, and Estonia. Judith Hendin gratefully acknowledges Diane Kobrynowicz, Ph.D., for advice during the beginning phase of this study, and Barbara Markovits, M.Ed., in Canada, for critiquing a later version. Unbounded appreciation is extended to Jukka Laitakari, Ph.D., professor of health research in Finland, for expert feedback and suggestions on numerous drafts. Thanks also go to Alice Ladas, Ph.D., and Doug Salvemini for editorial support, and to Jacqueline Carleton, Ph.D., for organizing the acceptance of the article for publication in the journal of the United States Association of Body Psychotherapy. Tremendous gratitude is extended to the clients and training participants who blazed the trail of working with symptoms and the energies of selves. Judith works in Easton, PA, and New York City. E-mail: Judith@ConsciousBody.com.

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