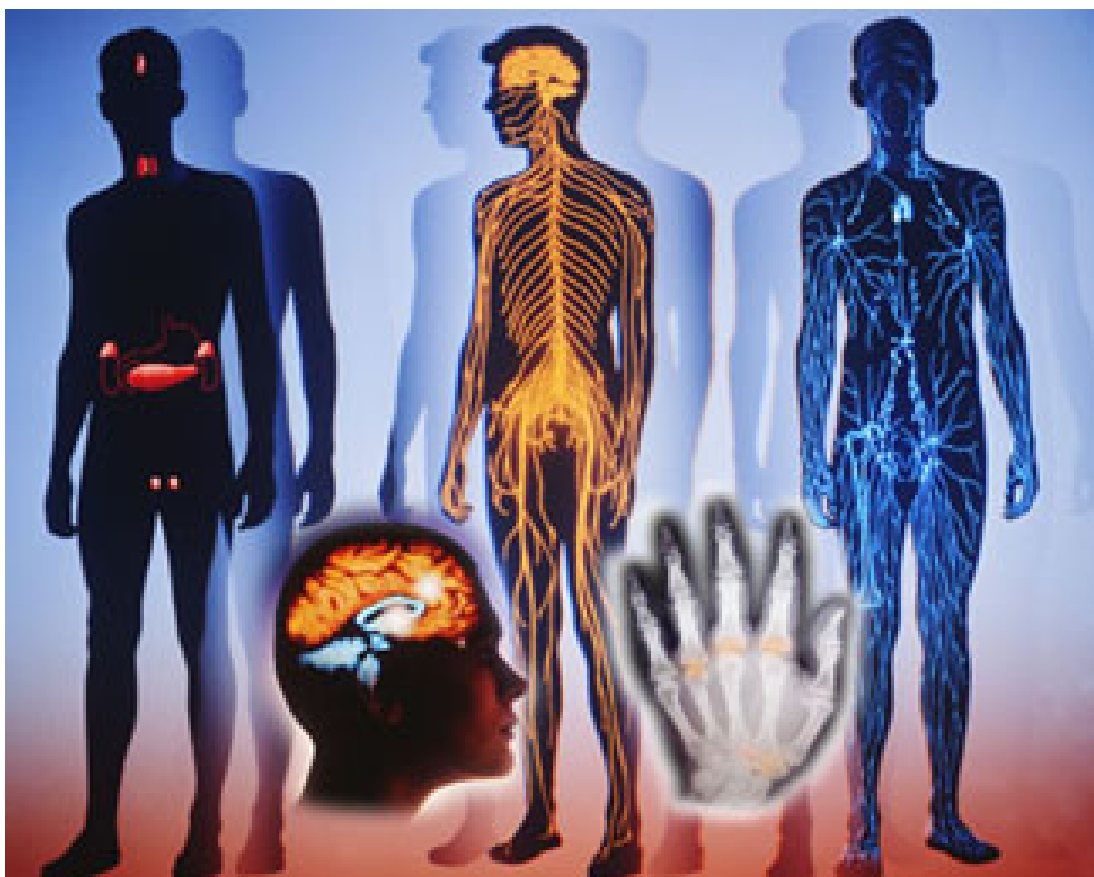


PASCAS CARE

'When the Body Says No'

- Emotions



'Exploring the Stress-Disease Connection'

“Peace And Spirit Creating Alternative Solutions”

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PASCAS INTRODUCTION:

Documents assembled by Pascas are provided for your individual assessment and exploration. The contents are sourced from a variety of avenues and publications. Every endeavour is made to determine that the contents are of the highest level of truth and veracity. At all times we ask that you go within yourself, to ascertain for yourself, how the contents resonate with you.

Pascas provides these notes and observations to assist us all in the development and growth of our own pathways and consciousness. Pascas does not hold these contents as dogma. Pascas is about looking within oneself. Much of what we are observing is new to us readers and thus, we consider that you will take on board that which resonates with you, investigate further those items of interest, and discard that which does not feel appropriate to you.

Kinesiological muscle testing, as developed by Dr David R Hawkins and quantified by his Map of Consciousness (MOC) table, has been used to ascertain the possible level of truth of documents. Such tested calibration levels appear within the document. We ask that you consider testing same for yourself. The technique and process is outlined within Pascas documents, such as Pascas Care – Energy Level of Food. From each person’s perspective, results may vary somewhat. The calibration is offered as a guide only and just another tool to assist in considering the possibilities. As a contrast, consider using this technique to test the level of truth of your local daily newspaper.

Contents are not to be interpreted as an independent guide to self-healing. The information sourced herein is not from a doctor or doctors, and any information provided in this document should not be in lieu of consultation with your physician, doctor, or other health care professional. Pascas, nor anyone associated with this document, does not assume any responsibility whatsoever for the results of any application or use of any process, technique, compound or potion as described within this document.

The sources of contents are noted throughout the document. In doing so, we acknowledge the importance of these sources and encourage our readers to consider further these sources. Should we have infringed upon a copyright pertaining to content, graphics and or pictures, we apologise. In such cases, we will endeavour to make the appropriate notations within the documents that we have assembled as a service via our not for profit arm, to our interested community.

We offer all contents in love and with the fullness of grace, which is intended to flow to readers who join us upon this fascinating journey throughout this incredible changing era we are all experiencing.

Living Feelings First, *John.*

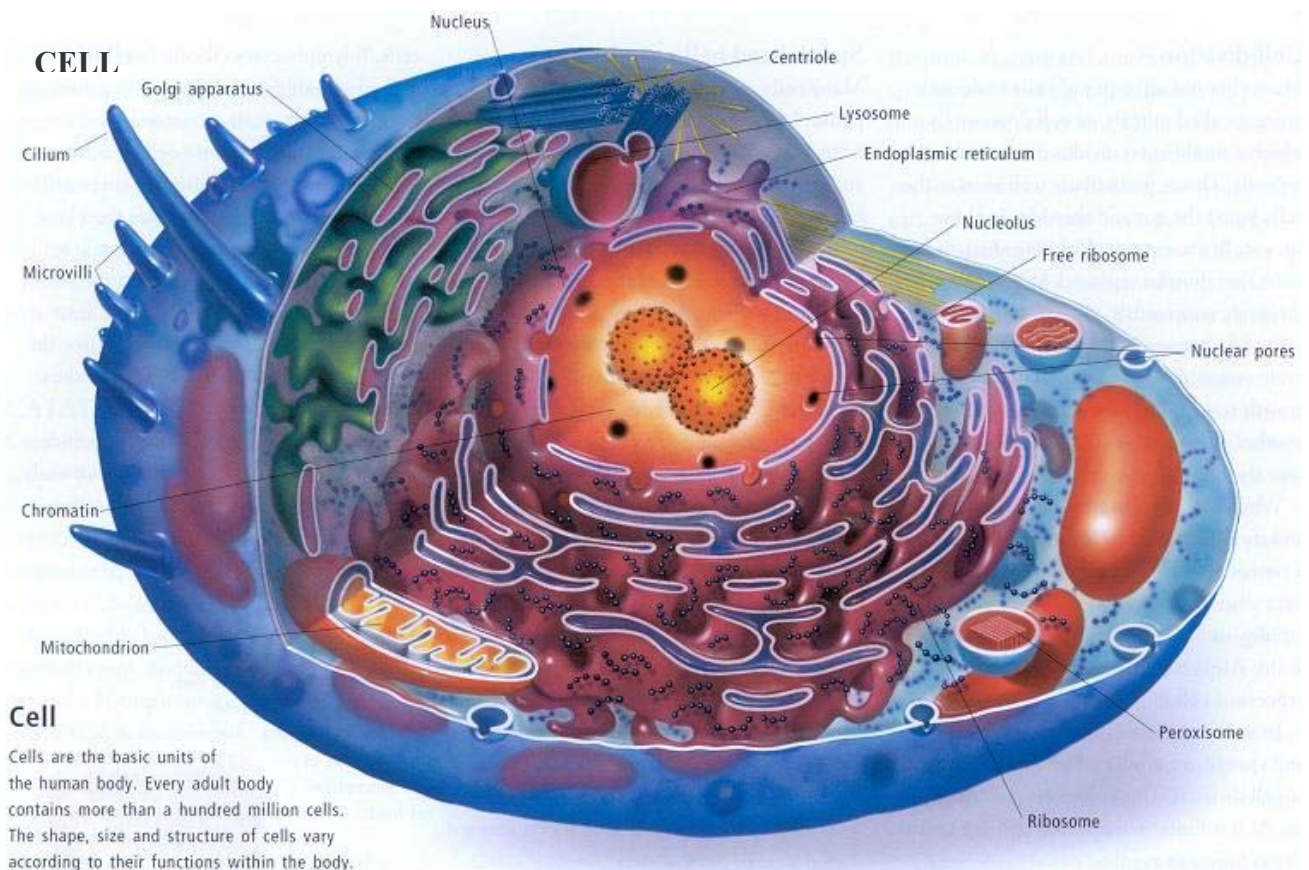
“Never can one man do more for another man than by making it known of the availability of the Feeling Healing process and Divine Love.” JD



STRESS and DISEASE: an IMPORTANT CONNECTION:

<http://ownyourhealth.wordpress.com/2008/09/07/stress-and-disease-an-important-connection/>

“The brain and the immune system continuously signal each other, often along the same pathways, which may explain how state of mind (soul) influences health. The belief that the mind plays an important role in physical illness goes back to the earliest days of medicine. From the time of the ancient Greeks to the beginning of the 20th century, it was generally accepted by both physician and patient that the mind (soul) can affect the course of illness, and it seemed natural to apply this concept in medical treatments of disease. After the discovery of antibiotics, a new assumption arose that treatment of infectious or inflammatory disease requires only the elimination of the foreign organism or agent that triggers the illness. In the rush to discover antibiotics and drugs that cure specific infections and diseases, the fact that the body’s own responses can influence susceptibility to disease and its course was largely ignored by medical researchers.”



“The molecules of emotion run every system in our body, and this communication system is in effect a demonstration of the bodymind’s intelligence, an intelligence wise enough to seek wellness, and one that can potentially keep us healthy and disease-free without the modern high-tech medical intervention we now rely on.”

Dr Bradley Nelson has developed the ‘**Emotion Code**’.

The Emotion Code is a Self-help method that quite often produces marvellous results and wonderful benefits, both physical and emotional in nature.

Also, consider ‘**The Healing Code**’ developed by Dr Alex Loyd and Dr Ben Johnson.

This research and others complement Dr Gabor Maté in his work published in ‘**When the Body Says No.**’

Underlying frozen emotions from our childhood manifest as illnesses anytime throughout our lives. Generally, similar core emotions are the drivers of specific illnesses in the physical body. That is, many diseases have a set of related emotional issues that manifest the illness.

Thus, there are **psychological profiles for most illnesses**. That is, there are specific sets of emotions that result in specific illness. The releasing and clearing of these core emotions will remove the illness – permanently.

Behind all illness there are stresses, and behind all stresses there are negative blocked emotions.

The Emotion Code™ Chart		
	Column A	Column B
Row 1 Heart or Small Intestine	Abandonment Betrayal Forlorn Lost Love Unreceived	Effort Unreceived Heartache Insecurity Overjoy Vulnerability
Row 2 Spleen or Stomach	Anxiety Despair Disgust Nervousness Worry	Failure Helplessness Hopelessness Lack of Control Low Self-Esteem
Row 3 Lung or Colon	Crying Discouragement Rejection Sadness Sorrow	Confusion Defensiveness Grief Self-Abuse Stubbornness
Row 4 Liver or Gall Bladder	Anger Bitterness Guilt Hatred Resentment	Depression Frustration Indecisiveness Panic Taken for Granted
Row 5 Kidneys or Bladder	Blaming Dread Fear Horror Peeved	Conflict Creative Insecurity Terror Unsupported Wishy Washy
Row 6 Glands & Sexual Organs	Humiliation Jealousy Longing Lust Overwhelm	Pride Shame Shock Unworthy Worthless

STRESS and DISEASE – the CONNECTION:

<http://www.healthreviser.com/content/stress-and-disease-connection>

It has been known for a long time that negative emotions are tied to specific diseases – i.e. fears lead to cardiovascular diseases, anger damages liver, apathy affects the stomach.

They all have something in common – stress. And this stress stems from childhood emotional events. But how should we deal with stress?

What is stress? Why does it happen? Is it always bad?

Stress is an inevitable part of everyday life. Minor stresses are harmless (and even helpful at times), however, negative, long-lasting stress can be debilitating to one's health.

The author of the theory of stress, well-known Canadian scientist Hans Selye, has determined stress as a set of typical genetically-programmed non-specific reactions of an organism aimed for its survival by means of its “fight or flight” response. Minor effects of negative factors do not usually **cause stress**. It happens when the stress **factors (stressors)** surpass our natural ability to handle them. The stressors cause the body to change its way of functioning by mobilizing its resources to cope with danger (raise blood pumping and dilate airways to increase oxygen intake, increase blood clotting, etc.) or adapting to it. This is the main purpose of stress **response**.

Stress phases.

A typical stress **response** has 3 phases:

- **Alertness** – to mobilize all protective means of the body.
- **Stabilization** – balanced use of the body's adaptive capabilities.
- **Exhaustion** – final phase coming after the prolonged effects of stressors have used up all adaptive reserves of the body.

Some stress is a natural part of life, which in Selye's opinion creates a “taste of life”. Stress stimulates us in complex processes at work, in creative endeavours, and in competition. However, when the strong influence of stressors become excessive and constant, they drain our protective means and can lead to illness, or even cause neurotic or psychosomatic disorders. Different people react to stressors differently. Some react proactively, fighting the danger. Others react passively and give up quickly. Generally these types of reaction cause specific types of disorders. Based on numerous clinical observations, doctors have discovered that **most stressors typically cause hypertension, ulcer, heart attack, stroke, cardiac arrhythmias, etc.** **Anger** that is not expressed could cause rheumatoid arthritis, skin problems, migraine, indigestion, etc.



Why does stress **cause somatic (body and its frame) disorders**? When we are feeling strong negative emotions, significant physical changes happen in the body causing excessive energy production.

Moreover, a prolonged negative psychological attitude / personality often promotes faster exhaustion of the body's protective means.

Connection between stress and disease.

Psychologists and psychiatrists have discovered strong connection between certain personality traits on one end and somatic disorders on the other. Example: individuals trying to fit in a certain position / job that doesn't fit their personality or capabilities have a higher chance to develop cardiovascular diseases. Chronic coronary disease is more typical for proactive goal-oriented, ambitious and less tolerant individuals.

Individuals suffering from stomach ulcers are typically very anxious and irritable. They are very conscientious, but usually have a low self-esteem, are vulnerable, shy, sensitive and hypochondriac. These individuals always try to do more than they are capable of. They tend to overcome difficulties having very high level of anxiety.

The level of stress-related pathological changes in the body is usually linked with personal assessment of the situation, which in turn depends on feelings of personal responsibility. The signs of emotional tension appearing in stressful situations tend to intensify when there is a lack of physical activity.

Remember about connection: stress – disease and find your ways to manage stress.

Our childhood experiences and environment.

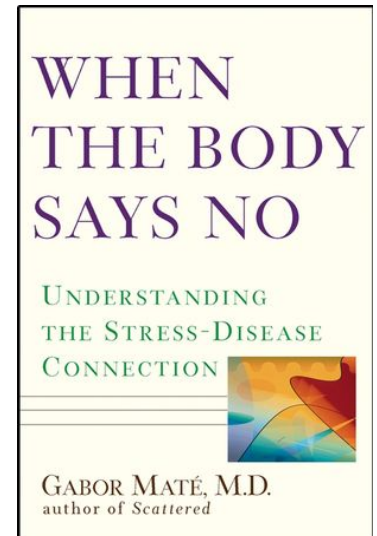
The creation of our stressed body starts during our gestation period, during the pregnancy period and includes our early childhood to around the ages of 5 to 7 years. These early life suppressed emotions manifest the health issues throughout our life, be it a short life or a long life.



EVERYTHING is INTERCONNECTED:

A USofA study found that women who are unhappily married and do not express their emotions have a greatly increased risk of death compared with similarly unhappy women who do not repress their feelings. Canadian research has shown that people abused in childhood have a nearly 50% increased risk of cancer in adulthood. Our relationships help shape our physiology.

Dr Gabor Maté in his book, ‘When the Body says No’, shows that people do not become ill despite their lives but rather because of their lives. And life includes not only physical factors like diet, physical activity, and the environment, but also the internal milieu of thoughts and unconscious emotions that govern so much of our physiology, through the mechanisms of stress and the unity of the systems that modulate nerves, hormones, immunity, digestion, and cardiovascular function. Much disease could be prevented and healed if we fully understood the scientific evidence verifying the mind-body unity.



An individual’s emotional makeup, and the response to continued stress, may indeed be causative in the many diseases that medicine treats but whose origin is not yet know – disease such as scleroderma, and the vast majority of rheumatic disorders, the inflammatory bowel disorders, diabetes, multiple sclerosis, and legions of other conditions which are represented in each medical subspecialty.

What is psychoneuroimmunology? It is no less than the science of the interactions of mind and body, the indissoluble unity of emotions and physiology in human development and throughout life in health and illness. This discipline studies the ways that the psyche – the mind, or rather the soul, and its content of emotions which reside within the soul – profoundly interacts with the body’s nervous system and how both of them, in turn form an essential link with our immune defences. Innovative research is uncovering just how these links function all the way down to the cellular level.

Physiologically, emotions are themselves electrical, chemical and hormonal discharges of the human nervous system. Emotions influence – and are influenced by – the functioning of our major organs, the integrity of our immune defences and the workings of the many circulating biological substances that help govern the body’s physical states. When emotions are repressed, as we all do during our childhood, this inhibition disarms the body’s defences against illness. Repression – dissociating emotions from awareness and relegating them to the unconscious realm – disorganizes and confuses our physiological defences so that in some people these defences go awry, becoming the destroyers of health rather than its protectors.

The patterns and way of coping were observed for people treated for multiple sclerosis, inflammatory ailments of the bowel such as ulcerative colitis and Crohn’s disease, chronic fatigue syndrome, autoimmune disorders, fibromyalgia, migraine, skin disorders, endometriosis and many other conditions. Almost none of these patients with serious disease had ever learned to say no.

The connections between behaviour and subsequent disease are obvious in the case of, say, smoking and lung cancer – except perhaps to tobacco-industry executives. But such links are harder to prove when it comes to emotions and the emergence of multiple sclerosis or cancer of the breast or arthritis.

There is no true responsibility without awareness. One of the weaknesses of the Western medical approach is that we have made the physician the only authority, with the patient too often a mere recipient of the treatment or cure. People are deprived of the opportunity to become truly responsible. None of us are to be blamed if we succumb to illness and death. Any one of us might succumb at any time, but the more we can learn about ourselves, the less prone we are to become passive victims.

In healing, every bit of information, every piece of the truth, may be crucial. If a link exists between emotions and physiology, not to inform people of it will deprive them of a powerful tool.

During an investigation of the role of emotional repression in cancer, there occurred with many people with malignancy, there seemed to be an automatic denial of psychic or physical pain and of uncomfortable emotions like anger, sadness or rejection. “Just what is your personal connection to the issue?”

The dynamics of repression operate in all of us. We are all self-deniers and self-betrayers to one extent or another. When it comes to health or illness, it is only a matter of degree and, too, a matter of the presence of other factors – such as heredity or environmental hazards, for example – that also predispose to disease.

Children can see spirits who pretend to be monsters, children also can see behind the mask and see the real condition of the spirit.

You can encourage the child to see behind the mask. Ask the child to tell you what they feel about the spirit.

**PASCAS
HEALTH**



**PASCAS
PERS**

MULTIPLE SCLEROSIS – MS:

Natalie's brain showed the characteristic abnormalities associated with multiple sclerosis: focal areas of inflammation where myelin, the fatty tissue lining nerve cells, was damaged and scarred.

Multiple sclerosis (from the Greek, 'to harden') is the most common of the so-called demyelinating diseases that impair the functioning of cells in the central nervous system. The symptoms depend on where the inflammation and scarring occur. The main areas attacked are usually the spinal cord, the brain stem and the optic nerve, which is the bundle of nerve fibres carrying visual information to the brain. If the site of damage is somewhere in the spinal cord, the symptoms will be numbness, pain or other unpleasant sensations in the limbs or trunk. There may also be involuntary tightening of the muscles or weakness. In the lower part of the brain, the loss of myelin can induce double vision or problems with speech or balance. Patients with optic neuritis – inflammation of the optic nerve – suffer temporary visual loss. Fatigue is a common symptom, a sense of overwhelming exhaustion far beyond ordinary tiredness.

Dr Gabor Maté interviewed nine people with MS, eight of them women. About 60% of those affected are women. The emotional patterns in each person was similar, if not as dramatic.

The evidence gathered was consistent with the published research. "Many students of this disease have voiced the clinical impression that emotional stress may be somehow implicated in the genesis of MS," a research article noted in 1970. Excessive emotional involvement with a parent, a lack of psychological independence, overwhelming need for love and affection, and the inability to feel or express anger have long been identified by medical observers as possible factors in the natural development of the disease. A study in 1958 found that in nearly 90% of cases, "before the onset of symptoms ... patients experienced traumatic life events that had threatened their security systems."

A study done in 1969 looked at the role of psychological processes in thirty two patients from Israel and the United States. 85% of these MS patients experienced the emergence of symptoms that were subsequently diagnosed as multiple sclerosis in the wake of recent highly stressful events. The nature of the stressor varied considerably, from the death or illness of loved ones to a sudden change in a person's life and demanded a flexibility or adaptation beyond his ability to manage. Protracted marital conflict was one such source of stress, increased responsibility at work another. "The common characteristic ..." write the authors of the study, "is the gradual realisation of the inability to cope with a difficult situation ... provoking feelings of inadequacy or failure." These stresses held across different cultures.

Another study compare MS patients with a group of healthy "controls". Severely threatening events were ten times more common, and marital conflict five times more frequent, in MS group.

"I was the little girl too good to be true. It means that you subjugate your own wants or needs in order to get approval. I was always trying to be who my parents wanted me to be."

While it is possible to inherit a genetic susceptibility to MS, it is not possible to inherit the disease. Even people who have all the necessary genes do not necessarily get MS. The disease, experts believe, must be triggered by environmental factors.

There is abundant medical literature linking autoimmune processes themselves to stress and personality.

MS patients were exposed to acute and chronic stress by their childhood conditioning, and their ability to engage in the necessary flight-or-fight behaviour was impaired. The fundamental problem is not the external stress, such as the life events quoted in the studies, but an environmentally conditioned helplessness that permits neither of the normal responses of fight or flight. The resulting internal stress becomes repressed and therefore invisible. Eventually, having unmet needs or having to meet the needs of others is no longer experienced as stressful. It feels normal. One is disarmed.



Our memory and intelligence are housed within our soul, our mind is housed within our spirit body, and our brain is within our physical body. Our soul animates the spirit body which in turn animates the physical body. It is the disconnection of the silver cord between the spirit body and the physical body that results in the death of the physical body. The spirit body, which looks much like the physical body, goes on living. Emotional injuries become blocked within our soul, such injuries are reflected through the spirit body and then into the physical body as illnesses.

STRESS and EMOTIONAL COMPETENCE:

You may feel that there is no conceivable relationship between the behaviour of our cells, for instance in inflammation, and our conduct in everyday life.

For man the most important stressors are emotional. Three factors that universally lead to stress: *uncertainty, the lack of information and the loss of control.*

People find themselves trapped in lifestyles and emotional patterns inimical to their health. The higher the level of economic development, it seems, the more anaesthetized we have become to our emotional realities. We no longer sense what is happening in our bodies and cannot therefore act in self-preserving ways. The physiology of stress eats away at our bodies not because it has outlived its usefulness but because we may no longer have the competence to recognise its signals.

Like stress, emotion is a concept we often invoke without a precise sense of its meaning. And, like stress, emotions have several components. The psychologist Ross Buck distinguishes between three levels of emotional responses, which he calls **Emotion I**, **Emotion II**, and **Emotion III**, classified according to the degree we are conscious of them.

Emotion III is the subjective experience, from within oneself. It is how we feel. In the experience of Emotion III there is conscious awareness of an emotional state, such as anger or joy or fear, and its accompanying bodily sensations.

Emotion II comprises our emotional displays as seen by others, with or without our awareness. It is signalled through body language – “non-verbal signals, mannerisms, tones of voices, gestures, facial expressions, brief touches, and even the timing of events and pauses between words. They may have physiologic consequences – often outside the awareness of the participants.” It is quite common for a person to be oblivious to the emotions he is communicating, even though they are clearly read by those around him. Our expressions of Emotion II are what most affect other people, regardless of our intentions.

A child's displays of Emotion II are also what parents are least able to tolerate if the feelings being manifested trigger too much anxiety in them. As Dr Buck points out, a child whose parents punish or inhibit this acting-out of emotion will be conditioned to respond to similar emotions in the future by repression. The self-shutdown serves to prevent shame and rejection. Under such conditions, “emotional competence will be compromised ... The individual will not in the future know how to effectively handle the feelings and desires involved. The result would be a kind of helplessness.”

The stress literature amply documents that helplessness, real or perceived, is a potent trigger for biological stress responses. Learned helplessness is a psychological state in which subjects do not extricate themselves from stressful situations even when they have the physical opportunity to do so. People often find themselves in situations of learned helplessness – for example, someone who feels stuck in a dysfunctional or even abusive relationship, in a stressful job or in a lifestyle that robs him or her of true freedom

Emotion I comprises the physiological changes triggered by emotional stimuli, such as the nervous system discharges, hormonal output and immune changes that make up the flight-or-fight reaction in response to threat. These responses are not under conscious control, and they cannot be directly observed from the outside. They just happen. They may occur in the absence of subjective awareness or of emotional expression. Adaptive in the acute threat situation, these same stress responses are harmful when they are triggered chronically without the individual's being able to act in any way to defeat the perceived threat or to avoid it.

Emotional competence required:

- The capacity to feel our emotions, so that we are aware when we are experiencing stress;
- The ability to express our emotions effectively and thereby to assert our needs and to maintain the integrity of our emotional boundaries;
- The facility to distinguish between psychological reactions that are pertinent to the present situation and those that represent residue from the past. What we want and demand from the world needs to conform to our present needs, not to unconscious, unsatisfied needs from childhood. If distinctions between past and present blur, we will perceive loss or the threat of loss where none exists; and
- The awareness of those genuine needs that do require satisfaction, rather than their repression for the sake of gaining the acceptance or approval of others.

Stress occurs in the absence of these criteria, and it leads to the disruption of homeostasis. Chronic disruption results in ill health. In each of the individual histories of illness in the book, 'When the Body Says No', one or more aspects of emotional competence was significantly compromised, usually in ways entirely unknown to the person involved.

Emotional competence is what we need to develop if we are to protect ourselves from the hidden stresses that create a risk to health, and it is what we need to regain if we are to heal. **We need to foster emotional competence in our children**, as the best preventive medicine.

F **false**
E **expectations / emotions**
A **appearing**
R **real**



AMYOTROPHIC LATERAL SCLEROSIS – ALS – Buried Alive!

ALS – ‘No muscle nourishment’. When a muscle has no nourishment, it ‘atrophies’ or wastes away. ‘Lateral’ identifies the areas in a person’s spinal cord where portions of the nerve cells that nourish the muscles are located. As this area degenerates it leads to scarring or hardening (‘sclerosis’) in the region.

Researchers recorded dramatically similar impression for ALS patients. “They invariably evoked admiration and respect from all staff who came into contact with them.” “Characteristic was their attempt to avoid asking for help.”

People with ALS have two lifelong patterns distinguishing them: rigidly competent behaviour – that is, the inability to ask for or receive help, and the chronic exclusion of so-called negative feelings. “Hard, steady work without recourse to help from others was pervasive.” There seemed to have been a “habitual denial, suppression or isolation of ... fear, anxiety, and sadness ... Most expressed the necessity to be cheerful.. Some spoke casually of their deterioration or did so with engaging smiles.”

People with Lou Gehrig’s (ALS) disease nearly all seem to “cluster at the MOST PLEASANT end” of the personality spectrum, in contrast to persons with other diseases.

Emotional repression – in most cases expressed as niceness. Characterizing the personalities of ALS patients are relentless self-drive, reluctance to acknowledge the need for help and the denial of pain whether physical or emotional.

Rage and anguish exist underneath the veneer of niceness, no matter how sincerely a person mistakes the façade for her true self.

This is not some bizarre, unfeeling group of human beings here. The problem was not a lack of feeling but an excess of painful, un-metabolized emotion. The family dealt with emotional hurt by repressing it. Generations of family history had brought them to that coping pattern.

Maybe, ALS is caused by, or is at least potentiated by, emotional repression? That it is rooted in childhood emotional isolation and loss? That generally – even if not always – it strikes people who lead driven lives and whom others consider to be very ‘nice’?

A patient wrote in a journal about insights she had during this process, and she came to see that since childhood she had believed that in order to be of service, acceptable to others, and worthy of herself, she had to sacrifice her own needs. It took a life-threatening disease for her to learn that service through self-sacrifice is a dead end.

A friend healed herself through the conscious daily practice of emotional self-inventory and of self-love that, little by little, “unfroze” each part of her body.

The inner core of our soul is blessed with natural love emotions that are all have a high frequency or higher.

Man made emotions all have a low frequency or a very low frequency.



Anger covers over Fear which covers over Grief, these three emotions are the predominant capping emotions.

Human Emotion	Energy Frequency
40.0 Serenity of Being	Ultra-high Frequency
30.0 Postulates	
20.0 Action	Very-high Frequency
8.0 Exhilaration	
6.0 Aesthetic	
4.0 Enthusiasm	
3.5 Cheerfulness	High Frequency
3.3 Strong Interest	
3.0 Conservatism	
2.9 Mild Interest	
2.8 Contented	Low Frequency
2.5 Boredom	
2.4 Monotony	
2.0 Antagonism	
1.9 Hostility	
1.8 Pain	
1.5 Anger	
1.4 Hate	
1.3 Resentment	
1.2 No Sympathy	
1.15 Unexpressed Resentment	Very-low Frequency
1.1 Covert Hostility	
1.05 Anxiety	Ultra-low Frequency
1.0 Fear	
0.98 Despair	
0.96 Terror	
0.9 Sympathy	
0.8 Propitiation	
0.5 Grief	
0.4 Making Amends	
0.3 Undeserving	
0.1 Victim	
0.08 Hopeless	
0.07 Apathy	
0.06 Useless	
0.06 Failure	
0.04 Pity	
0.03 Blame	
0.02 Regret	
0.01 Dying	
0.0 Body Death	

Happiness Domain

Un-happiness Domain

BREAST CANCER – Never Good Enough:

In the vast majority of women or men diagnosed with breast cancer, heredity makes little or no contribution.

The body's hormonal system is inextricably linked with the brain centres where emotions are experienced and interpreted. In turn, the hormonal apparatus and the emotional centres are interconnected with the immune system and the nervous system. These are not four separate systems, but one super-system that functions as a unit to protect the body from external invasion and from disturbances to the internal physiological condition. It is impossible for any stressful stimulus, chronic or acute, to act on only one part of the super-system. What happens to one will affect all.

Emotional factors and social involvement were more important to survival than the degree of disease itself.

There is no universal stressor. In most cases of breast cancer, the stresses are hidden and chronic. They stem from childhood experiences, early emotional programming and unconscious psychological copying styles. They accumulate over a lifetime to make someone susceptible to disease.

Research has suggested for decades that women are more prone to develop breast cancer if their childhoods were characterised by emotional disconnection from their parents or other disturbances in their upbringing; if they tend to repress emotions, particularly anger; if they lack nurturing social relationships in adulthood; and if they are the altruistic, compulsively care-giving types. In one study, psychologists interviewed patients admitted to hospital for breast biopsy, without knowing the pathology results. Researchers were able to predict the presence of cancer in up to 94% of cases judging by such psychological factors alone. In a similar German study, forty women with breast cancer were matched with forty controls similar in age, general health history and lifestyle considerations. Again, on psychological grounds the researchers were 96% successful in identifying who was and who was not diagnosed with breast cancer.

About 1% of breast cancer patients are males. A male patients upbringing was characterized by a lack of warmth.

“Extreme suppression of anger” was the most commonly identified characteristic of breast cancer patients in a 18974 British study.

“Our principal finding was a significant association between the diagnosis of breast cancer and a behaviour pattern, persisting throughout adult life, of abnormal release of emotions. This abnormality was, in most cases, extreme suppression of anger and, in patients over 40, extreme suppression of other feelings.”

A 1952 psychoanalytic evaluation of women with breast cancer had come to similar conclusions. These patients were said to demonstrate “an inability to discharge or deal appropriately with anger, aggressiveness, or hostility (which, in turn, was masked by a façade of pleasantness).” The researchers felt that patients' unresolved conflicts were “manifested through denial and unrealistic self-sacrificing behaviours.”

“If you ask me why I got cancer, I would tell you it’s because I allowed myself to be so destroyed in that marriage. I was this close to suicide more times than I ...

“I didn’t have enough self-respect. Am I good enough yet, could you love me yet? I married my mom. He was exactly like my mother. I was never good enough. When I look back, I think, How could I have stayed in such a marriage? I’ve cried plenty over that at the therapist’s. How could I have done that to my soul, because that’s what I hurt. I hurt the essence of who I was. And I think I hurt my body too.

The straightforward connection between childhood experience and adult stress has been missed by so many researchers over so many years that one almost begins to wonder if the oversight is deliberate. Adults with a history of troubled childhoods may not encounter more serious losses than others do, but their ability to cope will have been impaired by their upbringing. Stress does not occur in a vacuum. The same external event will have greatly varied physiological impact, depending on who is experiencing it. The death of a family member will be processed in a markedly different way by someone who is emotionally well integrated and in a supportive relationship than it will be by a person who is alone or tormented by chronic guilt due to childhood conditioning.

The problem for healers is that the patients own physical soul is generating the problem.

When the person who we are trying to heal, does not want to deal with the cause, the healer’s power is severely diminished to assist them because their own soul is generating the problem.

All illness is of a result of the soul having these blocked emotions, which then create the illness in the physical form and the spirit body. If the person’s soul condition is not addressed then the person is going to recreate the same type of problem and issues.

It is very important that we start to see things at the causal / core level, particularly in the medical and healing profession.

WE are CREATED as EMOTIONAL BEINGS:

**Capping Emotions
Causal Emotions
Core Emotions**

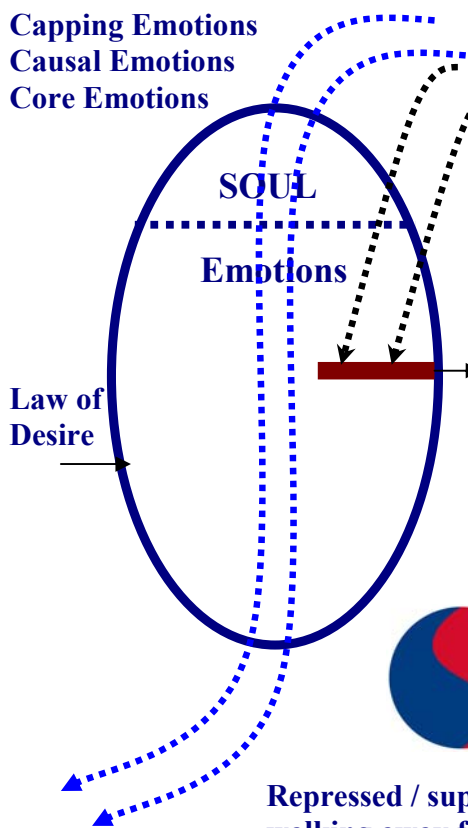
General flow of emotions through us.

Emotions get stuck, such as Anger, Resentment, Fear, etc.

Release of suppressed emotions is via the Law of Attraction.

With desire, this Law of Attraction enables us to release these blocked emotions. Your intention to be free of these negative, un-loving emotions is essential.

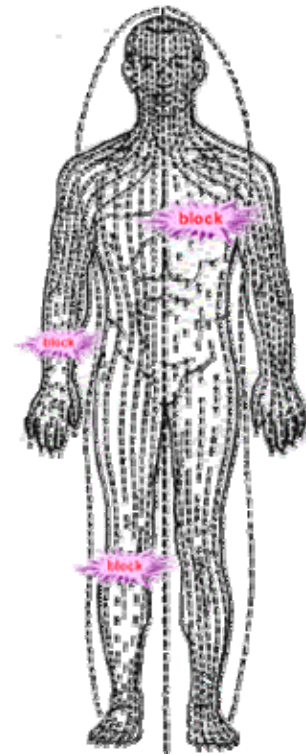
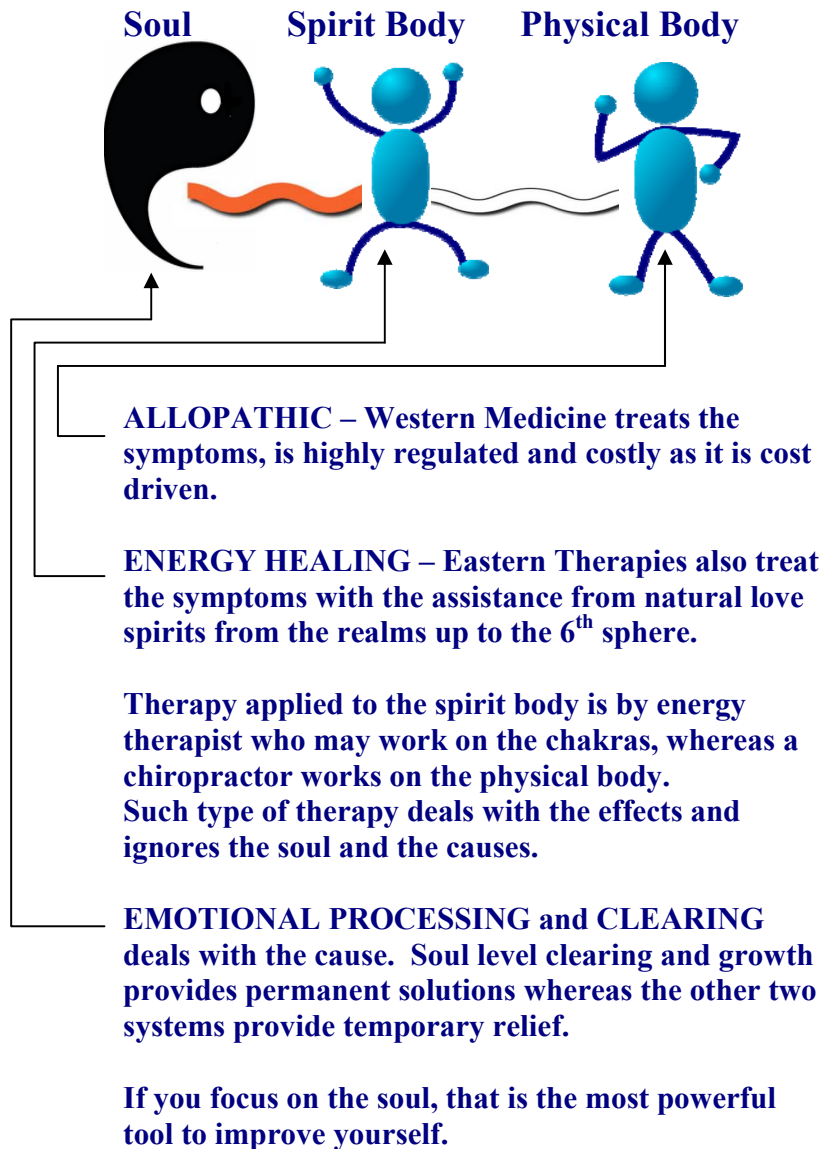
Law of Desire



**Longing for GOD
Divine Love will speed up the releasing of blocked emotions.**

Repressed / suppressed emotions result from walking away from Love.

HIERARCHY of HEALING SYSTEMS



You are Part of this too, Mom:

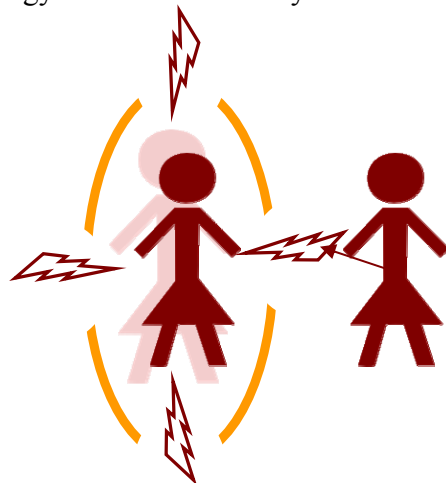
The people that I see with cancers and all these conditions have difficulty saying no and expressing anger. They tend to repress their anger or, at the very best, express it sarcastically, but never directly. It all comes from the early need to build the relationship with the parent, to work at the relationship.

The Bible says you honour your mother and father.

But for the child, the bigger wound is the experience with the mother. You come from a mother's body and you related to the mother. The mother is the universe for us. It's the universe that lets us down. When the father comes along as an abusive, threatening figure, the universe protects us or the universe doesn't protect us.

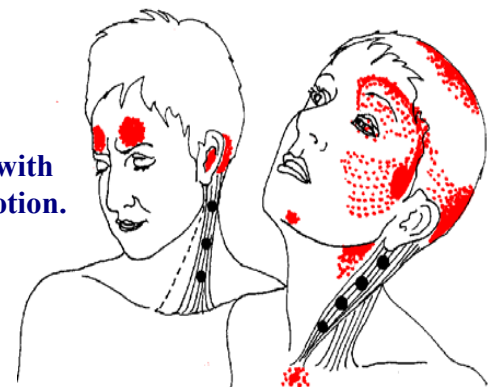
"Now, I'm not saying it's the mother's fault. It has to do with the position of women in society and the relationships people get into. I'm talking only about the child's experience. The child doesn't know it, since you can't miss what you're not familiar with, but the child is actually experiencing abandonment by the mom. When you say 'that wouldn't have washed,' what you're really saying is that your mother had no way of hearing your root / core feelings. We don't tend to think of that as wounding, but it is a deeper wound than anything else."

"When the woman is married to an immature man, she is also a mother to her husband, so she hasn't got the openness and the energy for her kids. So your real rival for your mother's affection wasn't your sister, it was your dad."



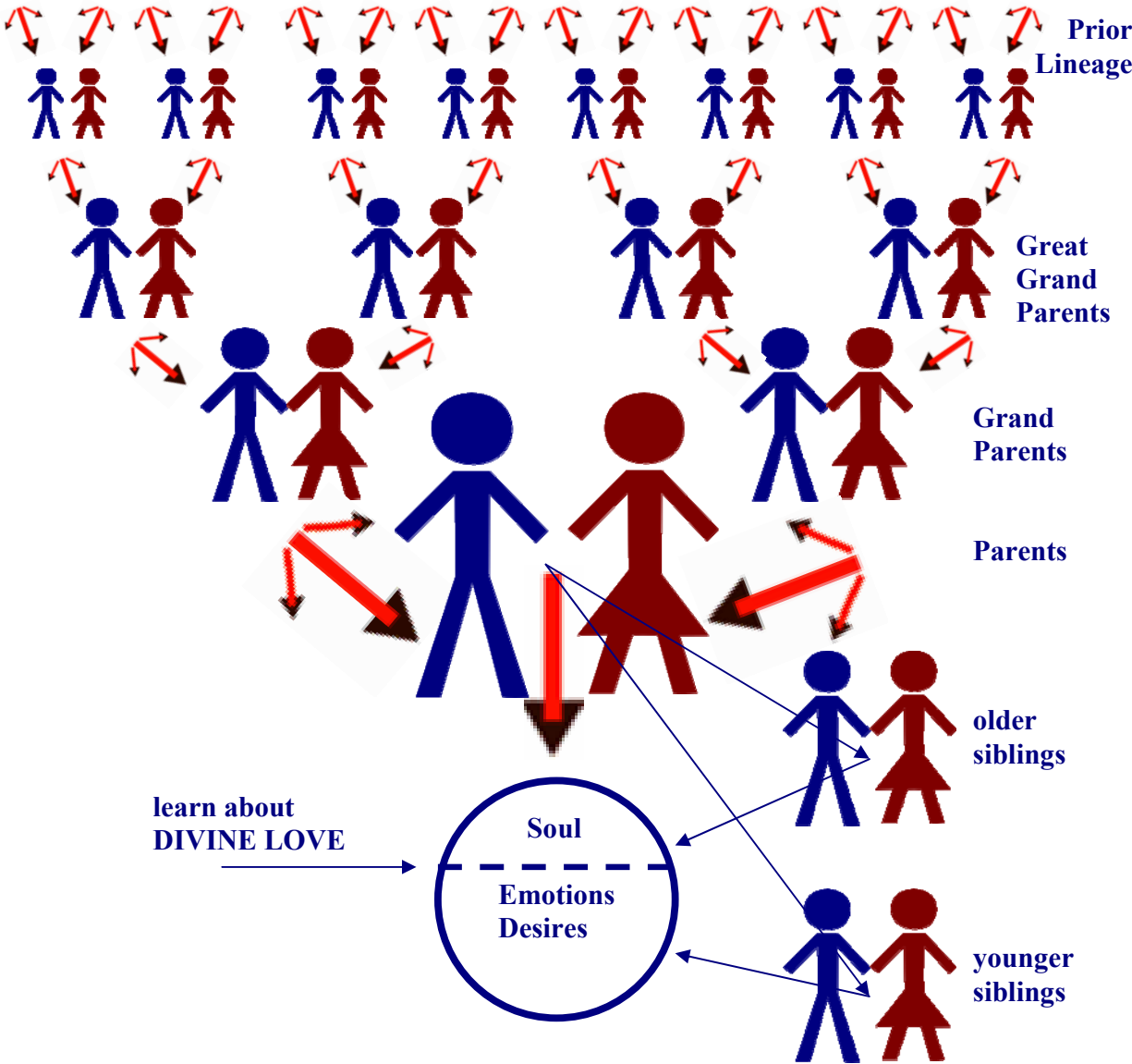
Mother dominates daughter through an emotional hole.

Every piece of pain is the result of a choice to act out of harmony with love in the past. Pain is attracted to cause you to deal with the emotion.



Emotional injuries are fed down to the child, essentially during gestation and then throughout the first five to seven years of childhood, by the generations preceding our parents, and including our parents and siblings. The greatest transfer of emotional issues comes from those closest to us.

Everyone within our living environment will have an impact upon our emotional makeup.

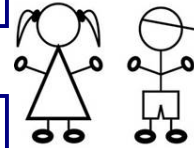


CHILD ILLNESS



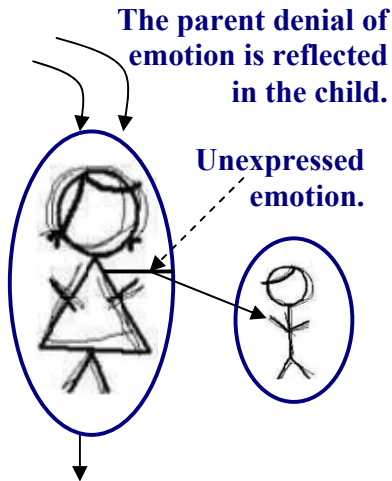
I'm worried:

- Fix my child
- Visit Doctor
- Visit Psychologist



Reality is I need to fix in me what I created in my child.

CHILD EMOTIONS and ILLNESSES



Emotions flow through you mostly.

Child either rebels against the emotion, or conforms to the emotion by pandering the parent who has the emotion.

We need to examine our emotional demands on our children.

Pray about the fear of feeling your emotions.

Be earnest to God in your prayer. Being earnest will cause you to put things into action which will cause changes for you.



STRESS, HORMONES, REPRESSION and CANCER:

Smoking no more causes cancer of the lung than being thrown into deep water causes drowning. Fatal as immersion in deep water can be to the unprotected non-swimmer, for someone who swims well or is equipped with a life jacket, it poses little risk. A combination of actors is necessary to cause drowning. It is the same with lung cancer.

Smoking vastly increases the risk of cancer, not only of the lung but also of the bladder, the throat and other organs. But logic alone tells us that it cannot, by itself, cause any of these malignancies. If A causes B, then every time A is present, B should follow. If B does not follow A consistently, then A cannot, by itself, be the cause of B – even if, in most cases, it might be a major and perhaps necessary contributing factor. If smoking caused lung cancer, every smoker would develop the disease.

Patients with lung cancer, in a report, were frequently characterised by a tendency to “bottle up” emotions. People with lung cancer “have poor and restricted outlets for expression of emotion, as compared with non-malignancy lung patients and normal controls”. The risk of lung cancer was five times higher in men who lacked the ability to express emotion effectively. Especially intriguing was that those lung cancer patients who smoked but did not inhale exhibited even greater repression of emotion than those who did. Emotional repression works synergistically with smoking in the causation of lung cancer. The more severe the repression, the less the smoke damage required to result in cancer.

Nearly 10% of the town’s (Cvrenka, Yugoslavia) inhabitants were selected, about one thousand men and four hundred women. Each was interviewed in 1965-66, with a 109-item questionnaire.

By 1976, ten years later, over six hundred of the study participants had died of cancer, heart disease, stroke or other causes. Eleven questions identifying rationality and anti-emotionality (R/A) measures a single trait: the repression of anger. “Indeed cancer incidence was some 40 times higher in those who answered positively to 10 or 11 of the questions for R/A than in the remaining subjects, who answered positively to about 3 questions on average... We found that smokers had no incidence of lung cancer unless they also had R/A scores of 10 or 11, suggesting that any effect of smoking on the lung is essentially limited to a ‘susceptible minority’.

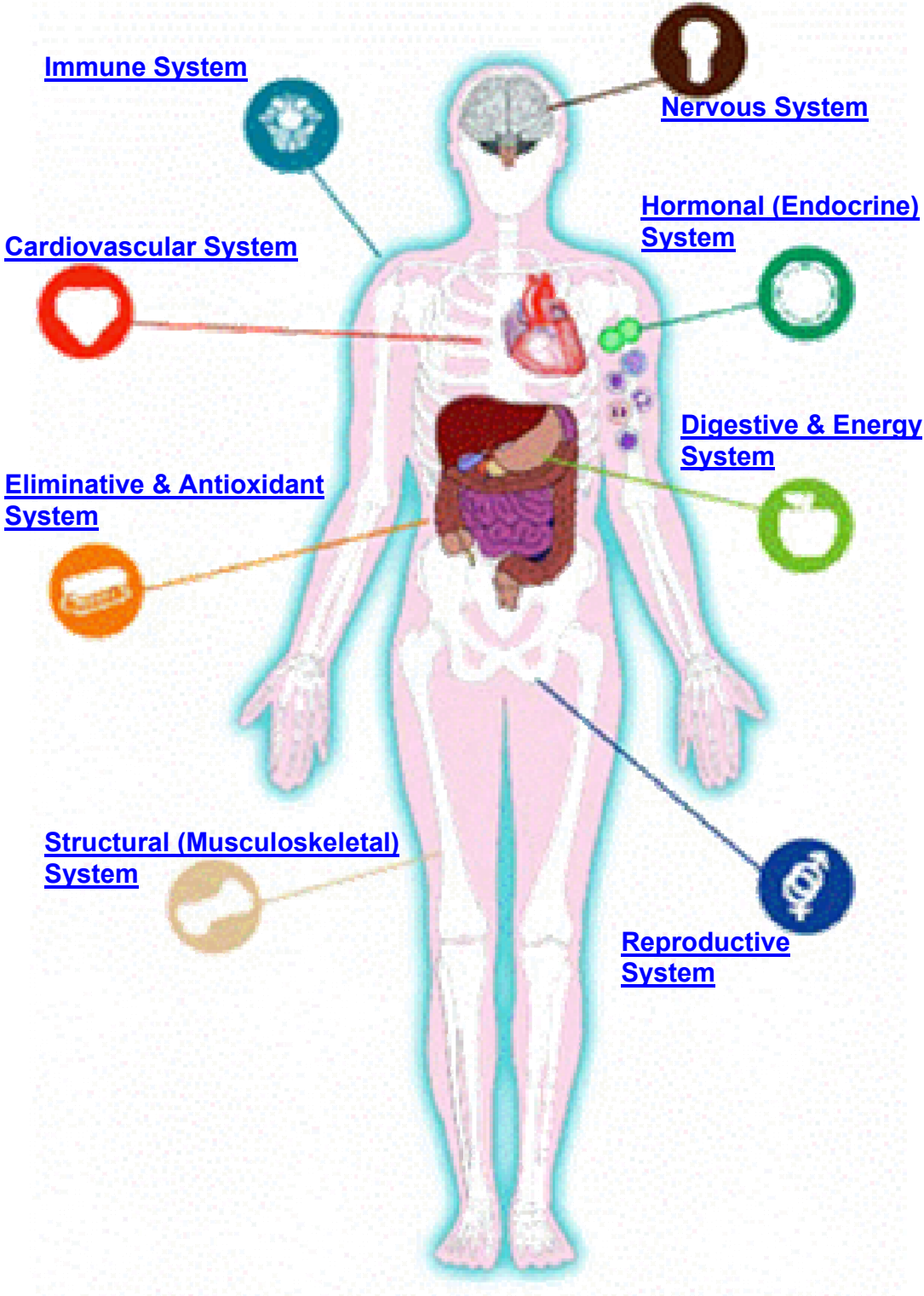
All the thirty-eight people in the Cvrenka study who died of lung cancer had been smokers. Emotional repression must some-how potentiate the effects of smoke damage on the body. But how?

Psychological influences make a decisive biological contribution to the onset of malignant disease through the interconnections linking the components of the body’s stress apparatus: the nerves, the hormonal glands, the immune system and the brain centres where emotions are perceived and processed.

The conceptual division between the sciences of immunology, endocrinology, and psychology / neuroscience is a historical artefact. Psychoneuroimmunology (PNI) is the name of the discipline that studies the interrelated functions of the organs and glands that regulate our behaviour and physiological balance.

The brain, nervous system, immune organs and immune cells and the endocrine glands are joined together through several pathways. The interconnections among the components of the PNI system

enable it to recognise potential threats from within or without, and to respond with behaviours and biochemical changes coordinated to maximise safety at minimal cost.



The various parts of the PNI super-system are wired together by nervous system connections, some of them only recently identified. For example, the immune centres – previously thought of as acted on only by hormones – are extensively supplied with nerves. The so-called primary immune organs are the bone marrow and the thymus gland, located in the upper chest in front of the heart. Immune cells maturing in the bone marrow or in the thymus travel to the secondary lymph organs, including the spleen and the lymph glands. Fibres issuing from the central nervous system supply both primary and secondary lymph organs, allowing instant communication from the brain to the immune system. The hormone-producing endocrine glands are also directly wired to the central nervous system. Thus the brain can “talk” directly to the thyroid and adrenal glands, or to the testes and ovaries and other organs.

In turn, the hormones from the endocrine glands and substances produced by the immune cells direct affect brain activity. Chemicals from all these sources attach to receptors on the surfaces of brain cells, thereby influencing the organism’s behaviour. We have all had the experience described in medical language as “sickness behaviour”, which illustrates the action of immune products on the brain. A group of chemicals called cytokines, secreted by immune cells, can induce the feelings that prompt us to call in sick to our workplace – fever, loss of appetite, fatigue and increased need for sleep. Distressing as they are, such rapid adaptations are designed to conserve energy, helping us to overcome illness. Inappropriate secretion of the same substances, however, would interfere with normal functioning – for example, by causing excessive fatigue or chronic fatigue.

It is astonishing to learn that lymph cells and other white blood cells are capable of manufacturing nearly all the hormones and messenger substances produced in the brain and nervous system. Even endorphins, the body’s intrinsic morphine-like mood-altering chemicals and painkillers, can be secreted by lymphocytes. And these immune cells also have on their surfaces receptors for the hormones and other molecules originating in the brain.

In short, in addition to the unifying network of nerve fibres that wire together the various components of the PNI super-system, there is also constant biochemical cross-talk among them. The myriad products they can each send to or receive from the others enable them all to speak and understand the same molecular language and to respond, each in its own way, to the same signals. The PNI system is like a giant switchboard, always alight with coordinated messages coming in from all directions and going out to all directions at the same time. It follows, too, that whatever short-term or chronic stimulus acts on any one part of the PNI system, it has the potential to affect the other parts as well.

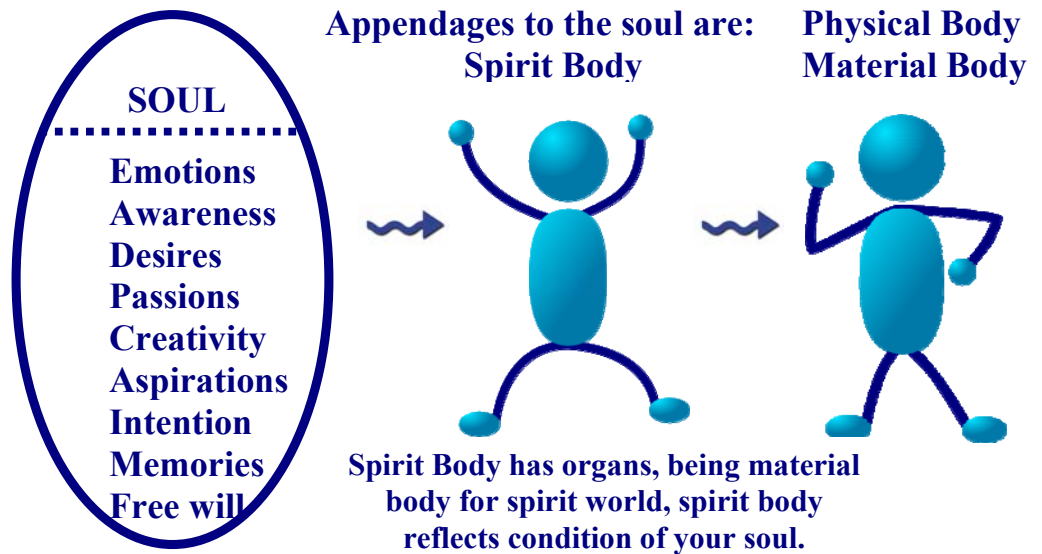
What makes possible the versatile interactive functions of the PNI system? A microscopic look would reveal numerous receptor sites on the surface of each cell to which the common molecular messengers can bind. A typical nerve cell, or neuron, may have millions of receptors on its surface: “If you were to assign a different colour to each of the receptors that scientists have identified, the average cell surface would appear as a multicoloured mosaic of at least seventy different hues – 50,000 of one type of receptor, 10,000 of another, 100,000 of a third, and so forth.”

The messenger molecules and most of the hormones are made of amino acids, the basic building blocks of protein. They are called peptides, the technical name for longer chains of amino acids. None of these chemicals are restricted to any one area or organ of the body. An eminent neuroscientist has suggested the term “information substances” to describe the entire group, because they each carry information

from one cell or one organ to another. There are multiple potential interactions between information substances emanating from each part of the PNI system and cell types in each other part.

The hub of the PNI system is the hypothalamic-pituitary-adrenal nexus: the HPA axis. It is through the activation of the HPA axis that both psychological and physical stimuli set in motion the body's responses to threat. Psychological stimuli are first evaluated in the emotional centres known as the limbic system, which includes parts of the cerebral cortex and also deeper brain structures. If the brain interprets the incoming information as threatening, the hypothalamus will induce the pituitary to secrete an adrenocorticotrophic hormone. ACTH, in turn, causes the cortex of the adrenal gland to secrete cortisol into circulation.

Simultaneously with this hormonal cascade, the hypothalamus sends messages via the sympathetic nervous system – the flight-or-fight part of the nervous system- to another part of the adrenal, the medulla. The adrenal medulla manufactures and secretes the flight-fight hormone, adrenalin, which immediately stimulates the cardiovascular and nervous systems.



The same influences that the organism is most likely to interpret as emotionally stressful are, not surprisingly, also the most powerful psychic triggers for the HPA axis: “Psychological factors such as uncertainty, conflict, lack of control, and lack of information are considered the most stressful stimuli and strongly activate the HPA axis. Sense of control and consummatory behaviour result in immediate suppression of HPA activity.

Consummatory behaviour – from the Latin consummare, “to complete” – is behaviour that removes the danger or relieves the tension caused by it. We recall that stress-inducing stimuli are not always objective external threats like predators or potential physical disasters but also include internal perceptions that something we consider essential is lacking. This is why lack of control, lack of information – and, as we well see, unsatisfied emotional needs (e.g., lack of love), trigger the HPA axis. Consummation of such needs abolishes the stress response.

Given the biochemical and neurological cross-influences within the PNI system, we can readily understand how emotions are able to interact with hormones, immune defences and the nervous system. In cancer causation, disturbed hormonal activity and impaired immune defences both play a role. Lung cancer is a prime example.

The mechanistic view holds that cancer results from damage to the DNA of a cell by some noxious substance – for example, tobacco-breakdown products. This perspective is valid as far it goes but cannot explain why some smokers develop cancers while others do not, even if the amount and type of tobacco they inhale are exactly the same. The unanswered questions are, Why are the cells of some individuals more susceptible than those of others? Why does DNA repair occur in some people but not in others? Why do the immune system and other defences keep cancer at bay in some people but not in others? What accounts for vast differences in cure or disease progression from one person to the next, even when the identical cancer is diagnosed at exactly the same stage and even when all other factors – age, gender, income, general health – are exactly matched.

Genetic variations may explain these issues in some cancers, although, as we have seen with breast cancer, in the majority of people heredity does not play a role in cancer causation. Lung cancer, specifically, is not a genetically transmitted disease, nor is the damage to genes in lung cancer due to heredity.

The development of any malignancy progresses through several stages, the first of which is initiation, the process by which a normal cell becomes transformed into an abnormal one. Cancer may be seen as a disease of cell replication. The normal processes of cell division and cell death are somehow subverted. A cell that should give rise to healthy offspring escapes from control and divides into malformed facsimiles that replicate themselves without regard to the biological needs of the organism. With millions of cells dying or being formed in the body every day, natural accident would, by itself, lead to a great number of spontaneous abnormal transformations. “It’s a fact that every one of us has a number of tiny cancerous tumours growing in our bodies at every moment.”

In short, for cancer causation it is not enough that DNA damage occur: also necessary are failure of DNA repair and/or an impairment of regulated cell death. Stress and the repression of emotion can negatively affect both of those processes.

The stresses that create the problems with self-nurture are also stresses that predispose to ill health. Woman with functional hypothalamic amenorrhea (FHA) report more concerns about dieting and weight, fear of weight gain, and tendencies to engage in binge eating.



Eating patterns are directly connected with emotional issues arising both from childhood and from current stresses. The patterns of how we eat or don’t eat, and how much we eat, are strongly related to the levels of stress we experience and to the coping responses we have developed in face of life’s vicissitudes. In turn, dietary habits intimately affect the functioning of the hormones that influence the female reproductive tract. Anorexics, for example, will often stop menstruating.

Malignancies of the haematological (blood-cell producing) system such as leukaemia and lymphoma are also hormone dependent, being profoundly affected by cortisol produced in the adrenal gland. Adrenal corticoid hormones inhibit the division and spread of leukaemia and lymphoma cells. Thus,

haematological malignancies may, in part, result when blood and lymph cells escape from normal inhibition owing to a chronically unbalanced HPA system. The available research points to emotional stress as a significant dynamic in the lives of adults with these diseases.

At the University of Rochester, a fifteen-year study of people who developed lymphoma or leukaemia reportedly found that these malignancies were “apt to occur in a setting of emotional loss or separation which in turn brought about feelings of anxiety, sadness, anger or hopelessness.”

Once a cancer reaches the stage where its cell surfaces display molecules different from the normal body proteins, it ought to be destroyed by immune responses of many different kinds. T-cells should attack it with noxious chemicals; antibodies should be formed against it; specialised blood cells should chew it up. Under conditions of chronic stress, the immune system may become either too confused to recognise the mutated cell clones that form the cancer or too debilitated to mount an effective attack against them

Emotional states are of great potential significance in the prevention or encouragement of cancer metastasis, the movement of malignant cells from the original tumour site to other areas of the body.

For a tumour to become clinically noticeable, even on an easily accessible body tissue like the skin or the breast, it has to become about half a gram in size, comprising about five hundred million cells. A single cell with a malignant mutation would have to double about thirty times to reach such dimensions. In breast cancer, doubling time has been calculated to range from a few days to one and one-half years, with an average of about four months. “If a tumour cell were to grow constantly at the last rate, it would take about eight years to become clinically evident, and some sources suggest an even longer doubling time with a time span of about 15 – 20 years to become clinically evident.”

In the real life of a tumour, there is probably no steady doubling rate. Rather, there are broad fluctuations in growth rate depending on what is happening in the life of the host. We recall the history of Michelle, whose breast lump, which had been present for seven years, changed dramatically after a period of acute stress.

The issue, therefore, is not simply the prevention of spread, but why and under what conditions in some people already existing dormant deposits convert into clinical cancer. Tumour dormancy is affected by many hormonal and immunological influences, all of them functions of the PNI system and all of them highly susceptible to life stresses.

In numerous studies of cancer, the most consistently identified risk factor is the inability to express emotion, particularly the feelings associated with anger. The repression of anger is not an abstract emotional trait that mysteriously leads to disease. It is a major risk factor because it increases physiological stress on the organism. It does not act alone but in conjunction with other risk factors that are likely to accompany it, such as hopelessness and lack of social support. The person who does not feel or express “negative” emotion will be isolated even if surrounded by friends, because his real self is not seen. The sense of hopelessness follows from the chronic inability to be true to oneself on the deepest level. And hopelessness leads to helplessness, since nothing one can do is perceived as making any difference.

One study dealt with healthy women who had no symptoms, only an abnormal Pap smear on a routine physical examination. Without any knowledge of the results of the Pap smear, the researchers “were able to predict with almost 75% accuracy those individual who had early cancer, simply by utilising a questionnaire which differentiated between various emotions states. They found that cancer was most apt to occur in those women with a ‘helplessness-prone personality’, or some sense of helpless frustration which could not be resolved in the preceding six months.”



SOUL  SPIRIT BODY  PHYSICAL BODY
PERSONALITY

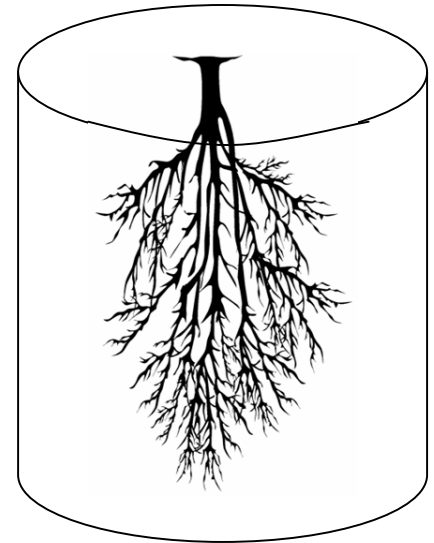
Live true to your feelings, and you ARE living true, not only to your own soul, but also true to God’s soul. So doing your Healing by honouring all your feelings, IS living the will of God. And being fully Healed, IS living even more truly the Will of your Mother and Father.

SOMETHING GOOD COMES OUT of THIS:

“Slash, burn or poison” refers to the three major types of treatment currently offered for prostate cancer: surgery, radiation and chemotherapy.

Disturbing are findings published in The Journal of the National Cancer Institute, that men aggressively treated for prostate cancer had a higher chance of dying of other cancers than men who did not receive any medical intervention.

Given the strong connection between hormone levels and emotions, it is striking how completely medical research and medical practice have ignored psychological influences on the causation of prostate cancer and have eschewed (avoided) more holistic approaches to its treatment. There has been virtually no investigation of personality or stress factors in prostate malignancy. Textbooks ignore the subject.



Radiation Therapy

The neglect of links between stress, emotions and prostate cancer is all the less justifiable given what is already known. By their thirties, many men will have some cancerous cells in their prostate, and by their eighties, the majority are found to have them. By the age of fifty, a man has 42% chance of developing prostate cancer. Yet relatively few men at any age will progress to the point of overt clinical disease. In other words, the presence of cancerous prostate cells is not unusual even in younger men, and it becomes the norm as men get older. Only in a minority does it progress to the formation of a tumour that causes symptoms or threatens life. It is worth asking how stress may promote the development of malignant disease. What personality patterns or life circumstances may interfere with the body's defence mechanisms, allowing the already-present cancer cells to proliferate?

It so happens that in a small series of patients, surgical removal of the brain's pituitary gland did show positive results in the treatment of prostate cancer.

Research has clearly demonstrated ... that it is the behavioural changes [i.e., the attainment of dominant status] that lead to the subsequent physiologic changes.

A hormone-dependent malignancy like that of the prostate may be highly susceptible to bio-chemical influences related to stress and emotional states.

A study did look at men who had greater dependency needs than a comparable group – that is, men who were less able to experience themselves as individuated, self-reliant adults. This study concluded that dependent men were more likely to develop a number of diseases, including prostate and other cancers.

A holistic approach that places the person at the centre, rather than the blood test or the pathology report, takes into account an individual life history. It encourages people to examine carefully each of the stresses they face, both those in their environment and those generated internally. In this scenario the diagnosis of prostate cancer (or any illness) could serve as a wake-up call rather than simply a threat. In addition to whatever treatment they may choose to receive

or not receive, men who are encouraged to respond reflectively, taking into account every aspect of their lives, probably increase their chances of survival.

The child of an unhappy mother will try to take care of her by suppressing his distress so as not to burden her further. His role is to self-sufficient and not “needy”.

“In the past I’ve always seemed to put other people’s happiness before my own. My self-esteem was very low, so I thought socially that if I made others happy, then they would accept me. I’d try to satisfy them, doing what I thought they would want to do.”

“A few years ago I had a business with two partners. As far as I was concerned, we were all equal, but it seemed like the way they were running the show, it was all them. They were in charge. My opinion didn’t matter. Things like that hurt, but I just suppressed it and kept it in and didn’t say anything. I didn’t know how to deal with it.”

Repression plays a role in the onset of testicular malignancy. One aspect deserving attention would be the patients’ level of closeness to and identification with their mothers.

One of the lessons a patient spontaneously drew from his experience with cancer was to refuse to orient his behaviour any longer to pleasing others within considering the cost to himself. “Whatever I do now, it is definitely not to please anyone else,” he says. “What is going to make me happy? Is this what I want to do? I’ve tried it the other way in the past, and it didn’t work out for me.”

Is this a loving choice for me?



Your soul errors, emotional injuries, create the fissures and damages within your spirit body, these emerge as illnesses within your physical / material body. Accessing and processing your childhood causal / core emotions remedies all of your three bodies. We need to consider the underlying emotions at a childhood causal level.

Is there a “CANCER PERSONALITY”?

Malignant melanoma has been the subject of some of the most persuasive research evidence linking repression and the development of cancer.

“So Jimmy had the feeling that it would hurt his parents for him to be an independent person.”

“All of us were made to feel that way. For our mother, her children were her world. They were her everything. She tried to do the best she could, but she was very attached to us – even to my detriment but especially to Jimmy’s. In retrospect, I realise we were far too attached, to an unhealthy degree. I think at some point you have to let your children go. I think emotionally, she didn’t let go. I felt obligated, and many times Jimmy did, too. Normally your parents would try to understand and accept your separateness as you got older.”

Jimmy found the burden of his parents’ emotional pain unbearable even at the end of his life.

Jimmy’s childhood “real happy face” might not have been a genuine face at all. At least in part, it could have been a coping mechanism Jimmy adopted in reaction to parents’ anxieties and anger. It was a way of avoiding the painful impact of their emotions on himself. Soothing his parents’ feelings was accomplished by negating his own.

Donna, sister of Jimmy: “You had mentioned Linda saying that Jimmy had a lot of sadness in him, maybe to do with his dad. I knew Jimmy really, really well, and yes, there was a lot of sadness. I can go way back to the beginning, remembering when he was little. The only time I can recall my dad doing anything with my brother was a little bit of roughhousing on the carpet in the living room. And I see a bunch of smiles and laughs. But other than that, there was never any participating in Jimmy’s life. Never went to the hockey games, Never played with him.”

“The crazy thing is that our father always said that he loved us, but he could be so hurtful. I have a brother who is quite heavy, and he’d ridicule him front of people. He’d say some terrible things to him. And to Jimmy, too.”

The physiological responses of three groups were identical, but the melanoma group proved most likely to deny any awareness of being anxious or of being upset by the messages on the slides. “This study found that patients with malignant melanoma displayed coping reactions and tendencies that could be described as indicating ‘repressiveness’. These reactions were significantly different from patients with cardiovascular disease, who could be said to manifest the opposite pattern of coping.”

The melanoma group was the most repressed among the three groups; the cardiac patients appeared to be the least inhibited. (It is not, as it may seem, that the reactivity of the cardiac patients is healthy. In between repression and hyper-reactiveness is a healthy median.) This study demonstrated that people can experience emotional stresses with measurable physical effects on their systems – while managing to sequester (set apart) their feelings in a place completely beyond conscious awareness.

It was in relationship to melanoma that the notion of a “Type C” personality was first proposed, a combination of character traits more likely to be found in those who develop cancer than in people who

remain free of it. Type A individuals are seen as “angry, tense, fast, aggressive, in control” – and more prone to heart disease. Type B represents the balanced, moderate human being who can feel and express emotion without being driven and without losing himself in uncontrolled emotional outbreaks. Type C personalities have been described as “extremely cooperative, patient, passive, lacking assertiveness and accepting ... The Type C individual may resemble Type B, since both may appear easygoing and pleasant, but ... while the Type B easily expresses anger, fear, sadness and other emotions, the Type C individual, in our view, suppresses or represses ‘negative emotions, particularly anger, while struggling to maintain a strong and happy façade.’”

Repression, “niceness” and lack of aggression are life-long patterns, having their origins in early childhood. As the researchers who studied physiological stress responses in melanoma patients noted, “When people are diagnosed with a disease – whether cancer or cardiovascular – they do not precipitously change their usual ways of coping with stress or suddenly develop new patterns ... Under stress, people usually mobilise their existing resources and defences.”

How do psychological stresses translate into malignant skin lesions? Hormonal factors likely account for the fact that the number of melanoma tumours is increasing in bodily sites not exposed to sunlight. Researchers have suggested that hormones may be overstimulating the pigment-producing cells.

The Type C personality traits associated with melanoma have been found in studies of many other cancers as well. In 1991 researchers in Melbourne, Australia, investigated whether any personality traits were a risk factor in cancer of the colon or the rectum. Over six hundred people, new diagnosed, were compared with a matched group of controls. Cancer patients, to a statistically significant degree, were more likely to demonstrate the following traits: “the elements of denial and repression of anger and of other negative emotions ... the external appearance of a ‘nice’ or ‘good’ person, a suppression of reactions which may offend others, and the avoidance of conflict ... The risk of colorectal cancer with respect to this model was independent of the previously found risk factors of diet, beer intake, and family history.” Self-reported childhood or adult unhappiness was also more common among the bowel cancer cases. We have already noted similar traits among patients with breast cancer, melanoma, prostate cancer, leukaemia and lymphomas, and lung cancer.

“Our results appear to agree with findings that cancer patients ‘tend to deny and repress conflictual impulses and emotions to a higher degree than do other people’.

The lowest scores for depression, anxiety and anger had been originally recorded for the medical students who later developed cancer.

Melanoma illustrates the futility of simplistic reductions to a single origin. Fair skin alone cannot be the cause of this cancer, since not everyone with fair skin will develop melanoma. Ultraviolet damage to the skin by itself cannot be sufficient, since only a minority of light-complexioned persons who suffer sunburns will end up with skin cancer. Emotional repression by itself also cannot account for all cases of malignant melanoma, since not all people who are emotionally repressed will develop either melanoma or any other cancer. A combination of these three circumstances is potentially lethal.

While we cannot say that any personality type causes cancer, certain personality features definitely increase the risk because they are more likely to generate physiological stress. Repression, the inability

to say no and a lack of awareness of one's anger make it much more likely that a person will find herself in situations where her emotions are unexpressed, her needs are ignored and her gentleness is exploited. Those situations are stress inducing, whether or not the person is conscious of being stressed. Repeated and multiplied over the years, they have the potential of harming homeostasis and the immune system. It is stress – not personality per se – that undermines a body's physiological balance and immune defences, predisposing to disease or reducing the resistance to it.

Physiological stress, then, is the link between personality traits and disease. Certain traits – otherwise known as coping styles – magnify the risk for illness by increasing the likelihood of chronic stress. Common to them all is a diminished capacity for emotional communication. Emotional experiences are translated into potentially damaging biological events when human beings are prevented from learning how to express their feelings effectively. That learning occurs – or fails to occur – during childhood.

The way people grow up shapes their relationship with their own bodies and psyches. The emotional contexts of childhood interact with inborn temperament to give rise to personality traits. Much of what we call personality is not a fixed set of traits, only coping mechanisms a person acquired in childhood. There is an important distinction between an inherent characteristic, rooted in an individual without regard to his environment, and a response to the environment, a pattern of behaviours developed to ensure survival.

What we see as indelible traits may be no more than habitual defensive techniques, unconsciously adopted. People often identify with these habituated patterns, believing them to be an indispensable part of the self. They may even harbour self-loathing for certain traits – for example, when a person describes herself as “a control freak”. In reality, there is no innate human inclination to be controlling. **What there is in a “controlling” personality is deep anxiety.** The infant and child who perceives that his needs are unmet may develop an obsessive coping style, anxious about each detail. When such a person fears that he is unable to control events, he experiences great stress. Unconsciously he believes that only by controlling every aspect of his life and environment will he be able to ensure the satisfaction of his needs. As he grows older, others will resent him and he will come to dislike himself for what was originally a desperate response to emotional deprivation. The drive to control is not an innate trait but a coping style.

Emotional repression is also a coping style rather than a personality trait set in stone. Not one of the many adults interviewed could answer in the affirmative when asked the following: When, as a child, you felt sad, upset or angry, was there anyone you could talk to – even when he or she was the one who had triggered your negative emotions? In a quarter century of clinical practice, including a decade of palliative work, I have never heard anyone with cancer or with any chronic illness or condition say yes to that question.

Many children are conditioned in this manner not because of any intended harm or abuse, but because the parents themselves are too threatened by the anxiety, anger or sadness they sense in their child – or are simply too busy or too harassed themselves to pay attention. “My mother or father needed me to be happy” is the simple formula that trained many a child – later a stressed and depressed or physically ill adult – into lifelong patterns or repression.

The 55% SOLUTION:

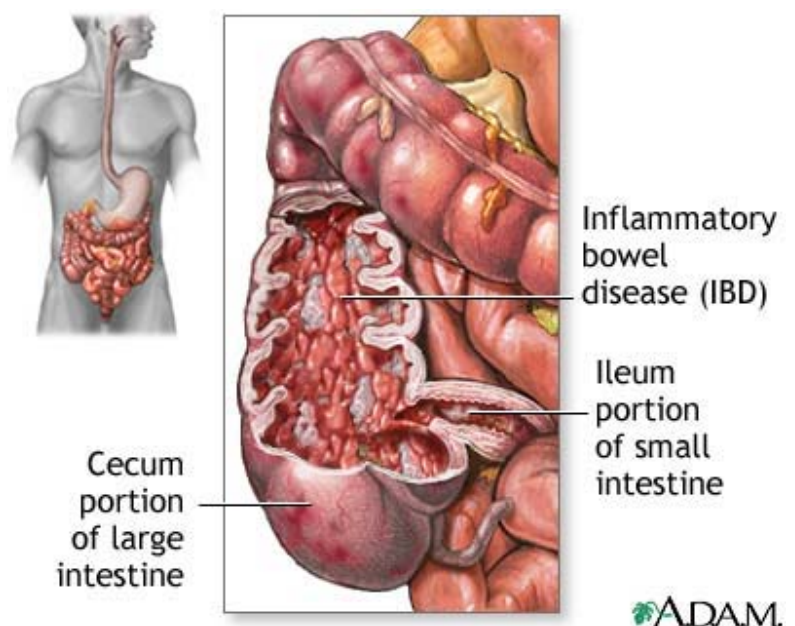
Crohn's disease is one of the two major forms of inflammatory bowel disease, or IBD. Ulcerative colitis is the other. Both are characterised by inflammation of the bowel but in different patterns. In ulcerative colitis, the more common of the two, the inflammation begins in the rectum and spreads upward. The entire colon may become involved. The inflammation is continuous but confines itself to the mucosa, the superficial layer that lines the gut.

In Crohn's disease, the inflammation extends through the entire bowel wall. Most often the ileum, which is the third and final part of the small intestine, and the colon are affected, but Crohn's may appear in any part of the digestive tract, from esophagus to large intestine. Unlike ulcerative colitis, Crohn's will skip areas of the alimentary canal so that normal tissue alternates with diseased segments. IBD may be associated with inflammation in the joints, the eyes and the skin.

The symptoms of IBD depend on the site involvement. Diarrhoea is common in both diseases, along with abdominal pain. Patients may need to defecate many times during the day or even find themselves incontinent. When the colon is affected, there will be bloody stools or frank haemorrhaging. Especially with Crohn's, patients may experience fever and weight loss. There may be other complications, such as fistulas created by inflammation – tunnels from the intestines to other organs such as the skin or, say, the vagina.

IBD is usually a disease of young people. Although it may occur at any age, most commonly onset happens between the years from fifteen to thirty five.

Medical science considers IBD to be "idiopathic", or unknown causation. Heredity plays a role, but not a major one. About 10% to 15% of patients have a family history of IBD. The risk is estimated to be from 2% to 10% if a first-degree relative has been diagnosed. Patients often intuitively feel there is a connection between their IBD and life stresses. In fact, research shows that "most people with inflammatory bowel disease believe that stress is a major contributor to illness."



For Martha, the immediate stressor in the year before her visit to the Mayo had been the departure of her two teenage daughters, who both left home to attend universities in California. She had relied on them for emotional support. Her husband continued to be emotionally abusive, and by then he had exchanged his drinking for a gambling habit. Once her daughters were gone, surgery became unavoidable. She realised later, through counselling, how emotionally underdeveloped and dependent she had been.

Tim, fifty two, with ulcerative colitis, acknowledges his obsessive need to please. “I spend a lot of time trying to appease and trying to impress others rather than looking inwardly.” He has two older brothers. Neither has settled down to a recognised career. One of them got married only recently, in his fifties. His mother has been critical of his siblings, judgment Tim has been anxious to avoid.

“Colitis patients’ mothers were controlling and had a propensity to assume the role of martyr”

The 1955 study, which looked at over seven hundred people with ulcerative colitis, concluded that a high proportion of these patients “had obsessive-compulsive character traits, which included neatness, punctuality, and conscientiousness. Along with these character traits, guarding of affectivity (emotional expression), over-intellectualisation, rigid attitudes toward morality and standards of behaviour ... Similar personality traits have also been used to describe patients with Crohn’s.

The inflammation of IBD is the result of disordered immune activity in the gut. Beyond their functions of digestion and absorption, the intestines are also one of the body’s major barriers to invasion. Whatever is in the gut is simply passing through and still belongs to the external world. Only after penetrating the bowel lining do substances and organisms enter the body proper. Since this protective function of the gut tissue is critical to well-being, it is generously supplied with its own local immune system, one that works in coordination with the body’s general immune defences.

Inflammation is an ingenious process invoked by the body to isolate and destroy hostile organisms or noxious particles. It does so by tissue swelling and the influx of a host of immune cells and antibodies. To facilitate its defensive function, the lining, or mucosa, of the bowel is in a “state of perpetually controlled or orchestrated inflammation.” That is its normal state in healthy people.

The powerful destructive forces of the immune apparatus must be minutely regulated and kept in such a balance that they are able to carry out their policing duties without harming the delicate body tissues they are charged with defending. Some substances promote inflammation; others inhibit it. If the balance is upset, disease can result. A diminished capacity by the gut to mount an inflammatory response would invite life-threatening infections. On the other hand, an inability to dampen inflammation exposes the gut tissue to self-injury. The central abnormality in inflammatory bowel disease would appear to be just such an imbalance of what one journal article calls the “pro-inflammatory and anti-inflammatory” molecules in the bowel lining. Emotional influences acting through the nerve and immune pathways of the PNI super-system could tip the balance in favour of inflammation. As Canadian researchers have pointed out, “many, if not all, aspects of gut physiology may be regulated by neuro-immune factors.”

The nervous system is deeply influenced by emotions. In turn, the nervous system is intimately involved in the regulation of immune responses and of inflammation. Neuropeptides, protein molecules secreted by nerve cells, serve to promote inflammation or to inhibit it. Such molecules are found in heavy concentration in the intestines, in the areas most vulnerable to IBD.

Chronically stressful emotional patterns could induce inflammatory disease in the gut, through the mediation of the PNI super-system and the activation of pro-inflammatory molecules by stress.

Everyone intuitively understands the meaning of the phrase “gut-wrenching” as a description of emotionally upsetting events. Many of us can recall experiencing the sore tummy of the anxious child. Gut feelings, pleasant or unpleasant, are part of the body’s normal response to the world – they help us to interpret what is happening around us and inform us whether we are safe or in danger. Nausea and pain or a warm, comforting feeling in the tummy are sensations that orient us to the meaning of events.

Ulcerative colitis, “long-term perceived stress increases the risk of exacerbation over a period of months to years.”

The number of patients who obtained the placebo effect was consistent at 55% of the response. The 55% figure has been seen in trials of anti-depressant drugs as well. It has been call “the 55% rule”.

Most people think of placebo as a simple matter of imagination, a case of “mind over matter”. Although induced by thought or emotion, the placebo effect is entirely physiological. It is the activation of neurological and chemical processes in the body that serve to reduce symptoms or to promote healing/

A friend, Tibor, suffered an episode of ulcerative colitis – the first and only significant episode he would have – during a time when he was experiencing “a frantic feeling of hopelessness, fear and apprehension.”

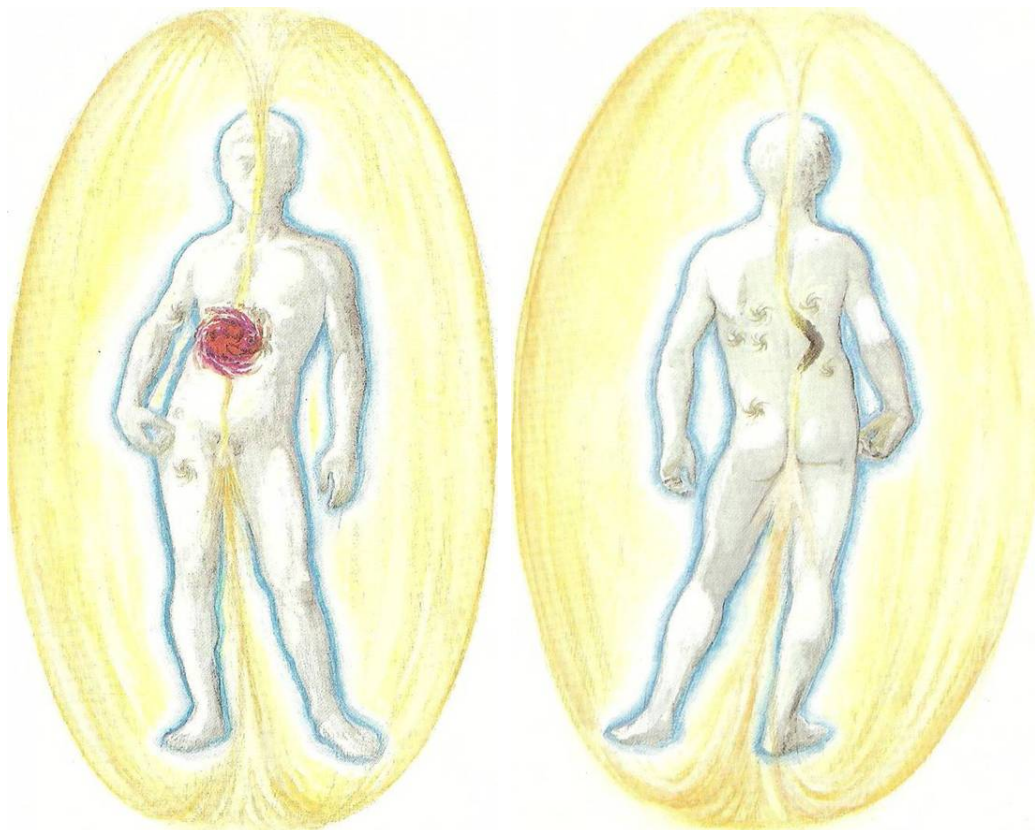


Figure 24-1, Hands of Light by Barbara Ann

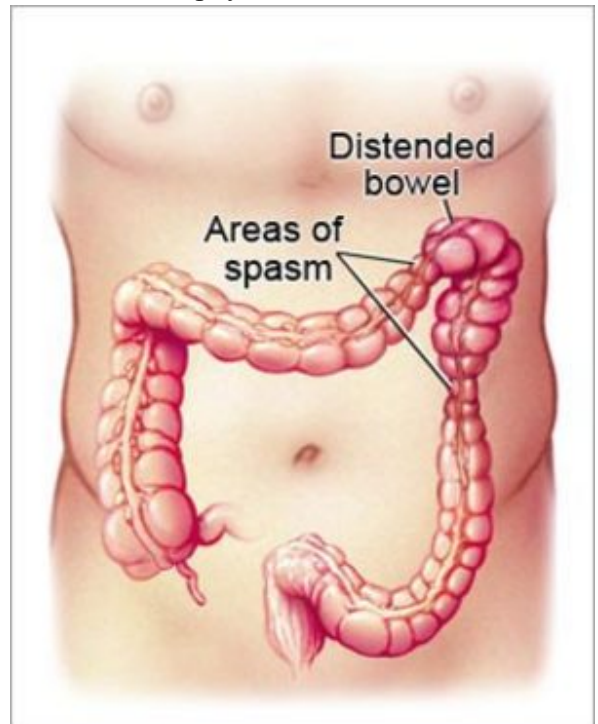
Every emotional blockage, constricts our relationship with God.

It's all in HER HEAD – IRRITABLE BOWEL SYNDROME:

Medical terminology calls irritable bowel syndrome (IBS) a functional disorder. Functional refers to a condition in which the symptoms are not explainable by any anatomical, pathological or biochemical abnormality or by infection. Functional is medical code for “all in the head”.

Irritable bowel syndrome is said to affect up to 17% of the population in the industrialised world and is the most frequent reason for which patients are referred to gastroenterologists. Interestingly, most people with symptoms that qualify them for the diagnosis do not consult physicians.

“Forty years ago, Renee Fox, a medical sociologist, noted that one of the most difficult transitions for medical students is to accept the uncertainty that is intrinsic to medical practice. But the biomedical model creates uncertainty for these common conditions that are not explained by underlying disease.” That uncertainty follows from our innate distrust of the patient’s story when we cannot match it with the hard data of physical examination techniques or scans, X-rays, blood tests, scopes, biopsies or electro-diagnostic tools. In such cases, the complainant finds her symptoms dismissed by doctors. Worse, she may be accused of drug-seeking behaviour, of being neurotic, manipulative, of “just looking for attention.” IBS patients, as well as people with chronic fatigue syndrome and fibromyalgia, often find themselves in that situation.



A type of scan known as positron emission tomography, or PET, measures the activity of brain regions by recording variations in blood flow. When study subjects experience distension of their rectums, a PET scan will indicate which part of the brain registers a response. With rectal distension, or even the anticipation of rectal distensions, IBS patients activated the prefrontal cortex, an area not activated in normals.

The prefrontal cortex is where the brain stores emotional memories. It interprets present stimuli, whether physical or psychological, in light of past experiences, which can date as far back as infancy. Activation in this part of the brain means that some event of emotional significance is occurring. In people who have experienced chronic stress, the prefrontal cortex and related structures remain in a state of hyper-vigilance, on the lookout for danger. Prefrontal activation is not a conscious decision by the individual; rather it is the result of the automatic triggering of nerve pathways programmed long ago.

In another investigation, the electrical amplitudes of brainwaves evoked by sound stimuli were greater in IBS patients than in controls, again indicating a physiological hyper-vigilance.

What accounts for these altered nervous-system responses? The answer emerges when we look not only at human organs but at human lives. There is a high incidence of abuse in the histories of patients with intestinal diseases and especially in those patients with IBS and other functional disorders.

In a 1990 study of women patients conducted at the gastroenterology clinic of the North Carolina School of Medicine, 44% of the women reported some type of sexual and/or physical abuse. “Those with abuse history had a four-fold greater risk of pelvic pain, two to three times more non-abdominal symptoms (e.g., headaches, backaches, fatigue), as well as more lifetime surgeries.” In a more recent investigation at the same centre, fully two thirds of the women interviewed had experienced abuse of a physical or sexual nature, or both. Again, abused patients were more likely to undergo various surgeries, such as gallbladder operations, hysterectomies, and laparotomies. They also had “more pain, non-gastrointestinal somatic symptoms, bed disability days, psychological distress, and functional disability compared to those without sexual abuse.”

The nervous system of the gut contains about one hundred million nerve cells – we have as many in the small intestine alone as there are in our entire spine! These nerves do more than coordinate the digestion and absorption of food and the elimination of waste – they also form part of our sensory apparatus. The gut responds to emotional stimuli by muscle contractions, blood flow changes and the secretion of a multitude of biologically active substances. Such brain-gut integration is essential for survival. Large volumes of blood, for example, may need to be diverted from the intestines to the heart and to the muscles of the limbs at a moment’s notice.

In turn, the gut is abundantly supplied with sensory nerves that carry information to the brain. Quite to the contrary of what was believed until recently, nerve fibres ascending from the intestine to the brain greatly outnumber ones descending from brain to gut.

The brain relays to the gut data from sensory organs such as the eyes, the skin or the ears – or more correctly, relayed to the gut is the interpretation of such data by the brain’s emotional centres. The resulting physiological events in the gut then reinforce that emotional interpretation. The signals sent back to the brain give rise to gut feelings, the world becomes less safe.

When there are too many “gut-wrenching” experiences, the neurological apparatus can become over sensitised. Thus, in the spinal cord the conduction of pain from gut to brain is adjusted as a result of psychological trauma. The nerves involved are set off by weaker stimuli. The greater the trauma, the lower becomes the sensory threshold. A normal amount of gas in the intestinal lumen and a normal level of tension in the intestinal wall will trigger pain in the sensitised person.

At the same time, the prefrontal areas of the cortex will be in a heightened state of vigilance, responding with distress to normal physiological processes. Along with increased pain, IBS patients report higher levels of anxiety, arousal and fatigue during rectal distension than do healthy people. During emotional stress, activity of the cortical regions amplifies the perception of distress.

“Both external and internal stressors contribute to the development of IBS. External stressors include abuse during childhood and other pathological stresses, which alter stress responsiveness and make a predisposed individual more vulnerable to developing IBS. Later in life, infections, surgery, antibiotics and psychosocial stressors can all contribute to IBS onset and exacerbation.”

Stress can definitely induce contractions of the intestines. Women who have been sexually abused, for example, are prone to constipation when the muscles in their pelvic floor are chronically tight, incapable of relaxing with defecation. Alternatively, as people who have been terribly frightened have experienced, stress can set off uncontrollable movements in the colon.

The downward calibration of the nervous system's pain "thermostat" does not require abuse; chronic emotional stress is sufficient to diminish the pain threshold and to induce hyper-vigilance in the brain. While abuse would be a major source of such stress, there are other potential stresses on the developing child that are subtle, less visible, but harmful nonetheless. Such strains are present in many families, with parents who love their children and would be horrified by any thought of hurting them. Experiences that affect the physiology of pain perception and of intestinal functioning may happen to children who were not abused in any sense of that word and who even felt loved and protected.

The origin of Magda's pain, as she came to realise, was connected with her unconscious repression of anger. Magda had begun psychotherapy. Repressed since childhood, her deep anger toward her parents began to emerge.

We have noted that gut feelings are an important part of the body's sensory apparatus, helping us to evaluate the environment and assess whether a situation is safe. Gut feelings magnify perceptions that the emotional centres of the brain find important and relay through the hypothalamus. Pain in the gut is one signal the body uses to send messages that are difficult for us to ignore. Thus, pain is also a mode of perception. Physiologically, the pain pathways channel information that we have blocked from reaching us by more direct routes. Pain is a powerful secondary mode of perception to alert us when our primary modes have shut down. It provides us with data that we ignore at our peril.

Irritable bowel patients are more likely than others to have symptoms elsewhere in the body. Susceptibility to pain – migraines, for example – is a problem many IBS patients are prone to, a fact we can readily understand if we grasp the concept of nervous-system sensitisation by stressful experience. Heightened perception of pain can be generalised.

In the North Carolina study that found a majority of women with IBS to have suffered abuse, it was also learned that in only 17% of the abuse cases was the patient's physician aware of the traumatic history. The practical exclusion of people's life histories from the medical approach to illness deprives doctors of powerful healing tools. It also leaves them vulnerable to grasping at the latest pharmacological miracle.

Doctors and patients do not have to reach for the pharmacopia when the impact of psychological factors on a disease has so abundantly been demonstrated. There is encouraging research evidence that even minimal psychological intervention can be of benefit: "In one controlled study of cognitive-behavioural treatment for patients with irritable bowel syndrome, eight by two-hour (16 hours in total) group treatment session over a three month period led to an increase in the number of effective cognitive and behavioural strategies and concurrent reduction in abdominal complaints. Furthermore, improvement continued at two-year follow-up examinations."

I SHALL DIE FIRST from the TOP – ALZHEIMER’S:

Alzheimer’s disease is becoming the baby boomers’ nightmare. Affluence and advanced medical care will ensure that the cohort now entering ripe middle age will live longer than any comparable group in history – and will see more of its members slide into dementia than any previous generation. About 100,000 people die of Alzheimer’s annually in the United States, where in 1999 there were estimated four million people with the disease. That latter statistic is expected to reach fifteen million in 2050, if present trends continue.

Conditions that lead people to be demented – literally, “out of mind” – become more common as we get older. Three percent of seventy year olds suffer from Alzheimer’s or some other form of dementia; by seventy seven, the figure rises to 13%. The financial costs are enormous, as is the physical and emotional burden on caregivers. And how can those of sound mind imagine the suffering experienced by someone who helplessly witnesses his memory, his intellect, his very self dissolve into infantile chaos? Gradually comes the loss of control over emotional expression, speech and bodily functions until, if the disease runs its natural course, immobility and death follow.

One of the first structures to deteriorate in Alzheimer’s is the hippocampus, a centre of grey matter in the temporal lobe of the brain, located on either side next to the ears. The hippocampus is active in memory formation and has an important function in stress regulation. It is well known that chronically high levels of the stress hormone cortisol can shrink the hippocampus.

Could early life experience, emotional repression and lifelong stress predispose to Alzheimer’s? Scientific research indicates so, as does a close look at the lives of people with Alzheimer’s – whether common folk or the famous, like Swift or the former US president Ronald Reagan. An interesting clue that early relationships may be crucial in the later development of dementia comes from animal experimentation.

From diagnosis to death, life expectancy in Alzheimer’s averages eight years, regardless of the age when the disease first strikes. Hallmarks of the diagnosis: pathological changes in brain tissue specific to this disease. Normal nerve fibres are obliterated, replaced by tangles of strange strands called fibrils and by plaques.

Alzheimer’s is one of the diseases on the spectrum of autoimmune conditions, along with multiple sclerosis, asthma, rheumatoid arthritis, ulcerative colitis and many others. Again, these are the diseases in which the body’s immune system turns against the self. In autoimmune illness, there is blurring between what is self and non-self – foreign matter to be attacked.

There is little doubt that the immune system plays a role in the neurodegenerative process in Alzheimer’s disease.

The emotional centres in the brain profoundly influence the neurological and hormonal processes of the stress response, as we have seen. The repression of negative emotion – for example, the unconscious grief, anger and loathing experienced as a result of early deprivation – is a chronic and significant source of damaging stress. In Alzheimer’s, as in other autoimmune conditions, negative emotions provide a major risk factor for the eventual onset of disease.

If the shutting-down of emotion occurs early enough, during the critical phases of brain development, the capacity to recognise reality may become permanently impaired.

“I could feel no resentment” reveals the young man’s rage at his father. In psychotherapy one often sees this kind of “confirmation by denial”; the speaker spontaneously reports not feeling a certain emotion – usually anger – that he had not been asked about in the first place. This self-report would be more valid than he knew. While it is true that he could feel no resentment, that was so only because his awareness of feeling had been impaired long ago. He would be reporting, albeit unwittingly, that his rage lay beyond the bounds of consciousness. The negative assertion – “I could feel no resentment” – represented an internal conflict between that rage and the forces of repression.

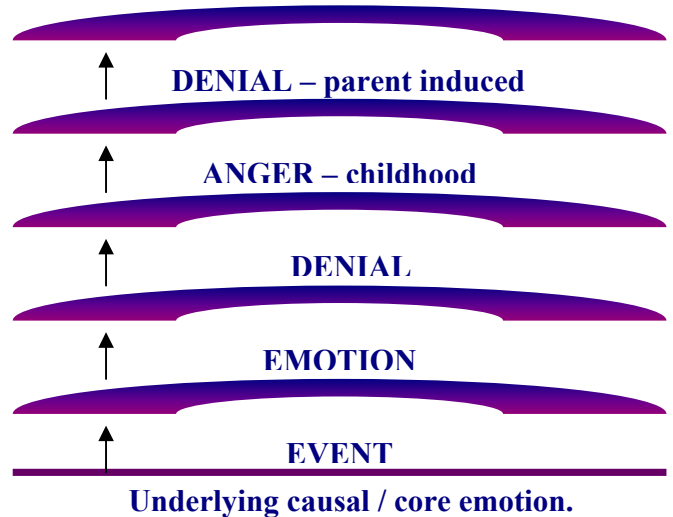
Such instances do not indicate that the person has no emotions; someone truly lacking attachment could at least pretend to possess some fellow feeling. On the contrary, the emotions can be too overwhelming to be experienced consciously – but they are physiologically all the more active. Once more we witness that avoiding the experience of emotion in fact exposes people to greater and longer-lasting physiological stress. Because they are unaware of their own internal states, they are less able to protect themselves from the consequences of stress. Furthermore, the healthy expression of emotion is itself stress-reducing. Stress-induced chronic hormonal and immune changes prepare the physiologic ground for diseases like Alzheimer’s.

Alzheimer’s patients are characterised by repressed emotion. They typically report early loss or emotional deprivation in their parents’ lives.

He feels the opposite of what he says.

RELEASE of FROZEN EMOTION PATH:

- first by removal is that of denial
- then deal with emotion that comes from unexpressed anger / rage from childhood.



Every child is reflecting its parents suppressed emotions, denial reflected in suppressed anger – emotion reflects the causal event / emotion / grief. Get through the anger then into grief.

By living true to ourselves, true to our feelings, we are living true to God. It’s that simple.

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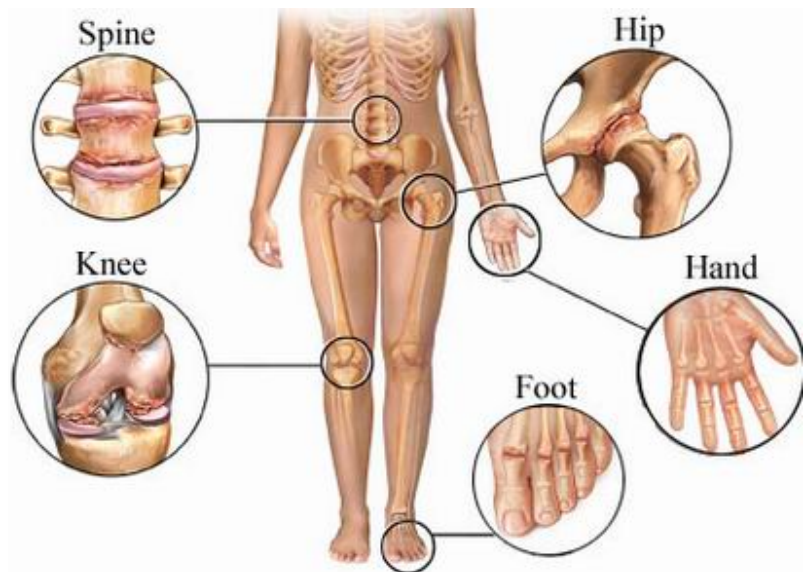
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SELF or NON-SELF: The IMMUNE SYSTEM CONFUSED:

In 1892, William Osler suggested that rheumatoid arthritis has “in all probability, a nervous origin.” In present-day language, Osler was referring to psychoemotional stress. He noted “the association of the disease with shock, worry, and grief.”

“I have also been impressed,” Osler wrote, “by the frequency with which chronic or prolonged stress may precede the development of rheumatoid disease ... I think that the emotional and psychological aspect of many rheumatoid patients is of the first importance.”



The large and overlapping set of medical conditions called rheumatic diseases include rheumatoid arthritis, scleroderma, ankylosing spondylitis and systemic lupus erythematosus (SLE). In these disorders and in many others, a disturbed immune system reacts against the body’s own tissues, particularly against connective tissues like cartilage, tendon sheaths, the lining of joints and the walls of blood vessels. These illnesses are characterised by various patterns of inflammation that strikes the joints of the limbs or the spine; or surface tissues like skin or the lining of the eyes; or internal organs such as the heart or the lungs or – in the case of SLE – even the brain.

Characteristic of many persons with rheumatoid disease is a stoicism carried to an extreme degree, a deeply ingrained reticence about seeking help. People often put up silently with agonizing discomfort, or will not voice their complaints loudly enough to be heard, or will resist the idea of taking symptom-relieving medications.

The non-complaining stoicism exhibited by rheumatoid patients is a coping style acquired early in life.

An intensive medical-psychiatric study of people with rheumatoid arthritis concluded that “despite the diversity in the group, the patients’ psychological characteristics, vulnerabilities and life conflicts were remarkably similar”. One common characteristic was a pseudo-independence, described by the authors as a compensation hyper-independence. A coping mechanism, a compensation for emotional needs ignored in childhood. A child in such situation survives by pretending to herself, and to the world, that she has no needs she cannot take care of herself. One aspect of that pretence is to reduce the perception of emotional stresses to a child-friendly size, a habit that may then last for a lifetime.

Compensating hyper-independence originating in early role reversal between parent and child can explain teeth-gritting endurance of physical pain.

“The reversal of roles between child, or adolescent, and parent, unless very temporary, is almost always not only a sign of pathology in the parent but a cause of it in the child.” Role reversal with a parent skews the child’s relationship with the whole world. It is a potent source of later psychological and physical illness because it predisposes to stress.

Other traits identified in the psychological investigations of people with rheumatoid disease include perfectionism, a fear of one’s own angry impulses, denial of hostility and strong feelings of inadequacy.

“In the developmental history of these patients a striking finding was the early effective loss of one or both parents.” Even more universal is emotional deprivation. “More patients than controls reported emotional deprivation in childhood associated with a disturbed parent-child relationship within ‘unbroken’ families.”

Like compensatory hyper-independence, the repression of anger is a form of dissociation, a psychological process originating in childhood. The young human being unconsciously banishes from awareness feelings or information that, if consciously experienced, would create unsolvable problems – defensive exclusion.

In other words, the angry child got into trouble and experienced rejection. The anger and the rejection had to be deflected inside, against the self, in order to preserve the attachment relationship with the parent. That, in turn, leads to the “strong feelings of inadequacy and a poor self-concept” researchers have recognised in people with rheumatoid disease. “Not infrequently anger is redirected away from an attachment figure who aroused it and aimed instead at the self, inappropriate self-criticism results.”

In autoimmune disease, the body’s defences turn against the self. In the life of a society – the body politic – such behaviour would be denounced as treason. Within the individual organism, physical mutiny results from an immunologic confusion that perfectly mirrors the unconscious psychological confusion of self and non-self. In this disarray of boundaries, the immune cells attach the body as if the latter were a foreign substance, just as the psychic self is attached by inward-directed reproaches and anger.

The cross-confusion reflects disruptions of the interconnected body / mind mechanisms within the emotional-nervous-immune-hormonal super-system, which we have called the PNI system.

Emotions precisely parallel and complement the other components of the PNI network: like the immune and nervous systems, emotions safeguard the organism from external threat; like the nervous system and the hormones, they assure the satisfaction of indispensable appetites and needs; and, like all these systems together, they help maintain and repair the internal milieu.

Emotions – fear, anger, love – are as necessary for the organism’s survival as nerve impulses, immune cells or hormonal activity.

To illustrate the parallel and complementary protective duties of the emotional system and the immune apparatus, we can compare the role of immune cells with that of an emotion such as, say, anger.

For anger to be deployed appropriately, the organism has to distinguish between threat and non-threat. The fundamental differentiation to be made is between self and non-self. If I don't know where my own boundaries begin and end, I cannot know when something potentially dangerous is intruding on them. The necessary distinctions between what is familiar or foreign, and what is benign or potentially harmful, require an accurate appraisal of self and non-self. Anger represents both a recognition of the foreign and dangerous and a response to it.

The first essential task of the immune system, too, is distinguishing self from non-self. Thus immunity also begins with recognition. Recognition is a sensory function, performed in the nervous system by the sensory organs. We may rightly say that the immune system is also a sensory organ. Any failure of the immune system in its responsibility of recognition would expose us to as much danger as we would face if our capacities to see, hear, feel or taste were impaired. Another function of the nervous system is memory. The immune systems must also have memory: it needs to recall what in the external world is benign and nourishing, what is neutral and what is potentially toxic.

When our psychological capacity to distinguish the self from non-self is disabled, the impairment is bound to extend to our physiology as well. Repressed anger will lead to disordered immunity. The inability to process and express feelings effectively, and the tendency to serve the needs of others before even considering one's own, are common patterns in people who develop chronic illness. These coping styles represent a blurring of boundaries, a confusion of self and non-self on the psychological level. The same confusion will follow on the level of cells, tissues and body organs. The immune system becomes too confused to know self from other or too disabled to defend against danger.

Ordinarily, immune cells that react against a self-product are immediately killed or inactivated. If immune cells that turn against the self are not destroyed or made harmless, they will attack the body tissues they were meant to guard. Allergic reactions or autoimmune diseases may result. Alternatively, if healthy immune cells are destroyed by radiation, drugs or, say, the HIV virus, the body is left without protection against infections or against the unchecked growth of tumours. Disabling the immune system through chronic emotional stress may have the same effect.

Not only are the onset and flare-ups of rheumatic diseases related to stress but so is their severity.

“Self-sacrificing, conforming, self-conscious, shy, inhibited, perfectionistic” rheumatoid patient described in the psychological literature.

Gila was the eldest of eight children and the caregiver to all. Her parents criticized her mercilessly. When anything went wrong, she was spanked.

“I had asthma. And every time I got a spanking, the asthma came. And every time I got the asthma, my mom would say, ‘Oh, that’s God’s punishment because you were bad. Because you didn’t do your job, because you answered back.’ So then I tried to do everything. I was not purposefully being bad. I was doing my best, and I was still being punished when I forgot. And sometimes I just couldn’t do it the way she wanted it. She is also a perfectionist.”

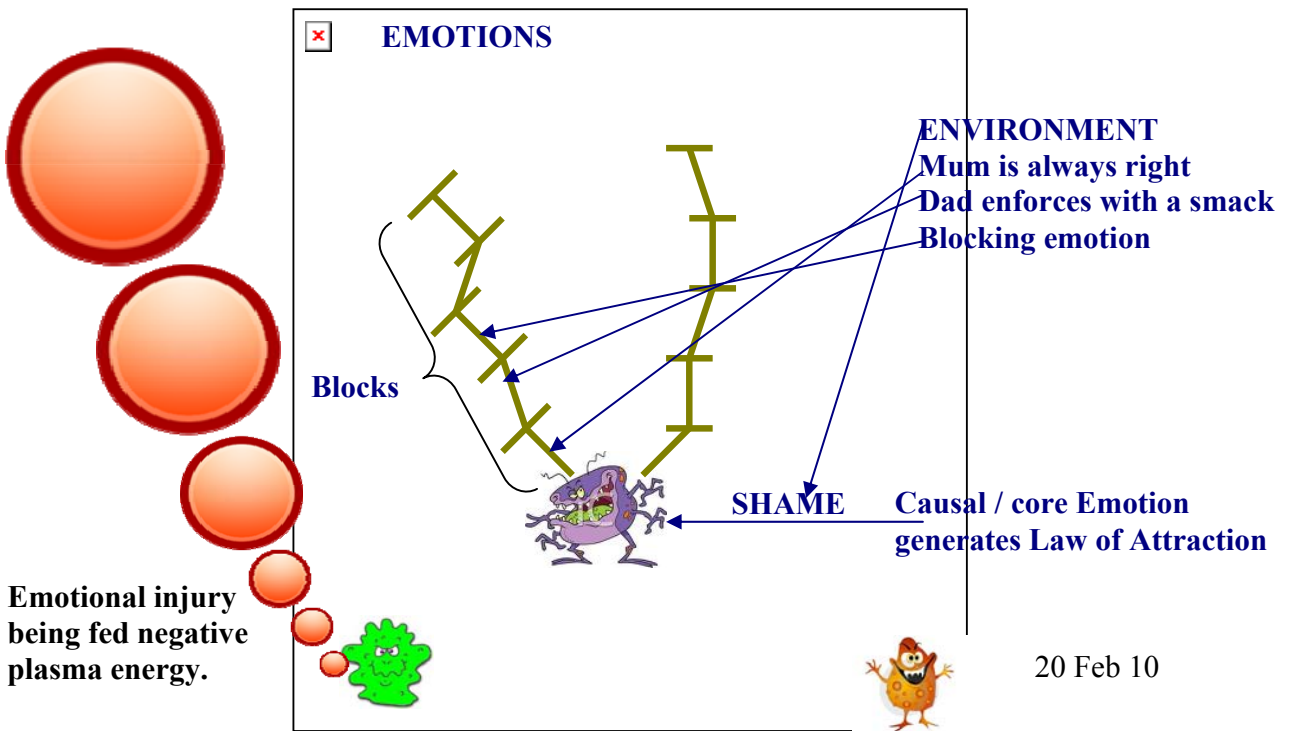


Gila's husband beat her in the early years of their marriage. Later the abuse lapsed into emotional indifference, but he continues to be morbidly jealous and controlling.

None of the physicians who have treated Gila for rheumatoid arthritis ever inquired about her personal or emotional life.

In women with rheumatoid arthritis, the immune system has shown increased disturbance during periods of stress, but those who enjoyed better marriage relationships were spared exacerbations of disease activity like inflammation and pain. Another study found that increases in relationship stresses were associated with increases in joint inflammation.

The chronic features of autoimmune disease involve the entire PNI super-system, particularly the brain-hormone-immune connections. The hypothesis that stress-induced PNI imbalances are physiologically responsible for the onset and flare-ups of autoimmune conditions rests on abundant research evidence.



A FINE BALANCE: The BIOLOGY of RELATIONSHIPS:

Her parents wished to stay with her (seven year old) until the anaesthetic took effect and she was fully asleep, however the hospital staff declined.

The traditional hospital practice of excluding parents ignored the importance of attachment relationships as regulators of the child's emotions, behaviour and physiology. The child's biological status would be vastly different under the circumstances of parental presence or absence. Her neuro-chemical output, the electrical activity in her brain's emotional centres, her heart rate, blood pressure and the serum levels of the various hormones related to stress would all vary significantly.

Children have virtually no capacity for biological self-regulation; their internal biological states – heart rates, hormone levels, nervous system activity – depend completely on their relationships with caregiving grown-ups. Emotions such as love, fear or anger serve the needs of protecting the self while maintaining essential relationships with parents and other caregivers. Psychological stress is whatever threatens the young creature's perception of a safe relationship with the adults, because any disruption in the relationship will cause turbulence in the internal milieu (surroundings).

Emotional and social relationships remain important biological influences beyond childhood. "Independent self-regulation may not exist even in adulthood. "Social interactions may continue to play an important role in everyday regulation of internal biologic systems throughout life." Our biological response to environmental challenge is profoundly influenced by the context and by the set of relationships that connect us with other human beings. As one prominent researcher has expressed it most aptly, "Adaptation does not occur wholly within the individual."

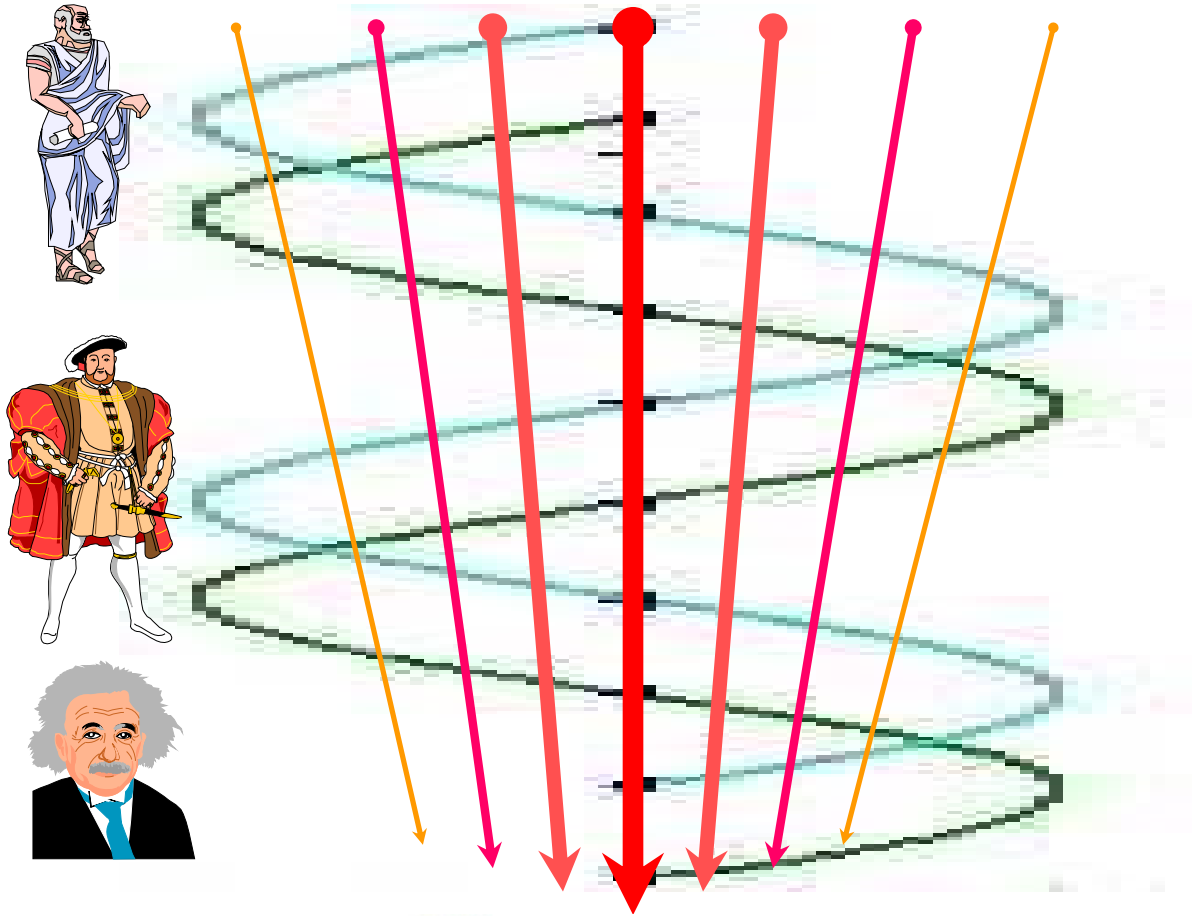
"The basic premise is that human physiologic homeostasis and ultimate health status are influenced not only by the physical environment but also by the social environment."

From such a bio-psychosocial perspective, individual biology, psychological functioning and interpersonal and social relationships work together, each influencing the other.

In asthma, from the Greek root "breathe hard", there is a reversible narrowing of the bronchioles, the small airways in the lungs, because the muscle fibres that encircle them begin to tighten. At the same time, the lining of the bronchioles becomes swollen and inflamed. All the various components of the PNI apparatus are involved in asthma: emotions, nerves, immune cells and hormones. Nervous discharges can narrow the airways in response to many stimuli, including emotions. The immune system is responsible for inflammation of the bronchiolar lining, the other characteristic feature of asthma. Swelling of the airway lining and the accumulation of inflammatory debris in the bronchioles are the final consequences.

It is not inhalation but the outflow of air from the narrowed bronchioles that is impaired in asthma. The asthmatic has difficulty exhaling and feels his chest begin to tighten. The lungs attempt to clear the clogged airways by activation the cough reflex. In acute episodes, the laboured exhalations produce the well-known wheezing noise from the narrowed bronchioles, as from lips puckered for whistling. In milder cases, the only symptom may be an irritating cough. For some people asthma is chronic, while others experience it only intermittently.

OUR BLOCKED EMOTIONS FLOW DOWN FROM GENERATION to GENERATION:



Childhood illnesses, and illnesses of baby within the womb, stems from blocked emotions passed down from generation to generation.

We are a product of all that has come before us.

Our own soul condition is reflected in our children.



To assist baby, as well as yourself, work to clear your blocked emotions.

Clearing your emotions improves your soul condition as well as that of your children.

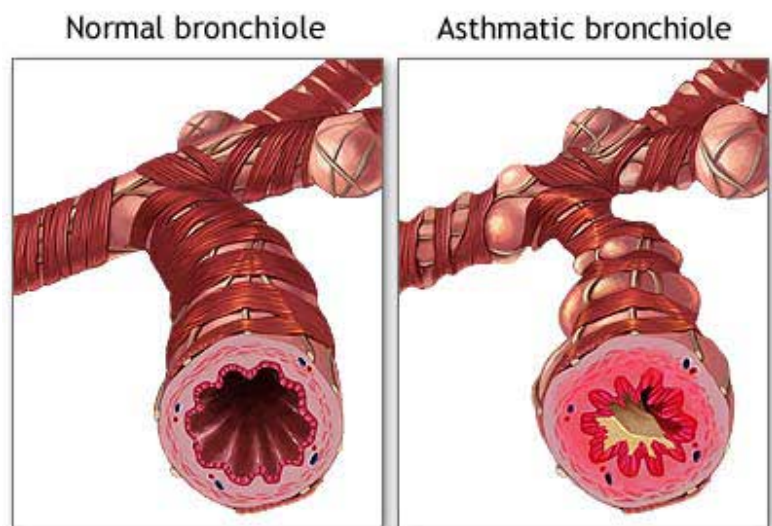
Baby's body, when conceived, is always perfect. Their soul condition is also perfect.

Emotions can play a major role in making a person susceptible, no matter what the immediate trigger may be – Aspirin or cold air or anxiety. Chronic emotional stresses sensitize the immune system, so that it becomes overly reactive to any number of triggers.

Another way emotions affect the inflammation in asthma is through hormones. Glucocorticoid hormones – anti-inflammatory steroid hormones, most notably cortisol – are secreted by the adrenal glands on signals from the hypothalamic-pituitary system in the brain. A diminished cortisol response by an impaired HPA axis would promote inflammation.

Many studies of **asthmatic children** and adults have documented a strong association between disease severity and emotional states triggered by relationships. Researchers who looked at the interactions between parents and asthmatic children have identified **characteristic patterns of insecure attachments**. Separation anxiety has been observed in children with asthma to a greater degree, not only in comparison with healthy controls but also when matched with children suffering from cystic fibrosis, a congenital lung disease, more serious by far. The severity of the disease, in other words, was not the cause of the anxiety.

Under test conditions, one study examined the breathing patterns of asthmatic children between two and thirteen years of age, using a comparison group of healthy controls. Each child listened to recordings of his or her mother's voice and that of a stranger. "Regardless of the tone of the voice, asthmatic children showed more abnormal respiratory patterns when listening to their mother's voice than when listening to that of a strange woman. This interesting result suggested a specific emotional effect on breathing that was contrary to what one would have predicted if the child had seen the mother as being reassuring."



In German studies, asthmatic children were more likely than their healthy counterparts to engage in long, escalating, mutually negative interactions with both their mothers and fathers. Their parents tended to exhibit more critical behaviour toward them than the parents of other children. On objective measures, when asthmatic children felt frustrated or criticized, the flow of air from their lungs diminished, indicating airway narrowing. Decreased airflow has also been documented when children with asthma were asked to recall incidents of intense anger or fear.

The stresses that may induce asthma in a child are not necessarily recognised as such by either the patient or the family. Highly sensitive children pick up subconscious cues from the environment, particularly about the emotional states of their parents. He has noted that family systems in which children develop disease have four features in common: enmeshment, over-protectiveness (controlling),

rigidity and lack of conflict resolution. “A pathologically enmeshed family system is characterized by a high degree of responsiveness and involvement. This can be seen in the interdependence of relationships, intrusions on personal boundaries, poorly differentiated perception of self and of other family members, and weak boundaries.”

“When I was young, I operated in fear of the anger that was displayed. I was never hit, but there was a lot of anger around in my family – my father’s and my brother’s. My mother was complicit in that. She didn’t defend me from that anger. The anger wasn’t necessarily directed at me, but it was around me. I felt helpless in all of that. Part of my inability to say no has been always that fear of displeasing, of being in difficult situations. Even now, I find it very difficult to deal with problematic situations.

Women experiencing a stressor objectively rated as highly threatening and who were without intimate emotional social support had a ninefold increase in risk of developing breast carcinoma.

The investigators found themselves taken by surprise. “Our findings of an interaction between severely threatening life events and the absence of social support was somewhat unexpected given the absence of independent effect.”

We do not all mirror one another in how we are physiologically affected by social and interpersonal stressors or other external pressures. What, apart from inborn temperament, accounts for these individual differences?

A key factor is emotional development. Should the child in the first example require a further operation at the age of twenty five, she will no longer need her mother and father to hold her hand while the anaesthetic is administered. She will have enough self-regulation that neither her neurotransmitter activity nor her stress hormones would go out of balance without her parents’ immediate proximity. We cannot take it for granted, however, that with chronological adulthood we automatically attain emotional independence. At any age, our responses to potential stressors are deeply influenced by the degree to which our emotional functioning continues to be dominated by our attachment needs, fears and anxieties.

According to the family systems, illness is not a simple biological event in a separate human being. A family systems view recognises the moment-to-moment interrelatedness of the physiological functioning of individuals. Self-evident in the relationship of mother and foetus, this physiological interrelatedness does not end with birth or even with physical maturation. As we have seen, relationships remain important biological regulators throughout a whole life.

A fundamental concept in family systems theory is differentiation, defined as “the ability to be in emotional contact with others yet still autonomous in one’s emotional functioning.” The poorly differentiated person “lacks an emotional boundary between himself and others and lacks a ‘boundary’ that prevents his thinking process from being overwhelmed by his emotional feeling process. He automatically absorbs anxiety from others and generates considerable anxiety within himself.”

The well-differentiated person can respond from an open acceptance of her own emotions, which are not tailored either to match someone else’s expectations or to resist them. She neither suppresses her emotions nor acts them out impulsively. Functional differentiation and basic differentiation. The two

types may superficially appear to be identical, but from the perspective of health and stress they are worlds apart.

Functional differentiation refers to a person's ability to function based on his relationships with others. For instance, it may be that I can do my work well only when other people – my employees, my spouse, my children – can absorb my unresolved anxieties by putting up with my bad temper, unreliable habits, lack of emotional engagement or even abusive behaviours. Were they to reject the roles I assign them, I might fall apart. That would be an example of functional differentiation. On the other hand, if my ability to function is independent of other people's having to do my emotional work for me – that is, if I can remain engaged with others while staying emotionally open to them and to myself – then I would be said to have basic differentiation. The less basic differentiation a person has attained, the more prone he is to experience emotional stress and physical illness.

In another study, married women were matched with an equal number of women who were divorced or separated. In the married group, marital quality and satisfaction were assessed by means of self-reports. Immune system activity was studied in blood samples drawn from each participant. Poorer marital quality was “strongly and positively” related to poorer immune response. In the divorced or separated group, the two psychological factors most closely associated with diminished immune functioning were the time elapsed since the break-up (the more recent the marriage failure, the greater the immune suppression) and the woman's degree of attachment to the former spouse (the greater the emotional attachment, the worse the immune function). Women who were more self-regulated, less emotionally dependent on a relationship that failed to work for them, had stronger immune systems. Greater differentiation means better health.

The less powerful partner in any relationship will absorb a disproportionate amount of the shared anxiety – which is the reason that so many more women than men are treated for, say, anxiety or depression. (The issue here is not strength by power, that is, who is serving whose needs?) It is not that these women are more psychologically unbalanced than their husbands, even though the latter may seem to function at higher levels. What is unbalanced is the relationship, so that the women are absorbing their husband's stresses and anxieties while also having to contain their own.

The partner who must suppress more of his or her own needs for the sake of the relationship is more likely to develop physical illness as well – hence the greater incidence, for example, of autoimmune disease and of non-smoking-related cancers among women. “The existence of a mind-body link and a person-person link means that it is possible for anxiety in one person to be manifested as a physical symptom in another person.” “As is the case with the emotional dysfunctions, the one prone to develop symptoms is the spouse who adapts most to maintain harmony in the relationship system.”

Nature's ultimate goal is to foster the growth of the individual from absolute dependence to independence – or, more exactly, to the interdependence of mature adults living in community. Development is a process of mature adults living in community. Development is a process of moving from complete external regulation to self-regulation, as far as our genetic programming allows. Well-self-regulated people are the most capable of interacting fruitfully with others in a community and of nurturing children who will also grow into self-regulated adults. Anything that interferes with the natural agenda threatens the organism's chances for long-term survival. Almost from the beginning of life we see a tension between the complementary needs for security and for autonomy. Development

requires a gradual and age-appropriate shift from security needs toward the drive for autonomy, from attachment to individuation. Neither is ever completely lost, and neither is meant to predominate at the expense of the other.

The less the emotional capacity for self-regulation develops during infancy and childhood, the more the adult depends on relationships to maintain homeostasis. The greater the dependence, the greater the threat when those relationships are lost or become insecure. Thus, the vulnerability to subjective and physiological stress will be proportionate to the degree of emotional dependence.

To minimize the stress from threatened relationships, a person may give up some part of his autonomy. However, this is not a formula for health, since the loss of autonomy is itself a cause of stress. The surrender of autonomy raises the level, even if on the surface it appears to be necessary for the sake of “security” in a relationship, and even if we subjectively feel relief when we gain “security” in this manner. If I chronically repress my emotional needs in order to make myself “acceptable” to other people, I increase my risks of having to pay the price in the form of illness.

The other way of protecting oneself from the stress of threatened relationships is emotional shutdown. To feel safe, the vulnerable person withdraws from others and closes against intimacy. This coping style may avoid anxiety and block the subjective experience of stress but not the physiology of it. Emotional intimacy is a psychological and biological necessity. Those who build walls against intimacy are not self-regulated, just emotional frozen. Their stress from having unmet needs will be high.

For the adult, therefore, biological stress regulation depends on a delicate balance between social and relationship security on the one hand, and genuine autonomy on the other. Whatever upsets that balance, whether or not the individual is consciously aware of it, is a source of stress.

FEAR:

**In reality, our whole life is governed by fear.
When you become one with God, all our fears will be gone.
It is our fears which cause all of our physical pain.**

24 Oct 09

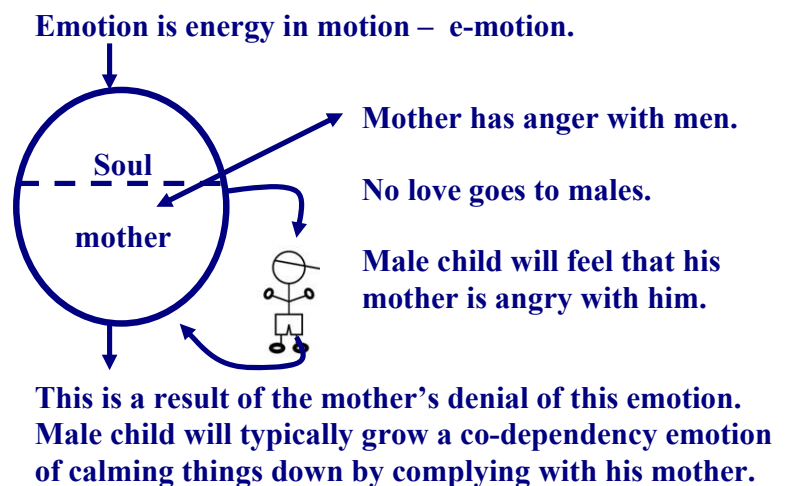


The BIOLOGY of LOSS:

“When I was born, I choked on all the amniotic fluid that had filled my lungs. I spent my first four weeks in a toaster oven of an incubator. Back in 1961 there wasn’t the knowledge that infants in incubators still need to be touched. So my first month of life was needles and pokes and prods. My mother didn’t come because she had to look after my brother. If my father came ... I don’t know.”

The consequences of emotional and tactile deprivation during her first month could have been overcome had Rachel enjoyed nurturing relationships subsequently, but that was not to be. She failed in her appointed life purpose almost from conception. Her mother, who had hoped that the pregnancy would keep the marriage together, was abandoned by her husband even before Rachel’s birth. One can imagine the mother’s state of mind, being alone and having the sole care of both a toddler – Rachel’s brother – and the newborn.

When self-assertion is called for, Rachel swallows her anger and tries to justify herself, to placate or to engage in some interaction designed to persuade the other person to “get it”. These efforts are the automatic responses of the vulnerable child who works intensely to being the parent into alignment with her needs. Her anxiety and fear of abandonment compel her to repress any emotion that may cause her to be rejected.



Rachel’s per rabbit, on the other hand, is acutely sensitive to her owner’s emotional states. When Rachel is angry, the rabbit simply refuses to be picked up by her. People and their pets connect via shared brain structures that predate the development of the human frontal cortex with its apparatus of language and rationality. Animals and humans interact from their respective limbic systems, the brain’s emotional parts. Unlike people, animals are acutely sensitive to messages from the limbic brain – both their own and that of their owners.

How does it come about that a human being would need a rabbit to let her know when she is upset? The simple answer is childhood conditioning. No infant is born with a propensity to repress the expression of emotion – quite the contrary. Anyone who has ever tried to force a baby to swallow foods he disliked or to induce a toddler ever to open her mouth when she did not wish to eat can testify to the young human’s inherent capacity to resist coercion and to express displeasure. So why do we start swallowing food we do not want or feelings our parents do not want? Not out of any natural inclination but from the need to survive.

Only some aspects of childhood experiences are available to conscious retrieval. Rachel, for example, recalls the sense of rejection and humiliation she felt following her father and brother at a distance as the two walked ahead in an embrace. She is also aware of her birth history, although she cannot recall it directly. Yet even without such information, we have infallible testimony about her experience of early

childhood; her hopelessness about intimacy; her continued pleas for understanding from her mother, despite nearly forty years of futility; and her reliance on the rabbit as an anger sensor. These behaviours represent an exceedingly accurate memory system, one that was imprinted in her brain in the early stages of her development. That memory system has guided her behaviour all her life and eventually prepared the terrain for the onset of autoimmune disease.

The biology of potential illness arises early in life. The brain's stress-response mechanisms are programmed by experiences beginning in infancy, and so are the implicit, unconscious memories that govern our attitudes and behaviours toward ourselves, others and the world. Cancer, multiple sclerosis, rheumatoid arthritis and the other conditions we examined are not abrupt new developments in adult life, but culminations of lifelong processes. The human interactions and biological imprinting that shaped these processes took place in period of our life for which we may have no conscious recall.

Emotionally unsatisfying child-parent interaction is a theme running through the one hundred or so detailed interviews. These patients suffer from a broadly disparate range of illnesses, but the common threads in their stories are early loss or early relationships that were profoundly unfulfilling emotionally. Early childhood emotional deprivation in the histories of adults with serious illness is also verified by an impressive number of investigations reported in the medical and psychological literature.

In an Italian study, women with genital cancers were reported to have felt less close to their parents than healthy controls. They were also less demonstrative emotionally.

A large European study compared 357 cancer patients with 330 controls. The women with cancer were much less likely than controls to recall their childhood homes with positive feelings. As many as 40% of cancer patients had suffered the death of a parent before the age of seventeen – a ratio of parental loss two and a half times as great as had been suffered by controls.

The John Hopkins medical students study, thirty five years later these subjects' health status was reviewed. By midlife only a quarter of the students who had reported highly positive perceptions of parental caring were sick. By comparison, almost 90% of those who regarded their parental emotional nurturing negatively were ill. "Simple and straightforward ratings of feelings of being loved are significantly related to health status," the researchers concluded.

Tactile contact is the newborn's earliest experience of the world. In short, that one learns love not by instruction, but by being loved.

Interactions with the world program our physiological and psychological development. Emotional contact is an important as physical contact. The two are quite analogous, as

'I had a pretty good upbringing' in comparison to other people.

Parents have NO understanding of blocking emotions.

Parents have NO understanding of causal emotions.

Parents have NO understanding of Law of Free Will.

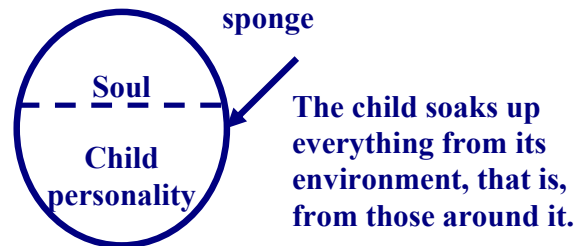
Parents have NO understanding of Love.

we recognise when we speak of the emotional experience of feeling touched. Our sensory organs and brains provide the interface through which relationships shape our evolution from infancy to adulthood. Social-emotional interactions decisively influence the development of the human brain. From the moment of birth, they regulate the tone, activity and development of the psycho-neuroimmunoendocrine

(PNI) super-system. Our characteristic modes of handling psychic and physical stress are set in our earliest years.

It is intuitively easy to understand why abuse, trauma or extreme neglect in childhood would have negative consequences. But why do many people develop stress-related illness without having been abused or traumatized? These persons suffer not because something negative was inflicted on them but because something positive was withheld.

“Stress stimuli ... indicate that something is missing or about to disappear and that this something is highly relevant and desirable to the organism.”



Parental love is not simply a warm and pleasant emotional experience, it is a biological condition essential for healthy physiological and psychological development. Parental love and attention drive the optimal maturation of the circuitry of the brain, of the PNI system and of the HPA axis.

The child's soul has no defence against the emotions flowing to it from its environment.

Emotions are states of physiological arousal, either positive – “I want more of this” – or negative – “I want less of this”. Infants and small children do not have the capacity to regulate their own emotional states, and hence are physiologically at risk for exhaustion and even death if not regulated by the interaction with the parent. Closeness with the parent, therefore, serves to preserve the infant's biological regulation.

In the parent-child interaction is established the child's sense of the world: whether this is a world of love and acceptance, a world of neglectful indifference in which one must root and scratch to have one's needs satisfied or, worse, a world of hostility where one must forever maintain an anxious hyper-vigilance. Future relationships will have as their templates nerve circuits laid down in our relationships with our earliest caregivers. We will understand ourselves as we have felt understood, love ourselves as we perceived being loved on the deepest unconscious levels, care for ourselves with as much compassion as, at our core, we perceived as young children.

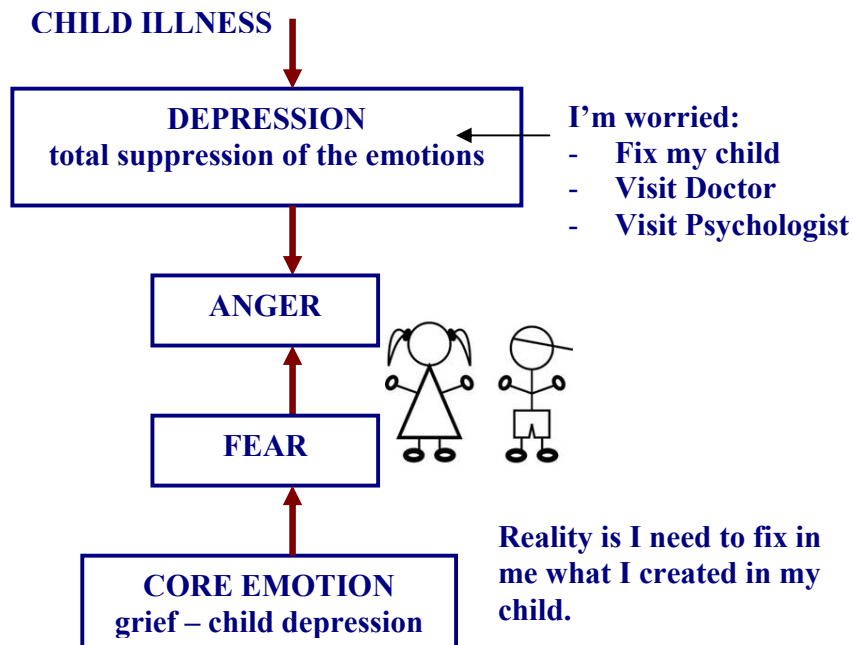
The disruption of attachment relationships in infancy and childhood may have long-term consequences for the brain's stress-response apparatus and for the immune system. The crux of this research is that disrupted attachment in infancy leads to exaggerated physiological stress responses in the adult. Obversely, nurturing attachment interactions in infancy provide for better modulated biological stress reactions in the adult.

For the satisfaction of attachment needs in human beings, more than physical proximity and touching is required. Equally essential is a nourishing emotional connection, in particular the quality of attunement. Attunement, a process in which the parent is “tuned in” to the child's emotional needs, is a subtle process. It is deeply instinctive but easily subverted when the parent is stressed or distracted emotionally, financially or for any other reason. Attunement may also be absent if the parent never received it in his or her childhood. Strong attachment and love exist in many parent-child relationships

but without attunement. Children in non-attuned relationships may feel loved but on a deeper level do not experience themselves as appreciated for who they really are. They learn to present only their “acceptable” side to the parent, repressing emotional responses the parent rejects and learning to reject themselves for even having such responses.

Infants whose caregivers were too stressed, for whatever reason, to give them the necessary attunement contact will grow up with chronic tendency to feel alone with their emotions, to have a sense – rightly or wrongly – that no one can share how they feel, that no one can “understand”.

As children start to make transitions into their free will, from the age of 5 to 7, progressing until their maturity, their emotions become more and more of their own. Before that, their emotions reflect those of the parents, and close adult relatives.



The DANCE of GENERATIONS:

Parenting styles do not reflect greater or lesser degrees of love in the heart of the mother and father; other, more mundane factors are at play. Parental love is infinite and for a very practical reason: the selfless nurturing of the young is embedded in the attachment apparatus of the mammalian brain.

If a parent's loving feelings are constricted, it only is because that parent has himself or herself suffered deep hurt. Many men and women are substance-dependent and are also parents. Without exception, they themselves were abused or abandoned in childhood.

Where parenting fails to communicate unconditional acceptance to the child, it is because of the fact that the child receives the parent's love not as the parent wishes but as it is refracted through the parent's personality. If the parent is stressed, harbours unresolved anxiety or is agitated by unmet emotional need, the child is likely to find herself in situations of proximate abandonment regardless of the parent's intention.

The positive changes are passed on to future generations.

The child does not learn the parenting styles of his mother and father by imitation – or only in part. The biggest influence on the future parenting style of the child is the development of his emotional and attachment circuits in the context of his relationship with his parents. The same is true of the development of the child's stress-response apparatus.

In short, anxious mothers are likely to rear anxious offspring, down through the generations.

The baby's response to the returning mother, it turned out, was programmed by how the mother had interacted with her during the first year of life. Those infants who had received attuned attention from their mothers at home showed signs of missing their mothers on separation. They greeted their returning mothers by initiating physical contact. They were soothed easily and returned quickly to spontaneous play. This pattern was called secure. There were also a number of insecure patterns, variously named avoidant, ambivalent or disorganised. The infants falling into the insecure categories had been subjected to non-attuned parenting in the home.

Already at one year of age the infants were exhibiting relationship responses that would characterize their personalities and behaviours in the future. Infant's performance in the Strange Situation could be and can be accurately predicted even before the child is born.

Thus, the adult's Adult Attachment Interview narrative of his own childhood will often predict how he will nurture his future child, and therefore how his child, at one year, will respond in the Strange Situation. And, the child's behaviour in the Strange Situation will foretell the type of narrative she, in turn, will give about her childhood twenty years later!

Parenting, in short, is a dance of the generations. Whatever affected one generation but has not been fully resolved will be passed on to the next. "The generations are boxes within boxes: Inside my mother's violence you find another box, which contains my grandfather's violence, and inside that box

you would find another box with some such black, secret energy – stories within stories, receding in time.”

If we see that stress is transmitted trans-generationally, we can better understand why so many of the histories we have encountered in this book speak of families with generations of disease or of several members of the same generation affected by widely disparate and apparently unrelated illnesses. Some random examples:

- Natalie: multiple sclerosis. Her oldest brother was an alcoholic who died of cancer of the throat. Her younger sister is schizophrenic. Her uncles and aunts were alcoholics. Her maternal grandfather was alcoholic. Her husband, Bill, died of bowel cancer. Her son has attention deficit (hyperactivity) disorder and has struggled with drug addiction.
- Veronique: multiple sclerosis. She believes she was conceived during an incestuous rape. In her adoptive family, the maternal grandfather was an alcoholic and her maternal grandmother developed Alzheimer’s disease in her sixties. Among other medical problems, her father has early-onset high blood pressure.
- Sue Rodriguez: ALS. Her father died of alcoholic liver disease; one of her aunts died of a brain aneurysm, another in a house fire.
- Anna: breast cancer. Both her mother and maternal grandmother died of breast cancer – but neither through genetic transmission. Anna inherited a breast-cancer gene on her father’s side. She has two sisters: one is living with an alcoholic, the other is mentally ill.
- Gabrielle: scleroderma, with features of rheumatoid arthritis. Her parents were alcoholics. Her brother has had a colectomy for cancer of the bowel, and her sister was recently diagnosed with breast cancer.
- Jacqueline du Pre: multiple sclerosis. Her grandmother was traumatized by the death of other children about the time her mother was born. Jacqueline’s mother predeceased her with cancer, and her father developed Parkinson’s disease.
- Ronald Reagan: Colon cancer, Alzheimer’s disease. His father and brother were alcoholics; his second wife developed breast cancer. His daughter died of metastatic malignant melanoma.

The central issue is the unintentional transmission of stress and anxiety across the generations.

Lies, however innocently intended, never protect a child from pain. There is something in us that knows when we are lied to, even if that awareness never reaches consciousness. Being lied to means being cut off from the other person. It engenders the anxiety of exclusion and of rejection.

Central to any understanding of stress, health and disease is the concept of adaptiveness. Adaptiveness is the capacity to respond to external stressors without rigidity, with flexibility and creativity, without excessive anxiety and without being overwhelmed by emotion. People who are not adaptive may seem to function well as long as nothing is disturbing them, but they will react with various levels of frustration and helplessness when confronted by loss or by difficulty. They will blame themselves or blame others. A person’s adaptiveness depends very much on the degree of differentiation and adaptiveness of previous generations in his family and also on what external stressors may have acted on the family.

Dr Michael Kerr writes:

“Since one important variable in the development of physical illness is the degree of adaptiveness of an individual, and since the degree of adaptiveness is determined by the multigenerational emotional process, physical illness, like emotional illness, is a symptom of a relationship process that extends beyond the boundaries of the individual ‘patient’. Physical illness, in other words, is a disorder of the family emotional system which includes present and past generations.”

Children who become their parents’ caregivers are prepared for a lifetime of repression. And these roles children are assigned have to do with the parents’ own unmet childhood needs – and so on down the generations. “Children do not need to be beaten to be compromised.” Inappropriate symbiosis between parent and child is the source of much pathology.

The child’s habitual adaptive responses to the family system give rise to the traits that, with time, become identified with her “personality”. We have noted that personality does not cause disease – stress does. If we may speak of a disease-prone personality, it is only in the sense that certain traits – in particular, the repression of anger – increase the amount of stress in an individual’s life. Now we see that concepts such as “the rheumatoid personality” or “the cancer personality” are misleading for yet another reason: they assume that an individual person is an isolated entity, not recognising that he is situated in and shaped by a multigenerational family system.

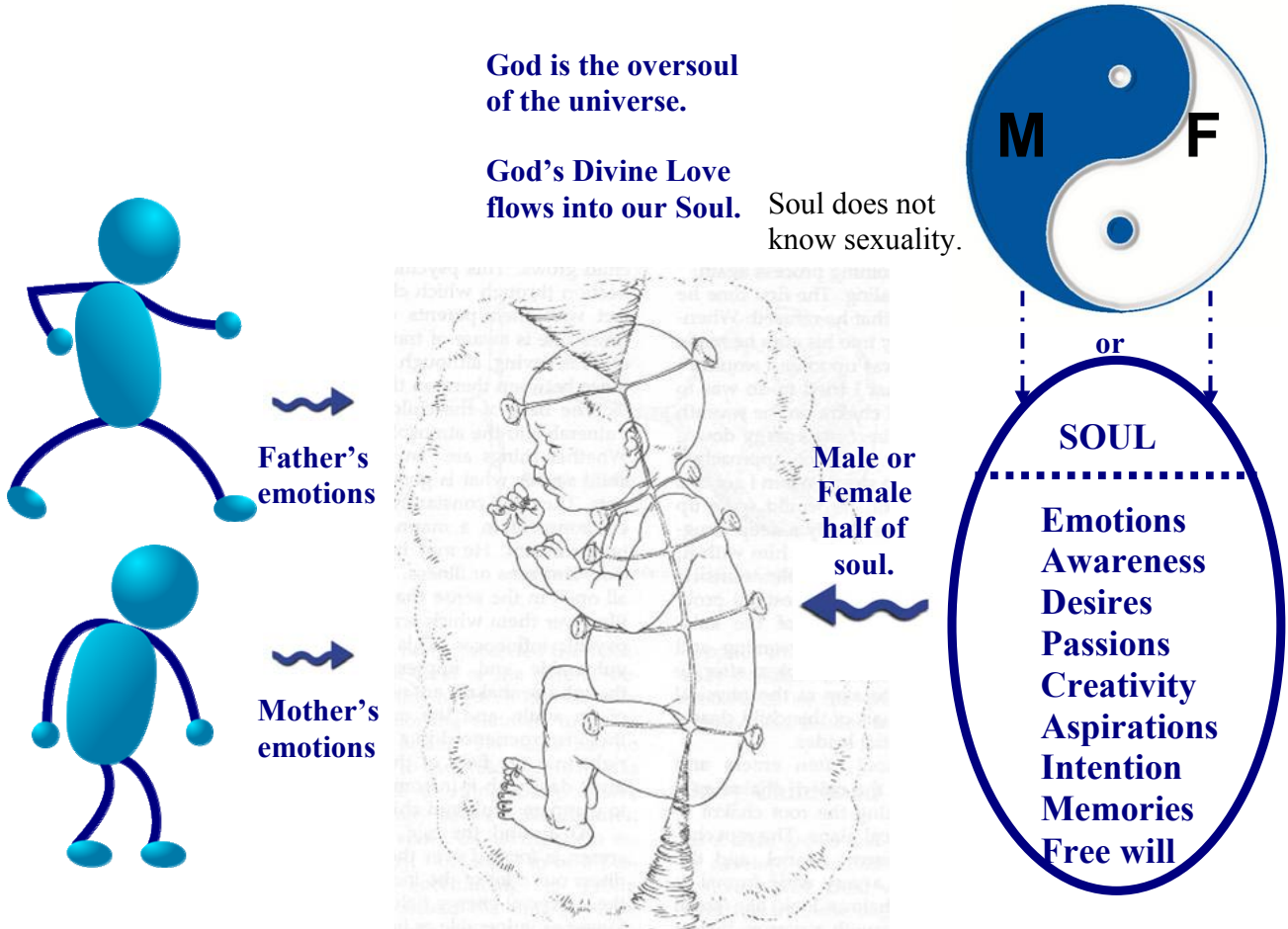
If individuals are part of multigenerational family system, families and individuals are also parts of a much larger whole: the culture and society in which they live. The functioning of human beings can no more be isolated from the larger social context than that of a bee in a hive. It is not enough, therefore, to stop at the family system as if it determined the health of its members without regard to the social, economic and cultural forces that shape family life.

Cancer and the autoimmune diseases of various sorts are, by and large, diseases of civilization. While industrialized society organized along the capitalist model has solved many problems for many of its members – such as housing, food supply and sanitation – it has also created numerous new pressures even for those who do not need to struggle for the basics of existence. We have come to take these stresses for granted as inevitable consequences of human life, as if human life existed in an abstract form separable from the human beings who live it. When we look at people who only recently have come to experience urban hidden costs in terms of physiological balance, to say nothing of emotional and spiritual satisfaction.

Socio-economic relationships have a profound influence on health. The evidence is that job strain is more important than all the other risk factors combined. Further, stress in general and job strain in particular are significant contributors both to high blood pressure and to elevated cholesterol levels.

Recognizing the multigenerational template for behaviour and for illness, and recognizing, too, the social influences that shape families and human lives, we dispense with the unhelpful and unscientific attitude of blame.

OUR EMOTIONS REFLECT THOSE of OUR PARENTS and OUR ENVIRONMENT:



Emotions flowing to unborn baby, then born baby, from those around the baby.



Our Personality is a feeling of God, thus creating our unaware Soul.

At conception, our unaware personality (soul) forms both a spiritual body and physical body. Incarnation / conception starts the road of self discovery, children reflect parent's emotions, which includes their ancestors, and also, of those around them. Parents attract us to incarnate.

The BIOLOGY of BELIEF:

Genes alone cannot possibly account for the complex psychological characteristics, the behaviours, health or illness of human beings. Genes are merely codes. They act as a set of rules and as a biological template for the synthesis of the proteins that give each particular cell its characteristic structure and functions. They are, as it were, alive and dynamic architectural and mechanical plans. Whether the plan becomes realized depends on far more than the gene itself. Genes exist and function in the context of living organisms. The activities of cells are defined not simply by the genes in their nuclei but the requirements of the entire organism – and by the interaction of that organism with the environment in which it must survive. Genes are turned on or off by the environment. For this reason, the greatest influences on human development, health and behaviour are those of the nurturing environment.

Settling for the view that illnesses, mental or physical, are primarily genetic allows us to avoid disturbing questions about the nature of the society in which we live. If ‘science’ enables us to ignore poverty or man-made toxins or a frenetic and stressful social culture as contributors to disease, we can look only to simple answers: pharmacological and biological. Such an approach helps to justify and preserve prevailing social values and structures. It may also be profitable.

The genome hype is not only poor science, it is also suspect as theology.

We look now at some of these viscerally held perceptions more closely:

1. I have to be strong.

The core belief in having to be strong enough, characteristic of many people who develop chronic illness, is a defence. The child who perceives that her parents cannot support her emotionally had better develop an attitude of “I can handle everything myself.” Otherwise, she may feel rejected. One way not to feel rejected is never to ask for help, never to admit “weakness” – to believe that I am strong enough to withstand all my vicissitudes alone.

2. It’s not right for me to be angry.

3. If I’m angry, I will not be lovable.

4. I’m responsible for the whole world.

One did not have to search far for the meaning of Leslie’s Freudian substitution of parents for clients. Not only did he become his mother’s chief companion and solace after the deaths of his father and older brother, but it also turns out that he had been in that role from birth. “My mom’s marriage with my father was terrible. They’d fight – it was bad before he died. It was my job to make her happy.”

5. I can handle anything.

6. I’m not wanted – I’m not lovable.

7. I don’t exist unless I do something. I must justify my existence.

8. I have to be very ill to deserve being taken care of.

What matters are the child's unconscious perceptions, based on his innermost interpretations of his interactions with the world. Those interpretations, embedded at the cellular level, constitute the biology of belief that governs so much of what we feel, what we do and how we react to events.

A major contributor to the genesis of many diseases – all the examples we have looked at – is an overload of stress induced by unconscious beliefs. If we would heal, it is essential to begin the painfully incremental task of reversing the biology of belief we adopted very early in life. **Whatever external treatment is administered, the healing agent lies within.** The internal milieu must be changed. To find health, and to know it fully necessitates a quest, a journey to the centre of our own biology of belief. That means rethinking and recognizing – re-cognizing: literally, to “know again” – our lives.

Whichever modality of treatment people choose – conventional medicine with or without complementary healing; alternative approaches like energy medicine of various mind-body techniques; ancient Eastern practices like Ayurvedic medicine techniques; psycho-therapy; nutritional healing – **the key to healing is the individual's active, free and informed choice.** There are many different ways to find that innate human capacity for freedom, outlined in many teachings, books and other sources. Liberation from oppressive and stressful external circumstances is essential, but that is only possible if we first liberate ourselves from the tyranny of our ingrained biology of belief.

Cause No Harm < to OTHERS
to MYSELF

Strive to love others as I am to love myself



Love never expects anything from anyone.

By living true to ourselves, true to our feelings, we are living true to God. It's that simple.

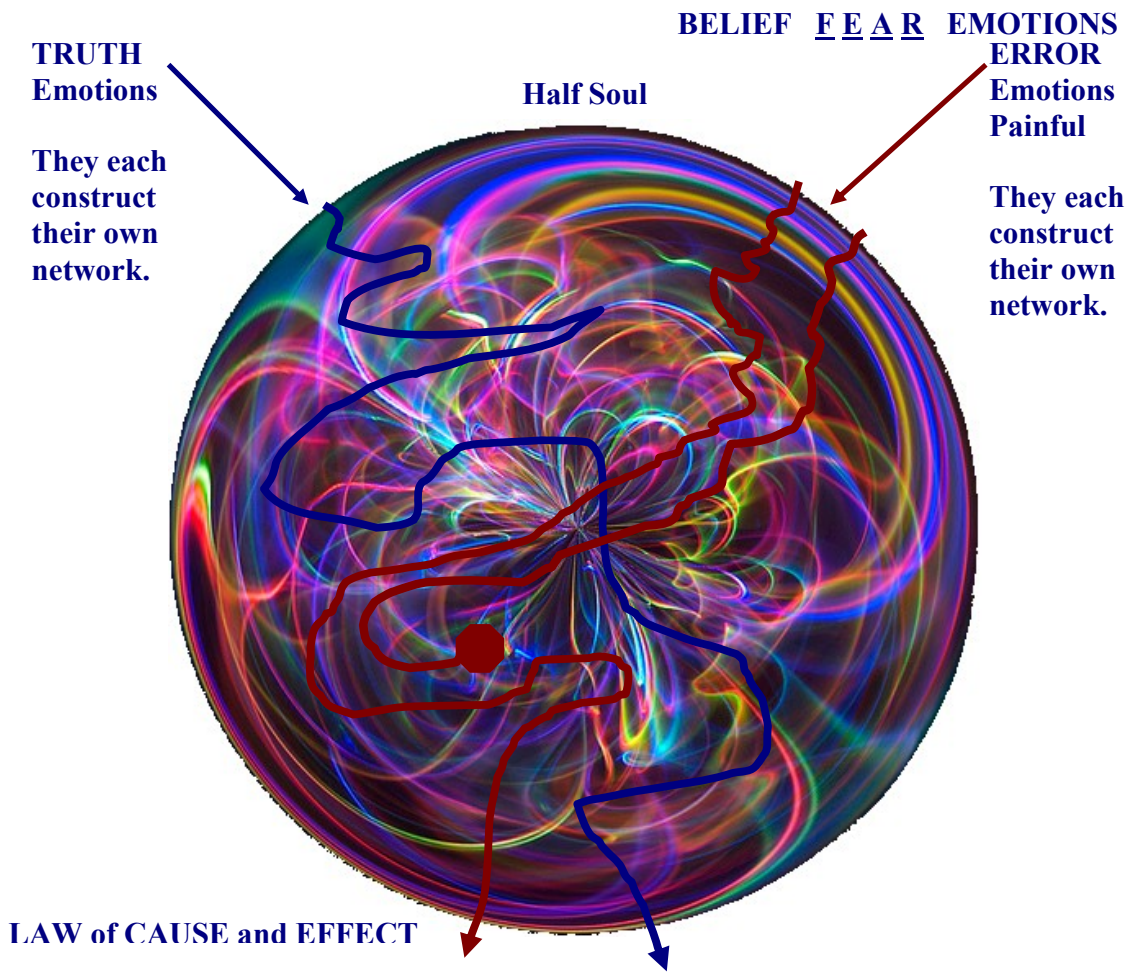


SOUL  SPIRIT BODY  PHYSICAL BODY
 PERSONALITY

The soul has pathways similar in construction to your brain. Your memories are stored in your soul, they are then reflected through your spirit body and then your physical body.

When an error enters your soul, it sets up a pathway for more error to enter your soul. And when truth enters your soul, it sets up a pathway for more truth to enter your soul. This is what happens to your soul physically.

The construction of the soul and brain is very similar. Picture your soul as this energetic pathway of all these connection points. Consider your soul like your brain where all these tiny networks are constructed of each other. Emotion is energy in motion. There are unimpeded pathways through the soul, in the same manner as the brain, for emotions to flow. We have pathways were only error flow, being error constructed pathway. Similar pathways for truth are separate pathways.

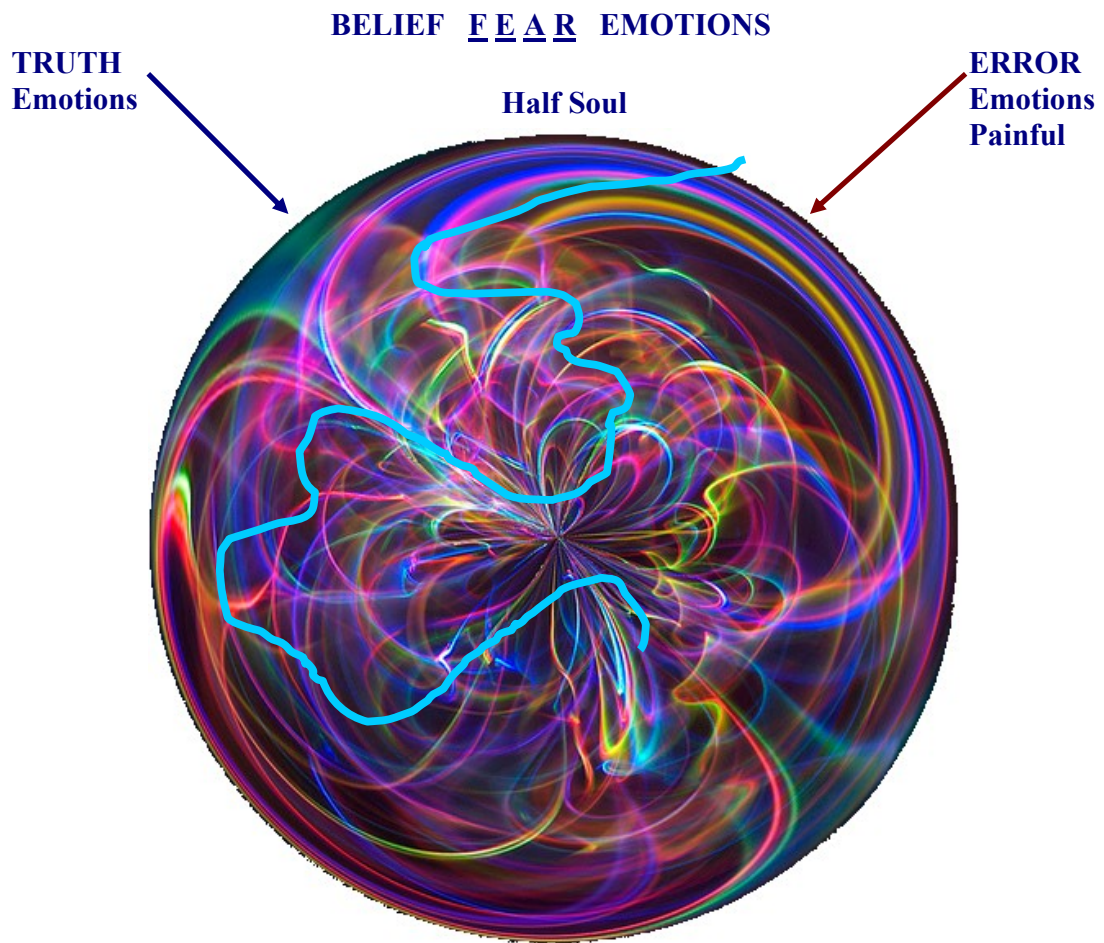


This construction, which has become constructed inside of our soul, has been constructed because error has become truth inside of us. Error is always painful at the core level, and we are always trying to avoid the painful feeling of the painful core emotion, and that is what allows these errors to be constructed.

If I allow all of my emotions to pass through me, including the painful ones, then let us see if I have the same belief.

When we are willing to experience all emotion, we start generating these other pathways in our soul. Instead of being a mixed up jumble mess that is going on inside of us, there are these very simple and direct pathways that get constructed within our soul that are due new beliefs, where the emotions can pass through without huge amounts of impedance throughout our soul.





It is the emotions that allow these false beliefs to enter.

What we want is to deconstruct the emotions that allow false beliefs to be attracted to me firstly, and then enter me so that they settle within me. Many of us struggle to get back to the emotion. One of the reasons is that the belief system was created to support the denial of the emotion.

We have to be honest about our belief systems, particularly if our belief systems are loving or unloving. How can we allow any belief system to enter our soul? Truth is always loving. If a belief system is loving in all of its aspects, it will be more harmonious with truth than belief systems that are unloving. The more love there is in the belief system, the more truth there must be in the belief system.

The POWER of NEGATIVE THINKING:

Cancer: “The idea is that with enough might you can control, with enough might you can expel.” It’s not a battle, it’s a push-pull phenomenon of finding balance and harmony, of kneading the conflicting forces all into one dough”.

Why will the same bacterium or virus spare one person but fell another?

“Why does this patient have *this* disease *now*?” Modern medical practice has adopted a simplistic “cause-and-effect” perspective. When no obvious external agent is found – as is the case with most serious illnesses – it throws up its hands and declares the cause unknown. “Of unknown aetiology.”

While scientific humility is welcome, a cause-and-effect model of disease is itself a source of misperception. It cannot portray the ways that health is transmuted into illness or how illness may be turned toward health.

No disease has a single cause. Even when significant risks can be identified – such as biological heredity in some autoimmune diseases or smoking in lung cancer – these vulnerabilities do not exist in isolation.

The word healing derives from an ancient origin, meaning “whole” – hence our equation of wholesome and healthy. To heal is to become whole. But how can we be more whole than we already are? Or how is it that we could ever be less than whole?

Stress is a disturbance of the body’s internal balance in response to perceived threat, including the threat of some essential need being denied. Physical hunger may be one such deprivation, but in our society the threat is most often psychic, such as the withdrawal of emotional nourishment or the disruption of psychological harmony.

“I cannot understand why I have cancer.” The area she overlooked was invisible to her: the stress connected with emotional repression. That is why knowledge and insight have the power to transform, and why insight is more helpful to people than advice. If we gain the ability to look into ourselves with honesty, compassion and with unclouded vision, we can identify the ways we need to take care of ourselves. We can see the areas of the self formerly hidden in the dark.

The potential for wholeness, for health, resides in all of us, as does the potential for illness and disharmony. Disease is disharmony. More accurately, it an expression of an internal disharmony. If illness is seen as foreign and external, we may end up waging war against ourselves.

The first step in retracing our way to health is to abandon our attachment to what is called positive thinking.

As an antidote to terminal optimism, I have recommended the power of negative thing. “Tongue in cheek, of course,” I quickly add. “What I really believe in is the power of thinking.” As soon as we qualify the word thinking with the adjective positive, we exclude those parts of reality that strike us as “negative.” That is how most people who espouse positive thinking seem to operate. Genuine positive

thinking begins by including all our reality. It is guided by the confidence that we can trust ourselves to face the full truth, whatever that full truth may turn out to be.

Compulsive optimism is one of the ways we bind our anxiety to avoid confronting it. That form of positive thinking is the coping mechanism of the hurt child. The adult who remains hurt without being aware of it makes this residual defence of the child into a life principle.

What are the 10 most common illnesses?

The 10 most common reasons for a visit to a primary care provider are as follows:

1. Hypertension ("high blood pressure")
2. Upper Respiratory Tract Infection (coughs, colds, "flu", etc.)
3. Physical Examination (yearly physical, pre-employment physical, etc.)
4. Diabètes Mellitus
5. Sinusitis ("sinus infection")
6. Bronchitis
7. Degenerative Joint Disease ("arthritis", etc.)
8. Asthma
9. Otitis ("ear infection")
10. Depression

-Matthew N. Parker, M.D.

The onset of symptoms or the diagnosis of a disease should prompt a two-pronged inquiry: what is the illness saying about the past and present, and what will help in the future? Many approaches focus only on the second half of that healing dyad without considering fully what led to the manifestation of illness in the first place.

In order to heal, it is essential to gather the strength to think negatively. Negative thinking is not a doleful, pessimistic view that masquerades as "realism". Rather, it is a willingness to consider what is not working. What is not in balance? What have I ignored? What is my body saying no to? Without these questions, the stresses responsible for our lack of balance will remain hidden.

Even more fundamentally, not posing those questions is itself a source of stress. First, "positive thinking" is based on an unconscious belief that we are not strong enough to handle reality. Allowing this fear to dominate engenders a state of childhood apprehension. Whether or not the apprehension is conscious, it is a state of stress. Second, lack of essential information about ourselves and our situation is one of the major sources of stress and one of the potent activators of the hypothalamic-pituitary-adrenal (HPA) stress response. Third, stress wanes as independent, autonomous control increases.

The general belief is that positive emotions must be conducive to good health. While it is true that genuine joy and satisfaction enhance physical well-being, "positive" states of mind generated to tune out psychic discomfort lower resistance to illness.

Many people are blocked from self-knowledge and personal growth by the myth they feel compelled to hold on to, of having had a "happy childhood". A little negative thinking would empower them to see through the self-delusion that helps keep them stuck in self-harming behavioural patterns.

Developing the courage to think negatively allows us to look at ourselves as we really are. There is a remarkable consistency in people's coping styles across the many diseases we have considered: the repression of anger, the denial of vulnerability, the "compensatory hyper-independence." No one chooses these traits deliberately or develops them consciously. Negative thinking helps us to understand just what the conditions were in our lives and how these traits were shaped by our perceptions of our environment. Emotionally draining family relationships have been identified as risk factors in virtually every category of major illness, from degenerative neurological conditions to cancer and autoimmune

disease. The purpose is not to blame parents or previous generations or spouses but to enable us to discard beliefs that have proved dangerous to our health.

“The power of negative thinking” requires the removal of rose-coloured glasses. Not blame of others but owning responsibility for one’s relationships is the key.

It is no small matter to ask people with newly diagnosed illness to begin to examine their relationships as a way of understanding their disease. For people unused to expressing their feelings and unaccustomed to recognizing their emotional needs, it is extremely challenging to find the confidence and the words to approach their loved ones both compassionately and assertively. The difficulty is all the greater at the point when they have become more vulnerable and more dependent than ever on others for support.

There is no easy answer to this dilemma but leaving it unresolved will continue to create ongoing sources of stress that will, in turn, generate more illness. No matter what the patient may attempt to do for himself, the psychological load he carries cannot be eased without a clear-headed, compassionate appraisal of the most important relationships in his life.

It is not others’ expectations and intentions but the perception we have of them that serves as the stressor.

The power of negative thinking requires the strength to accept that we are not as strong as we would like to believe. Our insistently strong self-image was generated to hide a weakness – the relative weakness of the child. Our fragility is nothing to be ashamed of. A person can be strong and still need help, can be powerful in some areas of life and helpless and confused in others. We cannot do all that we thought we could. As many people with illness realise, sometimes too late, the attempt to live up to a self-image of strength and invulnerability generated stress and disrupted their internal harmony.

If we learn to think negatively, we stop minimizing our emotions of loss.

“If you face the choice between feeling guilt and resentment, choose the guilt every time.” It is wisdom I have passed on to many others since. If a refusal saddles you with guilt, while consent leaves resentment in its wake, opt for the guilt. Resentment is soul suicide.

Negative thinking allows us to gaze unflinchingly on our own behalf at what does not work. We have seen ins study after study that compulsive positive thinkers are likely to develop disease and less likely to survive. Genuine positive thinking – or, more deeply, positive being – empowers us to know that we have nothing to fear from truth.

“Health is not just a matter of thinking happy thoughts.” “Sometimes the biggest impetus to healing can come from jump-starting the immune system with a burst of long-suppressed anger.”

Anger, or the healthy experience of it, is one of the seven A’s of healing. Each of the seven A’s addresses one of the embedded visceral beliefs that predispose to illness and undermine healing.

The SEVEN A's of HEALING:

“Fawzy’s intervention was strikingly minimal. It consisted of only six structured group sessions over a 6-week period, with each session lasting 1 ½ hours. The group meetings offered:

1. Education on melanoma and basic nutritional advice.
2. Stress management techniques.
3. Enhancement of coping skills, and
4. Psychological support from the staff and from other group members.

Six years later, ten of the original thirty four patients of the group that had not received psychological support had died, and three others had had recurrences. In the support group, only three of the thirty four had died, four had experienced recurrences. Earlier in the study, improved immune function had been demonstrated among the patients in the support group.

Pursuing the seven A's of healing will help us grow into emotional competence.

1. Acceptance

Acceptance is simply the willingness to recognise and accept how things are. It is the courage to permit negative thinking to inform our understanding, without allowing it to define our approach to the future. Acceptance does not demand becoming resigned to the continuation of whatever circumstances may trouble us, but it does require a refusal to deny exactly how things happen to be now. It challenges the deeply held belief that we are not worthy enough or “good” enough to be whole.

Acceptance also implies a compassionate relationship with oneself. It means discarding the double standard that, as we have seen, too often characterizes our relationship with the world.

Compassionate curiosity about the self does not mean liking everything we find out about ourselves, only that we look at ourselves with the same non-judgmental acceptance we would wish to accord anyone else who suffered and who needed help.

2. Awareness

All those seeking to heal – or to remain healthy – need to reclaim the lost capacity for emotional truth-recognition, which is wonderfully illustrated by neurologist Oliver Sacks in his book ‘The Man who Mistook His Wife for a Hat’. Sacks relates an anecdote about a group of aphasic patients responding to a televised address by then-president Ronald Reagan.

Aphasia – from the Greek a (for ‘not’) and pha (‘to speak’) – is the loss of the ability to speak or to understand spoken language. It is the result of focal brain damage, as from stroke.

Animals and young humans are highly competent at picking up on real emotional cues. If we lose that capacity as we acquire language, it is only because we receive confusing messages from our immediate world. The words we hear tell us one thing, the emotional data say something different. If the two are in conflict, one will be repressed. In the same way, when a child’s eyes diverge, the brain will suppress images from one eye in order to avoid double vision. The suppressed eye, unless corrected, will become

blind. We repress our emotional intelligence in order to avoid an ongoing war with the crucial people in our lives, a war we cannot possibly win. And so we lose our emotional competence even as we gain verbal intelligence. Aphasiacs, it would appear, go through the reverse process. Much as a blind person will develop an extraordinary capacity to hear, the aphasiac develops an enhanced ability to perceive emotional reality.

Full awareness would mean that we would regain our lost capacity to perceive emotional reality and that we are ready to let go of the paralysing belief that we are not strong enough to face the truth about our lives. There is no magic to it. The blind person learns to pay more attention to sound than the sighted. The aphasiac learns to notice his internal reactions to words, since the cognitive parts of the brain can no longer tell him what the message is. Those internal reactions, gut feelings, are what we lost as we “grew up.”

To develop awareness, though, we do have to practise, pay constant attention to our internal states and learn to trust these internal perceptions more than what words – our own or anyone else’s – convey. What is the tone of voice? The pitch? Do the eyes narrow or open? Is the smile relaxed or tight? How do we feel? Where do we feel it?

Awareness also means learning what the sign of stress are in our own bodies, how our bodies telegraph us when our minds have missed the cues. In both human and animal studies, it has been observed that the physiological stress response is a more accurate gauge of the organism’s real experience than either conscious awareness or observed behaviour. “The pituitary is a much better judge of stress than the intellect”, Hans Selye wrote. “Yet, you can learn to recognize that danger signals fairly well if you know what to look for.”

In ‘The Stress of Life’, Selye made a compilation of physiological danger signals. He listed physical signs such as pounding of the heart, fatigue, sweating, frequent urination, headaches, backaches, diarrhoea or dryness of the mouth; emotional signs such as emotional tension or over-alertness, anxiety, loss of joie de vivre (joy of living); and behaviour expressions such as unusual impulsivity or irritability and a tendency to overreact. We can learn to read symptoms not only as problems to be overcome but as messages to be heeded.

3. Anger

“I never get angry”, a Woody Allen character says in one of his movies. “I grow a tumour instead.”

Repression of anger is a major risk factor for disease because it increases physiological stress on the organism.

Not only does the repression of anger predispose to disease but the experience of anger has been shown to promote healing or, at least, to prolong survival. People with cancer who have been able to muster anger at their physicians, for example, have lived longer than their more placid counterparts. In animal experiments the expression of anger has been found to be less physiologically stressful than the suppression of it. In rats who fight others when caged together, slower growth of tumours has been found than in more docile animals.

A raging parent, a repressed child.

On the surface, it seems like a paradox. If the expression of anger is “good”.

The mystery only deepens. Not only is the unbridled outpouring of anger harmful to the recipients or bystanders but it can also be deadly to the one who rages. Heart attacks can follow upon outbursts of rage. In general, high blood pressure and heart disease are more likely to happen in persons who harbour hostility. Hostility and a drive for dominance were “significant independent risk factors for coronary heart disease”.

The relationship between rage and cardiovascular disease is also a function of the psycho-neuro-immune apparatus. The sympathetic nerves are activated in rage states. Narrowing of the blood vessels occurs with excessive sympathetic flight-or-fight activity, increasing the blood pressure and decreasing oxygen supply to the heart.

The blind rage that triggered heart attacks was the volcanic eruption of the anger a child learned to repress in his family of origin.

The repression of anger and the unregulated acting-out of it are both examples of the abnormal release of emotions that is at the root of disease. If in repression the problem is a lack of release, acting out consists of an equally abnormal suppression of release alternating with unregulated and exaggerated venting. Both repression and rage represent a fear of the genuine experience of anger.

Healthy anger is an empowerment and a relaxation. The real experience of anger “is physiologic experience without acting out. The experience is one of a surge of power going through the system, along with a mobilization to attack. There is, simultaneously, a complete disappearance of all anxiety.

“When healthy anger is starting to be experienced, you don’t see anything dramatic. What you do see is a decrease of all muscle tension. The mouth is opening wider, because the jaws are more relaxed, the voice is lower in pitch because the vocal cords are more relaxed. The shoulders drop, and you see all signs of muscle tensions disappearing.”

Acting out through bursts of rage is a defence against the anxiety that invariably accompanies anger in a child. Anger triggers anxiety because it coexists with positive feelings, with love and the desire for contact. But since anger leads to attacking energy, it threatens attachment. Thus there is something basically anxiety-provoking about the anger experience, even without external, parental injunction against anger expression. “Aggressive impulses are suppressed because of guilt, and the guilt exists only because of the simultaneous existence of love, of positive feelings,” says Allen Kaplin. “So, the anger doesn’t exist in a vacuum by itself. It is incredibly anxiety-provoking and guilt-producing for a person to experience aggressive feelings toward a loved one.”

Naturally, the more parents discourage or forbid the experience of anger, the more anxiety-producing that experience will be for the child. In all cases where anger is completely repressed or where chronic repression alternates with explosive eruptions of rage, the early childhood history was one in which the parents were unable to accept the child’s natural anger.

If a person unconsciously fears the power of his aggressive impulses, there are various forms of defence available to him. One category of defence is discharge, by which we regress to an early childhood state when we dealt with the intolerable buildup of anger by acting it out. “You see, the acting-out, the yelling, the screaming and even the hitting, all that a person does, serves as a defence against the experience of the anger. It’s a defence against keeping the anger inside where it can be deeply felt. Discharge defends against anger being actually experienced.”

The other way we can avoid the experience of anger is through repression. So repression and discharge are two sides of the same coin. Both represent fear and anxiety, and for that reason, both trigger physiological stress responses regardless of what we consciously feel or do not feel.

The anxiety of anger and other “negative” emotions like sadness and rejection may become deeply bound in the body. Eventually it is transmuted into biological changes through the multiple and infinitely subtle cross-connection of the PNI apparatus, the unifying nexus of body / mind. This is the route that leads to organic disease. When anger is disarmed, so is the immune system. Or when the aggressive energy of anger is diverted inward, the immune system becomes confused. Our physiological defences no longer protect us or may even turn mutinous, attacking the body.

Anger does not require hostile acting out. First and foremost, it is a physiological process to be experienced. Second, it has cognitive value – it provides essential information. Since anger does not exist in a vacuum, if I feel anger it must be in response to some perception on my part. It may be a response to loss or the threat of it in a personal relationship, or it may signal a real or threatened invasion of my boundaries. I am greatly empowered without harming anyone if I permit myself to experience the anger and to contemplate what may have triggered it. Depending on circumstances, I may choose to manifest the anger in some way or to let go of it. The key is that I have not suppressed the experience of it. I may choose to display my anger as necessary in words or in deeds, but I do not need to act it out in a driven fashion as uncontrolled rage. Healthy anger leaves the individual, not the unbridled emotion, in charge.

4. Autonomy

Illness not only has a history but also tells a history. It is a culmination of a lifelong history of struggle for self.

From a simple biological perspective, it may appear that the survival of the physical organism ought to be nature’s ultimate goal. It would seem, however, that the existence of an autonomous, self-regulating psyche is nature’s higher purpose. Mind and spirit can survive grievous physical injury, but time and again we see that the physical body begins to succumb when psychic integrity and freedom are jeopardized.

In the final analysis, disease itself is a boundary question. When we look at the research that predicts who likely to become ill, we find that the people at greatest risk are those who experienced the most severe boundary invasions before they were able to construct an autonomous sense of self.

Childhood stressors such as emotional or sexual abuse, violence, drug use or mental illness in the family were correlated with adult risk behaviours, health outcomes and death. There was a “strong graded relationship” between dysfunction in the family of origin and adult health status – that is, the greater the exposure to dysfunction had been in childhood, the worse the health status was in the adult and the greater were the chances of untimely death from cancer, heart disease, injury or other causes.

Most commonly in the lives of children, boundaries are not so much violated as simply not constructed in the first place. Many parents cannot help their child develop boundaries because they themselves were never enabled to do so in their own formative years. We can only do what we know.

Without a clear boundary between himself and his parent, the child remains enmeshed in the relationship. That enmeshment is later a template for his way of connecting to the rest of the world. Enmeshment comes to dominate one’s intimate relationships. It can take two forms, withdrawal and sullen and self-defeating resistance to authority, or chronic and compulsive caretaking of others. In some people the two may co-exist, depending on with whom they happen to be interacting with at the moment. Since the immune confusion that leads to disease reflects a failure to distinguish self from non-self, healing has to involve establishing or reclaiming the boundaries of an autonomous self.

“Boundaries and autonomy are essential for health.” The locus of control is from inside ourselves.

Autonomy, then, is the development of that internal centre of control.

5. Attachment

Attachment is our connection with the world. In the earliest attachment relationship, we gain or lose the ability to stay open, self-nurturing and healthy. In those early attachment bonds, we learned to experience anger or to fear it and repress it. There we developed our sense of autonomy or suffered its atrophy. Connection is also vital to healing. Study after study concludes that people without social contact – the lonely ones – are at greatest risk for illness. People who enjoy genuine emotional support face a better prognosis, no matter what the disease.

We sometimes find it easier to feel bitterness or rage than to allow ourselves to experience that aching desire for contact that, when disappointed, originally engendered the anger. Behind all our anger lies a deeply frustrated need for truly intimate contact. Healing both requires and implies regaining the vulnerability that made us shut down emotionally in the first place. We are no longer helplessly dependent children; we no longer need fear emotional vulnerability. We can permit ourselves to honour the universally reciprocal human need for connection and to challenge the ingrained belief that unconsciously burdens so many people with chronic illness: that we are not lovable. Seeking connections is a necessity for healing.

6. Assertion

Beyond acceptance and awareness, beyond the experience of anger and the unfolding of autonomy, along with the celebration of our capacity for attachment and the conscious search for contact, comes assertion: it is the declaration to ourselves and to the world that we are and that we are who we are.

We have witnessed people expressing the belief that if they do not act, they experience only emptiness, a frightening void. In our fear we falsely equate reality with tumult, being with activity, meaning with achievement. We think autonomy and freedom mean the liberty to do, to act or react as we wish. Assertion in the sense of self-declaration is deeper than the limited autonomy of action. It is the statement of our being, a positive valuation of ourselves independent of our history, personality, abilities or the world's perception of us. Assertion challenges the core belief that we must somehow justify our existence.

It demands neither acting nor reacting. It is being, irrespective of action.

Thus, assertion may be the very opposite of action, not only in the narrow sense of refusing to do something we do not wish to do but letting go of the very need to act.

7. Affirmation

When we affirm, we make a positive statement; we move toward something of value. There are two basic values that assist us to heal and to remain whole, if we honour them.

The first value is our own creative self.

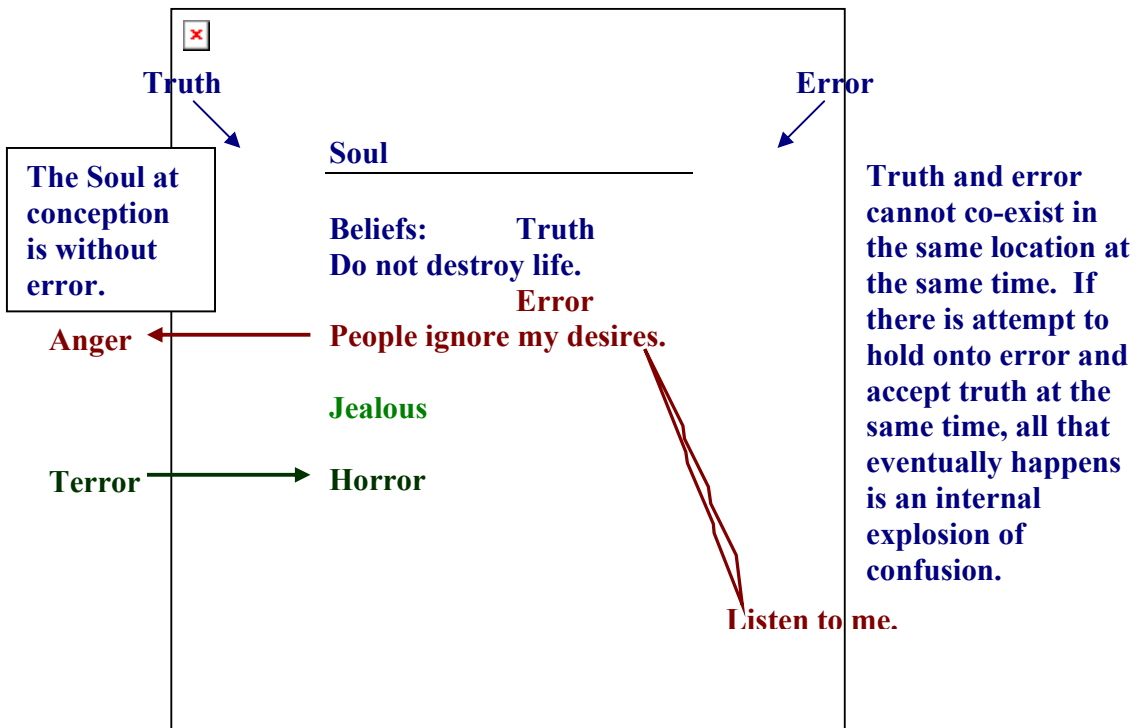
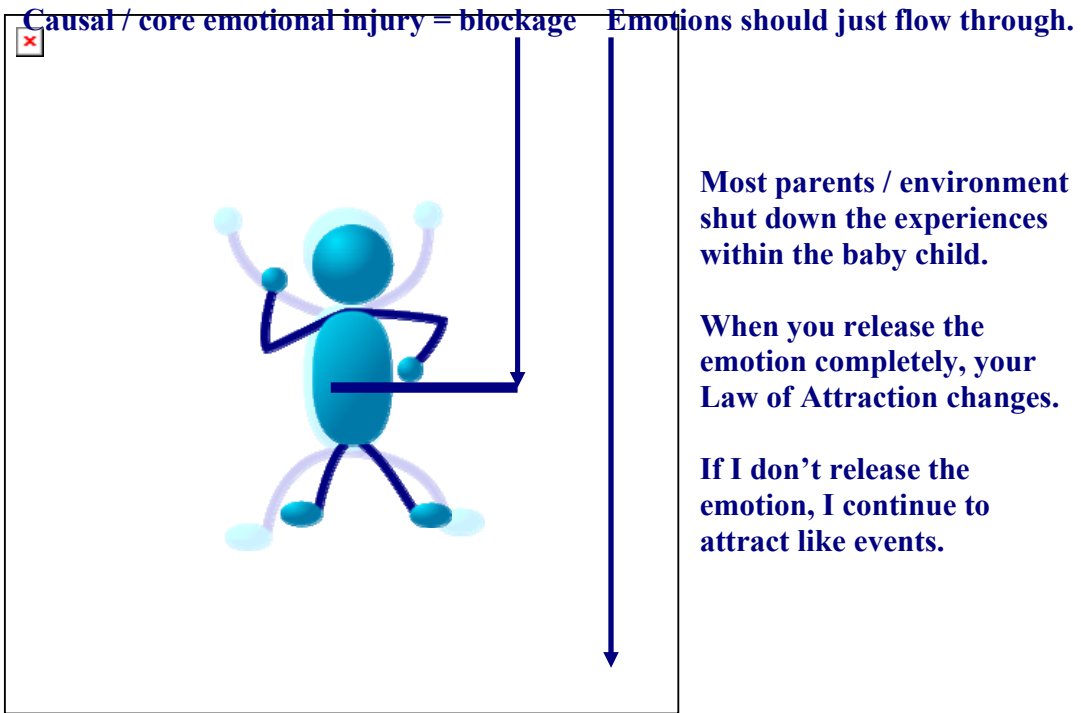
“What is in us must out,” wrote Hans Selye, “otherwise we may explode at the wrong places or become hopelessly hemmed in by frustrations. The great art is to express our vitality through the particular channels and at the particular speed Nature foresaw for us.”

The second great affirmation is of the universe itself – our connection with all that is. The assumption that we are cut off, alone and without contact is toxic, but – no matter how cruelly and how consistently life has shown us this dark shadow – it is no more than a bitter illusion. It forms part of the pathological biology of belief.

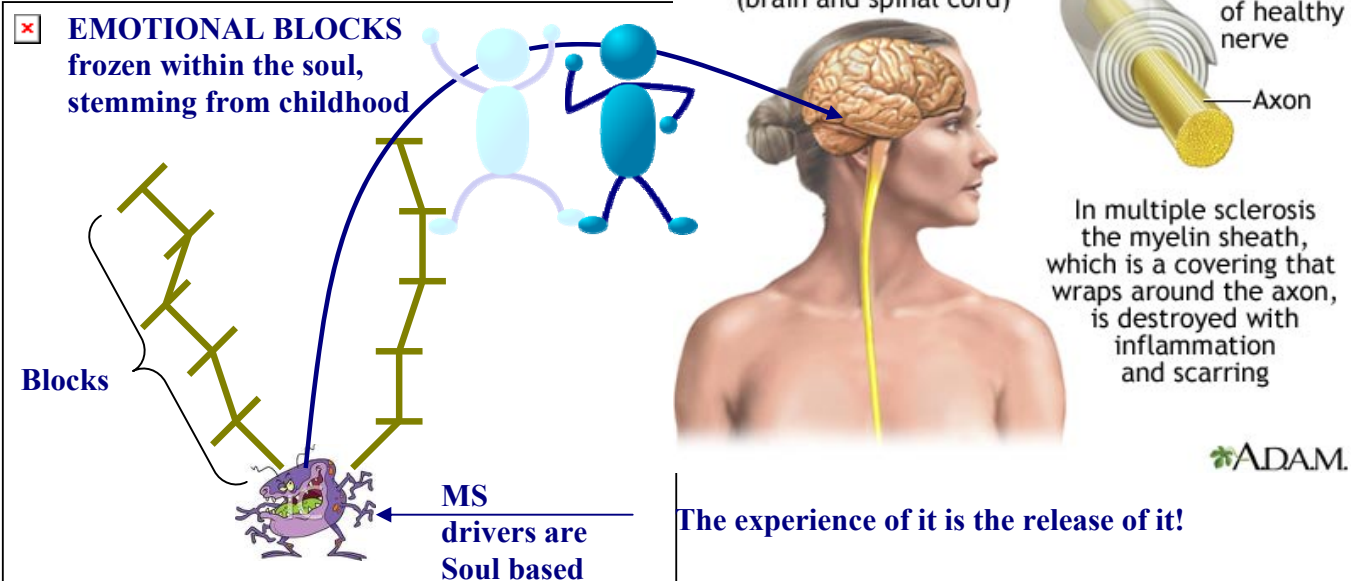
Physically it is easy to see that our sense of separateness from the universe is false: we do not go “from dust to dust,” we are dust enlivened. We are a part of the universe with temporary consciousness in the physical form, but never apart from it. Not by coincidence is the word seeking so frequently employed in relation to spiritual work.

Faced with illness, many people seek their spiritual selves almost instinctively, often in surprising ways.

Whilst we are receiving our Heavenly Parents' Divine Love, and that this Love is causing change within our soul and spirit attributes, the greatest Truth known to man and spirit is that this is the way our Mother and Father are actually loving us! When we progress, it is God's way of loving us into love and then we live what we are, love.



MULTIPLE SCLEROSIS – MS



MS patients were exposed to acute and chronic stress by their childhood conditioning, and their ability to engage in the necessary flight-or-fight behaviour was impaired. The fundamental problem is not the external stress, but an environmentally conditioned helplessness that permits neither of the normal responses of fight or flight. The resulting internal stress becomes repressed and therefore invisible. Eventually, having unmet needs or having to meet the needs of others is no longer experienced as stressful. It feels normal. One is disarmed.

Reference: 'When the Body Says No' by Gabor Maté

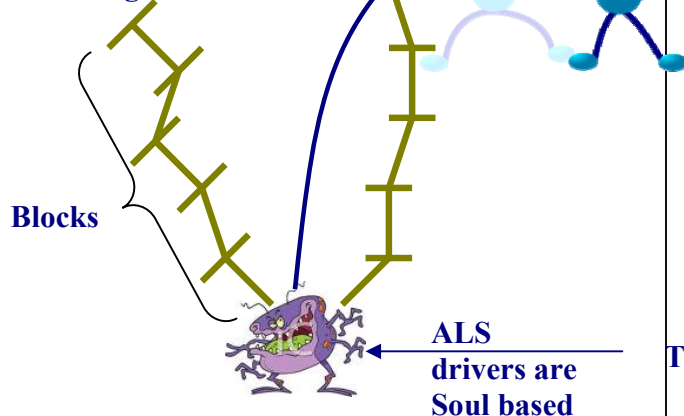
Feelings first

LIVE FEELINGS FIRST

AMYOTROPHIC LATERAL SCLEROSIS –

ALS – motor neuron disease

EMOTIONAL BLOCKS
frozen within the soul,
stemming from childhood



The experience of it is the release of it!

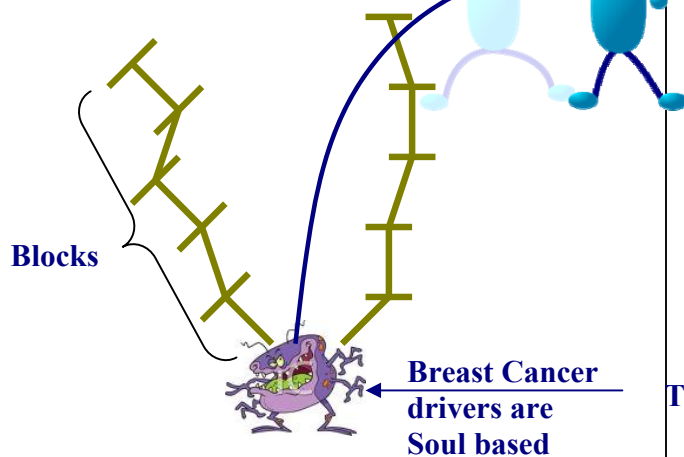
People with ALS have two lifelong patterns distinguishing them: rigidly competent behaviour – that is, the inability to ask for or receive help, and the chronic exclusion of so-called negative feelings. “Hard, steady work without recourse to help from others was pervasive.” There seemed to have been a “habitual denial, suppression or isolation of ... fear, anxiety, and sadness ... Most expressed the necessity to be cheerful.. Some spoke casually of their deterioration or did so with engaging smiles.”

Rage and anguish exist underneath the veneer of niceness, no matter how sincerely a person mistakes the façade for her true self. This is not some bizarre, unfeeling group of human beings here. The problem was not a lack of feeling but an excess of painful, un-metabolized emotion. The family dealt with emotional hurt by repressing it. Generations of family history had brought them to that coping pattern.

Reference: ‘When the Body Says No’ by Gabor Maté

BREAST CANCER

✘ **EMOTIONAL BLOCKS**
frozen within the soul,
stemming from childhood



The experience of it is the release of it!

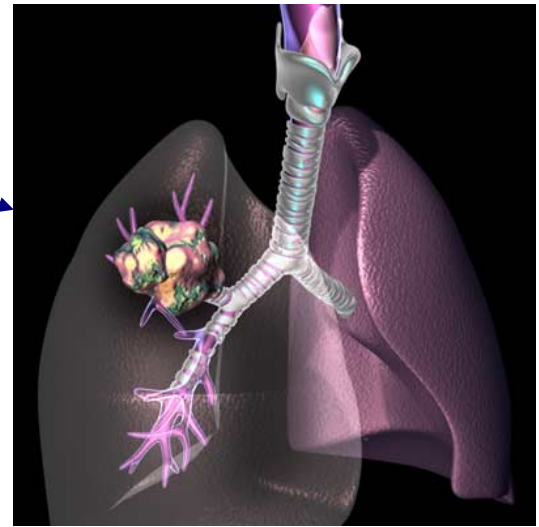
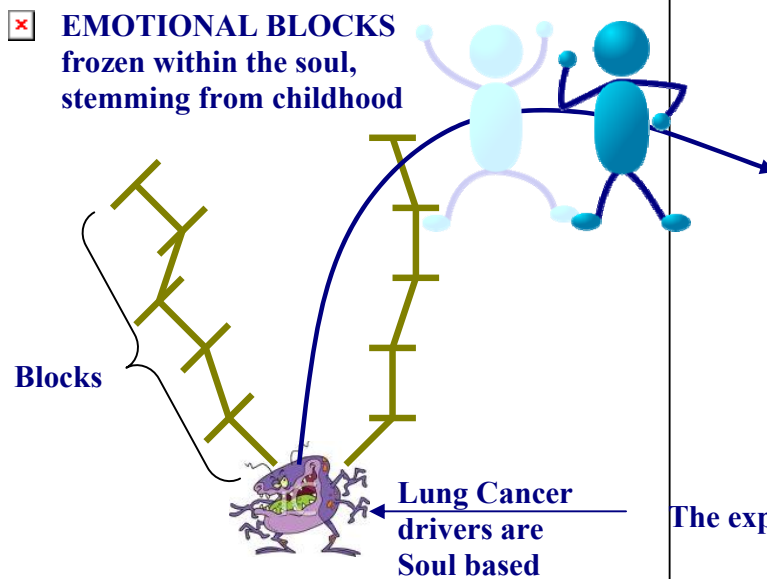
Research has suggested for decades that women are more prone to develop breast cancer if their childhoods were characterised by emotional disconnection from their parents or other disturbances in their upbringing; if they tend to repress emotions, particularly anger; if they lack nurturing social relationships in adulthood; and if they are the altruistic, compulsively caregiving types. In one study, psychologists interviewed patients admitted to hospital for breast biopsy, without knowing the pathology results. Researchers were able to predict the presence of cancer in up to 94% of cases judging by such psychological factors alone.

Reference: 'When the Body Says No' by Gabor Maté

Feelings first

LIVE FEELINGS FIRST

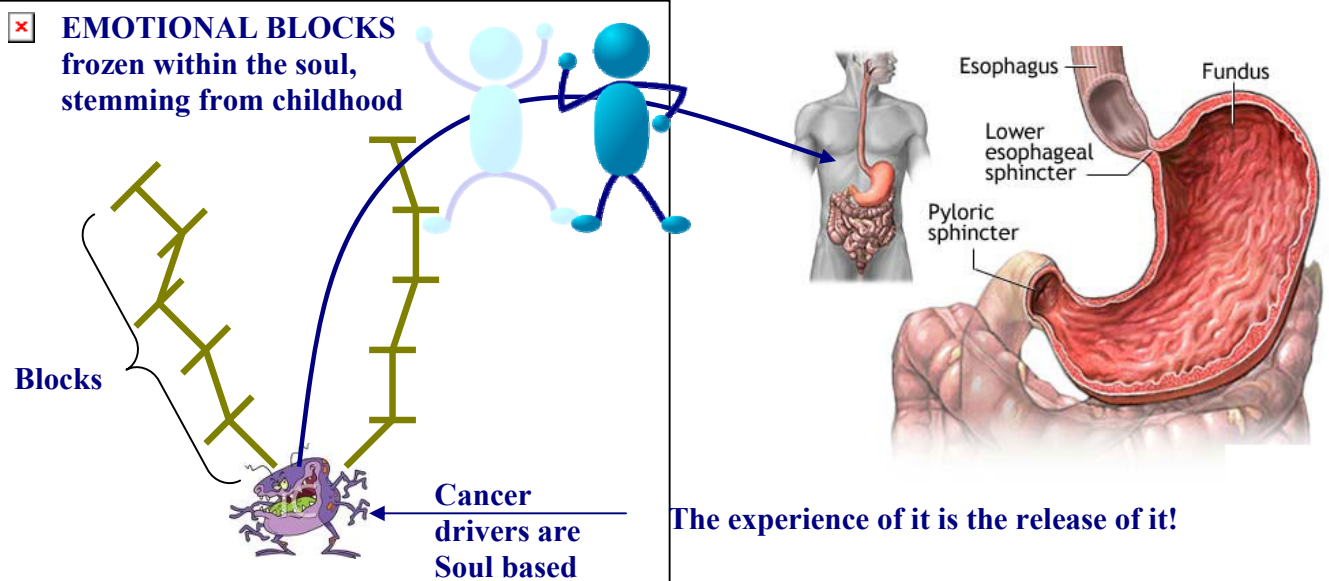
LUNG CANCER



The experience of it is the release of it!

Patients with lung cancer, in a report, were frequently characterised by a tendency to “bottle up” emotions. People with lung cancer “have poor and restricted outlets for expression of emotion, as compared with non-malignancy lung patients and normal controls”. The risk of lung cancer was five times higher in men who lacked the ability to express emotion effectively. Especially intriguing was that those lung cancer patients who smoked but did not inhale exhibited even greater repression of emotion than those who did. Emotional repression works synergistically with smoking in the causation of lung cancer. The more severe the repression, the less the smoke damage required to result in cancer. Reference: ‘When the Body Says No’ by Gabor Maté

CANCER

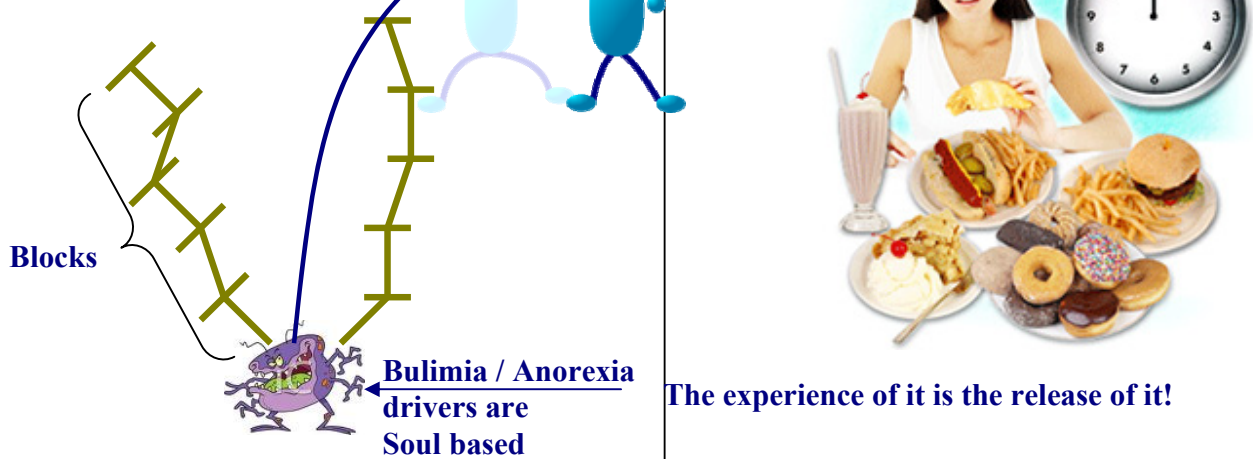


In numerous studies of cancer, the most consistently identified risk factor is the inability to express emotion, particularly the feelings associated with anger. The repression of anger is not an abstract emotional trait that mysteriously leads to disease. It is a major risk factor because it increases physiological stress on the organism. It does not act alone but in conjunction with other risk factors that are likely to accompany it, such as hopelessness and lack of social support. The person who does not feel or express “negative” emotion will be isolated even if surrounded by friends, because his real self is not seen. The sense of hopelessness follows from the chronic inability to be true to oneself on the deepest level. And hopelessness leads to helplessness, since nothing one can do is perceived as making any difference.

Reference: ‘When the Body Says No’ by Gabor Maté

BULIMIA & ANOREXIA

✘ **EMOTIONAL BLOCKS**
frozen within the soul,
stemming from childhood



Eating patterns are directly connected with emotional issues arising both from childhood and from current stresses. The patterns of how we eat or don't eat, and how much we eat, are strongly related to the levels of stress we experience and to the coping responses we have developed in face of life's vicissitudes. In turn, dietary habits intimately affect the functioning of the hormones that influence the female reproductive tract. Anorexics, for example, will often stop menstruating.

Reference: 'When the Body Says No' by Gabor Maté

Chronic illness indicates a huge denial of the soul.

Illness = out of harmony with love and truth.

It is the release of emotions that are out of harmony with Truth and Love, and the praying for the inflowing of Divine Love that brings about health and harmony to our bodies.

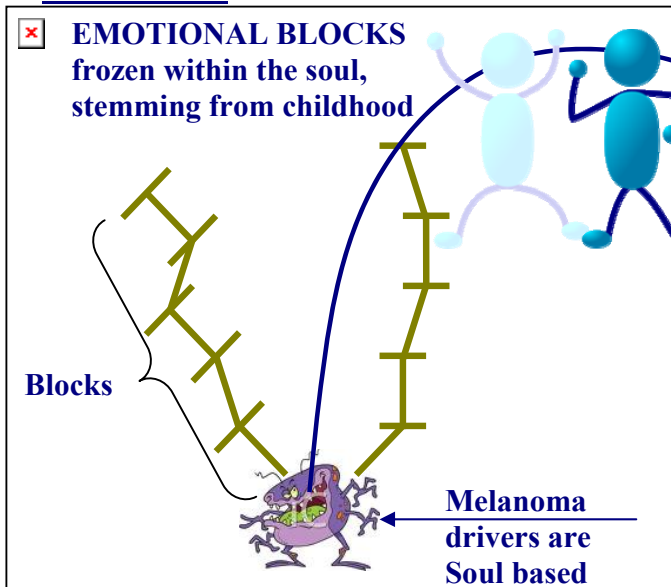
Note: With reference to the following condition, please refer to:

Pascas Care – The Truth About Cancer

Pascas Care – The Truth About Cancer Complementary Modalities

Pascas Care – The Truth About Cancer Exploring Pathways

MELANONA



The experience of it is the release of it!

“This study found that patients with malignant melanoma displayed coping reactions and tendencies that could be described as indicating ‘repressiveness’. These reactions were significantly different from patients with cardiovascular disease, who could be said to manifest the opposite pattern of coping.”

The melanoma group was the most repressed among the three groups; the cardiac patients appeared to be the least inhibited. (It is not, as it may seem, that the reactivity of the cardiac patients is healthy. In between repression and hyper-reactiveness is a healthy median.) This study demonstrated that people can experience emotional stresses with measurable physical effects on their systems – while managing to sequester (set apart) their feelings in a place completely beyond conscious awareness.

While we cannot say that any personality type causes cancer, certain personality features definitely increase the risk because they are more likely to generate physiological stress. Repression, the inability to say no and a lack of awareness of one’s anger make it much more likely that a person will find herself in situations where her emotions are unexpressed, her needs are ignored and her gentleness is exploited. Those situations are stress inducing, whether or not the person is conscious of being stressed. Repeated and multiplied over the years, they have the potential of harming homeostasis and the immune system. It is stress – not personality per se – that undermines a body’s physiological balance and immune defences, predisposing to disease or reducing the resistance to it.

Physiological stress, then, is the link between personality traits and disease. Certain traits – otherwise known as coping styles – magnify the risk for illness by increasing the likelihood of chronic stress. Common to them all is a diminished capacity for emotional communication. Emotional experiences are translated into potentially damaging biological events when human beings are prevented from learning how to express their feelings effectively. That learning occurs – or fails to occur – during childhood.

Reference: ‘When the Body Says No’ by Gabor Maté

CROHN'S – INFLAMMATORY BOWEL DISEASE

EMOTIONAL BLOCKS
frozen within the soul,
stemming from childhood

Blocks

Crohn's / IBD
drivers are
Soul based

The experience of it is the release of it!

“I spend a lot of time trying to appease and trying to impress others rather than looking inwardly.” His mother has been critical of his siblings, judgment Tim has been anxious to avoid.

~~“Colitis patients’ mothers were controlling and had a propensity to assume the role of martyr”~~

The 1955 study, which looked at over seven hundred people with ulcerative colitis, concluded that a high proportion of these patients “had obsessive-compulsive character traits, which included neatness, punctuality, and conscientiousness. Along with these character traits, guarding of affectivity (emotional expression), over-intellectualisation, rigid attitudes toward morality and standards of behaviour ... Similar personality traits have also been used to describe patients with Crohn’s.

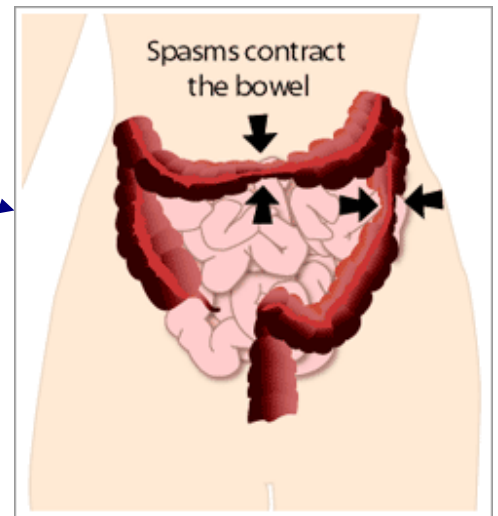
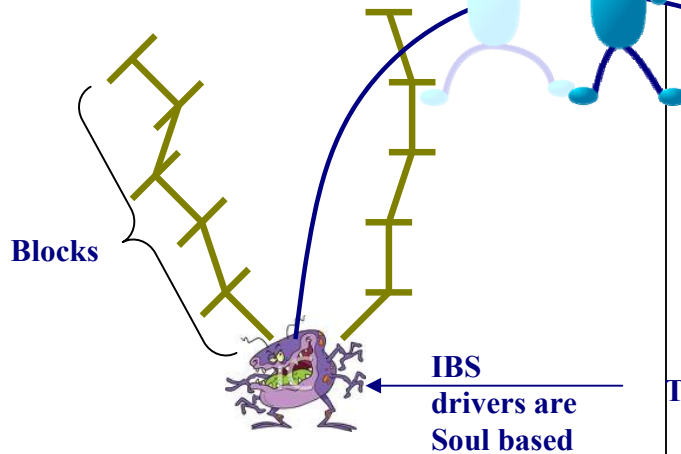
Reference: ‘When the Body Says No’ by Gabor Maté

Feelings first

LIVE FEELINGS FIRST

IRRITABLE BOWEL SYNDROME – IBS

✘ **EMOTIONAL BLOCKS**
frozen within the soul,
stemming from childhood

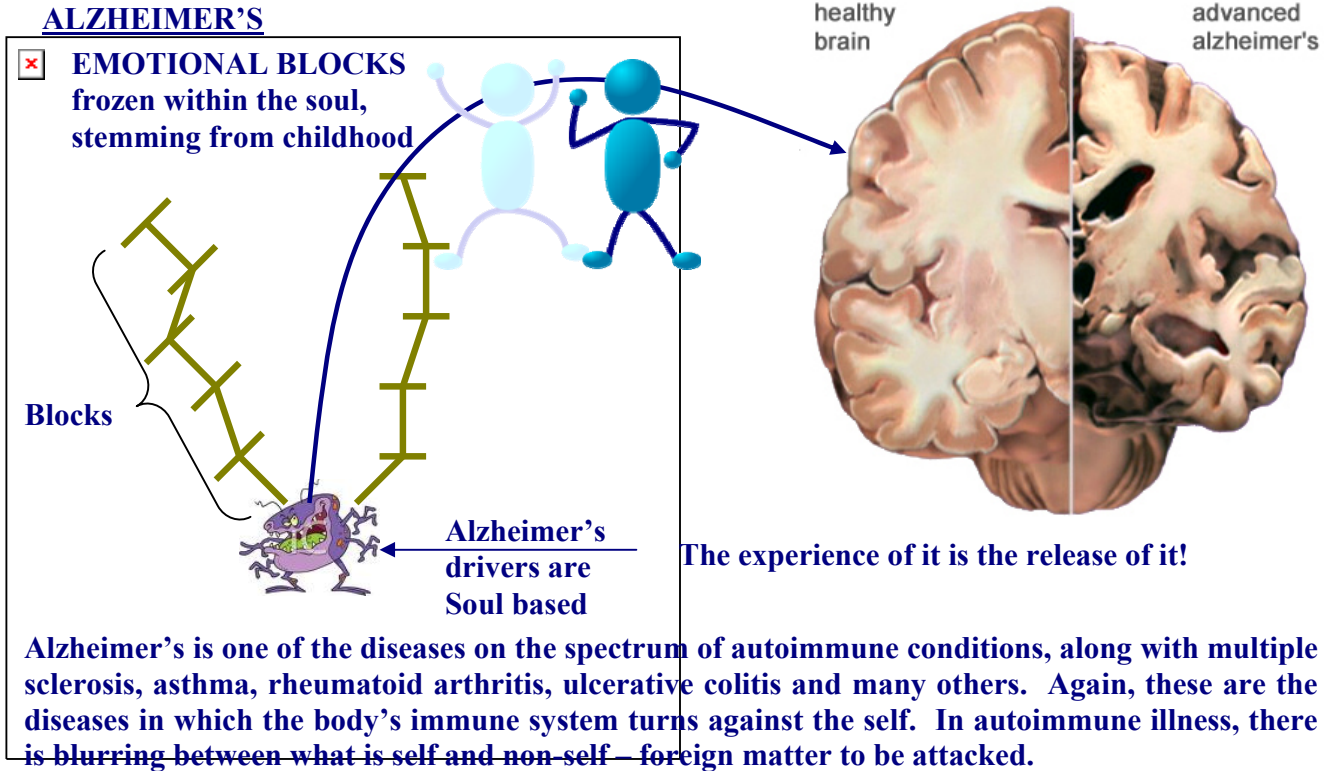


The experience of it is the release of it!

We have noted that gut feelings are an important part of the body's sensory apparatus, helping us to evaluate the environment and assess whether a situation is safe. Gut feelings magnify perceptions that the emotional centres of the brain find important and relay through the hypothalamus. Pain in the gut is one signal the body uses to send messages that are difficult for us to ignore. Thus, pain is also a mode of perception. Physiologically, the pain pathways channel information that we have blocked from reaching us by more direct routes. Pain is a powerful secondary mode of perception to alert us when our primary modes have shut down. It provides us with data that we ignore at our peril.

Irritable bowel patients are more likely than others to have symptoms elsewhere in the body. Susceptibility to pain – migraines, for example – is a problem many IBS patients are prone to, a fact we can readily understand if we grasp the concept of nervous-system sensitisation by stressful experience. Heightened perception of pain can be generalised.

Reference: 'When the Body Says No' by Gabor Maté



There is little doubt that the immune system plays a role in the neurodegenerative process in Alzheimer's disease.

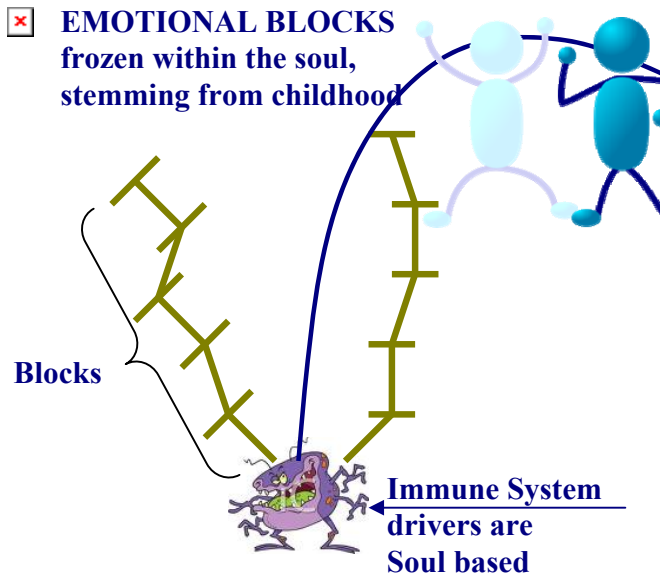
The emotional centres in the brain profoundly influence the neurological and hormonal processes of the stress response, as we have seen. The repression of negative emotion – for example, the unconscious grief, anger and loathing experienced as a result of early deprivation – is a chronic and significant source of damaging stress. In Alzheimer's, as in other autoimmune conditions, negative emotions provide a major risk factor for the eventual onset of disease.

If the shutting-down of emotion occurs early enough, during the critical phases of brain development, the capacity to recognise reality may become permanently impaired.

Alzheimer's patients are characterised by repressed emotion. They typically report early loss or emotional deprivation in their parents' lives.

Reference: 'When the Body Says No' by Gabor Maté

IMMUNE SYSTEM



Characteristic of many persons with rheumatoid disease is a stoicism carried to an extreme degree, a deeply ingrained reticence about seeking help. People often put up silently with agonizing discomfort, or will not voice their complaints loudly enough to be heard, or will resist the idea of taking symptom-relieving medications.

The non-complaining stoicism exhibited by rheumatoid patients is a coping style acquired early in life.

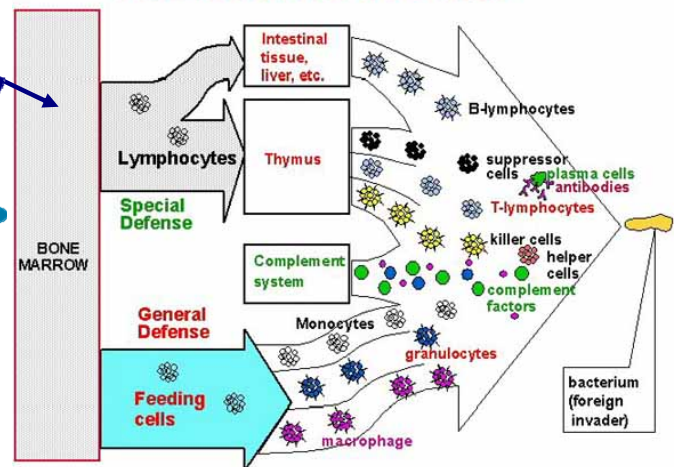
People with rheumatoid arthritis concluded that “despite the diversity in the group, the patients’ psychological characteristics, vulnerabilities and life conflicts were remarkably similar”. One common characteristic was a pseudo-independence, described by the authors as a compensation hyper-independence. A coping mechanism, a compensation for emotional needs ignored in childhood. A child in such situation survives by pretending to herself, and to the world, that she has no needs she cannot take care of herself. One aspect of that pretence is to reduce the perception of emotional stresses to a child-friendly size, a habit that may then last for a lifetime.

Compensating hyper-independence originating in early role reversal between parent and child can explain teeth-gritting endurance of physical pain.

“Self-sacrificing, conforming, self-conscious, shy, inhibited, perfectionistic” rheumatoid patient described in the psychological literature.

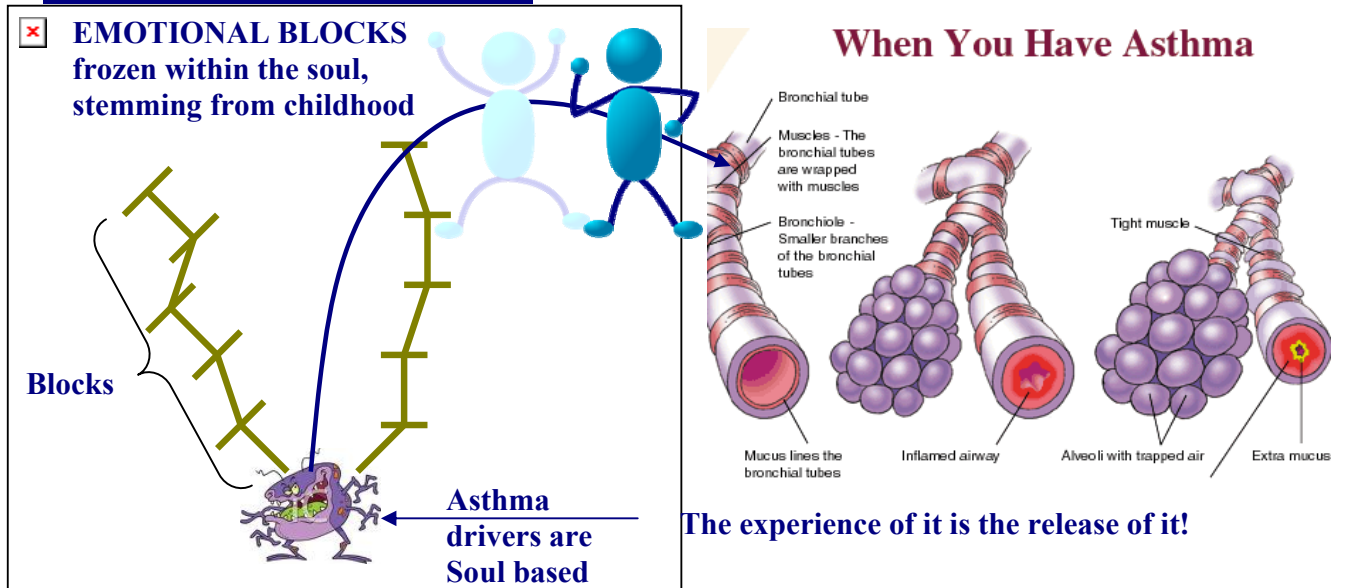
Reference: ‘When the Body Says No’ by Gabor Maté

THE IMMUNE SYSTEM



The experience of it is the release of it!

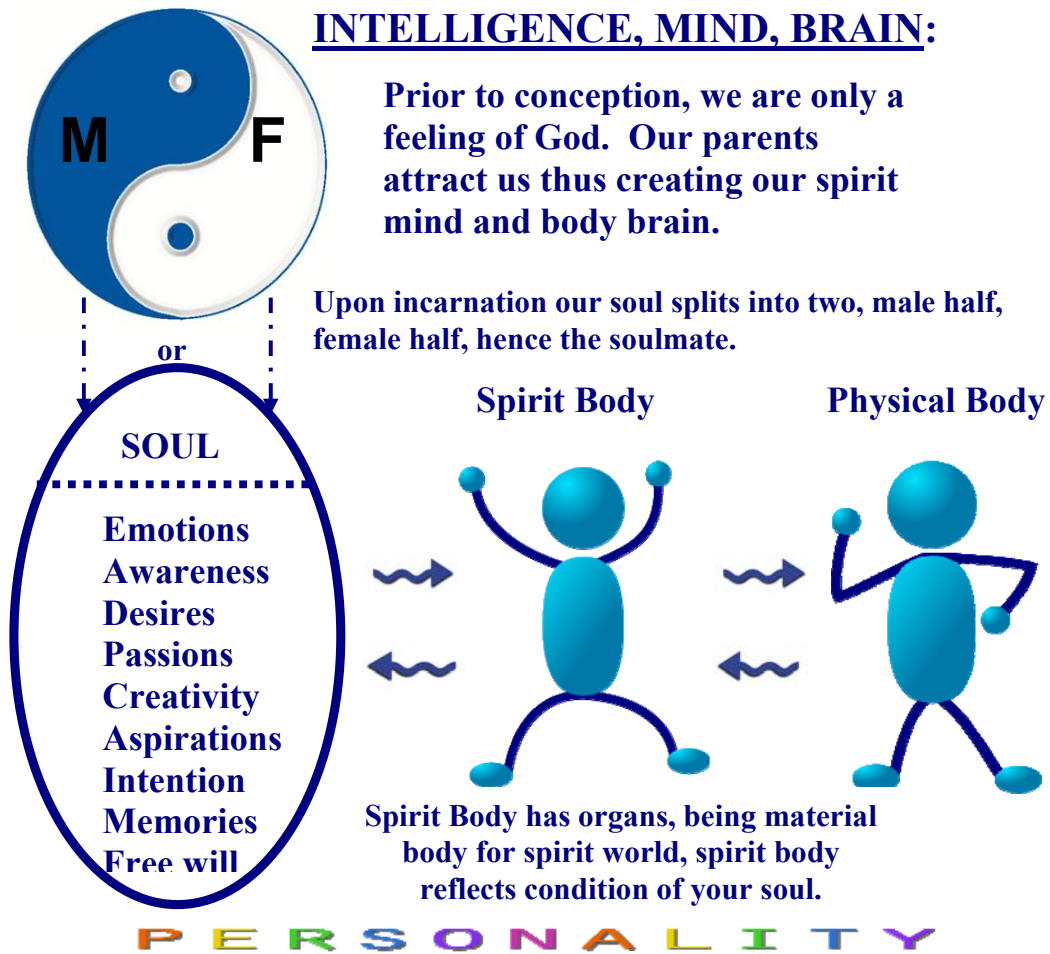
ASTHMA – Biology of Relationships



Many studies of asthmatic children and adults have documented a strong association between disease severity and emotional states triggered by relationships. Researchers who looked at the interactions between parents and asthmatic children have identified characteristic patterns of insecure attachments. Separation anxiety has been observed in children with asthma to a greater degree, not only in comparison with healthy controls but also when matched with children suffering from cystic fibrosis, a congenital lung disease, more serious by far. The severity of the disease, in other words, was not the cause of the anxiety.

The stresses that may induce asthma in a child are not necessarily recognised as such by either the patient or the family. Highly sensitive children pick up subconscious cues from the environment, particularly about the emotional states of their parents. He has noted that family systems in which children develop disease have four features in common: enmeshment, over-protectiveness (controlling), rigidity and lack of conflict resolution. “A pathologically enmeshed family system is characterized by a high degree of responsiveness and involvement. This can be seen in the interdependence of relationships, intrusions on personal boundaries, poorly differentiated perception of self and of other family members, and weak boundaries.”

Reference: ‘When the Body Says No’ by Gabor Maté



Our Intelligence is Soul based. The capabilities of discernment, e.g., by kinesiology muscle testing, expands only with the growth of our Soul's intelligence. Upon conception, the creation of both our Spirit Body and Physical Body occurs, bringing forward our unaware Soul to start our journey. Upon death of the Body, the brain dissolves. The mind continues to grow in the Spirit Body until we progress through the 7th sphere into the 8th sphere at which point we are 'born again', one with God, entering the Celestial Realms, and the mind is no longer. Our soul intelligence grows as does our soul expand with the ever increasing infusion of Love from God.

Our Heavenly Mother and Father simply desire for us to ask for Their Love.

FEELING HEALING + SOUL HEALING

To heal one's self is to simply look to see what feelings we are refusing to let ourself feel, and accept them instead of denying them. And to fully accept them, one needs to express them, speak about them, let them have their say, rather than pushing them aside, refusing to let them make you feel bad.

Doing this all with the intention of seeking the truth of why you are feeling them, of speaking about and expressing all such feelings; all feelings you have, but ALL WITH the INTENTION of UNCOVERING the TRUTH THEY WANT YOU TO SEE ABOUT YOURSELF. And it's the wanting to see the truth of them that is very important, because if you just look to accept them and speak and express them, but not seek their truth, then that's all you'll be doing, speaking and expressing them, but not healing their causes, so not fixing the things within you that are making you feel bad. And it's the truth part of it, seeking the truth of your feelings, and so, seeking the truth through your feelings, that's vitally important. It's the truth of yourself, life, nature and God, that is the spiritual aspect to it all.

You CAN'T find the truth of yourself, or anything else, through and with only your mind. You HAVE to engage and look to your feelings. And so if you choose to allow your feelings to 'Show You the Way', then the truth will come as you express them. So to do our Soul-Healing consists of these steps, all of which are ongoing until it's done:

- **Admit you are feeling bad.**
- **Accept your bad feelings, identify what they are.**
- **Honour fully your bad feelings by expressing them, speaking about them to someone who is willing to hear you talk about them, or tell them out loud to our Heavenly Parents. Long for the truth of them. Long for the truth of why you feel bad – what deep within you is causing your bad feelings?**
- **And remember, bad feelings are Good! Not bad. They are not to be despised. And as hard as it is to accept them, they are still you, and a very real part of you. And if you persist in denying them and not allowing yourself to fully live them, then you are only going to keep yourself in your errors making things harder for yourself.**
- **All sickness and suffering, all bad things that happen to you, all your problems, all your addictions – your whole feeling-denying and untrue life, is all caused by your denial of bad feelings.**
- **Every problem in the world is brought about because everyone has been brought up to deny feelings, and in particular, most of their bad ones.**

If one is intent on spiritually evolving and growing in truth, then it's vital, and this is the key, that one looks to use one's feelings as the means to gain and have access to the truth of oneself. You CAN'T find the truth of yourself or anything else through and with only your mind. You HAVE to engage and look to your feelings. And so if you choose to allow your feelings to 'Show You the Way', then the truth will come as you express them.

Doing your Soul-Healing with the Divine Love, is really doing your 'Feeling-Healing'. We are designed — created — to be self-revealing of truth, and so we are all to uncover the truth within ourselves and for ourselves, and all being done by living true to our feelings. **If you accept, express and seek the truth of your feelings, then truth will come to you, and you'll grow spiritually. It's as easy as that. Also it is as easy as it is to long for, ask for and receive Divine Love.**

THE HEALING OF YOUR BAD FEELINGS THROUGH THEIR ACCEPTANCE
AND FINDING THE TRUTH OF THEM, IS THE ACCEPTANCE OF YOUR
NEGATIVE, REBELLIOUS, EVIL, IMPERFECT MIND AND WILL CONDITION.

To do our feeling-healing we need to become:

Aware of – Acknowledge – and Admit, our bad feelings.

So we can:

Accept – them and allow ourselves to Be them.

And then if we feel to, take:

Action – Express, speak and emote them.

Talk about them.

All being done whilst longing to, really wanting to, see the TRUTH of our feelings.

So it sounds simple.

So I repeat:

We accept our bad feelings by expressing – speaking about them to someone willing to listen to us and take us seriously. And as we speak we long for the truth of them – why we are feeling them – to be made known to us. And when we uncover and see the truth we are FREE! – healed of the causes that have made us feel bad.

Accept, Express – see the Truth, and you're Free!

ACCEPTANCE OF ALL YOU FEEL, THINK AND ARE, IS THE KEY TO DOING
YOUR HEALING; THAT, AND WANTING TO SEE THE TRUTH OF ALL YOU
FEEL, THINK AND ARE.

Release one's pain through expressing one's feelings.

in conjunction with

Longing for the Truth when also longing for Divine Love.

Feelings First Spirituality

The New Way

Feelings First
FF
Feeling Free

The New Way, Feelings First Spirituality
 Learn to live with God through your Feelings

Accept, express and long for the truth of your feelings

Be free in your feelings
 Free your feelings from your mind's control
 Live true to your feelings; your feelings are your true self
 Live true to yourself through your feelings



Live true to yourself by living true to your feelings.
 Long for the truth of your feelings.

Accept / Express / Bring out ALL of your good, and most importantly,
 BAD feelings.
 Want to understand why you're feeling them.
 Use your surface feelings to take you deeper into your repressed and
 hidden feelings.



The Feeling Way is the True Way.
Your feelings are your spiritual guide.
Your feelings will take you to God.



Your feelings will show you the truth of your relationships, including your relationship with God; and if anything is wrong, untrue and unloving, then why it is.

Our feelings are sacrosanct and we should respect them accordingly. And we should NEVER block them out, ignore, override, banish, deny or reject them, because if we do, we're only doing that to ourselves, as Our Feelings Are Our Self.

Our feelings are the gateway to our soul. Our feelings are the closest we can get to our soul. Knowing the truth of our feelings is knowing the truth of our soul, and knowing the truth of God.

Feelings First Spirituality is the True path for humanity.

It embraces all people.

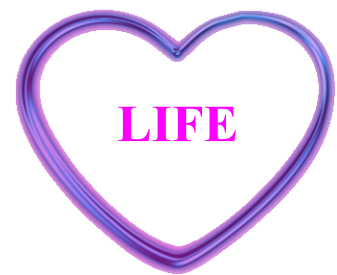
It completely unifies the world.

Everyone can relate to everyone else through their feelings.

And we can all live the truth that comes from our feelings, all sharing the same truths as we express and have the same feelings.

No one need be left out; no one is more special than anyone else – we are all united in Truth through our feelings.

So with and through our truth we live our lives, therefore without the need of any man-made mind-laws, rules and restrictions that limit self-expression as inspired by our feelings.



The New Way, Feelings First Spirituality is what is to replace all man-made, mind-contrived religions that so many people have enslaved themselves to. The New Way, Feelings First Spirituality will set us free of all that control, ending the Rebellion and Default within ourselves as we do our Feeling-Healing, and ending such control and spiritual stagnation in the world.

Bring on the End Times – get it over and done with! Let's all see that Jesus is not going to come again, that Prophecy has failed all the mind-controlled platforms. Allow such false systems of belief to die their long-awaited natural death, they've overstayed their welcome, it's now time they fade away. So let us show such antiquated, erroneous systems of belief the exit and bring on the fresh liberation of discovering the truth of how we are to live for ourselves, each of us personally in our lives, and all by looking to our own feelings for it. Self-revelation through our feelings is the way to go.

The Way of the Mind is ending, and is really the End Times – the End of our mind control, and **it's about time!** With the Way of our Feelings replacing it.

The End Times means the end and therefore a New Beginning. And that new beginning is a whole new Spiritual Age – an age based on self-revelation of truth through one's feelings, coupled with and supported by higher revelations from the Celestial spirits, angels and nature spirits.



The Feelings First Spirituality is the True Way to God because it helps you get to know God, helping you to reach out, connect and be personal with God, and do God's Will, all through your feelings. It is the only true way of getting to know the God of Feelings – our beloved Heavenly Mother and Father, the Great Soul of Divine Love.

Love comes through our feelings and not our mind, as we've all been wrongly led to believe.

Feelings First; then comes The Truth; then comes Love.

LOVE is the Religion of Feelings, being:

Feelings First Spirituality, The New Way



my
House is your
Paradise

HOME

CRYING WORLDS HEAL, the LOVE WORLDS LIBERATE PERSONALITY:

To PARADISE, the HOME of OUR HEAVENLY PARENTS

The Way Home



Council of Elders
now around 20
Soulgroups



Celestial Heavens are the Spheres of Love. One has to be a fully integrated personality, as in expressing all the aspects of one's self equally and lovingly, before one can leave the 3rd Celestial sphere – Sphere of Love, after having embraced the Way of Feelings.

When in the Celestial Heavens we work on bringing to light all the attributes of one's personality. We are to be a fully integrated personality, as in expressing all the aspects of ourself equally and lovingly, before you can leave the third Celestial sphere. While we progress through the Divine Love Crying Worlds, we are to live true to our untruth, by living the truth of it. We only need to be true and perfect to our untrue state, and when we've done that, we're Healed. Even though we're still imperfect so far as fully expressing our personality, all of which we then perfect at the Celestial level. So really to qualify for the Celestials, that is about one living completely true to one's wrongness, and partaking of the Divine Love to a certain level, and then once that's done and being a Celestial, one can carry on bringing to light all those parts that one was denied the expression of whilst living untruth to oneself.

We are to uncover the truth of our untruth through the Healing crying Mansion Worlds levels (and their equivalent on Earth); and then once that's done, and with the appropriate amount of Divine Love in our soul warranting fusion with our Indwelling Spirit, we can move into the Celestial spheres of love (or their equivalent on Earth).

Earth has been subjected to the Rebellion and Default until now! As a soulmate pair progress with their Feeling Healing, the Rebellion and Default conditions are being cancelled.

We all arrive into the 1st Mind Natural Love Mansion World. Most continue their way of living without any awareness of the Feeling Healing process and the availability of Divine Love.

The 1st and 2nd Mind natural love Mansion Worlds are jammed to the rafters with spirit personalities. Those who progress to the 4th and 6th Mind Mansion Worlds are progressing further away from God, continuing with the Way of the Mind!



WE SUBMIT TO EMBRACING OUR PARENTS ERRORS!

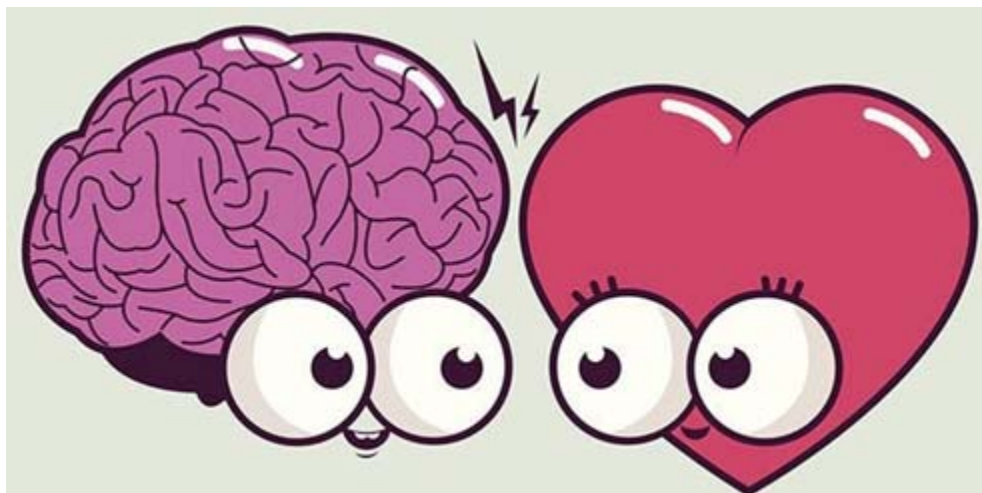
At the moment of conception your soul activated your will to become of your Earth parents, you in effect, agreed to accept all that they were; to partake of their negative states, which they subjected and impressed on you through your formative years. By the time you became an adult you were a product of them, wholly a part of the negative mind state of this world. Currently you are imperfect and will only regain perfection of soul once you have completed your soul-healing. Jesus Message 33 (part) 9 January 2003
The Rejected Ones – Living True to One’s Feelings by James Moncrief



Like Father – Like Son



Like Mother – Like Daughter



<p>Our mind strives to control and is always subject to error. The mind’s controlling natures based on error are the foundation of all the misery, illness and drama on Earth for all of humanity. Put them aside by expressing them.</p>	<p>Our soul based feelings, given to us by our Heavenly Parents, are always in truth. Allowing our feelings to lead our way of living that is living true to God. Express all your feelings and long for the truth of them.</p>
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WE ARE TO BE OUR TRUE SELF – OUR SOUL BASED FEELINGS!

We are to use our feelings to uncover the truth of ourselves. Just how important are each of our feelings? Well really, they are ALL as important; as in, nothing else in life even matters other than what we are feeling.

We are all so conditioned and used to living with our mind in control of ourselves, that many of our feelings, and mostly so many of our bad feelings, we dismiss or shut out and refuse to deal with. We should go the other way in life, so instead of denying so many of our feelings, trying to acknowledge them all, to bring them all out, every last bad one, even if means stopping everything else and attending to them; and by attending to them is to make sure we express them, speak about them, the whole idea being not to keep suppressing them, to make sure they come up and out of us as we feel them.

Along with this: we are to long for the truth of our feelings; as in, the truth they are wanting us to see about ourselves, because apparently hidden or behind or within each feeling, is something it's trying to tell us about ourselves. And that is how God wants us to live – it is to live a true spiritual life.

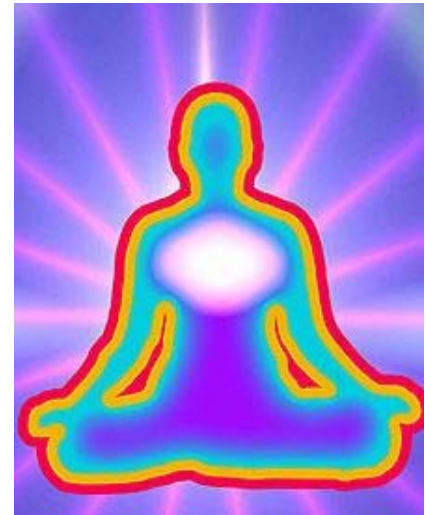
We are not meant to be alone, we are to have someone with whom we can share our whole self with, telling them all we think and feel. If you do not have a companion, talk it out loud to your Heavenly Parents.

If you feel a bad feeling, you don't let it pass, you stop with it, focus on it fully accepting it; and with the emotions of it, express it the best you can; and then at the same time, long for the truth of it – want to see what it's all about – why you're feeling it.

There are hidden deeper underlying causes in us that will come to light as to why we're really feeling bad. So we might, for example, be angry with something that's happening in our life now, but as we express that anger, longing for the truth of it, it will lead us back into our earlier life connecting with the same anger we felt about other things; and then back even deeper into connecting, or it should be reconnecting, with anger we felt with our parents when our parents treated us badly.

That means there will be a lot for us to deal with if the bad feelings we're feeling now are also going to lead us back into buried bad feelings from our past.

Sage and the Healing Angels of Light by James Moncrief



WOMEN are OUR SPIRITUAL LEADERS!

To PARADISE, the HOME of OUR HEAVENLY PARENTS

The Way Home

We men generally CAN'T do our Healing by ourselves, we need the help of a woman and / or women.

Women ARE the true spiritual leaders, they ARE able to live true to their feelings, and need to be recognised as such, appreciated for being so amazing in that capacity, and so supported and put first, something the man finds hard to do because of all his rebellious programming about being the superior dominant one.

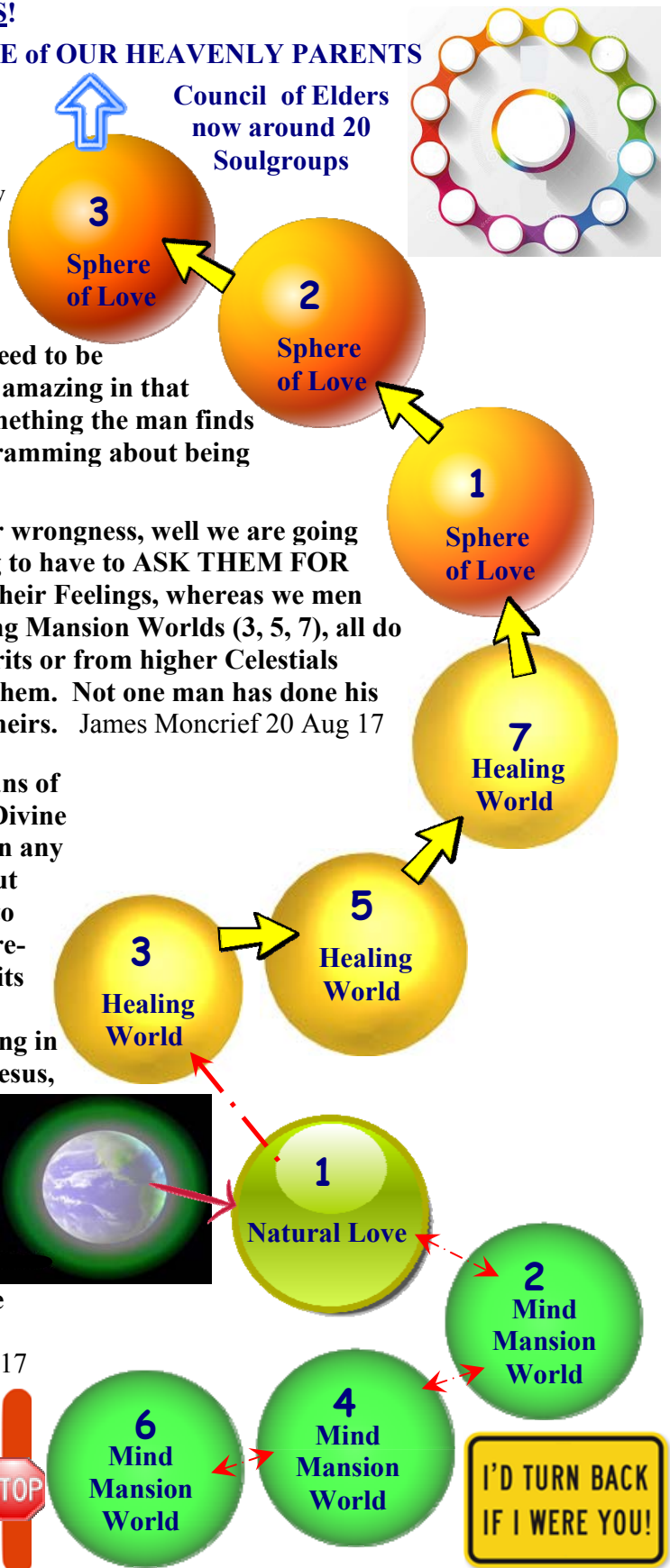
If we men want to ever Heal ourselves of our wrongness, well we are going to have to fully honour women, we are going to have to ASK THEM FOR HELP. Women innately know the Way of their Feelings, whereas we men don't. Men spirits in the Divine Love Healing Mansion Worlds (3, 5, 7), all do receive help from fellow Healing women spirits or from higher Celestials (Sphere of Love 1, 2, 3). They all do, all of them. Not one man has done his Healing as Marion or Samantha are doing theirs. James Moncrief 20 Aug 17

The religions of today were created as a means of stopping Jesus' truth about longing for the Divine Love and what that does to the soul, and then any truth Mary Magdalene might have said about looking to our feelings for their truth, so as to keep the Rebellion in place. The religions pre-Jesus were designed by the Higher Evil Spirits who were controlling humanity to keep that control, focusing everything on the mind being in control rather than feelings, and then post-Jesus, they added more of the same yet with the added emphasis of using all he said, so taking it, corrupting it, and adapting it to their cause.

And then throw in their contrived Islam, and you have more male domination and the subjugation of feelings – of the woman.

Helen 20 Aug 17

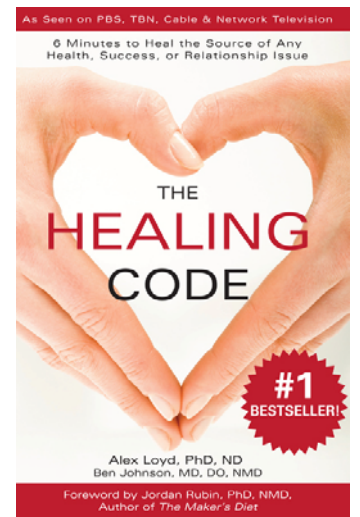
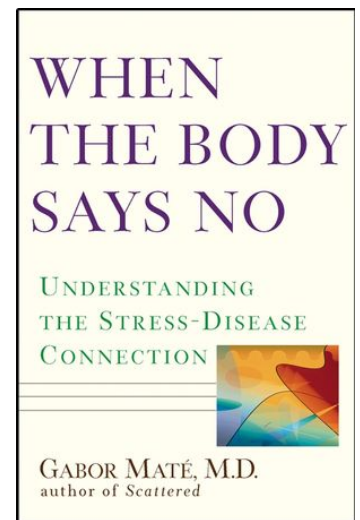
The 1st and 2nd Mind Mansion natural love Worlds are jammed to the rafters with spirit personalities. Those who progress to the 4th and 6th Mind Mansion Worlds are progressing further away from God, continuing with the Way of the Mind!



Documents in this Series:

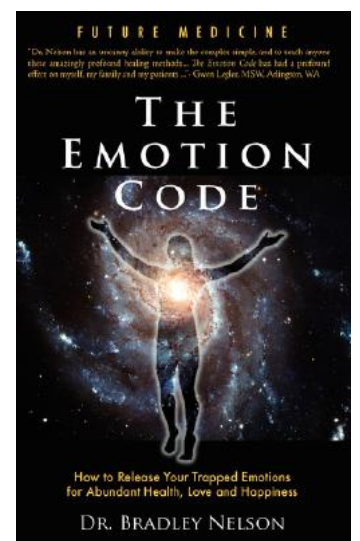
<http://www.pascashealth.com/index.php/library.html>

1. Pascas Care – Treatment Session
2. Pascas Care – Emotion Code
3. Pascas Care – Healing Code
4. Pascas Care – Negative Emotions Generate Illness
5. Pascas Care – When the Body Says No
6. Pascas Care – When the Body Says No – Emotions
7. Pascas Care – Feeling vs Emotion
8. Pascas Care – Cure by Crying
9. Pascas Care – Healing & Recovery Vol I Assisting Healing
10. Pascas Care – Healing & Recovery Vol II Health
11. Pascas Care – Healing & Recovery Vol III Aging Process
12. Pascas Care – Healing & Recovery Vol IV Alcoholism
13. Pascas Care – Healing & Recovery Vol V Cancer
14. Pascas Care – Healing & Recovery Vol VI Depression
15. Pascas Care – Healing & Recovery Vol VII Death & Dying
16. Pascas Care – Healing & Recovery Vol VIII Pain & Suffering
17. Pascas Care – Healing & Recovery Vol IX Loosing Weight
18. Pascas Care – Mental Health
19. Pascas Care – Accessing and Clearing Emotions
20. Pascas Care – Beliefs and Health
21. Pascas Care – Cancer of the Breast and Emotions
22. Pascas Care – Clearing Emotions, Why?
23. Pascas Care – Emotions and Health
24. Pascas Care – Hierarchy of Health Care
25. Pascas Care – Homosexuality
26. Pascas Care – Law of Cause and Effect
27. Pascas Care – Total Recall
28. Gift from God
29. Gift from God – Divine Love
30. Gift from God – Opening to Divine Love



Other recommended reading:

The Book of Truths – Joseph Babinsky
containing the Padgett Messages
The Human Soul – Joseph Babinsky
Through the Mists – Robert James Lees
The Life Elysian – Robert James Lees
The Gate of Heaven – Robert James Lees
Life in the World Unseen – Anthony Borgia
Gone West – J M S Ward
Post Mortem Journal – Jane Sherwood
Thirty Years Among the Dead – Carl A Wickland
A Wanderer in the Spirit Land – Franchezzo
Judas Messages – <http://new-birth.net/dlindex.htm>
Judas of Kerioth – Geoff Cutler



Every physical ailment that you have is a total reflection of soul condition emotions that you are holding onto, and each soul condition emotion affects a certain part of the body.

Those who concentrate on the emotion rather than the mind / intellect are more accurate.

A pain in the lower back reflects unworthiness issues with self love.

A bit of chest pain, asthma type issues – grief – you need to cry.

Stomach, spleen, liver – all to do with fear.

Eyes – short sighted – not willing to see the big picture.

A lot of anger based emotions come out in your skin.

30 Aug 08

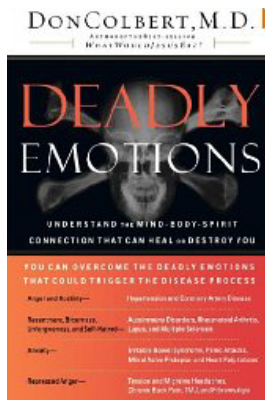
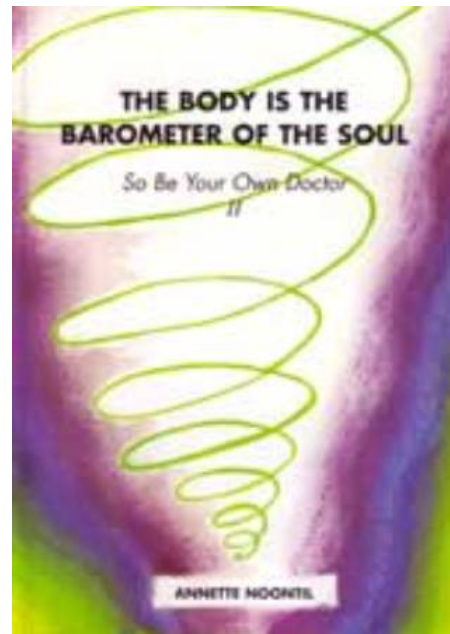
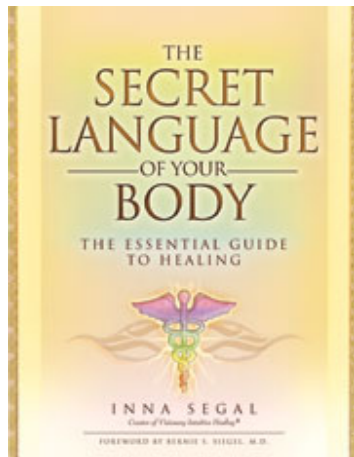
“The Body is the Barometer of the Soul” by Annette Noontil

[http://www.holisticpage.com.au/ Annette Noontil.php](http://www.holisticpage.com.au/Annette_Noontil.php)

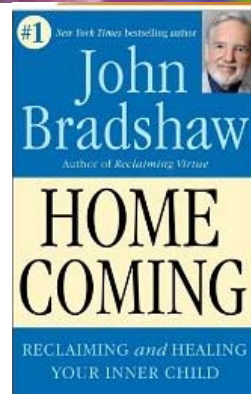
Also consider:

"The Secret Language of your Body, the essential guide to healing" by Inna Segal.

www.innasegal.com/



Deadly Emotions by Don Colbert.



Home Coming: Reclaiming & Championing Your Inner Child by John Bradshaw

Primary recommended reading:	consider commencing with:	Paul – City of Light	
The Book of Truths	1914 – 1923	xxx	– Joseph Babinsky
containing the Padgett Messages or			
Little Book of Truths			– Joseph Babinsky
True Gospel Revealed anew by Jesus Vol I, II, III, IV		xxx	– Geoff Cutler
The Rejected Ones	2002 – 2003	xxx	– James Moncrief
Messages from Mary & Jesus	2003	xxx	– James Moncrief
Paul – City of Light	2005	xxx	– James Moncrief
Mary Magdalene and Jesus'			
comments on the Padgett Messages	2007 – 2010	xxx	– James Moncrief
Speaking with Mary Magdalene & Jesus	2013 – 2014	xxx	– James Moncrief
Sage and the Healing Angels of Light	2017	xxx	– James Moncrief
Road map of Universe and history of Universe:			
The Urantia Book	1925 – 1935	xxx	as primary reading
Divine Love supporting reading:			
Revelations	1954 – 1963		– Dr Daniel Samuels
Judas of Kerioth	2001 – 2003		– Geoff Cutler
The Golden Leaf	2008		– Zara & Nicholas
The Richard Messages	2012 – 2013		– James Reid
The Divine Universe	2012 – 2013		– Zara & Nicholas
Family Reunion Afterlife Contact	2014 – 2015		– Joseph Babinsky
Traveller, An Immortal Journey	2014 – 2015		– Zara & Nicholas
Destiny, Eternal Messages of Divine Love	2015 – 2016		– Zara & Nicholas
Feeling Healing	2017		– James Moncrief
Religion of Feelings	2017		– James Moncrief
The Way of Divine Love			– Joseph Babinsky
Divine Love – The Greatest Truth in the World			– Joseph Babinsky
The Human Soul			– Joseph Babinsky
Divine Love Flowing			– Joseph Babinsky
The Truth			– Werner Voets
Through the Mists, The Life Elysian, The Gate of Heaven			– Robert James Lees
Life in the World Unseen			– Anthony Borgia
Gone West			– J M S Ward
Post Mortem Journal			– Jane Sherwood
After Death / Letters from Julia			– William T Stead
Thirty Years Among the Dead			– Carl A Wickland
A Wanderer in the Spirit Land			– Franchezzo
Life Beyond the Veil Vol I thru to V – Rev George Vale Owen			– Geoff Cutler
The Holy Bible from the Ancient Eastern Text			– Dr George M Lamsa
Available generally from:			
www.lulu.com	www.amazon.com	www.bookdepository.com	
For Divine Love focused websites and forums:			
Pascas Health:	http://www.pascashealth.com/index.php/library.html		
Spiritual Development:	http://new-birth.net/spiritual-subjects/		
Padgett Books:	http://new-birth.net/padgetts-messages/		
	http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.htm		

James Moncrief's books, the Padgett Messages and The Urantia Book at:

DIVINE LOVE SPIRITUALITY – DLS:

<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.html>

All Padgett Messages (for condensed versions – see below) 1914 – 1923 Pages 945
The Urantia Book (see suggested papers to read below)

James Moncrief Books:

	MoC		
The Rejected Ones – the Feminine Aspect of God	1,490	Nov 2002 – Jan 2003	228
Messages from Mary and Jesus book 1	1,485	Feb – Apr 2003	189
Messages from Mary and Jesus book 2	1,485	Apr – Oct 2003	170
Mary Magdalene and Jesus' comments on the Padgett Messages – book 1		Aug 2007	164
Messages from 31 May 1914 – 12 January 1915	1,495		
Mary Magdalene and Jesus' comments on the Padgett Messages – book 2		Sep 2010	177
Messages from 13 January 1915 – 29 August 1915	1,494		
Speaking with Mary Magdalene and Jesus blog – book 1	1,490	Jan – Apr 2013	206
Speaking with Mary Magdalene and Jesus blog – book 2	1,489	Apr – May 2013	229
Speaking with Mary Magdalene and Jesus blog – book 3	1,490	Oct – Jan 2014	187
Speaking with Mary Magdalene and Jesus blog – book 4	1,491	Jan – May 2014	191
Mary Magdalene comments on Revelation from the Bible KJV	1,485	Dec 2013 – Jan 2014	84
		This group being pages of	1,825

Paul – City of Light	1,488.5	2005	149
Ann and Terry		2013	235
Feeling bad? Bad Feelings are GOOD!	feeling-healing book 1	2006	179
Feeling bad will make you feel BETTER – Eventually!	feeling-healing book 2	2006	159
Breaking the Golden Rule.	feeling-healing book 3	2006	168
Feeling-Healing exercises, and other healing points to consider.		2009	175
Cathy and Mark – a novel introducing Feeling-Healing.		2010	151
Introduction course to Divine Love Spirituality		2006	139
Speaking with the Dead, Death and Dying		2009	173
Spirits and their Childhood Repression Healing		2010	179
With Verna – a nature spirit		2008	279
Communication with spirits – meet a spirit friend		2010	37
Introduction to Divine Love Spirituality website			362
Sage – and the Healing Angels of Light		2017	260
Divine Love Spirituality	1,500	2017	201
Feeling Healing – you can heal yourself through your feelings		2017	153
Religion of Feelings	1,500	2017	47
		This group being pages of	3,046

Religion of Feelings

Introduction to Divine Love Spirituality

Main website of DLS

Childhood Repression website

DLS and CR forum

<http://religionoffeelings.weebly.com/>

<http://dls spirituality.weebly.com/>

<http://divinelovesp.weebly.com/>

<http://childhoodrepression.weebly.com/>

<http://dlscr.freeforums.net/>

<http://withmarymagdaleneandjesus.weebly.com/blog---and-free-books-speaking-with-mary-and-jesus>

FEELING HEALING and SOUL HEALING with the DIVINE LOVE:**James Moncrief Publications:****all publications are free downloads:**<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.html>

It is suggested for one to consider reading as follows:

Speaking with Mary Magdalene and Jesus – books 1 – 4

These four books encapsulate the second of the revelations with the first having been introduced by James Padgett one hundred years previously. These four books provide a wide range of guidance that has never previously been made available.

Paul – City of Light

As a gentle intro into the Divine Love and Healing; being James Moncrief's first novel and it's been criticised as being too heavily clichéd, but that's the point because it's a reflection of how he was back then.

Ann and Terry

For an example of people who might want to immediately start working on themselves and doing their Healing.

Feeling Bad? Bad feelings are GOOD

For more understanding about our denial of our feelings and why we should not deny our feelings, and it includes how it all came about for James, using himself as an example.

Feeling bad will make you feel BETTER – Eventually!

This includes specific examples of Marion and James working on expressing particular bad feelings, again with the hope that it will help others gain something of an idea as to what's involved in doing your Feeling Healing.

Sage – and the Healing Angels of Light

Through Sage who's 13 years old, the story is primarily about the two aspects of healing; that being, with the help of our angels, and the full Healing we can do by looking to our feelings for their truth.

**Religion of Feelings
Feeling Healing**

**Welcome to LOVE – the Religion of Feelings
you can heal yourself through your feelings**

So these books, including the four Speaking with Mary Magdalene and Jesus books, provide the essence of it all and are examples of James' work. Then it's up to whatever takes one's fancy. Other reading to consider may include:

The Padgett Messages being published as:**The True Gospel Revealed Anew by Jesus volumes 1 – 4****Book of Truths by Joseph Babinsky****The Urantia Book**

Release one's pain through expressing one's feelings.

in conjunction with

Longing for the Truth when also longing for Divine Love.

FEELING HEALING with DIVINE LOVE is SOUL HEALING:

A collection of 'papers' that draw together specific topics including all of the above and more from other sources of information and revelation designed to help increase one's awareness about why we have the problems we do and how to heal them, all whilst living a more healthy and sustainable life. They provide a brief snapshot of the more complicated topics and issues.

Firstly, consider discovering the truth of your emotional pain through Feeling Healing.

Secondly, consider longing for our Heavenly Parents' Love as you progress with your healing.

Primary and most important readings are the writings of James Moncrief.

Then consider the Padgett Messages, and then The Urantia Book.

Pascas Papers, being free, are located within the Library Downloads www.pascashealth.com

<http://www.pascashealth.com/index.php/library.html>

PASCAS – document schedule.pdf downloadable index to all Pascas Papers.

FH denotes Feeling Healing; SH denotes Soul Healing, which is: Feeling Healing with the Divine Love; DL denotes Divine Love – living with the Love.

PASCAS INTRODUCTION NOTES: *All papers below can be found at Library Downloads link..*

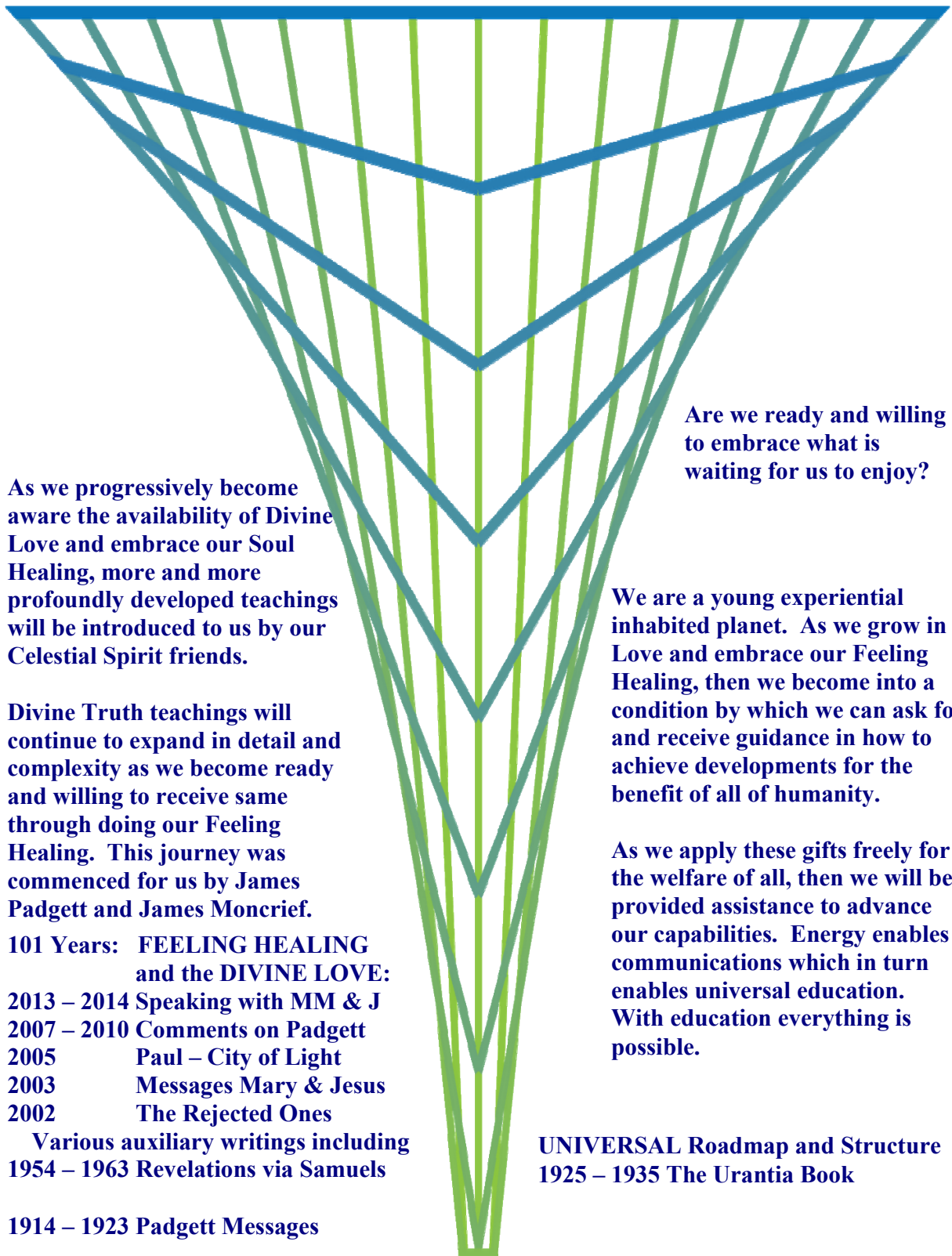
- Pascas Care Letters A Huge Upturn
- Pascas Care Letters Big Revelation
- Pascas Care Letters Feeling Healing Benefits Children
- Pascas Care Letters Feeling Healing Way
- Pascas Care Letters Little Children
- Pascas Care Letters Women's Liberation and Mother

MEDICAL – EMOTIONS:

- Pascas Care – Feeling Healing
- Pascas Care – Feeling Healing All is Within
- Pascas Care – Feeling Healing and Health
- Pascas Care – Feeling Healing and History
- Pascas Care – Feeling Healing and Parenting
- Pascas Care – Feeling Healing and Rebellion
- Pascas Care – Feeling Healing and Starting
- Pascas Care – Feeling Healing and Will
- Pascas Care – Feeling Healing Angel Assistance
- Pascas Care – Feeling Healing Being Unloved
- Pascas Care – Feeling Healing Child Control
- Pascas Care – Feeling Healing Childhood Repression
- Pascas Care – Feeling Healing End Times
- Pascas Care – Feeling Healing is Rebelling
- Pascas Care – Feeling Healing Live True
- Pascas Care – Feeling Healing Mary Speaks
- Pascas Care – Feeling Healing My Soul
- Pascas Care – Feeling Healing Perfect State
- Pascas Care – Feeling Healing Revelations X 2
- Pascas Care – Feeling Healing the Future
- Pascas Care – Feeling Healing Trust Yourself
- Pascas Care – Feeling Healing Versus Cult

**PASCAS
PAPERS**

DIVINE LOVE and DIVINE TRUTH Revelations and Teachings escalating:



People look for miracles to cure disease which is ONLY the removal of the effect of the emotion.



SOUL  SPIRIT BODY  PHYSICAL BODY

The soul animates the spirit body and in turn the spirit body animates the physical body. The spirit body looks just like the physical body. These bodies are connected by cords. Your memory and intelligence as well as your emotions are within your soul which is your real self. Your mind is within your spirit body. Your brain is within your physical body.