

# Using the Body Syndrome Theory in Conjunction with META-Medicine

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One of the most valuable tools that META-Medicine supplies is the ability to ask very precise questions concerning the biological conflict shock. There are three steps that the practitioner must consider before formulating the question that relates to the conflict shock. The first step is to determine which area of the brain was affected by the shock. This is determined primarily by knowing which organ has been impacted by the conflict shock. The second step that needs to be determined is which side of the body has been impacted by the conflict shock, whether it is the dominant or non-dominant side. The third step is to determine the duration of the two phases of the disease cycle. Once the practitioner can determine exactly where the biological conflict shock affects the brain, whether in the brain stem, cerebellum, cerebral medulla, or the cerebral cortex; whether it is the dominant or non-dominant side; and the duration of the cycle, the practitioner can ask a very precise question to determine the nature of the conflict shock.

To determine which area of the brain is affected by the conflict shock, the practitioner must first consider the organ that is impacted by that conflict shock. When the practitioner knows the organ that is impacted, he can look up on the “organ-psyche-conflict-brain relay-germ layer connection” chart in the manual to determine which area of the brain is affected by the conflict shock.

- If the brain relay that is affected is in the Brain Stem area of the brain, the practitioner knows that the conflict shock deals with an issue that is related to the basic fear of survival, fear of death, loss, anger and chunk-conflicts (like the inability to get hold digest or let go of a chunk).
- If the brain relay that is affected is in the Cerebellum area of the brain, the practitioner knows that the conflict shock deals with an issue that is related to real or perceived attacks, worry and argument, integrity or personal nest conflicts.
- If the brain relay that is affected is in the Cerebral Medulla area of the brain, the practitioner knows that the conflict shock deals with an issue that is related to self-devaluation and self-worth, loss, overwhelmed or water-fluid conflicts.
- If the brain relay that is affected is in the Cerebral Cortex area of the brain, the practitioner knows that the conflict shock deals with an issue that is related to territory (like not being able to mark or defend own territory) or sexual, identity, separation, fear, resistance, and disgust conflicts.

The next step is to determine whether the organ impacted is on the dominant or non-dominant side. This is determined by having the client clap their hands to determine which side is dominant. If the right hand is above while clapping the right side is the dominant side and their left side is the non-dominant side and vice versa. The dominant/non-dominant side comes into play in only three out of the four brain areas. The Brain Stem area of the brain is not affected by the dominance side of the client.

- If the organ affected is on the dominant side of the client the conflict has to deal with their father, an authority figure, work, or their partner (such as their spouse, sibling or someone they consider equal to themselves).
- If the organ affect is on the non-dominant side of the client the conflict has to deal with their mother, home/nest or baby. The “baby” can be symbolic in that it can be their business (they developed), or a hobby (that is very special and dear to them).

The third step is to figure out the duration of the disease cycle by finding out exactly when phase two started. This is done by asking when the pain or discomfort started. If the client’s symptoms are chronic or has ended, it is necessary to find out how long the pain or discomfort lasted. By determining the length of phase two (the regeneration phase) the practitioner automatically knows how long phase one (the conflict phase) was in length. Phase one and two are exactly the same length. For example if phase two last three months, the practitioner knows that the whole disease cycle lasted six months.

With these three areas well defined the practitioner can now ask a detail question to determine the nature of the conflict shock. This question will determine the nature of the conflict, who the conflict is with, when the conflict happened.

- For an example, there was a lady who had been experiencing lower back pain on her right side nonstop for the last three months. It was determined that she was right side dominant so we now know that it had to do with her father, authority figure, work, or someone she considered equal with her such as her husband or best friend. The pain was in her muscle (Cerebral Medulla area of the brain) so we know that she is experiencing a self- devaluation and self-worth, loss, overwhelmed or water-fluid conflict. She reported that she experience a back spasm approximately a month ago. With this information we can determine that the conflict shock happened approximately 7 months ago and we know that the whole disease cycle will be 8 months long. Now we can formulate the question. The question would be, “What happened approximately 7 months ago where you perceived yourself to be devalued, low self worth, or overwhelmed by your father, an authority figure, work, spouse, friend or sibling?”

But when she was presented with this question she was unsure but did report that her father died at that time. So I re-asked the question including the Body Syndrome Theory. At that point it hit her. She physically responded to the question as her body jerked. So let’s look at the concept behind the Body Syndrome Theory.

“The Body Syndrome Theory postulates that modern people have adapted to their computer-paced lives to the extent that it feels natural to push through trauma. Consequently, it is no longer instinctual or even a priority to set time aside to feel all of the feelings of the day's upsets and stresses. Many patients report an inability to feel or even recognize their feelings. These individuals have learned to rationalize their traumas, including rejection, cruelty, death, and fear.” (Stephanie Jourdan, PhD; <http://www.higherselfcommunications.com/bodysyndromes.html>)

## THE BODY SYNDROMES:

**Crying Syndrome:** people have learned to repress sadness because they did not feel safe to express it. This is often accompanied by a belief that they could not make a decision that they needed to make. For example a child could be told by their parent “to stop crying as it was only making matters worse” or “stop crying or I'll really give you something to cry about!”

The *Crying Syndrome* psychological symptoms are symbolically expressed, as the inability to make decisions associated with holding back sadness, in the head, neck, chest and breast areas and all the organs contained therein. Chronic ailments such as headaches, sinusitis, eczema, sore throats, acne, asthma, TMJ, etc. fall into this syndrome.

- a. Headaches are caused by the frustration of not being able to make a decision.
- b. Crystallization of the eyes, sinus congestion, or problems with the tear ducts symbolizes not wanting to see something is causing the indecisions.
- c. Constriction of throat muscles, canker sores in the mouth, tightening of the jaw muscles or grinding of the teeth symbolizes not wanting to express anything about the area of indecisiveness.
- d. Gastric pressure in the upper chest area symbolizes not being able to digest something in the area of indecisiveness.
- e. Tightening of the muscles around the back of the neck symbolizes not wanting to accept moral or ethnic responsibility in the area of indecision.

**Atlas Syndrome:** people have assumed an identity of seriousness and extreme responsibility usually at an early age. Throughout their life they continue to play out this role with the belief that they could not handle responsibility and assumed an identity as a worrier and fretter.

The *Atlas Syndrome* psychological symptoms are symbolically expressed, as too much responsibility, fear of the weight of responsibility, or neglecting, not accepting, or facing responsibility associated with worry, in the shoulder, upper back and upper spinal column. They can form the belief that they had to accept responsibility that didn't belong to them or the formation of the belief that they were incapable of coping with responsibility for themselves.

**Reaching Syndrome:** people have learned to repress the initiative to reach out and take what they need usually at an early age and instead emotionally withdraw when what their needs is not met. A belief was created in their past that they is not really entitled to have his/her needs met. For example a child could be criticized by their parent every time they attempt to do a chore that they were asked to do by their parents because it was not done exactly the way the parents wanted it to be done or not good enough to please them.

The *Reaching Syndrome* psychological symptoms are symbolically expressed, as the inability to obtain what they need, fight for what they believe, or push away undesired issues offered by others, in the upper extremities areas and all the organs contained therein. This can be because of lack of feelings of self worth and a feeling of deep rejection as a result of reaching for unattainable goals. Chronic ailments of carpal tunnel syndrome, tennis elbow, warts, blisters,

arthritis, soreness of joints and muscles, cold or warm hands, etc., fall under this syndrome.

**Frustration and Guilt Syndrome:** People have repressed feelings of frustration, guilt, anger, resentment, sexual acceptance, and/or self-acceptance. Often they grew up in a home where emotions, especially anger, were unacceptable or sex was never discussed.

*Frustration and Guilt Syndrome* psychological symptoms are symbolically expressed, as the inability to express or accept the frustration, anger, resentment, sexual acceptance, and/or self-acceptance, in torso from the waist down to upper-thigh, including the lower back. The repression of frustration and guilt may manifest in conditions of gastrointestinal disorders, such as ulcers, constipation, cramps, acid reflux or irritable bowel syndrome, disproportional fat accumulation, reproductive disorders, diabetes, sciatica, hip bursitis, and lower back pain, etc.

- a. Groin: where there can be excessive menstrual cramps with too much bleeding or no bleeding at all, vaginal or bladder infection, Kidney problems, prostrate or testicle pain.
- b. Lower back problems can be symbolic frustration or guilt of allowing others to walk all over you or not having a strong enough will (a back bone) to do what you want to do.

**Flight Syndrome:** “People have repressed the need to walk away from threatening or unhealthy situations or people, or the inability to walk in the direction they desire, often created in early childhood during times of discipline or overbearing parents. The disciplining issue can signal danger in the mind, especially if too severe (a threatening lecture, demeaning words, beating, etc.) and is unable to escape because survival is dependent upon the origin of the danger. In other words, mom or dad is saying, "You just stand right here young man (or lady) until I am done talking to you. This is going to hurt me more than you." The parent is the origin of the danger and the children cannot escape because they are dependent upon that parent for survival.

*Flight Syndrome* psychological symptoms are symbolically expressed, as the inability to walk away from an unhealthy situation (emotionally or physically), or in the direction they desire because of being too painful, of boredom, or fear of disaster or success, in the legs from the upper-thigh down to the feet and toes. This inability to move in a desired direction or the fear of stay in a certain situation can manifest in chronic complaints, such as knee/ankle/foot tendonitis/bursitis, varicose veins, bunions, hammer toes, fallen arches, athlete's foot, etc.

- a. Thighs and calves soreness in the muscles such as Restless Leg Syndrome and muscle cramping or aching.
- b. Knees and ankles soreness in the joints indicates lack of flexibility in moving forward.
- c. Feet and toes blisters on toes or bottom of feet. Being stuck in a situation. Athlete's feet are being stuck in “crap”.

**Combo Syndromes:** People can have multiple aches and pain on different parts of their body. When this happens the practitioner must combine the psychological symptoms into one statement.

- a. Example: a person has a headache and tight shoulders: the psychological symptom is the inability to make a decision about responsibility.

- b. Example: person with tight upper back and leg cramps is the responsibility is causing the person to want to escape form a situation that he cannot actually leave.

Now that the Body Syndrome is well defined the practitioner can now ask an even more detailed question to determine the nature of the conflict shock. This will help the question to determine the nature of the conflict, who the conflict is with, when the conflict happened.

- For an updated example, there was a lady who had been experiencing lower back pain on her right side nonstop for the last three months. It was determined that she was right side dominant so we now know that it had to do with her father, authority figure, work, or someone she considered equal with her such as her husband or best friend. The pain was in her muscle (Cerebral Medulla area of the brain) so we know that she is experiencing a self- devaluation and self-worth, loss, overwhelmed or water-fluid conflicts. She reported that she experienced a back spasm approximately a month ago. With this information we can determine that the conflict shock happened approximately 7 months ago. Now we can formulate the question. The question would be, “What happened approximately 7 months ago where you perceived yourself to be devalued, low self worth, or overwhelmed by your father, an authority figure, work, spouse, friend or sibling?”

But when she was presented with this question she was unsure but did report that he father died at that time. So I re-asked the question including the Body Syndrome Theory. At that point it hit her. She physically responded to the question as her body jerked. So let’s look at a new question that involves both META-Medicine and the Body Syndrome Theory. Because the pain in the lower back the Body Syndrome Theory postulates that she was repressing either frustration or guilt. The question with the Body Syndrome Theory included is, “What happened approximately 7 months ago where you perceived yourself to be devalued, low self worth, or overwhelmed that made you feel frustrated or guilty by your father, an authority figure, work, spouse, friend or sibling?” She reported that when the word “guilty” was used she knew exactly what the conflict shock was that caused her back pain. Just the awareness allowed the pain to go from 9-10 to about 5 on a 1-10 scale (#10 is severe pain). She was now able to look at her situation through the eyes of an adult instead of being stuck looking through the eyes of a child when the initial Sensitizing Event started, usually under the age of 7. A week later the pain had risen back up to 9-10. We did Time Line Therapy and later that afternoon, as she was getting up from her couch, her back popped, which released a lot of pressure. The pain greatly reduced and within a couple of days she reported that the pain was down to 1 or 2. Within a week the pain was gone. Normally her pain would have lasted up to a month longer if she had not trigger the self-devaluation again during this cycle.

Credit Given to:

Dr. Kappa—the developer of Body Syndrome Theory

Article: Stephanie Jourdan, PhD; (<http://www.higherselfcommunications.com/bodysyndromes.html>)

Article: Chaplin Paul Durbin. PhD; Medical Hypnotherapy Specialist Certification Program.