

SKIN DEEP

A Mind/Body Program for Healthy Skin

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Health Press NA Inc.
Albuquerque, New Mexico

Find out more at <http://www.grossbart.com>

To Selma Fraiberg:
She brought light to so many
kinds of darkness
— T. G.

To my mother
— C. S.

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Published by Health Press
P.O. Box 37470
Albuquerque, NM 87176-37470

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96 95 94 93 92 5 4

Library of Congress Cataloging in Publication Data

Grossbart, Ted A.
Skin Deep : a mind/body program for healthy skin / Ted A.
Grossbart and Carl Sherman. – 2nd ed.
p. cm.
Includes bibliographical references and index.
ISBN 0-929173-11-2 (trade pbk.) : \$14.95
1. Skin – Diseases – Psychosomatic aspects. 2. Mental
suggestion.
3. Hypnotism — Therapeutic use. 4. Mind and body. I. Sherman,
Carl. II. Title.
RL72.G76 1992
616.5'08 — dc20 92-23697
CIP

Revised and Expanded Edition

ISBN 0-0929173-11-2
ISBN 13 978-92173-11-5
Edited by Denice A. Anderson
Cover design by Florence J. Plecki

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Contents

FOREWORD

INTRODUCTION

TO FIRST EDITION, 1986

INTRODUCTION

REVISED AND EXPANDED EDITION, 1992

PREFACE

ACKNOWLEDGEMENTS

First Edition, 1986

Revised and Expanded Edition, 1992

PART ONE

THE STORY

BEHIND

YOUR

SKIN

1 Your Skin: Sensing and Responding to the World Around You

2 Listening To Your Skin

3 Why Me?

The Skin Has Its Reasons

4. Why Now?

5. Why There?

Mapping Trouble Spots

6. What Your Symptom Does For You

7. What If It Got Better?

What If It Got Worse?

PART TWO

WHAT

YOU CAN

DO

ABOUT IT

8. The Healing State:

Your Untapped Resource

9 Reinforcements:

More Techniques To Help Now

10 Thinking: Enemy or Ally?

11 Creating Beauty From Within

12 Psychotherapy: Help in Depth

13 Breaking the Itch-Scratch Cycle

PART THREE

IS IT

WORKING?

14 Holding On/Letting Go:

Your Symptom's Last Stand

15 Ghosts:

Find out more at <http://www.grossbart.com>

Have They Handcuffed Your Doctors?

PART FOUR

Disease

Directory

16 Disease Directory

17 New Help for Alopecia

18 The New Psychopsoriasis

19 Warts and Herpes:

A Tale of Two Sexually Transmitted Diseases

APPENDICES

APPENDIX I

QUESTIONS AND ANSWERS ABOUT THE SKIN DEEP METHOD

APPENDIX II

Seeking Professional Help

APPENDIX III

The Power of the Group

APPENDIX IV

Support and Mutual Help Group Directory

NOTES

BIBLIOGRAPHY

ABOUT THE AUTHORS

Find out more at <http://www.grossbart.com>

Introduction To The Free eBook

Skin diseases and behavioral problems like picking and hair pulling can grind you down and leave you feeling there's no way to beat them. You've probably tried all sorts of conventional medical approaches as well as alternative techniques. The Skin Deep Program is different and has worked dramatically even for people who have gotten nowhere with other treatments.

This book is designed to give you helpful information and be an active part of your healing process. I suggest reading slowly. Let the book stir up thoughts, memories, and feelings. Thinking about the diagnostic exercises is helpful, actually doing them is more helpful. The treatment takes real persistence. I routinely tell people, "If you haven't given up in total frustration three or four times--you are just getting started."

Some people do the whole program on their own and get dramatic results. Often working with a therapist is even more effective.

Since the last edition of the book came out, there have been some intriguing trends in my practice. I still see plenty of people with eczema, warts, psoriasis, hives, and other skin diseases. But I now spend the majority of my time helping people with two problems: skin picking and hair pulling. I believe there is a hidden epidemic and neither medications nor dermatologists have much to offer.

Visit grossbart.com for the most recent information, multimedia interviews, features, and an updated support group list. The site has a special section on stopping skin picking and hair pulling.

Having seen how helpful Skin Deep can be, I'm eager to get it out to as many people as possible. Printed copies of this book are also available from healthpress.com.

This book is offered under [Creative Commons License](http://creativecommons.org/licenses/by-nc-sa/4.0/). That means you are free to quote it in any form or medium as long as you give credit. I encourage you to send Skin Deep to anyone you think may benefit from reading it.

I'm available to answer your questions at ted@grossbart.com, or (617) 536-0480. You may want help finding a therapist with special skills, have reached an impasse, or just want to let me know how the work is going. I also work by telephone with many people around the world. Working together, it is quite likely we can get you the relief you have been hoping for.

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Foreword

Skin Deep: A Mind/Body Program for Healthy Skin is an excellent book that should be beneficial to physicians treating skin disorders well as to patients having skin problems. It will be especially useful to those unfortunate persons with chronic skin disorders.

The authors realize that the psychological techniques they emphasize, and so carefully outline in their book, are not a panacea but a very useful methodology to be utilized in conjunction with conventional dermatologic therapy. In fact, the authors rightly stress that any patient with a dermatitis should first start therapy with a dermatologist. Since the vast majority of dermatoses have an emotional component, whether as a cause, an aggravating factor, or a result, patients will find this book of exceptional value in obtaining an insight into their condition.

The mind and body function as a unit in both health and disease. Since they cannot be separated into distinct entities, to treat one and not the other is often fraught with failure. A combined therapeutic approach is frequently needed for complete relief from many chronic skin disorders. *Skin Deep* will assist patients in obtaining an understanding of the various techniques and effectiveness of psychotherapy in skin disorders.

Is it wrong to consider any somatic disorder merely somatic or any psychic condition totally psychic? The psychosomatic and somatopsychic cycles are active in the origins of many skin disorders. Treatment should be directed not only at the skin but at the whole patient – body and mind. A person cannot be divided into organic and psychic components for separate therapy. Certain cutaneous diseases should be objectively treated as dynamic, constantly fluctuating adaptations to the stresses and strains to which the patient is exposed both externally and internally.

In treating dermatologic patients worldwide, I have encountered emotional tension as the key etiological factor not only in patients with highly technical, stressful occupations in large American and European cities, but in multimillionaire Arab patients I observed in the vast deserts of Saudi Arabia and also in Dayak headhunters whom I treated in the jungles of Borneo. No one is immune to emotional stress. One's skin is frequently utilized, either consciously or subconsciously, as an outlet for relieving tension.

Psychotherapy is an effective method of treatment in the hands of qualified therapists for dermatologic conditions of functional or organic origin. The introduction of psychological thinking into the treatment of dermatologic and allergic disorders enables therapists to attain results far beyond those obtainable by organic therapy alone. However, major psychiatric problems require the assistance of psychologists or psychiatrists.

It is a pleasure to recommend *Skin Deep: A Mind/Body Program for Healthy Skin* not only to practicing physicians but especially to the innumerable people suffering from chronic skin disorders.

- Michael J. Scott, M.D.

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Introduction

TO FIRST EDITION, 1986

I am a clinical psychologist: people knock on my door because they are in emotional pain. So you may well wonder what my name is doing on a book about skin disease. Emotions cause many skin problems and aggravate others. Hundreds of people have been helped by psychological approaches, often after years of frustration and disappointment with conventional treatment. I have written this book to help you.

Don't get me wrong. Dermatology has made remarkable strides in recent decades, with the advent of high-tech aids such as lasers and cryosurgery and new wonder drugs such as steroids and vitamin A derivatives; thus, many skin sufferers have been cured by their physicians.

Yet many have not. If you have brought your persistent eczema, your stubborn warts, your psoriasis, or your recurrent herpes to specialists and superspecialists, and if all the creams, lotions, and medication failed to help, you must wonder if there is something else – and ardently hope that there is. This is exactly what I want to share with you.

For the last eight years, I have brought relief to skin sufferers by applying a principle both ancient and often forgotten: the mind and body are one. Sure, the skin is an organ, as physical as your heart or liver, and a rash is as physical as a heart attack, but the skin is also an exquisitely sensitive responder to emotions. Just as stress makes your heart beat faster and your blood pressure rise (and may eventually give you a heart attack), fear can make your skin turn pale, embarrassment can make you blush, and emotional conflicts, anxieties, and other stresses can trigger or aggravate skin disease. Just as doctors have learned to lower blood pressure psychologically, I can teach you to make the mind your skin's ally rather than its enemy.

If someone had told me early in my career that I would someday be a sort of skin specialist, I'd have referred him to a colleague for psychotherapy. What I had learned was probably what you've been taught to believe: skin disease meant viruses, bacteria, inflammations, and such medical stuff and were thus well off the psychologist's turf. I could hold someone's hand while he waited for next year's wonder drug, but that was it.

In retrospect, however, my special calling (and this book) had its first glimmer of life way back in graduate school. The professor in this instance was as formidable in looks as in temper; his seminars featured a student's case presentation followed by his own ruthlessly critical appraisal of the patient's true problem and the student therapist's dire shortcomings. Here was not a sentimentalist.

One evening, he presented a case of his own: a consultation with a man hospitalized with severe eczema beyond the help of conventional dermatology. He had put the fellow in a hypnotic trance and had him imagine floating in a pool of

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soothing oil. Like a leper in the Bible, the man had risen from his bed a day later, his skin clear.

What to make of it? The professor's psychotherapeutic skills were great, but so was his ego. More to the point, neither my fellow students nor I knew anything about hypnosis, and the professor's story seemed to violate everything we'd learned about how psychotherapy works. I couldn't dismiss the case out of hand but I also couldn't fit it into view of what the mind, the body, and psychology were all about. The truth was there, but I wasn't ready for it.

It was nearly a decade later that I learned about hypnosis, privileged to attend a seminar with an international authority in the field, Dr. Fred Frankel, then of the Harvard Medical School. After six months of training, we started to practice what we'd learned with clinic patients. My first was a woman referred from the dermatology department for severe itching and scratching. Our success was dramatic and almost immediate.

Beginner's luck or not, I was hooked. I set out to learn as much as I could about skin problems and to gather experience in working with skin patients. In the years that followed, I developed a blend of psychological techniques, including hypnosis, relaxation, imaging, and the kind of psychotherapy that helps patients understand their conflicts about sex, identity, and relationships. I shared with colleagues my successes in working with eczema, warts, hives, and herpes, and they responded, "You really ought to write this up."

Looking over the medical and psychological journals at the Harvard Medical School library – going back more than a century – I saw such results *had* been written up. Physicians and psychologists using similar techniques had achieved similar success – *but no one had noticed*. Other professionals had read these case reports and shrugged shoulders, as I had at the graduate seminar years before. They weren't ready to understand, and the public – the long-suffering patients who *needed* to hear about what had and could be done – didn't even know such scholarly journals existed.

So when I wrote about my work, it was for a popular magazine. "Bringing Peace to Troubled Skin" appeared in *Psychology Today* in 1982 and evoked a flood of letters and phone calls from across America as well as from Canada and Europe. I had obviously touched people deeply. Doctors called in, eager to learn my skills and share their own, but most of the flood was from people in pain. They wanted – desperately – to learn the techniques I described. They were willing – anxious – to work hard, but they didn't know anyone, a psychologist, a dermatologist, or an Indian chief, who could teach them.

I wrote this book for them and for you.

– Ted A. Grossbart, Ph.D.

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Introduction

REVISED AND EXPANDED EDITION, 1992

How has the picture changed in the six years since the first edition? On the downside, the problems are as stubborn as ever – an itch is still an itch ... as time goes by. The rest of the story, however, is quite positive. Most of the new information in this edition is genuine good news.

Six years ago, I had already seen evidence in my office and heard from many colleagues that these *Skin Deep* techniques could be dramatically successful even with problems that had endured for decades, but could anyone produce concrete results sitting down with a book? The many calls and letters that I have gotten strongly indicate that at least some people can do it. How does the success rate of the do-it-yourself version compare with the professionally assisted approach? No data, as many people start with the book and then go on to combine the two approaches.

Both professionals and laypeople are responding more and more warmly to mind/body approaches. Research has documented the effectiveness of many of the techniques. Psychoneuroimmunologists continue to explore the role of personality, thoughts, feelings, and relationships in health and disease. Studies now often do not only document a link between, say, good relationships or hostility and resistance or susceptibility to disease; specific related changes in immune system functioning, such as helper T-cell or natural killer cell activity, document the probable mechanism.

Are different problems sending people to my door or to this book? Eczema, warts, herpes, acne, and hives remain the "big five," but they are now joined by the most rapidly growing part of my practice: psoriasis, a chronic skin disease characterized by circumscribed red patches covered with white scales. The National Psoriasis Foundation (see Appendix IV) has been a helpful source of public education in this area.

My nomination for the problem with the greatest unrealized potential benefit from these techniques: venereal warts. Medical treatment is frustrating and we have no research studies of psychological approaches, yet we do have some very promising clinical reports. The few people I've work with have done well.

Which technique has seen the most rapid increase in research and direct application? Groups and the healing effects of human relationships take this prize (see Appendix III).

Nearly everyone who comes to these techniques has been disappointed by everything else they've tried. In visiting practitioner after practitioner, they have been ground down by years or decades of trying to cope with a chronic disease or condition. So it is fortunate that skepticism, if it is linked with openness, is not a roadblock to the Skin Deep program.

What about hope – often a rare commodity for people in this position? Are faith and hope essential ingredients, or is the bumper sticker "I Feel So Much Better Since I Gave Up Hope!" on the right road?

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Preface

Depression, anxiety, and feelings of isolation are epidemic. One minute we are driven by boredom into a restless search for "the action" but in the next minute, when we find it, the stress triggers a headache or a rash.

Feelings are not the problem, though. They may be uncomfortable – even painful – but they are never pathological. The problem is all the things we do to protect ourselves from painful feelings. We exhaust ourselves running around so the sadness won't catch us or we try to dissolve our sense of powerlessness in alcohol or pills. We frantically search for the right car or dress that will distract us from never having felt fully loved or cared for.

Boredom and restlessness are not feelings at all but the smudge left behind when painful feelings are erased: push anger away and what's left is the empty sensation that nothing's happening – or that nobody is there. As for the stress that causes, triggers, or heightens medical problems: this too is not a matter of simple aggravation, sadness, or frustration but the anger, sadness, or frustration you're *trying desperately not to feel*.

You know the Law of Conservation of Matter and Energy: they can be neither created nor destroyed, only shifted from form to form. Emotion – a kind of psychic energy – obeys the same law. Shut anger or sadness or frustration out the door and it comes in through the window or, often enough, through the body. Your heart "attacks." Your asthma "gasps." Your eczema "weeps."

By the Law of Conservation of Emotional Energy, you cannot erase the fact that a key person in your life didn't love you (or only loved who they thought you were; or the reflection of themselves they saw in your eyes; or a "you" that agreed not to love someone else).

All you can do is con yourself: keep on struggling to do what it *seemed* would get them to love you; or attempt to rewrite history: find a person or dilemma just like the one that hurt you way back when and convince yourself that this time the story will have a happy ending. When it doesn't, try again. And again. And again.

Try as you might to come up with new plays that will win the game, the season is long over and nothing is going to change the score. Switch jobs. Move to California. Retire. Get married. Get divorced. Get a horse. You *still* won't be re-cloned as your ideal self. Your past is nonnegotiable.

My advice: *Give up*. There is no place to go and there's nothing to do that will change things on that level. Pessimistic? Think of it as liberating. Now you can just do things because you enjoy them or because they catch your fancy. Now you can be nice to someone just to be nice to someone – not to get rid of the ache that lies buried inaccessibly like the phantom pain in a limb that was amputated long ago.

Give up the fight; accept and feel the feelings. Get off the merry-go-round that is taking you nowhere. One day – through psychotherapy, perhaps, or through a particularly sobering personal experience – it gets through that the universe will not

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be declared a misdeal, so you begin to play the hand you've been dealt. The painful slowness of life speeds up or its frantic, exhausting pace slows down. You become more present and more playful. Relationships go more smoothly. Work is more rewarding. Externally, your life is identical – but incredibly much richer.

When you start to make sense of the past, you stop repeating it; when you stop pretending your wounds aren't there, they start to heal. When you stop repeating battles that have been history for decades, then you're left with ... what? Real life; no more, no less. Maybe it's not the four-scoop, three-topping whipped cream special with the cherry on top, but there will be some magically tasty moments.

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Acknowledgments

First Edition, 1986

Most of what I'll be sharing with you comes from a timeless pool of wisdom. These methods for promoting health and growth have been developed independently by different traditions. Each has its own labels and notions of who deserves the credit: from the gods to the human fond of that approach.

My debt to the pool is enormous. I will treat it largely as public domain.

Specific credit is due to some key teachers, supervisors, and advisers who helped me first put a toe in the waters: Drs. Fred Frankel, Robert Misch, Theodore Nadelson, Norman Neiberg, Murray Cohen, and Louis Chase directly; and Sigmund Freud, Ram Dass, Sheldon Kopp, and Milton Erickson secondhand, top the list.

Three key people opened the doors to my work with skin problems. Dr. Fred Frankel, the acting chief of psychiatry at Boston's Beth Israel Hospital, provided a thoughtful entree into the world of hypnosis. Dr. Kenneth Arndt, Chief of the Dermatology Department, and Carla Burton, R.N., also at Beth Israel Hospital, offered their support with continuing encouragement. The collaboration of these three provided a fine example of the kind of interdepartmental innovation that has made the Beth Israel Hospital an international center for both research and outstanding patient care.

The late Selma Freiberg helped in so many ways, including providing a model for turning research into a lively and utterly practical tool for human betterment.

Of course, the real experts are the people with the problems. Their creativity and "test flying" of the techniques were the ultimate sources of knowledge. The members of the Boston HELP group deserve credit.

Richard Liebmann-Smith, author and editor, was not the first to say, "You ought to write a book about this," but he followed my, "Who me?" reply with incisive advice and guidance. He introduced me to Gloria Stern, who became my literary agent and staunch supporter. Her matchmaking brought my coauthor, Carl Sherman, and me together and then brought the two of us to Maria Guarnaschelli, a senior editor at William Morrow and Company. Maria made it all happen from there.

Kathryn Nesbit of the Reference Department of the Countway Medical Library of the Harvard Medical School did the computer bibliographies and Dottie Moon the remainder of the library research. Karen Lemieux prepared the manuscript with amazing precision under pressure.

My colleague Dr. Richard Pomerance was a constant source of support and intriguing suggestions. *Psychology Today's* Virginia Adams and Christopher Cory shaped and published my first article. The warm response it produced was a major boost to this project.

Finally, my wife, Dr. Rosely Traube, and sons, Zachary and Matthew, provided a bedrock of love and encouragement.

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I spend much of my professional life convincing people that they can live their dreams. The right people helping and an enormous amount of work are all it takes. My deepest thanks to all those who helped me take my own advice.

Revised and Expanded Edition, 1992

I gratefully acknowledge Health Press for extending the life of this book. While the basic theory of the material presented in the revised edition remains constant, this new edition allowed me to clarify my thoughts in areas that were previously cloudy and to bring to the reader my findings, both in clinical work and in research.

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Part One

THE STORY

BEHIND

YOUR

SKIN

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CONTACT DR.

GROSSBART



I'm available to answer your questions.

You may want help finding a local therapist with special skills, have reached an impasse, or just want to let me know how it's going.

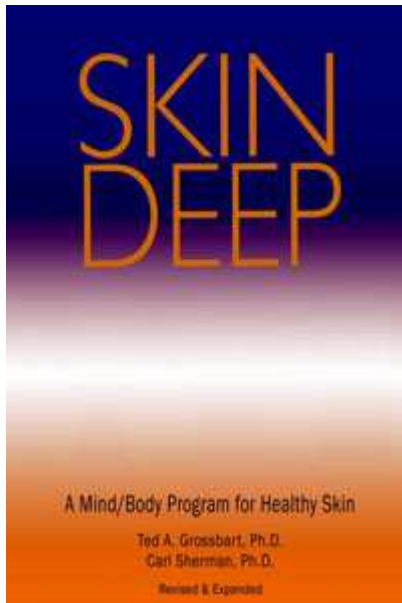
In addition to my Boston practice, I work by telephone with people around the world. Working together, it is quite likely we can get you the relief you've been hoping for.

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1 Your Skin: Sensing and Responding to the World Around You

It's easy to think of the skin as a mere wrapping to protect the sensitive organs inside the body, but to understand its problems, you must realize that the skin is itself an organ, just like the heart, lungs, and liver. It is the body's largest organ, in fact – and perhaps its most sensitive.

The outermost layer of skin, the *epidermis*, is constantly renewing itself with cells that move upward from the tough *dermis*, which largely consists of connective tissue. Beneath the dermis, *subcutaneous* tissue stores fat to provide energy and insulation.

Like other organs, the skin plays its part in the complex biological orchestra of life processes. Its sweat glands relieve the body of salt, water, and waste products. With energy from the sun, it converts a cholesterol-like chemical to bone-building vitamin D. Recent research suggests that the skin plays an unsuspected role in activating immune system cells that protect the body from disease.¹

What makes the skin unique among organs is its exposed position up against the outside world. Other body organs can function only in a controlled, protected environment where the temperature never varies far from 98.6 degrees Fahrenheit. The skin maintains this environment, and to do so, it must be able to take on temperatures ranging from dry desert heat to bitter cold. It must be exquisitely *sensitive* to its surroundings: when the outside temperature rises, blood flow through the skin must increase and sweat glands must secrete liquid whose evaporation will keep the inner temperature from also rising; when the temperature dips, vessels must constrict to conserve body heat.

To sense and respond to the outside world, the skin is supplied with nerve endings that link it intimately with the control center – the brain. Messages from sensors on the skin tell the brain that the temperature has dropped or something sharp is in contact with the hand; messages from the brain immediately take steps to conserve heat or pull the arm back for protection.

Thanks to its close connections with the nervous system, the skin is acutely sensitive to emotional events as well. It turns pale and clammy when we experience fear (the "cold sweat" of anxiety), it blushes when we're embarrassed, and it glows when we're happy. Anger, depression, and elation cause subtle and measurable changes to the skin.

MIND AND BODY, SICKNESS AND HEALTH

Actually, *all* body organs respond to emotion, directly or indirectly, and this interconnection of mind and body may be the most important rediscovery (Hippocrates knew it; like many truths, it was often ignored for centuries) of modern medicine. Even conservative physicians now recognize that emotionally stressful events can lay the body open to various diseases, from infection to heart attack. Modern healers prescribe relaxation exercises for high blood pressure and use

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hypnosis to quell pain that resists the strongest drugs. To prevent heart disease, we're advised to delete not only cholesterol from our diets but hostility and over-competitiveness from our behavior.

Medical research has linked troubled minds and troubled bodies. In one study, husbands of women who died of breast cancer showed a marked depression of immune defenses during the period of grief that followed their loss.ⁱⁱ Accumulating evidence links personality type with vulnerability to heart disease and cancer. Another study found that when people visited faith healers, antibody levels rose in their bloodstreams.ⁱⁱⁱ Your emotions, thoughts, and beliefs can make you sick – or well.^{iv}

Given the skin's intimate bonds with the nervous system, the role of the mind in skin disease should be small surprise; all the more so when you consider that psychologically as well as physically the skin is your boundary with the world outside, at which every act of love, hate, work, and play takes place. You touch the world and the world touches you through your skin; it is here that you experience pleasure and pain. The skin is at once your most public organ, the face you show all the world, and your supremely private territory: baring and caressing the skin is the very image of intimacy.

When something goes wrong with the skin – hives, eczema, warts, or whatever – my experience as a psychologist has taught me to keep the skin's double life, as emotional and physical organ, in mind; to remember that emotional difficulties can cause some skin diseases; and that even when the cause is clearly physical (such as from heredity, infection, or chemical irritation), it may trigger attacks or make them more severe.

Let me explain. "Emotional difficulties" doesn't mean "feelings." No matter how painful, feelings themselves cause us less trouble than *our efforts to protect ourselves from them*. When we don't *experience* the pain of difficult events – when we don't feel our feelings – we are much more prone to develop physical symptoms, including skin disorders.

Remember the Law of Conservation of Matter and Energy from high school physics? Matter and energy can't be destroyed but can only change form. Burning can turn wood into light and heat and pounds of fat can turn into energy we expend while running. Our minds and bodies are governed by what I call the Law of Conservation of Emotional Energy. We can push away the anger we're afraid will get out of control, the sexual urges we've been taught are bad, the emptiness and longing for love that parents withheld, but we can't *destroy* them. The feelings find their own way out to the surface – often through the skin.

Your skin, in fact, leads an emotional life of its own filled with the feelings you've avoided to protect yourself against pain. Your skin feels *for* you: it cries and rages; it remembers events so painful you've swept them under the rug of consciousness; it punishes you for real or imagined sins. Your skin can't talk in words but its emotional language may consist of warts or an "angry rash" of eczema or an outbreak of shingles or psoriasis.

How does emotional turmoil cause, trigger, or heighten symptoms? Researchers are actively exploring this mystery; a key discovery seems to be the body's ability to turn intensely experienced ideas and fantasies into physical realities. (If you imagine

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