

THINGS ARE NOT GETTING WORSE, THEY ARE GETTING UNCOVERED

Special Issue

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Lighten Up
It's Time for a
Great Awakening

Solving the
Hard Problem of
Consciousness

Optimism
of the Will:
Mind Power as a
Philosophy of Life

Understanding &
Conquering the Wetiko
Mind Parasite

The Tao of Ian Fairweather
& the Art of Living
Dangerously

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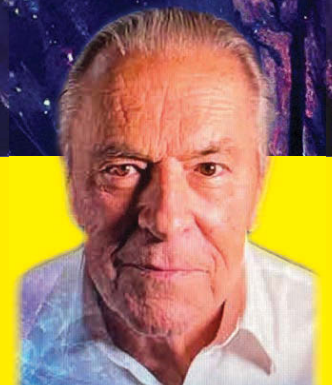
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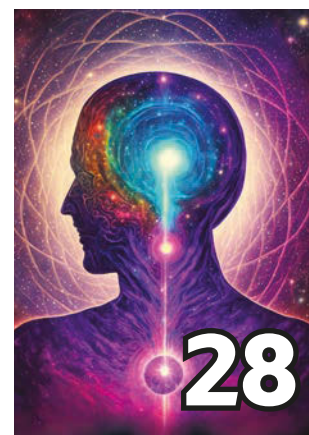
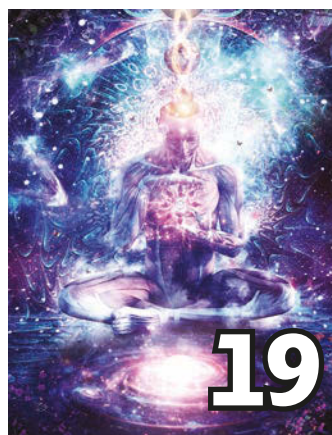
STANISLAV GROF
'MY EXPLORATIONS OF LSD'
FROM PHARMACOLOGY TO ARCHETYPES



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Identities Broadcast into Consciousness A Radical New Theory on How the Body & Personality Interact

— BY MARK BAKER —

Hysterical strength, spontaneous healing or why children under the age of ten can sometimes regrow their severed fingertip¹ – our bodies can do curious things that are hard to explain.

In my opinion, the one that has left the most questions is how people with dissociative identity disorder (previously known as multiple personality disorder) can have different physical and medical conditions depending on which of their identities is active.²

Yale psychiatrist Dr. Francine Howland experienced this phenomenon when one of her male patients presented with a swollen eye caused by a wasp sting. In a lot of pain and needing specialist eye care, Dr. Howland contacted an ophthalmologist who, unfortunately, would not be available for over an hour.

It was at this point Francine chose to take matters into her own hands and use her psychiatric speciality by supporting her charge to embrace a different identity. This worked and, shockingly, in quick time removed the discomfort as well as the swelling.

However, it gets stranger because after being sent home, the patient's original personality returned along with the pain and swelling. Effectively, although in the same physical body, the allergic reaction was only present in this personal identity.

Any answers to why this would happen could help change how we see and treat human recovery and

may even help us overcome previously 'incurable' physical conditions.

By exploring published research, theories and evidence, this article shares a hypothesis on how and why people with dissociative identity disorder have different physical traits depending on their current personality.

Some may feel that the example of Dr. Howland's patient is an anomaly, but that really is not the case. There are regularly recorded examples of unique identities requiring different:

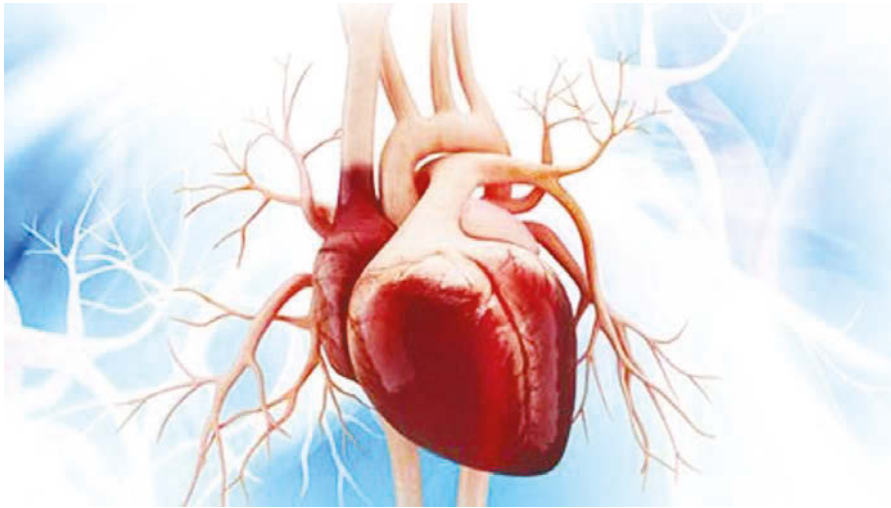
Eye Glasses – One identity may require spectacles where the other does not, and on rare occasions, even a person's eye colour can change between identities.³

Medication Doses – If an adult identifies as a child, they may need to adjust the medication doses to that of a child.⁴

Additional changes may occur between identities.

"Alter personalities may *differ* in terms of voice, posture, physiognomy, handedness and – if preliminary research studies are correct – numerous physiological features such as brainwave patterns, immune status, and skin electrical responses. Behaviour patterns, reported life history and (subjectively perceived) sex and age also tend to vary. Different personalities have often mastered different physical abilities, interpersonal skills, and intellectual subject areas. Some may even command entirely different languages!"⁵

It seems so many possible physical changes can happen between identities. So what is happening?



HEART OF THE MATTER

The best place to begin is by looking at the process in reverse. If the personality can change the body, are there any examples of where the body changes the personality? That answer lies in organ transplants or more specifically heart transplants.

This is highlighted by the moving case of Jim and Fred (not real names), two men in separate bodies who shared the same heart.

Following the death of a young woman, Jim, who had unhealthy lungs, received the young woman's heart and lungs as a transplant. Jim's healthy heart was then transplanted into Fred. The changes in both men's personalities were intriguing.

Fred, who had always been quite a chilled character, began exhibiting Jim's aggressiveness.

According to his wife, Jim became a more depressive and pessimistic character and passed away a few years after his transplant. Interestingly, Jim's donor was later discovered to have died by suicide due to a lost love.⁶

Further research from the early 2000s carried out by Paul Pearsall PhD, Gary E. R. Schwartz PhD and Linda G. S. Russek PhD investigated the changes in the behaviour of ten heart transplant recipients.⁷

The study interviewed three groups:

1. Those who know the donor very well, thus helping to get an understanding of their life, beliefs and personality.
2. The heart recipient.

3. Those who know the recipient well.

Both the heart recipient and those who know them well had little, if any, knowledge of the person or circumstances that led to the donation of the heart. Their interviews shared changes that had occurred

Fred, who had always been quite a chilled character, began exhibiting Jim's aggressiveness.

in the recipient's beliefs and personality since the transplant. The surprising part is that the recipient's changes moved their views in line with the donor who had passed.

Here are two examples from that study:

Example 1: The donor was a 14-year-old girl who died in a gymnastics accident. The recipient was a 47-year-old man diagnosed with benign myxoma and cardiomyopathy.

The donor's mother reported: "Look at her [showing picture]. My daughter was the picture of health. There wasn't an ounce of fat on her. She was a gymnast and her coach

could lift her above his head with one hand. She was so excited about life that she would just hop and jump all the time like a kitten. She had some trouble with food, though. She would skip meals and, for a while, she was purging. I think they would call her a little anorexic. We took her to therapy about it, but she just wasn't much into food. And she had this silly little giggle when she got embarrassed. It sounded like a little bird."

The recipient reported: "I feel new again. I feel like a teenager. I actually feel giddy. I know it's just the energy of the new heart, but I really feel younger in every way, not just physically. I see the world that way. I'm really young at heart. I have this annoying tendency to giggle that drives my wife nuts. And there's something about food. I don't know what it is. I get hungry, but after I eat, I often feel nauseated and that it would help if I could throw up."

The recipient's brother reported: "Gus is a teenager. No doubt about that. He's a kid – or at least he thinks he's a kid. Even when we're bowling, he yells and jumps around like a fool. He's got this weird laugh now. It's a girl's laugh and we tell him that. He doesn't care. His appetite never did bounce back after the surgery. He's pretty much nauseated almost all the time. After Thanksgiving dinner – and he loved it – he went upstairs and vomited. We took him to the emergency room, but it wasn't anything to do with his new heart. They said it was probably a reaction to something in the meal. None of the rest of the family got sick, though. He's going to have to watch it. His doctor is concerned about his weight."

Example 2: The donor was a three-year-old boy who fell from an apartment window. The recipient was a five-year-old boy with septal defect and cardiomyopathy.

The donor's mother reported: "It was uncanny. When I met the family and Daryl [the recipient] at the transplant meeting, I broke into tears. We went up to the giving tree where you hand a token symbolising your donor. I was already crying when my husband told me to look at the table we were passing. It was the [recipi-

ent's family] with Daryl sitting there. I knew it right away. Daryl smiled at me exactly like Timmy [her son, the donor] did. After we talked for hours with Daryl's parents, we were comforted. It somehow just didn't seem strange at all after a while. When we heard that Daryl had made up the name Timmy and got his age right, we began to cry. But they were tears of relief because we knew that Timmy's spirit was alive."

The recipient reported: "I gave the boy a name. He's younger than me and I call him Timmy. He's just a little kid. He's a little brother like about half my age. He got hurt bad when he fell down. He likes Power Rangers a lot, I think, just like I used to. I don't like them anymore, though. I like Tim Allen on 'Tool Time', so I called him Tim. I wonder where my old heart went, too. I sort of miss it. It was broken, but it took care of me for a while."

The recipient's father reported: "Daryl never knew the name of his donor or his age. We didn't know, either, until recently. We just learned that the boy who died had fallen from a window. We didn't even know his age until now. Daryl had it about right. Probably just a lucky guess or something, but he got it right. What is spooky, though, is that he not only got the age right and some idea of how he died, he got the name right. The boy's name was Thomas, but for some reason his immediate family called him 'Tim'."

The recipient's mother added: "Are you going to tell him the real Twilight Zone thing? Timmy fell trying to reach a Power Ranger toy that had fallen on the ledge of the window. Daryl won't even touch his Power Rangers any more."

There is even an example of an eight-year-old girl receiving a heart from a female ten-year-old murder victim. Following the transplant, the recipient began to have nightmares that were so vivid they resulted in the arrest and conviction of the ten-year-old donor girl's murderer.⁸

The above examples demonstrate that just as personality and identity can change the human body, it can also be true in reverse.

There are several views on how



a heart transplant can change the personality. These include:⁹

Little brain in the heart – Dr. Armour's analysis suggests that the heart has an intrinsic nervous system of its own, containing around 40,000 neurons called sensory neurites. The heart acts independently of the brain, sending and receiving meaningful messages of its own through the autonomic nervous system.

Neuropeptide theory – Pharmacologist Candace Pert proposed that neuropeptides which are stored in every cell act as a sort of biochemical correlate of emotion. It was previously thought that emotions resided in the limbic system in the brain.

Magnetic field theory – Proposes that there may be an as yet undiscovered electromagnetic connection between the cells in the brain and heart expressed in a form of energy that contains some level of cellular memory.

Unprepared spirit theory – Speculates that the donor's spirit is still attached to the earth and that spirit is processed through the heart recipient.

As interesting as the above ideas may be, none explain the heart transplant causing a change of personality and different identities changing the body. A theory that can do this is much more likely to be the answer.

In my opinion, there are two

views that when looked at together could answer both conditions.

One is shared by Bruce Lipton PhD in his book *Biology of Belief* while the other is by Thorwald Dethlefsen and Rudiger Dahlke in their equally mind-blowing book, *The Healing Power of Illness*.

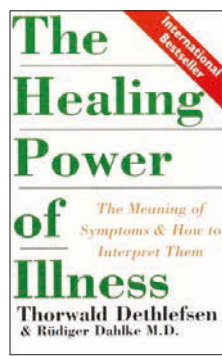
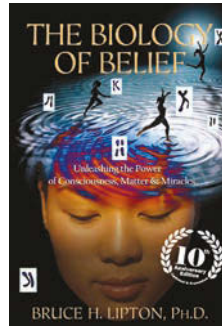
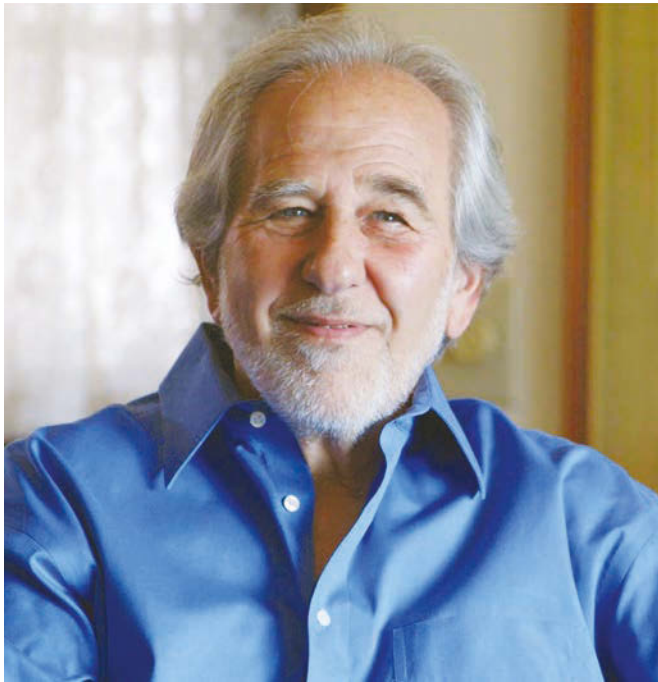
UNLOCKING THE CELLS

As a biologist who looked extensively into the working of cells, Lipton concluded that there is nowhere in an individual cell's makeup that shows its capacity to have memory. He does, however, share that our cells have unique identity-receptors:

"On the surface of our cells is a family of identity-receptors which distinguish one individual from another. A well-studied subset of these receptors, called self-receptors, or human leukocytic antigens (HLA), are related to the functions of the immune system. If your self-receptors were to be removed, your cells could no longer reflect your identity. These self-receptor-less cells would still be human cells, but without an identity they would simply be generic human cells. Put your personal set of self-receptors back on the cells and they again reflect your identity."¹⁰

Self-receptors and how they fit in with dissociative identity disorder and heart transplantations begin to make much more sense when we consider Lipton's explanatory metaphor.

Imagine that your TV set has broken and you throw it away. Does this mean you have discarded all the channels and programs as well? Of course not. When you purchase a



▲ Bruce Lipton authored the now classic work, *The Biology of Belief*. Pictured also is the cover of Thorwald Dethlefsen and Rüdiger Dahlke's equally mind-blowing book.

new set and tune it in, the TV channels and programs are there because they never went anywhere and were not part of the physical TV set. The broadcast was always there – it just required a device to pick up those signals.

Our physical body is like the TV set but who we are, our identity, is broadcast from a non-local location and picked up by our self-receptors which, continuing the metaphor, would be represented by the TV's antenna or aerial.

Bruce Lipton explains that our self-receptors are pretty much unique to us and only pick up our identity. However, if by some twist of fate, another person happened to be born at any point in the future with the biologically identical self-receptors as you, they would then download your identity.

To me, it feels that self-receptors are the key to understanding the changes that appear in heart transplant recipients and people with dissociative identities. They may also begin to give us a broader understanding of reincarnation and accidental savants.¹¹

Self-receptors help us visualise that the donated heart may well still be picking up the non-local broadcast of the deceased heart donor.

This could lead to the possibility that people with dissociative identities may (just like Tetrachromats who have one extra type of cone that allows them to see a fourth dimensionality of colour) have self-receptors that can receive more than one identity broadcast.

But how do physical conditions, like allergic reactions and prescriptions, change along with personality and identity? Perhaps that answer lies with two esotericists: German psychologist Thorwald Dethlefsen and Austrian human medicine specialist Ruediger Dahlke.

HEALING POWER

In the spirit of openness, I have to say I do not agree with all of Thorwald and Ruediger's philosophies and have to admit some are rather contentious. That said, they do share some very interesting and useful ideas about physical symptoms. For example, our bodies are never ill or healthy, for all the body ever does is express messages from the person's consciousness.¹² Although written years before Bruce Lipton's TV metaphor, Thorwald and Ruediger explained it in a similar way:

"Consciousness is to the body as a radio programme is to the receiver. Since consciousness represents a

non-material, self-sufficient quality in its own right, it is naturally neither a product of the body nor dependent on its existence."

The pair go on to share that the body cannot be ill, only the person can. The body may look ill but that body is only reflecting the person through a symptom. They use two more analogies to help highlight their point:

1. Getting annoyed at the symptom is like getting annoyed at the engine warning light (body) instead of the actual engine problem (consciousness).
2. When a tragedy is performed, after all, it is not the stage (body) but the play (consciousness) that is tragic.

The illness is on the level of our consciousness whilst the symptom is on the body level. Taking it one step further, the illness is the imbalance of the consciousness, and the symptoms in the body are letting us know there is something in our consciousness that needs addressing, or as Thorwald and Ruediger succinctly put it: "In our symptoms, we have what our consciousness lacks."

As Carl Jung shared previously, what is hiding in the shadow of our consciousness causes our issues. Dethlefsen and Dahlke argue those shadows are what cause our body's symptoms:

"Any principle that is not lived out for real insists on its right to life and existence via the medium of physical symptom. In our symptoms, we are constantly forced to live out and to realise precisely those things that we least want to. This is how our symptoms make up for our imbalances."

Within our personality we have the elements of our consciousness that receive our attention and those that do not. The parts that lack our attention are left in the shadows to manifest as physical symptoms.

As the identity changes within people with multiple identities, so do their physical attributes. This could be because each personality has a different element that is in the shadow of its consciousness.

This makes more sense when we consider Thorwald and Ruediger's

final explanation: “The symptom is only likely to disappear once it has become of no consequence to the patient.”

I would argue this is quite possibly what happens when identities change, with each differing identity having different focuses and attentions. Therefore, it is fair to suppose that those personalities must also have their unique shadows and hidden elements that produce the changing symptoms in the body.

SUMMING UP

From being amazed at how the human body can have different conditions depending on an identity, I wanted to see if I could begin to get my head around what could be happening.

Having read widely on the topic of the mind’s influence on the human body, I wanted to see if anything I’d read before could help explain this phenomenon. With dissociative identities in mind, I reviewed my books and the copious notes I had taken to see what I could discover.

The first piece that jumped out at me was how heart transplant recipient identities changed following their operation and how it was, in effect, the exact opposite process of how a dissociative identity changes the physical body.

With multiple identities changing the body and new heart transplant recipients’ bodies changing their personalities, I felt that if any theories explain both we could move towards a possible answer.

Bruce Lipton’s cell biology work – that described our body like a TV set, our self-receptors the aerial and our identity the TV channels – was that answer. Especially when we consider that if our TV (human body) is broken (dead), the TV channels are still there when we plug in a new TV. This helped explain how one person could receive different personalities, especially for whatever biological reason, and the self-receptors (aerial) could pick up multiple signals.

The two points above helped to perhaps explain what is happening with multiple identities. The next task was to see if I could discover a reason for how those differing iden-

ties could have unique physical and biological changes in the body.

This ‘how’ was guided by some of Thorwald Dethlefsen and Ruediger Dahlke’s theories. Their ideas suggest that our body can never be ill, for the body only ever reflects the imbalances in our consciousness and identity. Meaning that different consciousnesses with their unique

As the identity changes within people with multiple identities, so do their physical attributes.

imbalances and hidden shadows will create different symptoms in the body.

By presenting the above ideas as a possible theory rather than the answer, I hope to encourage further investigations into how and why different identities change the physical and medical conditions of the human body. Any investigations that discover what is truly going on will surely change and improve how we treat the human body on its journey towards recovery and healing. ✿



For more than 25 years, **MARK BAKER** has been fascinated with how the mind supports the body in healing, recovery and controlling pain. This led him to create his blog (www.possiblemind.co.uk) and write a book and magazine articles. All of these share clear evidence as to why and, more importantly, how humans can control pain and recover using their minds. Mark Baker is the author of *Your Body, Only Better* (2015) – available in Kindle or paperback from Amazon – a collection of evidence and techniques that help readers develop a belief in their ability to heal. Mark is writing a new book (and looking for a publisher) highlighting the importance of having a possible, rather than probable, mindset. Mark can be contacted by email at info@possiblemind.co.uk.

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