

My Experience with the Case witnessing Process by Dinesh Chauhan

By Kaare Troelson

Let us imagine that one day, while in the forest, you see an animal that you had never ever seen before. How would you understand more about the animal? A biologist would tell you to stay at a distance, remain silent, be alert, and, without disturbing the animal, just witness its behaviour. Slowly, you start understanding how to behave with it. You learn where and when to encounter it, how to gain its trust, and what food lures it out. As time passes, you observe its interaction with others of its kind—how it passes the cold or dry season. Slowly, it gets used to your presence. Who knows, one day it might even crawl up to you, touch your hands, and look you straight in the eyes without any fear. In that look you will see the sum of all that you have patiently observed and let unfold before you, and you will understand the animal.

On the other hand, you could do it the traditional way—shoot a sedating arrow, put the animal in a cage, and observe it in the lab. In this way, it will eventually become used to your presence and let itself be handled, but if it were to look you in the eyes you would see the eyes of a caged animal. **This illustrates the process of case taking. We can be symptom-hunters or we can be observers, maybe even unprejudiced observers.**

Stillness allows us to come home to ourselves.

Stillness allows body and soul to unite.

Stillness allows the possibility for transformation and change.

Stillness allows creativity and healing to happen.

—Berit A. Faber, supervisor and healer

I have known Dinesh Chauhan for ten years now, and, since knowing him, I have followed his work and practised his methods. If I were to pinpoint one single, simple aspect that has made the biggest impact on my practice, it is without doubt his **method of passive case taking or, rather, case witnessing**. With this method, you attain a very clear understanding and know which symptoms and statements are central and which are just superficial expressions of the central issues at various levels. *By using the passive case witnessing method, the information is not “fished” out of the patient but is allowed to flow out in a natural order.* Thus, the symptoms you note down are not just a collection of random dots that connect to form a picture, but an organic, coherent whole, pointing to a remedy. Through this method, at the completion of the case witnessing, the symptoms can be seen like spokes in a wheel—*connected meaningfully to a centre*. In this way, you will not be in any doubt; you will know that the case taking is complete.

I would like to further compare the case witnessing method to a walk in an unknown landscape covered in thick fog. Waiting patiently for the fog to lift, you first see the shadow of a hill, some ghostly trees, or maybe you walk some meters along the path. You observe carefully, knowing it is foolish to think that you know the landscape. *You just take into account whatever you perceive, nothing else, for this is not the time to move.* Then, slowly,

the sun will come through, and the trees may turn out to be a forest, the hill—just an outcrop of a mountain, the path—a stretch of barren rocks leading somewhere other than you had first imagined. **This is the humble and intelligent attitude of the unprejudiced observer, something that Dinesh has unfolded and taken to a new level.**

There is a Taoist saying: *“Walk over the frozen lake like a cunning old fox, step by step, pausing and listening if the ice can carry you.”*

This is the initial *passive* phase of the method, and it is perhaps the most sensitive part of the process. *Until you have seen the outlines, sensed the themes, and heard part of the melody, you remain passive and non-interfering.* This is where, if you stir up the water or kick up the leaves by interfering, you may lose your way and lose the delicate unfolding of the patient’s inner story.

To be silent and alert in this phase can be most challenging for the practitioner, because we are so often conditioned to avoid the “uncomfortable silences” and get the patient to talk. Sometimes the patient will talk for an hour or more, without anything more than superficially touching on anything that could hint at what lies beneath. Be patient. In my experience, the patient will always reach a point where they have to touch the “sore spot” in their life. They just need to get there at their own pace. Other patients will jump right into the deep the moment they open their mouth.

Some colleagues have suggested that this silent and non-interfering attitude in the beginning can be experienced as cold, distant, and un-empathetic by the patient, especially if they sit with deep trauma. I believe that if you listen to the patient with your whole being and walk side by side with them, observing where they put their foot next, they will not feel abandoned. *In some cases, a few encouraging smiles, words, and gestures will be enough.*

I find that if you start the session by giving a little explanation about the process, the patients feel very confident and comfortable with this process. In the end, they often say that *they feel they have come face to face with themselves.* I spend time explaining the following points to my patients: *If they are lost for words, they should just pause, recall the experience or sensation, and feel it again.* I tell them that hunting for words in the mind will often not bring them any closer to the core; whereas, connecting to the wordless memory or experience will. **I want their version of their story.** Whatever way they tell it will be the right way. It is not a test, but a journey of exploration.

It can be awkward for some patients to talk to a silent stranger, so I believe that this explanation is very important. If you are comfortable and confident with this process, they will sense that you are there with them at every step, and then they will be comfortable and confident enough to take a pause. *It is very important to leave silences undisturbed, as they assist the patient to descend to a deeper level. You might hear a laugh, a sudden changing of subject, a peculiar gesture or expression appearing every time the patient touches on an important subject and tries to avoid or access it.* Just note down the words and gestures that appear at these times and remember them for later. If you allow the patient space and time, he will return to that point again.

I find this method excellent in helping quiet and shy persons to talk, because they really feel you listen, and in making loquacious people talk less, because you do not stir up their storm of words by asking questions. By you listening intently to their innermost life, they will intuitively connect to that part of themselves. Your passive and alert attitude naturally makes the patient focus on the important and central areas in his life and let go the verbose circus of stories, names, and circumstances. After a while, when the patient has talked himself dry, there is nothing more to say.

Another important aspect of the passive case witnessing method is forgetting any thought about remedies. **Focus only on the process of getting to know the very core of the person in front of you.** In the process, you will be presented with many layers of stories and images.

After you have perceived repeated hints, outlines, themes, refrains of melodies, gestures, and words, etc., etc., through the passive process, the time comes to “test the ice” in the **Active case witnessing phase**. Gently direct the patient’s attention to those pieces of the puzzle that you have perceived as important. Like a tree in autumn that is touched by the wind, the leaves will fall and reveal the true weight-bearing structure.

The hints and themes that carried no meaning will evaporate when you ask about them, but the ones with significance will either become more characteristic when paid attention to or change into something even more significant. Often, you will see several themes or subjects evolve into one clear image or you will experience that only one of them was the right one. I often ask the patient to tell me if there is any bodily sensation connected to the word or gesture in focus; this helps him go deeper than mere intellectual understanding and enables him to access wordless layers of knowledge.

Do not get attached to what the patient says, just gently make the patient probe into the various images, words, and gestures. If you do it right, by witnessing in this way, as the case progresses the story does not become more and more complex, but simpler and simpler and, in the end, these fragments fuse into a whole. This whole is not your conscious doing, it pre-exists in the patient. You just help it become visible with a gentle touch, like an archeologist with a brush; you slowly remove dirt and debris to reveal the unknown, hidden structure. *By the end of the Active case witnessing process, you will have a clear idea about the “actors and the stage”, and you will have a handful of themes that make a pattern, structure, or process of the patient’s core.*

The next stage is the **Active-Active witnessing phase**, *in which you ask the patient to focus his attention directly on the core patterns; you keep him focused there.* By telling the patient to really experience, sense, and notice everything he can about the core themes, gestures, or sensations through all the senses, you bring him in contact with his own innermost core. *Often the patient will be lost for words and resort to energetic gestures or distinct sounds, a clear sign that he is really connecting to something central that previously he was not conscious of.* There will be no doubt about the authenticity of his expression as he will be surprised at this “*force of nature living within him.*” Ask him to repeat the gestures and sounds and to explain and experience every single aspect of what he is trying to convey. The patient may be shy about this “primitive” or “strange” expression, but will be very

interested in pursuing its significance. It is important to **keep him on track at this point**. Ask him to take a few deep breaths, and he will be able to go closer to his inner experience. You and the patient will be surprised at the level of clear and distinct descriptions of the nature of his inner sensations. **This inner experience has always been there, but only now has light been shed on it.**

At this point in the case witnessing process, it will be according to the individual case how much deeper the patient can go. I have found that if you ask the patient to close their eyes and localise the places in their body where this “image” takes place, they can go very deep. Many can describe distinct physical characteristics and processes relating to the remedy they need, without knowing what they are talking about. They simply experience it in their own body and often have clear, detailed images connected with the bodily experience. *When they come face to face with this “unknown” part of themselves, they often realise that it has always been there, influencing their lives, and for them to finally “see” it, brings great relief to many.*

The experience of connecting with this core often releases energy and emotions in the patient; therefore, it is important to give him enough time and space to feel it and also to come back to himself and reorient himself before you end the session. This experience itself can have a *deep_therapeutic_effect*, the process of which can be felt for several days; therefore, I normally wait some days before I give a remedy.