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Editor's Musings

The Body: physical, bodymind, energetic, and potential doorway to spiritual awareness (Laypersons version)

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This is the first of a series of IJHC issues on the various levels of wholistic healing.

In conventional medicine, the body is the starting point for addressing most of people's ills. Many in this tradition believe that we are the physical products of our genetic inheritance, shaped by the physical environment, and slated - when the physical body releases its hold on life - to end our existence and return to dust. There is no purpose to life other than reproducing the species, plus that which an individual chooses to make of her or his existence.

These assumptions have significant implications for caregivers and careseekers. Within this belief system, good health ranges from the absence of dysfunction to optimal function. Deviations from health are considered malfunctions of the body or illnesses, for which cures should be sought in order to return the body to health.

Within the prevalent Western mechanistic worldview, we simply address the physical body dysfunctions, applying various physical interventions to deal with these, according to our mechanistic diagnoses. In a large percent of cases we are successful with medications, hormones, surgery, and in recent years with genetic manipulations.

While stress is acknowledged as a contributor to many of these problems, we tend to relegate stress factors to a secondary tier of assessments and treatments. Most doctors give pills first and ask questions about stress only if the pills are not working satisfactorily. Economic factors of time and monetary resources favor these simplistic approaches. It takes a doctor only a few minutes to make a fairly good educated guess about medications that could relieve symptoms. It takes much longer to delve into the details of people's lives in order to figure out what stressors might be contributing to or causing symptoms and illnesses.

The physical body is believed to be the source of all of life's phenomena. Our genes determine the structure and functions of the body. From conception through death, physical factors may influence the body, including genetic endowments and predispositions, infections, metabolic and hormonal imbalances, toxins (chemical or radiations), allergic reactions, traumatic (physical) injuries, cancers, and degenerative processes.

The mind is believed to be the product of the physical brain, which is proven by the fact that physical, electrical or chemical stimulation, or damage to parts of the brain causes specific cognitive, behavioral and emotional reactions and dysfunctions. Emotions are the products of

bioelectrical, chemical and hormonal activity in parts of the brain. This is proven by altered emotions that result from changes in these factors in the brain. We can stimulate specific areas within the brain and elicit anger, laughter, and joy. In fact, the intensity of joy from brain electrical stimulation may exceed that of sexual orgasm.

Psychological factors influence health through choices of individuals or social groups to alter the environments that impinge upon the physical body. A healthy or unhealthy lifestyle, programs for sanitation and immunizations, and education for safe sex can enhance and prolong life; using alcohol or street drugs, overeating, and limiting governmental expenditures for health care can be detrimental to health.

Psychological interventions are helpful when they lead to healthier lifestyle choices. Their benefits derive from stress reduction and from introduction of a broader range of healthy options.

Body-focused medicine may carry distinct risks and consequences. If we focus only on the body, then physical life is all we know and can reliably count on having, and we must preserve and prolong it at all costs. This belief contributes to the poor ways in which Western medicine often deals with chronic illness, death, bereavement, and spiritual issues.

Doctors receive their education and training in hospitals where acute problems are treated. Doctors are expected to make the correct diagnosis and apply effective treatments. In many cases they are successful, discharging patients from the hospital with marked improvements. This sets up unreal expectations in the student doctors about the practice of medicine. They are poorly prepared to deal with chronic illnesses that do not respond immediately to their interventions.

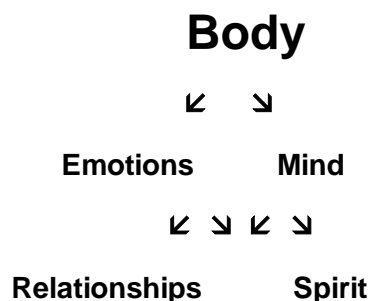
Death is perceived by many doctors as their personal failure to either make the right diagnosis or apply the correct treatment. About 30 percent of our medical budget is spent in treating people in the last 30 days of their lives. This is often to no avail other than to keep a heart beating those few extra days, frequently with a very poor quality of life during this period – not to mention the discomforts and pains of the terminal illness and its treatments. Many doctors are reluctant to let people die without receiving every last symptomatic treatment possible, because death is perceived as the doctor's failure to conquer disease.

Bereavement is difficult to deal with in any case, but for those doctors who are feeling responsible for people having died, it is often more than they know how to handle.

Spiritual issues are relegated for the most part by modern medicine to the clergy. Historically, this evolved from the mutual fears of science and clergy. The Church was anxious that scientific inquiry would erode its teachings of faith as a motivation for belief in matters of religion. Science was concerned that it might suffer attacks similar to those against Galileo, who was prosecuted for advancing scientific theories that contradicted Church beliefs and doctrines. This conflict continues today in the legal battles over teaching Darwinism and Biblical theories of creationism in public schools.

Figure 1 shows how the body is viewed as being primary in conventional medicine, and all else derives from it.

Figure 1. Conventional medical view of a person



In wholistic medicine, the body is part of a larger system, including also emotions, mind, relationships (with each other and with the environment) and spirit. This tradition acknowledges that the body has its physical functions and processes that deserve full assessment and treatment. However, the body is not seen as the only level of being.

The mind has great influence over the body, and maladies often have their origin there.
Molière

Consciousness is an entity in and of itself. Consciousness is a level of being that can influence the body, as well as being influenced by the body. How consciousness comes into being, and how it relates to the physical body is explained in many variations on the theme of mind-body or bodymind approaches. (These are beyond the range of our present discussion.)

At one end of this spectrum are those who hold that mind and emotions are products of the physical body but that psychological factors may be act upon the body. Emotional tensions can activate stress responses that impact the body. For instance, the nervous system tightens the voluntary muscles of locomotion. Chronic muscular tensions can result in tension headaches, backaches, TMJ problems, and repetitive stress injuries. Involuntary muscles can tighten into asthmatic attacks in the lungs, irritable bowel syndrome and other dysfunctions in the gut, and into hypertension and circulatory disorders in the cardiovascular system. Adrenalin and stress steroids also tighten muscles, raise blood pressure, and alter immune system functions. Many conventional doctors accept some or all of these as possible mechanisms contributing to illness.

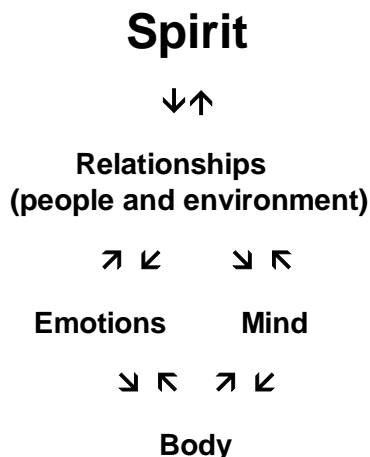
Some wholistic therapists stop short of hypothesizing motivating forces that extend beyond the body, other than social ones, staying close to the conventional medical model.

Further along the wholistic spectrum, the body is seen as an expression of spirit manifesting into the material plane of existence. Spirit is the primary level of existence. Spirit expresses itself through everything that is. Sub-units of spirit, human souls, incarnate as physical human beings. All of life, every particle and nuances of beingness and relatingness, is a part of the lesson of physical incarnation. Figure 2 diagrams this perspective.

Note that the arrows point in both directions, indicating that events at each level of being can influence our experiences with the other levels. For instance, physical and emotional experiences may heighten our spiritual awareness.

Regardless of your position along the wholistic spectrum, if you can conceive of connections between spirit, mind, emotions and body, many more interventions open up for addressing physical problems.

Figure 2. Wholistic view of beingness and relatingness



Body Language

*Much illness is unhappiness sailing under a physiologic flag.
Rudolf Virchow*

Before wholistic therapists treat symptoms or illnesses, it is important to ask, “What is your body saying through these problems?” My experience as a psychiatric psychotherapist is that simply asking this question is often sufficient to bring a person to awareness of underlying stress factors.

We have many terms in common usage derived from body parts and functions. It would not be unusual to hear any of the following metaphoric body terms mentioned in casual conversation: I had a gut feeling that something was wrong, and bellyached to my friend about how my nose was bent out of shape. She cried her eyes out over this tearjerker, but after brooding over it for a while, decide to put her best foot forward and not be such a bleeding heart. After I spilled my guts over the problem, I had a good belly laugh at how foolish I’d been and breathed a big sigh of relief. (See Table 1 for a spectrum of such terms, and Humor\$ for another tongue-in-cheek sampling of such terms.)

Table 1. Body terms and metaphors

BODY: disembodied; em--; -- of (knowledge; water; work); politic

HEAD: ache, big, blow brains out; brainy; bursting, cool, dense; fat; foggy; fuzzy; good; have -- examined; like a hole in the --; hot; -- in a good space; into your --; light; migraine; numbskull; pig; poor -- for; reaching a --; shit; splitting; stuffed; swelled/swollen; thick (head; skull)

MIND: blow; brainless; closed; deep; dreaming; drifting; --ful; fuzzy; --less; keeping in--; losing one's- -; muzzy; nervous (wreck); of two --s; open; out of one's --; shallow; sleeping on decision; sticks in my --; thinker; thinking straight; thoughtful; thoughtless

NERVE(S): find; high strung; lost; nerveless; -- of steel; nervous; nervy; rattled; raw; shaken; shattered; shot; some --; taut; tense; up tight; unnerving; wound up; wracked

BROW: beaten; furrowed; sweating; wrinkled

FACE/EXPRESSION: angelic; beatific; blanched; bland; blank; blushing; bright; chin up; closed; cloudy; crazed; distant; distracted; dog; flushed; friendly; frowning; glaring; happy; hateful; intense; jocular; kissy; moody; new; open; pale; Pale--; poker; red; rosy; sad; smiley; stone; stormy; sour; -- the inevitable/music; thoughtful; two--; white; wishful; wistful

EYES: black; blank; bleary; blinded; bright; burning with desire; clouded; cried my -- out; crinkled; cross-eyed (with tiredness or overwork); don't want to see; empty; flash (came to me in a blink of an - -); clear; cross-eyed; far away look; hawk--; scathing glance (look); keen; nobody home; red-eyed; sad; can't see straight; seeing (is believing; the light); sharp; shriveled under gaze; shut--; sight for sore --; staring; steely; tearful; tearjerker; twinkling; weeping -- out;

NOSE: bent (pushed) out of shape; big; blocked; bloody; brown --; cut off to spite face; gets up my --; nosy; Pinocchio; sniffs out; snooty; snotty; sticking -- into someone's business; stuffed

EARS: cloth; deaf; don't want to hear that; --ful; keen; musical; sensitive; sharp; sounds (don't like the -- of that; good/bad)

MOUTH: big; bigger than stomach; bite (has a -- to it; lip; -- off more than can chew; tongue); biting (remark; wind); chew (lip; on; up); fat lip; foot in --; chew on that; get chops around a situation; keep your -- shut; loose tongue; puckered lips; pursed lips; sharp tongue; well, shut my --; shut up; slip of the tongue; smile; sour taste; speak (clearly; up); speechless; spit it out; stiff upper lip; tastes (bad, bitter, good, sharp, sour, sweet); teeth on edge; tight lipped; stuck tongue out at; tongue in cheek; tongue tied; toothless; voice (cool; crooning; grating; piercing; warm)

NECK: full up to my --; pain in the --; sticking -- out; stiff

THROAT: can't swallow down; choking on--; choked up; cough up; crawl full; full up to--; sticks in my --; (can't; hard to) swallow that; swallow down (feelings; insults; pride; sorrow)

CHEST: get it off --; puffed out

BREASTS: generous; giving; milk of human kindness; nurturing; weaning

LUNGS: breathe easy; blow (cool; gasket; hot and cold; it; off steam; stack; temper); blown away; can't breathe; catch one's breath; cough up; froze; holding one's breath; puffing; take a breather; take a deep breath; wheezing along

HEART: ache; attack; big; bleeding; blood boiling; blood pressure up; break; cold; cross your -- and hope to die; cruel; eating my -- out; empty; -- felt; frozen; full; --less; generous; good; have a --; heartened; -- to heart talk; large; --less; light; lonely; open; palpitated; pierced; pressured; pure; -- rending; sticks in my --; shaken to the core of my --; shut down; sick; skipped a beat; sticks in my --; stopped; swelled; warm; warmed; weighing on --; -- went out to

BLOOD: bad; bleeding heart; --feud; --letting; bloody; -- brother/sister; cold --; froze; in my --; red blooded; spilled; thin --; warm --;

STOMACH: assimilate; bellyaching; belly full; belly laugh; burns; can't --; digest; eaten up with anger; eating away at; eating (heart out; words); full (of it; up to); glutton (for punishment); going to pot; gut feeling; gutsy; hungry for...; indigestion; in knots; lies heavy in gut; like a rock; rumbling; sick to --; sensitive; soured; spill guts; stewing; hard to stomach; stuffed; swollen; tears one's guts apart; want to (could) vomit;

SPLEEN: --ful; splenetic; venting--;

LIVER: bilious; jaundiced; liverish;

KIDNEYS/BLADDER: holding back; big/little pisher; pissed drunk; pissed/peed off; wet knickers/pants;

WOMB/OVARIES: birthing (idea; project); broody; good flow; knocked up; menstrual (pre-, post); pregnant (expectation, pause)

PENIS/TESTES: balls (has, no); balled/balls-up; big balls; cock-(around; half --ed; up); (+ imprecations)

VAGINA (imprecations)

SEX: coming on; fuck (--er; --ed up; off); laid off; loose; orgasmic; oversexed; pimp; sexy; sleazy; sowing (and reaping) wild oats; turned on; undersexed; whore

ANUS/BUTTOCKS: ass; asshole; bum; butt (in, out); constipated; eliminate; fart; fat; holding (back; in, tight); jelly belly; pain in--; it all ran out of me; shit (head, hot, face; in pants); soft as a baby's bottom; squidgy; tight ass

BACK: -- against the wall; --breaking; --up; backed into it; bent (over backwards, all out of shape); get one's -- up; --off; pat on --; pain in --; sit up and pay attention; stiff

ARMS/HANDS: biting the hand that feeds you; black/brown thumb; cold hands/warm heart; pain in the elbow; even handed; fighting tooth and nail; fingering; fumbling; giving the finger; green thumb; ham fist; heavy handed; lend/lift a hand; living hand to mouth; light fingered; limp wrist; nimble fingers; on the one/other hand; raised a fist/hand; rule of thumb; sharp elbows; shook (finger; fist; hands); shrugging off; sticky fingers; stiff arm; strong arm; thumbnail sketch; all thumbs; thumbs up; tight fist; two left hands; wash your hands of -

LEGS/FEET: Achilles' heel; best foot forward; cold feet; down at the heels; went out feet first; flat footed; footing bills; foot in (grave, it; mouth); foot loose; leaving footprints in the clay of your being; grounded; kicking (the bucket; habit; myself; up a fuss); knees (turned to jelly; weak); on the ground; outstanding; run (amok; away; in family; loose); shot self in foot; stand (can't--; last--; make a--; -- firm; --tall); stepping out; sticking a foot out; stood up; stumblefoot; stand (alone; firm; proud; take a -; tall; together; --up; --up and be counted); two left feet; twinkle toes; walking a (narrow; straight) line; well heeled

MUSCLES: aching; bearing up; can't bear; burdened; carrying a burden/load/weight; flexible; frozen; hang loose; overburdened; pull self together; rigid (with fear); rooted to the spot; runs (amok; cold; hot; in family); (having) shakes; stiff; in stitches; supple; up tight; (sick and) tired; weighed down; wobbles; wound up

SPINE/SKELETON: being straight; burdened; can't bear it; carrying (a load; too much); chill went up my --; crooked; feel it in my bones; rigid; shivers up --; shoulder up; spine chilling; can't stand --; stooped over; stooping to; stretched (too far; to breaking point); all twisted up; unsupported; uplifting; weighs down;

SKIN: allergic to...; blushed; breaking out; burning up; made my -- creep; flaky; flushed; itching to; pale; picking (at; on); pimply; red faced; thick; thin; ticklish; tore my -- out;

HAIR: bad hair day; bristled; got someone by the short and curls; hackles rose; hair turned grey; pulling my hair out; stood on end

TOUCH: aching to--; easy touch; smooth touch; tetch; tickled; touched; touching; touchy; untouchable

FEEL: bad; calm; emotional (overcome); feelings (bury, frenzied, good, hide, hurts to...; uplifting), smooth; like square peg in round hole; tied up;

SPACE/DIRECTION: ambivalent; right direction; unable to move; moving; spaced out; don't know which end is up; upside down; up tight; tears/rips (apart; up); turned around; upside down;

BALANCE: balanced; on an even keel; flipped out; im--; lost --; off one's rocker; pushover; set me back; stand firm; un--; upset

FIGHT: for (attention; beliefs; life; rights)

TEMPERATURE: boiling (at the -- point; blood --; mad); burning (mad; with desire); catch cold; cold (blood; temper); cool headed; froze (with fear); hot (and cold; anger; blood; for; head; temper; to go; to start; to trot); steaming; stewing

DEATH: cry oneself to --; dead (end; heat; on my feet; roll over and play); --of me; (nearly) died of (embarrassment; fright; shame); doing me in; dying to; end of me; ending up; .killing me; nearly died; scared to --; sick to --; slays me; wish I was dead

(See also the Humor section in this issue of IJHC for more on similar terms.)

In one direction of usage, these are images and metaphors that express our awareness of ourselves in the world. We use words from our physical experience of life to describe aspects of our relationships with our mental, emotional and spiritual interactions with the outer worlds.

We use these body language words because they are familiar, readily understood by others, and aptly describe how we relate to aspects of our lives.

Coming in the opposite direction, these same images may become lenses of usage which color our habitual perceptions of the world. If I am constantly bellyaching, then I may perceive many of my experiences with the world as a pain in the (neck... butt... etc...).

Through repeated patterns of perception and use, these metaphors may actually shape our inner worlds in many ways and on many levels.

It is not surprising to learn that in different countries there may be different distributions of common psychosomatic problems. For instance, placebos have been enormously helpful to German people with stomach ulcers (up to 60 percent rates of healing), but far fewer respond in Brazil (7 percent). However, placebos are relatively ineffective in Germany for hypertension relative to responses in other countries (Moerman).

Anna Fels shares yet another cross-cultural perspective on body language.

A fellow psychiatrist once told me an anecdote I have never forgotten. He was at a conference about depression in developing countries. The essence of the lectures was that people in those areas commonly expressed depression as physical symptoms. They "somaticize" their depression, to use the medical parlance, complaining of malaise, stomachaches, dizziness and other symptoms that are hard to pin down.

Techniques were discussed for dealing with the patient who insists her only problem is a heavy head or a squeezing sensation in the belly, but who is clearly depressed.

Toward the end of the meeting, a doctor from India stood to speak. "Distinguished colleagues," he said, "have you ever considered the possibility that it is not that we in the third world somaticize depression, but rather that you in the developed world psychologize it?"

How does the body take on the mind's problems?

There are many answers to this question. Stress hormones, nerves, and the immune system connect with various parts of the body. These are the physical levels of connection, which are wonderfully complex and have been well described in the medical literature. Our focus here will be on psychological and bioenergetic connections with the body.

Metaphoric imprinting of the body

If you repeat a word or phrase to yourself, or if it is said to you by an authority figure (particularly by your mother or father when you are in the early stages of learning about your relationships with the world), it may become imprinted in your unconscious mind. For instance, if you keep saying, "What a pain in the butt this is!" or if your father keeps complaining, "What a pain in the neck you are!" then your buttocks (or nearby tissues and organs, such as hemorrhoids or rectum) or your neck may listen to these words and respond by tensing up, going into spasm, forming blood clots (in hemorrhoids) and literally becoming an embodiment of those often-repeated, emphatic statements.

This is one of the ways in which the body acquires symptoms. As you can see from Table 1, there are countless metaphors and images of body language through which this could happen. For the most part, such imprinting occurs entirely outside your conscious awareness.

A pungently clear example was shared with me by a very gifted British healer who was invited to work in a pain clinic in Liverpool in England. For ten years Helen Smith offered healing to people who suffered chronic, intractable pain. She worked with groups of people, finding that this was both more effective and more time-efficient.

One day, a heavy-set man wearing a neck brace barged in during the middle of her group session, totally oblivious to the fact that he was interrupting the healings in progress, saying, "Is this the healing group? I was sent by my doctor to have healing. I don't know anything about healing and don't believe in healing, but he said he had nothing else to offer me."

Helen was not your typical, understated English lady. She confronted him firmly, saying "I see you have a pain in your neck."

"That's most astute of you to notice," he replied, with obvious sarcasm, "considering that I'm wearing a neck brace in a pain center."

“So, who is the pain in the neck in your life?” Helen shot back at him.

“My wife!” he blurted, with surprise on his face.

“Well go home and sort that out, and then come to me for healing,” Helen said, with a wry smile.

Conventional psychology has learned that the unconscious mind is very literal. Under hypnotic suggestion this becomes exceedingly clear. A hypnotist may say to a good hypnotic subject, “Your hand is getting lighter.” With several repetitions of this instruction, the subject’s hand may start to rise into the air. Or the hypnotist may suggest, “Your other hand is so heavy that you cannot raise it.” The subject will struggle mightily but will be unable to lift that hand.

The unconscious mind has such powerful control over the body that it can even create redness and blisters if told that the skin is being touched with a hot metal rod, when actually it is being touched only by the hypnotist’s finger .

It is also possible to give self-hypnotic suggestions, through firm statements and many repetitions. This is commonly used for relaxation. In *progressive muscle relaxation*, for instance, you first tighten your muscles and then repeat phrases such as “Relax,” “Soften up,” or “Unwind.” With practice, you will be able to relax rapidly when you tell yourself the words that you have practiced for un-tensing your muscles.

Self-hypnosis may also be used for more complex repatterning of beliefs. Emile Coué is famous for promoting, “Every day, in every way, I am feeling better and better.” Repeating such phrases can program a person for a more positive attitude.

Self-hypnosis can also achieve even more unusual physical effects. For instance, children with hemophilia, a congenital bleeding disorder, have been able to use self-hypnotic suggestions to reduce their need for transfusions to one-tenth of the units of blood they required in the previous year . Hemophilia is caused by the absence of a particular clotting factor in the blood. We have no understanding, as yet, how self-hypnosis could overcome the bleeding caused by the lack of this factor in the body.

To summarize: Suggestion can be a mechanism for the production of body symptoms - through frequent repetitions of a negative phrase such as “What a pain in the neck you are/this is.”

Conversely, working on body symptoms through positive suggestions may lessen symptoms.

Body memory and energy cysts

The body may participate in memories in several ways.

If your back (or other body part) is injured or tense at the time of a traumatic experience, the emotional memory of that experience may become imprinted in that part of your body. This seems to happen more often when you don’t allow yourself to fully experience or express your feelings. The painful emotional memories remain buried in your body, as though imprinted on a tape recording.

COMPOSITE CASE EXAMPLE:

“Sheila” was a 45 year old store owner who worked long hours. She was in a horrendous auto accident. Driving home from work late one night in the rain, she was stopped at a red light when a trailer truck skidded into the rear of her SUV, leading to a five-car pileup. Her

car spun around and her head hit the side window. While physically battered, Sheila wasn't seriously injured because she had her seat belt buckled. Two drivers, a woman passenger and her baby in the cars ahead of her in the pileup were less fortunate. They were pulled from their cars with multiple, bloody facial injuries and fractures, moaning and screaming. Sheila was severely shaken, but calm and able to assist some of the injured until the ambulance crew took over. She required no treatment and was released after a brief exam in the emergency room.

Three months later, Sheila started to have severe headaches at the base of her skull, and in the back of her neck. Multiple examinations and pain medicines over a period of years were of no avail. She was referred to a pain management clinic, where relaxation exercises and massage were prescribed. During her first massage, vivid memories of the accident suddenly surfaced, with strong feelings of fear and anger. As the massage progressed, she started weeping, recalling that the baby had been pronounced dead on arrival in the emergency room.

As the massage continued, she suddenly recalled having had a spontaneous abortion many years earlier, after a minor auto accident in which she had also been rear-ended while stopped at a light. This memory was accompanied by wrenching sobs, as Sheila released grief that had been unacknowledged, unexpressed and buried beneath her conscious awareness for years.

Following this massage, she no longer had headaches or neck pain.

This is not an uncommon experience in massage and other bodywork therapies. Another, more profound example of an emotional release with massage is given by Peter Clothier, in an earlier issue of the *IJHC* (2001).

Psychotherapy may be an essential part of a treatment program to release energy cysts. This is too vast a subject to discuss in detail here. Suffice it to say that forgiveness is often required in order to release hurts and angers that bind us to illness. This is true for healing of personal, relational, and international problems.

Reinforcement/Conditioning

If you pair a stimulus to the body with an emotional experience, the emotional experience becomes "anchored" in the body. The stimulus could be anything from the touch of a finger to a traumatic injury. This has been extensively explored through techniques of Neurolinguistic Programming . You can demonstrate this to yourself in a simple exercise.

Focus your mind on an experience that has left you with a negative feeling (e.g. sad, angry, frustrated) and reinvoke the feelings in as great intensity as you can. When you feel they are at a maximum, ask yourself, "If '10' represents the worst I could feel about this, and '0' means it doesn't bother me at all, what number is the intensity of these negative feelings?" After you note what level of intensity you feel, press with one finger on any part of your body, such as your thigh muscle. After holding the pressure for about 30 seconds, release the pressure but be sure to not move your hand so that you can press repeatedly on exactly the same place. Think of any other experiences you want to for a few seconds. Then press again. What do you notice as you press again with the same finger, using the same pressure on the same spot? (Keep your hand in the same place to continue the exercise.)

Most people will notice a resurgence of the negative feeling when they press on the "anchoring spot." It is as though you have set up a button that now reactivates the feelings associated with that memory.

Now, focus your mind on a positive experience, reinvoking the feelings associated with this (e.g. happy, joyous, confident) and use a finger of your other hand to press on a different spot, again keeping your hand still so that you can press again later on the same spot with this finger. Hold the pressure for about half a minute, then release. Again, be sure to keep your hand in the same place so that you can press repeatedly on exactly the same spot.

Think of any other experiences you want to for a few moments. Then press again. What do you notice this time? (Keep your hand in the same place to continue the exercise.)

Now, press with both fingers simultaneously and hold the pressure for 15-30 seconds, or as long as it intuitively feels right to do so. Then release the pressure and again hold your hands steady in their places.

Now press again with the finger that anchored the negative feeling. Note the intensity of the feelings you experience. What level of intensity are they (0-10)?

Most people note that the intensity is noticeably decreased. The factual memory will remain, but the emotions associated with the memory will not be as strong.

This simple exercise confirms that your body is clearly an integral part of your consciousness. It participates in your awareness of experiences and in your feeling memories of experiences. It can also participate in your healing of traumatic experiences.

Three observations are evident from this exercise:

1. Memories of negative experiences can be anchored in physical body memory, related to tensions in muscles, tendons and ligaments.
2. Memories of positive experiences can be anchored in body memory.
3. Positive body memory experiences can be used to diminish the intensity of negative ones.

Traumatic body memories

Physical tensions and blows to the body that occur randomly during traumatic experiences may imprint memories of those experiences on those parts of the body that are tense, receive blows, or are injured at the time.

COMPOSITE CASE EXAMPLE:

George, a Viet Nam veteran, suffered from chronic debilitating backaches that began several decades after his war experiences. None of the usual medical or chiropractic treatments provided more than temporary relief. He found deeper relief in his first two Reiki treatments, and in the third treatment he suddenly recalled his anguish over the death of Don, his buddy in Viet Nam. When Don was severely injured by a booby trap, George had carried him on his back for many hours through the jungle, finally reaching a place from which a helicopter could evacuate him. George was devastated to learn a few hours later that Don had died of his wounds. George had no time to grieve because he was immediately sent back into action with his platoon.

During this Reiki treatment, he connected with the ache in his back from the hours of carrying Don through the jungles, and with the ache in his heart over Don's death. After more than an hour of deep sobbing, his back pain abated, never to return.

Body memories of this sort are very common. It is rare for conventional medical assessments to focus on this cause of physical problems. It is common for CAM therapies to do so, and CAM therapies are often successful in treating these.

Healing is not a matter of mechanism but a work of the spirit.
Rachel Naomi Remen

Reading body language

Since you program your body through life experiences and metaphors, it is possible to “read” body symptoms and interpret the metaphors and psychological meanings behind these. Sometimes the messages your body is sending are obvious, and other times they are not.

I believe that you are the best one to interpret your own body’s messages, as you are with unconscious behaviors, slips of the tongue and dreams.

The first step is to ask, “What might your body be saying through these symptoms?” In my personal experience, far more often than not, people are able to answer this question quite readily. They are usually surprised and bemused at how clear the message is – once they ask this question. They are then surprised and dismayed that they may have suffered with their symptoms for months and years without anyone having asked this question.

If no answer comes to mind, imagery techniques may be helpful. I might suggest, “Let your mind be a blank screen. Invite an image to appear on the screen in answer to the question of what your body is saying.” Here, too, people are surprised at the ready answers that the mind can provide.

Interpreting what your body is saying can sometimes be a challenge. It is helpful to know that various organs may be associated with particular feelings. Several therapists are helpful in suggesting what a given organ illness or symptom might be saying. Louise Hay (1984) is well known for her lists of symptoms, their underlying meanings, and affirmations you might consider for countering the messages imbedded in organs and tissues – thereby releasing the physical symptoms from the tensions that bind them in maladaptive patterns of function and illness. These lists are not to be taken as gospel. They are simply observations of common psychological associations with particular experiences.

Emotional releases during complementary therapy treatments

Massage can release emotional memories stored in muscles, as described above. The mechanism for such releases is probably complex. In some ways it appears similar to the releases of the anchoring exercise. The pressure of the massage on the muscles may recreate the tension that was locked into the muscles during the emotional or physical trauma. This may reinvolve the memories, just as happened with repeated pressure on the same spot on the body in the exercise above.

The emotional and physical releases may be further facilitated through the positive atmosphere created by the relaxing massage, combined with the compassionate touch of the therapist. These may create a safe space in which the unconscious mind overcomes its habitual defensive habits and permits the release of the buried original traumas. Similarly, these nurturing and supportive aspects of the massage may help to neutralize some of the negativity, just as the positive anchor paired with the negative one did.

Deeper forms of massage, such as *Rolfing*, put pressures on tendons and ligaments as well as on the muscles. These tissues may also hold traumatic memories. While such massages can be painful experiences, the emotional releases they facilitate bring benefits that by far outweigh the cost in therapeutic pains.

Gestalt therapy invites you to dialogue with any part of your body that spontaneously “speaks” during a therapy session. In gestalt therapy you form an image of a problem and then you imagine this problem is sitting in an empty chair that is opposite you. For instance, you may be struggling with chronic backaches. You would put your back pain on the empty chair and ask it what it is saying. You would then change chairs and speak for the back pain, which might state, “I’m carrying too heavy a load, between my stressful job, my partner who has cancer, and my young children who need my attention a lot of the time.” You would then change back to your original seat and negotiate with your back over what parts of the load might be lightened.

Many years ago, I was working with Josh, a sixteen year-old client who was used to gestalt therapy. He came in one day, twirling between his thumb and first finger a flower that he had plucked on a short stem from a bush outside the clinic. I asked him what his fingers might be saying to the flower and what the flower might be feeling. His immediate, responses remain with me poignantly to this day:

Flower: Why have you pulled me off my bush, and why are you twirling me around like that?

Fingers: I don’t know.

Fingers: (prompted by therapist): How do you feel, being twirled like that?

Flower: It feels lousy being torn from my roots, being tossed around without any control any more.

Josh: Yeah, that’s how I feel. My parents moved because of my dad’s job changing, and I was torn out of the school I went to from the first grade.

This invitation for his fingers to speak opened a door into Josh’s feelings of frustration, hurt and anger that he had not been in touch with before.

Watch, feel, and listen to what your body is saying. It often has messages of deep wisdom to share.

Meditation and relaxation of the body may bring about spontaneous releases of buried emotional hurts . It appears as though the unconscious mind carefully guards the doors of closets where such hurts are locked away. The calming effects of meditation and relaxation may signal the unconscious mind that there are more resources in the present moment to deal with stresses, so that it can relax its guard and allow these buried materials to be released. Or perhaps the unconscious mind relaxes during meditation and the materials spontaneously surface of their own accord. When this happens unexpectedly, it may be unsettling, distressing, or even retraumatizing, and may be taken as a negative effect of meditation and relaxation rather than a positive one.

Yoga and other bodymind therapies such as the *Alexander Technique* , *Bioenergetics* , *Feldenkrais* and *Rubinfeld* therapies can bring about emotional releases. In some of these therapies there can be manual pressure by the therapist on the body, as in massage, but in many instances the therapy relies on the client placing her body in particular positions that temporarily increase tensions and then release them. Emotional releases may occur during these exercises, as memories associated with body tensions are activated.

Bioenergy healing may also bring about such releases, as in the veteran with backache described above. Healers may hold their hands very lightly touching the body, or may hold

their hands several inches away from the body during treatments. During healing it is not a rare experience to have emotional releases occur. Healers suggest that the bioenergy body can hold memories just like the physical body can . Elmer Green coined the term *energy cyst* for these memories which appear to be stored in the bioenergy field. Therapists practicing many forms of bioenergy healing have reported such releases, including Barbara Brennan Healers , Carniosacral Therapy , Healing Touch , Qigong , Reiki , Therapeutic Touch and others.

Aromatherapy relies on the odors of various oils to produce particular effects. For instance, lavender is used to soothe and calm; lemongrass and rosemary to uplift and refresh; and orange is soporific . While it is unclear how odors produce these effects, we have in this sensory stimulation of the body a variety of therapeutic effects.

Homeopathy introduces substances into the body that produce physical and psychological effects which resonate with the properties of various chemicals.

The blending of symptom, substance, and symbol is beautifully illustrated by Edward Whitmont, a Jungian psychiatrist. Whitmont describes a man of about 40 who had acne, whom I call "Henry." A single, strong dose of calcium carbonate (extracted from oyster shells), C1,000 was given. This produced temporary spasms of his finger muscles, similar to tetany symptoms which would be typical from parathyroid gland dysfunction. These spasms evoked memories in Henry from his childhood, when his mother taped his fingers to his bedside in a way that resembled their position during the spasms from the homeopathic calcium carbonate. His mother had done this to prevent him from masturbating. Vivid memories arose in Henry of his anger and shame from this experience. As a child he had completely repressed these memories in his unconscious mind. This somehow translated itself into his skin condition and a boisterous personality. With the release of these memories came a release of the spasms in his fingers. This also furthered his progress in psychotherapy.

Whitmont explains that every remedy has its particular spectrum of effects, its *personality*. When a person has a cluster of physical and psychological symptoms and personality traits that match those of a remedy, then that remedy can bring about a clearing of those symptoms and may also alter the accompanying personality traits. The art and challenge of the practice of homeopathy is to ask the right questions in order to identify the relevant symptom clusters. Without asking about specific symptoms, many of which would not be at all obvious or likely to be reported spontaneously, the best remedy might easily be missed.

Flower essences, taken orally, have similar effects . Clusters of psychological and physical symptoms respond to various flower essences.

What is most fascinating is that each skin area on the body may be associated with a remedy that can be helpful for problems in that part of the body . The remedies, however, are not given to address the physical symptoms. They are given to address various psychological problems that have no obvious relationship to the dermal area that was used to identify the relevant remedy. I must admit I have no theory to explain this aspect of body language.

Intuition and the body

It is estimated that only 5% of our brain capacity is within conscious awareness. This means that we have another 95% of brain/consciousness capacity we can tap.

Applied Kinesiology (AK) provides methods for using the body to facilitate access to the unconscious mind . When you are emotionally upset, as in depression, anxiety or anger, your

body becomes weaker. If you think about something that is distressing, your muscles will reflect this.

AK exercises:

Do these only if your hand and arm are normal and free of any injury or other problem.

1. Hold your arm out sideways from your body. Ask someone with whom you feel close and safe to press gently but firmly downward on your wrist in order to test your muscle strength. The object here is not for him to break your position, but to see how strong your muscles are. This is your baseline, your starting point in checking the strength of your arm muscles.

Next, have him ask you, twice in succession, "What is the last digit of your phone number?" In response to either the first or the second time he questions you, tell the truth, and in response to the other time he asks you, you will say a false number. (By not revealing which time you are telling the truth and which time you are lying, he can't press harder in line with any expectations.) After responding to each question in turn, your partner will press down again on your wrist, using the same degree of pressure as on the baseline testing. Note any changes in your muscle strength on each occasion.

Most people will find that when they give a false answer their muscle strength is weaker.

2. Now, think of something that makes you sad. When you can feel the sadness of it, ask your partner to press down again on your outstretched arm. Note any changes in your strength.

Next, repeat this process, taking turns thinking of something that makes you happy and then of something that makes you angry. Note any changes in your strength with each feeling.

Most people will find that their muscles are weakened as they focus on sad or angry

Discussion:

Exercise (1) demonstrates that your body can be used to answer "Yes" or "No" questions, providing access to the 95% of your brain capacity that is outside of your conscious awareness.

Despise no new accidents in your body, but ask opinion of it.

Francis Bacon

Exercise (2) shows that your emotional state can influence your muscle strength. This provides a tool for accessing the degree of upset when focusing on an emotional issue. It also points to the possibility that emotions might interfere in muscle testing for "yes" and "no" answers.

AK for non-local explorations

Because the mind can reach out through non-local consciousness to anywhere and anywhen in space and time, it is possible to use your body responses to access intuitive and psychic information. Theoretically, there is no limit to the information available to you. For example, you may ask whether a particular food item is good for you, whether it is for your highest good to consult a particular therapist, or whether a specific invitation (social, work, spam mail) is likely to be of benefit to you. Therapists, with the consent of their clients, may use kinesiography similarly on themselves to ask questions about how to proceed with the therapy. I call this *transpersonal kinesiography*.

The difficulty in any use of intuition is that intuitive information appears to enter consciousness via the deeper parts of the brain or mind, much like dreams do. As intuitive awarenesses surface to consciousness, they may become distorted by various images and mental associations. You may, for instance, intuit an image of the President having a heart attack.

You check the news media and find that no such thing happened. A few days later, however, you hear that your high school gym teacher, who was an important person in your life, was hospitalized with a heart attack. It would appear that the Unconscious mind has used the image of the President as a vehicle to bring to your Conscious mind something the Unconscious has picked up that is important to you.

Skeptics will say any such experience is pure coincidence and that AK and alleged psychic phenomena are no more than chance events that happen to occur at or about the same time .

Exercise (2) shows us that factors other than our thinking mind may influence these muscle responses. If we have particular feelings about the questions asked, or if we have psychological associations to the questions that evoke feelings, our muscle responses may reflect these feelings rather than the answers to the questions being asked. Many other factors could influence these muscle responses . You must therefore be cautious in accepting the answers your body gives you. There will always be leeway for several possible interpretations to your responses, and a significant margin of error. While this may be discouraging to those who want a system that is completely reliable, this is the way your intuition speaks through your body and we must accept it and work with it the best we can if we are to access our intuition this way.

If you seek transpersonal information from outside your own experience and fund of knowledge, where does this come from? Extrasensory perceptions (ESP) can bring us information from the minds of anyone, anywhere. Time is not a barrier, so information from the past and future is also available. We can thus access the collective conscious of all of mankind. Whom we access, however, may make a big difference in the answers we get to our questions. You probably wouldn't accept advice from just anyone on the street, nor should you seek or accept uncritically advice which comes transpersonally from unselected sources.

So how do you assure that you get *good* advice when you use kinesiology? My recommendation is that you should put out your questions with the request that they should be answered from the highest possible source, for the highest possible good of all. Sometimes this may mean that your own needs are bent to the needs of the collective. This may be one explanation for apparently negative responses (relative to our personal expectations) to our questions, healing wishes and prayers. What may appear to be negative or erroneous responses to questions from your present personal perspective may turn out to be a positive response for you in the light of future developments or in the context of a greater whole – within which your question may have implications that you cannot foresee or understand.

Research in kinesiology has produced very mixed results. While some studies have shown significant effects, others have not. Many researchers have despaired that this is an unreliable test. My own impression is that its reliability is dependent on the mental and emotional clarity and steadiness of the people doing the testing .

Biofeedback gives us conscious influence over body processes that are usually under automated control of the autonomic nervous system . You can train your mind to alter functions of parts of your body such as the iris of your eye, your blood pressure, the dilation of blood vessels (and consequently the temperature) in your hands and feet, spasms of arteries that cause migraines, and your brainwave frequencies. Such control can contribute to treatment of anxiety, hypertension, headaches, painful constrictions of blood vessels in the extremities, hyperactivity, and more.

Spiritual dimensions of healing the body

A bodily disease which we look upon as a whole and entire within itself, may, after all, be but a symptom of some ailment of the spiritual part.

Nathaniel Hawthorne

In spiritual healing, it is assumed that the spirit is the primary essence of being. The body is a garment worn by the soul in its explorations of physical existence and in relationships with others who are engaged in similar explorations. Lessons that are not fully learned in one lifetime in one body garment may be re-worked and re-learned in other lifetimes.

From some spiritual perspectives, illness may not be viewed as a negative experience. It may be a message from your spirit or soul to bring your attention to particular aspects of your life. Physical problems may be viewed as alarm bells that are sounded by the body to alert the conscious mind that there is a disharmony in your spiritual being. Bodily ills are, in this perspective, encouragements to move beyond your focus on physical existence and to seek deeper meanings in your life.

This is not to say that *all* illness is in every case a spiritual message. You may be the chance victim of food poisoning, viral infections and accidents. Conversely, not all apparently chance misfortunes of health are pure coincidences. Some seem to come from a deeper wisdom than we can fathom, guiding us to spiritual lessons through adversity.

There are many ways in which spiritual awareness may surface to consciousness.

“Why me?” is a question often asked by a person with serious or chronic illness. While this question may initially come from a place of hurt and anger, with a feeling of injustice, it may lead to deeper questioning and spiritual questing for answers.

Prayers are often offered by people who are ill and by those who care for them. Coming from a place of true need, they both carry a strong impetus to connect to spiritual dimensions and a strong energetic to promote healing. Careseeker prayers bring you into spiritual awareness directly, and caregiver prayers may do so secondarily – through fulfilling your soul mission on earth and through the mystical consciousness that accompanies healing.

As death approaches, and we can see that we will have to give up this body-garment that we have worn for a lifetime, we ask more spiritual questions, and often seek avenues and offer prayers to prolong life. We sometimes overlook that healing into death is also a healing. This point of transition may be the most important time in your life. Eastern traditions teach that if your mind is clear and fixed on spiritual dimensions as you transition from physical existence to spiritual dimensions, you may be released from the cycles of lessons in physical garb. Here, too, kinesiology may help to guide us through the challenges of this transition.

Bereavement opens into spiritual awareness in several ways. It reminds those of us left behind that our time to cross the great divide will also arrive someday. Messages from our body through kinesiology can also help us find inner guidance to work through our hurts, angers, guilts and return to a normal existence that doesn't include the departed.

Conclusion

The body is a vehicle for rich lessons in life. When we listen to what it is saying, we can move into deeper connections with the All.

Conversely, when we are connected with our bodies and with higher dimensions of awareness, we can better understand and deal with the physical challenges our bodies face.

In this issue of IJHC

The IJHC acknowledges the grief of the families of the victims of the tragic events of 9-11.

We also acknowledge the grief of our nation - not only over these losses of lives, but also over the loss of our sense of security in the safety of our own lives on these shores. While we do not devote much space in this issue to 9-11, we want to acknowledge in particular those who seek healing responses to the hatreds and conflicts that underlie and surround and perpetuate the plague of terrorism on our planet.

An encouraging note in this direction is presented in a remarkable book. Raymond G. Helmick, SJ and Rodney L Petersen (eds), in *Forgiveness and Reconciliation*, share the experiences and lessons of mediators who have worked in countries with horrendous conflicts - including genocide - where reconciliation is being explored and implemented successfully. (See details in our Book Reviews.)

Some of these issues are also addressed on a personal level in a brief piece by Constance Pierce on her struggles with the hurts born of a lifelong abuse from her mother, and how she dealt with these when her mother lay on her death bed.

Jane M. Hart, Ed.D. brings us an example from one of her clients of how physical pain can be an invitation to listen to what your body is telling you about disharmonies in your life, ultimately leading to transformative experiences. Hart shows how the client is also a teacher to the therapist, so that the client's physical problems bring lessons to the therapist as well.

Ronald Banner, MD, discusses ways in which being a physician can open into spiritual awareness.

Many physicians view the placebo reaction as a nuisance because it interferes with their studies of medications and other therapies. George David Swanson, PhD, introduced a volleyball he named "Wilson" (after the Tom Hanks film, *Cast Away*) in his lectures and psychotherapy. He explains how this *transpersonal placebo* can bring people into insight and transformation.

Shelley Scammell, PsyD shows us, through the lens of research for her doctoral dissertation, how spiritual awareness can be a curative healing factor for people dealing with the chronic pains and other debilitating physical challenges of fibromyalgia.

Leland R. Kaiser, PhD, a visionary futurist who is helping to bring spiritual awareness into health care, discusses the place of intuition in health care.

Mirtala shows us through her sculptures and poetry how art is love in search of form. Mirtala's work embodies the observations of Thomas Moore:

Art objects are lures attracting certain spirits, and they're containers for that spirit. Our task is not to explain images but to expose ourselves to them and have our thinking and feeling affected by them. Images are inherently and necessarily mysterious. They invite us to enjoy life where mystery deepens the level of our thought and experience." (p. 174)

References

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