The Wisdom of the Body

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Where does the body end and the mind begin? Where does the mind end and the spirit begin? They cannot be divided as they are interrelated and but different aspects of the same all-pervading divine consciousness.

B. K. S. Iyengar

Ever since Bill had bent over to pick up a dumbbell at the gym four months ago, searing pain gripped his back and shot down his legs with every move. Only total stillness brought temporary relief to his otherwise implacable pain. Convinced its origin was physical in nature, Bill sought help from a chiropractor, acupuncturist, naturopath, Rolfer, and orthopedic surgeon. He swallowed anti-inflammatories, muscle relaxants, pain medications, and tried four acute homeopathic remedies. Sitting before me now in a rather contorted posture, I could see the weariness in his eyes. Breathing shallowly to keep pain at bay, his life force was shrinking by the moment.

From the vantage point of being a "last resort" for many patients, I can invite people to play with possibilities and potentials they might have otherwise been hesitant to consider had they previously found some modicum of relief. In Bill's case, I was curious to explore the wisdom inherent in his body, the intelligence held within his tissues, muscles and bones. Bill's body was speaking to him, yet he was unable to decipher its messages.

Trained as a medical doctor, Freud began his journey into the uncharted terrain of the psyche after recognizing that many of his patients suffered from physical disorders seemingly without material, organic cause. Their ailments were "psychosomatic" in nature. This was not to say that their pains were "all in their head," magical or unreal. Rather, their bodies expressed deeper unconscious and unintegrated information. When unable to psychologically manage contradictory or conflicting experiences, emotions or drives, the psyche utilizes a series of defense mechanisms to either ignore or lessen the tension. Instead of dealing with a traumatic past or dark emotions by integrating them into our lives, we tend to dissociate, deny, project and sublimate. Sublimation occurs when people channel otherwise unacceptable expressions into something more culturally agreeable, such as redirecting sexual impulses into physical exercise. This rechanneling of attention happens within the landscape of the body as well when we believe, at least on the subconscious level, that it is more socially acceptable to deal with physical rather than psychoemotional pain.

I wondered aloud if this could be happening to Bill. I try to shy away from a reductionist approach in interpreting the meaning of symptoms. Several self-help books list diseases and disorders and their corresponding mental, emotional or spiritual causes. For instance, back pain is frequently considered an indicator of feeling unsupported in one's life. While many such statements have validity, they are, nonetheless, generalizations; more importantly, they remove both the individual and the symptom from the process of healing. Whenever we authoritatively interpret a symptom, dream or symbol, we can kill the messenger. Had I told Bill that back pain was his body's attempt to somaticize his feelings of isolation and separateness, he might reply flatly, "you're right." But for any insight or integration to occur, what is required is listening, turning inward; a mindful exploration, whereby we settle, listen, approach and contact our physical and emotional experiences and provide them the room to share their wisdom.

For those accustomed to dissociating from their sensations, whether physical or emotional, entering into this world of the body can be frightening, if not incomprehensible. Not only does our culture tend to value interpretation and evaluation over sensations and feeling, our vocabulary for these also tends to be lacking. Therefore, we search for an escape route, be it food, alcohol, work, exercise, television, movies, meditation and even therapy. None of these are inherently good or bad; their merit lies within their use. Do we eat, drink or pray to avoid confronting our experiences, or do we do so as a vehicle for deepening our connection to life? Counseling can be another way to distance ourselves from our experience when we simply "talk about" it or try to "solve the problem" rather than stay present to it.

But the body has its ways of bringing into the light our unconscious material. Not only through pain and symptoms, but in breath, sensations, emotions and intentional movement impulses that we tend to dismiss or disregard. As Bill spoke, I noted how frequently his hand would draw into a fist



about the author

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that he would shake in front of his heart. Calling his attention to this as it occurred, he instantly dropped his hand on his lap and said, "I didn't even notice I was doing that," something I hear frequently from patients when we begin to track their movement patterns. I invited him to instead close his eyes and repeat this gesture slowly and attentively. By doing so, he could come in contact with - and generate awareness of his physical being. Approaching oneself in this way can only be done through focused attention. I emphasized that I was not asking him to interpret or create meaning, but to face himself. Research has shown that under stress, neocortical function is inhibited, meaning that our rationale, analytic mind tends to be less accessible to us as we resort back to habituated patterns stored in the brainstem and limbic system. In other words, when provoked, we shift into fight or flight mode, expressed and observable to others in the movements of our body. Trying to make meaning of the situation or experience cognitively may not be the most efficacious approach. The body is striving to communicate, to reorient, to make us whole in the only way it knows how at that given moment.

In our vain attempts to cure the problem, whether back pain, earaches, migraines or insomnia, we might bypass latent issues. With mindful concentration, Bill was able to soothe and settle into his body. Entering into the world of his clenched fist and what it evoked, feelings of anger began to surface, catching him by surprise, and causing him to blurt out how he had nothing to be angry about. For the next hour, I repeatedly had Bill return his focus to his fist, to watch its impulses and tendencies, as well as any arising movements. When anger arose and he was tempted to change topic, to redirect his attention elsewhere, Bill persevered. Images or memories, whether actual or figurative, of his father holding him by the shoulders, commanding him to make him proud, to work hard and not shirk responsibilities spontaneously surfaced. As he verbalized this, his hand gradually and almost imperceptibly opened to a flat palm facing outward. Following the path his hand wished to take, Bill saw he wanted to push back, to shove his father away. This was his internal conflict. Unwilling to admit to his desire to resist his father, to push against his father's rules, he chose to suppress these feelings, shoving them down. Encouraging him to stay present, I had Bill press slowly against my hand. My hand took the place of his selfimposed suppression, allowing Bill to open to the aspect of himself that longed to fight, to push back, to react.

As his pressure against my hand mounted, so, too, did his cries. "I want to do it my way! I want my life, not yours! When you didn't like my ideas, you stopped talking to me! You never accepted my choices. I didn't want to be a teacher; *you* wanted me to. When is it *my* chance?" By orienting to his personal will, Bill began to soften, and slumped back against his chair. As the tightly held tension to prevent expressing his truth melted away, his face relaxed. What was most notable, of course, was the degree of force and the amount of movement he had just expended. I brought this to Bill's attention as I asked about his back pain. Shocked, he stood up and moved around. I watched as he twisted, turned and shook his torso without wincing.

Treating his back pain, seeking out therapy for the physical plane alone, was a deflection from the deeper issue, the one generating the majority of life force constriction. Something I observe frequently is that once patients allow themselves to experience the deeper issues at hand, they gain access into the real cause or root of their dilemma. More than lack of support, Bill tapped into the profound sadness he felt with his current life and career, as well as the grief of watching his dreams for a different way of living in the world pass him by.

Janey had a similar experience. During one of her sessions, she mentioned her plantar fasciitis seemed unresponsive to treatment. Like Bill, she had tried a variety of approaches - acupuncture, cold laser therapy, massage and reflexology, new shoes and arch support. As an aside, Janey flippantly quipped how her pain must be manifestation of her challenge with "standing up" for herself, yet this admission resolved nothing. As a means of attending to the messenger, I suggested guided imagery. If we are indebted to Freud for his discovery of psychosomatic illness, we owe thanks to Jung for his discoveries of working with images as a means to bypass the limitations of cognition and analysis.

I began by having Janey envision a safe place, her own special place where nothing or no one could gain access unless invited. Then I asked her to ground this image by employing all her senses - sight, sound, touch, taste, smell, etc. After a few minutes, I asked her to allow an image of her foot pain to take shape about five to ten feet before her, paying close attention to its form, shape, texture and color. Within seconds, she said that the image confused her. She saw a dark red, burning piece of wood, but didn't know why it was there. Rather than access her analytic functions, I reminded her to return to the image itself. At this point I invite people to either ask a specific question to the image (such as, what do you want me to know?) or to listen to whatever message the image wishes to share. Without pause, she had a reply, "It's telling me that it's trying to protect me." From what? I asked, "Being hurt. If I go out again, I will just get my heart stepped on by another guy." While dating had been a theme we touched on tangentially, this was the first time she expressed her specific fear. I asked the fiery wood what it needed Janey to know. "As long as I'm around, you won't get hurt. I'll take care of you." Janey opened her eyes, took in a breath, and said, "I think I need to deal with my fear of intimacy." She stood up to find her pain had significantly decreased. Over the next several weeks, Janey tracked its frequency and intensity, and she noted that whenever she was in a situation where she felt exposed or vulnerable, the pain would flare up. However, her relationship to the pain shifted. She no longer wanted it to go away. Instead it became an ally, signaling the presence of her pattern of retreating and hiding from the world. Over the next few months, not only did Janey develop a greater sense of self, but her plantar fasciitis resolved.

How often do we turn away from our bodies, reject our physical sensations and feelings? How frequently do we shoot the messenger, and never hear the message? Both these stories exemplify the naturopathic principles of *first do no harm*, *treat the cause*, and the *healing power of nature*. While Bill and Janey's other treatments were safe and do indeed promote health on a myriad of levels, as clinicians we might wish to check our impulse to treat the most apparent level of an imbalance, and instead, take a moment to practice patience and listening. When we realize that physical pain may result from deeper internal struggles and conflicts, we discover that by bringing those to the fore, facing and contacting them, we treat the cause. And when we believe in the body's innate wisdom to express itself and guide us to wholeness, we acknowledge the healing power of nature.