Non-Conventional Healing: A New Paradigm

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In the opening pages of his book, ***Dreambody: The Body's Role in Revealing the Self*** by Arnold Mindell (Santa Monica, CA: Sigo Press, 1982, 219 pages) Mindell suggests that Jung may have been hinting at dreambody work when he says in his autobiography, *Memories, Dreams, Reflections*, that it is necessary for the analyst to put his training and preconceptions behind him and begin anew with each patient, re-creating psychology. The irony is that it requires a high degree of discipline, experience and knowledge to do just that. I believe that physicians managing chronic pain also need to leave preconceptions and reach out to each patient. They need to provide a container of safety in which the work of healing must take place. This is a different model than the allopathic medical model such as the split between psyche and soma. Thus I am trying to extend what Jung's findings and speculations were in the psychological states to the physical states of medical illness as well.

For Mindell the way was paved in part by his own illness, and the opportunity to work with terminally ill patients, for whom the reality of the somatic situation could not be met by psychological explanations. They only served to intellectualize the experience. It was then that he and his patients began to let the body "speak" for itself, to amplify its symptoms, which led in time to the re-formulation of the age-old concept of the dreambody.

"*The dreambody is a collection of energy vortices held together by the total personality*."

For Alice Johnston, Dreambody work has meant that dream exclusive of body work, or body exclusive of dream work, seem obsolete. The implications of a system which views dream and body as one process, hovering between body sensation and mythical realization are vast. It is precisely in these spaces of indefiniteness and lack of analytic precision that new paradigms might emerge.

According to Mindell, when we change from real body awareness to dreambody, we must put aside real body questions. "*Illness is an ego concept, a definition belonging to the realm of the real body*." Questions about the origins of disease pre-judge its nature and prejudice the experience and experiencing of the dreambody.

"If we want to get at the individual roots of psychological processes we must observe the personal, changing experience of the body."

In challenging the assumptions of Carl and Stephanie Simonton's work with cancer patients, the openness of a dreambody approach comes into sharpest focus. The Simontons describe meditative imaginings in which medicine appears as a positive force, combatting evil cancer. With some of Mindell's patients, the medicines are identified with evil, and the cancer with the Self.

For Johnston what he is saying is that if we are to learn from our illnesses, we must reach beyond a consciousness pre-occupied with healing and cure. Or to phrase it more positively:

"Dreambody work heals the body by relieving it from doing, and by integrating symptoms as meaningful aspects of existence."

Perhaps the strongest analogy to dreambody work is found in the Tao which Mindell defines as a "pre-meaningful field, a sort of force operating on the personality or radiated by it." When the individual is in touch with the body spirit

of the Self, he no longer experiences himself as a particle in a field, he is that field and dances effortlessly. In common with yogic and shamanistic practices, "dreambody awareness is a preparation for death and a living confrontation with the timeless nature of the personality."

I believe that the failure of strategies to deal with chronic pain and disease have forced us to consider different approaches.

We need a new template to define and articulate the basis for healing. It can no longer use the military model of war, defeat, overcoming pain and disease. Jung suggested the body is in tension with the psyche as a conjunction of opposites. The energies contained in the body speak for themselves, however, we as healers must learn to "read" these unique voices. We can only do this from our own perspective of pain and our own experience of illness.

In my own practice the only so-called successes I have had usually occurred when I was able to share in the suffering of my patients and allow them to suffer alongside me in this container of mutual work. Here we allow our imaginative faculties to emerge in a bond of safety and respect. In this space I invite the patient to imagine the reality of their lives and the slow decay and degeneration that is that reality. I make space for the grieving for their lives to occur without judgment. Here the issue of pain and suffering comes to the forefront and here the notion of surrender becomes important. The imagination and inner work like journaling and meditation allow for a new space between us to emerge where the specific biographic history is put in perspective, the past abuses, violence, trauma, injury, psychic trauma emerge as nodal points are given their due respect and attention with no theory or relief, no school or medical data to save either of us from the immediacy of the pain and facing the shadow.

Facing the shadow means confronting the pain and dis-ease, being “nailed” to the cross (as in Simone Weil) and allowing the mythic archetype to engage and be present.

Despite the body of pain and its decay, its degeneration, and prognosis, the imaginative construction of this reality does not allow for the usual optimism underlying medical care and the eventual conquering of dis-ease. Rather dis-ease is inevitable and the real challenge is moving beyond “healing” the way individuation does not mean the relief of the self by strengthening ego, rather the full acceptance of the shadow side, the dark side, the illness and decay. The holding of these opposites in tension, without resolution, and the participation of archetypal influences in the process (for instance the *senex* as the sage).

In the individuation process, the archetype of the Wise old man was late to emerge, and seen as an indication of the Self. 'If an individual has wrestled seriously enough and long enough with the anima (or animus) problem...the unconscious again changes its dominant character and appears in a new symbolic form...as a masculine initiator and guardian (an Indian guru), a wise old man, a spirit of nature, and so forth'.

The same applies to the feminine archetype. These archetypes allow us to participate in transpersonal nodal points of imaginative meaning which alleviate us of the burden and guilt of self, of the objective burden of reality as-it-is measured.

In allowing both the healer and the patient into this archetypal imaginative role there is a relief from the burden of constant treatment. We allow for pain and suffering in this space of the *senex*, where wisdom emerges from the very acceptance of decay and degeneration.

This may all sound very un-scientific but the current scientific data show miserable results for all medical and surgical strategies in dealing with pain. The non-conventional alternative literature is no better. A new trajectory must be sought whereby the so-called object or patient being held under the microscope can no longer suffice as a model much in the way that in quantum mechanics the positionality of the observer becomes critical in the outcome of the very experiment.

Here too the doctor/physician/healer can no longer observe the patient as an objective scientist and can no longer divorce the psychic/spiritual dimensions of pain and suffering. Those strategies have not worked using the very scientific methods applied. The new paradigm allows for a different strategy whereby both the observer and the observed participate in a mutuality of interaction whereby both are able to suffer better and accept the process of life as part of death.

We cannot divorce pain and suffering from death. We cannot live under the illusion of eventual triumph over the angel of death. That myth has not served us well. Patients in ICU express the torture and horror experienced, all in the name of health and cure. Death as an integral part of life in a conjunction of opposites, allows us to live in this space of uncertainty and fully accept the realities of life-in-the-shadow of death.

James Hillman has been critical of the 20th century's psychologies (e.g., biological psychology, behaviorism, cognitive psychology) that have adopted a natural scientific philosophy and praxis. Main criticisms include that they are reductive, materialistic, and literal; they are psychologies without psyche, without soul. Accordingly, Hillman's oeuvre has been an attempt to restore psyche to what he believes to be "its proper place" in psychology. Hillman sees the soul at work in imagination, in fantasy, in myth and in metaphor. He also sees soul revealed in psychopathology, in the symptoms of psychological disorders. Psyche-pathos-logos is the "speech of the suffering soul" or the soul's suffering

of meaning. A great portion of Hillman's thought attempts to attend to the speech of the soul as it is revealed via images and fantasies.

I believe that we need to extend Hillman's ideas beyond psyche to bodily pain and degenerative disease as well. Releasing us from the male dominated, phallic, mastery of objective science and facts, and allowing a mythic non-literal approach to the imaginative faculty to see what it may conjure in images and dreams. Tapping into this reserve of psychic images of the body might allow a loosening of the strict black/white, A/non-A, psyche/soma splits that have paralyzed us in allopathic practice.

All this requires the re-discovery of myth, and the role it plays in our unconscious lives, and the need to re-conjuring myth in the new synthetic re-imagination of the body. Myth itself, according to Joseph Campbell, represents the human search for what is true, significant, and meaningful. He says what we are seeking is "…an experience of being alive…so that our life experiences…will have resonances within our own innermost being and reality, so that we actually feel the rapture of being alive". According to proponents of this theory, polytheistic myths can provide psychological insight. In dis-ease the same might apply. The opening of the pain and anguish of incurable degenerative disease might also employ myth in the reconfiguring our self-image, our body image and the need to see both in a binary tension yet unified in the archetype that synthesizes.

In my listening and examining my patients I must participate in the archetype that envelopes us both and allow myself to be vulnerable to all the baggage I bring to the encounter. I must surrender to the possibility of my own pain in the process of reaching out. I must work hard at opening this sacred space whereby both you and I may meet and be vulnerable to soul and en-soulment, and the incarnation of our soul's code (Hillman's term) in our specific illness. Only by taking such risk can I be of any use. The medications and procedures availed us nought, at the

end of the day the angel of death will have his way, despite the marvels of modern medicine and along the way we will sacrifice our souls.

The outcome for this approach? Measurable? Viable? Statistically significant? I think not. But this model prepares us better to face decline and degeneration. It allows us to suffer better, to feel our pain better, and to resist the anesthetizing effects of modern pharma and medical device companies that are vested in the medical industry. It allows us to face life and death together and in full conscious awareness of our biography and our soul's code.

In this sacred space of pain and suffering BOTH physician and patient participate in a sacred space, where the divine archetype is present. In this mythic space the myth allows for a re-imagining of our lives and our biographies, our illnesses and our prognoses.
The work requires us both to develop an openness to this idea of the dreambody, but to cure or alleviate, rather bringer into sharper focus, to provide the space between body and image, and a reimaging and imagining pain and incurable disease in a new key.