

## The Body in the Mind

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### Introducing the Subjective Body and Objective body.

Today I am going to talk about the body in the mind. That's right, the body in the mind, not the mind in the body. We have what some people call a subjective body that we feel internally, that's the body that responds to emotional energy, mood, will, poetry, hope and grief. However it is not alone, it has a twin so to speak, the objective body, that's the body that you weigh on the scales and that your doctor treats. I want to talk about how these two work together and what happens when they don't work well together, one name for this, when they are not working well together, is a psycho-somatic condition.

These two bodies co-exist quite happily for most people most of the time. We have a self concept, we have a feeling of "who and how" we are, and we have a very real physical body. The body in the mind, that is the subjective body and the objective body are always in a dance of mutual influence. How you feel and think about yourself, and everything else really, affects changes in the physical body. Our emotions are incredibly physical, because our hormones and other neuro-chemicals swing into action, causing changes in blood flow, slowing our digestion, and even affecting our immune response for periods of time. Another example is our involuntary muscles, many of which move in accordance with our current emotions. Alternatively, our bodies are often influencing our minds. Do you know the feeling of being light and supple, or of being heavy and dense? Do you know the emotion that goes with lethargy, or with an abundance of energy?

When the subjective and objective body work well together they create what we refer to as Wellbeing.

Firstly I want to go into the territory of psycho somatics and dispel some myths, and hopefully open up a few new ideas. This is setting the scene for the work that somatic psychotherapists actually do. Much of what we do is based on an intricate understanding of the person in front of us, we don't simply assume to know what is going on, we have to pay a lot of attention, in order to really understand certain physical or psychological phenomena.

## The Aim

The aim of psycho somatic work is to bring about harmony in the interaction between mind and body. The very basic premise is that the mind is immaterial, we can't even say where the mind is, but we can say exactly where the mind plays out its dramas of mood, thought, tensions, belief, love and conflict. The objective body is a playing field and a battle field, for the immaterial mind to act within and upon.

If the mind can fully express itself, and use the body for that purpose, and the body is seen and felt to be sufficiently OK so it doesn't warrant excess attention, then, we have the foundations for wellbeing.

Somatic psychotherapists might use normal psychotherapy and counselling to help this happen, or we use mindfulness practices to slow the mind and bring attention to the body, especially the places where the subjective and objective interact i.e. where emotion and sensation is felt.

Sometimes we use very specific bodywork to bring a much deeper level of attention to an area, or to facilitate a deep sense of release and relief. All this work allows the body to tolerate larger flows of emotional energy, which I will come to later, as they are terribly important for our mental health.

Psycho-somatic states are **not exceptional states**, they are normal, our body and mind are always working together, it is when they do not work together well that we notice it and call it a psycho-somatic condition. Its an irony that when we are least psychosomatic, we notice it most, and call it as such.

All our states of extreme wellbeing are deeply psychosomatic, meaning that the subjective/objective bodies are very much in sync. We notice that this automatically affects our psychological state too.

**Psycho somatic disease is real.** It is not fake or a lesser version of a physical disease. It is real, **because** it engages the body (ie there is a process of communication from the subjective to the objective body), and once the objective body has been engaged, it goes through very real physical and chemical and neurological changes. So psychosomatic does not mean that the person is faking it, or that they can get over it any more easily than a person with an organic cause.

Once the body has been properly engaged, there are many processes that start to occur, including immunological change, which is a system that is outside the domain of normal conscious control.

As a post script to this point, we all know the expression "its all in the mind". And yes, there is such a state, where we feel physical symptoms and upon closer inspection we can find no organic cause, only to discover later that the subjective body, in it's fear, anxiety or resistance, was able to produce pain etc in the objective body. These states are usually short term and these are the states that can disappear quickly especially if skillfully addressed.

## What does it all mean?

I am often asked by clients, or confronted by popular psychology about what a specific disease means, that is, what underlying psychological state relates to what physical condition. Now, this is an endlessly tricky area, and many of my colleagues and myself are of the opinion that it is not a simple matter of looking up an index to check each disease and then assuming that to be the real meaning.

There are several ways to interpret a set of symptoms, so here are just a few,

1. What purpose do they serve, what do they get the patient, or what do they help the patient avoid. (this method comes straight from Freud, and was called the Secondary Gain)
2. What image or look do they create for the person, is the condition a visual cry to be understood. "Look at me, can't you see how .....I am"
3. Is there a metaphor for the illness to the emotional issue that may underpin it. Conditions that involve swelling, and heat and redness and pain might be both metaphorically and literally linked to anger, so that might be skin rashes, or even some versions of arthritis. I like to ask the client "what could the body be saying here"? Perhaps the subjective body can 'talk' through the objective body and 'say' something that is too hard for the personality to say as it currently is.
4. What is the impulse, or put another way, what does the condition make you want to do (either physically or behaviourally). If you could give yourself an outrageous level of permission to do whatever this condition moved you towards, what would that be? I always look to remove the resistance to the impulse here, letting the person move with, rather than against.
5. What would happen if the illness suddenly went. Could it be keeping you from a larger catastrophe (usually psychological)

The next few things to consider when it comes to understanding these conditions are as follows:

1. The meaning that you discover together will be verified in its truthfulness if there is at least an emotional shift, but preferably a shift in behaviour and sometimes the symptom itself. There is no point in getting a meaning off the shelf so to speak. Because it needs to be real for the patient, I spend a lot of time not telling clients what I think might be going on, so that they can discover their own truth, because that is what will help them.
2. The next point is quite delicate, but I believe terribly important. There is no one single meaning of a psycho-somatic condition. There are often several emotionally real understandings of the one condition, that exist on different levels so to speak, much like how we understand a multi layered dream. At any one point one of these understandings might be more curative than another, so it becomes the focus for a while.

And just when you thought it was getting complex enough, the next thing is that the meanings that are curative are slowly evolving over time, as the persons own maturity and wisdom grow. As their ability to perceive themselves more deeply increases, so too does the depth of understanding of their condition.

So there you have about 5 major ways of interpreting, then you have multiple levels of meaning, and finally all these are evolving over time. I hope to convey some of the complexity, not to be difficult, but more as a counter to pop psychology and its cookie cutter approach that comes from massive generalisations.

## **Expanded scope of the term 'psychosomatic'**

I would like to propose that the term "Psycho-somatic" does not need to refer only to when the mind caused something to happen in the body, but more broadly to any stage of diagnosis and treatment where the mind could be engaged purposefully to cause change in the body or the body engaged to cause change in the mind.

So that the field of psycho-somatic therapy really refers to those interventions aimed at bringing about a functional unity that in turns causes change.

That is to say, where once, all we could ask is "did the mind cause that to happen in the body?" We can now ask "irrespective of how is started, what role could the mind play in bringing about lasting healing."

Suddenly, the mind is not the enemy of the body or vice versa, but we are more correctly, I believe, putting them on the same page with a mutual goal, and that seems to elicit the most expedient healing mechanisms that people have to offer.

## **My workt**

So, what are the things that we might do to facilitate a higher level of healing?

As I mentioned before, creating a body-mind that can tolerate high levels of emotional charge is a crucial ingredient. It is crucial because I believe, and I am certainly not on my own here, that many of the psychosomatic disorders come into existence because of a deep fear of being overwhelmed by our own emotions. That is to say that people are unconsciously fearful that if they realise, admit or say certain things, or do certain things, or don't say or do certain things, then they will be confronted with some situation that will precipitate an overwhelming emotional response internally. So they prevent the whole thing happening as best they can, and this emergent emotion that is stuck between the subjective body and the objective body, looks like a symptom. It is energy that is not yet sufficiently differentiated from raw metabolic energy of the objective body, but it is on its cycle to become emotional energy, *if only the mind could accept it, and its consequences.*

But you see, we have a tendency to assume that we can tolerate much less emotional energy than we really can. This started quite probably from our infancy, where the emotion that we often felt really was overwhelming, and caused us on occasions such severe physical reactions that it sufficiently frightened us into thinking that we can only tolerate a certain amount of emotional flow.

It is this assumed overwhelm point that creates one of the points of disconnection between the objective and subjective body.

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So I actively work against the assumed overwhelm point and help people stay grounded and clear headed as they go into strong emotional states, that way they can realise that what they thought was frightening is in fact survivable.

As well as helping to tolerate strong emotional states, I try to foster an attitude of sustained attentive inquiry into present experience. This creates awareness of linkages - links between thoughts, and from thoughts to feelings, and from thoughts and feelings to mood, states and symptoms. This level of awareness brings about a fuller realisation of the subjective body and its requirements as experienced through the objective body. This deeper realisation in turn leads to a deeper and more balanced experience of ones emotions and thoughts.

On a final note, there is a pronounced difference in the level of suffering that people have with their conditions based on the degree to which they have gotten to know their objective and subjective bodies, as well as how far they have come at reigning in the mental clutter in the mind. We can minimize the pain and suffering of the bodymind through the mind without denying the pain. But it takes practice, patience, determination and a little bit of respect for ones self.

So there is a brief introduction to psychosomatics and somatic psychotherapy they way I practice it. I hope that this has opened a few new ideas or possibilities for you.

Thank you.