

WORKING WITH THE DREAMING BODY

Expecting a rather staid, pipe-smoking analyst in the archetypal Jungian mode, I was pleasantly disarmed, by Arnold Mindell's folksy warmth and puckish exuberance. Mindell had just completed a week-long workshop in what he calls "process-oriented psychology" and had stopped by our Berkeley, California, offices after appearing on a local New Age talk show. In our conversation, which I taped with the intention of turning it into an interview, we both rambled so enthusiastically and haphazardly that the final product was notable more for its high spirits than for its clarity or focus. So I turned to Mindell's recent book, Working with the Dreaming Body (Routledge & Kegan Paul), to see if I could find some excerpts to include. Instead I found that the first chapter (reprinted here in slightly edited form) said most of what I had hoped the interview would say.

In addition to his therapeutic work, Mindell is interested in the relationship between psychotherapy and meditation and has been incorporating Hatha Yoga into his workshops as a form of creative self-exploration. He is currently preparing a book on a new form of meditation he has developed which begins with traditional mindfulness practice but then encourages the practitioner to "do what you're doing in the moment... to get into your own process and follow it." This may take the form of visualizations, fantasies, creative movement, even relationship conflicts — all in the context of meditation. In this innovative work, Mindell is one of a growing number of psychotherapists and healers who are attempting to create exciting new hybrids between Eastern spirituality and Western psychology.

-S.B.

BY ARNOLD MINDELL

I

have been brewing over the relationship between dreams and body phenomenon for many years. Even as a child I wrote my dreams down. In spite of my long analytic training, doctorate work in psychology, and graduate work in theoretical physics, I still couldn't grasp the connection between dreams and the body.

Then, 12 years ago, I got sick. I was completely at a loss, because I didn't know how to work with my physical illness as I did with my dreams. I tried going to a doctor with my headaches and the aches and pains in my joints, but my ailments and my pain coerced me to find out more about the body and to determine how it really works.

I read practically everything that had been written on the body. I especially read works on medicine and Western psychology that deal with the body — Reich and Gestalt therapy. When I had finished all my reading and listening to other therapists, I had the feeling that they were manipulating the body, programming it and telling their clients how their bodies should be. But I wanted to find out what the body itself had to say. How would the body behave when left alone? I asked myself, "Why am I sick? What have my fevers, my aches and pains, got to do with me, if anything at all?" I also turned to books on Eastern philosophy and medicine, yoga, acupuncture, and Buddhism, but all to no avail. I still didn't know what my sickness was telling me, or what the personal significance of my disease was. I decided to watch people's bodily reactions very closely and take notes on exactly what they did. I noticed, for example, how someone would react when he had eczema. He would start to scratch and, by so doing, make it worse.

When somebody had a headache, he would shake his head even more, or if it were a pain in the eye, he would press on it. If someone had a stiff neck — instead of trying to make it better — he'd try to make it worse by bending his neck backwards to feel the pain. I found it very interesting and confusing to notice people's reactions to pain. How could it be possible that people try to feel their pain more, although they say that they want a pill to ease the pain?

One day, while I was watching my son, I noticed that he was breaking open a scab on his leg and making it bleed, and I suddenly realized that the body itself is trying to make the pain worse. The body also, of course, has mechanisms to make itself better, but one of the main mechanisms that had not yet been taken into consideration is the mechanism to worsen the condition. Since trying to heal the body is not always successful, I thought, why not take the body's own approach and *amplify* symptoms? I decided to accept the possibility that the body was amplifying its own problems and making them worse. I wanted to test this out but didn't tell anybody about my new "discovery" at first, because it seemed like such an outrageous idea.

That insight, coupled with an experience with a dying patient, led me to the discovery that amplifying body symptoms is indeed crucial to the meaning of the disease. A patient with whom I was working then was dying of stomach cancer. He was lying in

the hospital bed, groaning and moaning in pain. Have you ever seen somebody who is dying? It's really quite sad and terrifying. They flip quickly between trance states, ordinary consciousness, and extreme pain. Once, when he was able to

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speak, he told me that the tumor in his stomach was unbearably painful. I had an idea that we should focus on his proprioception, that is, his experience of the pain, so I told him that since he'd already been operated on unsuccessfully, we might try something new. He agreed, and so I suggested that he try to make the pain even worse.

He said he knew exactly how he could do that and told me that the pain felt like something in his stomach trying to break out. If he helped it break out, he said, the pain worsened. He lay on his back and started to increase the pressure in his stomach. He pushed his stomach out and kept pushing and pressing and exaggerating the pain until he felt as if he were going to explode. Suddenly, at the height of his pain, he shouted out, "Oh, Army, I just want to explode, I've never been able to really explode!" At that point he switched out of his body experience and began to talk to me. He told me that he needed to explode and asked if I would help him to do so. "My problem," he said, "is that I've never expressed myself sufficiently, and even when I do, it's never enough."

This problem is an ordinary psychological problem that appears in many cases, but with him it became somatized and was pressing him now, urgently expressing itself in the form of a tumor. That was the end of our physical work together. He lay back and felt much better. Though he had been given only a short time to live and had been on the verge of death, his condition improved and he was discharged from the hospital. I went to see him afterwards very often, and every time he "exploded" with me. He'd make noises, cry, shout, and scream, with absolutely no encouragement on my part. His problem was clear to him; his ever-present body experiences made him acutely aware of what it was he had to do. He lived for two or three years longer and then finally died after having learned to express himself better. What it was that helped him, I don't know, but I do know that the work relieved his painful symptoms and helped him to develop.

It was then, also, that I discovered the vital link between dreams and body symptoms. Shortly before he had entered the hospital, the patient dreamed that he had an incurable disease and that the medicine for it was like a bomb. When I asked him about the bomb, he made a very emotional sound and cried like a bomb dropping in the air, "It goes up in the air and spins around ssshhss. . .

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pffftff." At that moment I knew that his cancer was the bomb in the dream. It was his lost expression trying to come out, and finding no way out, it came out in his body as the cancer, and in his dream as the bomb. His everyday experience of the bomb was his cancer, his body was literally exploding with pent-up expression. In this way, his pain became his own medicine, just like the dream stated, curing his one-sided lack of expression.

In a flash I understood that there must be something like a dreambody, an entity which is dream and body at once. In this case, clearly, dreams were mirroring body experiences and vice versa. I had already had a hunch about the existence of a dreambody from other cases, but this was the first insight that I had.

To date, I have not come across one case in which a body symptom's process was not reflected in a dream, and I have seen many hundreds of physically ill people and many thousands of dreams. The dreambody in the case we have just seen manifested itself in various channels. By channels I mean various modes of perception. For example, the dream-body appeared visually as a firecracker in his dream. It was felt by him proprioceptively as his pain, pressing him to explode. It appeared afterwards as his shouting, in a verbal or auditory channel. The dreambody, then, is a multi-channelled information sender asking you to receive its message in many ways and notice how its formation appears over and over again in dreams and body symptoms. . . .

Dreambodywork does not even need the terms dream, body, matter, or psyche, but instead, works with processes as they appear.

This work is based upon the exact information according to its channels. The therapist's only tool is his ability to observe processes. He has

no pre-established tricks or routines.

This makes his work unpredictable and related only to the specific individual situation that is happening.

For me, process work is a natural science. A process-oriented psychologist studies and follows nature, while a therapist programs what he thinks should be happening. I don't believe in therapy because I don't know any more what is right for other people. I have seen so many strange cases that I have decided to go back to my original idea as a scientist. I simply look to see what exactly is happening in the other person and what happens to me while he is reacting. I let the dreambody processes tell me what wants to happen and what to do next. This is the only pattern I follow. I do not press people. Their bodies and souls know better than I do. When people get healthy, I'm happy, but I no longer care about that so much more. It is more important that things should take their natural course. Whatever happens seems to be their fate, their Tao, their journey on earth — even though it may be their pattern to worsen and die or to live a life of terrible pain.

In some cases it seems that the more you try to take the pain away, the worse it becomes. In these cases, also, I still amplify their pain and people feel better, living their disease because their disease then becomes a meaningful experience that is constantly pressing them toward consciousness. It wakes them up. Many people, on the other hand, are looking for a cure and say they just want to be relieved of their symptoms. I tell them to go ahead if that's what they want — how should I know what's right for them? Go ahead and try whatever you like, go and take the magical medicine trip against disease and do what you need to, and if it works — fantastic. Very often, however, these therapies and cures don't work. It might be the person's fate to be living in the late twentieth century with an incurable disease.

At the time I began working with dying people, I could not figure out

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why sometimes I had miraculous effects and other times I failed miserably. Thank God, I had some background in theoretical physics, because my scientific nature helped me to understand my adventurous and often blundering ways, which produced as many radical effects as it did duds. The first thing I said to myself was that I needed to work with the process, living, dying, or whatever. I use the term process like a physicist, not like a psychologist. The psychologists, especially the Gestalt psychologists who have made the term "process" famous in psychology, do not define their term. They differentiate it from "content," which is what people *say*. For me, process includes content. I see process in two forms, primary and secondary processes. Primary processes are close to awareness and include content, that is, what you talk about. Secondary processes are all the unconscious phenomena, like body symptoms, of which you are only vaguely aware and to which you have very little relationship, that is, which you cannot control.

I generally think of process work as a train. The train stops at various train stops, then moves on. Normally, people think in terms of the train stations, or in terms of "states." We say that someone is nuts, or sick, or dying, but these are just the names of the train stations. I'm interested in the flow of things, not the name of the tumor but the way it develops, what it does and says to the person. The movement of the train fascinates me, and the movement of the train is what I call process. Another analogy I think of is a river. A river flows and flows and at the source it often looks very peaceful. But underneath, where we do not see, the deeper water, or secondary processes, flows over dragons and pits, empty abysses and scary whirlpools.

Process work saves me from judgments. If I think in terms of process, I cannot think in terms of good or bad, sick or healthy, past or future. If I think in terms of process, then I can work nonverbally, with comas or with meditation, and I don't get stuck with words. If I think of process then I look at the overall situation.

The different channels of the process are like the little streams that branch off from the bigger river. If you do not know about channels, then you will work only physically, or only with the dreams of your client, and you'll miss the bends and turns in the river, which make all the difference in the world. . . .

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Another interesting example of working with the dreambody of those near death comes to mind. A little girl came to see me with a rapidly growing tumor in her back. She was dying, and those around her were ready to say goodbye to her. She had already been operated on several times and her doctor told me that she was a very unhappy child. He said that I could play with her and work with her since all the others had given up hope. The little girl came in and told me she had dreamt that she let go of the safety fences around a very dangerous lake. Then she lay down on the floor and told me that she wanted to fly. She had a corset on her back because the tumor had weakened her spine, and she said she couldn't fly with it on. I was afraid to take it off. I phoned her doctor and promised that I would be very careful with her, but could I remove the corset from her back so that we could fly? He told me again that she was such an unhappy child and as nothing worse could happen to her any more, I could go ahead and remove the corset. We took it off and she lay on her stomach and started to make flying motions with her arms. She said she was flying.

"Oh, doctor, I'm flying — it's such fun," she laughed. I amplified the flying movements of her arms and we "flew" together. She squealed with delight and told me we were going over a cloud.

"Yes," I encouraged her, "I'm underneath you and can see you way up there." Then she told me it was my turn to go up there, and she'd watch me. We "flew" like that for a while and then she said, "Well, I'm not coming down anymore."

"But why?" I asked.

"Because I want to fly around to all the other planets," she answered. I got really scared and thought to myself that if she "flew" away, she might die. Nevertheless, I wanted to see what her process really was. Maybe it was right for her to fly away — who was I to know? I told her that she must make the decision herself whether she wanted to fly away to other planets or to come down. But she told me she was going away to the other planets. "I'm going away to another world, a beautiful world where there are strange planets," she told me.

Then came the crisis moment. I told her to go ahead and do it if that's what she had to do. She started to "fly" away. Suddenly she looked back at me and began to cry. She said she didn't want to go without me because we were the only ones who "flew" together. We both cried then, and hugged each other.

"I'll come down for awhile just to be with you," she said. I told her to do what she felt she needed to. She wanted to just come back to earth for a while so

that we could play some games together

and then she'd go to the other planets when she was ready.

"This little girl improved rapidly and soon she could take her corset off, and even the tumor disappeared. It was obviously her process to come back down to the earth for a while. More specifically, it was her process to "fly." That is, to play kinesthetically and be free to move about. Her process started out in a kinesthetic channel and moved into a visual one, when she was seeing the planets and clouds. Then she ended in a proprioceptive channel, feeling the sadness of leaving this earth . . .

Her tumor was getting her ready to leave this world. In the moment of her departure, she had the power to decide to return. Discover the process, amplify its channel, and a symptom can turn into a medicine.

A key figure in the revolutionary field of dream and bodywork, Arnold Mindell is a psychotherapist, Jungian analyst, and teacher at the Jung Institute in Zurich, Switzerland. He is the author of two books, Dreambody (Sigo Press) and Working with the Dreaming Body (Routledge & Kegan Paul), and is president of the Research Society for Process Oriented Psychology in Zurich.

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In this book, the author explores the concept of the dreaming body in conjunction with how a person expresses his/her psychological dysfunctions through everyday behavior, as well as the dreaming body. What I like about this book is that the author builds on previous work and shows how various physical symptoms can be related to psychological disturbances as well as how to use those symptoms to uncover and work with those disturbances. The case studies that he provides also demonstrate the techniques he uses and provide further insight into working with the body holistically. I highly recommend this book if you want to learn how to work more with your body and your mind as a unified unit. Read more. 3 people found this helpful. How dreams affect memory storage and recall isn't clearly understood yet. But dreams may help the brain more efficiently store important information while blocking out stimuli that could interfere with memory and learning. Why do we have nightmares? Dreams that help you deal productively with emotions, memories, and other information may seem very helpful. The occasional nightmare is considered a dream that's simply more frightening or upsetting. Nightmares tend to be caused by stress, anxiety, or sometimes as a reaction to certain medications. However, if you have nightmares frequently, you c Search inside document. Working with the dreaming. Body. About the author. Working with the Dreaming. Body is a book meant for the layman as well as for the practicing doctor and psychologist. It is a book about finding the meaning behind physical disease. The concept of this book was recommended to me by the Dutch publishers, Mr. and Mrs. J. L. van Hensbroek.