

The Long and Hard Way

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*Listen! a frog
Jumping into the stillness
Of an ancient pond!*

Haiku by Basho

To say yes to life, to live fully, to be a grownup is, according to the Swiss existential psychiatrist and phenomenologist Medard Boss, “accepting and fulfilling possibilities of life, freely and responsibly.”

By rejecting possibilities of life, through ignorance, fear, or temptation, we fragment ourselves (by saying no to a part of life, we are saying no to a part of ourselves). This fragmentation (as opposed to wholeness) brings physical, mental, and emotional suffering, social discord, moral and spiritual disharmony. Phenomenological perspective offers a way of understanding how this discord or disharmony express themselves on physical, emotional, mental, social, moral and spiritual levels, and illuminates possibilities for healing.

Phenomenological healing modalities of the western spiritual tradition include mental imagery, dream work, facial and body morphology (reading the shape of face and body), storytelling, healing uses of numbers, colors and directions in space and spatial arrangements, counseling (existential analysis or daseins-analysis), or a brief version of it, what could be called phenomenological lifestyle change recommendation; this latter is my own way of applying existential analysis in a targeted, precise, and very brief way within the constraint of today’s medical encounter. Most other traditional methods are also phenomenological, like traditional Chinese medicine, kinesiology of the traditional Australian aborigines, and others, but my main interest is the western tradition.

As an intellectual approach to understanding health and healing, phenomenological approach to health (which could be called phenomenological health science) has its own method and rigorous discipline, proper to its own domain of a subjective and qualitative science. Phenomenology came into existence as a branch of philosophy at the end of nineteenth, beginning of twentieth centuries. It has since been most helpful in providing an intellectual framework for understanding the healing and spiritual traditions throughout the world, traditions that are thousands of years old. Phenomenological healing modalities are the modalities that can be taught and understood, at least on an intellectual level, with the help of phenomenological philosophical foundation.

Sciences do not exist in a vacuum or on their own grounding. Rather, they all have their own philosophical foundations which give rise to the discipline and the method proper to each

science. Phenomenology is the philosophical foundation of most traditional, spiritually rooted healing modalities which do have their own scientific method (rather than considering them non-scientific, which is a frequent bias of a natural scientist). This is not to say that a practitioner necessarily needs to be a philosopher, just as most practitioners of natural sciences are not philosophers and are not aware that there is a philosophical foundation to their scientific method, and this scientific method does not rest on absolute truth.

Briefly, phenomenological understanding of health is the recognition of a reflective (or analogical) relationship between the different modes of human existence or self-expression. Rather than thinking in causal terms we are invited to think in terms of mirroring or reflection. A human being is a creative being, existing as a relationship with the world, constantly re-creating itself and communicating all about itself on multiple levels at all times. For example, a person who is holding onto an aspect of life that is long gone may feel depressed (emotional level of guilt or regret, to be de-pressed can be like being pressed-down by a weight of something from the past), may feel ambivalent about making a decision in the present (mental level), may commit a moral error out of fearing the pain of recurrent loss (moral level), may act socially in an unbalanced way and be labeled schizotypal or anti-social (social level), may experience arthritic changes—stiffness, immobility—as the mineral deposits in the joints (normally points of mobility, articulation and flexibility) turn us, to some extent, into a pillar of salt—as it happened in the Biblical story with Lot’s wife (physical structural level), or develop chronic constipation as an expression of “holding on and not letting go” (physical functional changes—the large bowel holds onto its contents, which is its normal function that here becomes exaggerated).

I would like to illustrate some of the points of this approach on a specific case of a woman who came to me having multiple diagnoses on her problem list: OCD with compulsive hoarding, PTSD, anxiety, panic disorder, depression, possible bipolar II disorder, possible ADHD, history of homelessness; who had applied for and later won a disability case for mental illness, and whom I had the privilege of following, on and off for a period of five years.

She first came to see me in what we called “mind-body medicine clinic,” at a university clinic where I was a clinical instructor of Family Medicine, in October of 2006. She was then 42 years old, she asked for help with “feeling stressed all the time,” and reported a recurring nightmare. For confidentiality I will call her Maria; she did give me permission to publish her story for educational purposes and helped edit it. Some of the details have been changed to preserve anonymity.

In this nightmare, all of her belongings that were kept in storage were being thrown out of the storage onto the rain that was spoiling them. In vain, she tried to argue with the person who was doing this. She was extremely distressed by the fact that she was missing her favorite TV show “All My Children,” while hopelessly trying to save her valuables, waking up in a cold sweat and with a pounding heart. She immediately added that this IS her favorite show in “real” life.

She also said that she knew what the dream was about—it was because she had a similar episode happen in “real” life. She felt there was nothing more to the nightmare, in spite of the fact that this same nightmare has troubled her for many years, with slight changes of circumstances.

When I asked her how she feels when watching her favorite TV show in her waking life, she said that she feels peace and joy.

It is necessary to give some background information in order to try and understand this person and her recurring nightmare. Maria felt she grew up in emotionally and verbally abusive environment, her mother passed away from breast cancer when Maria was about eighteen years old and was away from home, having gone to college. She did complete college and got a bachelor's degree, but then she was not able to hold jobs for very long, eventually becoming unemployed, then for a period of several years homeless, living in various places which included a tent in the backyard of an acquaintance. At that time she had her belongings placed into a storage unit where most of them remain to the present, even though she later obtained subsidized housing. Maria played a musical instrument in a marching band and did volunteering, but few of the volunteering jobs lasted very long due to having conflicts with her superiors. The storage unit's contents, and the contents of her apartment, which due to compulsive hoarding was filled with many stacked boxes and bags, constituted the entirety of her possessions. This constituted a fire hazard and produced another major anxiety (besides the anxiety related to missing her favorite TV shows), an anxiety about failing a periodic mandatory housing inspection done in the subsidized housing and becoming homeless again.

To give her a small shock, break through the barrier she built to protect herself (from the uncertainty of change) and shake the fixed idea about her dream, I told her that to me this dream had a very different meaning. It meant that throughout her whole life, she has been caught up getting stressed about feeling worthless and feeling that the last valuable aspects of herself were slipping away from her. These worries have been keeping her from peace and joy in her life. She was visibly surprised, but from that moment on, very receptive. She reported that she felt deeply understood.

The reader who has had some interest in the different schools of understanding dreams may find this similar to Jungian "interpretation on the subjective level," but this is not it. In phenomenological understanding of dreams the dream is allowed to speak for itself, and seen as a reflection of the person's whole being (interactions with the world and how they feel about it), nothing less and nothing more. Looking at the dream is gleaning into the mirror of one's inner being. Everything is the dreamer, the characters or lack thereof, the objects, weather or natural events, heroes and villains, perpetrators of abuse and their victims, absolutely everything. Thus there is no "objective level" of unconscious drives. While the dream can and should be understood as a message that has usually more than one level of reading (current situation in life, physical health, at times telepathic and prophetic level, as well as the level of true spiritual experiences), all these levels can and should be verified for accuracy with the dreamer and hypotheses have to be readily discarded if they are not collaborated subjectively (or directly) by the dreamer.

Aristotle and his contemporaries divided experiences into direct (love, hate, fear) and indirect (square footage of the house), rather than the today's division into subjective and objective. This way of considering experience is more accurate from both phenomenological perspective and from the emerging modern quantum physics where an objectively detached look at any

phenomenon is seen to be an illusion. I often use the word “subjective” to be more easily understood where the more accurate term would be—direct.

This is not to say that the dreamer never makes mistakes in interpreting his own subjective experience, but an external interpreter of the dream has to guard himself from reading into the dream his own ideas. Thus, for instance, if the dreamer denies sexuality related to the content of the dream, we would not assume that there is a hidden sexual drive at play. On the other hand, if the dreamer is in denial, the true meaning would come out sooner or later as the denied content persists in expressing itself. For that reason, some phenomenologists often object to the term *interpretation* and use the term *reading* (dream reading), to emphasize the attempt not to interpret (interpreting means recognizing that one thing means something else, based on a theory) but to *read* directly what is already there and not to add, nor subtract. This gives a brief idea not only of the phenomenological dream reading but also of the rigor of the scientific method used in this exploration—a subjective, qualitative, and individualized (not fragmented into categories that can be separated, surveyed and compared with those categories in other individuals) research.

For a phenomenologist, a human being is not a biomechanism encased into epidermis, but a being that exists in many realms, physical being only one of them. The dream, then, is naturally seen as a realm of human existence that transcends physical limitations and allows the person’s experience of life to be expressed in its totality.

Maria’s recurring nightmare was not by any means rare or unique. I have seen a number of middle class people who, in their nightmares, were unable to get to their Caribbean vacation, getting caught up in some conflict. For this person, “All My Children” was a Caribbean vacation.

We did a phenomenological dreamwork, the called the *waking dream*. After the usual induction technique used for this work, she was back in the dream in front of her belongings. A character from “All My Children,” who subsequently turned into her mother (who died of breast cancer when Maria was 18) was there to help her. When asked *what she wants to do*, she said she’d like to bring some of the things from the storage unit into her apartment. I encouraged her to do that and she selected some valuable items, storing the rest safely for later. Other things came up during this extensive work, that are beyond the scope of this brief overview, but I was sure that she would immediately start to benefit from the VALUABLES that have been STORED AND NOT USED until now. After the mental work, I encouraged Maria to visit her physical storage and bring something she could use in her physical apartment now. This helps to concretize the dreamwork experience.

This recurring nightmare never recurred again over my five year follow up with her. She did, as was expected, have other nightmares, but none, to my knowledge, were recurring. This means that the stagnating, unaddressed, fixed aspects of her life were set into motion. At times, after such work the recurrent nightmare can still recur but it will have a new point of “being stuck” somewhere further along the path of maturity. In those cases the dreamer may need further guidance to get past this new point of immobility. It is not uncommon for a dreamer to have a dream of resolution, where the recurring circumstance leads to a new, highly fulfilling conclusion. On the other hand, unraveling one issue may lead the way to resurfacing of many

others that had been previously pushed under the rug, but now become more present in the dreamer's life.

Maria did have a resolution dream. In this dream a group of people set up her TV and cable and gave her the remote control which allowed her to watch the missed episodes of her favorite show (what she was missing in her recurring nightmare).

The treatment of patients, who, like Maria, are prolific dreamers, can be guided entirely by their dreams. With crystal clarity, the dream tells exactly where the dreamer is and what needs to be done (what is missing or in what way freedom of the dreamer is restricted).

After going over the dream of resolution during the subsequent appointment, I asked Maria to describe her most recent dream. In this dream Maria was in a passenger seat of a van, driven by a friend, a woman who was the pastor's wife but "not acting like pastor's wife" in waking life. Significantly, the odometer in the car was broken, which caused the patient some concern, but no major distress. The destination wasn't known. All was happening in bright daylight.

As in the past, she initially dismissed the importance of the dream. She thought it to be the result of a story told by the pastor's wife about their plan to relocate and drive to Pennsylvania, not too far from where Maria was born and grew up. She did not think there was anything more to it, no valuable information pertinent to her present life. This pre-judgment about the meaning of the dream is very common. It stopped her from trying to explore it and see if it pertains to her present life situation, which it always does. I reminded her that there was an infinite number of possibilities for the circumstances that could have appeared in her dream and that from my perspective every detail of the dream was rich in meaning. I asked her what the pastor's wife, and some of the other details, meant to her. As means of encouraging her to do further exploration I asked if she would agree on my take on the dream. To me, the dream meant that she's been moved (driven) toward addressing some of the issues that resemble the issues of her past (someone going to a place that is close to the place where she grew up), but doing so not actively but as "a passenger," being driven by her impulsive (not pastor's-wife-like) aspects of self, which nevertheless have a close relationship to her spiritual aspirations (the pastor's wife is still pastor's wife). There was a significant degree of awareness of this dynamic as the events were happening illuminated by daylight. The broken odometer clearly needed to be fixed but at this juncture I opted not to share with Maria my view that this movement, happening in her, was unmeasured (broken odometer), proportion, measure, rhythm, and pace being the four dimensions of balance in human existence. (Gerald Epstein)

Maria then relayed to me that on Christmas day she had spent hours on the phone arguing with her father about why he didn't treat her better when she was a child. This was two days before the dream. She did lose her temper, and *driven* by an impulse reacted without measure and out of proportion.

After the usual induction process, she was in the dream as a passenger; her mother appeared there as a passenger in the back of the van. Maria wanted to drive and after asking for permission from the pastor's wife, got behind the wheel. She drove to a repair shop where the whole van was checked and odometer fixed. She reported seeing all 9s on the odometer (999,999). I asked

her to note how, as she begins to drive, the numbers revolve back to 0 and then to 1. She felt more confident and was now driving to see a live figure skating competition (something she had very much enjoyed doing in the past and wanted to do again, in waking life).

In the numerology of western spiritual traditions number 9 has a meaning of completion (as in odometer with all 9s). This was an indication that a completion and a revolutionary change was happening. I instructed Maria to do the latter part of the dreamwork as a mental imagery exercise for the next 7 days, 3 times a day to reinforce this experience.

Over the five years I have followed Maria, her communication with her father and other family members improved, but to the end, she was unable to be completely free from blaming, remaining partially a prisoner of her anger and of her automatic angry reactions.

Several months later Maria still continued some of the mental exercises. In general mental imagery was difficult for her. As with any skill, some of us are better at mental imagery than others, but for those with difficulties imagining, there are other types of exercises, exercises of awareness, physical rituals and chanting. With Maria, I did want to do another mental imagery exercise to let go of past trauma.

After some simpler preparatory mental imagery exercises I attempted an exercise called “retracing the past.” In this exercise, after first facing past events, the patient is asked to imagine remaking her past as she sees fit. This exercise can be quite dangerous, if not completed with success (dangerous by reawakening past tucked away memories and provoking increased anxiety, panic, nightmares, flashbacks, and even recurrence of a psychosis in some people). Maria could only see a few black-and-white photographs from the past, indicating how much she was removed from all that had happened to her.

In Freudian language she would be labeled with repression, but in phenomenological exploration we find no evidence for the existence of such a thing. “Repression” is at most a hypothesis Freud had to invent to explain what he observed—the phenomenon. Rather, a relationship to time and memory, spring out of the essence of a human being, who is understood as a being always existing *as a relationship to people and things*. What Freud called repression, can then be understood as an intense being-with a subset of selected memories, to the exclusion of other memories, which are too painful to face. A forgotten person or thing have gone into the domain of a very remote relationship, either because their significance had diminished, or because their significance is too painful to be faced.

Linear time does not exist from phenomenological perspective, but “human temporality” (Martin Heidegger) is understood as our particular way of being in time. In fact, time and space cannot exist as we know it without us, just as objectivity as a division of the world into object and subject is an illusion that is overcome by phenomenology. It helps to realize that our particular experiences of time, whether “scientific atomic clock time” or “subjective” experience of time, are both an inextricable parts of the nature of a human way of being and perceiving. The fact that we call dinosaurs prehistoric creatures has to do with our human way of perceiving time, history and creatures. From this perspective of temporality, anxious people generally exist in the future, worrying about the dangers that the future may bring them, while the depressed usually exist in

the past, regretting, with or without awareness, their missed opportunities. The future for the depressed person is not only bleak, but at times non-existent which is expressed as suicidality. The stressed-out people experience getting caught into the prison of linear time, of the “atomic clock” that brings them, with every second, closer to a deadline or death. The lovers live in the eternity, outside of time, as love overcomes time (time no longer matters when one is with the beloved). Persons whom we tend to call “irresponsible” or “anti-social” might live outside of time too due to pushing away or denial or being-with-anything-but-time. Unlike love, this denial of time is motivated by fear (fear of taking on responsibilities) and brings fragmentation as opposed to integration brought about by love. In love, the existence of time is not denied, but perceived in the context of the totality of this infinitely embracing and radiant experience of life in love.

I am my beloved's and my beloved is mine, he feedeth his flock among the lilies.

Song of Songs 6:3

Our past history, phenomenologically, is always with us, and I have seen a master of phenomenology tell details about the person's past, simply from taking a quick glance at the person. ‘Human historicity’ (Martin Heidegger) is understood as the way the MEANING of the past events is appropriated or integrated into the wholeness of one's self. Hence phenomenologically, human being's time can be turned back (or forward) and history changed as the meaning of events can be changed backward and forward in time and at any time.

We tried to do “retracing the past” exercise in the very beginning of my work with Maria, but she was able to see very little of her past, and we postponed it and worked on the recurring nightmare as described above. After successful completion of the dream work we returned to retracing the past. This time Maria recalled many (but not all) painful memories and was able to engage them successfully. I advised her to physically re-write her life history, which she did, using colored pens on paper to express her vision of her new life. She quit volunteering at a job that she didn't like and felt less anxious and less angry, at least vis-à-vis her job situation.

After a relatively calm several weeks she experienced an unusually heavy uterine bleeding. As I encouraged Maria to look for the relationship between her troubling symptoms and her life, she pointed out that the bleeding happened soon after her longtime friends moved to another state. Her panic returned and was exacerbated by the possibility of a hysterectomy, which one of her doctors mentioned. We did mental imagery to address her uterine bleeding, the bleeding stopped for the time being, and when I saw her two weeks later, she felt more cheerful and confident, and was on the lookout for better housing.

At one of subsequent follow up appointments a year and a half after we started working together, Maria showed up feeling very anxious and initially had difficulty expressing herself. She came in with a dream, one of uncommon dreams that left her feeling happy in an unusual way. In this short fragment of a dream she is getting ready to be married to a man she loves. She does not see this man nor know his name, but there is certainty about their being together.

We had done dream work many times in the past, but there was nothing to do for this dream. She asked me what I thought it meant. This time, before offering my version I had asked her for hers. She said she wasn't sure but connected it with a somewhat friendly encounter with a man she'd had within the previous week.

I shared with her, as I had done in the past that phenomenologically a dream speaks for itself and is a perfect expression of what is happening in the person's life. From that perspective, the dream is not *caused* by other persons or circumstances but is a *reflection* of one's inner life (albeit "inner" life cannot be separated from the "outer" life).

I told her that if I were the dreamer of this dream, it would mean to me that I approached a possibility of a union (coming in touch with), a possibility of becoming whole, of loving. This possibility, though perceptible, was somewhat remote, and not clearly visible to her.

I then asked Maria if there had been an analogous experience in her waking life within the previous three days (an experience leading her to become whole, complete, fulfilled, encouraging her to focus her memory on feelings rather than events). She reported that the day before having this dream she bought a laptop computer and a new pair of insoles, spending a total of more than \$500 on herself, the step that was going to allow her to be more self-sufficient and fulfilled.

Initially Maria felt confident that this step was beneficial for her, but soon after she was overcome by anxiety about spending that much money. She came to see me couple of days later in this overwhelmed state of anxiety, taking various medicinal substances and doing ritualistic "OCD behaviors" to have some measure of control over this anxiety. I actually had to ask her to do three minutes of a particular type of breathing (used to stop a panic attack) so that she could speak coherently.

I told her that, if I were the dreamer of this dream, to me, it would mean to me that my step of having invested in myself, having bought for myself the things that help me live my life more fully, was correct. I encouraged Maria to trust her initial good feeling. As she had considered making this purchase for weeks, this was not an impulse, not surrendering into the addictive temptation of the pleasant fleeting experience of a compulsive shopper, but a genuine caring attitude toward herself. The dream was confirming this. She immediately felt better. Such effect from a simple statement is common in dreamwork, as the person feels deeply understood and has a direct experience that is not easily shaken by doubt.

As my practice locations changed, I did not see Maria often or regularly but she did come in every few months when she felt she needed help. Over the course of this time she underwent a hysterectomy for fibroids with recurrent severe bleeding. She wanted my help with making a decision for or against the surgery, and I encouraged her to make her own decision while trying to alleviate anxiety related to this decision making, so that the decision would not be an impulsive reaction due to fear; instead, the decision would be best made in the context of a responsible and caring disposition toward herself.

The anxiety over uterine bleeding was substituted by the anxiety over the surgery, then over the post-operative recovery, then over the persisting symptoms of fatigue that she hoped would resolve. But things were not completely the same. With the passing of time Maria let go of some of the care providers she has had. Having regularly seen in the past, in addition to myself, a conventional doctor, a chiropractor, a massage therapist, a naturopath, an acupuncturist, a social worker, a holistic physical therapist, she later let go of some of them and replaced others. Being quite resourceful, she had found a way to see most of them either free or fully covered by insurance, which made it harder for her to let go of them—many professionals giving her diverse and often conflicting advice. In addition, Maria stopped talking to some of the “friends” who, as she realized, were fueling her chronic anxiety and anger.

She continued to struggle with hoarding and to experience extreme anxiety when it was time for the periodic housing inspection, but she pulled through, arranging to postpone inspections and getting her friends to help, cleaning out just enough to pass it each time and with much less “health care utilization.”

She continued to get into conflicts with family members, but she was not derailed by those conflicts into an inability to function; instead, as the time went on, she required less and less psychological support in dealing with the conflicting situations constructively. Where initially, she would come in to see me in distress, later she would simply email me after the fact, on how she dealt or is dealing with the situation on her own. She was independently practicing the techniques or awareness and mindfulness to guard herself against being overtaken or swept away by anger or anxiety. She was recognizing the falsehood of certain distressing mental states even as she was experiencing them, and she was beginning to accept them while experiencing them and recognizing that they are false—the awareness practice which, over time, allows one to have progressively greater degrees of freedom from the distress and to regain the autonomy to choose a course of action, rather than reacting automatically.

In Maria’s case, there were no single impressive events or miraculous recoveries. The overall process however showed an important progress. The capacity for genuine autonomy is arguably more important than a cure of a particular condition or of a set of symptoms. The gradual increase in Maria’s capacity to make independent, non-impulsive, non-fear-or-anger-based, but sound decisions, to follow through on them and not be derailed by the arising distressing emotional states is her area of progress. The mental discipline of increasing self-awareness, self-recognition and self-acceptance, the ability to become aware that “I am in distress but the distress has no truth basis” is where the active change has occurred and is still occurring.

Finally, the motivation to continue choosing this work of cultivating the soul, independently and largely without the need for further support, is the indication of true autonomy. Autonomy here is not understood as “internalizing” of some “externally” presented value, but rather as getting in touch with something that has always been there, within the core of oneself. Having been put in touch with this forgotten wealth, it is imperative that when the learner is ready, he lets go of the direction of the trusted therapist and settles into the core of himself. This core, this new center, where there is a potential to get in touch with an even more profound center—what my teacher Colette Aboulker-Muscat called “*the divine center of my being*”—must be allowed to take over the function of directing.

This shift in direction creates the potential to be returned, to what Colette called *primeval unity*, as she speaks about it in her poem *Healing*.

Healing

*Pulled up by your prayer--
I am lifted up to a space
Of absolute quietness.
There I am returned
To primeval unity.
Having reached totality
You bring me back
To my own place.*

*In this new state of Unity.
Renewed, I am all again,
And perfect--*

Colette-Aboulker-Muscat

Credit: Colette Aboulker-Muscat, Gerald Epstein, MD, Peter Reznik, PhD, many colleagues who have contributed to my learning; also to the writings of Medard Boss, works of Robert Rhondell Gibson, Valentin Tomberg and others.