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MASTER

# THE HEALING BODY

Creative Responses to Illness,  
Aging, and Affliction

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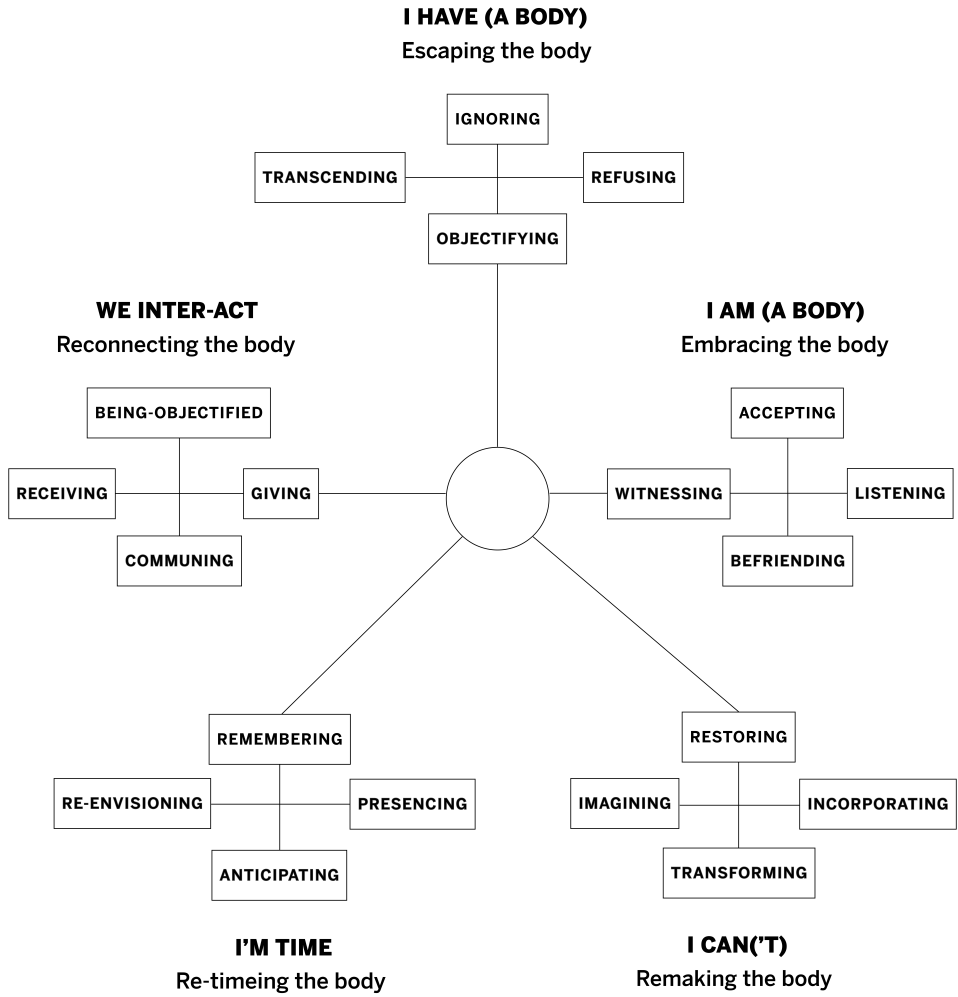
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**Figure 1**



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**Figure 2**

FEATURES OF EMBODIMENT:		I HAVE (A BODY)	I AM (A BODY)	I CAN('T)	I'M TIME	WE INTER-ACT	
HEALING ORIENTATION:		Escaping the body	Embracing the body	Remaking the body	Re-timing the body	Reconnecting the body	
		Ignoring	Accepting	Restoring	Remembering	Being-objectified	
		Refusing	Listening	Transforming	Anticipating	Communing	
		Objectifying	Befriending	Incorporating	Presencing	Receiving	
		Transcending	Witnessing	Imagining	Re-envisioning	Giving	
							

## **Six Questions to Keep in Mind While Reading This Book**

1. Of these twenty healing strategies, which ones do you make the most use of in coping with your problem(s)? (You might circle or highlight these on one of the charts above—for example, on Figure 2, what spaces do you occupy on the “chessboard” of healing?)
2. Are there particular times—for example, moments of flare-up or fatigue, or special challenges and tasks of everyday life—when you turn to a particular strategy for help?
3. In what ways do your favorite strategies serve you well?
4. In what ways might your favorite strategies fail or limit you?
5. What other strategies might be most helpful to you? Have you perhaps been overlooking them? (Again, you could mark these on one of the charts above—using Figure 2, this is comparable to asking what new places you might move to on the “chessboard” of healing.)
6. Are there times in your life when these new and different strategies might be helpful? How so? Be specific.

In conclusion, you might consider keeping a diary of the challenges you face, the coping strategies you now use, are experimenting with, or would like to try—and what seems to work, or not, at different times. Don't be judgmental of yourself. Simply use this as a tool for exploring, and perhaps expanding, the universe of the healing strategies you have at the ready.

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## Introduction

Before Siddhartha Gautama became the Buddha, his father had gone to the utmost lengths to shield him from the sight of human suffering. One day, in the midst of his privileged life, charioting through his princely domain, Siddhartha happened to see a sick person, an old person, and then a corpse. He realized that these were not simply their personal tragedies, but universal to the human condition. Despite his current youth, beauty, and riches, this fate awaited him as well. Siddhartha also saw a renunciate representing the possibility of existential healing, and so he embarked on the arduous journey to become the Buddha, the “awakened one.”

Sooner or later in our lives all of us replicate this archetypal pattern. Some enter this world laden with challenges from birth. Many, for a time, enjoy the vigor and seeming invulnerability of youth. But then come periods of illness, which can settle into chronic and disruptive patterns as we age. Sudden injuries may also derail our lives and leave lingering aftereffects, both physical and psychological. We may struggle with sensorimotor impairments, energy deficits, modes of incapacity, or sites of pain that isolate us from others. These issues are all but universal. For example, a recent estimate from the Institute of Medicine suggests that more than one hundred million Americans suffer some form of chronic pain (Dusenbery 2018, 176). In many ways this is an impersonal process. Few of us fully escape physical suffering, and none of us gets out of this world alive.

Yet, these afflictions are also very personal. They are unique, contextualized by one’s own life-narrative. Many people find ways to thrive despite their struggles. This involves coming to terms with the intimate, yet alien nature of our embodiment. Especially when encountering affliction, our very own body—the foundation of our perception, movement, habits, abilities, and relationships—can seem an enemy, or a mysterious stranger. Why do I feel so unwell today? Where has my energy gone when there is so much to be done? Why is my stomach chronically in turmoil; or my back always aching; or this cancerous growth senselessly threatening my life?

And yet, again people find ways to flourish despite, and sometimes even because of, these challenges. They develop strategies for coping, resilience, adaptation, and growth. This book begins by examining the

healing strategies individuals employ, often quite independently of the medical system. Modern medicine may excel at forms of diagnosis and treatment but is often sadly deficient at the business of “healing”—that is, finding wholeness in the face of the breakdowns which threaten to disintegrate our lifeworld.

In the first half of this book I examine no less than twenty different healing strategies that people utilize in the face of bodily challenges, either largely on their own or in concert with others. From whence is this table of strategies derived? To some degree I draw on personal experience. I have hardly escaped illness, aging, and intimations of mortality; for example, chronic back pain which ultimately demanded emergency surgery, as well as a searing peripheral neuropathy (nerve pain in my leg) which has led to two surgeries. Along the way I have investigated and used probably every strategy I write about, discovering both their benefits and limits.

Philosophically, I am engaged in “phenomenology,” the search for essential and repeated structures of human experience. First-person introspection is one point of entry, but this can also be misleading if we seek to universalize our own idiosyncratic experiences. As such, this book also relies on a number of “pathographies,” that is, memoirs of illness, impairment, and healing by acute self-observers. My own medical training is also a useful background, along with my acquaintance with some clinical, anthropological, and psychological research. I also draw on many years of volunteer teaching in maximum-security prisons which revealed the resonances between chronic illness and long-term incarceration. Much studying, teaching, and engaging in practices drawn from Hinduism, Buddhism, and Daoism has helped provide me with non-Western contexts.

But most directly this book depends on work in the phenomenology of the lived body conducted in the twentieth and twenty-first century by so-called continental philosophers. Figures such as Edmund Husserl, Maurice Merleau-Ponty, and many others who followed in their footsteps have explored essential structures of embodiment: for example, that I both “am” my body and “have” a body which I don’t entirely understand or control; that the body is the root of an “I can” structure of habitual abilities, but also the “I can’t” of weakness and disability; and so forth.

These structures help determine the kind of “chessboard” of moves that are possible in response to bodily breakdown. For example, when assaulted by illness, I can either move toward my body, listening to and embracing it (*I am* my body), or I can distance myself (*I have* a body), and choose to ignore, objectify, or transcend its limits. In total, I examine



*five essential structures of human embodiment—and four variant possibilities of healing response* that pertain to each area, hence twenty in all.

**Figure 1** gives an overview of these healing strategies in the order they are taken up by successive chapters. **Figure 2** presents them through a chessboard analogy as a five-by-four matrix of possible healing strategies. I have purposely not arranged the strategies in any hierarchy, which might classify certain ones as superior to others. There are many books that tout, often quite well, a particular approach (mindful witnessing, listening to your body, revising your life-narrative, etc.), but my goal is to survey the broad set of possibilities, all of which may be of use to different individuals at different times.

To employ this book as a tool for healing, whether for yourself or when working with a patient or client, these diagrams can help track which strategies an individual is using, and others which that person might beneficially try. For this purpose, following the figures is a list titled “Six Questions.” These questions will help one survey the strategies one has tried, the ways that they have worked or failed, and other available healing approaches. *This turns a somewhat academic book into more of a workbook for active healing.* Similarly, a clinician can use these diagrams and questions as a tool to help patients negotiate the challenging process of adapting to an illness or incapacity.

I do not claim this list of twenty healing strategies to be definitive in a transhistorical and transcultural sense. Phenomenology has progressed away from claiming to present one essentialist, universalized account of human experience. “Critical phenomenology” analyzes, and often critiques, the particular sociohistorical conditions that shape human lives. Our embodied experience can be influenced by racism, sexism, ageism, homophobia, and other modes of discrimination. (I focus more on this in part 2 of the book.) Nonetheless, I believe that the body—and consequently bodily experience—is not infinitely plastic. The body, considered both biologically and experientially, does have built into it a variety of features that serve to constrain and vector possible interpretations. We have bones that can break; acutely sensitive skin; inner organs less accessible to immediate experience; and needs for breath, nutrition, and thermo-regulation. These are elements in embodied life that are meaningfully invariant, though they also serve as the launching pad for much societal and personal variation.

My analysis of twenty healing strategies thus grows out of fundamental features of the lived body, but with the recognition that these are enacted in a wide variety of ways in our own time and place. There is a tendency in postmodernist philosophy to thematize “the body” a great

deal, but also to overlook it. As Prosser (1998, 13) notes, in key figures like Foucault and Lacan, “materiality figures only in reference to discourse and signification . . . The body is rather our route to analyzing power, technology, discourse, language.” While I certainly take on such topics, my primary focus remains on our direct experience of the body and how we can cope with its challenges and breakdowns.

Of course, many in the clinical and psychological sciences have tried to codify our adaptive responses to illness. Yet the overall result can be a bit inchoate: different authors are often working with different disease entities, patient populations, and ways of organizing data from various survey protocols. In this book I use a distinctive approach. I suggest how the edifice of healing strategies is built directly upon the basic structures of lived embodiment.

I hope this book will be accessible not only to scholars in the philosophy of the body/medicine, but also to the educated layperson. At the time of publication well over one hundred million Americans suffer from some sort of chronic illness. The “chessboard” of healing strategies I survey may help name and affirm strategies they are already using or suggest new possibilities that could bring relief. Nor are the “healthy” immune to facing these issues, especially at a time when we are recovering from a global pandemic. In the words of a *New York Times* article: “The pandemic has brought many able-bodied people for the first time into territory intimately familiar to the chronically ill, the former speaking with wonder and pain of what, to the latter, is commonplace” (El-Mohtar 2020, 7). Unfortunately, not only Covid-19, but its aftermath, “long Covid,” casts a dark shadow on many lives—so we are even more in need of methods for healing.

This typology of strategies may also be of interest to those in the healing professions, whether physicians, nurses, physician assistants, psychologists, or those in complementary and alternative medicine. It is imperative for them to understand the array of strategies their patients are using, or which they could use with the proper coaching and support. It is equally important to be aware of the potential shadow-sides of healing strategies: for example, the person who refuses to be limited by illness, but overdoes it to the point of risking self-injury.

For me, this book also constitutes the last in a trilogy, albeit one that has taken more than thirty years to unfold. In *The Absent Body* (1990), I used phenomenological methods to examine the many ways in which the body seems to disappear from experience, and the ways it surfaces when things become problematic. I suggest this to be an experiential basis for Cartesian dualism, which separates the essential self from its body. Then, in *The Distressed Body* (2016), I looked deeper into the experience

of chronic pain, illness, and incarceration, as well as how these are dealt with by the medical and carceral systems (hint: not always well). This last book, *The Healing Body*, is more a celebration of human resilience in the face of affliction.

The book begins with “A Musical Overture” (chapter 1) stating a number of themes that will later be further modulated and developed. Using an example from the violinist Itzhak Perlman, I give an overview of the dis-integrating impact of illness and impairment, and our capacity for healing—that is, the recovery of an integrated life, perhaps one even enriched by its challenges. This first chapter is deliberately nontechnical: feel free to skip it if you wish to proceed to the more systematic analysis.

Over the course of the next three chapters composing part 1, I lay out the *twenty healing strategies* previously mentioned. Chapter 2 focuses on how the body-self disruption caused by illness can be coped with either by distancing from the body “*I have*,” or by choosing to embrace the body “*I am*” and “*am-with*.” I explore four subvariants of these fundamental moves away from or toward the problematic body.

Chapter 3 turns to the body as the source of what Husserl and Merleau-Ponty called the “*I can*”—our reservoir of abilities and habits—and also of the “*I can’t*,” our limitations. Yet these change over time, bringing into focus lived time itself. The ill person can seek to reclaim previous capacities, or transform their way of being-in-the-world to compensate for illness or injury. They can gain strength from remembering the past, anticipating a better future, or putting down roots firmly in the present. Serious illness can make us reexamine, and perhaps even reconstitute, our whole life-narrative. In the face of chronic illness or aging, these strategies can support what I call “chronic healing,” that ongoing process of adaptation which also helps to heal time (*khronos*) itself.

Chapters 4 and 5 turn to the intersubjective nature of embodiment. This topic is so rich and significant that greater space is given to its unfolding: whereas previous chapters had taken on eight strategies at a time, each of these chapters focuses on only two. From before the time of birth, one’s body has been intertwined with and nourished by other bodies. Healing the self-body relationship is no private matter but is often mediated by (or sometimes interfered with) by others. The physical body is an *object* in the world and can often benefit from diagnostic and therapeutic objectification. Yet the lived body is also an experiencing *subject*, and the empathic communion offered by loved ones and fellow sufferers is crucial for relieving isolation and building a community of mutual empowerment. For the ill or aged person, learning to *receive* help is often one of the hardest lessons, especially in a culture that values independence above all. Also crucial is the discovery that one can still *give* despite having an

impaired body, and that this giving may be deepened by experiences of struggle and loss.

Thus concludes the survey of twenty healing strategies that constitutes the first part, and roughly the first half, of this book. As mentioned, I have diagrammed them using a two-dimensional chessboard surface representing different “possibility spaces” through which one can respond to the recalcitrant body. But it must be understood that one has multiple chess pieces at one’s disposal such that one can, and in most cases will, be using multiple strategies in conjunction. Or instead of imagining a two-dimensional chessboard surface, one might think of healing as a *five-dimensional chess game*. For example, in the face of serious illness, communing with others with a similar condition may help one seek out appropriate clinicians, better care for one’s own body, and re-envision one’s life narrative in a positive way, knowing one still has much to enjoy and give. One is “playing the game” on different dimensions simultaneously and they synergistically work to enable one another.

Yet there is still more to explore. In part 2 I turn away from this generalized focus on bodily affliction to the predicament of those groups who are particularly challenged and marginalized. This unfortunately is a huge topic insofar as ableism, racism, sexism, ageism, heterosexism, xenophobia, and so on, devalue certain bodies. There are many excellent books that examine such topics in detail. I briefly present an overview of “embodied injustice,” and then turn to two examples most familiar to me from my teaching and research: the position of *prisoners* and of *elders*.

Chapter 6 suggests that those suffering from chronic incarceration deal with many of the same life-disruptions as those experiencing chronic illness, and often employ similar healing strategies. There is much the two communities could teach one another, and all of us, about how to survive, and even thrive, in the face of embodied assaults.

In chapter 7 I turn to *elders*, who are often struggling with health challenges as well as ageist discrimination. Drawing on wisdom traditions the world over, I critique our usual models of “successful aging” and suggest different ways the challenges of later life can become a catalyst for personal/spiritual growth and social contribution. Again, I articulate a variety of healing archetypes rather than a one-size-fits-all model of holistic elderhood.

The last part of the book, part 3, seeks to deepen our analysis of what I term the “inside-out” nature of the lived body, along with the implications of this for healing. In chapter 8 I examine “interoception” (our sensory experiences of our own body), which is a hot topic in medicine and the neurosciences. I analyze how our visceral functions and awareness profoundly intertwine with outer-world relations such that the very

division between “inner” and “outer” is called into question. Western culture, while celebrating the interiority of mind, thought, and reason (what I call the “superior interior”), tends to devalue and override what has been judged the “inferior interior”—our visceral self-awareness. Yet the ability to hear messages from our inner body is, I suggest, often a key to self-healing independent of the medical system.

Chapter 9 then works with the paradoxical nature of *breathing*—a bodily function that forms a hinge between the bodily interior and the outside world; is ordinarily automatic, but available to voluntary control; and forms a bridge between what we customarily divide up as “mind,” “body,” and “spirit.” The breath can thus serve as a key to mental/physical healing and, as used in meditative techniques, can further our liberation from the confinements of the isolated self.

This latter becomes the focus of the book’s final chapter. I closed *The Absent Body* by turning to the neo-Confucian notion that “we form one body” with the universe. Similarly, in chapter 10 of this book I draw on non-Western inspirations (this time primarily the Hindu tradition of Advaita Vedanta, though supplemented by Buddhist and Daoist references) to examine the personal body as a channel for transpersonal awareness. Diverse wisdom traditions suggest that to fully “heal,” become whole, is not only to cope with bodily misfortune but to dissolve the very sense of a rigid and limited body, that which imprisons us as a separate self. I explore what I call the “transparent body,” as well as practices that may help us experience its expansive and healing effects. The chapter is purposefully provocative and speculative, but with due attention paid to ordinary lived experience.

Thus concludes our survey of healing responses to those sights encountered by the Buddha, and by us all; the sick person, the old person, and the corpse. To be healed—to find wholeness even in the face of bodily and existential afflictions—is one of the greatest challenges and accomplishments of human life.