

ROUNDTABLE

Living in Relation to Mystery: Addressing Mind, Body, and Spirit

Pamela Miles

The following is a response to the feature article in this issue by Martin L. Rossman, MD (Rossman ML. Fighting for Health. Advances in Mind-Body Medicine. 2003;19(2):6-7).

I want to thank Dr Rossman for so thoughtfully articulating a dilemma faced by many clinicians who work with and support patients, as well as their families, who are struggling with cancer. This dilemma arises when mind/body is divorced from spirit. Addressing spirit enables clinicians to resist the proclivity of conventional medicine to standardize care, even mind/body interventions. It is in spirit that congruence is experienced. The duality implicit in the mind/body paradigm is resolved in a mind/body/spirit approach to care. "Mind/body" speaks of two sides of a coin; "spirit" speaks of the coin itself.

Considered in this context of mind/body/spirit, the question "Does the fighting metaphor mobilize emotion and physiology in a way that is specifically useful in overcoming cancer?" is incomplete. Its focus is on the disease rather than on the person experiencing the disease.

Including spirit expands the question to "what is useful to this person now?" The broader context of mind/body/spirit focuses on the individuality of the healing journey, reminding clinicians that we can at best empower the client to create/find his or her unique path to healing. Without rooting ourselves in spirit, the pressures of conventional medicine will have us spoon-feed mind/body pills, limiting ourselves to the flat dimensionality where healing equals cure.

Similarly, the second set of questions seeks to understand cancer as an entity separate from the person it inhabits. However, each cancer patient has a unique disorder that will unfold idiosyncratically, inwardly if not physiologically. As Dr Rossman writes, supporting people to heal requires one "to be accepting, non-judgmental,

and to 'trust the healing process.'" Trusting the process does not mean confidence in cure, but rather conviction in healing. When reaching for trust, one is easily waylaid by its counterfeit—blind faith. But trusting the process, like healing, is not a spectator sport. It requires our engagement, our mindfulness, and sometimes our intervention. Being a pacifist does not relieve us of the necessity to take what action may be needed; it inspires us to take action with equanimity.

Therein lies the rub. Contemporary Western culture has no model for fighting with equanimity. Even kids' sports (and the parents around them) frequently totter on the brink of anger and violence. Very often it is anger, rather than fighting, that makes the cancer patient uncomfortable. How do we help tease out the distinction? Again, Dr Rossman points us in the right direction by saying, "expectations and attachments are the basis of human suffering." I would add aversion to that list. Aversion—even the aversion to fighting—renders us intolerant and judgmental.

The mind/body/spirit perspective is holistic. It recognizes that in the complexity of life, everything has a place. As Dr Rossman says, "we don't like invasive medicine when there are alternatives," but then again, we love it when there aren't any. Fighting can be a good thing. What parent would not fight to protect his or her child? Self-defense justifies homicide in a court of law; can it be unhealthy to defend oneself from attack? What is the pioneering spirit, if not aggressive?

"Should we encourage people to fight who are not natural fighters?" Dr Rossman asks. Natural fighters don't need encouragement to fight. It may be more healing for them to learn restraint. But for those who are not natural fighters, to connect with the willingness to fight is a powerful shift in consciousness, just the kind of shift recognized by indigenous medicines as necessary to create profound benefit. Perhaps, as Dr Rossman suggests, an individual's inability to fight is part of his particular disease (rather than part of cancer as a category). What clinician has not witnessed the immobilizing humiliation that

*Pamela Miles, founder of the Institute for the Advancement of Complementary Therapies (I*ACT), is a clinician, educator, and writer with 30 years experience in traditional healing practices. A Reiki master and meditation teacher, Ms. Miles lectures on complementary, mind-body, and energy medicine, and develops educational programs and research initiatives for hospitals and healthcare organizations. Her private practice is based in New York City.*

often accompanies a sense of powerlessness? How can we help our clients marshal their power to heal? Can we help our clients reframe fighting in a way that is meaningful to them on their healing journey? We fight for what we value; being willing to fight for our lives may be a vital expression of self-worth.

In Native American culture and in Asian martial arts, fighting is done with skill, with clear intention, with respect for the opponent, and without animosity. Patients averse to fighting could be encouraged to explore what lies behind that aversion. Opening a dialogue about fighting, stimulating self-inquiry into the aversion, and teaching skills of self-expression may help a patient uncover powerful healing resources. This will, at the very least, provide a sense of empowerment, opening choices where before there were only obstacles. The courage to fight disease may be an expression of the courage to live. Even if the battle against cancer is lost, the fearlessness unlocked when we find the willingness to fight is a powerful resource as the patient moves through death.

It is in contemplating Dr Rossman's third question that the need to keep healing in a spiritual context is most apparent. Does using peaceful healing imagery while undergoing cancer-killing therapies "represent some sort of disconnection in the emotional vector of recovery?" The picture of an apparently laid-back pacifist cancer patient with conventional medicine as the hired gun deserves inquiry. It makes sense that patients totally behind the aggressive measures they're using to kill cancer would have better outcomes, but there is also something to be said for covering all bases. Having apparently incongruent emotions is not a symptom of misalignment; it's a fact of life. Emotions don't confine themselves to order, and they are not mutually exclusive. The mind cannot make emotions make sense. It is only at the spiritual level that we can experience an inclusive context, one that can hold dissonant emotions with dispassion, and transform tensions into meaning. When faced with the limitations of the mind, spirituality offers an alchemical tool for attaining congruence—surrender.

From a Western military perspective, surrender is failure, an admission of weakness, ineptitude, and loss. Spiritual surrender is quite different. Spiritual surrender is surrender to our great essence, the surrender of our wrong understanding that we are limited, controlled, soiled, inadequate, guilty—each of us can fill in the blank. Spiritual surrender requires great strength in that while facing the present with acceptance, we dare to experience the power of spirit directly, to confront the fallacy of powerlessness. Spiritual surrender allows us to access resources nestled in subtle inner realms. It also frees the power that had been stagnant, maintaining oppositional balance. In the paradigm of mind/body/spirit, the enemy is not the cancer—the enemy is the lack of

balance, which is no enemy at all, but simply a condition that can be addressed. Asian spirituality teaches us that the results of our actions are determined primarily by our state of mind. Our state of mind can be healed by acceptance, and surrender to the present. From that state of surrender, we can reach for cure through whatever avenues appeal, including fighting.

As clinicians and as people, we needn't "settle" for trying "to keep our faith in a higher order." We can live in good relationship with life's mystery, and offer that model to those we serve. We can live in trust, and avoid blind faith if we are willing to surrender to spirit in whatever way is meaningful to us. Spirit is that which is always present. Only spirit offers us a profound, transforming experience of harmony and rightness, that expanded sense of rightness that transcends right and wrong, praise and blame. Only in the realm of spirit can we explore life's meaning as an ongoing process, rather than a search for *the answer*. Together, clinicians and patients alike can develop ourselves spiritually to attain an inner experience of the beauty and perfection of life. We can simply be present—a gift to ourselves and to one another.