

## **The remedy for diseases**

### **Part I. Theory**

#### **The ode to The Medicine**

##### **Models**

#### **The systematisation of the models**

##### **The Academic model**

Enough! I've had it! I was told once that one's got to start writing a book not when he actually feels like it, but when it becomes impossible not to write. I am so ready now: any longer – it will start rotting! I can no longer silently observe the relationship of the society and the medicine. As I see it, the medicine ceased to be a science and has turned into something like a religion despite all its materialism.

For some reason, men supposed to blindly believe in the medicine, take all the medication the doctors prescribe and wait for a miracle to happen! After all it is quite natural: nowadays the medicine is a part of men's life which follows him from cradle to grave. The proximity of birth and death requires a religious approach. So, the medicine has created rituals, dogmas and commandments of its own.

I am not against all that. It's the medical fanaticism I can't take. The fanaticism of the adopted medical models, which are no longer considered as models, but became dogmas. Like any other ancient structure the medicine does not accept dissent as it threatens its very foundation. And like all ancient structures, the most inflexible is not the top – on the top there is plenty of dissent. The pyramid stands strong as long as the foundation is stable. What happens at the top doesn't really matter much.

Of course the modern medicine saves millions lives daily. Doctors work days and nights sacrificing their time and energy for the sake of humankind - that is true. Day after day, all over the world, doctors perform acts of heroism. However, such things must be done in a clear and sound mind; heroism must not be blind!

I am familiar with the medicine from inside and can be objective in my judgement. I used to practice as a doctor and worked in medical sciences myself. And I turned away from all what's called "the traditional medicine".

I did not run away from the people – there are a lot of medics with living hearts. I've run away from the hopeless models and useless remedies. Quite fast I managed to figure out something I did not noticed during all years spent in a college. The medicine does not cure anybody! Its models are not design for curing a great number of chronic illnesses in most cases. It is afraid of such recoveries.

The medicine would rather assume a false diagnosis than a case of full recovery. The reasoning is quite clear. A recovery achieved by an alien, non-medical confession is destroying the foundation of

medicine. If continued, the congregation will start to scatter. Dogmas and canons will be stacked on shelves collecting dust. The huge number of medical professionals will face a mental break down.

I am against disasters. I do not wish to destroy systems. In this book I simply wish to expand the existing models and question the obsolete dogmas. The medicine is my godmother. She brought me up and introduced to mankind. Many wonderful and wise medical teachers have taught me to have a loving, wise and caring attitude toward people. I do not want to hurt my godmother. Perhaps this book might be helpful to people involved in maintaining human health assisting them in regaining the strength.

Another thing I still can not understand is the attitude of society toward the medicine and her daughter – the pharmacology. Usually everything that is not right for society causes a growing wave of indignation. In case with the medicine and the pharmacology it is different. I am almost terrified to watch the expanding pharmacies' network and increase of pharmaceutical drugs consumption. What would be the social response to a similar amount of alcohol consumption? Most likely not as quiet. Only because of the asocial behaviour and bad smell of drunks? Perhaps... But also, perhaps, because the pharmacology maintains the stability of the society. Let take smoking for example – the nicotine has a calming effect. People consume tons of these “tranquilizers.” Would it be better for society if all of this subconscious excitement was applied in human relationships? Would it bring in this case more violence, wars and crime? Periodically, we see publications that defend drugs. Is the drunkenness beneficial for the society? Does it help the society to sustain itself and maintain its dogmas and foundations? The reason for me to write about this here is the fact that at a closer look most remedies function as drugs. They allow us to get the desired result through a backdoor without any effort or even awareness.

During my time as a hospital doctor I got really fast seduced by the easiness of this method. By that time I already had high blood pressure and stomach aches. In one pocket of my doctor's robe I had “high pressure pills”, in the other one – “stomach pills”. I would take one of them when needed. What a way to live! If continued further, I would get a medical check-up, get a diagnosis and then get hooked on medications until the end of my days. Further, as all addicts, I would keep looking for the least toxic, the most effective and cheapest drugs. And also as any junky I would deny dependency, stressing that this is merely a medical treatment. Sounds familiar?

“But what choice do we have?” - I would ask some of the readers. “Is there an alternative?” There are plenty of choices and alternatives! Unfortunately somehow it is not acceptable to even notice their existence. In order to stay healthy and not to have full pockets of pills I had to ran away from the practical medicine to a science. I could not stand anymore the hopelessness and uselessness of my profession. At the time it was all of my. Certainly, it wasn't the recovery since I did not understand the nature of my illness. At least, I found a better treatment than pills. But what is going to happen to the social system if everybody runs away from what they don't like? I would rather prefer stability.

Certainly, I don't believe that all these processes in medicine and society are conscious. The systems gravitate toward a homeostasis; it seems to be one of the nature's laws. Changes are associated with death - for changes to take place the old views, ideas and orientations would have to lose its viability. And that is terrifying. Stability is also a death, but a less visible one. Stability creates an illusion of safety. Until revolution, an explosion or something else blows it away.

### **Models**

In my previous chapter I was rather arrogant - I was scolding something that already exists in the world. It is the cheapest way to make friends and the fastest to get enemies. Now is the time to turn onto myself to restore the balance. This chapter is about what is this book dedicated to.

I definitely do not intend to offer the mankind a new way of salvation or a healing system. I also wouldn't want to save anyone from whatever or show the "right path". I am neither a healer nor a guru. All I can offer to my readers – a few models of illnesses and health, based on modern psychotherapeutic approaches. And the ways to use these models.

A model does not reflect or change The Reality. It merely assists in search of ways for dealing with The Reality. Change of model leads to changing the ways. When mankind stopped believing in the model of The Earth resting on three whales and discovered the existence of space and the solar system, it stopped searching the "end of The Earth", and found ways to explore the space. In the past, people did not doubt that The Earth is flat. Now everybody knows that The Earth is a sphere. Perhaps it can turn out that at the end of the day The Earth is something else again? And the system of all modern models is just another illusion? But mankind successfully uses them!

And what a fight did the mankind put up for the old models! Many fires have burned!

This book is not intended to interfere with the basics of the universe. I just feel that current medical models are hopelessly outdated. The medicine does not admit that it is not much better than a primitive sorcery. Only nowadays potions are no longer cooked in a kitchen - they are synthesized at the modern pharmaceutical manufactories. The approach did not change. This potion cures one illness, this potion – another. Certainly, the potions look nice and smell good. But the model remains the same.

The essence of this model is the assumption of the presence of the diseases in nature. And these diseases are the enemies of the humankind. The medicine is called on to fight them. Special diagnostic appliances have been created to identify the enemy. In order to win that battle the medical science is on a quest to develop state-of-the-art means to fight the enemy. Doctors are on a constant watch to defend human health. "Well," one will say, "isn't it right?"

Doesn't something seem strange in this model? It creates a virtual object – the disease. This object exists separately from man and attacks him. In the case of infections and impact from external physical factors it seems right. We have to admit that in all other cases there is no external enemy. Everything we used to call an illness is done by human bodies themselves. What does the medicine fight then? Apparently - the

human bodies! I even developed a proverb: “In a fight of the medicine against a human body, the body eventually always wins.” The body insists on doing what it does, even if it is perceived as a disease. Has it ever occurred to anybody that before fighting it is worth to find out that perhaps the body needs it for some reason? “If the stars shy from the sky, than somebody must have needed it!”

If we take it one step further and stop dividing humans into men and bodies, we will have to admit that what we call “disease” is done by men themselves! Now we went from bad to worse! This is a totally outrageous thought!!! Let’s chase it away before it’s too late? No, it is customary in the medicine to divide humans into three parts: man, body and disease. Most of the patients are told: “Bring your body to us and we will save it from disease!”

Doesn’t this remind you something? Similar words were said by mediocre sorcerers in all times. And when nothing helped – they would yammer: “Oh, the disease is too strong, it needs another offering!”

Sad, but the fact remains. Both doctors and patients have preserved this model. I call it **mystical**. It runs through all doctors and patients say and think. An ancient doctors’ saying: “Not the illness, but the ill should be treated!” is taken as strange slogan. Indeed, this saying takes a total different view on the problem!

The next model, accepted in medicine, most likely has appeared later, with the development of technology. We can call it **mechanistic** or **technocratic**. The essence of the model is that the human being is considered as some kind of mechanism, the details of which can break or wear out. What is left is to there to lament and lift its hands in dismay: “You know, dear, spare parts for men haven’t been invented yet, so come around in about 200 years, we’ll fix you somehow then!” The means of treatment in this model are also mechanical: when the part is unnecessary or worn out – remove or change it. When it is not possible – add a suitable “supplement”.

But body has the ability for self-restoration and self-regulation! And when body stops doing that, a good question to ask would be not how to replace these functions, but why must the sabotage is taking place? Identify the demands of the strikers.

Both of the models don’t leave any room for the patient to influence the process of restoration of his own health. Both of them stipulate that only an external expert can help: either a magician or a mechanic. All that is asked from the patient is compliance.

I do not insist that all medicine consciously sticks to these models. No, progressive thinking medical professionals do not think so. I call these models ‘medical superstitions’, which most of general practitioners and medical scientists must abide to.

We will talk about medicine models which I support a bit later. For now I would like to give an example of an alternative.

Once, at a professional conference, I conducted a workshop that dealt with patient models. The idea of the workshop was that patients’ models themselves very often offer a method of treatment. When patients encounter medicine, hopeless models are authoritatively imposed on them. As one old lady said:

“Why do medical professionals when they cannot cure something call it an incurable disease? It would be fair to admit that they do not know how to cure this. And tell to find somebody else who can.”

“It is impossible to play music on piano – I tried it myself many times and it never worked!” – Mark Twain said once.

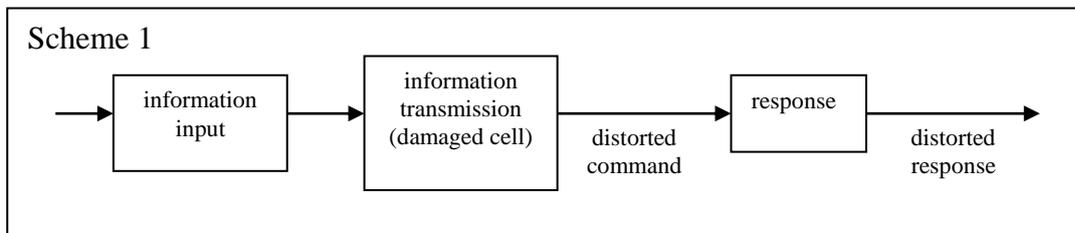
Thus, at this conference I investigated patient models. One of them stuck in my mind. A patient with bronchial asthma was an IT professional. Here is what I remember from our conversation:

- “What do you think is going on with you? What would you think about it, if you hadn’t talked to medical professionals?”

- “Well...” - he thought for a while and than brightened up, “I have several cells in my system with different functions. There are cells responsible for information input, for transmission and for performing some actions and responses.”

- “What is going on with you, what is your illness about?”

- “My cell that is responsible for information transfer is malfunctioning – transmitting the wrong commands,” and he outlined this scheme on the floor:



According to this scheme, his illness is: “A distorted response to an external stimulus as a result of invalid information processing.” I would call the model for this person **cybernetic**. From my point of view, it would be logical to outline ways for treatment within this model. What I eventually had done:

- “What should be the cure, in your opinion?”

He continued to develop his theory:

- “The distorted cell was recorded in childhood, it should be reprogrammed.”

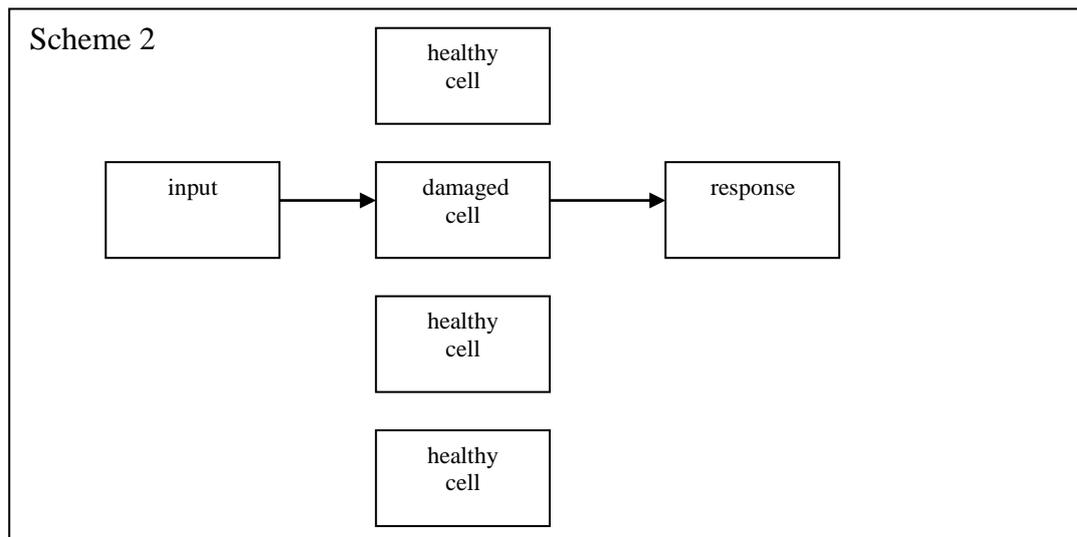
- “Can you do this?”

The person thought deeply, and then shook his head:

- “No, I cannot convince myself that I had a different childhood. I know how it was indeed.”

- “So you are incurable?”

- “Wait a second, it is not that easy. I have lots of healthy and sound cells. Why do I use the damaged one?”



And he changed the scheme:

- “So why do you use the damaged cell?”

He thought for a while and then said:

- “In order to start using different cell, I will have to take different decisions and change my views in general. And that is scary. What if I make a mistake again?”

Our next work was from the psychosomatic sphere and turned into work “about life.” But I remembered his model. I do not consider it as an absolute. I have mentioned before that I do not believe in absolute models. This model simply allowed this guy to be responsible for his health and look for ways to recover. It looks feasible to me and offers more chances for treatment than the models described above.

As Bob Reznik, American psychotherapist used to say: “A model is good as long it is beneficial for you, when it starts to restrain you, you better give it up.” What a brilliant thought!

Another example of a model. It occurred once to me – a disappointed doctor and scientist that came to learn gestalt-therapy. After I have seen several works on psychosomatics, I found an energetic model that exists to this day. I started seeing human illnesses as a result of an obstacle in the way of the energy flow of the organism. Imagine a rock that fell into a riverbed, the river will breach its banks and split into a number of streams. Every one of them is going to be pathological process. The river has to flow. Water is going to find other, alternate routes, if the main one is closed. It will destroy everything in its way. What should be the treatment according to this model? Oh, it is incredibly difficult. It is almost unreal to just remove the rock. Neither medicines nor surgeries help. The deal is that the rock is imaginary. The organisms believe that it exists. In this case, recovery can either be instant or not possible at all. Sometimes this model is really convenient for me. The main thing is that it allows for instant recovery to exist. In general oriental methods stick to a similar model.

I worked with a client who had a huge stone in his kidney since he was 20-years-old. “How do I get rid of it with the help of psychotherapy?” – he guy asked. “The rock is hard. They can’t even break it with ultrasound or suggest a surgery.”

“There is no spoon” – I told him. “Your rock exists only in your imagination and in the imagination of your doctors.” Thanks to the movie *The Matrix*, those who haven’t seen it – you ought to, it’s a great movie. Furthermore, I told him the foundations of physics, that there is a great distance between the nucleus of the atom and the electron. In practice, solid matter consists of a vacuum and energy. Given more motion to this energy, anything can happen to the so-called “solid” matter.

“Nonsense,” you say and call me a swindler and a quack. Call me whatever you like, but using this model this guy’s rock has broken in pieces after one (!) therapeutic session. Urologists said they did not remember a single case like that in all their practice.

What is more valuable, the foundations of the modern science or the health of a single man?

Procedural therapy allows another point of view on disease. Do you remember the movie *The Gods Must Got Crazy*? The subject of the movie is that one African tribe accidentally finds a coke bottle and it brings a lot of troubles to the tribe. People do not know what it is and what to do with it. I would call this model **informational**. Sometimes in course of work, it appears that illness is something very beneficial, what all the human essence longs for, and what man doesn’t know how to make use of now. This model open nearly endless perspectives.

One “healer” I knew used a **karmic** model. He was “a healer” not because of his age, but due to his occupation. His patients were mainly bandits during the criminal boom in our country. “The healer” used to say the same phrase to everybody: “Your sickness is from your sins, son. Your karma is bad” He had a list, which outlined how much each sin “weighted”. If you killed a man – give five thousands dollars to an orphanage, to help kids with no parents. And it helped! Both the patients and society!

Enough? Maybe it’s time to summarise?

In the following chapters the author gives more detailed classification of medicine models, which we will omit. Let’s get to the point.

### **The Academic model**

Now it is the time to say something good and respectful about medicine. It really deserves it. Medical science has in it a wonderful and very constructive model. It is different from the views on practical medicine. A long time ago, attempting to find all the answers, I found a wonderful book “Common Human Pathology,” which was edited by three (three!!!) academicians of medical sciences, the respected A.I. Strukov, V.V. Serov, and D.S. Sarkisov. More than a dozen first-rate medical research centres took part in the creation of this book.

Well, to which model do the classics of medicine stick to? Here what is written in the manual: “In each case, **illness is an obstruction of the normal (optimal) way of realizing one’s needs**. As freedom is a

possibility to satisfy simple human needs, thus illness is connected with a restriction of this freedom.” So how do you, the reader, like this model? Health – is only for those who are free!

We started talking about the needs. What are they?!

**“A need is an objective necessity for substances, energy, information, which man as a living system has... Needs of human beings vary. There are different material (food, work, rest, and work activity) and spiritual (knowledge, communication, artistic and ethical perception of the world, social activity of a person) needs.”** That is more of what is written in this book, and again hard to disagree with.

Further on, the academics give one more definition: **“...life of a man is a satisfaction of the material (substance-energetic) and spiritual (informational) needs.”** How simple is that – if death is against life, then within the boundaries of this definition one can either be half alive or half dead spiritually. Spiritual suffocation can lead to death too. Great observation!

But let’s get back to the text: **“...a need always acts as a lack of something and as the impulsive action of man. The illnesses can be of two kinds: illnesses caused by an excess of needs and the others – caused by a lack of needs.”** It can’t be simpler, illnesses are of two kinds – either man doesn’t get what he needs or he gets what he doesn’t need. My apologies for the complicated verbal construction.

Let’s summarise. **An ill man is one who cannot find a way to fulfil his needs???** Who is a doctor then???. To follow the logics of the definitions – it is a person, who helps the patient to find HIS own ways of realizing HIS own needs. By no means are these the needs of a doctor, or abstract needs of an abstract patient. Everything is well specified.

However, how many doctors you have met in your life that asked: **“Do you want me to cut off part of your body, or to stuff you with various chemical compounds, or maybe you want to find out WHAT YOU REALLY NEED, OR WHAT YOU SHOULD GIVE UP???”**

That’s it? The detective work is over? No criminal, no crime. Just a misunderstanding? There are some people who do not know what they need and cannot figure that out.

There are also people who cannot (don’t even try) to help them in these matter, on a contrary – they try to change men’s bodies, to correct The Mother-Nature. Sometimes one can’t do without it. Sometimes. So, what is the model about? Apparently, the academics do not tend to create external enemies. The needs, most likely, belong to men themselves. The ways to meet them certainly depend on the environment. How about a search for these ways?

Another stumbling stone – so-called “organic changes” that doctors like to refer to. Here is what the academics write. To keep it short: **“Intimacy and the principal integrity of structure and function exclude the existence of purely organic as well as purely functional changes in pathology.”** I completely do agree with them!

The academics have perfectly described the profile of any illness. The needs and the search for ways to satisfy them certainly belong to the body. The environment participates in the meeting the needs and it is

impossible to do without it. In absence of oxygen in the atmosphere no awareness will help. There are no distinct boundaries between functional and organic illnesses.

What can psychotherapy do? It can operate mostly within the boundaries of the “academic” model. It can assist in the awareness of men’s needs and search for ways to meet them. This is going to be the treatment. Its effectivity depends on the possibility to meet these needs as a whole, and how mobile and reversible the changes are.

The academic model almost perfectly serves the purpose of this book. It was created on the basis of dialectical materialism. However the academics mention that their German colleagues have created a similar model based on the gestalt approach.

Let’s presuppose that this model really works, then HOW is it happening. We will talk about that later.

### **Short summary of the next episodes**

This is my third book on psychosomatics. The first one perished because of my theoretical and practical poverty at that time. The second has died of its artistic richness. It resembled more of a fiction, not a practical guide. Nevertheless, I could not throw away some of the chapters from the second book and I want to use this opportunity to offer them to a reader. Especially for those who like lyrical digressions. I honestly promise to give an advance warning about it.

So what we’ve got so far. This book develops the following ideas further:

If the academic model is accepted as a working one, then **illness becomes an obstruction of normal (optimal) ways of realizing needs.**

In this case, **therapy is a search and realisation of normal (optimal) ways for meeting the needs.** It implies that people get sick when the realisation of the material or spiritual needs is disrupted. The realisation of needs can be disrupted in two ways - in excessive realisation or in deficiency (non realization).

It can be assumed that, since people are a part of the system, illnesses arise not only out of disrupted realisation of individual needs, but due to the obstructed realisation of the needs of the entire system.

No one has realised their needs from the moment of his birth. Realisation comes gradually with practice and from experiments. Some needs remain unconscious; some are blocked during the socialisation – a child’s adaptation to life in a society.

Those needs, that may seem bad or dangerous, are in reality natural. Just the ways to meet them are socially unacceptable. The process of socialisation combines encouragement and punishment. An adequate socialisation aims at searching of socially acceptable ways to meet the needs and sustain physical and psychological health. A traumatic socialisation aims to block and stop the realisation of needs and promotes the occurrence of an illness.

Emotions reflect the status of needs realisation. When realisation does not happen – emotions are negative, when it takes place – they are positive. People try to do something with their emotions without

taking care of their needs. This is strange, to say the least. Various psychological schools have their own ways to treat needs of a separate man as well as of a system of people. This book discusses the ideas of the gestalt approach and procedural therapy and in a lesser extend the transact analysis and NLP. That is all.

***Further on the author gives more or less boring theories, which we will omit again in the translation. Let's get back to more alive material.***

## HOW EVERYTHING HAPPENS

What is not really understandable – in what way realised needs are not reflected on the physical health of men? With material needs it is more or less clear. The human body reacts on things like the lack of water, oxygen, food, or the opposite, high or low temperature of the environment, radiation, toxic substances – it clearly affects the health. Though, some questions may rise up even here.

It is understandable that inability to get rid of the unnecessary, useless substances, an excess of produced heat and something else, more or less material substances, may reflect on the organism. But what is to be done with non-material, informational needs. In what way can the lack of realisation of something cause tangible physical damage?

I, as a doctor and scientist, I admire Perlz. He was the first who personally said to me that there is no principal difference between thoughts and actions. The difference between them is quantitative, not qualitative. To be totally objective – this idea is not new and exists in religious traditions, but this is a different story and it has different conclusions.

The idea expressed by Perlz is the following: the difference between realised action and fantasy is only in the amount of energy that an organism expends. Thoughts need less energy – but the body always takes part in the process. Here is what Perlz writes: “A body influences and reacts to its surrounding with more or less intensity. The intensity of the physical behaviour’ reduction becomes mental; but as the intensity increases, mental behaviour turns into physical.”

The body always takes part in mental activity. It is well known by those who have encountered various practices of meditation. Full body relaxation can take place only when internal dialogue is turned off. A man thinks, feels, realises through his entire nature, not just through his brain. To prove that this is really happening, I should give several examples. One of them is from Serzh King. His suggestion was - try to get angry while your body is relaxed. It is easy to realise that this is not possible. Anger, as well as all other emotions, requires the compulsory participation of the body. When Richard Bandler was asked to show an example of his hypnosis, he used to say: “lemon”. The simple mention of this fruit, especially with a detailed, colourful and rich description in a certain way influences the physiology of everybody that is familiar with this fruit. The organism knows what a lemon is! And it reacts accordingly. If I wanted to hit or hug somebody but could not do this, nerve impulses would still take place, the muscles

of my arm would still contract, although not with the same intensity as during actual hitting or hugging, but my arm would still participates in my thoughts. Regardless whether I want it or not. Just the same as with the word “lemon”. If I add more energy, more intensity to my desire – an action will take place. That’s it. No difference in principal. Perlz considered that thinking allows to save energy.

In one of my articles I have written that even if it is possible to imagine a living body without a consciousness, or a consciousness without a body, one or the other separately hardly can be called a man. A man is an integral being, one whole unit, as I mentioned before and is not an algebraic sum of components. A man is not consciousness plus body, a man – it’s... a man. Therefore attempts to heal the body separately from the psyche look very strange. To me it reminds of a desire to fasten the trees to stop the wind or to fish out all the herring from the sea to make it not saline anymore.

### An Exercise

*At seminars and therapeutic groups on psychosomatics, I suggest a very simple exercise, which is easy to do at home. Through the common effort of the group, we make up a list of positive and negative emotions. It turns out different in different groups; I will not give an example of it right now. Then every participant has a task to experience all this emotions for a short period of time, better to do the “negative” ones first, and then “positive”, observing at the same time, how their body reacts to each of these emotions. Emotions are experienced with the help of fantasies or recollections. Bodily reactions are fixed on the drawing right away. Thereby participants of the group create a topographic map of their body’s emotions. This exercise has several important results:*

- It becomes quite obvious that body participates in all emotional reactions – “negative” as well as “positive”.
- It doesn’t matter whether the situation happens in reality, fantasy or memory. The body reacts just the same.
- Group participants find out their weak places right away. But now they enter their pain through the backdoor – they understand which emotion “hurts.”
- The most vivid result – group participants “suddenly discover”, that in a half hour they lead themselves through their entire emotional life, provoking their “headaches”, “asthmatic fits”, “allergies”, etc., at the same time. Provoking it only for five minutes with the help of one emotional condition and healing it with another one. For many people – this is an unexpected discovery.

Let us suppose that it is possible to agree that the body and consciousness are the whole. Thoughts and feelings are reflected in what happens to the body. Still, **why does it get sick?** It’s very simple. Try to hold some part of your body in a constant state through will power long enough and see what happens. For example, make a fist. And hold it for two hours.

Then it will start to hurt. But this is nothing compared with what is to come. It will hurt really badly if the experiment is close to real life. Take your other hand and with its help try to straighten the fingers of the fist with all your strength. Do it heartily and do not give in! Oh-h-h, how will it hurt then!

**That is the mechanism of the origin of psychosomatics. The book may be concluded with that.**

Indeed, if all thoughts and feelings are reflections of the body's condition, then a thought or feeling that is constantly present, provokes a permanent condition of the body. For example, if I want to hit somebody all the time – my hand is going to be slightly tense, I may not think about it consciously, but this thought will be in the background, out of focus. It will be a background scene, to put it in the professional language of a gestalt-therapist. But this in no way is going to save my hand from taking part in this thought. This constantly present tenseness is enough to provoke some abnormalities. But the fact is that the following can happen – if the desire to hit is strong enough, hitting itself can lead to the adverse consequences, and the desire to stop yourself from that punch can be even stronger. Now it is as bad as it gets. This is one more tension in the hand but differently directed. To reproduce this mechanism experimentally – put your fist into a vice block. After that, the absence of physical damage to the hand will seem like a miracle. The psychological vice block is not as visible.

Fritz Perls has compared a man fighting conflicting tendencies within with a plane on an aircraft carrier. I have written about it before in this book, but I want to remind about one more time. If you have already remembered this example, then skip one paragraph and read farther.

Before the takeoff, an airplane unleashes the utmost engine power while having the breaks completely locked. Then the breaks are released and the plane takes off. If takeoff is aborted - engines are turned off and airplane stays in its place. But leaving the plane in a conflicting condition where the engines are working and the breaks are locked for long enough – it will fall apart. People are planes – they contrive living in such conditions, but people can't remain unaffected after that. Chronic conditions of the psyche provoke chronic diseases. Simple?

### Examples

*I was "lucky enough" to see the beginning of such psychosomatics with my own son. He and my daughter fought periodically when they were toddlers. My wife and I started to forbid him to get angry with his sister, as he was stronger and defeated her. Once we witnessed the following scene. Our daughter snatched a toy from his hands and he... started to behave like he had an asthma attack. I am a professional pulmonologist and know well how people look in such a condition. He threw back his head, pulled his hands to his abdomen, his chest was blown up and he began to grasp for air with a whistle. He had turned into the plane on the aircraft carrier. Two opposite tendencies were fighting within him: on one hand - he wanted to get angry and that required strong, deep and frequent breaths, but on the other hand he wanted to hold back his anger, as he was afraid of our reaction, those were his breaks. His chest was gripped into a vice block. I hugged him, calmed him and allowed him to fight with his*

*sister. There were no fits like that anymore. At the same time, the psychosomatics of our daughter were gone too. When we have forbid our son to fight with her, she often came back home from the kindergarten bruised. She had lost the sense of danger in communication with children, thanks to our artificial ban. When the ban was removed the amount of bruises lessened. Our daughter had to find other ways out of conflicts.*

Working with severe chronic diseases of people exposed to power, I found out that every question that touched a “sore” spot resulted in the immediate deterioration of their state. Working further with the “falling apart plane” would be inhuman. I remembered the story of the rubber boss-dolls that were placed at the entrances of Japanese enterprises, so that workers could release their breaks on their way home. I offered these patients to go to the gym and do something to alleviate their anger. Almost all of them did the same thing: rolled up a gym mat and started punching it. Each of them was punching something of his own: a system, chief, or employees. I understand that it was not a therapy, just a surrogate but I had to do something with the energy that was hurting them. Therapy began later.

What options awaited my son? I might not have noticed anything and thought that the asthma attacks had nothing in common with my pedagogic ideas. Medicine would have been prescribed and he would have turned “kind” but sick maybe until the age of twelve or possibly for his entire life. He could have recovered at the age of 11-12, at this age children outgrow chronic diseases. It’s the beginning of a teenage riot, when children become healthier but less convenient. He could have relieved the tension right away, the natural human reaction that takes the strain off that all the children use – crying. This is a very delicate problem. Due to his tears, he could have been converted from an aggressor into a victim right away. His sister could have pitied him and given back the toy. Or the adults would have decided that the situation changed and interfered. That’s it. Tears, a natural reaction to relieve tension, have turned into an instrument of management. And it is so useful to be miserable! I have already written about that.

What if it was already made clear to him that boys do not cry? That’s where we cannot do without asthma. Oh, how many of them are there – never crying asthmatics, heart sufferers, hypertensive and the like - “tough” guys. Everything could have gone another, more “organic” way. He could have released his tension with the help of tears and then, having more freedom for manoeuvre, talk calmly with his sister. He could have burst out laughing – also a release of tension. Just in a different way. He could have... In fact he has thousands of choices to pick from. A person develops, regardless of “bad” parents. This is what the importance and the necessity of relief is about. When under stress human body successively goes through several stages. The first one – nervousness, it lasts few moments. My son noticed that his toy was taken away, a moment passed through the nerve impulses and... he would be glad to calm down, but biologically active substances, which cannot be used up at the moment, are already in his blood. They do what they have to, like it or not - change the vascular tone, frequency of the heartbeat, state of the nervous system, and the main thing, they increase general organic energy,

leading to a choice to fight or flight. An arrow has been shot, “somebody has to fall”. The humoristic stage has begun. The plane engines are on and the breaks are still locked. Release of the breaks starts the action where the energy will be used. The humoristic stage can last from a few minutes to hours. If the energy has no way out, all these “goodies” would have to go somewhere in the body. It works on the body itself. The arrow turns to be a boomerang. Biologically-active substances find their targets. These are the endocrine glands. The endocrine stage begins. It lasts days, weeks. Body can change fundamentally.

When I worked as pulmonologist, there was one fantastic masseur in the polyclinic. He didn't do a chest massage, as is advised in asthma cases. He rubbed the adrenaline gland zone. He forced the adrenals of those people to work. If they could let themselves get angry, they wouldn't need a massage. No, they can only be offended and in pain.

There is one more way – when the engines are on but the breaks are still locked – to dump the fuel. It seems to me that this is how they do it when there is an accident. In this case, the engines will just fail. In our case, dumping the fuel means to cry, burst into tears, sob – the whole body participates in real crying. After a good cry, people feel tired and very calm. I lied, crying is not dumping the fuel, it is burning it out. But only if we talk about real crying, not about tears as a way of manipulating yourself and the world.

Yet, there is another way. Also very natural. Laughter. Somebody has said that laughter is not an emotion; it is a reaction to the release of emotions. Laughter also needs a lot of energy. Have you ever noticed that the state after a good cry or a good laugh is almost the same: calm, easy and a little bit tired? And you don't want to cry or laugh anymore. Laughter is a series of convulsive expirations, in which the entire body participates and crying is a series of convulsive inspirations. That's the difference. Oh yes, in one of these cases you will definitely need a sense of humour. Once again, somebody has noticed that teenagers usually laugh inappropriately in some tense moments not because they do not feel the tension in the situation, but exactly because they feel it very well. They cannot allow themselves to cry– it is a shame, improper, and a display of weakness. But they are still allowed to laugh. But now it will be explained to them that they cannot do that too. And what then?...

***And to top it off, practical exercises from books should be given. So, readers, take a shot...***

## An exercise for the whole chapter

**1. Should you have any painful or simply odd feeling in your body, let it spread, cover all your body, give yourself up to this feeling completely, entirely; take a position that corresponds to this feeling, not the one that contradicts it.**

*Try to enter this feeling by any possible means with all your essence, not through only one part of the body. Usually people who have chronic discomfort or painful feeling somewhere are afraid of this exercise. It seems to them that it should increase the pain. Indeed everything that happens is quite the opposite. When a person concentrates their unconscious energy in one part of his body, this energy can do one thing – provoke an illness. This is similar to the ability of a lens to focus sunrays. When the light is focused – it can burn a sheet of paper. Take the lens away and the sheet will be lit by the sunlight, maybe even warm up a little (!). Do not try to intensify the feeling!!! Just take away the lens. As one of my teachers used to say, when tears burn out in the stomach – they bring on a gastric ulcer. When on the face – tears are just tears.*

*Let everything happen – including natural mechanisms of self-regulation - and energy will find an optimal way out, man will realise his condition, will get to know his need in this condition and will be able to take care of it somehow. It will cease to be a dull and featureless pain. For example, when a man gives up to the feeling of heart pain, stops concentrating the energy in one place, he can enter into a state of anger or sorrow, which could be forbidden, avoided conditions, but this would no longer be called and felt as pain. There are other ways out of these conditions than taking pills.*

**2. After you have given yourself away to this feeling, try to realise what kind of feeling it is. If it is hard to realise the feeling – define it as a need, use your imagination to do it. Imagine what could have made this feeling or sensation more pleasant:**

*a) what feels more comfortable – when you give something, or get something;*

*b) perhaps you do not want to accept something, or on the contrary, give away something;*

*c) finally, perhaps you do not allow yourself something – get stressed or relaxed, be strong or tired, energetic or slow, sexual or inert, etc.*

*This stage is very delicate. People often confuse their needs. For example you are angry with somebody and want to beat them up. But anger is deceptive. When it occurs toward a person attacking you, then your need is the one of protecting your boundaries. A display of anger may stop the attack. Though, anger and fury may also occur toward somebody that is not giving you love and recognition. A regrettable substitution takes place in this case. Anger is not likely to help you gain more love and recognition; it will more likely frighten and push away your partner. Maybe it is more suitable to look for recognition in another way? If people understood that in the base of hatred there is the need for love, there would be less violence in the world.*

### **3. When you understand what is your need look for an imaginative way to fulfil it.**

*For a start, any way will do, even the most antisocial. Allow yourself to imagine any, even unacceptable ways to realize your need. They may turn out to be not so awful after all. If your ways are unacceptable try to look for those that can be accepted by you and the world.*

### **4. Action.**

*If you managed to find acceptable ways, start applying them on your life. You should remember that your surrounding may be confused and bewildered by your search. Try to discuss this with a friend or relative who will be able to support you.*

### **5. Awarding results.**

*The first results may be felt even from a play of your imagination.*

*a) Sometimes if a need is not met, its realisation heals.*

*b) Sometimes a period of training is needed. I remember a client with insular diabetes who, for the first time in his life, tried to display his strong, masculine features, and started to break furniture. He was a quiet and modest man in life. He would have to learn to be “macho” in a socially acceptable way, or change his occupation, as there are some professions that allow and support the display of brute force.*

*c) Sometimes after realising a need, the unpleasant feeling passes, but appears in the other one. That is indicates a presence of conflicting needs. Then you have to do the same thing with the second feeling as you have done with the first one. For example, a client with a trophic ulcer can discover that her need to show love for her father conflicts with the need to get her mother’s love.*

*d) Sometimes after the realisation of a need it turns impossible to realise it in its present form. For example, a connected to this need person has passed away. Or he is alive but there is no way to get the desired effect from him. Then you would encounter the experience of loss or grief. It is not grieving the need. All attempts to kill the need are futile and lead to an illness. This is grieving the way of realizing this need or hope. For example, there is plenty of love in this world, and it is not that hard to find it. But it can be impossible to get it from somebody in particular.*

*The experience of grief allows for concluding the cycle of self-regulation and frees the unused energy. A little bit later there will be a chapter about grief or about defending the grief. Since there is a myth of its undesirability.*

I would like to note so far the described above exercise allows the patient, by himself or with the help of a therapist, to go through the cycle of self-regulation. That is exactly the way how the gestalt approach works with diseases. A qualified gestalt-therapist possesses plenty of knowledge and skills for the realisation of every stage of the cycle.

The author of the book has worked out an educational program.

What is psychosomatics – everything! “Psycho” – means soul, “soma” –body. What else do we have besides a body and a soul??? Traditionally psychosomatic diseases of the body are considered to be caused by the psyche. Try to separate them!!! Most likely those who already understand such a differentiation do not consult psychotherapists anymore:

### **Work with the psychosomatic diseases through psychotherapy**

#### **A long-term educational program**

“Some people believe that psychotherapy is something more than just emotional influence, it has the ability to change the physiology of the body, even its structure...”

*Karl Whitaker – M.D., Ex-president of the American Academy of Psychotherapy*

The program was created as an extra training for people who already have medical and psychological education. The main idea of the program is expressed in the best possible way by Karl Whitaker’s epigraph.

- The human organism is an integral system with mental and physical processes inseparable, thus separate methods to heal the mind and body are an illusion. Any chronic disease of the body is accompanied by a change in the emotional and the behaviour patterns of an individual. The behaviour and the disease are closely connected.
- The modern theoretical pathology does not separate the functional and organic changes in the body anymore, in other words, as long as the body is alive – any change is potentially reversible. The question is how to initiate it.
- Science of a man’s health sticks to two fundamentally different trends – a struggle against illnesses and the development of health.
- Various trends of modern psychotherapy have accumulated a great number of theoretical and practical innovations, that in the author’s opinion are more effective and ecological than some of the traditional medical methods.
- The ability of psychotherapy to treat body illnesses is theoretically unlimited. Every year, more and more diseases are referred to as psychosomatic, i.e. those that can officially be treated by psychotherapy.
- Thus, unlike chemical preparations and physical means, psychotherapy is less systematized and less repeatable. It is more of a subject to a patient’s participation and gives less certainty than a surgery. However, individual approach and the possibility of a conscious impact on the patient himself is the advantage of many psychotherapy methods.
- Unfortunately, there is an informational gap. Hospital doctors do not know about the abilities of psychotherapy, though they have the knowledge on the body’s structure and functions.

Psychotherapists-psychologists know or suspect such abilities, but often their medical knowledge is limited. The population is inside this gap.

- The traditional attitude of many people toward their health often implies the absence of conscious participation in the processes of the body, except for some physical functions. Fortunately, the situation started to change recently.
- This program has a purpose to systematically integrate various philosophical, medical and psychological as well as modern psychotherapeutic knowledge around one common idea – treatment of physical diseases of the body by working with the psyche.
- The program includes the use of the gestalt-approach; transact analysis, NLP, procedural approach, existential therapy, psychodrama, positive therapy, etc.

#### **Training in the program foresees:**

- participation in 12 educational/practical seminars (3 days each, 360 hours in total)
- personal therapy with a therapy specialist (the choice of a therapist is discussed with the program's trainer) (25 hours)
- individual work with literature (list is included) (100 hours)
- group practical skills training (work in groups of three) (30 hours)
- individual or group work at least with one client or conducting therapy groups (5 hours)
- completion of written work (15 pages)
- Testing period: demonstration of theoretical and practical skills to a board of experts
- Upon completion of the program, it is assumed that the trainee should have obtained the skills for psychotherapeutic work with various symptoms and oncology.

“If earlier only essential hypertension, thyrotoxicosis, neurodermatitis, bronchial asthma, some forms of the rheumatoid arthritis, ulcerative colitis and ulcer disease were referred as psychosomatic diseases, then today “the register of the psychosomatic reaction” has spread to diseases of the cardiovascular system, in particular CHD, myocardial infarction, hypertonic disease, a large amount of skin and genital diseases, migraines, etc. The ineffectiveness of long-term treatment of such patients, who leave clinic or hospital just to “exit through one door and enter through another one right away”, causes great moral damage not only to the individual doctors, but to public health services as a whole, discrediting “all medical science and practice” in the eyes of patients, their family, friends and co-workers... That’s why general practitioners - therapists, gastroenterologists, surgeons - should have at least some general knowledge on psychosomatics.”

*M.V. Korkina, V.V. Marilov – Russian psychiatrists, psychotherapists, one of the authors of the modern textbook “Psychiatry” for medical colleges.*

“Nowadays we can no longer go by the fact that approximately 60-80% of all the diseases are caused by the psyche or are mediated by it.”

*N. Pezeshkian – German psychotherapist, M.D., professor, the author of “Positive psychotherapy.”*

### **Program structure**

(preliminary program, changes are subject to group composition and participants needs)

#### **1. Introduction to the therapy of psychosomatic diseases**

Theory. At the seminar, the fundamental points of the theory of pathologic processes are given. The following notions are considered:

- disease and health,
- symptoms and diagnosis,
- holism,
- self-regulation of the organism,
- structural and functional changes, etc.

Practice. The trainees acquire the following skills:

- realization of personal symptoms,
- dialogue, use of personal symptoms in dialogues with patients,
- methods and modes of disclosing a patient’s symptoms.

#### **2.The disease – as a breach of organism needs realization.**

Theory. Modern theories of needs, and psychological models of personality structure (psychoanalysis, gestalt-approach, transact analysis, procedural therapy, NLP). The following notions are considered:

- needs,
- feelings, emotions, sensations,
- frustration and need realization,
- conscious and unconscious processes, binary messages,
- metaphorical meaning of symptoms.

Practice. The trainees acquire the following skills:

- make up a chart of personal emotions, feelings, symptoms,
- consciousness of personal binary messages, work with a patient’s binary messages,
- psycho-dramatic and projective techniques for working with symptoms.

#### **3.The disease and views.**

Theory. The influence of the existing social environment and the patient’s views on their health and therapy effectiveness are analyzed at the seminar. Main notions of the seminar:

- scenario theory,
- triangle-drama,
- underlying and surface structures,
- matrix of the existential positions.

Practice. The trainees acquire the following skills:

- work with the views,
- scenario analysis,
- work with existential positions.

#### **4.Disease and field theory.**

Theory. Main points of the social field theory, family, organization and society’s impact on health are discussed at the seminar. The topics of the seminar:

- field theory,

- social systems,
- triangle-drama, habitual worries,
- conflicts.

Practice. The trainees acquire the following skills:

- usage of systemic arrangements for working with symptoms,
- social drama, analysis of the disease, the ill, the role of social institutions in society,
- systematic arrangements,
- work with families and organizations.

### **5.The disease and character.**

Theory. The connection of various psychosomatic diseases with personal peculiarities is discussed.

Main topics:

- phenomenological field,
- character structure,
- authentic needs and values,
- needs conflict,
- polarity.

Practice. The trainees acquire the following skills:

- techniques of intrapersonal integration,
- use of group client-therapeutic relationships to acquire new skills,
- constructive conflict resolution.

### **6.The disease and growing up. The existential aspects of psychosomatics.**

Theory. Age-related aspects of the psychosomatics are discussed at the seminar. Main topics:

- social, psychological and biological age,
- existential rights,
- crises of different ages and diseases.

Practice. The trainees acquire the following skills:

- work with children's diseases,
- work with the existential rights,
- work with symptoms in the aging.

### **7.The disease and relationship between sexes.**

Theory. Influence of sex and relationships between sexes. Main topics:

- male and female socialization, abilities and restrictions,
- various theories of cooperation,
- notions of yin and yang energies in nature and human organisms,
- energy centres theory.

Practice. The trainees acquire the following skills:

- work with sex relationships in the context of psychosomatic displays,
- correlation of symptoms with energy centres activity.

### **8.The disease as a trans-condition.**

Theory. Memory mechanism. Influence of traumatic experience on the origin of disease. Main topics:

- transience,
- representative systems,
- procedural memory.

Practice. The trainees acquire the following skills:

- reenacting work with somatic symptoms.

### **9. The disease and professional realization.**

Theory. Psychosomatic diseases as a display of professional incompetence. Poverty as a psychosomatic problem. Main topics:

- business and professionalism,
- money,
- development planning, working with the future.

Practice. The trainees acquire the following skills:

- patient's case statements,
- modes of organizational consulting in work with psychosomatics,
- work with a patient's financial questions.

### **10. Transpersonal aspects of psychosomatics. Work with addictions.**

Theory. Psychosomatic diseases and addictions as latent resources, and possible ways of a patient's life and personality development. Main topics:

- levels of reality,
- symptoms as a display of deep levels of reality,
- alternative ways of working with different levels of reality.

Practice. The trainees acquire the following skills:

- alternative diagnostics,
- natural techniques of working with the symptoms,
- work with addictions.

### **11. Energetic aspects of working with psychosomatics.**

Theory. Psychosomatic diseases as a reflection of energetic processes of cooperation. Main topics:

- system of chakras and meridians,
- principals of energetic cooperation between people,
- messages and lessons of energetic cooperation.

Practice. The trainees acquire the following skills:

- perception of symptoms as energetic conflicts,
- ways to work with energetic conflicts via psychotherapeutic means.

### **12. Test period.**

Note. In the way it is presented, the program is designed for participants who already have already had basic training in one of the methods of human psychotherapy. If the group has a more initial level of education, additional teaching of basic skills is possible.

### **About the trainer of the program.**

Viacheslav Gusev, psychotherapist, Director of the International Development Institute, trainer of the Moscow Institute of Gestalt and Psychodrama, Psychological education: a three-year educational program in the sphere of gestalt-approach at the Eastern-European Gestalt-institute (EEGI); a two-year educational program in the sphere of body-oriented and art-therapy at the Moscow Institute of Psychology and Pedagogics; a seminar of Paris Gestalt Institute (EPG), an educational program of the third level of the gestalt-approach by the Gestalt Association of Trainers in Los-Angeles (GATLA) based in MIGIP. Procedural approach program by the Portland centre of procedural work. He is the author and anchor of a series of educational programs and author of "Program of the development of psychosomatic medicine." Clinical work experience on the topic of psychosomatics is about 500 hours.

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Yours sincerely,

Viacheslav Gusev