

# Message *in a* body

A guide to dealing with symptoms, listening to your body  
and interpreting your illness to find your path to healing.

BY RUEDIGER DAHLKE

**M**EDICINE, PSYCHOLOGY AND sociology constantly compete to discover the causes of disease and bring healing to the world by removing those causes. Some seek the causes in germs, others in environmental pollution, still others in traumatic childhood events or working conditions. From the lead in the atmosphere to society itself, nothing is safe from being labeled a cause of illness.

This quest is the greatest mystery facing medicine and psychology. Yet all the so-called causes are partial. The cause of an infection, for example, can be traced to a germ, but why did the germ cause infection only in that particular case? The reason may be found in compromised immunity, but that leads to the question of the cause of the weakened immunity.

One can go on playing this game forever. Eventually, people stop looking and begin using terms like “constitutional weakness.” But a more successful approach is to look at

cause and effect from a dualistic approach—not “either/or” but “both/and.” From this point of view, an illness is seen as being determined from two directions at once—both past and future. Looking at things this way brings into view an aspect of illness that is ignored by the standard approach: the *intentionality* of illness, which is the meaning of the whole process. The nature of a written sentence, after all, isn’t determined primarily by paper, ink, printing presses, letters and so on, but by the intention to pass on a piece of information.

Reducing it all to physical processes—and in particular the effects of past conditioning—means everything that is real and vital flies out the window. Every phenomenon has both form and content, consists both of parts and of a whole that is more than the sum of those parts. Every phenomenon is determined by the past *and* by the future. Illness is no exception. Behind every symptom there lies a purpose, a content, which

merely uses whatever possibilities are available to translate itself into tangible form. Consequently, an illness can take anything as its cause. This is where modern medicine has gone awry.

But if we separate illness from all the symptoms through which it can express itself, we can investigate the message behind each symptom to discover the next step for an individual.

**RULE 1:** When interpreting symptoms, ignore all apparent causes at the functional level. Such things are always to be found, and nobody denies their existence. But they are no substitute for symptom interpretation. Whatever physiological, morphological, chemical, neural or other chains of effects have been invoked to produce the symptoms, they don’t produce an interpretation. To recognize the content, all that is important is that things are and how they are—not why they are.



**IMPORTANT INFORMATION** can be gleaned from knowing the time when a symptom appeared. What thoughts,

themes and fantasies were alive in us when the symptom appeared? What kind of mood were we in? Was there some change in our life? It is those happenings that we class as meaningless and unimportant that are significant. Because a symptom is a manifestation of something repressed, all the events connected with it are typically repressed too, and their significance played down.

Often, it isn't the big things in life that are important, but the small, unimportant things that serve as release valves for repressed problem areas. Acute symptoms such as colds, nausea, diarrhea, heartburn, headaches and injuries crop up at precise times, and it's worth asking ourselves what we were doing, thinking or fantasizing about at that moment. It's also worth paying close attention to the first ideas that arise within us and not to dismiss them as irrelevant.

**RULE 2:** Work out the exact point in time at which a symptom appeared. Inquire into the life situation, thoughts, fantasies, dreams and current events surrounding when the symptom arose.

**WE NOW COME TO THE CENTRAL TECHNIQUE** of interpretation. This is far from easy to teach. First of all, you must develop an intimate relationship to language and learn to listen consciously to what people say. Language is a marvelous tool for digging out less obvious associations.

Our whole language is psychosomatic. Virtually all the words and expressions with which we describe psychological conditions and processes are borrowed from what we have experienced with our bodies. We can never *grasp* anything we cannot physically grasp with our hands or stand on with our feet. Consequently, every advance we make in awareness needs to be approached via the body. It is impossible to integrate any principle before it has worked itself out in bodily form. This, then, is another chain of thought leading to the conclusion that we human beings are not to be protected from illness.

However, let us return to how important

language is to our undertaking. In addition to keeping an ear open for linguistic double entendre, a facility for analogical thinking is also important. Double entendre, after all, depends on analogy. And analogical thinking demands a facility for abstraction, for we have to recognize within physical phenomena whatever principle they are embodying and then apply it to a different level. In the human body, for example, the skin performs the function of "holding in" and of keeping out the environment. A person who is breaking out in a rash is itching to break through the limits and transcend them. There exists, in other words, an analogy between the skin and the various norms and standards that have the same role on the psychological level as the skin has on the physical level.

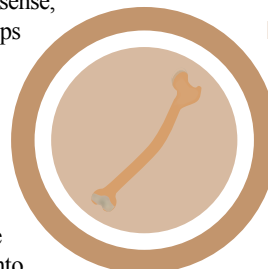
Another example: Accumulated toxins in the body correspond to repressed conflicts within the psyche. This analogy, though, doesn't indicate that conflicts produce toxins or that toxins create conflicts. What it does mean is that both phenomena are operating analogically on different levels. All psychological contents have their counterparts in the body, and vice versa. In this sense, everything is a symptom. Thin lips or a love of walking are just as symptomatic as ulcerated tonsils. What distinguishes one symptom from another is the subjective evaluation we bring to bear on it. Ultimately, it is our own rejection and resistance that turns ordinary symptoms into disease. The fact that we resist them also reveals them as parts of our shadow.

Only observation can make us aware. If personal change should arise out of that increased awareness, it's all well and good. But any *effort* to change things will merely have the opposite effect. *Trying* to fall asleep is the surest way of preventing it, yet in the absence of all effort, it happens by itself. Here, "absence of effort" represents the happy medium between trying to prevent things on the one hand and trying to impose them on the other. It is the stillness of the center that alone makes it possible for something new to happen. Neither pursuit nor resistance can bring us to our goal.

But now our argument stands in danger of being misunderstood, in view of the fact that disease symptoms embody principles viewed negatively by individuals and society—principles like aggression and sexu-

ality—because these spheres quickly fall victim to repression as we adapt to society's norms and values. Yet to say that aggression is what underlies a given symptom is in no sense an accusation. In answer to the concern that terrible things might happen if everybody were to act accordingly, one can but point out that aggression doesn't go away merely because we refuse to look at it, and that looking at it makes it either bigger or worse. Indeed, all the while aggression stays hidden in the shadows, it is removed from our consciousness, and for that reason alone it is actually highly dangerous.

By way of carrying out what is suggested here, then, we would do well to distance ourselves from all received values. Equally, we'd be well advised to trade in our over-analytical and rational way of thinking for a capacity for pictorial, symbolic and analogical thought. Linguistic relationships and associations will reveal the overall pattern a good deal more readily than mere sterile reasoning. It is the skills of the right brain that are most needed for bringing the meaning of symptoms into the full light of day.



**RULE 3:** Separate the principle from the symptom, then apply this pattern at the psychological level. Thanks to language's psychosomatic nature, listening to how things are said is often key.

**OUR SYMPTOMS FORCE US TO MAKE** changes in behavior that can be divided into two categories. On one hand, symptoms stop us from doing what we want to do; on the other hand, they make us do things we don't want to do. The flu may stop us from attending a party and oblige us to stay in bed. If we were to attribute intentionality to illness, the behavior imposed or prevented could be seen as helping fulfill what the symptom wants of us. But when we are ill, we tend to shy away from enforced changes in our lifestyle and bring every possible means to bear to make the correction go away so we can continue undisturbed.

Instead, it's vital that we *let* our disturbances disturb us. A symptom only ever corrects imbalances: the overactive are forced to rest, the sociable cut off from all contact. The symptom forces us to inhabit the pole



# The psychology of consciousness

we have been failing to live out. Our reaction should be to pay more attention to it, to voluntarily do without what is denied us and willingly go along with what is imposed upon us. Illness is always a crisis, and the purpose of every crisis is growth. Any attempt to regain the state of affairs that existed before the illness is ill-advised. The aim of illness is to lead us to unknown and untrodden pastures. Only if we follow this summons consciously and out of choice will we lend meaning to the crisis.

**RULE 4:** The twin questions “What is the symptom stopping me from doing?” and “What is the symptom making me do?” generally lead directly to the area of the illness’s central theme.

**BEHIND EVERY PAIR OF APPARENT OP-**posites lies common ground. In the same way, apparently contradictory symptoms tend to revolve around a common theme. Thus, there is no contradiction involved in identifying “letting go” as the central point in the case of both constipation and diarrhea. Underlying both low and high blood pressure is an avoidance of conflict. Just as joy can express itself in tears or laughter, or fear can lead to either paralysis or flight, every theme is capable of expressing itself in apparently contradictory symptomatic forms.

The shy and the show-off both lack self-confidence. The coward and the daredevil are both afraid. Only the midpoint between the two extremes is indicative of an absence of problems. Any kind of emphasis of a particular theme reveals a problem waiting to be resolved.

And a given issue can express itself via a whole variety of organs and systems. It is this very flexibility of expression that is responsible for the simultaneous success and failure of our efforts to combat symptoms. Any given symptom may be overcome or even prevented, but the problem in question will simply choose another way of embodying itself—a process known as a *symptom shift*. Thus the problem of being under stress can show up just as easily in the form of high blood pressure as in the form of raised pressure within the eye (glaucoma). Looking closely at a person’s medical history from this viewpoint will soon reveal a single thread running through it—one that will generally have escaped the patient’s notice.

**1** Human consciousness is dualistic. This allows us to become self-aware; at the same time, it makes us unwhole and incomplete.

**2** Illness is in our nature. Disease is the expression of our incompleteness and is unavoidable in the context of polarity.

**3** Human illness embodies itself in symptoms. Symptoms are parts of our consciousness’s shadow that have been precipitated into physical form.

**4** Each of us as a microcosm contains within our consciousness all the principles of the macrocosm. Since, however, our power of discrimination ensures that we only ever identify ourselves with one half of each principle, the other half is relegated to the shadows and is consequently unknown to us.

**5** Any principle that is not lived out insists on its right to existence via physical symptoms. In our symptoms we are constantly

forced to realize those things we least want to. This is how our symptoms make up for all our imbalances.

**6** Symptoms make us honest.

**7** In our symptoms we have what our consciousness lacks.

**8** Healing is made possible only when we make ourselves aware of those hidden aspects of ourselves that are our shadow and by integrating them. Once we have discovered what we are lacking, the symptoms become superfluous.

**9** The aim of healing is wholeness and oneness. We are whole the moment we finally discover our true self and become one with all that is.

**10** Illness prevents us from straying from the road that leads to wholeness. For that reason, illness is a path to perfection.

True though it is that symptoms make us whole by embodying what is absent from our consciousness, the process cannot of itself solve the problem finally. For our consciousness remains unwhole until we have actually succeeded in integrating our shadow. The physical symptom is a necessary stage along the way, but it is never the final answer. Learning, maturing, perceiving and experiencing are things that can happen only at the level of consciousness. Even though the body is a necessary precondition for this to occur, the psyche ultimately has to do the perceiving and make sense of what it perceives.

Each stage represents an increase in the intensity with which our destiny challenges us to question our accustomed outlook and integrate into our consciousness what has been pushed underground. The greater our resistance to this process, the more pressure from the symptoms. The process breaks down into seven degrees of escalation:

- Psychological phenomena (thoughts, wishes, fantasies)
- Functional disturbances
- Acute physical disturbances (inflammations, wounds, minor accidents)

- Chronic conditions
- Incurable processes, physical changes, cancer
- Death (through illness or accident)
- Congenital deformities and conditions (karma)

Before a problem shows up in the body as a symptom, it makes its presence known in the psyche as a theme, idea, wish or fantasy. The more open and receptive we are toward our unconscious impulses, and the more prepared to give them free rein, the more lively (and unorthodox) our way of life will be. If, on the other hand, we have very clear ideas and standards, then we cannot afford to admit to such impulses, for they stand all our priorities on their heads.

This attempt to make ourselves unreceptive to our psychological side leads directly to the first degree of escalation: we get a symptom—slight, innocent, yet totally faithful.

After the functional disturbances (with which, after initial resistance, we generally learn to live), the acute inflammatory symptoms make themselves felt—symptoms that can take up residence in almost any part of the body. Every inflammatory condition challenges us to grasp something quite

A symptom is the embodiment of a principle that is not present in consciousness.

specific, and has as its object to make visible some unconscious conflict. If they fail in this purpose, acute inflammations develop into chronic conditions. Slowly, such chronic processes lead to irreversible physical changes, which are then referred to as “incurable illnesses,” and if they remain unaddressed, these can lead not only to death but to congenital conditions and handicaps if we believe in reincarnation.

The greatest problem of our undertaking lies in our blindness to what is going on in our own backyard. The theory underlying this blindness is straightforward. A symptom, after all, is the embodiment of a principle that is not present in consciousness. Our interpretation identifies this principle and points out that it really is still there within us, but only as part of the shadow, where it cannot be seen. As the sufferers in question, though, we tend to compare this assertion with what we ourselves are consciously aware of, and so come to the conclusion that it really isn’t there after all. We then go on to regard this as proof that in our case the interpretation “doesn’t fit.” This, however, completely overlooks the fact that not seeing it is precisely our problem, and that it is the symptom’s job to help us see. But then this demands conscious work and self-examination.

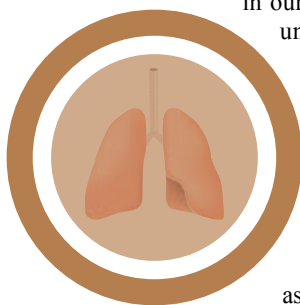
In other words, if one of our symptoms

embodies aggression, the reason for our having this symptom is that we are failing to notice the aggression within ourselves or failing to live it out. If we then learn about our aggression from the interpretation, we tend to defend ourselves vigorously against the very idea of it, just as we have always done—otherwise it would never have been consigned to the shadow in the first place. It is hardly surprising, then, that we can discover no aggression within ourselves—for if we were able to see it, we should not be suffering from the symptom at all. On the basis of this reciprocal relationship, it can be stated as a general rule that we can tell from the sheer strength of reaction to it just how accurate any particular interpretation is.

Whenever an interpretation strikes home, it tends to produce a kind of unease, a feeling of anxiety and consequently of defensiveness. It may be useful in such cases to have an honest partner or friend whom one can ask about it. It is more revealing still to listen to what our enemies and critics have to say—for they are nearly always right.

**RULE 5:** If the cap fits, wear it. ■

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The Optimist live

## Message in a Body

FREE ONLINE EVENT

A FREE online panel with Ruediger Dahlke and guests



Consciousness follows natural laws you can easily learn, and when you do, both your health and your life will take a quantum leap. That’s the message renowned European physician Ruediger Dahlke wants you to take from *The Healing Power of Illness*, just published in the U.S. And that’s the topic of this online discussion, free to *Optimist* readers. You’ll walk away from the event—which features leading names in wellness in dialogue with Dr. Dahlke—with a map to improving your health and creating the life you imagine.

**Date:** Sunday, May 14, 11 a.m. to 1 p.m. Pacific

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