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[Vulnerability and Empowerment: Part II: Letters to the Editor]

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Letters to the Editor

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To the editor:

Mary Wilde's article, "Why Embodiment Now?" (ANS 22:2, December 1999) inspired me to think about how the therapy of bodywork, which I've been practicing for 17 years, might contribute to the theory development of embodiment. While examples of embodiment can be found in the literature, Wilde does not explore how persons come to do embodiment. In bodywork therapy, embodiment (knowing the self through the body) is taught. I offer the following example to demonstrate this learning process and the healing involved.

Carol seeks out bodywork for chronic tension. She experiences chronic gastrointestinal distress and anxiety. She ignores her body whenever possible and is unable to make correlations between emotional and physical symptoms. Once Carol begins to receive the touch of bodywork, she is surprised both at the level of sensation she experiences and at her level of tension. She is intrigued. Carol learns to monitor and reduce her tension. This is the first step toward embodiment in bodywork. Next, she learns to bring her awareness inside. During this process Carol begins to integrate physical and emotional awareness. She discovers that her abdomen becomes tense when she feels anxious; that her abdomen acts as a barometer of emotional balance. Her body becomes more a part of who she experiences herself to be. Wilde writes, "an assumption of embodiment is that all parts of the body are integral to the human being; no part can be separated from the rest or objectified." As Carol continues to move into deep internal connection, she ventures into the next phase of embodiment. She learns to bring her consciousness inside her body. This is a difficult process. It involves the slow, sometimes painful, sometimes joyful journey of connecting with her inner self as it is experienced in her abdomen ... what memories are held with in it, what images emerge from it, what it is like to simply orient her awareness to this inside place. She uses this process as a tool to listen to her abdomen as a way to listen to her self. Carol learns to use this process to attend to other areas of distress, be they physical or emotional. She learns to negotiate the world (internal and external) so that she makes healthy choices. Her anxiety is significantly reduced. Her gastrointestinal problems are much better, and at times eliminated.

The process of learning embodiment is a noncognitive one; the "knowledge is preobjective, meaning preabstract." As in the nursing studies referenced by Wilde,

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in which patients talk about "listening" and "paying attention" to their bodies, this process facilitates the ability to monitor health, prevent or reduce disease, and manage health care needs successfully.

Embodiment allows us, as Wilde says, "to gain access to what ordinarily is taken for granted in everyday living." I would add that embodiment is, for many, a huge process of relearning. Many people do not have access to their bodies because they are cut off from their bodies due to cultural messages, trauma, or chronic physical or psychic pain. Certainly the dualistic Cartesian model for the body/mind split contributes to this enormously. So does the process of dissociation-the coping response to trauma and physical and psychic pain.

The concept of embodiment has tremendous import for health. Wilde emphasizes a nursing perspective that focuses on the use of this concept for gaining insight into the care, needs, and health improvement of the ill and differently-abled. It is my experience that embodiment is a much-needed orientation for healthy living, regardless of illness or pain. The premise being that embodiment is a health-enhancing way of being in the world. It is a concept that, through theory development, may help to shift our thinking toward an integrated and holistic understanding of the self.

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