

The Feminine Approach in Healing

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A Knowledge of Textbook Bodies But No Experience of My Own Body

Because I was an allied health professional, I knew about the etiology and treatment of diseases. I learned to help cope and adapt their lifestyles to the effects of disease. I learned the medical language well and can confidently speak with any other medical, nursing, or allied health professionals. But over the years I learned nothing beyond symptoms and treatment, and nothing about myself as a multileveled, precious, deep person, guided by a principle of life: love.

From my years of experience beyond my professional beginnings, I learned of the interconnectedness of the many parts of myself—the spiritual aspects, feelings, emotions, mind, thoughts, desires, purpose, and so on. Yet despite my health background, I was barely conscious of my physical body. Although I knew how the nervous system worked, and although I knew about the origin and insertion of muscle groups, and although I knew about the enzyme reaction of a textbook body, I knew very little about the experience of my own body. And I trusted it even less. People would talk about "bodies as temples," and although I understood this conceptually, in actuality I saw my body as important only to hang beautiful clothes on.

My Illness, My Teacher

Cancer appeared when the time was right, and it taught me about my body very fast! With an advanced life-threatening disease (and with the pressure of the popular belief that cancer means impending death), my focus abruptly shifted. Every moment became precious. Cancer gave me the opportunity to scrutinize my own beliefs and habit patterns, as well as the medical profession, with its conventional surgery and medications.

I had the surgery, and once it was over I took some time to recover from it. At that point, I was satisfied with the doctors' proclamation that there was a 99 percent chance for cure! Nine months later I realized that I was not cured - nothing had altered within my person, the one who had fostered the cancer. I sensed that the way I lived my life created the fertile soil for cancer to manifest. All aspects of my being worked together for it to occur. It did not just happen. And just because a part of my body was removed did not mean that I was cured. What would prevent my body from developing cancer again somewhere else? However, surgery had given me time to embrace my panic and fears of death so that I could begin to think about healing - its source and meaning in my life.

Something was wrong, but I could not put my finger on it. Who would listen to my hunch that my body was not healthy? I had no obvious symptoms. Silently I asked for guidance; gratefully I received the people with answers that life brought to me. The first thing I did was to shift my diet to macrobiotics. Within three days I dramatically felt emotionally stronger. Then, through the use of acupuncture and Chinese herbs, I began to feel even stronger. I thought I had the answer - but I was merely touching the tip of the iceberg. When, through electro-acupuncture, I received a diagnosis of severe pre-cancer, I was jolted into more committed action.

It became "the year of the body" for me, and I charged full steam ahead to learn what healing would really mean. I chose to take charge of my own program, but my doctors, my "healing assistants,"

provided valuable insights. A physician trained in psychosynthesis taught me about the unconscious concepts I had about my body. Another physician monitored me weekly with electro-acupuncture and homeopathy. Another administered Chinese acupuncture. I also received weekly lymphatic massages and spinal adjustments.

We Are Already Whole

However, the real key to my personal healing was that I was choosing life and surrendering to the innate natural wisdom of the healing process in my body. I did not depend on book learning anymore. Once again, I was on the battlefield with my body and cancer, but this time I knew that the old way of attack and retreat was not going to "cure" me. This time, healing meant that I had to remember that I am already whole, and that every cell in my body wants to function in its rightful way. Indeed, when I gave them the chance, all my cells responded, letting go of old habit patterns. This took a great deal of love, faith, and trust in myself, in my body, in my spiritual values, and in the universe's natural cycle of degeneration and regeneration. I had no guarantee that I would heal my disease, but this did not matter. What did matter was that I was fully engaged in a process of enhancing the quality of my life, regardless of the effect on my cancer.

Disease is a signpost that something far greater is emerging. It is a friend begging for attention, trying to let us know that we are out of balance, askew. It is like a volcano that has a great deal of unknown depth and strength to support us, but which may hold hidden dangers if we fail to understand it or ignore it. The human organism is a miraculous instrument. It can take a great deal of abuse before it begins to break down. When a disease symptom finally manifests, long-activated patterns have already contributed to the breakdown. How we are and how we express or fail to express ourselves develops into patterns. These patterns occur as attitudes, behaviors, feelings, movement, and goals. Under certain stresses, these patterns can facilitate a disease. To be aware of and responsible for ourselves and the environment surrounding the disease is the interrelational feminine approach in healing. It recognizes our true nature - that we are already whole.

A Felt Sense of the Body

On the other side of the coin, today's medical and allied health professions have their concepts and approach to healing rooted in the masculine approach, which assumes we are not healthy or whole, but moving towards it. They focus on disease symptoms that are observable either to the naked eye or under a microscope, or that are audible or touchable. The symptom must show itself in a concrete way. It will not do for a patient to have a "sense" or a "feeling" that something is wrong with his or her body. For the most part, healing in our culture has been delegated to the medical and allied health professions. Their frame of reference is to return us to the status quo. We live according to habit patterns, and when our body or mind becomes diseased or disturbed, we go to a professional to alleviate our problem so we can continue to live according to our familiar pattern. We focus on staying "normal," and when we fall short of this, we become alarmed. We go to someone who can realign us to "normal." Life seems to be a struggle to remain within certain fixed patterns.

Viewing ourselves this way has served us and continues to serve us. Many cures or remissions occur, but I question whether this approach facilitates the necessary awareness shifts that are needed to heal life patterns. There is something more beyond "normal." There is an opportunity to expand beyond our standard of "normalcy." There is an opportunity to join in the excitement of life and enjoy its continual movement, rather than maintaining the constricted focus on the status quo.

Masculine Healing, Feminine Healing

I would like to delineate the qualitative differences between the concepts of the feminine approach in healing and the masculine approach. Healing does not occur in such separated thinking: The essence of wholeness within the masculine archetype includes the feminine, and the masculine is included in the wholeness of the feminine archetype. However, if we are to work with this wholeness, we must explore and internalize the separated facets. Healing occurs when we can have bifocal vision and deal with the separateness while maintaining a vision of wholeness. It is like a dance—both sides need to be actively engaged with each other. Unfortunately, in our educational model of health we have gotten stuck in polarized thinking; we uphold one side, while disclaiming the validity of the other. The following breakdown between the feminine and masculine approaches to healing is a way to see the separation, yet to keep in mind that both polarities must have an impact on the other for healing to occur.

The Feminine Approach

looks at the whole, the entire person beyond any part

recognizes that the person is already whole

creates a condition, or environment, or context for healing to occur

surrenders, lets go

embraces and includes the procedure

has faith in the power of a higher order of things

cooperates with: the natural healing process, aggressive procedures, a universal wisdom, family, friends, and professionals, the environment

creates an opportunity to act, to participate in one's own healing process, to be self-responsible, to unfold and remember one's own perfection

accepts the process as having no guarantees, accepts surprises and movement, is in a state of flux is in equal relationship with the disease process, sees disease a partner with the life force, has an interchange and interaction with the environment

maintains a loving approach, is an open system, forgives, and has the attitude of compassion

uses the creative unconscious as a healing tool, expresses self through imagination and images, creates a pattern for development of the psyche in our lives, holds complexities, looks at the unconscious and the irrational, looks to develop a different relationship to disease, considers disease as a symbol that creates an opportunity, wonderment, adventure, possibilities

finds the piece that is missing, includes the unexplainable, asks the question, "What is happening?"

allows personal vulnerability to be part of the healing process (the wounded healer)

engages and focuses on life

sees disease as a lens to create meaning in life and to find out and express our needs and wants, rather than focus on the symptom, includes the dark, mysterious, hidden

a process that remembers it is already whole and understands this organically from the inside out

The Masculine Approach

looks at the parts

assumes the person is moving toward wholeness

works on the person, works with the symptom, intrudes

converges, does

defends itself from the procedure, sees the procedures as other, an attack or a life-saver

feels the responsibility of the professional, deals with cause and effect

obeys authorities and internalizes their belief system

lets professionals have the responsibility to tell us what we should do

wants things to be a definite way, attached to an end result, works through form, structure

has a topdog vs. underdog attitude: "You are either more powerful than the disease or the disease is more powerful than you," sees disease as the adversary that needs to be controlled, wants status quo, is cautious about going beyond the medical model

has a strong will and separative approach, is a closed system

uses the linear thought process to get to meaning, is single-pointed, looks at what is conscious and rational, defines disease as other than ourselves, can create guilt for having a disease, considers disease as something wrong or a problem

deals with symptoms, asks, "Why me?" "What has gone wrong?"

affirms personal invulnerability

engages and focuses on death

sees disease as a static, fixed entity that is intruding, focuses attention on the symptom, wants the light, clarity

a process looking for wholeness outside itself, wants to learn in order to become something more.

Symptoms-A Game of Hide-and-Seek

In general, today's medical, nursing, and allied health professionals look at the disease—the part—rather than the environment surrounding it. Professionals are highly trained specialists, products of a specialized educational system. Their frame of reference is focused on curing disease or malfunction. This perspective can be necessary to alleviate pain, and can even be life-saving. There are many times when this is the best intervention.

The symptom presented in the doctor's office has the potential of being removed by our current sophisticated high technology. When confronted with medication, surgery, or radiation, the symptom quickly receives the message that it is not wanted, nor appreciated, nor has anything to teach the patient. Unless it has been around for too long to be irreversible, it often retreats and the patient is pronounced cured, or at least in a temporary remission. But because the underlying contributing pattern provoking the disease is usually not addressed, another symptom may possibly emerge after some time. Thus, the game of hide-and-seek is perpetuated. The symptom hides for a while, but then gets caught by the medical profession. It is removed—or rather, suppressed—for a while longer until inner or outer environmental stresses provoke it to come out again.

Medical, nursing, and allied health professionals have a very specific language that alienates and mystifies most people. Usually by the time patients seek help, they have become vulnerable and helpless, experiencing an obvious or subtle form of panic. In this state, patients readily give their power over to anyone. Their life is on the line, and the internal working of their body is an area of pure mystification.

A patient who is diagnosed to have a severe illness is threatened with the loss of a body part, with a restructure, or with ultimate death. Impending death can be a powerful teacher of personal values and meaning. It is a threshold of transformation and enables a person to gather strength and consider one's priorities and purpose. It can also be a great motivator and helpmate. In an ultimate sense, whether we choose the masculine or the feminine approach, either one will be only a stepping-stone on our path toward eventual death. From this point of view, it does not matter which approach we choose. But what does matter is how we enhance the quality of our life for whatever time we have. The feminine approach in healing offers us this opportunity. It includes the masculine approach. Denying one approach and replacing it with another is not a characteristic of the feminine. I see the feminine approach as inclusive of the masculine approach, not an alternative.

Surrendering to the Life Force

The feminine approach in healing is an attitude, a way of being. It cooperates with systems, e.g., the medical and allied health professions. It is about relating gently to the condition or disease, not fighting it, for it is not looking for a cure. It is not about having formulas and procedures that will lead to certain results in a certain length of time. Rather, it focuses on enhancing and balancing the quality of life that surrounds the disease. It is about creating internal and external environmental conditions so that the natural process of wholeness resurfaces to take its rightful place in our lives.

The feminine approach in healing recognizes disease as an opportunity to learn and grow - for symptoms contain messages that, when listened to, can be enriching. Disease is like an entity in its own right. It first appears hostile, even life-threatening, but beyond this lies a wealth of information to guide us in remembering our inherent completeness and wholeness.

Within the entire healing cycle, there is a proper time to evoke our strengths and do battle against hostile disease forces. But there follows a time to be receptive and surrender to our life force. The point at which one shifts from the battle mode to the cooperative mode is not clear-cut or rational. It requires great courage to continue on this unknown path, and even greater faith to know that we are guided by the primary force in the universe, which I call love. Are we able to surrender to this inner stream of direction, and trust where it will take us - which may mean an immediate physical death? Allowing and participating in the flow of love, of life, is the joy in the healing process.

From the perspective of the feminine approach, the focus is not on a desired end—whether or not we are cured, or die. Cooperating and surrendering takes us into the unknown, the unexplained, the hidden, the dark. But the seeds of healing germinate in the dark, as seeds of spring flowers lie dormant in the darkness of bleak winter. Some of the seeds die, some of the seeds come right up, and some come up the following year. The feminine approach in healing recognizes that it does not matter when the seeds bloom into flowers. It is being with the rightness, the movement, and the joy of the process that counts. It takes a great deal of integrity to stay with this approach, especially in the face of immediate death. While the masculine approach toward healing focuses on doing, going outside yourself to find the source, the feminine approach affirms un-doing. It is going within, accepting the reality and truth of the inner source. We need support (both inner and outer) to shift to the feminine frame of reference in the face of a life-threatening disease, where most of the people around us want us to do something-like have chemotherapy, radiation, or surgery. Our culture does not validate us for relying on our inner source of wisdom. And, in the face of a life-threatening disease, the intensity of impending death is increased. Sometimes it is our loved ones' fear of death we encounter, not our own. Panic and a great deal of confusion surround the diagnosis of a disease. Clarity eludes us. This is when it is crucial to have an impartial health professional to help us decide what is really most appropriate.

It is important to find a practitioner who understands and embodies the feminine approach in healing, not just the masculine approach. Unless the practitioner has personally experienced the feminine approach they, too, will possibly come from the cure or "doing" frame of reference, except their approach will be disguised in popular language. They will have only substituted alternative therapies, e.g., Shiatsu or biofeedback, for medical prescriptions—but they are still prescribing. A truly holistic practitioner creates a context for a client to explore their own attitudes about disease and facilitates the client's own choice-making process. Holistic health, as the name implies, incorporates and includes all the factors inherent in a client's life that contribute to disease. It acknowledges that the client inherently knows his or her own answers. Holistic health is a way of being, and a client can sense when a practitioner embodies this frame of reference.

Swimming Against the Current

In both the masculine and feminine approaches to healing, the issue of choice is crucial. The extremes are either to choose to let people do things to you or to choose to be entirely independent. But healing is not an either/or issue. It is in the middle, where you are actively surrendering. To an outsider, it may look like you are simply engaged in the available medical or non-medical procedures, but the impetus that motivates you is radically different. You choose these procedures from trust, surrendering to your life force, rather than having something happen to you. You are choosing to move toward a fuller life, rather than to move toward death.

Wholeness in healing includes and blends both the strictly masculine and strictly feminine approaches. It pays attention to the value of the medical and allied health professionals without giving away personal integrity. It takes a great deal of courage and faith to hold true to yourself and be steadfast in the face of proclamations of how you are, or how you should be, or how you will be. It goes far beyond just taking responsibility for yourself, for it also includes the relationship to others, who for the most part do not believe you know what is right for yourself. It requires inner strength to listen to your personal wisdom, surrendering to your own life's direction and flow, and at the same time include external help.

Few people realize how much struggle a person with a proclaimed diagnosis must go through to do what they know to be right. It is an exciting challenge—and it is work—but well worth the attention. Getting yourself into a healthy internal and external environment can be exhausting, but it can be done. It is like a salmon swimming against the current. The end result for both is transformation and an opportunity to fully participate in the cyclic nature of life.

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