

Beyond the Cartesian Split: The Dreambody Approach to Chronic Pain and Healing

Julian Ungar-Sargon MD, PhD*

Borra College of Health Science, Dominican University, USA.

*Correspondence:

Julian Ungar-Sargon, Borra College of Health Science, Dominican University, USA.

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ABSTRACT

This paper explores the application of Arnold Mindell's dreambody concept to chronic pain management, proposing a paradigm shift away from the Cartesian dualism that has dominated Western medicine. By synthesizing Jungian psychology with somatic experience, the dreambody approach offers a framework that transcends the traditional psyche-soma split. This paper examines how the dreambody concept creates a "container of safety" in which both healer and patient can engage with suffering as a meaningful aspect of existence rather than merely a problem to be solved. Drawing on clinical experience and theoretical perspectives from depth psychology, I argue that chronic pain treatment requires abandoning the military metaphors of "fighting" disease and instead embracing a model where symptoms are understood as expressions of the whole personality. This approach does not promise cure in conventional terms but offers a path to meaning-making and deeper engagement with the totality of human experience, including decline, degeneration, and mortality. The paper concludes with practical implications for creating clinical environments that facilitate dreambody work and a call for research methodologies appropriate to this paradigm.

Keywords

Dreambody, Chronic pain, Jungian psychology, Medical paradigms, Psyche-soma integration, Metaphor in medicine, Transpersonal psychology, Clinical phenomenology.

Introduction

The limitations of conventional approaches to chronic pain have become increasingly evident as studies continue to show disappointing outcomes for both pharmacological and surgical interventions [1,2]. These limitations are not merely practical but reflect deeper philosophical problems within the biomedical model particularly its reliance on Cartesian dualism, which separates mind from body and treats physical symptoms in isolation from psychological and spiritual dimensions of experience [3].

This paper proposes that Arnold Mindell's concept of the dreambody offers a valuable alternative framework for understanding and addressing chronic pain. Mindell, drawing on Jungian psychology and his experience with terminally ill patients, developed the

dreambody concept to bridge the artificial divide between psyche and soma. He defines the dreambody as "a collection of energy vortices held together by the total personality" [4]. This concept suggests that bodily symptoms, including pain, are meaningful expressions of the whole person rather than simply mechanical failures to be corrected.

The clinical approach that emerges from this framework differs significantly from conventional pain management. Rather than focusing exclusively on pain reduction or elimination, it emphasizes creating what I call a "container of safety" in which both patient and clinician can engage with suffering as a potentially meaningful aspect of human experience. This engagement involves a willingness to explore the symbolic dimensions of symptoms and to incorporate mythic and archetypal perspectives that have been largely excluded from modern medicine. This paper will explore the theoretical foundations of the dreambody approach, examine its practical applications in chronic pain management, and consider its implications for clinical practice, research, and

healthcare education.

Beyond Cartesian Dualism

Western medicine has operated primarily within a Cartesian framework that distinguishes between the body as physical mechanism and the mind as seat of consciousness [5]. This dualism has enabled remarkable advances in understanding disease processes and developing targeted interventions. However, it has also led to a fragmentation of care that fails to address the person as an integrated whole [6].

The dreambody concept transcends this dualism by recognizing that physical symptoms and psychological processes are different manifestations of a single phenomenon. Mindell describes the dreambody as "a collection of energy vortices held together by the total personality" [4] and suggests that "when we change from real body awareness to dreambody, we must put aside real body questions" [7]. This shift requires suspending conventional medical categories that define illness primarily in terms of pathophysiology and instead attending to the unique, evolving experience of the symptomatic body.

The critique of dualism has gained increasing recognition in contemporary psychology and medicine. Mehta argues that the biomedical model shaped by mind-body dualism has led to "disempowerment of patients and dehumanisation of medical care" characterized by a "cold, impersonal, technical style of clinical practice" [8]. Similarly, Gendle contends that "the perpetuation of dualism and biological reductionism in behavioural medicine has negatively impacted the quality and efficacy of patient care" [9].

This perspective aligns with Jung's notion of the conjunction of opposites, which suggests that seemingly contradictory aspects of experience can be held in creative tension [10]. Jung was primarily concerned with psychological opposites, but the dreambody approach extends this principle to the tension between physical and psychological dimensions of experience. As Hillman notes, it's about "keeping a balance between mind and body" [11], recognizing their essential unity rather than artificial separation.

From Military Metaphors to Meaningful Symptoms

Modern medicine relies heavily on military metaphors, framing disease as an enemy to be fought and symptoms as threats to be eliminated [12]. This framework has proven problematic in chronic pain management, where aggressive interventions often fail to provide lasting relief and may even exacerbate suffering through side effects, complications, and iatrogenic trauma [13].

The dreambody approach offers an alternative metaphorical framework. Rather than viewing symptoms as enemies to be vanquished, it treats them as meaningful communications from the deeper self. As Johnston observes, "Dreambody work heals the body by relieving it from doing, and by integrating symptoms as meaningful aspects of existence" [14]. Mindell developed this concept after observing meaningful connections between people's dream symbols and their disturbing body experiences, finding that

"every dream refers to, or 'mirrors,' a particular body experience" [15].

This perspective does not promise to eliminate pain but offers a different kind of healing one that involves integrating painful experiences into a coherent narrative and finding meaning even in suffering. This aligns with Viktor Frankl's logotherapy, which emphasizes the importance of meaning-making in human resilience [16], and with narrative medicine approaches that emphasize the therapeutic value of coherent illness narratives [17].

Contemporary research supports this approach. A study by Dezutter et al. found that meaning-making is associated with improved psychological well-being in chronic pain patients [18], while Edwards et al. argue for "bridging the gap between first and third person ethics" in chronic pain treatment by honoring patients' moral experience of pain [19]. These findings suggest that attending to the meaning of symptoms may be as important as addressing their physiological manifestations.

The Role of Myth and Archetype

The dreambody approach draws heavily on Jung's concepts of archetype and myth, viewing these as essential tools for understanding the deeper dimensions of illness experience. Jung described archetypes as universal patterns or images that derive from the collective unconscious and appear in myths, dreams, and cultural symbols across different societies [20].

In the context of chronic pain, archetypal perspectives offer a way to understand suffering that transcends individual biography and connects the patient to broader patterns of human experience. For example, the archetype of the wounded healer, exemplified by the Greek god Chiron, suggests that wounds can be sources of wisdom and healing power [21]. As Hankir et al. note, this archetype has particular resonance for healthcare professionals who have experienced illness themselves [22].

Similarly, the senex or wise elder archetype represents the integration of suffering into a larger perspective that embraces mortality and limitation [23]. This archetype emerges late in the individuation process and is associated with wisdom that comes from accepting life's limitations [24]. In the context of chronic pain, this can mean developing a mature relationship with pain that neither denies nor is defined by it.

Hillman's archetypal psychology extends Jung's work by emphasizing the importance of soul and imagination in psychological life. Hillman sees the soul "at work in imagination, in fantasy, in myth and in metaphor" and also "revealed in psychopathology, in the symptoms of psychological disorders" [25]. This perspective suggests that chronic pain, like other symptoms, may be understood as "the speech of the suffering soul" or "the soul's suffering of meaning" [26].

These mythic and archetypal dimensions have been largely excluded from conventional medicine, which privileges objective,

measurable phenomena over subjective experience and symbolic meaning. The dreambody approach restores these dimensions, not as alternatives to scientific understanding but as complementary perspectives that address aspects of illness experience that science alone cannot capture. As Campbell suggests, myth represents "the human search for what is true, significant, and meaningful" and can help us "actually feel the rapture of being alive" even amid suffering [27].

Contemporary Therapeutic Approaches to Chronic Pain

Contemporary psychology has developed several approaches to chronic pain management that align with aspects of the dreambody concept, even if they don't explicitly reference it. For instance, narrative approaches to chronic pain recognize that symptoms exist within personal stories that give them meaning and context [28]. Research by Lew and Xin demonstrates that narrative practice approaches can facilitate sharing of coping knowledge among individuals with chronic pain, offering deeper insight into their experiences [29].

Positive psychology interventions have shown promise in chronic pain management, particularly when they incorporate personal narratives. As Matos et al. note, "personal narratives have been shown to support personal values, identity formation, positive emotions, resilience and purpose" in pain management [30]. The integration of narrative and positive psychology approaches has been advocated as a way to create "personal and agentic experiences of redemption" for individuals with chronic pain [31].

Acceptance and Commitment Therapy (ACT) and mindfulness-based approaches share with the dreambody concept an emphasis on present-moment awareness and acceptance rather than resistance to pain [32]. These approaches aim to create a different relationship with pain rather than focusing exclusively on its elimination. This aligns with Mindell's emphasis on following the process of unfolding symptoms rather than trying to suppress them [28].

The emerging integrative model for pain management acknowledges that chronic pain represents a major public health crisis affecting more than 1.5 billion people worldwide, with costs in the United States alone reaching \$635 billion. This model incorporates multiple non-pharmacological approaches, including mind-body techniques that encourage patients to engage in various forms of self-care. As Fahey notes, these approaches recognize the importance of "bio-individuality" in pain treatment, acknowledging that different therapies will resonate with different patients based on their unique pain profiles.

This biopsychosocial approach to chronic pain aligns with the dreambody concept by considering "the physical, social, psychological, and cultural aspects of a human being's perception of pain". Like the dreambody approach, it moves beyond materialism (focusing only on the body) toward a holistic perception of pain that considers the vast influence of a person's daily life on their experience.

While these contemporary approaches don't explicitly draw on Jungian psychology or the dreambody concept, they share a common recognition that effective pain management involves more than addressing physiological mechanisms. They acknowledge the importance of meaning-making, narrative coherence, and a holistic approach to the person experiencing pain.

Creating the Container of Safety

The practical application of dreambody principles begins with creating what I call a "container of safety" a therapeutic relationship and environment in which both patient and clinician can engage authentically with the full spectrum of pain experience. This container has physical, relational, and symbolic dimensions.

Physically, it requires clinical spaces designed to support presence and deep listening rather than merely efficient processing. The sterile, institutional aesthetic of conventional medical settings often reinforces the objectification of patients and the privileging of technical intervention over human connection. Alternative designs that incorporate natural elements, acoustic considerations, and spaces for contemplation can better support dreambody work [33].

Relationally, the container requires clinicians to abandon the stance of detached objectivity and instead engage as whole persons, bringing their own vulnerability and humanity to the encounter. As I have found in my own practice, "the only so-called successes I have had usually occurred when I was able to share in the suffering of my patients and allow them to suffer alongside me in this container of mutual work" [34]. This mutual engagement creates a field of shared experience that transcends the conventional doctor-patient hierarchy.

Symbolically, the container involves recognition of the archetypal dimensions of the healing relationship and the mythic patterns that may be constellated in illness experiences. This might involve explicit exploration of dreams, images, and metaphors, or it might simply inform the clinician's understanding and approach even when not directly discussed with the patient.

From Pain Reduction to Meaning-Making

Within this container, the focus shifts from pain reduction as the primary goal to a broader exploration of meaning and integration. This does not mean abandoning efforts to alleviate suffering when possible, but it places these efforts within a larger context that recognizes the limits of technical intervention and the importance of meaning-making in human experience.

Practically, this approach involves:

Narrative exploration: Creating space for patients to tell their stories without reducing these to diagnostic categories or treatment algorithms. This narrative work is not merely a prelude to "real" treatment but is itself therapeutic, helping patients integrate pain experiences into coherent life narratives [35].

Symbolic amplification: Attending to the images, metaphors, and symbols that emerge in patients' descriptions of their pain and

exploring these as potentially meaningful expressions rather than merely subjective reports to be translated into objective terms [36].

Archetypal contextualization: Connecting individual suffering to archetypal patterns that give it broader meaning and context. For example, chronic pain might be explored in relation to initiation ordeals, hero's journey narratives, or the wounded healer archetype [37].

Contemplative practices: Incorporating meditation, guided imagery, and other contemplative approaches not merely as stress reduction techniques but as ways of deepening awareness of the dreambody and its communications [38].

This approach does not promise pain elimination but offers what may be more valuable: the possibility of living meaningfully with pain and finding wisdom through engagement with suffering. As Campbell suggests, meaningful engagement with mythic dimensions allows us to "actually feel the rapture of being alive" even amid difficulties [39].

Facing Mortality and Limitations

Perhaps the most radical aspect of the dreambody approach is its willingness to engage directly with mortality and limitations rather than maintaining the illusion of potential mastery over death that pervades much of modern medicine. As I have observed, "We cannot divorce pain and suffering from death. We cannot live under the illusion of eventual triumph over the angel of death. That myth has not served us well" [34].

In practical terms, this means:

Acknowledging limits: Being honest about the limitations of medical intervention rather than maintaining false hopes that can lead to futile and traumatic treatment cycles.

Creating space for grief: Recognizing that chronic pain often involves losses that need to be mourned, including losses of function, identity, and imagined futures.

Engaging with existential questions: Creating space for patients to explore the existential dimensions of their experience, including questions about meaning, purpose, and legacy.

Reframing success: Defining successful treatment not in terms of symptom elimination but in terms of meaningful engagement with the totality of experience, including its painful aspects.

This perspective aligns with palliative care approaches that emphasize quality of life and meaning over mere extension of life [40], but it extends beyond end-of-life contexts to the broader realm of chronic conditions that involve ongoing engagement with limitation.

Challenges in Implementation

Implementing the dreambody approach within conventional healthcare systems presents significant challenges. These include: Time constraints: Dreambody work requires time for deep listening and exploration that is rarely available in productivity-driven healthcare systems.

Training gaps: Most clinicians receive minimal training in depth psychology, symbolic thinking, or the spiritual dimensions of healing.

Institutional resistance: Medical institutions may resist approaches that challenge the dominant biomedical paradigm or introduce elements perceived as non-scientific or subjective.

Measurement difficulties: The outcomes of dreambody work may not be easily captured by conventional metrics focused on symptom reduction or functional improvement.

Addressing these challenges requires changes at multiple levels:

Education reform: Integrating depth psychological perspectives and symbolic thinking into medical education and continuing professional development.

Institutional adaptation: Creating clinical environments and scheduling structures that support contemplative engagement rather than merely efficient processing.

Alternative economic models: Developing payment systems that value quality of engagement rather than quantity of procedures.

Broadened outcome measures: Developing and validating measures that capture meaning-making, narrative coherence, and existential well-being alongside conventional pain and function measures.

Research Considerations

Researching the dreambody approach presents methodological challenges but also opportunities for innovative inquiry. Appropriate research approaches might include:

Phenomenological studies: In-depth explorations of how patients and clinicians experience dreambody work, focusing on lived experience rather than merely measurable outcomes [41].

Narrative analysis: Examining how illness narratives evolve through engagement with dreambody approaches, looking for shifts in coherence, meaning, and integration [42].

Mixed-methods approaches: Combining qualitative exploration with quantitative measures to capture both the subjective experience and measurable impacts of dreambody work [43].

Longitudinal studies: Following patients over extended periods to capture the evolving nature of their engagement with chronic pain through a dreambody approach [44].

These research approaches would not seek to "prove" the superiority of dreambody work in conventional terms but would rather illuminate its potential contributions to a more comprehensive understanding of healing.

Conclusion

The dreambody approach to chronic pain represents not merely a set of techniques but a fundamental reconceptualization of healing that transcends the Cartesian split between mind and body. By drawing on Jungian psychology, archetypal perspectives, and phenomenological approaches to the lived body, it offers a framework for engaging with chronic pain as a potentially meaningful dimension of human experience rather than merely a

problem to be solved.

This approach does not promise pain elimination but offers something potentially more valuable: the possibility of living meaningfully with pain and finding wisdom through engagement with suffering. As Hillman suggests, this involves attending to "the speech of the suffering soul" as it manifests through bodily symptoms [45].

The implementation of this approach within conventional healthcare systems presents significant challenges but also opportunities for innovation in clinical practice, education, and research. By moving beyond the military metaphors and Cartesian dualism that have dominated Western medicine, the dreambody approach opens possibilities for a more humane, integrated, and ultimately more effective engagement with chronic pain.

The outcome of this approach may not be measurable in conventional terms, but as I have suggested, "This model prepares us better to face decline and degeneration. It allows us to suffer better, to feel our pain better, and to resist the anesthetizing effects of modern pharma and medical device companies" [34]. In a culture that increasingly seeks technological solutions to existential problems, this capacity to "suffer better" may be precisely what is needed.

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