



GENERAL ACUPUNCTURE

## Working With Grief (Pt. 3): Discovering Hidden Grief Through Body Awareness

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*Author's Note*: This is part three of a three-part series on working with grief. The first article (August) discussed helping clients create space for grieving; part 2 (September) discussed anchoring the awareness of *shen*. Each part includes practical suggestions you can implement immediately into your practice to increase integration of soma and psyche.

In the first two parts of this series, I talked about how we can be mindful of the ebb and flow of the grieving process, and help our patients work through the pain of grief and absorb and anchor the love and tenderness that can follow in its wake. We do this by helping them create the space to grieve during their time with us and turning awareness toward their bodies.

The same place in the body can hold the pain *and* be a portal for emerging wisdom and relaxation from deeper parts of the self. People learn to trust in their bodies and trust the process. It's a learning investment for the future and a way to face all situations – even our own death.



In this article, let's explore how mindful body awareness of physical symptoms can help patients realize how they distract or protect themselves from grief, and how it impacts their physical and emotional health.

## The Bigger Picture of Grief

Most of the time, the person is not aware of the underlying process and comes into the office to get help with the physical symptoms. Once the deeper roots are discovered, the physical symptoms change, and we help our patients connect with their intuition and wholeness.

Self-protective parts often show up in the body as a tight neck, tight jaw, worry and thinking, hesitation, procrastination, inflammation, distraction, shallow breathing, tight diaphragm, insomnia, anger that persists and much more. It can be easy to treat symptoms without realizing their significance in the bigger picture of grief (or any other process).

## A Clinical Case Example

A patient of mine came in talking about her problems with IBS. As a result of deeper self-awareness, she realized she was distracting herself from her grief and it was having an impact on her intestinal inflammation. She ultimately reconnected with her intuition through the symbol of a dragon, which emerged in her awareness of her lower *dantian*.

I held strategic points in each of the three *jiao* and engaged her in mindful self-awareness. I find this technique very helpful for informing both of us about roots and the branches that are presenting in the present moment.

I held CV 17 and GV 11 as we explored the felt sense in her chest. She reported that it felt like molecules of energy were bouncing around in her chest in many directions. To further her mindfulness and discover her mood, I asked, "If this entire room was filled with these molecules,

how would we feel in it?"

"We'd be pleasantly entertained," she replied with a lighthearted smile.

Next, we explored her upper abdomen. I placed my hand above and below her body at CV 12 in front and GV 6 on her spine. She focused her awareness and said, with a little surprise in her voice, that it felt quite empty in comparison.

"It's like a ghost town," she said. The walls were sore and pressing inward. It reminds me of how I have been trying so hard to force my intestines to move."

I asked Rachel to gently keep her attention focused on the empty feelings and sore walls, and sense what mood was there. After a few moments, she began to cry and told me she was remembering the man she had broken up with a few months ago. "It was the hardest thing I ever had to do," she said.

With a gentle touch to her arm, I let Rachel know I was present with her and let her cry. When the emotional wave subsided, I acknowledged, "So, there is grief here, too." I asked her what she missed most about her former partner.

"He was able to deeply listen to me," she said. "He would stay with me through a difficult process and be with me until we got through it."

I suggested that we focus on the gift of deep listening he had given her as one that she still had, and was in fact giving herself right now by being present with herself in this way. As she considered my suggestion, she felt calmer and complete in the moment.

Next, I moved my hands to her low abdomen, and put my palm over CV 4 and behind on her sacrum. I asked her to describe what she noticed in that region. She said the walls were irritated and inflamed. I asked her to stay with the awareness of her intestinal walls here and see if there was anything else she was aware of. The image of a dragon came into Rachel's awareness.

"I haven't been aware of this dragon for a long time," she said. "It's my intuition and it wants to protect my best interests."

Intuitively, she knew that even though there was a lot of love between herself and her former partner, the relationship was not sustainable over the long run. The presence of the dragon enlivened Rachel's mood. We affirmed it as a message of inner wisdom emerging into her consciousness.

That part of the session took 15 minutes. I then put needles in Dr. Tan's *tai-yin / yang ming* balance combination (LI 5 and 11, and SP 9 and 3, on one side of the body; and LU 9 and 5, and ST 43 and 36, on the opposite side) to address both the lungs and large intestine; and encouraged Rachel to let the sore walls of her abdomen and belly soak in the presence of her dragon to soothe and comfort them. This is an important integrative step that anchors the image and its message in the body. She emerged from the session refreshed.

Before we ended, I asked her another integrating question, namely what she wanted to remember from this session. She said she wanted to remember that her busyness was a distraction from her grief; and that she can be in touch with and trust her intuition to get her through life events. A few days later, she reported that her IBS elimination difficulties had improved significantly.

*Editor's Note*: October is National Depression and Mental Health Screening Month in the U.S., which makes this article – and columnist Dr. Kim Peirano's article, also in this issue – particularly relevant.

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