



Dr. Helga Weule

## **Diagnostic shock and what you can do with anxiety**

### ***Abstract:***

*"A ghost is around in the world - it is the fear of the corona virus" one could start the current world manifesto. It is the fear of the indefinite that is irritating, touching and changing us humans like a ghost from the hereafter. In this time of crisis - as in every crisis - all the bright and dark sides of the current situation can be seen: old habits no longer work, new things are experimented with, improvements or aggravations are possible.*

*In courses of a disease, a crisis is understood to be the time when it is decided whether it is towards healing or death. The decision "uterus" or "grave" ("womb or tomb" - see Jean Shinoda Bolen) has not yet been made. We can currently experience what the diagnosis "pandemic" does with the world situation: decisions and actions that did not seem possible become possible, the "unknown", the uncontrollable is met with research eagerness, interest, fear, caution, aggression, ideologization, paralysis and isolation, but also with respect, creativity and willingness to experiment.*

*My article "Diagnostic Shock and What You Can Do With Anxiety", which I wrote in the corona crisis, tells the story of the neurological diagnosis of an "incurable disease". It is a story in which values, thoughts, feelings, actions not only become visible through this shock, but in which also the different ways to transform the anxiety embodied in the shock are described. Shock means fear-driven actions by body, soul and spirit.*

*It is my story, by the way, the story of a curious researcher whose research object is "I in my environment". I have used the external contact restrictions to get in contact with my inner more intensively. Special helpers hereby are my trust in my own perception, the map of basic feelings as a process, colours and images, "cheeky", holistic, open-minded thinking and a supportive small community.*

## 0. Introduction and starting point

Psychological diagnoses are used for many insults against people and their actions, e.g. "You are crazy", "You are schizo!", "She is hysterical" or "He is a depri (depressed)" and sometimes they come from the somatic area like "cripple" or "Spasti (spastic)". Thus also Fritz Simon begins his lecture "Why diagnoses - chances and risks of their use" with the admission:

"Actually, I mainly use diagnoses to insult clients." Fritz was a supervisor in the "Conecta" consulting team in which I was a team member in the 1980s. I learned from him not to fear uninhibited, cheeky thinking.

Right at the beginning of his lecture he tells about the case of a young client, of whom he is not the only one to call her "princess". She behaved the same way. Right from the start, she said "I need your diagnosis". Fritz asked her "What for?" "So that I know how to behave" was the answer of this very clever eighteen-year-old person, who was in a social psychiatric facility diagnosed with schizophrenia. Fritz then replied "I don't know you well yet, but in the end you will get a diagnosis from me" and took a closer look at her medical history, starting with the first noticeable "princess behaviour". At the end of the treatment, Fritz describes, he ritually discharged her of her diagnosis ... and she was never again in psychiatric treatment. In the further lecture he works out the "differences between the description of the phenomena (diagnosis), their assessment (good / bad, sick / healthy, useful / harmful, ....) and the necessary explanations (generating construction)" as the three aspects that play a role in our reality (you could also call it "everyday trance").

This lecture was so stimulating that I finally began to write down my experiences with my diagnostic shock and what I did with it. In this lecture Fritz Simon mainly gives examples of psychiatric diagnoses. My report tells of a neurological disease, "Parkinson's disease".

Parkinson's disease is also called shaking palsy (Parkinson's tremor) and is described as an incurable disease. Central symptoms of this disease are trembling of the arms and / or legs on the one hand and paralysis or immobility on the other. It's caused by reduced dopamine release or processing in the substantia nigra in the midbrain, i.e. a somatic degeneration in the brain caused by genes, protein deposits in the synapses or other factors that have not yet been clarified. Since I am not a medical doctor, biologist or neuroscientist, but a philosopher, psychological counselor and artist, I usually look for and find other explanations that are more in the areas of awareness and sensory experience. E.g. I soon discovered that trembling and paralysis in almost all people are related to the basic feeling of anxiety and with cold - who hasn't trembled or felt paralysed out of fear or cold? The diagnosis of an incurable disease triggers fear and cold not only in me, I guess.

## 1. Dodge into easier areas and gather strength

I got the first Parkinson diagnosis of this kind in 2007 from a neurologist at the Salzburg Doppler Clinic, whom I had gone to because I became aware that the movements esp. of my left leg had slowed down over the past two years. I also noticed a slight tremor when my arms felt weak. When the doctor, who after a short examination put his diagnosis on me with the sentence "You probably have Parkinson's disease", noticed my shock at it, he added: "with a good medication you can certainly live well for 10 years". At that time I was 59 and the last sentence was no real comfort to me. So I decided to put down this doctor and his diagnosis and to go to a natural health professional practicing physio-energetics, to have myself tested. With his support, I began to discharge some poisons that had accumulated in my body for years (borrelia, mercury, protein deposits, and much more). I pushed the neurological diagnosis "Parkinson's disease and this is an incurable disease" more into the background and decided to have borreliosis (Lyme disease) - it could be cured with well-balanced plants (wild teasel etc.). My immune system was certainly strengthened during this time, joie de vivre and zest for life rose again, but the left-sided slowdowns remained, as well my deep-seated fear.

## 2. Interlink current news, activate memories of shock and traumata

Since I had a major knee operation in 2005 (endoprosthesis), old surgery and hospital traumata also rose in my memory and I began to study it, painted pictures about it and wrote a text about this operation and my dispute with it (Weule, Helga 2014).



When looking at some of my "trauma pictures" I also noticed my ability to sneak out of my body when things get really bad and to look at the situation "from outside" (mostly from above): appendix operation 1951, birth of M. 1979.

At that time I found my explanation for my slowdowns resp. for the threatening diagnosis of Parkinson's disease following knee surgery, after watching the enchanting film "*A touch of spice*". In this film there is an aunt with Parkinson's disease living in a very sensual and good-eating family, in which spices and love play a major role. As the new-fashioned pressure cooker exploded, the aunt was so startled that the tremors stopped. I liked this apparently successful shock treatment for a trauma. I myself experienced through my large knee surgery that new traumata activate old ones. Maybe that could be a step towards healing?

Inspired by the film and discussions with my family supporting the hypothesis that my symptoms might have something to do with my knee surgery, I explained my symptoms to myself, that this disease - whatever I call it - has something to do with my trauma history. Trauma stories are stories of anxiety. My memories of it go back to my 3rd year of life, when I suffered an acute appendix surgery and was in a hospital for 3 weeks in isolation. I still see myself strapped to a white table as white-coated people bend over me, invite me to count (can you count?) and put a mask on my face. (See painting about it in subchapter 6.)

While working on the hospital traumata, I discovered that I am quite afraid of pain. So the pain - since 2000 knee pain - and the new symptoms led me to start paying attention to my body, which had worked quite well for 50 years and was mostly painless. As a result, I developed a respect, a new appreciation for my body, which I found wise for the first time.

### **3. Dissolve the magic of names and the mixing of diagnosis and prognosis**

The slowdowns continued and movement disorders of my arms and hands were added, so I went to the Parkinson's outpatient clinic in Vienna's General Hospital in 2010. I wanted to know more about it. More elaborate brain examinations were carried out there, which clearly confirmed the diagnosis "Parkinson's disease". At this outpatient clinic there was also a genetic research project about Parkinson's, to which I was invited as a proband. I also took dopamine tablets home with a recommended dose and good wishes.

However, I dislike tablets that have long lists of horrific side effects, and since I haven't made a final decision about my own disease diagnosis, I didn't take part in the research project nor take the tablets. However, I found a friendly, open neurologist in my area who listened to what I had to tell him and who recommended me at first a dopamine-containing plaster that I took for about 1 to 2 years.

I fought against the diagnosis of "Parkinson's disease" because it is called an "incurable disease" with the prospect "that it will get worse and worse" - and who wants that! I discovered that in diagnoses mostly prognoses creep in secretly. Prognoses are future forecasts based on past experience and statistical calculations. For lively, complex processes they can at most be used as navigation frames. But they mostly act like oracle statements - magical, i.e. they direct our attention and energy. On statistics, however, I have the basic attitude that "I only believe those that I falsified myself". At that time I did not yet know Paracelsus' beautiful sentence "There are no incurable diseases, there are only incurable people". However, I felt that I had to continue to deal with anxiety

and trauma.

#### **4. Listen to the "wisdom of the body" and decode body messages**

That is what I did and in this time some symptoms intensified: I could no longer wash my head myself, I trembled and fine motor movements with my fingers became difficult. But I also started to pay more attention to my body and to explore the meaning of physical symptoms, i.e. for me to decipher what messages my body gives my soul with these symptoms. Above all, and that was the first key message, I began to de-stress and allow myself to be helped what I had to learn hard enough. Asking for help, allowing oneself support, that didn't fit into my performance-oriented, self-confident and independent worldview and my demand for freedom. However, the intensification of symptoms meant that I had to change something not only in practice, but started to see help and support as a relief, enrichment and an option for self-confident behaviour.

My husband submitted a level of care for me, which was increased after a year (level 2): I was able to take these steps on the grounds that "I treat myself to less stress - when paying in the crowd at the supermarket checkout, when looking for a parking space by car - and enjoy other benefits" till this day. We call the disability card for the car a VIP card and I wrote an article about my slowdown, my new mindfulness and the reduction in my complexity for the "Association for delaying Time" (Weule, Helga 2014, Appendix). My neurologist, whom I consulted because I got allergic skin irritation from the plasters, recommended a small dose of Madopar and Azilect, which I still take today - with tried variations of ½ pill more or less.

#### **5. Accept diagnosis and protect yourself against "everyday trance"**

By beginning to allow myself help, a slow process began to accept the diagnosis of Parkinson's disease. In doing so, I discovered in myself that, however, I never said "Parkinson's" to questions from other people such as "What do you have?" Instead I gave a short description of symptoms such as "cerebral movement disorders" as an answer. I felt how much the cultural bracing of diagnosis and prognosis magically affects others and myself. I did not want to have anything to do with the feeling of compassion that was brought about by this brace. I didn't want to feel this compassionate everyday trance because I had noticed that it was weakening me. I declared war on the prognosis of "getting worse". That mobilized life energy and joy in me. I felt that a large part of the anxiety was overcome and I was able to deal with a deep-seated topic.

The main topic that actively worked inside of me during this time was the topic of "pressure to per-

form". I was born in 1948 - a child of the post-war generation which suppressed or tried to process their war trauma through activities. I sucked in the associated authoritarian "pressure to perform" with breast milk; it acts as a "cultural everyday trance": learning ballet and to play piano at the age of 5, being very good at school through "learning a lot" and adapting the system and like the war generation I had learned suppressing trauma and anxiety: e.g. the anxiety that was stuck in my bones and cells since my appendectomy at the age of 3 and the following 3-week stay in hospital - isolated from my parents.

I can well remember that during this time of stress relief, I was lying on the sofa in the afternoon doing nothing and trying to relax. This time I had achieved something by recapitulating "What have I done or accomplished in my life?": I went through a rather long list of good meaningful activities for about an hour, such as "Two children born, lived lively love relationships, doctorate in philosophy, successful teacher in group dynamics and organizational consulting, etc." but also "painted pictures, made exhibitions, worked on personal topics, worked with shamans, did and researched Ayahuasca ceremonies, wrote articles and books and gave many people wholesome impulses through my advisory work etc." And at some point the beautiful thought began to emerge from my deep inside: "actually you have already done enough - you can lie on the sofa for the next 5 years ". My pressure to perform was not completely gone, but whenever I stress myself, this sentence occurs to me and I can relax!

## 6. Release bound feelings, get back lost soul parts and treat yourself to good things

Thus I was also busy with my "appendix trauma" again and again during this time and I showed the



picture that I painted about it, to a friend and trauma therapist. In several conversations I managed with her help to feel and express the anxiety, rage and pain, grief in this and other old traumata: I could cry again, like the children cry, and I let my body shake and tremble - like animals do - so that the trauma memories also left my cells. Both helped me a lot. Above all, I became more aware of my deep-seated fear of

death, which was updated by the Parkinson's diagnosis, and of the associated loss of a part of my soul. The tremor disappeared to this day.

But it was only in 2017 during the last rehabilitation stay in an unspectacular conversation with a

compassionate therapist, that I was able to reconnect with my small, helpless inner three-year-old child, who had slipped out of my body at the operating table out of panic at that time, integrating her again and thereby protecting her and myself better.

In 2013 I also started to do something positive for my “cerebral movement disorders”. I started to reactivate and strengthen my awareness of small, stress-free and pain-free movements with Feldenkrais methods. I noticed phenomenal improvements in my gait, my fine motor skills and my *joie de vivre*. Over time, I also discovered that all attention to my movements - walking, dancing, etc. - opens up new spaces of my mobility and can counteract the negative symptoms. I experienced these "initial successes" of a visible and noticeable improvement in my motor skills in the following three years and over time they became a habit and thus slid back into the unconscious again.

### **7. Foreign or self-enchancement or the search for causes of the disease**

2013 I also finished my book "Wandering in different worlds", in which I worked through my experiences with soul loss and the cooperation with 3 shamans from 3 cultures. I worked in this book on my own “magical” experiences that I had in the past 20 years and am trying to build a bridge to our modern philosophy and science. By magic I mean the alignment of attention and energy, which shows certain “wondrous” effects. The focus was on the difference between "white", life-sustaining, healing magic and "black", disease-causing, fatal magic, as well as the dissolving of "black magic constructions" and their scientific explanations. Thus slowly the question came up in me, why just me had this disease - a very obvious but also in-depth question. As you know, people can endure a lot of adversity, suffering, pain, etc. better if they give a positive meaning to the situation, which may not be changeable. I searched in that direction and asked a friend who learned to work with oracle tools to conduct an oracle reading.

Since I learned this method myself, I teach and successfully integrate it into counseling when there are deep-set complex issues and the clients have to take over responsibility for their issues, I developed trust in statements and impulses from this type of oracle reading. I asked the oracle whether the cause of my Parkinson's disease was some kind of enchantment and the oracle replied "Yes, it is not a foreign, but a self-enchancement", i.e. self-generated black magic directed against me: the memory rose that I was at the beginning of 2000 in and after a difficult period of professional change in the direction of life purpose, the beginning of knee pains and a major financial crisis. It was then that the sentence "*I don't want any more!*" took a seat inside me. Neither any evil organizational spirits nor any shamans "enchanted" me nor directed "black magic" against me, but I

enchanted myself negatively by a death wish, which in the sentence "*I don't want any more!*" took possession of me, had settled in my cells and synapses.

### **8. First ritual dissolution of personal causes and cultural prognoses**

The oracle demanded me to hand over the responsibility for my illness to myself. It prescribed me a dance ritual at a waterfall. Thus the way became clear for me, to study my will to live, my life energy, my projects, which I still want to do, my aging and whatever else might come up, in a creative way. I became fitter again, my gait became "normal" at least during the day, the tremors disappeared completely. Moreover, I still treated myself to the weekly session of my Feldenkrais therapist, all kinds of physiotherapy, but also stays in a rehabilitation centre. There I learned new movements such as climbing and first of all I was able to swim better again. Overall, my joie de vivre increased and I concentrated on activities to pass on my consulting know-how to younger colleagues. The calendars of my closest cooperation partner, my husband, and my calendar filled up with appointments again and we also started new, challenging larger projects as part of Erasmus +, the European Union's agency for further education.

A much younger "Helga" took the lead again, revitalizing activities were in the foreground. Such "small" phenomena that I haven't slept through the night since my knee surgery moved completely into the background.

### **9. "Celebrate", share and consolidate beneficial improvements with others**

My neurologist, to whom I always reported a lot precisely, was enthusiastic and through him and during my rehabilitation stays I also came into contact with other Parkinson's patients. In conversations with them, I discovered how deep-seated the diagnostic shock was and still had a negative impact on many of them. Just the addressing and my questions and listening induced tears and grief, but also anger and fear to appear. When I then made available my experiences with it and my motor skills improvements, I often noticed how helpful and beneficial my impulses were for others, to use their mindfulness and creativity for themselves. During the last two neurological rehabilitation stays, however, I discovered that the "sick environment" and the constant preoccupation with the negative sides of the symptoms had a negative impact not only on myself and that I had to fight against it constantly. And fighting costs life energy. However, I wanted to use my life energy for something more meaningful.

To do this, however, I had to deal with the topic of "getting older", because in me there was still this



very young, fast, agile, dancing and high-spirited "Helga" and she no longer really suited my slow-moving body, which was almost 70 years old at the time. My insight at that time about "prognoses of incurability" was: "the only incurable disease is getting older". I liked that (and others I told it too) for a while and that made it possible for me to accept the diagnosis of Parkinson's. After about 10 years I no longer had to displace, fight, rewrite it. It was no longer an "insult" and no shock for me, but a special condition as I grew older, accelerating and intensifying my debate with it.

"If you avoid diagnoses, you exclude yourself from the health system," says Fritz Simon in his lecture. The radical constructivists call the health system an autopoietic (= self-organized and self-organizing) system, so exclusion is problematic because you lose connectivity. However, our so-called "health system" deals with diseases and not with "Gesundheiten". The "other", the "Gesundheiten", do not exist in this construction. But I had found the connection to the so-called "health system" again by experiencing my "disease system" using the example of my Parkinson's diagnosis and examining it critically by feeling the "other" in me. My philosophy colleague Peter Heintel wrote an article with the beautiful title "Why is there only one health and so many diseases?" That had inspired me to deal more with the conditions of my age-appropriate health as well.

### **10. Personal reassessments of the disease and its treatment options**

During my last rehabilitation stay in 2017, I discovered that two different systems act on the clients: the practical-therapeutic system, in which the resource side of the people is addressed and encouraged, and the theoretical-medical system, in which the negative symptoms of Parkinson's are focused centrally. The list of symptoms in Parkinson's is really long and extensive: the spectrum ranges from sleep disorders, difficulties of writing and speaking, of swallowing, of digesting, cramps and pain, right up to reduced facial expressions, depression and involuntary movements and can certainly be supplemented. I felt that this symptom-rich environment and the constant medical preoccupation with it had a negative influence on me, resp. all of these symptoms resonated in my body. When I gave them a lot of attention, they got stronger, when my attention was focused on my projects, work, counsellings, art, etc., they disappeared again. So I slowly began to discover which environments are good for me and which environments I should avoid because they aggravate my symptoms.

I read reports from neuroscientists about new insights into the good life with movement disorders ("How the brain heals", for example) and more closely observed the state of my body energy and the message of my symptoms. I also watched closely the effects and (in) effectiveness of Madopar.

In doing so, I discovered the addictive effect that has a negative impact on body's own production of dopamine. When the effect of 50 mg (½ tablet) ceases after 3 hours, I feel like falling into a "hole": tired, immobile, without energy. If I can "relax", lie, rest, read, watch TV for about ½ to 1 hour, then the energy and mobility come back slowly even without Madopar. If I take the next ½ tablet of Madopar immediately after 3 hours, I can maintain the activity level until early evening - the hole only comes in the evening when I no longer take a tablet.

During these observations and this experimenting with dopamine tablets, I received support from my neurologist, who also encouraged me to continue to find the right dosage for me in a self-controlling manner. This is not a matter of course, because the "everyday trance" whispers: "Only the doctor can tell you the correct tablet dosage, he / she is a specialist". Taking personal responsibility here is not a matter of course and, given the cultural pressure, is not easy.

### **11. Limits of habits - life energy and life purpose: What am I still curious about?**

The last 4 years I therefore observed my addictive behaviour more closely: How much do I depend on addictive substances such as dopamine or how much attention and energy do I give to my own dopamine production? Throwing in dopamine tablets costs neither attention nor energy, but cuts back on your own dopamine production. Activating your own dopamine requires mindfulness and energy on the one hand, and on the other hand, the acceptance of weak, weak, weak phases of the day - I just have to rest: sit, read, watch TV, sleep. The latter is still difficult for me. Also my experiments with more (starting dose 1½ tablets) or less (+/- ½ to 1 tablets per day) tablets was a bit of a huge effort for me: against the tendency to increase the dose in general when the symptoms got worse, I had to overcome some mental barriers to find the strength to reduce the dose. So far it has always been worthwhile.

Professionally, I was and still am active - despite my pension - as a teacher for psychosocial counseling, for guiding hero's journeys according to Paul Rebillot, as a supervisor for group dynamics and organizational consulting and now and then as a consultant for "difficult cases" and crises. I notice that on the one hand this work gives me vitality and energy, stimulates my dopamine production, but it also costs me life energy. It was difficult for me to accept that my energy, of which I had to feed on for 50 years, is becoming less. My wise body showed me through a very dramatic intervention that the "young Helga" in me should reconcile with my weakening body.

After an intensive active work phase at the end of December 2016 / beginning of January 2017, my

body system surprisingly collapsed from exhaustion and extreme salt deficiency in the blood - the treating doctors could not find a cause. It looked like an epileptic seizure and I was consciously split for 3 days - one part was "in a holiday centre with exciting, forbidden pirate cruises and many other adventures", the other part (which I was not aware of) acted in a hospital bed very strangely for everyone involved (Weule, M. (2017). Only when working through this experience did I take the question of the amount of my life energy seriously. With that, I became aware again of death at my side. I started to ask myself: What else do I want in life? And do I want anything else?

The sofa meditation indeed showed me that I had already done enough "important things", but I didn't know what else I wanted to do at all. What am I still curious about, what do I want to pass on to whom? Or is it enough for me? Did I fulfil my life purpose and can leave my body, which pains me every day? You do not necessarily die of incurable diseases, but since they usually have painful, impairing symptoms, the zest for life and thus vitality can get lost - and this is fatal. And death is the certain unknown that I am confronted with. And how I or we can deal with the unknown leads me back to the topic of diagnosis.

## **12. Surrender to the polarities and use the diversity of feelings**

After my "salt robber experience" I felt polar states becoming stronger and stronger in soul and body: on the one hand phases in which I feel lively, powerful, flexible with little pain - i.e. "symptom-free" - during the day and phases of day and evening of complete lack of strength and energy, in which I can hardly move and above all have pain in my leg. At the beginning, my mood swings corresponded to that from happy, cheerful and relaxed to sad, angry and desperate. After enduring this polarity for a while and experiencing it more negatively, I began to experiment and discovered that both conditions gave me positive and negative signals for my actions: the active condition called me to move and to do things that I want and still absolutely want to do - the passive to rest, relax, do "nothing" and let go of everything superfluous. These are the positive signals of this polarity. However, the active state also activates my theme of performance pressure, wanting absolutely to hold on to activities, and the painful, passive state activates the central theme of the limits of my life energy and joy, aging, and death - these are the negative signals, the dark side of the polar states.

Good diagnoses precisely describe the perceptible phenomena that are specific to a particular state - the more complex the state, the more complex the phenomena, the more difficult the diagnosis. The evaluation of the phenomena or symptoms though is individual, but always is co-shaped by cultural

and social assessments. This assessment directs our feelings and thus determines our orientation and actions in a magical way. The simplest trivial resp. digital distinction in the area of feelings is that of good or bad, right or wrong, 0 or 1. But we humans perceive the world not only digitally, but also analogously. Feelings are not just digitally describable, but also analogously in the distinction of basic qualities that can be found in EEG patterns of the brain, as discovered and described by Wielant Machleidt. Five basic feelings give colours to living organisms and our diverse world: hunger, anxiety, aggression / pain, grief and joy. Each of these feelings shows a distinguishable quality and enables a variety of mixed feelings. In the colour theory, the three basic colours are red, blue and yellow and an infinite number of colours can be mixed from them. White reflects and black absorbs all colours. Similarly the digital description of the feelings as good (right) contains all desired and as bad (wrong) contains all undesired possibilities. But our feelings and our world are not only black and white, but coloured. The different colours bring beauty, diversity and liveliness to the world - and to ourselves as well. "Incurable Gesundheiten" are not black or white, they are colourful and need all colours of the spectrum of feelings.

### **13. Respect for the unknown, death and the other**

The current corona crisis also helps me not only to recognize this polarity and its bandwidth of "the good of the bad" and the "bad of the good", but to feel it consciously, to live and to play with it. "Inside" and "outside" are also reflected in a peculiar way: the atmospheric pollution caused by industry takes our breath away from the outside, today a small virus inside our lungs shows us what we do outside. This reflection enables the living integral system to balance itself on a new level: the more the actors in air pollution have to shut down their activities or die, the cleaner the world atmosphere will become. In the movie "Matrix 1" Agent Smith says to Morpheus on the torture chair: *"You humans move into a certain area and multiply and multiply until all natural resources are exhausted. And the only way to survive is to spread to another area. There is another organism on this planet that does the same: the virus. You are a disease!"* Smith could see the current situation as a battle of viruses - humanity against corona, corona against humanity. Polarities fight with each other until the system finds a lively balance between the poles again.

Personally, the corona crisis gives me important sensual experiences and insights: at first, I feel very painfully that I lack the careful, focused physical touch by my Feldenkrais therapist and my physiotherapist. Despite meditations and exercises that I do every day, the pain in muscles, nerves and joints became stronger. I had forgotten already before the crisis how important these touches are. Second, I feel that my overall energy level is falling. I lack the reinforcing energy of lively

community meetings, which are replaced by digital communication in the crisis. Although digital communication enables exchange, it does not raise life energy. I did not feel and recognize that clearly before. In this respect, group dynamic experiments would be interesting to see how far the distance between people can be (1m, 2m, 5m? ...) so that life energy increases through commonality. Digital communication cannot do that.

The most frightening polarity for us humans is that between birth and death - the period between death and birth, which we cannot experience materially, is our common great unknown - similar to the physically discovered "black holes" and "dark matter". If we rate birth as good and death as bad, humanity grows much faster than the corona viruses and destroys itself and all life. In this variant, death is seen as the absolute limit of our activities, before which we want to stuff everything possible as much and as quickly as possible into ourselves - because there is "nothing" behind the limit. However, if we can experimentally compare this "nothing" with the "black holes" in our universe, then everything is contained in this "nothing" in a marginalized way. Can we therefore accept death as a good advisor on how we can live in the here and now, i.e. whatever we want to (still) contribute to the whole out of joy or necessity, the focus of our actions will be different and more unique.

Since my sofa meditation I have been concerned with the question "what "else" do I want to do?" What helps me the most is when I make specific decisions about what activities I can and should let go of - it is very productive and can actually be recommended to everyone from the middle of life on. It gives sense to long life that we can become what we are. Because if I can let go of a lot, the "essence" remains, the most important and unique thing I have to give the world. It is currently my "old age activity", which is full of feelings and beneficial to me, and where I feel alive. The restrictions of action caused by the corona crisis help me. So now in the month of April 2020 in the crisis I was able to write down this article about (my) experiences with diagnostic shock.

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Translation: Manfred Weule

Contact: Dr. Helga Weule · helga.weule@i-cons.info  
Institute consciousness strategies (ICS) · www.i-cons.info  
Unterweinberg 59 · 5231 Schalchen near Mattighofen · Austria

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