

# Indwelling

By Mia Kalef



## I. Naming/Clearing The Form

It can sometimes take years to arrive at knowing what you know. Putting words to your knowing, especially the big things, can become an unlikely proposition, one akin to courting a never-before-seen creature out of its tiny dwelling in the forest. The creature doesn't always like being summoned out of its privacy, especially if it's for purposes unaligned with its essential nature, or if, due to its strangeness, it risks being gawked at, scrutinized, or possibly ignored. So why do we court the elusive creatures of our thoughts to bring them into the light of the known—let alone share them with others? As we might experience, some thoughts will have it no other way. They leave you no peace, insisting to be heard. Likely, the entire Body-Mind Centering body-of-knowledge emerged this way: from one and from many, a whole generation of thoughts marching out of the forest, demanding to have their sound made in the mouths of their tellers.

Finding the words to court the thoughts I'm about to share was no small task. They were deeply personal, marked by difficult moments, and at first without words. Why more people don't talk about their surgery experience surprises me. I wonder if it has something to do with the *time* in which the surgery occurs? *Time* because once it's over, there's a tacit agreement that thoughts of it should stop living within you, as if traditional medicine assumes that time in surgery is a

void, a non-experience, during which consciousness is suspended. Maybe the silence is compounded by the fact that surgery is such a common experience, and so why would anyone make a claim that there is something unique to say about it, let alone something profound? Yet, as I'm about to tell you, it is not a void, and the body, with its internal systems and psyche, does not forget. The experience of surgery and its subsequent healing provoke a kind of amazement (or incredulity) that requires a period not only of recovery, but also of *reckoning* with the ineffable.

My surgery was to remove a very large fibroid from my uterus. I had two major goals: to wake up alive and to wake up with an intact uterus. Although it was evident I had met the first goal right away, it wasn't until I was wheeled down the hall from recovery to my hospital room that I knew the second goal was met. When I got to see my husband for the first time and "mouth" to him, "Am I OK?" His tear-filled nod said, "yes." We both knew what "OK" needed to mean because of our wish to become parents one day.

On MRI, the tumor was rated the same size as a five-month fetus. It was humbling and saddening that this long-concealed thing had to be revealed and *witnessed* before I could really take inventory of what it had cost me. Through the many years and months of introspection and

healing that preceded the surgery, I had become clear that this burdensome growth existed as the somatic presence of the unacknowledged story of an entire childhood fraught with sexual abuse by my parents and extended family.

Honoring the many years of courageous healing— that at times was a full-time job—can be considered victorious enough. But it is significant to my story that the removal of this tumor was the end of a long-list of achievements to be noted here, not for kudos, but as evidence for survival. Before surgery, I learned to differentiate from generations of a very tight-knit, influential family and community; to individuate from the financial support that came with that world; to confront those involved, holding them accountable in a police report; to learn how to develop preferences and boundaries; to fully embody my fasciae, organs, fluids, bones, and nervous system; to reclaim my sexuality; to differentiate daily fears and insecurities from my essential nature; to rebuild healthy skills for intimacy and communication; and to live in a world of discernment and integration of my choosing.

However, in spite of my marshaling of human strength and spirit, there was a “vestige” of this past life—the tumor—that, now, was able to become a perfectly removable form. This form, with the help of masterful surgeons, would be freed from my soma just as I had previously freed its shadow from my psyche. And so it was that by agreeing to surgery I performed an exorcism. How fitting it was that the fibroid, after being examined by the pathologist, was promptly incinerated. Although I was not witness to that fire, I knew my part in healing this chapter was done.

So I had officially entered the space of a new future, a fresh start from my hospital bed, with my love, Bruce, by my side, assisting me through the immediate challenges— finding a place for myself amidst the discomfort, and experiencing the breath coming through my lungs.

## II. The Well-Supported Embryo

In thinking about how my healing was to unfold, I summoned the wisdom from Craniosacral Therapy, Osteopathy, and BMC: The implicit agreement that our embryonic stage is not “over” after three months, but persists throughout life until death. It’s as though we must furnish our next adult developmental steps with the corresponding supportive substrate of our well-supported embryo. Because it is so common to have had to struggle in sometimes under-resourced circumstances when we *were embryos*, it is not surprising or uncommon that to evolve we must circle

back to and grow more deeply and beautifully through resonance with our embryo.

I also drew from the work of one of my mentors, Jaap Van der Wal. When teaching about where our first and last- ing embodiment occurs, he talks about mesoderm (only he says it’s not a “derm,” because it is not on the outside of the embryo, and so he calls it “meso”). Thus, meso, the birthplace of fasciae, is one of the most palpable places to experience and work with our indwelling soul. It is through these layers of tissue that we arrive, become, and are sustained.

I go into detail about the relationship of soul to meso because in retrospect, I believe it was there, along this highway through which I (and we all) arrive, express and am sustained, that my connection to soul was lesioned or injured during surgery. It’s left me wondering and strongly speculating if surgical anesthetics, narcotics, and the necessary cutting of fasciae leave the patient’s soul “free-floating,” untethered to soma, not only as a result of traumatic dissociation, but specifically because soul-embodying tissues are cut.

Now, at the time of writing, some nine months later, having integrated many of the effects of the surgery, I’m afforded a new vocabulary for what it feels like to be interrupted, lesioned, or imprinted at that level of soma and soul. Back at the time of surgery, I could only describe it as a *harrowing sense of being in a no place, with nowhere to be*. This, and another *existential dilemma*— a evolutionary paradox that seems to lie beyond conventional medicine’s vocabulary to follow-up about— *My insides have opened to the world and yet I live*—these ambivalent companions— were left unsewn despite my tissues being fantastically secured. Despite the magical effects of BMC work I’m about to tell you about, these experiences left me feeling depressed and stayed with me for a good four months post-surgery. I’m left with the sense that unless we address all of the impacts on our tissues and their related consciousness, any of us can be left without access to our hard-earned embodied relationship with *The Divine* after surgery.

Herein lies the beauty of how BMC reconnected me with my hard-won connection to meso that healing my childhood had blessed me with.

It was the morning of my second day in hospital. I was encouraged to sit and even to walk. From the perspective of my internal experience at that time, the probability of both seemed improbable. I had a catheter in my urethra, I had

cyclically inflating cuffs around my calves to prevent blood clots from forming, I was still contending with the restless anxiety and feelings of disembodiment from the narcotics, and I was without a sense of “how” to move. There is something about the deep interruption of fasciae and soul that seemed to utterly “turn off,” like a switch, my coordination. It was simultaneously humbling and curiosity-provoking to discover that every movement I wanted to make (that extended beyond the use of my arms) required me to apply mental attention to how I might arrange it. There wasn't one turn that didn't require careful recruitment from head to tail with arms as prime movers, and at least twelve newly planned-out steps to get there. I had no map for how I'd sit up, let alone walk to the bathroom.

I wondered if this was what it's like to be a baby? Who, in a supportive environment, has curiosity and wonderment to drive creative problem-solving to achieve movement? Or who, in a drug and/or mechanically imprinted birth—much like my post-surgical experience—has to negotiate the footprint of the unwanted interruptions in order to explore? In addition to the mechanical and chemical imprints during this adult birth of mine, there was also pressure from the hospital staff to “get going” before I was ready. (I wondered if this echoed as a recapitulation from my original birth). I was told, “you'll get a bladder infection if you don't get the catheter out; you can only go home once you show them you can walk down the hall and back; you should be sitting now; you have to pee on your own; you need to walk so you don't get blood clots.”

To get from where I was to these actions would mean jumping over eons of developmental steps. How saddening it was to think of rushing to get upright and walking before having gone through the preliminary steps to arrive there, supported. I so dearly wanted to honor the ripeness of my developmental trajectory, just waiting to unfold. I wasn't willing to risk missing the opportunity to develop into movement naturally, and, yet, they were right, I had to start moving.

Here was the opportunity. I had to marry the realities of healing and health with the realities of Medicine. Holding this paradox suddenly made everything doable. The presence of possibility entered the room and began steering. If I had to guess, it was the still-lingering spark of my embryonic embodiment, my birthright, and the desire for what's alive to move towards more life. I now wanted to do it. Bruce, my partner, was willing to help. It was night now. How little idea we had about the magic that was about to begin.

If you can imagine, my body was full of collapse. It was evident in my voice, in my breathing, and in the look of my eyes. Understandably, my vigilance compensated by being hypertonic. Even my energetic field was in a state of readiness, as I couldn't bear anyone, even Bruce, walking past me if it was within three feet of my body. My arms would involuntarily shoot out, bracing the space around me as though even my energetic field was inflamed.

Strangely, there was little pain around the surgical site; a Cesarean-like incision between anterior inferior iliac spines was covered in two layers of gauze, but no pain. When I was finally able to tune into my uterus, I saw an uncommon radiance there. There was inflammation, but within it, peace—almost as though another country lived within me—full of beauty and promise. Elsewhere was in flux—perhaps so my deepest place could rest. Pain permeated through the vectors of fascial strain caused by the gas used to inflate my abdomen for a pre-surgical laparoscopic investigation. Many others I've spoken to report that laparoscopic surgery can be more displacing to organ viscera than open surgeries. I could easily feel the various strain patterns—a raised right lung and liver, an ambiguously-positioned ascending colon, an anteriorly mal-positioned right side of my sacro-iliac joint and uterus, and others. It had been difficult to inhale without serious pain around the apex of my right lung the night before.

Because of this curious and understandable constellation of reactions, approaching my organs with my attention stimulated trepidation and grief. This may be why, as I intuitively began the developmental movement patterns, that I entirely skipped over breathing and toning from my organs, and all the prespinal patterns. So the night fittingly and tenderly began with mouthing.

I stroked my thumb along my right cheek. Life moved through me. It was enlivening. Scary. Zigzags of potency arose in me. There were no clear pathways, no clear fascial lines. Stimulation pooled in one area and then another, until finally, like a dragonfly travelling between lily pads, another area would awaken. After some minutes of initial reluctance to respond and then more gradual mouthing, an organized tingle, the very first charge of capacity in my lumbar and cervical extensors, began restoring. A flicker lit in my inner world. My eyes looked up and forward, as the world inside me remembered its place in the one around me. Looking and seeing with the support of my gut tube provided me with a return to light, to a willingness to look ahead, up, to regain aware-

ness of the present, to imagine how to participate again in a future I could belong in. I became interested in liveliness—and for the first time, regained the capacity to be fully in the moment.

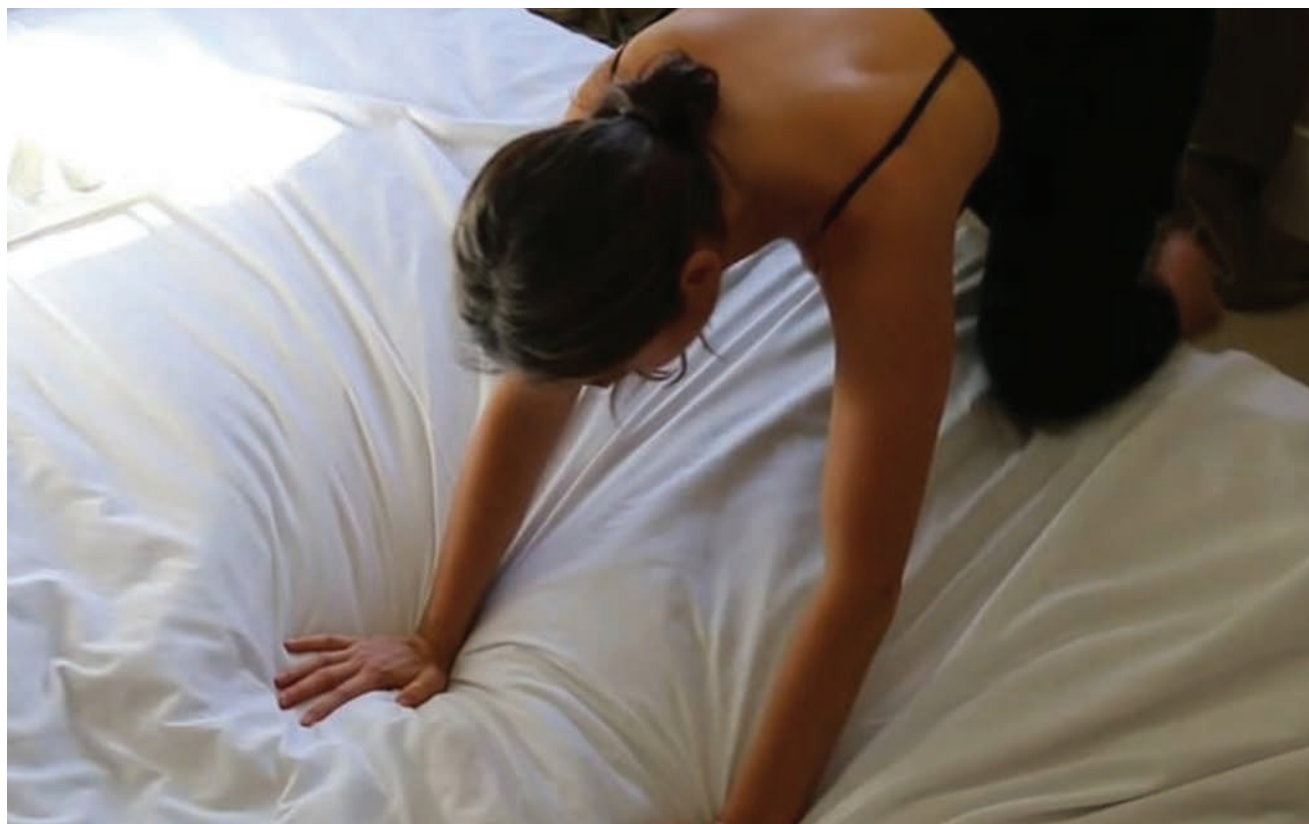
I decided to sit. I used my head-to-tail connection while side lying, both to turn in the bed and to translate energy down my long axis while pushing myself with my arms to sit up. How strange it was to be able to do this! Upright felt dignified. It stimulated belonging and pride in joining the human adult world.

I dangled my feet and felt for the floor, using my arms to gradually lower me. Again, strange. With both feet on the floor, wobbly, legs shaking, I asked Bruce to lift me to standing. That was too much, so I turned towards the hospital bed and leaned my weight forward onto both forearms. I was careful not to put my body too close to the bed, as it felt too vulnerable and inflamed. But there I was, using what strength I had, to find my way into the next pattern. My feet on the ground helped, in that I was re-acquainted with Earth and from there could reintroduce myself to that middle space between Sky and Earth. Coming into middle body was coming into meso again. Still unable to translate energy up and down my spinal cord on my own, I asked Bruce to come around and rein-

force my forehead with his hand. And there I was. Braced into this world.

Still unable to support myself to stand right up, I asked Bruce to come back around to the same side of the bed where I was. I turned back to a seated position on the edge of the bed and turned towards him, leaning my palms into his palms. He helped me stand and—I don't know from where the thought came (maybe the forest)—I asked him, as I wobbled, barely hanging on to being upright, to feel his spinal cord and down to earth as deeply as he could while matching my pressure on his hands.

It was several moments of wobbling and praying for a spark to light, and then a deep breath involuntarily entered my body. I could feel a wave rising through my body, literally “undulating” me. The potency built up in us as our arms began circling and stoked the energy arising between us. And then, like a geyser, I exhaled deeply and, as though I were being inflated or drawn like an archer's bow, my posture delivered me upwards, towards him and towards the last light outside the window. My entire head-to-tail turned on and in some bow to evolution I became utterly upright. The reward of being able to stand, to feel the security of Earth under my feet and Sky meeting me above, plus the connection, the very warm, human, blood connection of



my man pressing back at me on my horizon, was a moment that marked a coming alive that brought me to tears. I think I cried out something like, “this is so amazing, we should be filming this!” I knew Bruce too was receiving the surge of the potency arising between us.

Almost as soon as I adjusted to the thrill of lifting, almost naturally my body provided me with an urge to push and pull. I turned back to the bed and enjoyed the now-lengthened slip of charge toggling through my fasciae from my upper body to my lower body. I did not lie on the bed, but rather pushed and pulled with my forearms on the bed. And once I had enjoyed some surges of potency there, out of nowhere, my body urged me into a creep. Tears continued streaming as I watched how Bonnie and Len’s work was not an idea or a protocol, but a naturally-occurring sequence of Nature that, when left to itself with proper support, unfolds beautifully.

It was stunning to observe this life-driven imperative steering the moment. I had to do nothing except respond, obey, and bow to the translating wisdom from the morphic fields of early vertebrates into the morphology of my movements. I had no idea how readily available and willing they were! There was infinite gratitude to be on the receiving end of their generosity, guidance, and love.

On it went, into a cross-crawl, which I gently marked out while still leaning on the bed, until the urge to ambulate was undeniable.

Bruce continued holding my hands so that the potency between us could fuel my steps. I shook, I trembled, and I stepped—all from the inside, all authentically. There was no force, no coercion. I was weak, but the movement was real.

That night we both finally slept. I was back in my hospital bed and relaxed, knowing I had achieved what was necessary. And Bruce was in a reclining chair, in a deservedly deep slumber.

### III. Indwelling Soul

After that second night, we announced to the nurses we’d be leaving. The IV’s came out, the cuffs were taken off, the final prescriptions were written, and before I knew it, I was outside, breathing the crisp air of an early October day. The world had so much room for me to spread out into. Shuffling gingerly through the front door of our house, with the help of Bruce and two friends who met us there, had me in tears again. There was so much gratitude

to be home, to have come through to the other side of what was a very large surgery. My joy at the sight of the colors of the furniture, our art, and the blankets on the couch where I would rest for the next two months moved me deeply. The homecoming began the night before in the developmental movements, and now it was without, as I drank in the world around me.

These collaborations between Bruce and me went on for days, often at night, when I could not find solace or comfort. Sometimes the movements were potency building, like the second night in the hospital; other nights, we were negotiating gestures reminiscent of moments when I had been under anesthetic. They were internal, heaving, organs remembering their displacement, discharging their memory of it and returning to greater coherence. Day by day, I found more freedom, enough to allow me to lie down, rest, and stop watching for who might be coming in the room. But those nights in the hospital were unforgettable, for both their nightmarish-ness and for their magic.

What would have happened if I hadn’t known about BMC? Would my system have demanded it and have moved into the patterns anyway? What about all the others who come through surgery and are asked to perform advanced coordinated movements before they’ve completed their precursors? What of all the many women who have Cesareans, who are immediately thrust into externalizing their attention to care for their new babe and who, in addition to the restorative work for their surgery, have also missed the final movements of birth? Most of all, having worked in healthcare for twenty years, I know that most people say they are never the same after surgery, or after the car accident, or after the big trauma. Is it only structural? Or is that they never got a chance to bridge back into relationship with their indwelling soul?

I toned and breathed to and from my organs and practiced the prespinal and spinal sequences every day for four months after the surgery. They restored the flexibility of my spine, they served as an anti-depressant if I was low, and they gifted me with untold appreciation for this moving wisdom as it was unfolding in me. I wish it for all, but especially for those recovering from surgery. ❖

*My reverence to Bonnie and Len for receiving and teaching these works and to all BMC practitioners for choosing to carry and innovate on the teachings. A special thank you to Annie Brook for teaching me the pre-spinal and spinal patterns at the Nelson Regional APPPAH Congress in 2007. Photos by the Author.*