The Body Whispers Before It Screams

Learning to listen before life forces us to

Most people do not suddenly wake up one morning completely exhausted, chronically tense or disconnected from themselves. Often there has been a period beforehand in which something was already changing. Perhaps sleep became less restorative. Relaxing became more difficult. The body felt increasingly tense. There was less pleasure, less energy or a growing sense of restlessness that was difficult to explain.

These early changes are easy to overlook precisely because we can often continue functioning. There is work to be done, a family to care for, a deadline to meet or someone who needs us. We tell ourselves that things will settle down when life becomes quieter. And sometimes they do.

But sometimes they do not.

Over the years, this has given me an image that I often use in my work: *the body whispers before it screams.*

I do not mean that every serious complaint begins with a subtle warning that we failed to notice. Bodies become ill for many reasons, and symptoms can arise without any meaningful earlier signal. I use the image differently. It reminds me that our bodies are continuously part of the lives we are living, and that changes in how we feel physically can sometimes become noticeable long before we understand what is happening. The challenge is not only to notice those signals, but to remain curious about what they may — and may not — mean.

The body is part of the story

Our bodies continuously respond to the circumstances in which we live. Breathing changes when we are tense. Muscles prepare when we feel threatened. We may experience relief when a difficult situation ends or notice how our whole body softens in the presence of someone with whom we feel safe.

This does not mean that every bodily sensation has a psychological explanation. A headache can have many causes. Chest discomfort may require medical assessment. Abdominal pain can be related to a physical disorder. Fatigue can accompany a wide range of medical conditions. Taking the body seriously also means taking those possibilities seriously.

But there is another side as well. Our physical experience can be influenced by prolonged stress, grief, fear, uncertainty, relationships and the way we live our daily lives. The body is not separate from those experiences because we do not live them somewhere outside our bodies.

For me, this is why a physical complaint can sometimes invite two different questions. The first is essential: *What is happening medically?* The second may become relevant alongside it: *What else is happening in the life of the person experiencing this?* Those questions do not compete with each other. Good care sometimes requires both.

Sensations do not come with subtitles

One of the sentences from my earlier writing that I still find useful is this: *sensations do not come with subtitles.*

A tight chest does not announce whether it is related to a medical condition, anxiety, grief, prolonged pressure or something else entirely. A restless stomach does not explain itself. Tension in the shoulders does not tell us whether it arose from physical load, stress, posture, worry or a combination of factors.

The sensation is real. Its meaning still needs to be explored.

That is why listening to the body requires more than simply trusting every sensation as if it contains an unquestionable truth. It requires curiosity and humility. Sometimes the right response is medical examination or treatment. Sometimes a bodily experience invites us to look more closely at how we are living. Sometimes both perspectives are relevant at the same time.

The body gives us experiences to attend to. It does not always give us the explanation.

From the symptom to the person

Healthcare has become extraordinarily good at asking what is wrong and what can be done about it. That question has saved and improved countless lives. If something can be diagnosed and effectively treated, we should be grateful for that possibility.

Yet in my work I have also met many people whose complaints could not be sufficiently explained by a biomedical diagnosis alone, or whose symptoms continued despite appropriate medical care. At such moments, another question can become meaningful: not simply *How do we get rid of this complaint?,* but also *What is happening in the life of the person who is experiencing it?*

This is an important distinction. It does not mean that the complaint is imaginary, nor that someone has caused their own symptoms. It means that a person is always more than the place where the complaint happens to appear.

Someone with neck pain is also someone who works, loves, worries, sleeps, grieves, carries responsibility and relates to other people. Someone who is exhausted has a history, a daily life, expectations and ways of responding to pressure. All of that may or may not be relevant to the complaint, but it deserves to remain visible.

For me, person-centered care begins there: not by abandoning the symptom, but by refusing to reduce the person to it.

Responsibility without blame

This broader perspective can be difficult because it changes our position. When we are ill, it is understandable that we want someone to help us. We go to a physician, therapist or other professional because we hope they can identify what is wrong and offer treatment. Often that is exactly what good healthcare should provide.

But when our way of living also appears to play a role, the solution cannot always come entirely from outside. Perhaps we notice that we have been crossing our own boundaries for years. Perhaps work has demanded more than we have been willing to acknowledge. Perhaps grief has received very little space because life simply had to continue. Perhaps we have become so accustomed to tension that we no longer recognize it as tension.

Responsibility is not the same as guilt.

Becoming aware of such patterns does not mean accepting blame for being unwell. Responsibility means recognizing that, where our own life is part of the story, we may also have a role in exploring what needs

attention. The question then changes from *Who can fix this for me?* to something more collaborative: *What can others help me with, and what is this experience asking me to look at myself?* That shift does not diminish professional care. It can deepen it.

When we keep going

Human beings are remarkably capable of continuing under difficult circumstances. Sometimes that ability is exactly what life requires. During a crisis, while caring for someone we love or when circumstances simply leave us little choice, we may need to put part of our own experience temporarily aside. There is nothing inherently unhealthy about that.

The difficulty arises when temporary survival becomes a permanent way of living. We keep going long after the immediate necessity has passed. Fatigue becomes something to overcome. Tension becomes normal. Rest begins to feel uncomfortable. We may become increasingly disconnected from signals that once would have made us stop and reconsider.

I often use the image of holding a ball under water. It is possible, but it requires continuous effort. The moment we stop pushing, the ball rises again. Something similar can happen when we repeatedly push parts of our experience out of awareness. What we do not attend to does not necessarily disappear simply because we are no longer consciously occupied with it.

This does not mean that suppressed feelings automatically turn into physical illness. That would be far too simple. But continually overriding our own experience can make it harder to notice when we are becoming exhausted, distressed or increasingly disconnected from ourselves. Sometimes the whisper is simply that: a signal worth noticing before continuing automatically.

Why complaints sometimes appear when life becomes quieter

One phenomenon has always fascinated me. Some people become more aware of complaints not at the height of a demanding period, but when the pressure finally decreases: during a weekend, on vacation, in the first weeks after an intense project or sometimes even after retirement. This can feel confusing because we expect rest to make us feel better.

There is no single explanation for why this happens, and it should not be interpreted as evidence that every symptom was caused by stress. But one possibility is surprisingly simple: while we are intensely occupied with coping and functioning, there may be less room to notice what we are experiencing. When the demands decrease, our attention changes and sensations that were already present may become more noticeable.

Sometimes the body seems to become louder only because life has finally become quiet enough for us to hear it.

That possibility has taught me not to view every increase in awareness as deterioration. Sometimes becoming more aware of what we feel is part of beginning to understand what has been happening.

Listening before interpreting

Listening to the body is therefore not a technique for diagnosing ourselves. Nor is it an invitation to search endlessly for hidden meanings behind every ache or sensation. It is something much simpler: the willingness to notice.

How tired am I actually? What happens to my breathing in certain situations? When does my body become tense, and when does it soften? Which circumstances seem to give me energy and which repeatedly leave

me depleted? What happens when I am with particular people? When do I feel spacious, and when do I find myself becoming smaller?

These observations do not immediately provide answers, but they can help us become more familiar with the way we experience our lives. Sometimes that awareness allows us to respond earlier: to rest before complete exhaustion, to acknowledge grief before we have spent months pretending it does not affect us, to recognize a boundary before crossing it again, or simply to seek medical advice because something in our body has changed and deserves attention.

Listening does not mean knowing. It means being willing to notice before deciding what something means.

The art of listening

The body is not merely a machine that carries us through life. Nor is it a mysterious oracle that always knows the answer. It is the living place in which our lives are experienced.

That is why I continue to value the image of the whisper and the scream. Not as a medical law, but as a reminder. We do not always have to wait until something becomes unbearable before we take our experience seriously.

Sometimes the body whispers through fatigue, restlessness or tension. Sometimes there is no whisper at all and illness arrives without warning. And sometimes what we thought was a whisper turns out to have an entirely different explanation. Care begins by remaining open to all of those possibilities.

Perhaps health is therefore not only about eliminating symptoms. It is also about developing a relationship with ourselves in which we become increasingly able to notice what is happening, seek help when needed and respond before continuing automatically.

Because listening to the body is ultimately not about finding a hidden message in every sensation. It is about staying in conversation with the life we are living.

Roel Klaassen, August 2026