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## 'Placebo' Is the Medical Term For Self-Healing

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### Abstract

This article is inspired by a fascinating series of YouTube videos on studies of the placebo effect on pains and other problems. A high-powered team of eight academics from various disciplines discusses research on many ways in which placebo reactions can be stimulated. These videos are most interesting for the self-healings they reveal. More fascinating yet are the limitations of the vision and comprehension of the conventional medical establishment about possible mechanisms of action for these processes. As I, myself, was taught in medical school, conventional medicine perceives people to be bodies with brains that may alter responses to physical conditions in rather limited fashions. Within this framework of explanations, self-healing is something of a mysterious surprise. In contrast, self healing is a very natural and common process within a wholistic perspective – where people are understood to be composed of body, emotions, mind, relationships (with other people and with the environment) and spirit. From a wholistic perspective, individuals are expected and encouraged to generate self-healings through varieties of mind-body and bioenergy mechanisms. Within this perspective, symptoms are reflections of a person's state of being in the world. When we address all levels of their being, not just the physical, then self-healing is a natural and frequent occurrence for most people.

Key words: placebo, self-healing, wholistic healing, pain, depression, surgery

### Background

What I share here are not new observations. These facts were known to Greek physicians at least 2400 years ago. For the better part of humanity's recorded history, people were aware that matters of the body are influenced by mind and spirit.

*Natural forces within us are the true healers of disease.*  
- Hippocrates

Modern medicine has focused so narrowly for so long on measurable aspects of disease that it has come to believe that only those observations which are confirmed by instruments are reliable and acceptable. All other observations are suspect at best, and ignorable and dismissible at worst.

An illustrative apocryphal story tells of the nurse in a surgical intensive care unit who responded with alacrity when the alarm a patient's cardiac monitor went off. Glancing at the monitor, she saw to her dismay that his heart had flatlined. Yelling for assistance, she jumped on the bed and started cardiac resuscitation. She pounded on his chest a few times before the patient pushed her aside, pointing out that there was nothing wrong with his heart. It was simply the electrical lead that had come loose from his chest!

Another physician bears poignant witness to the oddities inherent in conventional medical worldviews. Richard Cytowic is a Neurologist who has pioneered the study of synesthesias, which are crossed-sensory perceptions such as hearing colors or smelling shapes. He struggled with his colleagues' reluctance to accept such reports as anything other than mental aberrations – to be dismissed as worthless subjective experiences. Researching the medical literature over several centuries, he found a variety of references to medical observations of synesthesias. However, his medical colleagues rejected these as being 'merely anecdotal.'

...a prevalent attitude, no matter what the specialty, was that...if symptoms could not be measured with a machine, then they were imaginary. All around me I found people willing to trade in their own judgments for ones made by a machine. Anything from the past was thrown without question on the scrap heap with the leeches.

- Richard E. Cytowic (p. 31)

We have paid with dollars and our humanity ever since the stethoscope appeared as the first instrument to come between patient and physician. The art of medicine has steadily yielded to the calculus of objectivity and the tabulation of hard data. This economy has inflation, too. Machine interposition has increased exponentially, until today we have hardly any touching and little real human contract. Patients have been reduced to objects, and physicians to dispassionate feeders of the machines.

- Richard E. Cytowic (p. 38)

Cytowic wryly shares how it took him two years of patient and persistent communications with an insurance company to reclassify a neurological evaluation under its category of 'new procedures' so that this could be reimbursed. The value of the human caregiver (in current day terminology, we might substitute the 'human instrument') in medical assessment has been totally discounted.

In the sense that third-party insurers are bureaucrats, they constitute yet another "machine" that stands between doctor and patient. Bean counters with hearts of stone have replaced compassion and caring.

- Richard E. Cytowic (p. 39)

I believe that, hardly realizing it, we have come to serve technology even though we intended for it to serve us. The machine is held in such high esteem that, in medicine, many implicitly believe that caring is what is left for physicians to do when technical intervention has failed.

- Richard E. Cytowic (p. 40)

Conventional medicine is convinced that it has the best and most complete information on the human condition in health and illness. While this may be true in terms of diagnoses and published articles on medical interventions, it is far from being the total sum of all possible knowledge that medical practitioners presume and present it to be.

Witness the so-called 'remarkable recoveries' from diseases of all sorts that have been reported in the medical literature for over 100 years. I have been examining these unusual recuperations for thirty years. Conventional medicine views such unexpected recoveries from illness as 'spontaneous remissions,' brought about by unknown processes of recuperation of the human organism. I have

thoroughly researched the vast potentials of human capacity for self-healing in *Healing Research*, Volume 2 (Benor, 2004; 2006). My conclusion in this detailed exploration is that to some extent, all healings, by any modality, must involve activation of self-healing potentials and abilities. Medicine is no exception to this fact.

I was excited in to find an annotated bibliography of 3,000 reports of 'spontaneous remissions,' gathered from 3,500 references in over 800 journals in 20 different languages by Brendan O'Regan and Caryl Hirshberg (1993), titled *Remarkable Recoveries*. I found this collection utterly fascinating. Here are startling medical notes on remarkable spontaneous recoveries from cancers, skeletal deformities, hormonal abnormalities, and hundreds of other types of physical problems. However, these tantalizing reports never included more than superficial considerations of psychological or spiritual issues that might have contributed to the unusual remissions from diseases – which in many cases the doctors writing the articles had been anticipated would be fatal. Conversely, occasional reports from psychological literature often omitted medical details or documentations of the associated physical problems.

The situation has actually worsened in the US (and numbers of other countries) in the years since the publication of this annotated bibliography. When I trained in medicine in the 1960s at the University of California, Los Angeles, we had a department of Psychosomatic Medicine. When people had physical symptoms combined with psychological symptoms, or when physical symptoms could not be explained by physical or laboratory examinations, a consultation from this department would often uncover stresses and psychological mechanisms that could explain the unusual symptoms and then helped to resolve them. Here is a typical example of the problems addressed by the doctors in Psychosomatic Medicine, in this case as a psychiatric consultation to the Neurology Department.

'Tom,' a 40 year-old married factory worker, was admitted for evaluation of weakness in his right hand and arm that were making it impossible for him to perform at his usual level of competence on the assembly line. Neurological examination was normal, with the exception of weakness in the muscles of his right hand, arm and shoulder. No peripheral nerve or muscle damage, no spinal or brain lesion could be identified.

Psychosomatic consultation revealed that the weakness in this very meek and mild-mannered man had started following an uncharacteristic, major argument with his wife. In short, this was found to be a psychological weakness produced by Tom's unconscious mind to help him control the angry impulses he had been feeling, with a wish to strike his wife. The symptom also served to punish himself for having had this impulse. Brief psychotherapy resolved the symptoms and his arm returned to full strength and function.

There are no longer any departments of Psychosomatic Medicine in the United States, although the subject is to varying lesser extents included in medical school curricula, under headings such as Behavioral Medicine, Mind-body Medicine, or Bio-Psycho-Social Medicine. Compared to having a department in the hospital specializing in Psychosomatic Medicine, these are just token concessions to the unknown entities that are often dismissed with the label of 'a placebo reaction.' This is a measure of how much further Western medicine has distanced itself from awareness of the mind-body connection. A Google search today turns up only references to a few remaining European and Japanese listings for Psychosomatic Medicine.

This thought provoking video series is an excellent starting point for considering what placebo reactions might be. Quoting the blurb provided with the videos:

Featuring members of the Harvard Placebo Study Group, "Placebo: Cracking the Code" examines the power of belief in alleviating pain, curing disease, and the healing of injuries.

The placebo effect is a pervasive, albeit misunderstood, phenomenon in medicine. In the UK, over 60% of doctors surveyed said they had prescribed placebos in regular clinical practice. In a recent Times Magazine article, 96% of US physicians surveyed stated that they believe that placebo treatments have real therapeutic effects.

Work on the placebo effect received an intellectual boost when the Harvard Placebo Study Group was founded at the beginning of 2001. This group is part of the Mind-Brain-Behavior Initiative at Harvard University, and its main characteristic is the interdisciplinary approach to the placebo phenomenon. The group is made up of 8 members:

Anne Harrington – Historian of Science at Harvard;

Howard Fields – Neuroscientist at University of California in San Francisco;

Dan Moerman – Anthropologist at University of Michigan;

Nick Humphrey – Evolutionary Psychologist at London School of Economics;

Dan Wegner – Psychologist at Harvard;

Jamie Pennebaker – Psychologist at University of Texas in Austin;

Ginger Hoffman – Behavioral Geneticist at Harvard; and

Fabrizio Benedetti – Neuroscientist at University of Turin.

The main objective of the group is two-fold: to devise new experiments that may shed light on the placebo phenomenon and to write papers in which the placebo effect is approached from different perspectives.

In Part 1 of this series, we are shown how chronic pain due to worn cartilage can respond as readily to sham surgery as to real surgery. Surgeon Bruce Moseley (2002) in Houston, Texas wanted to demonstrate how much better arthroscopic surgery was (using miniaturized video cameras and medical instruments inserted through 'keyhole' incisions) than placebo surgery for osteoarthritis of the knee. Moseley set up a randomized, placebo-controlled study with 180 patients. They were randomly assigned to groups who received either arthroscopic smoothing of the cartilage; arthroscopic washing out of the knee joint without further intervention, or placebo surgery with just a skin incision. Neither patients nor those who assessed their progress knew to which group patients had been assigned. Patients were followed for 24 months through five self-reports for pain and physical function, plus an objective test of walking and climbing stairs. To his great surprise, he found that improvements in pain and function were as good following sham surgery as they were following real surgery. The placebo group improved as much as the other two groups. So impressive are the placebo effects that this video has to be seen to be believed!

### Placebo – Healing the Body with the Mind (1 of 5)



The placebo research team credits the improvements to "the ritual surrounding the surgery." Moseley attributes the improvements to 'the placebo effect' and speculates that back and neck pain may

respond similarly to sham surgery. And here is where this series starts to fall short of providing more helpful and meaningful answers to questions raised by these dramatic self-healings.

*The art of medicine consists of amusing the patient while nature cures the disease.*  
- Voltaire

As nature abhors a vacuum, so the human mind is uncomfortable with gaps and in its knowledge and understandings of the world. We rush to fill in empty spaces in our comprehension of the universe. When we have no verifiable explanation for something, we give it a name. That way, we at least have a reassuring pretense that we comprehend what is going on in our world. We can say that 'gravity' is what holds us on the surface of our planet and prevents us from floating off into space; that the world was created by God or any of dozens of other agencies and mechanisms (Wikipedia ref. 1); and that medically unexplainable cures are produced by 'placebos.' Having given a phenomenon a name, we can file it comfortably in our mental file drawers with other, better understood experiences and ideas about the world. Otherwise, we would have to start a file on 'unknowns,' which would leave us less secure about our abilities to deal with life, the universe and everything.

The word placebo is derived from Latin for "I shall be pleasing, acceptable." It is taken to be "an inactive substance or other sham form of therapy administered to a patient usually to compare its effects with those of a real drug or treatment, but sometimes for the psychological benefit to the patient through his believing he is receiving treatment" (Free OnLine Dictionary).

Clinically, the placebo used to be called 'the sugar pill.' It has been used in medical practice for many decades, dispensed when doctors feel there is no need for a medicinal intervention. This is done in recognition of people's tendency to feel better when they are given something that they anticipate will help them improve. An excellent example is presented in Part 2 of this video series.

### **Placebo – Healing the Body with the Mind (2 of 5)**



The revelation that placebos are as effective as antidepressants has actually been creating quite a stir lately. Careful re-analyses of randomized controlled studies have shown that antidepressants are no better than placebos for the vast majority of people suffering from depression. Only those 13 percent with the most severe levels of depression demonstrated effects that were better than those of placebos (Begley, 2010; Fournier, et al. 2010).

Billions of dollars have been earned by the pharmaceutical companies in the half century that antidepressants have been marketed. To the pharmaceutical industry and to many medical researchers, the tendency of people to get better with sugar pills is viewed as a nuisance. This self-

healing confounds medical research efforts to clarify, confirm and (most important to them) to promote the benefits of medicinal and surgical interventions.

To clinicians who are interested in promoting the recuperation and health of people under their care, the placebo reaction is just another tool in the doctor's bag. It is a confirmation of the expectation that people have the capacity to heal and will do so. It is an acknowledgement of and antidote for the natural hesitation of people to trust in their own capacities for self-healing. This has been known for many centuries, but has been forgotten by much of modern medicine.

*Medicine is not only a science; it is also an art. It does not consist of compounding pills and plasters; it deals with the very processes of life, which must be understood before they may be guided.*

- Philipus A. Paracelsus (1493 – 1541)

Some find it shocking that doctors prescribe placebos. They consider the use of inactive substances or procedures to be deceptions and they question how doctors could ethically do this. The fact is, it is impossible NOT to do it, as the next video sequence shows very nicely. Sadly, however, when we are unaware of the effects of suggestion, we may inadvertently influence people for the worse – with negative suggestions. (These are called 'nocebo' effects.)

### Placebo – Healing the Body with the Mind (3 of 5)



(Please note that the sound is missing after 6 min. 50 sec)

So we see that doctors themselves are placebos, and can influence people for better or worse.

You may be asking by this point, "How do placebos work? How can sugar pills, surgical procedures or merely the doctors' presence induce healing effects?"

The most basic answer is that this is the way human beings function. We have enormous self-healing capacities that can be activated in various ways, through multiple, overlapping mechanisms.

Pressed for explanations for placebo effects, doctors point to well-replicated research demonstrating that a doctor's suggestion that relief is on the way induces relaxation. When we are less 'up tight' emotionally, our body muscles are also less tight. Feeling less stressed also reduces levels of stress hormones that impair immune system and other body functions; and increase neurohormones in the brain called endorphins that have been called 'natural narcotics;' and decrease blood pressure. All of these mechanisms can facilitate a person's improvement with almost any condition.

When non-medical people ask me about placebos, I share a children's story by way of illustration of how our expectations may change our abilities to do unusual things with our bodies.

Dumbo the elephant was born in a circus. He was teased and taunted for having such large ears that he would trip and stumble over them. Dumbo woke up one day, finding himself high up on a tree branch, and terrified because he saw no way to get down.

A friendly mouse convinced Dumbo that he could use his big ears to fly if he held a magic feather in his trunk. Overnight, he became a star performer in the circus, flying with the mouse seated in his cap. On one occasion, however, the feather was blown from his grasp during an aerial maneuver. He immediately went into a crash dive, with the mouse yelling reassurances to him, "You can fly without the feather! The feather is just to give you confidence you can do it! You had do fly to get up in that tree in the first place!" Fortunately, Dumbo believed the mouse and pulled out of his nosedive, flying confidently without his feather after that lesson.

Wound healing is probably the most familiar form of self-healing. When we get a bruise, a scrape or a cut, our body has automated mechanisms for stopping blood loss with clots and then for mending the injured tissues through actions of our various immune cells and proteins. Conventional medicine suggests that biochemical stimuli initiate and guide these processes of tissue repair.

Details about physical repairs of the body that are unexplained by conventional medicine include the facts that these repair mechanisms know precisely how to restore the body to its uninjured form, as well as when to stop functioning so that overgrowth of repair tissue does not occur. A more challenging example is that when the first joint of the finger of a child under the age of 10 is cut off, it can regrow if the raw end of the finger is not closed over – including the fingerprint and fingernail. Conventional medicine has no confirmed explanation for these phenomena, though it points to the fact that salamanders can regenerate tails and entire limbs.

Research by Robert Becker and colleagues suggests there is probably an electromagnetic component involved, as he was able to reproduce full regeneration of limbs in frogs and partial regeneration of joints in rats with electrical stimulation of the amputated stump (Becker and Marino, 1982). One has to wonder about the limited research that has been conducted on enhancing wound healing with electrical stimulation, following these early leads. This, however, is wandering too far afield from the focus of this discussion.

Moving into the mind-emotions-body aspects of self-healing, we find that the unconscious mind has a vast awareness of what is going on in the body. Under hypnosis one can often elicit information about what is happening in the body. One may also give hypnotic suggestions that enhance healing. For instance, under hypnosis one may decrease or eliminate physical pains; generate and eliminate dermal lesions such as allergic wheals and blistering of burns; enlarge breasts; prevent the development of stiffness of a joint that is held for weeks in a cast; and much more.

Coming in the other direction, when people have pains or other symptoms, it is possible to invite them to look within themselves and ask these symptoms what the unconscious mind might be wanting to tell them about their lives. I have been doing this over a period of eight years with people who have physical pains of many causes. In most cases, people are readily able to connect with what their pains are wanting to tell them. When people do this, the pains almost always are rapidly and significantly decreased.

My understanding from these mind-body and body-mind experiences is that there is a wholistic unity of our being that is unfamiliar to Western medicine. Wholistic healing engages people on every level of their being, including their body, emotions, mind, relationships (with other people and with the environment) and spirit (Benor, web ref 1). I was taught about a few of these connections by the

psychiatrists in the Psychosomatic Medicine Department of my medical school, more than four decades ago. I learned much more, however, through studying varieties of Complementary and Alternative therapies, particularly spiritual healing (Therapeutic Touch, Reiki); Imagery therapy; Eye Movement Desensitization and Reprocessings (EMDR); Emotional Freedom Techniques (EFT); and through developing and practicing WHEE (Wholistic Hybrid derived from EMDR and EFT).

I am pleased to see that this video series includes spiritual healing as an activator of self-healing. I have conducted careful detailed reviews of 191 controlled studies of spiritual healing (including Therapeutic Touch, Healing Touch, prayer healing, Qigong and related methods) on humans, animals, plants, bacteria, yeasts, cells in laboratory cultures, enzymes and more. Of the 52 rigorous studies in this series, 74% demonstrate significant effects. My understanding from these studies is that spiritual healing acts through bioenergy fields around and within the healer and healee, guided by intent (Benor, 2001; 2007). It appears that the group of researchers in these videos believe that spiritual healing is just another example of a placebo – with King Charles II, with the healer in the office of Dr. Michael Dixon, and in the healing of a woman with Multiple Sclerosis at Lourdes.

#### **Placebo – Healing the Body with the Mind (4 of 5)**



Conventional medicine will remain mystified about the self-healing possible through placebo treatments and other forms of self-healing as long as it remains wedded to the narrow study of the body as the only relevant aspect of living organisms that could explain the mechanisms of self-healing reactions – as I, myself, was taught in medical school. I found a rather endearing ray of hope in Dan Moerman's talking to aspirin in this last segment, to get it to work better for himself. Perhaps this is a small doorway into deeper understandings of self-healing mechanisms. Spiritual healers report that healing given to people receiving chemotherapy, or given to the bottles of chemotherapy medications, can similarly reduce or even eliminate the side effects of nausea, vomiting, headaches and sometimes of hair loss as well. Healing given to diabetics can significantly reduce the doses of insulin required to keep their blood sugars in balance.

In many ways, the focus of the medical profession on pills as their way of treatment blinds doctors and researchers to the fact of self-healing through suggestions of any sort. It is like the teacher of mysticism who is asked the source of his inspiration and points to the heavens above. Those who are open to their own spiritual awarenesses look to the heavens and resonate to some degree with the teacher. Those who are not yet open to this may focus on the mystic's finger and miss his point.

Norman Cousins, who cured himself of the medically incurable ankylosing spondylitis observed:



*Like a celestial chaperon, the placebo leads us through the uncharted passageways of mind and gives us a greater sense of infinity than if we were to spend all our days with our eyes hypnotically glued to the giant telescope at Mt. Palomar. What we see ultimately is that the placebo isn't really necessary and that the mind can carry out its difficult and wondrous missions unprompted by little pills. The placebo is only a tangible object made essential in an age that feels uncomfortable with intangibles, an age that prefers to think that every inner effect must have an outer cause. Since it has size and shape and can be hand-held, the placebo satisfies the contemporary craving for visible mechanisms and visible answers . The placebo, then, is an emissary between the will to live and the body.*

- Norman Cousins

Although the voice recording for the segment on Lourdes is missing, one may resonate with some of the feelings that a pilgrim might feel in the grotto where many miraculous healings have occurred. While a casual introduction to the Lourdes healings may leave the impression of an emotional setting in which people with psychological problems might improve through psychological mechanisms but little more, the recorded miracles are far from such a dismissive assessment. The Lourdes Medical Commission is meticulous in its investigations of alleged cures, with multiple physician and ecclesiastic reviews of the evidence (Benor, 2007). In this case, the prayers and ceremonies may promote self-healings. In addition, prayers also have a power to heal (Benor, 2001; 2007)

The last segment of the video series is in many ways the most perceptive in terms of mechanisms of self-healing.

#### **Placebo – Healing the Body with the Mind (5 of 5)**



Dr. Albert Mason's cure of a man who had congenital ichthyosiform erythrodermia of Brocq touches on the core of my understanding about how self-healing can be stimulated. The belief of the therapist that healing is possible is a major contributor to the placebo effect. This markedly enhances the strength of suggestions for healing. Mason's mistaken belief that he was treating a person with a severe case of warts allowed him to offer the suggestions for healing with great confidence. He knew from previous experience that warts responded quickly and well to hypnosis.

Conversely, the belief that self-healing is not possible can impede or inhibit self-healing. Mason's statement about why his work with other people with the same disease bore no fruit is an astute observation: "I knew it had no right to get well."

In many ways, conventional medical researchers are setting up their patients and themselves for limited successes or even for failures at the starting line of their research, by labeling the subject of

their study a 'placebo reaction.' This, in and of itself, sets up a disparaging attitude towards the self-healing capacities of their patients. With this attitude, less frequent and less extensive self-healing responses will be observed.

This brings up another subtle factor that is involved in generating self-healing. The medical profession is strongly wedded to therapist and physical interventions. They increasingly insist on evidence-based medicine (EBM). This, together with the pressure of insurance companies who will pay much more readily for mechanical interventions than for the sorts of treatments that are likely to generate self-healing, leads many doctors to avoid encouraging self-healing interventions.

The attitudes of numerous physicians have been criticized by caregivers who practice Complementary/ Alternative therapies and by careseekers who use these therapies. The doctors have been indoctrinated to believe that only their interventions are effective, and they have lobbied successfully in many countries to legislate these beliefs into laws that give physicians the right to decide who is and is not a legitimate caregiver. This puts enormous power in the hands of physicians. The tendency of power to corrupt is well known. In these circumstances, it appears to me that the judgment of the majority of doctors has been narrowed to the point that it is difficult for many medical practitioners to consider the possibilities and potentials of self-healing interventions in which the careseekers are their own physicians, so to speak.

Lest the reader see me as being excessively harsh in these observations, I hasten to add that I was a confirmed skeptic myself about the possibility that spiritual healing could be an effective intervention – beyond a placebo reaction. Having studied psychology, medicine, psychiatry and research, I believed I knew all the ways people could activate their own self-healing/ placebo responses to the suggestions offered by healers. It was only when I actually observed a spiritual healer in 1980 that I was willing to entertain a possibility that there might be something more to healing than I had been trained to believe. The healer brought about a physical change in 30 minutes that was medically impossible. She reduced the size, mobility, firmness and painfulness of a lump under a young man's nipple, giving her healing to the energy centers of the body rather than to the lesion itself. At the same time, the young man had a heavy emotional release.

Following my observation of the small but very impressive healing I started reading the literature on spiritual healing – finding very limited research in 1980. The literature on self-healing was most impressive, however. In just one of many articles I found, Henry K. Beecher (1955) reviewed 15 double-blind studies containing 1,082 patients and observed an average 35% placebo response rate. Beecher's review included studies of postsurgical pain, angina, headache, nausea, drug-induced mood changes, cough, anxiety and tension, and the common cold. It is now recognized that the 35% figure grossly underestimates the true power of placebo effects. Even in the Beecher paper, there was large variability in reported placebo responsiveness, with a range of 15 to 58% of patients reporting satisfactory relief.

These results have been replicated countless times over recent decades. The evidence is available for anyone who cares to study it (Benor, 2004; 2005). Worthy of mention in this article is another report by Beecher (1961) on successful placebo surgery.

*You cannot write a prescription without the element of the placebo. A prayer to Jupiter starts the prescription. It carries weight, the weight of two or three thousand years of medicine.*  
- Eugene F. Dubois (1946)

As I was doing my literature research, I was also surveying healers and healees to understand healing better. It still took me a lot of delving into the research literature and further personal observations of spiritual healing to overcome my lingering doubts, skepticism and concerns that that original healing might have been some sort of aberrant fluke of chance.

Over the ensuing years, I was led further in the direction of exploring self-healing methods and mechanisms. Working in the US as a psychiatrist, I was incredibly frustrated by the detrimental influence of the managed care insurance on my chosen profession. I had gone into psychiatry to help people with psychotherapy, in the days when psychiatrists saw people for one to five hours per week of talking interventions, with minimal, if any, prescription of medications. Over the years, this had shifted to psychiatrists being primarily dispensers of psychoactive drugs, with sessions that were covered by insurance for only 15-20 minutes once a month. Working with children, I was able to negotiate a luxurious (within the current system) 30 minutes monthly, as I needed to speak not only with the children but also with parents, school teachers and school nurses, and family physicians who often handled refills of the prescriptions I wrote. Needless to say, this was a serious challenge to someone wanting to continue offering psychotherapy!

My solution was to explore the teaching of self-healing methods in the limited time I was allowed for each clinical encounter. I detail the process of these explorations elsewhere (Benor, 2006). What I eventually developed is a self-healing intervention I call the Wholistic hybrid derived from EMDR and EFT (WHEE). WHEE invites people to dialogue with their pains and other symptoms, to discover what their inner self is wanting them to know and what it wants them to do differently in their lives. When they connect with their inner reasons for having pains, the pains often diminish part-way towards zero within minutes. By tapping on the right and left sides of their body, while reciting personalized affirmations focused on their problems, the rest of their pains can be resolved (Benor, 2009; Web ref 2.)

I have taught WHEE to numbers of people who were either scheduled for surgery or had already had surgery that proved unsuccessful in relieving pains in their knees and other joints, usually with the diagnosis of osteoarthritis. Here is a composite example of how WHEE can work in such situations:

'Selma' had had knee pain due to osteoarthritis for over ten years, gradually worsening to the point that she was given a knee replacement. Her pains worsened following surgery. In her first WHEE session she dialogued with the pain, hearing that it had been yelling at her with an ever-increasing stridency to take some weight off her legs.

Selma teared up in frustration as she received this message, because her lifelong struggle with excess weight had never succeeded more than briefly. No matter what diets she had tried, the weight always returned.

Nevertheless, her pain diminished from a level 12 (on a scale of zero = none, to 10 = the worst it could be) to a level 7 as she dialogued with the pain. In essence, her pain no longer had to shout at her to get her attention, so it could speak to her in a gentler voice.

Inviting Selma to dialogue with her body further, she came into awareness that she felt very vulnerable when she was thinner, and therefore could not keep the weight off. She had no awareness at this point about why she might be feeling vulnerable when she weighed less.

Having taken a thorough life history as a preliminary to her dialoguing with the pain, I was aware that she had suffered sexual abuse in childhood. Obesity is extremely common in women who experienced sexual abuse, as eating is a self-comforting behavior and as being fat creates a protective armoring – both literally (in the sense of one's feeling oneself to be more solid and unassailable) and in making sexual advances less likely.

In response to my questions, Selma noted that her weight increase began shortly after a date rape at age 14. This became the focus of her further work with WHEE, over a period of several months. With the resolution of her (previously unidentified) post traumatic stress disorder (PTSD), her eating and weight issues were also resolved.

Throughout the course of therapy, Selma's knee pain became the barometer for her progress. As painful emotional issues bubbled to the surface, her knee pain would increase – though never to the initially high levels. As these issues were released and resolved with WHEE, her knee pain steadily diminished, but always remained – hovering around zero to two.

The final clearing of Selma's pain came when she cleared her meta-anxieties about releasing the pain completely. Her pain had been with her for so many years, that she had become used to being a person with pain. It was only when she used WHEE to clear her anxieties about being without the pain – as an alarm to alert her to perceived (often exaggerated or misperceived) dangers in her life – that the pain finally abated. Then Selma was able to install positive cognitions and feelings with WHEE to replace the negative ones she had released, and to say a final goodbye to her pain.

The above illustrates a variety of points. First and foremost, it highlights that pain is not a scourge to be treated with pain-killers as I was taught to do in medical school. It took me many years of working with people in pain to realize that pain is a messenger from one's inner self that is calling for attention to overlooked, ignored and repressed problems.

It was helpful (probably more accurately, it was *necessary*) for me to have worked within a wholistic framework for several decades in order to arrive at this awareness. As mentioned above, wholistic healing addresses the entire spectrum of a person's experiences, including body, emotions, mind, relationships (with other people and the environment) and spirit (Benor, Web ref 1.). Within a wholistic framework, any symptom is viewed as a message from the unconscious mind that is begging for attention to one or more levels of our being. By addressing the message, we may often connect with deep issues that are contributing to or causing what the medical profession diagnoses as physical problems to be treated and, if at all possible, cured.

My path to these realizations involved letting go of much of my medical training about how to deal with symptoms and diseases. As a physician, I had been taught, in essence, to kill the wholistic messenger from the unconscious mind of the person who had come to me for help.

'Shooting the messenger' is a metaphoric phrase used to describe the act of lashing out at the (blameless) bearer of bad news... In ancient times, messages were delivered in person by an envoy. Sometimes, as in war, the messenger was sent from the enemy camp. A readily-provoked combatant receiving such an overture could more easily vent anger (or otherwise retaliate) on the deliverer of the unpopular message than on its author, thus literally killing the messenger. In modern usage, the expression still refers to any kind of punishment meted out to the person bringing bad news, but has taken on an ironic dimension as well."

- Wikipedia (Ref. 2)

So I do not share the above in any way to disparage my medical and psychological colleagues. They are not to blame for having been indoctrinated in such a narrow focus on the body that, for the most part, they no longer pay attention to the rest of the wholistic spectrum of issues that people under their care bring with them into the medical examining room. The whole modern medical system biases doctors against realizing that there is more to people than their bodies that requires attention.

When people connect with every level of their being, then amazing, remarkable recoveries are possible. The most outstanding one in the collection I have started (Benor, Web ref. 3) is the report of a woman who has been pioneering ways to address her scleroderma (Schweikart, 2009).

Ellen, a 52 year old woman, developed a thickening of her skin that progressed to the point where she could no longer bend her joints or change her facial expression. She was

exhausted by the effort of walking just a few steps. Her esophagus was starting to stiffen as well, making it difficult for her to swallow. This is a sign that her disease was of the severe variety, starting to thicken her internal organs as well as her skin.

The physician who examined her for her disability assessment confirmed the diagnosis of scleroderma, telling Ellen she had only two months to two years remaining to live. This remarkable woman simply refused to accept what was, in effect a death sentence. Ellen went on to discover and deal with underlying physical contributors to her disease, which produced clear but only modest improvements. However, it was only when she dealt with her emotional issues that her scleroderma cleared dramatically.

Readers might consider this a fluke and dismiss it – perhaps with the mystical, meaningless medical term 'spontaneous remission' that helps doctors sweep under the carpet of their awareness those unexplainable (to them) recoveries from diseases that they know not how to treat, much less to cure, much less to explain. Countering this sort of prevarication, Ellen went on to help a second woman with serious scleroderma problems achieve similar improvements.

This is self-healing at its best, generated largely by the energies and enthusiasm of the person needing healing. Though many people are not as creative, innovative and persistent as Ellen, most respond with similarly impressive self-healings when informed and educated in appropriate concepts and methodologies.

Here is an example of self-healing for chronic pain with a method called 'WHEE' – the Wholistic Hybrid derived from Eye Movement Desensitization and Reprocessing (EMDR) and Emotional Freedom Techniques (EFT). WHEE invites people to dialogue with their symptoms and to use affirmations combined with alternating stimulation of the right and left sides of their body (Benor, 2009).

Casey is a 52 year-old businessman who had suffered pain from a frozen shoulder for over four years. He had been recommended for surgery, but had had the presence of mind to ask what the probabilities were for improvement. When informed there was a 30 percent chance his shoulder would be worse, he declined the experiment.

### **WHEE for Relief of Pain**



I have seen many people with knee and other joint, back, neck and other pains respond to WHEE with equally satisfying results. Hopefully, people will pick up on these self-healing methods from the instructions freely available on the internet (Benor, Web ref 4). Very few doctors have been interested to explore the uses of WHEE and related methods with people under their care.

## In summary

*Our remedies oft in ourselves do lie.*

- William Shakespeare

*All's Well That Ends Well*

When caregivers accept that people have vast capacities for self-healing we can advance the art and science of placebo therapy. When careseekers understand that they hold the keys to their own self-healing capacities, they can make enormous shifts towards wellness – on every level of their being.

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