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Editor's musings

In a Word

Daniel J. Benor, MD, ABIHM
IJHC Editor

The words we use shape our perceptions and our interactions with the world. Through words we are taught to label the myriads of stimuli that enter our sensory portals. Our parents, schools, and society at large shape our concepts of who we are, how we experience others, and how we express ourselves – often without their or our awareness that this shaping is occurring. Religious institutions and the media deliberately shape our beliefs – for their own purposes and benefits. The words and labels we learn to use come to identify who we are, what we do, how we do it, and how we relate to each other individually and collectively, and how we interact with to the environment.

We take our perceptions of the world for granted because our family, friends, and nation validate our perceptions by consensual agreement. It rarely occurs to us that there are many other ways to perceive the very same world we inhabit, and even more ways to interpret the perceptions and to act on them.

International enrichments

Having lived in Israel for four years as a child and for six as an adult, in England for nearly ten years, and in many parts of the US for the rest of my sixty years on this planet, I have a keen sense of different words that indicate differences in ways of dealing with the world. I have often wondered why some of the rich, warm and juicy expressions in other languages have not enriched my native tongue of American English.

For instance, I'm surprised we have no equivalent of "Bon appetite" (French) or "B'tay-avon" (Hebrew) – friendly acknowledgements of shared repasts. "Happy appetite," "Good appetite" or "Have a good meal" just don't seem to ring as warmly. Perhaps it's because we're largely a nation of fast food dining and don't really care about the quality of what we're eating, as long as it's cheap and served without too long a wait.

Chutzpah (*ch* = guttural sound, as in clearing the throat prior to spitting) is a juicy term from Hebrew that has no adequate equivalent in English. It's somewhere in the range between spunk and gall, perhaps better explained by example than by other terms, as in this apocryphal story: A man who killed his parents had the *chutzpah* to plead for mercy from the judge because he was an orphan.

British English can be a foreign language to an American. Living for close to ten years in England, I never found explanations for why they chose *torch* for flashlight; *bonnet* for the hood of a car, *boot* for the trunk; *spanner* for the tool we identify as a wrench; *nappies* for diapers; and *keep your pecker up* for "cheer up" or "be of good cheer." Of greater import, in Britain and the rest of Europe, a *summer holiday* isn't just an elective trip to the shore or to a foreign destination, as it would be in the US. A holiday is a sacred annual ritual, never to be ignored or neglected. There is almost nothing that will have a higher priority in planning and budgeting than the summer holiday. This is a time for the family to be together, to have spirits refreshed and regenerated. It is an excellent form of relaxation therapy.

Words are manipulated for political effects. The people who hijacked four planes on 9-11 are terrorists in America, but are martyrs in parts of the Muslim world.

Neglected opposites

What ever happened to -

"gusting" - pleasing to the tastes (opp: disgusting)

"sheveled" - neatly, tidily dressed (opp: disheveled)

"gruntled" - satisfied, happy with a situation (opp: disgruntled)

"fuscating" - making oneself absolutely clear (opp: obfuscating)

"tankerous" - pleasant, cheerful (opp: cantankerous)

What is the opposite of a *vicious circle*? What a commentary it is on our culture that we have no opposite for this term. We focus much more on the weeds than on the flowers in our relational and therapeutic gardens. In a vicious circle, one negative interaction stimulates a responding negative, which in turn re-stimulates another negative. The alcoholic husband sets off the nagging wife who sets off the drinking behaviors, etc. etc. The hurt and anger from a terrorist action begets vengeful violence, which begets more terrorism, etc. etc. etc.

I often suggest to clients that they would do well to work their way into a *sweetening spiral* – as in offering a kindness, reaching out in love (sometimes as *tough love*), and extending forgiveness. Positive actions beget positive reactions, which encourage us to again offer kindness, etc. etc. etc.

I have puzzled over why we focus on the negatives more than on the positives. Perhaps it is our "fix-it" mentality. We want to identify the problems so that we can correct them. We don't focus as often on the positives, to build more positives. This

seems to be a natural human tendency, as in being more attracted to violence and crime in the news media. News stories that focus on positive behaviors and events get little attention.

We give more attention to the weeds in our gardens than to the flowers.

Misleading words

Language can bias us towards accepting certain beliefs and rejecting others – without our awareness that we are being propagandized.

"*Reasonable*" suggests that reasoned thinking is a preferable way of arriving at decisions and dealing with challenges – elevating linear, mental analysis of problems to a preferred status over feeling or intuiting our way through them.

"*Nonsense*" and "*immaterial*" bias us to disregard, dismiss, or disparage intuitive, psychic, and spiritual awarenesses that are based on inner knowing rather than on outer, sensory awareness.

New terms

Sometimes a new word or phrase is particularly apt in describing something you might encounter but not identify until someone points it out.

Have you encountered people with "expanding hatbanditis" (Haack 2001) or "shoulder repetitive injury syndrome"? The first comes from a swollen ego, the second from patting themselves on the back too much.

Pattern recognition is a gift that has not had much acknowledgment, although it has been touched on in studies of creativity and intuition. This is the ability to grasp relationships between a spectrum of details, finding relationships between them that can be helpful. This has been invaluable to me as a therapist, identifying meaningful patterns in what my clients present about their relationships between symptoms, old hurts, fears, wishes, dreams, and relationships. It is a great help in research as well.

Aggressive language in treatment

Conventional medicine attacks, fights and wants to conquer diseases, and invests enormous resources in counteracting natural processes such as aging and death. About 30 percent of medical costs are wasted on the last month of life, to little avail other than to stimulate the medical economy and to pretend that modern medicine can deal with death.

By battling something we label as an enemy we are actually giving it lots of energy and perpetuating its negative existence. While this may work with a physical problem, it does not work with psychological, relational or spiritual problems. Fighting to make your way out of a vicious circle, you are focused constantly on the negatives in your situation. This will not make the negatives go away. In fact, it highlights the negatives in your awareness, puts you in an aggressive, negative frame of mind that is not health-promoting, and in the end is unlikely to be effective. In fact, it is likely to perpetuate and worsen your problems.

EmotionalBodyProcess, Part II in this issue of *IJHC* discusses ways in which negatives can be dealt with through acceptance, love, healing and forgiveness. (See also Part I in Vol. I, no. 1)

Being angry is actually a choice. No one can make us angry if we're not in a mood or of a mind to respond with anger. However, we are conditioned to put the responsibility for our feelings on other people through the common usage of such terms as "He *made* me furious!" "This makes me sick!" or even "Seeing her smile makes my day!"

I work a lot with children and their families. From years of observing their behaviors (as well as observing my interactions with my own children) I am impressed that when parents are in a positive psychological space, children's natural misbehaviors are handled much more successfully than when parents are in a bad mood. Just last week, two year old Susie spilled a whole box of crayons on the floor in my office. Jennifer, her mother, responding from a place of anger, loudly reprimanded her: "Why do you always have to make such a mess?" Susie walked off to the play chest and refused to help her mother pick up the crayons. Jennifer continued to rant at Susie. Rather than cooperation, she elicited more rebellious and negative behaviors, stirring herself and Susie to escalating angry interactions.

In anger we tend to blame others for "making us angry." Jennifer had nothing but criticisms for Susie. She could not understand what her baby sitter's secret was for dealing with Susie, who rarely had angry outbursts while she was babysitting. I suggested to Jennifer that she might explore this question with her baby sitter. Yesterday, Jennifer sheepishly acknowledged she had begun to see how her own frustrations and anger were probably stirring Susie to be an even more rebellious *terrible two*. With further discussions, she was able to see that her frustrations and anger (over marital and financial problems) was feeding on itself, and that she was venting her anger on Susie. She was pleased to report that in the past two days Susie had been behaving much better, responding very quickly to her mother's more positive attitude towards her.

Divide and master

Our Western scientific method dichotomizes. We have the world of matter and separate realms of mind and spirit.

Even our bodies are subdivided into various parcels. Health care has gerrymandered* our bodies into territories that are convenient for caregivers to treat. Focusing on a problem that is in the heart or kidneys also allows caregivers to specialize in treating these organs, honing their skills and deepening their clinical knowledge. The enormously rapid pace of development of medical research makes it impossible for any one person to master all of medical practice. So, in the name of efficiency, we have a medical system that trains doctors to care for parts of people, but often neglects the person who brings the problem for treatment.

The result is that people feel neglected - however well their various limbs and organs are being addressed. One of my favorite cartoons from the *New Yorker* pictures a patient at the receptionist's desk, asking "Does the doctor hug?"

The body is the focus of conventional medicine to such an extent that many doctors have little training in understanding or dealing with psychological problems. Western medicine has been successful in curing acute problems, particularly infections and trauma. It is less successful with chronic illnesses, where symptom management is the focus, and where psychological components are present - certainly in response to the stresses of being ill, and often in contributing to the development of the illness in the first place through poor stress management.

In the physical world of conventional medicine, we tend to view things in *either/or* fashion. Either the pain is caused by an infection, by trauma, or by some other cause. Wholistic medicine tends more towards *both/and* understandings of illnesses and approaches for dealing with problems on all levels.

What a healing we might have from the Russian word, *danyet*. *Da* means *yes* and *nyet* means *no*. Combine the two and you get something that is both yes and no - blending in the same word, in the same feeling; not alternating back and forth between a polar, separate *yes* and a distant, separate *no*, but intimately intertwined and inextricably parts of each other. Colloquial German similarly uses *jain* for *ja* (yes) and *nein* (no) combined.

The Chinese have vastly expanded upon appreciation of the polarities in life, acknowledging that absolutely everything in the world is a contrast to everything else. *Yin*, the feminine, is seen in open, receptive, *Yang*, the masculine, is expressed in assertive, forceful, outgoing actions.

At first it seems as though yin and yang are dichotomizing, but as we delve deeper, we see that the opposite is actually the case. *Yin* is the shady side of a slope, representing cold, darkness, passivity, resting, inward movement, and decreasing, feminine, receptive. *Yang* is the sunny side of a slope, that stands for warmth, light, energy, moving outward, growing, masculine, assertive. Everything has *yin* and *yang* qualities, either of which may be more apparent relative to different relationships. Temperature can be hotter or colder; weight can be lighter or heavier; light can be brighter or dimmer, and so on. Infinite subdivisions and permutations are possible within any

relationship. The back of the body is yang relative to the front, but the front at the chest is yang relative to the belly.

While yin is separate from yang, each depends upon the other to be in a relationship with itself in order to define itself. Health would not be appreciated as health were it not for illness. A terrorist could not be a terrorist or a martyr without an enemy against whom to fight. America could not be the defender of freedom without someone to defend against.

Healing words

Words play an important part in the realms of healing. Conventional *medicine* focuses on physical problems. It offers *medicines* and other physical manipulations (hormones, surgery, and genetic alterations) as ways of dealing with problems. We are conditioned through the use of the term, *medicine*, to view these physical approaches as therapies of choice. This focus tends to divert awareness from other ways of understanding and dealing with disease and dis-ease, such as energy medicine.

Wholistic medicine focuses on body, emotions, mind, relationships and spirit. This extends the range of conceptualization of the causes of illnesses and of potential ways for dealing with them. More on this below.

Labeling terms

Give it a name and you feel you know what you're talking about.

Words are analogs for perceptions and actions that allow us to communicate with each other about our personal experiences, feelings, desires, and thoughts. Words are learned through the cultural conditioning of our families, schools, and the broader cultural milieu.

While words can facilitate learning, they may also retard or even obstruct learning. The commonly accepted use of a label may impede changes in perceptions about that subject, and may make it difficult to change our ways of relating to the concepts conveyed by the label. This is a serious problem in health care.

The words we use to define our relationships between caregivers and careseekers shape the course of treatment. A major focus of the *IJHC* is on wholistic spiritual healing. Each of these terms deserves scrutiny.

Healing

Healing comes from Germanic and Old English roots that mean *to make whole*. Within Western medicine, *healing* has been narrowed in common parlance to mean restoration of the body or psyche to its pre-traumatized condition.

Among practitioners of Therapeutic Touch, Healing Touch, Reiki, and numerous other such traditions, healing refers to the laying-on of hands and/or to healing by mental intent, meditation, and/or prayer. Within the community of healers, there are widely varying opinions about the best name for this therapeutic modality.

The laying-on of hands has been used for many centuries – offered within religious contexts and by Monarchs of Europe. This has colored an otherwise simple, descriptive term with religious overtones that many find uncomfortable.

Spiritual healing alludes to the spiritual awarenesses and awakenings that occur in healers and healees during and as a result of healing. Within this understanding of healing, the process is one of growth towards a deeper understanding of our connection with something vaster than ourselves. For some the vastness is that of the natural, physical and energetic universe; for others it includes an omniscient, omnipotent Deity. This is the term that I, the editor of the *IJHC*, prefer and the one I will use to designate this form of treatment. Where it is clear that this is the subject for discussion (i.e. not to be confused with healing of the physical body), the term *healing* alone will be used.

Faith healing is a term used by several groups.

Members of some religious communities believe that faith in their teachings about religion is required in order for healing to occur, that illness is manifested when members of the flock lack faith; and that health will be restored when faith is restored. Members of these communities – who hold to these beliefs – may indeed be able to influence their states of health through acts of faith. There are sects who handle hot coals and poisonous snakes, as well as ingesting cyanide to prove their faith*.

Members of the scientific community have used this term out of a belief that healing is no more than the product of suggestion – a placebo effect – that is potent only to the extent that healees believe it might work. Many journalists use this term, under the influence of either of these communities.

While faith may facilitate healing in the faithful of a given religion, it is not a general requirement for spiritual healing. This is witnessed by numerous experiments in which animals, plants, bacteria, yeasts, cells in laboratory culture, enzymes, and DNA responded to Spiritual healing*.

Mental healing is the term under which studies of spiritual healing were listed for many years in the *Index Medicus*, the physician's annual compendium of published research in journals selected by the editors of this hefty tome. Many of the parapsychology

journals (which are peer-reviewed and which hold to standards for research that exceed those of many medical journals) in which healing studies are published are excluded from the *Index Medicus*.

Psychic (psi - Ψ) healing is the favorite term of parapsychologists, who for decades were the main group of scientists who published studies of spiritual healing. Healing overlaps with psychic abilities that have been extensively researched by parapsychologists,* including telepathy, clairsentience, pre- and retro-cognition, and psychokinesis (*PK*; "mind over matter"). Healers often have intuitive/psychic impressions that guide them in assessing* and treating the problems of healees*. These may include insights into past physical and emotional traumas, as well as current stressors that have contributed to current problems*.

Quantum healing is a term popularized by Deepak Chopra, referring to explanations from quantum physics that suggest explanations for healing*.

Shamanistic healing refers to healing in traditional societies in which the shaman is a priest, healer, counselor, mediator in conflicts, and mediator between worlds of spirits and the physical world*.

Bioenergetic healing, vibrational healing and subtle energy healing refer to perceptions common to healers and healees during laying-on of hands treatments, including sensations of heat, tingling, vibration, and cold. These create the distinct impression that an exchange of some sort of energy is occurring between healer and healee*. Thus far, there have not been conventional energies identified consistently that account for the effects of spiritual healing.

Divine healing alludes to the ultimate source attributed by some to all change and healing.

Unconventional healing and paranormal healing are terms used by scientists who view spiritual healing as something that is outside of the ordinary ambit of conventional science.

Distant mental influence on living systems (DMILS) is a term coined by William Braud, in studies of intent, projected from a distance, to influence the electrodermal response of subjects in a laboratory.*

*Therapeutic Touch, Healing Touch, Reiki, and numerous other healing modalities** are specific approaches taught by various schools and healing traditions.

No one term encompasses all of the processes and manifestations of healing. My own preference is to add *wholistic* to *spiritual healing* to indicate that healing can come through body, emotions, mind, relationships, and spirit.

Caregivers and careseekers

We have many terms for those who offer treatments and those who seek them. Each has its own tradition and shapes the relationships of the caregivers and careseekers in subtle but pervasive ways. The first term I suggest for consideration is *respant*, asking you to consider all the other terms in contrast with this one.

Respants

Bernie Siegel (1986), a remarkable surgeon, developed support groups for people he was treating who had cancer. He says that the most important thing he learned was to be quiet and listen, letting the group members sort out their problems within the group sharing process. He finds that people have a deep wisdom within themselves that understands their problems and knows ways to deal with them. The doctor's job is not to prescribe the solution, but rather to ask questions that will challenge people to discover their own solutions to their problems.

Siegel coined the term, "respant" - standing for *responsible participant* - to replace the term, *patient*. Respants are encouraged to ask their doctors lots of questions, so that they themselves can make informed decisions about dealing with their problems. Respants look for ways that they can improve their own conditions, including:

- * Lifestyle changes - exercise, healthy foods in reasonable quantities, avoiding toxic substances
- * Healthy diets - balanced for nutrition, varied for essential elements, free of toxins
- * Supplements - vitamins, minerals, herbs
- * Self-healing techniques - relaxation, meditation, imagery, prayer, communing with nature
- * Seeking out caregivers who respect the rights of respants to decide for themselves, after appropriate consultations
- * Seeking treatments that are consonant with their beliefs and wishes
- * Refusing recommendations that are not clear or acceptable

In this issue of *IJHC* Siegel expands on his concept of the respant.

Not every patient is ready to be a respant. Some prefer to accept the educated advice of an expert. This is fine, as there are plenty of experts who are happier with patients who accept their advice without question.

Doctor

Doctors are perceived to have the knowledge and expertise to diagnose and treat problems. This places most of the responsibility for dealing with problems on the physician. The doctor questions the patient, seeking symptom patterns and supporting diagnostic factors in physical examination and laboratory data that fit recognized

disease patterns, for which the doctor supplies a diagnostic name. Treatments are administered directly (as in surgery or physiotherapy) or prescribed (as in diets or medication). The advantage to this system is that within the conventional medical model that views most medical problems as dysfunctions of the physical body, this works reasonably well. Modern medicine is excellent in diagnosing and treating infections, physical trauma, structural abnormalities, and hormonal imbalances that fit well within this model.

The disadvantage is that the prescriptive model is often less successful with chronic problems. For instance, arthritis, chronic pains, neurological disorders, chronic fatigue syndrome and other chronic disorders may not respond to medical treatments. Doctors continue to prescribe one medicine after another, hoping to find one that will provide symptomatic relief. Patients may have adverse reactions to the medications, for which they are given further medications. They often become weary or despairing with the lack of progress.

The label, *doctor*, has come to have the associations to it that are given to a priest. It carries an aura of knowledge, wisdom, and power to heal. On the positive side, this mantle of authority vastly enhances the placebo, or self-healing potential in all medical interventions. Patients come with the expectation that they will be given a cure, and this produces self-healing that will respond in about a third of cases to any treatment whatsoever.

Sadly, on the negative side, power corrupts. There are many within the medical profession who have assumed that their methods of healing are the only true methods, all others being the work of infidels. This attitude, plus economics and politics have led doctors to lobby successfully over the past century for exclusive legislative license to declare who should treat and how treatments should be given.

A major segment of the public, not fooled by this arrogance, has voted with its feet and health care dollars in a big way for therapies that have been outside the knowledge and competence of the medical profession. Awareness of the billions of dollars spent out of pocket for complementary/alternative medicine (CAM) has encouraged medicine to begin to integrate these approaches into medical care, and is encouraging legislation that allows the public freer access to these treatments.

Therapist

Therapists provide treatments much as doctors do. They are the experts, dispensing advice, psychotherapy, herbs, homeopathic remedies, flower essences, providing acupuncture, craniosacral therapy, massage, or other interventions.

Coach

Coaching is a structured intervention to clarify problematic issues and teach better coping skills. This term has facilitated the acceptance of what is essentially *counseling*, which is not well accepted because it carries the implication that the executive that needs treatment. By using *coaching*, there is no implied criticism or suggestion that there may be something wrong with the executive.

Teacher

In many of the CAM modalities that promote self-healing, the caregiver is more a teacher than a therapist. *Respants are instructed in lifestyle changes, meditations, relaxations, imagery exercises, and other self-healing approaches that they practice on their own.

I have come to perceive myself primarily as a teacher or guide in most of my interactions with my psychiatric psychotherapy clients. In addition to instructing them in their options with various medications, I often introduce self-healing approaches – particularly acupressure techniques that are rapidly and potently effective in dealing with stress reactions, pains, and allergies.

Healer and Healee

There are people we call healers who have gifts of intuitive awareness and abilities to facilitate wholistic changes in body, emotions, mind, relationships and spirit. In Western society, many healers and their patients have modeled aspects of their interactions on the conventional medical system. Healers are perceived as intervening to identify problems and provide the necessary treatments. This mode of interpreting healing is reinforced by the media, who like to headline unusual cures that occasionally result from healings. Some healers promote this perception of healing, thriving on a sense of power, providing their healing as a medical doctor would perform surgery, with every bit as much ego inflation.

Recipients of healing are often called *healees*. In following the medical model, healees are often passive, expecting healers to provide whatever is necessary for dealing with their problems.

There is a trend toward encouraging healees to take more responsibility for self-healing – among progressive healers. These caregivers model their interactions after those of CAM practitioners who empower people they treat to activate their self-healing abilities, encouraging them to be respants. (Conversely, many CAM practitioners are integrating spiritual healing with their CAM modalities. It is not uncommon to find massage or bodymind therapies combined with Reiki or Therapeutic Touch.) Within this definition of healing, treatment is viewed by many as a boost to healee energies rather than as a cure for their problems provided by the healer. Others view this respantifying process

as helping people to connect with their innate healing wisdom, with their higher selves, with spiritual guidance, or directly with the Infinite Source.

While this is a growing trend, the term *healer* carries entrenched nuances of passivity that can hinder the shift towards healees taking charge of their lives and dealing with their problems themselves. Healers have not found an alternative to this word that feels comfortable. Consider the following alternatives.

Patient

Patients expect doctors to diagnose their problems and prescribe treatments to fix them. The very term, *patient*, suggests someone who patiently waits for someone else to intervene on his or her behalf.

Doctor: "What's your problem?"

Patient: "You're the doctor. You should tell me what's wrong!"

Client

Many CAM practitioners refer to the people they treat as *clients*. This shapes the conceptualization of their relationship, acknowledging that people have choices in selecting therapists and that therapists are in advisory and teaching roles.

Complementary/ Alternative/ Integrative

Alternative medicine is the term most commonly used for therapies that have been outside the spectrum of conventional medical care. These include therapist-administered treatments such as acupuncture and massage, as well as the self-healing techniques of relaxation, meditation and imagery (the latter three have been combined as *psychoneuroimmunology*). When expertise is required in learning the methods or in choosing remedies, as in aromatherapy, flower essences and homeopathy, the approaches and therapist/ respant relationship can be fairly similar to those found in conventional care. The self-healing approaches are often practiced under the guidance of trained practitioners.

Holistic/ Wholistic

Holistic has been in use for several decades, used generally to indicate a focus in treatment that extends beyond physical problems as addressed by conventional medicine. In some instances *holistic* includes what I term *wholistic*, but in most instances it refers to the addition of some aspects of CAM therapies to medical care. Often this sort of holism includes bits and pieces of therapies, such as needling

particular acupuncture points for pain relief, or providing massage for relaxation and post-injury rehabilitation.

Holistic may overlap with *psychosomatic*, including psychological aspects of illness, as reflected in emotional responses to the physical problems, in mental aberrations that occur as the result of disorders of the body (e.g. psychosis that may result for hormonal abnormalities), and psychological influences on the body. Minimal mention is made of the psychological contributors to disease and psychosomatic medicine has been grossly neglected in medical training at most medical schools.

Wholistic refers to whole person care, including body, emotions, mind, relationships and spirit. Where CAM therapies are modalities for wholistic care, wholistic healing acknowledges the broader philosophies of these approaches. For instance, acupuncture includes a complete system of biological energy diagnosis and treatment. This is fundamentally different from Western medicine, addressing the biological energies of the body as avenues for diagnosis and treatment. Western medicine tends to discount and discredit acupuncture (and the theoretical and philosophical cosmologies of other CAM modalities), ignoring that many of these have served the larger portion of our world's populace, and continue to do so.

Many varieties of bioenergy therapies are available within the wholistic healing spectrum (Benor unpublished)

Integrative care

Integrative care – in its highest form – seeks to blend the best of conventional and CAM modalities, respecting the approaches of each modality. However, this term, too, may be used to cover token selected CAM interventions that are lifted out of their original contexts into Western settings.

Congruence of caregivers with their teachings

Within all of the above variations on the theme of caregiver, we often tend to focus on the content of their ministrations. The family doctor prescribes medicines, the surgeon cuts and sews, the herbalist prescribes plants, and so on. We should not overlook the importance of caregivers as healing agents, in and of themselves. Within wholistic frameworks, caregivers are an essential part of the healing.

Caregivers are far more effective when they model what they are teaching than when they are simply purveyors of information. A quiet voice, a heart connection, and suggestions based on personal experience enhance the impact of any therapeutic intervention.

Biofeedback is an excellent example of the importance of therapist congruence with the therapy. Biofeedback introduces instruments or other methods for becoming aware of

bodily processes that are usually outside of conscious awareness. For instance, a very sensitive thermometer or electrodes that measure electrical skin resistance may be taped to your hand. Your challenge is to discover ways to raise the temperature of your hand or to alter the electrical resistance of your skin, using the feedback provided by that thermometer or resistance meter. There are no precise instructions that can be given in how to do this. Each person must explore what works best for them. Biofeedback therapists who have mastered these techniques themselves are more effective in teaching them to be respants (Green and Green 1977; 1986).

Abbreviations

Internet users often use abbreviations in their quest for ever more time-efficient communications.

BTW - By the way
 RUOK - Are you OK?
 OIC - Oh, I see
 KWIM - Know what I mean
 Signing off with
 BCNU - Be seeing you or
 BFN - Bye for now

Medical charts are full of such abbreviations, as doctors maximize their use of pen on patients' charts in the interests of saving time. For instance:

COPD - Chronic obstructive pulmonary disease
 CVA - Cerebrovascular accident (technicalese for having a stroke)
 EEG - Electroencephalogram
 EKG or ECG - Electrocardiogram

As hospitals move into more wholistic care, some of these become a liability. The Planetree hospital group is humanizing hospital care in a big way. Some Planetree facilities are in custom-built structures that may include healing architectural features, such as an atrium extending from ground to top floors, facilities for relatives to cook home-style meals, and places for family to bed down near their relatives who are being treated in the hospital. Music may be played in the ground floor, audible through much of the hospital. Respants are invited to read their own medical charts and enter their own notes in the charts. When a doctor reads, "Dr. Smith was in a bad mood yesterday. He only peeked in and said, "Hello" but didn't give me a chance to ask about my lab tests!" there is likely to be more doctor-respant communication.

Doctors have learned to not use certain abbreviations where respants might review their charts.

ASVD - arteriosclerotic vascular disease (may raise anxieties that the lab tests showed venereal disease)
 BS – bowel sounds
 PET – poor exercise tolerance

PIG – pertussis immune globulin
PIGI – pregnancy induced glucose intolerance
PROM – premature rupture of (amniotic) membranes
ROT – remedial occupational therapy
SOB - short of breath (may be taken as a disparaging term)

Unspoken words

Unexpressed emotions that fester

We may hesitate to say something that could lead to hurt or anger, often when we are experiencing these same feelings ourselves. If my boss is asking me to stay late when I have family obligations, my emphatic response of outrage might be better off toned down, lest I lose my job. If I am feeling such emotions, it is likely that others I interact with are too. When words go unspoken and underlying negative emotions simmer, they often leave residues of unresolved feelings on both sides of the communications. Unexpressed feelings tend to fester, generating defensive, irritable, and angry interactions.

Unexpressed feelings may produce physical tensions that cause or contribute to headaches, backaches, migraines, irritable bowel syndromes, chronic fatigue syndrome, allergic diseases (asthma,

Respants may feel unhappy or upset with doctors' interventions. For instance, respants often complain that doctors take too little time to listen to respants' explanations of their problems, don't actually listen to hear what might lie behind the problems, and prescribe treatments without adequate explanations. This is often experienced as an expression of uncaring on the part of the doctor. Respants may reject medical advice and ignore recommendations for treatment. It is estimated that half of medical prescription written go unfilled - a reflection of these sorts of problems.

Many people who come to doctors are not looking for treatment. They want to share their anxieties and learn whether a pain or other symptom is serious. As often as not, if they are simply asked, "What is your body saying with these symptoms?" they will be able to identify the underlying stresses that are contributing to or actually producing physical symptoms. Joe, who had severe migraines, responded, "My headaches come on towards the end of the weekend, as I start to think of going to work on Monday." Frieda, who had been suffering excruciating stomach aches for years, with occasional bloody stools, was scheduled for surgery to remove part of her bowel. She was startled to be questioned about why her guts were in such an uproar. No one had ever asked her to consider the stressors in her life and how she was swallowing down her feelings. Psychotherapy, relaxation and imagery exercises, and careful attention to her diet relieved her pains and made surgery unnecessary.

When frustration and anger is stirred and not resolved between caregivers on a therapeutic team, treatment also suffers. At the physical level, adrenaline levels rise when we are upset. While this is helpful if a tiger is attacking, it has negative consequences in a therapeutic setting. Adrenaline makes us more alert to deal with attack, but at the same time makes us more distractible, so that we can focus on any shift in the attack. In an office, anger can lead to unhelpful distractibility. Where emotions are unexpressed, staff get distracted more easily. This is when phone messages and medical records go astray. Psychological mischief may also intrude, with unexpressed feelings leading to unconscious or conscious manifestations of anger that are expressed through irritating behaviors, ranging from brusque or negative verbal and non-verbal interactions between staff, through passive-aggressive behaviors that release angers indirectly, and displacement of anger towards other staff and respants.

In a film featuring Danny Kaye, *The Inspector General*, there is a classic portrayal of such interactions. In the first scene of the sequence, the wife of the police chief berates and belittles him and stalks angrily out of his office. He chews out the first sergeant, who reams out the corporal on duty, who shouts at the patrolman who is leaving his office. This unfortunate officer, having no one lower on the totem pole to vent his angers on, storms down the stairs of the police station. Danny Kaye, an innocent bypasser, happens to be walking in front of the station at just that moment. The patrolman bumps into him and angrily shoves him into the gutter. Kaye, angered at his mistreatment, kicks at a passing dog.

Words, wisely used, are avenues to healing

Denial of death

Western medicine tip-toes around mention of death. Avoiding mention of what every person is going to face denies respants the opportunity to deal with their anxieties and fears. Most doctors are not trained to deal with end of life issues, and therefore avoid them. This is worsened by Western society's general tendency to deny and avoid dealing with death, doing everything possible to prolong life at all costs.

These musings will be expanded through future issues of the *IJHC*. The miracles of computer communications will enable links between discussions that will weave a wholistic pattern.

This issue of the IJHC

Bernie Siegel's discussion of the *respart* (responsible participant) underscores a principal focus of the *IJHD*. Respants are not only essential to their own care and

healing, they are a vastly neglected resource in the healing and caring literature on how healing occurs. This will be a major focus of the *IJHD*.

Seán ÓLaoire, a priest who is also a research psychologist, suggests a spectrum of considerations concerning research on prayer healing in a most thoughtful and thought-provoking article.

While it may seem odd for a Western doctor to incorporate shamanic techniques of inner journeying as a pathway to healing, Cecile A. Carson, MD show with us how shamanic healing can help people with medical and psychological problems that have not responded to conventional care. Carson is Clinical Associate Professor of Medicine and Psychiatry at the University of Rochester Medical Center in Rochester, NY and has been exploring shamanic healing for fifteen years.

EmotionalBodyProcess offers a potent, highly effective way to neutralize and dissipate negativity. Our first tendency is often to do our best to fight off or run away from whatever we experience as uncomfortable or frightening in our lives. Fighting off negativity actually strengthens it and makes it persist and worsen. Daniel Benor, MD, Dorothea von Stumpfheldt, MD (Germany) and Ruth Benor, RN (UK) presented methods (*IJHC* Volume I, NO. 1) for neutralizing negativity. In this issue we present theories and speculations about how imagery can transform negative experiences and feelings.

Ronald Banner, continues his discussion of doctoring as a human experience, focusing on the doctor-patient partnership.

Students in medical school often find that their education focuses so heavily on information processing that the human aspects of caring are neglected. Worse yet, the emphasis in conventional medical care on disease is not healing to the people who have the disease. Medical students struggle to maintain their abilities to care for people in loving ways, working against a system that is often exhausting, indifferent and dehumanizing.

Billy Fenster shares some of these experiences and how he and his fellow students struggle with them.

Kathy Weller, BA (Hon) Fine Arts, an artist and art teacher, developed a program for introducing the arts in medical school as experiential modes for holding onto compassion in medical care. In three-dimensional collages, her students expressed many of their frustrations with medical education. The depth of students' pain is clearly felt in these works, a few of which are illustrated in her article..

Larry Lachman, PsyD, in his regular column of Wholistic News Reviews, focuses on several new observations from medical journals on understanding and treating depression.

*Gerrymander - political term for dividing election districts into parcels that favor a given political party.

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The International Journal of Healing and Caring
P.O. Box 76, Bellmawr, NJ 08099
Phone (609) 714-1885 - Fax (609) 714-3553

Email: center@ijhc.org Web Site: <http://www.ijhc.org>

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